



If you have discovered material in AURA which is unlawful e.g. breaches copyright, (either yours or that of a third party) or any other law, including but not limited to those relating to patent, trademark, confidentiality, data protection, obscenity, defamation, libel, then please read our [Takedown Policy](#) and [contact the service](#) immediately

**Teenage Mothers' Experiences of Stigma and
Formal Support Services**

Elizabeth Barbara Yardley

Aston Business School

Ph.D

2007

ABSTRACT

This research has two focal points; experiences of stigma and experiences of formal support services among teenage mothers. Twenty teenage mothers were interviewed in depth about the same, ten from a one-to-one support service, and ten from a group based support service. Contributions to knowledge consisted of the following. Firstly, regarding experiences of stigma, this research integrated concepts from the social psychology literature and established the effects of stigma which are experienced by teenage mothers, offering reasons for the same. Additionally, further coping mechanisms in response to being stigmatized were discovered and grouped into two new headings; active and passive coping mechanisms. It is acknowledged that for a minority of participants, stigma does have negative effects, however, the majority experience no such serious negative effects. Secondly, regarding experiences of support services, this research was able to directly compare one-to-one with group based support for teenage mothers. Knowledge was unearthed as to influential factors in the selection of a mode of support and the functions of each of the modes of support, which were categorised under headings for ease of comparison. It was established that there is indeed a link between these two research foci in that both the one-to-one and group based support services fulfil a *stigma management* function, in which teenage mothers discuss the phenomenon, share experiences and offer advice to others. However, it was also established that this function is of minor importance compared to the other functions fulfilled by the support services.

LIST OF CONTENTS

		<u>Page</u>
Chapter 1	Introduction	1
	Introduction	2
	The Third Way and the Social Investment State	3
	High Quality Education for All Children	11
	Combating Family Poverty and Social Exclusion	17
	Supporting Vulnerable Young People	22
	Chapter Summary	43
Chapter 2	Literature Review	44
	Introduction	45
	The Risks of Teenage Motherhood	45
	The Problematization of Teenage Motherhood	51
	Problematization and Stigmatization	64
	Support for Teenage Mothers	85
	Towards an Empirical Study: Theoretical Framework	98
Chapter 3	Methodology	102
	Introduction	103
	Research Traditions: Quantitative and Qualitative	104
	Data Collection and Data Analysis	108
	Chapter Summary	129

Chapter 4	Findings	130
	Introduction	131
	The Institutional Context of the Support Services	132
	Presentation of Interview Findings	136
	Chapter Summary	179
Chapter 5	Analysis	180
	Introduction	181
	Experiences of Stigma	181
	Experiences of Support Services	199
	Synthesis: Stigma and Support Services	225
	Chapter Summary	230
Chapter 6	Discussion	233
	Introduction	234
	Experiences of Stigma	235
	Experiences of Support Services	255
	The Wider Context	282
	Limitations	285
	Chapter Summary	288
Chapter 7	Conclusion	289
	Introduction	290
	Rationale	290
	Contribution to Knowledge	292
	Policy Implications	296

Recent Policy Developments	298
Future Research	302

Bibliography 304

Appendices

Appendix 1: Recruitment Poster	
Appendix 2: Conversational Guide	
Appendix 3: Final Coding Guide	
Appendix 4: Context Charts	
Appendix 5: Descriptive Matrix of Interview Findings for One-to-One Support Participants	
Appendix 6: Descriptive Matrix of Interview Findings for Group Support Participants	

LIST OF TABLES AND FIGURES

		<u>Page</u>
Figure 1.1	Distribution of live births among teenage mothers by age	2
Table 2.1	Conceptual Insights from the Literature: Effects of Stigma and Coping Mechanisms	84
Table 2.2	Comparing the Literature on One-to-One and Group based Support	96
Table 2.3	The Empirical Study: Areas of Interest	100
Table 3.1	The Empirical Study: Areas of Interest	113
Table 3.2	Transcription Guide	122
Figure 3.1	Primary Coding Guide	123
Figure 4.1	Context Chart: Selena	140
Table 5.1	Effects of Stigma Displayed by Participants	193
Table 5.2	Active and Passive Coping Mechanisms used by Participants	196
Table 5.3	Functions of One-to-One Support	206
Table 5.4	Functions of Group Support	214
Table 5.5	Selecting a Mode of Support: Reasons Stated and Patterns in Circumstances	220
Table 5.6	Comparative Functions of the Support Services	223
Table 6.1	Effects of Stigma	240
Table 6.2	Coping Mechanisms	250
Table 6.3	Selection of One-to-One Support: Reasons Stated and Patterns in Circumstances	258
Table 6.4	The Functions of One-to-One Support	261
Table 6.5	Selection of Group Support: Reasons Stated and Patterns in Circumstances	264

Table 6.6	The Functions of Group Support	268
Table 6.7	The Selection of a Support Service Mode Among Teenage Mothers: Reasons and Circumstantial Patterns	270
Table 6.8	Comparing Functions of One-to-One and Group Support Services	272

LIST OF ABBREVIATIONS

EET	Education, Employment and Training
NEET	Not in Education, Employment or Training
NFP	Nurse Family Partnership
SEU	Social Exclusion Unit
SSIH	Supervised Semi Independent Housing
TPS	Teenage Pregnancy Strategy

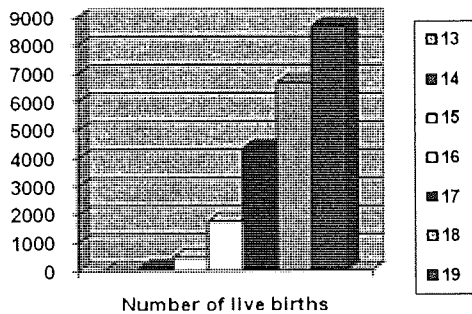
1. INTRODUCTION

<u>Chapter Headings</u>	<u>Page</u>
1. Introduction	2
2. The Third Way and the Social Investment State	3
3. High Quality Education for All Children	11
4. Combating Family Poverty and Social Exclusion	17
5. Supporting Vulnerable Young People	22
6. Chapter Summary	43

1. Introduction

This research investigates experiences of stigma and experiences of support service among teenage mothers. Many studies have tended to combine all teenage mothers from the ages of 13 to 20, however, this research focuses on the older age group of those who are 16 and over. It is this group who in fact constitute the majority of *teenage mothers*, as illustrated in Figure 1.1 below.

Figure 1.1: Distribution of Live Births Among Teenage Mothers by Age



(Office for National Statistics, 2004. *Birth Statistics*. Office for National Statistics, London: 10)

This introductory section will firstly consider the policy context in which policy on teenage motherhood is made. To assist with the understanding of how these policies worked in practice, the author carried out preliminary semi-structured interviews with four professionals involved in the delivery of support services for teenage mothers, whose comments will be noted when relevant in the consideration of policy developments in this area. Having considered the policy mechanisms affecting teenage mothers, this section draws out key points regarding the same, which will be revisited in the discussion chapter of the research.

2. The Third Way and the Social Investment State

Prior to addressing the specific research in question, it is necessary to set out the context in which policies affecting teenage mothers are made. This section will consider the wider policy context by firstly examining the nature of the *Third Way* approach to government adopted by New Labour. The specific approach to social policy, that of the *Social Investment State* will then be addressed, prior to looking in detail at New Labour's tackling of poverty and social exclusion through examining key initiatives aimed at children, families and young people. It is within this last group, young people, that initiatives to support teenage mothers are located. Therefore, the section concludes in a consideration of the position of teenage mothers within the wider policy context, which is important to establish prior to the following chapters, which examine the phenomenon of teenage motherhood in more detail.

The 'Third Way'

Taking the overall concept of the *Third Way* approach to government, Blair comments, "Liberals asserted the primacy of individual liberty in the market economy; social democrats promoted social justice with the state as its main agent. There is no necessary conflict between the two", suggesting that Third Way is a hybrid philosophy of government, drawing on elements of both approaches (Blair, 1998: 1). Blair highlights four values, which he considers essential; equal worth, opportunity for all, responsibility and community (ibid. 3). Equal worth is based upon increased awareness of discrimination to enable all to achieve their potential regardless of "background, capability, creed or race" (ibid. 3). Opportunity is classed as "widest possible spread of wealth, power and opportunity" (ibid. 3). Responsibility means "The rights we enjoy reflect the duties we owe: rights and opportunity without responsibility are engines of selfishness and greed" (ibid. 4). Individuals and parents have duties, as well as society as a whole. Communities are identified as a vital part of social life, which have the power to either enrich or impoverish our lives. Partnerships with the state will help communities address their needs. Rights and responsibilities, Blair argues, are vital for developing strong communities, which

...depend on shared values and a recognition of the rights and duties of citizenship – not just the duty to pay taxes and obey the law, but the obligation to bring up children as competent, responsible citizens, and support those – such as teachers – who are employed by the state in the task. In the past we have tended to take such duties for granted. But where they are neglected, we should not hesitate to encourage and even enforce them.....(ibid. 12)

Giddens has contributed extensive commentary on the Third Way, an approach to government, which he claims originated with the New Democrats in the USA and was subsequently adopted by New Labour. He states that the defining characteristics of such an approach are as follows,

...equal opportunities, personal responsibility and the mobilizing of citizens and communities. With rights come responsibilities. We have to find ways of taking care of ourselves because we cannot now rely on the big institutions to do so. Public policy has to shift from concentrating on the redistribution of wealth to promoting wealth creation...(Giddens, 2000: 2-3)

Therefore, Third Way can be characterised as neither a rigid, state-regulated system of government, nor a laissez-faire approach. Rather, elements of the two are combined. It has been noted that its manifestation in policy both redistributes income *and* places demands upon individuals (Deacon, 2003: 124). A central element of New Labour's Third Way is the rhetoric of communitarianism, whereby the onus of welfare provision moves away from the state towards non-state organisations and a balance of rights and responsibilities is sought among citizens (Heron and Dwyer, 1999).

Third Way Social Policy: The "Social Investment State"

In order to consider how the third way is manifested in social policy areas, it is useful to examine Giddens's concept of the *social investment state* (1998). He argues that the post-war approach to welfare was *negative*, focusing on state action as the sole remedy to want, disease, ignorance, squalor and idleness, in a top down fashion. He advocates instead taking a *positive* approach to welfare, where the state is joined by individuals and other agencies in the creation of wealth,

The guideline is investment in *human capital* wherever possible, rather than the direct provision of economic maintenance. In place of the welfare state we should put the *social investment state*, operating in the context of a positive welfare society (ibid. 117).

This would be manifested through the generation and distribution of welfare services by the state in collaboration with other agencies, including those in the private sector. In such a society, "the contract between individual and government shifts, since autonomy and the development of self – the medium of expanding individual responsibility – become the prime focus" (ibid. 128). This notion of *self* has been central to commentator's understanding of the role of social policy within New Labour's project. In her interpretation of New Labour's social policy approach, Lister (2002) states that citizens are perceived as guided by self-interest, which in itself is not sufficient to lead them to fulfil the *responsibilities* element of New Labour's "no rights without responsibilities" (Giddens, 1998: 65). Therefore, it falls to social policy to take on the role of regulator of

behaviour, and in particular, she argues, the behaviour of parents. Such mechanisms are seen in family, education and child support policies as well as the movement to link responsibilities to the payment of social security benefits (Lister, 2002: 2). In addition, Lister highlights the assumption that parents, as well as being responsible for their children's behaviour, should also engage in paid work to fulfil their obligations as citizens, demonstrated by New Deal welfare-to-work schemes, work-focused interviews as a condition of benefit receipt and the introduction of policies to "make work pay" (Lister, 2002: 3). In a later paper, Lister identifies six broad features of the social investment state (Lister, 2003),

1. Investment in human and social capital: children and community as emblems
2. Children prioritised as citizen-workers of the future.
3. Future-focused.
4. Redistribution of opportunity to promote social inclusion rather than of income to promote equality.
5. Adaptation of individuals and society to enhance global competitiveness.
6. Integration of social and economic policy, but with the latter still the "handmaiden" of the former.

Jenson and Saint-Martin (2003) agree with Lister insofar as children are a key focus of the social investment state, and investing in children is one of the two social policy themes characteristic of this approach, the other being the active participation of most people in the labour market. They claim that the social investment state is characteristic of welfare approaches which aim to promote social cohesion (Jenson and Saint-Martin, 2003). They discuss the concept of social exclusion in this context, and argue that social investment states target policy towards those "on the margins of society" (ibid. 87). However, they state that the reasoning behind targeting those at risk of social exclusion lies not only in notions of social justice, but also,

...in the fear that these marginal populations are a threat to social cohesion... Inclusion of the marginal is, therefore a *necessary current expenditure*. But when the link is made to children at risk of school failure, of learning disabilities, of poverty or growing up in vulnerable circumstances, it also becomes an *investment*. (ibid. 87).

On this note, it is important to spend some time considering the significance of *social exclusion* to New Labour because, as will be seen later, prevention of social exclusion is one of the key justifications behind policy mechanisms to 'support' teenage mothers.

Poverty and Social Exclusion

The idea of a *social investment state* is heavily embodied in New Labour's approach to tackling child poverty and social exclusion. In recent years, the term *social exclusion* has appeared prominently alongside *poverty* as a concept used to refer to those living on the margins of society. There is debate about whether poverty and social exclusion are in fact that different, for example it could be claimed that the relative deprivation element of poverty discourse is not dissimilar to the social exclusion discourse. However, many commentators have noted that social exclusion has a number of characteristics not usually included in definitions of poverty and which relate to wider aspects of social participation. Social exclusion studies examine the process by which people *become* excluded, rather than just taking exclusion as a given, static condition. This can be argued to fall in line with the *future-orientation* of the social investment state, which seeks to intervene in the process of becoming socially excluded through investing in at-risk individuals early on in their development.

In 1997, the government established the Social Exclusion Unit, a centralised unit within the Cabinet Office, characterised by cross departmental collaboration to tackle social exclusion, a multi-dimensional issue that could not have been tackled by one department alone. The unit's eighteen Policy Action Teams (PATs) produced reports focusing upon specific policy areas, for example anti-social behaviour and housing management. Reports which were highly influential in future policy action included *Teenage Pregnancy* (1999) and *Bridging the Gap* (1999), both of which will be discussed in the following sections of this chapter.

The Social Exclusion Unit described social exclusion as "a complex phenomenon...multi-dimensional...can pass from generation to generation" (Office of the Deputy Prime Minister, 2004: 4). Their actual definition of social exclusion is as follows,

...a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, unfair discrimination, poor housing, high crime, bad health and family breakdown... (ibid. 4)

From regarding the government's definition, it would appear that they have taken into consideration factors other than income in their conceptualization of social exclusion, which would echo the definitions proposed by various academic contributions. For example, Burchardt et al (1999) state that someone is socially excluded when they do not participate in the five dimensions of *normal activity*, which are characteristic of the society in which they reside. These five dimensions consist of consumption activity, savings activity, production activity, political activity and social activity (ibid. 231-2). Percey-Smith identified seven aspects of social exclusion; economic, social, political, neighbourhood, individual, spatial and group (Percey-Smith, 2000).

Compared with government's definition, it could be argued that there is a good fit between definitions, for instance unemployment could be considered as an absence of Burchardt et al's *production activity* and poor housing and high crime could be considered to be part of Percey-Smith's *neighbourhood* element of exclusion, where particular areas suffer disproportionate levels of disadvantage.

However, when actual policy responses have been examined, some commentators have noted that whilst government's definition may be wide ranging, proposed solutions are not and are inherently problematic. Percey-Smith identifies problems with *targeting* particular groups of excluded people, stating that this approach "assumes a degree of homogeneity among members of that group" (ibid. 18), which appears to contradict the observation that social exclusion is multidimensional and factors significant for some people will not be significant for others. Further, she argues "targeting can exacerbate negative perceptions of particular areas or groups" (ibid. 18). This observation has important implications for the proposed research as it clearly relates to the idea of stigmatization in policy. Levitas (1998) analyses the New Labour approach to social exclusion by identifying three discourses: Redistributionist Discourse (RED), Moral Underclass Discourse (MUD) and Social Integrationist Discourse (SID). Putting these categories in very simple terms, she states, "...in RED they have no money, in SID they have no work and in MUD they have no morals..." (1998: 27). Her interpretation of New Labour's position is that they have moved away from the RED discourse, associated with Old Labour, towards "an inconsistent combination of SID and MUD" (ibid. 28). Expanding on this, she states that New Labour sees inclusion merely in terms of paid employment, citing New Deal policies as an example, and comments that related benefit cuts are typical of a MUD position. In conclusion, it is stated "...inclusion becomes a duty rather than a right and something which requires active performance..." (ibid. 128). Therefore, New Labour's approach to social exclusion has been criticized both in terms of its targeting of specific groups and its perceived singular labour-market solution to the problem.

The activities of the SEU have been taken over by the Social Exclusion Task Force. The task force has since prioritised the following four issues for preventative action in terms of social exclusion; looked-after children, teenage pregnancy, the chronically mentally ill and families with complex problems (Cabinet Office, 2007a). Currently, the task force is conducting the actions set out in *Reaching Out: An Action Plan on Social Exclusion* (Cabinet Office, 2006). They have identified the following five guiding principles for their work, which will be considered in turn. Firstly, *better identification and early intervention*. Elaboration on this reveals that the task force aim to develop better "prediction tools" and seek to ensure that those "at risk" are being followed up (Cabinet Office, 2006: 21). Secondly, there is *identifying what works*, with the aim of developing a code of practice to assist in evaluation. *Multi-agency working* is the third principle,

aimed at strengthening role of Local Area Agreements and increasing the amount of information shared between agencies in relation to the most socially excluded groups. The fourth principle is *personalisation, rights and responsibilities*, which is concerned with tailoring services to individual needs, as well as making a clear division of rights and responsibilities between the citizen, service provider and community. The last guiding principle is identified as *supporting achievement and managing underperformance*, which is aimed at ensuring appropriate Public Service Agreements in this area and strengthening performance management practices.

Much controversy surrounds the first guiding principle, that of better identification and early intervention. In their consideration of who might be more susceptible to social exclusion, the concept of *risk* is central to New Labour's approach. They discuss risk factors, defined as "factors that either singly or in combination have been shown to render children's failure to thrive more likely" (Cabinet Office, 2006: 25). Risk factors are perceived as variable and context dependent, however, the key risk factors for future social exclusion among children from their conception to age two are as follows. Pre birth risk factors are identified as; prematurity / birth factors, obstetric difficulties, genetic predisposition, stress in pregnancy, teenage pregnancy, smoking in pregnancy, neglected neighbourhood, low income and poor housing. Risk factors between birth and two years of age are stated as; impaired attachment, infant's temperament, ADHD – hyperactivity, postnatal depression, harsh parenting style, rejection, hitting / frequent smacking, low level of stimulation, and socio-economic stress (Cabinet Office, 2006: 46). After outlining these risk factors, the report goes on to draw upon evidence from Nurse Family Partnership programme (NFP), an initiative from the USA, targeted at disadvantaged families. NFP is a programme consisting of home visits to families by trained nurses during the mother's pregnancy and the first two years of the child's life. Research is cited which states that the children of NFP participants at age 15 were less likely to have run away, been engaged in criminal activity, been sexually promiscuous, smoked or displayed drug or alcohol related behavioural problems (Olds, 2006). Based upon this evidence, the Cabinet Office recommends that midwives and health visitors are the most appropriate professionals to enhance the *better identification and early intervention* principle through identifying risk and providing home visiting support programmes. Ten demonstration projects, to be implemented in April 2007 are proposed, consisting of targeted parenting support based on the NFP model. Accordingly, from January 2007, midwives, health visitors and commissioners are to be "upskilled" to support such early interventions (Cabinet Office, 2006: 92). These actions are to be taken by the Department of Health and the Department for Education and Skills. The evidence base informing such early intervention programmes will now be briefly considered.

"Risk and Protection" : An Introduction to The Evidence Base

The *risk and protection* paradigm forms a large part of the evidence base for social policy mechanisms regarding services for children, young people and families. The NFPs discussed above, as well as the Children's Fund and Sure Start are examples of such initiatives drawing on these theories, which will be discussed in further detail in the Literature Review. However, prior to examining particular initiatives, it is important to spend some time considering the risk and protection evidence base which underpins such initiatives. *Risk* is a term that consistently appears in social policy initiatives, France and Utting considered literature on risk factors and identified that events such as offending, drug misuse, school-age parenthood, poor mental health and failure in school constitute risk factors for children and young people and comment further that when several risk factors co-exist, the chances of later problems increase disproportionately (France and Utting, 2005). Such risk factors are often taken into consideration when targeting preventative initiatives at particular groups or individuals. Protective factors on the other hand, are seen as factors associated with positive outcomes for children who are exposed to risk during their childhood. Such factors include strong social bonds between children, their families, schools and communities and the receipt of positive rewards and responses for behaviour from adult role models (France and Utting, 2005). Drawing on the work of Hardiker (1991), the Children and Young People's Unit developed a model for understanding preventative services by presenting four levels of intervention,

Level One: Diversionary. Here the focus is before problems can be seen—thus prevention strategies are likely to focus on whole populations.

Level Two: Early prevention implies that problems are already beginning to manifest themselves and action is needed to prevent them becoming serious or worse.

Level Three: Heavy-end prevention would focus on where there are multiple, complex and long-standing difficulties that will require a customisation of services to meet the needs of the individual concerned.

Level Four: Restorative prevention focuses on reducing the impact of an intrusive intervention. This is the level of prevention that would apply to, for example, children and young people in public care, those permanently excluded from school or in youth offender institutions or supervision and/or those receiving assistance within the child protection framework.

(CYPU, 2001: 37)

Criticisms of such early intervention have been voiced by senior staff of third sector organisations whose work is focused on those at risk of social exclusion. Comments include, "If these projects are seen as a penalty for bad behaviour it will be counterproductive", "It doesn't work to demonise people who already feel excluded from the common cause", and "The government's language stigmatizes poor families and areas" (Benjamin, 2006). Furthermore, prediction is problematic because despite the identification of relationships between risk factors and future problems,

causation is not fully understood (France and Utting, 2005). In addition, it is stated that such approaches can be anti-libertarian in that particular families and individuals become subject to intensive monitoring and control, and risk subsequently "becomes a mechanism that gives the state authority for intervening in families that are deemed 'dangerous'" (France and Utting, 2005: 81).

The prevention and early intervention principle is characteristic of the future-orientation of the social investment state, with children as central recipients of such policy. This had been previously marked by Blair's pledge to eradicate child poverty within a generation. This has been manifested in policy under the Public Service Agreement of the Department for Work and Pensions, objective one being to "ensure the best start for all children and end child poverty by 2020" (HM Treasury, 2004: 37). This objective has three sub-objectives, the first being to halve the number of children in relative low-income households between 1998-99 and 2010-11 as a precursor to the 2020 target. This is to be achieved by reducing the proportion of children living in workless households by 5 per cent and increasing the proportion of Parents with Care on Income Support and income-based Jobseeker's Allowance who receive maintenance for their children to 65 per cent by March 2008. The second sub-objective is to improve the communication, social and emotional development of children to reduce inequalities in children's development between the most disadvantaged areas and the rest of England. The Sure Start Unit is the lead agency in this regard, working with the Department for Education and Skills. The third sub-objective consists of three further objectives all aimed at reducing the proportion of children living in workless households. Again, the Sure Start Unit have responsibility for this objective, jointly with the DfES, which will be achieved by increasing the amount of Ofsted-registered childcare by 10 per cent, increasing by 50 per cent low-income families' take up of formal childcare and introducing a childcare approval scheme.

Opportunity for All is the annual Government report about tackling poverty and social exclusion, setting out current strategy and measuring effectiveness of current policy mechanisms. The first report in 1999 laid out New Labour's strategies to tackling poverty and social exclusion, focusing on specific groups; children, young people, people of working age and older people. In the chapter concerned with child poverty, three policy priorities were outlined. These were firstly, high quality education for all children, secondly, combating family poverty and social exclusion, and thirdly, supporting vulnerable young people (Cm 4445, 1999). These policy priorities will now be used as a framework in which to situate the discussion of various policy interventions launched in this regard. Policy initiatives targeting teenage mothers will be considered in detail, due to the focus of this research upon this group.

3. High Quality Education for all Children

The first of the three policy priorities outlined in *Opportunity for All* was ensuring that all children get a high quality education wherever they go to school, and providing additional help to children in the crucial pre-school years (Department for Social Security, 1999: 45). Policies of relevance under this heading are Sure Start, the National Literacy and Numeracy Strategies and The National Childcare Strategy. These initiatives will now be critically discussed.

Sure Start

In *The Modernisation of Britain's Tax and Benefit System* (HM Treasury, 1999), £540 million was committed to the Sure Start Programme. The comment was made that "Children from disadvantaged backgrounds can fall behind from a very early age...(Sure Start) works with families with very young children to coordinate and improve services, so children are ready to thrive when they go to school" (HM Treasury, 1999: 34). The Sure Start programme emerged out of the Comprehensive Spending Review set up in 1997 from a cross-cutting review into services for young children, and the formation of the policy drew upon evidence from the US into early intervention programmes there (Glass, 1999). The philosophy and strategy behind Sure Start was further explained by Glass, who stated that it formed part of the government's drive to tackle social exclusion and was targeted at families and children aged under four in 20 per cent of the most deprived wards in England (Glass, 1999: 257), however, it has now been rolled out to cover all areas. Sure Start was proposed to build on existing provision in local areas and Glass stated that it should have the following characteristics:

- two generational: involve parents as well as children
- non-stigmatizing: avoid labelling 'problem families'
- multifaceted: target a number of factors not just, for example, education or health or 'parenting'
- persistent: last long enough to make a real difference
- locally driven: based on consultation and involvement of parents and local communities
- culturally appropriate and sensitive to the needs of children and parents

(Glass, 1999: 262)

The aim of Sure Start is working with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children, particularly those who are disadvantaged, so that they can flourish at home and when they get to school. Therefore, breaking the cycle of disadvantage for the current generation of young children (Sure Start Unit, 2002). There are four key Sure Start objectives; improving social and emotional development,

improving health, improving the ability of children to learn and strengthening families and communities (Sure Start, 2002). As outlined earlier, Sure Start is instrumental in working towards the two sub-objectives of ending child poverty by 2020 through improving communication, social and emotional development of children and reducing the proportion of children living in workless households. *Children's Centres* are now a prominent feature of Sure Start, a one-stop shop that provides integrated services for children and their families. They are seen as a key mechanism for joining up a wide range of services including childcare, pre-school education, family support, health, employment, guidance and training. These services are seen as crucial to combating social exclusion through advancing child development and improving the lives of poor parents (Tunstall et al, 2006: 167).

In her critical examination of Sure Start, Clarke (2006) suggests that the programme risks becoming moralistic and blame-apportioning, "The behaviour and characteristics of poor parents come to be seen as the problem, for reasons that are driven by instrumental aims in relation to their children" (Clarke, 2006: 710). This echoes the view of Gillies (2005), "While middle class parents are seen as fostering social connections that ultimately benefit the community as a whole, working class/disadvantaged parents are depicted as isolated, devoid of social resources and lacking in self-confidence. This in turn is seen as infecting children with low aspirations and poor self-esteem" (Gillies, 2005: 80-81). Clarke further criticizes the future-orientation element, the emphasis on pre-school education is taken to be important so that children are not behind when they reach school, however, "with little interest in the quality of the experience for its own sake and the benefits to children in the present" (Clarke: 2006: 710).

Glass, a senior Treasury official instrumental in the development of Sure Start whose optimistic comments at the programme's outset were considered earlier, also made critical observations of the programme in practice. Glass argues that whilst Sure Start began as a child-development centred initiative with the potential to promote community cohesion, he now states, "My contention is that little will remain but a brand name" (Glass, 2005). He attributes this to two factors. Firstly, he states that Sure Start expanded too quickly before accumulating either sufficient knowledge or the confidence of local communities, "Disadvantaged communities have to be persuaded to participate and their natural suspicion leads them to hang back until there is something to show" (Glass, 2005). Secondly, Glass comments that when Sure Start was placed under the sole control of the Department for Education and Skills, it became too focused upon developing the employability of parents, "For poor mothers, work was the answer, and Sure Start was to play its role as a sort of New Deal for Toddlers" (Glass, 2005). This resulted in the ethos of Sure Start moving further away from its original child development principle to a childcare agenda, providing places to enable mothers to enter or return to employment. This is further explored in Hey and Bradford's paper (2006), which studied the impact of Sure Start upon

discourses of motherhood through focus groups and interviews with mothers who participated in Sure Start. Their research emphasizes the perception of the mothers themselves that there is pressure to be seen as a successful parent, "They were particularly aware of the need to avoid being stigmatized as part of the category of mothers / parents who are seen as either irresponsible or unable to provide for their children" (ibid. 61). Subsequently, Hey and Bradford argue, this led some mothers to criticize others who did not participate in Sure Start as detrimental to the image of their community, further entrenching the practice of labelling and problematizing families, which policymakers claimed to be so keen to avoid. More recent criticism has centred on the transition from Sure Start to Children's Centres and the changing discourses of community associated with this shift. Recent research suggests that the community cohesion and empowerment seen in many Sure Start local programmes risks being lost in the move to Children's Centres, whose broader focus draws employment advice into a range of services including childcare, nursery education, family support and health services (Hope and Leighton, 2007). It is thought that involving new managers without a Sure Start background and Jobcentre Plus in Children's Centres, and hence introducing an element of surveillance, risks marginalizing some individuals from the centres and damaging the trust built up between former Sure Start workers and the community (Hope and Leighton, 2007).

National Literacy and Numeracy Strategies

Additional policy interventions under the 'High Quality Education for all Children' heading were the National Literacy and Numeracy Strategies. Whilst the Sure Start Initiative set about promoting the importance of pre-school education, the Literacy and Numeracy Strategies aimed to improve standards for children of primary school age. These two strategies were described as "the most ambitious large-scale educational reform strategies in the world" by Earl et al (2001). In 1996, the Literacy Task Force (LTF) was set up by David Blunkett, Shadow Secretary of State for Education and Employment, with the purpose of developing a strategy for raising standards of literacy in English primary schools over a five to ten year period (Literacy Task Force, 1997). The National Literacy Strategy set a target for all children leaving primary school to have reached a reading age of at least eleven and established a framework through this would be achieved, emphasizing the importance of a "new mature partnership" between "teachers, parents, governors, government, the media, publishers and business" (Literacy Task Force, 1997). The consultation document of the LTF, whilst devoting much attention to the role of school based activity such as whole-class teaching and phonics, also emphasized the role of parental responsibilities, not only for children's literacy, but for their own too under the proposed "family literacy projects", due to their claim that standards of literacy among adults would inevitably affect the literacy standards of their children (Literacy Task Force, 1997). The National Numeracy Strategy has many parallels with the National Literacy Strategy. The strategy, established in 1997, was borne out of the findings of the Numeracy Task Force. The Numeracy Strategy was

similar to the literacy strategy in its recommendations for the teaching of mathematics in schools and also setting of targets for raising standards. Furthermore, as with the literacy strategy, parental responsibilities were emphasized again and the report of the Numeracy Task Force devoted a chapter to this entitled, *Creating a climate of support at home and in the wider community* (Numeracy Task Force, 1998). The report advocated the rolling out of a Family Numeracy Project, which was aimed at parents who "had poor levels of qualifications, and were not employed outside the home" (Numeracy Task Force, 1998).

Brehony (2005) commented that the literacy and numeracy strategies "may be seen, in part, as exemplifying the supply-side welfare to work policies associated with the Third Way" (ibid. 32). Following on from this comment, it is important to consider the views of Lister,

The child in particular takes on an iconic status. However, it is the child as "citizen-worker" of the future rather than the "citizen-child" of the present who is invoked by the new discourse of social investment. Thus, despite the prioritizing of children, the quality of their childhood risks being overshadowed by a preoccupation with their development as future citizen-workers. at the same time, the poverty of today's citizens of working age is marginalized. (Lister, 2003: 437).

The National Childcare Strategy

In the consultation document, *Meeting the Childcare Challenge* (Department for Education and Employment, 1998), the Government stated that the value of good quality childcare lay in its capacity to enhance the opportunities of children and their families through stimulating and motivating the children and through giving parents the choice of combining their parenting with work, education or training. The rationale of the National Childcare Strategy (NCS) draws upon three key principles. The first principle is ensuring that every child has the best possible start in life. Evidence on child development was reviewed and the point was reinforced that early years experiences have lifelong consequences (HM Treasury, 2004b). It was stated that all children benefit from early years education from the age of two and there is particular value for children from disadvantaged backgrounds, for whom early years education helps them to catch up with their peers.

There is therefore a particular case for subsidizing childcare costs of parents with low earnings as it can support parents' links with the labour market as well as directly improving disadvantaged children's outcomes (HM Treasury, 2004b: 10)

The second principle was stated as the need to respond to changing patterns of employment and ensure that parents can work and progress their careers. Changing household working patterns

are discussed, observing that women are working more and female educational attainment has risen. However, after becoming parents, it is argued, men work more and women work less. The report highlights that in other countries, where there are well developed systems of childcare provision, this is not the case and motherhood makes little or no difference to labour market participation. Therefore, it is concluded that the limitations of existing childcare provision are restricting the labour market decisions of some parents. The expectation of families that they should be in control of the choices they make as to balancing work and family life was outlined as the third principle of the strategy. It was stated that Government should be able to ensure that parents do not have a trade off between work and family, therefore there must be options between alternatives that meet the individual circumstances of the parents and support the best interests of the children. These guiding principles have therefore led to the creation of four main themes for the NCS; choice and flexibility for parents, availability, quality and affordability, under which several targets have been established. Under *choice and flexibility*, aims include twelve months of maternity leave and legislation enabling the mother to transfer a proportion of her paid leave to the father. Out of school childcare for three to fourteen year olds from 8.00am to 6.00pm is proposed under *availability*. The quality theme focuses upon reform of the childcare workforce, regulation and inspection. Lastly, targets under *affordability* include increasing the childcare element of WTC so parents pay a reduced proportion of their childcare costs.

Featherstone considers social policy prior to New Labour's Third Way, "whilst there was a commitment on the part of the state to providing education and health care, childcare was seen as the responsibility of individual parents (in practice, mainly mothers)...In the 1980s, child bearing and child rearing almost seemed to become seen as private lifestyle choices with few supports offered to parents despite startling changes in the working patterns of mothers and family composition" (Featherstone, 2006: 6). It has been argued that the NCS represents "a breakthrough in British social policy in its recognition of public as well as private responsibility for the care of children and for facilitating parents' (in practice still typically mothers') ability to combine paid employment with their family responsibilities" (Lister, 2006: 319). However, whilst the state's involvement in provision and subsidization of childcare does represent a movement towards systems of provision similar to those present in countries such as the Netherlands, several points of critique have been raised. It has been argued that affordability remains an issue. Despite various funding assistances, parents bear much of the cost of childcare, in London this figure is estimated at 75-85% (Ball and Vincent, 2005). Furthermore, New Labour's approach to childcare seems to be of a particularly gendered nature, it is *women* rather than *parents*, who are being encouraged back into the labour market, "...it is mothers who return to paid work who have to find care, often pay for it and then organize participation in two worlds – of home and paid work – which have contrasting rhythms and values" (Ball and Vincent, 2005: 563). Lister offers further comments in this regard, stating that the traditional gendered division of labour has not

been challenged by legislation concerning maternity and paternity leave; the paternity leave rights of fathers are anchored on the mother's circumstances, fathers only being eligible for the additional paternity leave if the mother has gone back to work. Therefore, it is argued "it (paternity policy) still fails to give fathers an independent right... steps to ensure men do play such a part are little more than tokenistic" (Lister, 2006: 318-9). Additionally, despite attaching great importance to the potential of childcare for assisting in the development of children from poorer families, there appears a distinct lack of consideration for informal care, which is preferred by many working class and black and ethnic minority families (Ball and Vincent, 2005). Lastly, it is important to note that there is a disjunction between Government's view of childcare as a mechanism enabling the mother to work, and parent's views of childcare, which go beyond considering whether to work or not, "...they take such decisions with reference to moral and socially negotiated views about what behaviour is right and proper" (Duncan et al, 2004: 256). Featherstone's comments adequately sum up this final element of the critique,

Whilst New Labour have, in the main, desisted from imposing a particular family form, there is considerable concern that their explicitly normalizing project in relation to parent's responsibilities rides roughshod over what people themselves feel is the right thing to do... some feeling that to be a good mother was to work in the paid labour force whereas for others being a good mother involved not working in the paid labour force at least until children were older (Featherstone, 2006: 16)

Conclusion

Having considered the key policies under "High Quality Education for all Children" and commentary on the same, it may be argued that these policies were seen as necessary in order to prevent the perceived disadvantage of parents being transmitted to their children, who, in turn, might possibly become the *citizen-claimants* of the future. Intervening early through educational channels and early year's childcare is perceived as a potential means to prevent such outcomes. The following section considers the second priority of *Opportunity for All*, that of "Combating Family Poverty and Social Exclusion".

4. Combating family poverty and social exclusion

This was the second priority to be listed in *Opportunity for All*. It was proposed that family poverty and social exclusion might be tackled through policies which addressed worklessness, increased financial support for families and improved the environment in which children grew up (Department for Social Security, 1999: 45). Key initiatives under this heading include tax credits, New Deal for Lone Parents, and the Every Child Matters Green Paper. Each of these initiatives will now be critically considered in turn.

The Children's Fund

An initiative aimed at preventing the exclusion of children and young people is the Children's Fund. Drawing on the findings of the Social Exclusion Unit's Policy Action Team 12 Report *Young People at Risk*, the Children's Fund was established in 2001, following the Spending Review of 2000, and is due to run until 2008. £960 million was allocated to the Children's Fund, which was to be administered by the Children and Young People's Unit (CYPUP), which is now part of the Children, Young People and Families Directorate within the Department for Education and Skills. There are three underlying principles of the Children's Fund; firstly, to provide preventative services for children aged 5–13, secondly, to engage local voluntary and community organizations in partnerships to enable all relevant services to work together, and thirdly, for children and young people to become involved in the design, operation and evaluation of the Children's Fund. In addition, there are seven specific objectives; to promote school attendance by 5-13 year olds, to improve educational performance of 5-13 year olds, to reduce children offending and becoming victims of crime, to reduce health inequalities, to ensure services are accessible, to ensure services are effective and to involve families in building social capital as a route out of poverty. Children's Fund initiatives were aimed to focus on levels two and three of the CYPUP's prevention model, displayed earlier on p.9. Services funded through the scheme spanned a wide range and included provision such as play schemes, education support, child therapy, sports, mentoring, parent education, day trips and health education (Edwards et al, 2006: 75).

However, it has been argued that Children's Fund programmes neglect the community dimension of social exclusion, instead focusing upon individual and family levels (Edwards et al, 2006). This is an important criticism, as locality, school and social group have the potential to both *contribute to* and *act to prevent* exclusion (Edwards et al, 2006). France and Utting (2005) commented that

growing up in a disadvantaged neighbourhood, attending a school with a poor ethos and involvement in negative peer groups could foster the development of risk factors. Therefore community, school and peer group environments co-exist alongside family and individual settings for the development of risk factors so in omitting them from sufficient consideration, Children's Fund programmes run the risk of any interventions they make being ineffective. It could be argued that this approach is symptomatic of New Labour's reversal of structure and agency, in which individuals are viewed as responsible and accountable for their actions over and above any responsibility to be borne by the structural factors which may contribute to their exclusion. Lastly, Hughes (2007), considering the third underlying principle, commented that potential improvements to the approach taken by the Children's Fund include the participation of both service providers and service users in the agreement of outcomes and the definition of targets and for provision to be open access, in effect decreasing the stigma of the services as a more effective means of reaching those "at risk". However, as acknowledged by Edwards et al (2006), it has only been possible to assess short to medium term impacts of the Children's Fund as it has been in operation for just three years therefore it will be some time before it is clear whether the overall objective of preventing social exclusion is being addressed. Indeed, France and Utting (2005), considering the US Head Start initiative, stated that it was only when participants reached their late teens that a sustained difference between participants and non-participants began to show.

Tax Credits

The Treasury stated that "childhood disadvantage is firmly intertwined with the problems of workless households and low pay" (1999: 35). In October 1999, it introduced Working Families Tax Credit (WFTC), which, by providing a minimum income guarantee of £200 per week to families with at least one full-time worker, was presented as a means of reducing the barriers to work for families with children. It was estimated that this would lift 700,000 children out of poverty (HM Treasury, 1999: 35). WFTC was born out of the recommendations of the Taylor Report of 1997, which had examined the US system of Income Tax Credit, WFTC would draw upon its experience. As WFTC was paid through the tax system, it was suggested that it had the potential to decrease the stigma associated with wage supplements (McLaughlin et al, 2001).

In 2003, WFTC was replaced by two new tax credit initiatives, Working Tax Credit (WTC) and Child Tax Credit (CTC). WTC continued in a similar vein to WFTC, available to those who were in low paid work, whereas the criteria for CTC focused upon having responsibility for and living with at least one child or young person (HM Revenue and Customs, 2007). It is stated that,

The Child and Working Tax Credits...are central to the Government's efforts to tackle poverty and provide opportunity. The Child Tax Credit is part of the Government's

progressive universalist approach, providing more support for all families and the greatest support for those who need it most. (HM Revenue and Customs, 2007)

Despite the importance of these initiatives to the Government, tax credits are somewhat at odds with the concept of a social investment state, characterised as they are by the redistribution of resources, as opposed to the redistribution of opportunities (Lister, 2003: 432). However, it could be argued that whilst WTC and CTC are in themselves not typical of a social investment state, they often go hand in hand with other initiatives that are. As evident in the eighth annual report of *Opportunity for All* (Department for Work and Pensions, 2006), those in receipt of WTC or CTC will often be part of other initiatives such as New Deal for Lone Parents, which will now be considered.

New Deal for Lone Parents

Millar (2000) considers the development of New Deal for Lone Parents (NDLP), stating that during the post-war period, lone parenthood represented a "legitimate withdrawal from the labour market" (Millar, 2000: 333). However, as lone parenthood became an increasingly common family form, the public expenditure cost increased and lone parents became the subject of much criticism, "the idea that lone parent families are a less desirable family type than two-parent families has been, and remains, a strong influence on policy" (Millar, 2000: 334). The Family Credit initiative of 1988, whilst improving the income of poor working families, did not go far enough to encourage labour market participation, therefore, upon entering office in 1997, New Labour created NDLP as part of their reconstruction of welfare around participation in the labour market. NDLP is a voluntary programme aimed at helping lone parents into work (Department for Work and Pensions, 2007). The lone parent works with a personal advisor. The personal advisor can provide help in the following ways; calculate how much better off the client could be in a job, explain the effect that starting work may have on their benefits or tax credits, explain what benefits or tax credits they may be entitled to when they move into work, access specialist employment advice if they have a disability or health problem, help them identify good quality registered childcare in their area and help them with expenses to attend meetings, job interviews or training, including fares and registered childcare costs (Department for Work and Pensions, 2007).

In examining NDLP, our attention is drawn to the role of the Personal Advisor, a feature of many New Labour initiatives discussed in this chapter. Millar comments upon the importance of the Personal Advisor in building trust and confidence as well as providing information. Drawing on Finch (1999), it is argued that the effectiveness of a Personal Advisor depends as much upon their manner and approach as it does upon the information that they give out (Millar, 2000). The Personal Advisor therefore may represent a barrier as well an opportunity for lone parents

returning to work, as their role reintroduces the concept of discretion into the delivery of welfare and this, as Millar notes, "will require careful management and monitoring" (Millar, 2000: 339). A key criticism of NDLP is that training is not an integral part of the programme. In her consideration of what kinds of employment lone parents will engage in through NDLP, Gray (2001) suggests that they will tend to be lower skilled than those already working. Therefore, Gray argues, it is crucial that training receives adequate funding if NDLP is to meet skills shortages, rather than merely introducing more competition for entry-grade positions, where there will be competition with other New Deal groups and increasingly, students (Dutton et al, 2005).

Every Child Matters Green Paper

The Every Child Matters Green Paper (DfES, 2003) can be identified as another move towards combating family poverty and social exclusion through an overhaul of children's services. Its recommendations were implemented under the 2004 Children Act. Four areas for improvement are identified; Supporting Parents and Carers, Early Intervention and Effective Protection, Accountability and Integration and Workforce Reform. The first area, Supporting Parents and Carers, is of high relevance to this chapter, focusing as it does on the role of parents in partnership with government, voluntary and business sectors in taking responsibility for their children's education and employment. Supporting Parents and Carers sets out with what appears to be a non-compulsory, voluntary stance, proposing the provision of information and advice "where such support is wanted or needed" (DfES, 2003: 39). Such support includes a national helpline for parents, Parentline Plus, which has received positive comments as "anonymous non-stigmatizing support" for parents who valued the service and found that it met support needs that were not fulfilled by other forms of service provision (Boddy et al, 2005: 278). However, in moving on to discuss targeted, specialist support and compulsory action, the approach takes on more of a paternalistic stance. Regarding *Specialist Parenting Support*, the Green Paper considers home visiting programmes (which were implemented in 2007, see "Nurse Family Partnerships" on p. 8), parent education programmes, family group conferencing and mediation and counselling services. However, perhaps the most controversial element of the Green Paper concerns its content under *Compulsory Action with Parents and Families* (DfES, 2003: 43). Drawing upon the Anti-Social Behaviour White Paper, Parenting Orders are applauded, whereby action is taken to ensure parents meet their responsibilities insofar as being accountable for their children's behaviour when that behaviour becomes anti-social or includes persistent truanting. The Green Paper quotes examples of such interventions, one of which is the Webster-Stratton parent training programme, a 13-16 week course targeted at those with "conduct behaviour disorders", which resulted in a large reduction in children's anti-social behaviour including hitting, running away, fighting with siblings and hyperactivity" (DfES, 2003: 44).

Criticisms of this nature of approach have been voiced by many academics, for example Lister, who discusses the Crime and Disorder Act (1998) and Anti-social Behaviour Act (2003). Parents are included in the interventions and have a responsibility to curb their children's behaviour, otherwise they may face penalties. Lister comments "policy will be used to encourage and, if necessary, enforce the responsibility of parents" (Lister, 2006: 320). Additionally, "there is also a strong whiff of authoritarianism in the measures adopted to ensure that parents (typically mothers) turn their children into responsible citizens" (Lister, 2006: 326). Williams provides a critique of the Every Child Matters approach, taking a similar stance to that of Lister in identifying a strong authoritarian strand, "What parents need is time and support to follow their responsibilities through rather than reminders to carry them out" (2004: 419).

Conclusion

Many of these family focused social policy initiatives have emanated from the Treasury, which some have commented represents a marked blurring of boundaries. Previously, the Treasury was limited to regulating the spending of other government departments, taxation and macroeconomic policy (Deakin and Parry, 2003). These interventions into family life have prompted much discussion about the extent of the state and its role in this sphere. Turning again to look at Giddens, his commentary acknowledges that the Third Way reaches into the previously private sphere of the family, presenting the two parent family as the best social context in which to bring up children (Giddens, 2000: 44), he further adds,

Social policy for the family, as for the economy, has to be predominantly 'supply side'. It should foster conditions in which individuals are able to form stable ties with others, especially where children are involved and accept the responsibilities that come along with contemporary freedoms. (ibid. 47)

However, one author considers the supply side social policy as an attempt to resocialize working class parents, reconstructing them into middle class parents in an attempt to eradicate class differences (Gerwitz, 2001). Williams (2001) criticizes the prioritization of paid work as a means of tackling poverty and social exclusion, and argues for a "political ethics of care" to redress the balance. Although Williams applauds the National Childcare Strategy in its acknowledgement of the importance of the caring role, she states that it does not go far enough, stating that care policies need to be broader and less fragmented.

Having considered policy initiatives aimed at children and families, the chapter now moves on to the next section, in which New Labour's interventions into the transitions of vulnerable young people are examined.

5. Supporting vulnerable young people

Supporting vulnerable young people, especially in the difficult transition from childhood to adult life, was given as the third policy priority in *Opportunity for All* (Department for Social Security, 1999: 45). Policy initiatives that have been central to this priority include the Bridging the Gap Report (SEU, 1999), the Connexions Strategy, New Deal for Young People and the Teenage Pregnancy Strategy.

However, prior to examining these policies, it is important to consider some views as to why these young people, many of whom are legally adults, are subject to interventions by government. Kelly proposes the concept of "institutionalised mistrust" of youth within the policymaking arena (2003: 165-80). He asserts that young people cause adult's anxiety, which translates into various interventions and strategies targeting youth. It is suggested that policymakers target young people because youth presents a problematic stage in development in policy terms, lying between childhood, in which individuals are perceived as *dependent*, and adulthood, a stage during which individuals should have developed the ability to be *independent*, "...the 'ideal' subject of Liberal Governments is the person who has developed the capacities of self-reflection, self-regulation and self-government..."(Kelly, 2003: 176). Therefore, the fact that the young are at a stage in their development where they have not produced the above capacities is important in rationalizing "the practices and processes of surveillance, discipline and regulation that take young people as their subject" (ibid. 176). Government intervene with a view to shaping the futures of young people, as youth "is at risk of jeopardizing, through present behaviours and dispositions, desired futures...There is a strong sense here that there are 'preferred' futures..." (ibid. 171-2). These 'desired futures' that Kelly discusses can be taken as 'social inclusion' in adulthood.

Jones (2002) suggests that youth is a much more complex concept than Kelly's article implies. She observes that the transition from childhood to adulthood has become more perplexing in recent years, partly due to the increase in young people going into further education and training, which, she argues "has driven a wedge between the two" (ibid. 2). She identifies key criteria around which perceptions of childhood/adulthood are based, for example role within the family and source of income and states that young people, whilst being "adult" in some respects such as being in full-time employment, can simultaneously be "children" in other respects such as living in the parental home (Jones, 2002: 2). Furthermore, Jones highlights that the class differences in existence in the transition to adulthood are no longer cut and dried. Middle class or slow-track transitions, she argues, have been more extended than working class or fast-track transitions, with middle class parents providing support for longer periods. Recently however, it is claimed

that this middle class pattern is becoming more widespread among the affluent working class (ibid. 23). Therefore whilst the *affluent* working class are taking on some of the characteristics of their middle class counterparts, the *less affluent* or *poor* working class may continue to be characterized by fast-track transitions. Policy interventions into youth transitions, and the research that informed the same, will now be considered with a view to understand the experiences of poor working class youth and why their traditions appear to have been problematized by New Labour.

Bridging the Gap

A key publication which was highly influential upon New Labour's strategies for tackling social exclusion among young people and pre-empting the Connexions service was *Bridging the Gap* (Social Exclusion Unit, 1999a). The report focused upon young people aged 16-18 who were not in education, employment or training (NEET). Those identified at particular risk of becoming NEET were those whose parents were unemployed and members of certain ethnic groups. A third category identified those who were in "particular circumstances"; carers, teenage parents, homeless, those who have experienced the care system, learning difficulties, disabilities, mental illness, misuse of drugs or alcohol and offenders (ibid. 48).

Colley and Hodkinson criticize *Bridging the Gap* as ignoring structural inequalities, instead focusing its individualistic strategy upon personal agency, laying the blame for social exclusion at the hands of individuals themselves (2001). "*Bridging the Gap* perpetuates such a moralistic interpretation of the problem, which locates the causes of social exclusion in the deficits of individuals, and aggregates those individuals as generalized, and pathologized, social groupings" (ibid. 342). "Arguably the greatest sin of omission is the failure to recognise, value and support the strengths of many disadvantaged communities that provide a sense of inclusion to their members, but whose efforts and resources tend to be judged against agendas set by others" (ibid. 343). It is not only qualifications that are important, whilst they may add to a person's cultural capital, they do not complete it. The report laid out an approach to "ensure that young people stay in education, training or work with a strong education/training component until they are at least 18" (ibid. 9). This approach had four elements; a clear outcome to aim for by 19, a variety of *pathways* leading to this outcome, furthering Education Maintenance Allowance and a Youth Card to help with transport and other costs, and a new "multi-skill support service", which prioritizes working with the most at risk between the ages of 13 and 19. These elements have been manifested in the Connexions Strategy, which will now be considered in detail.

The Connexions Strategy

The goal of the Connexions Strategy is stated as ensuring that young people have the chance to acquire the skills they need to be successful in their adult lives, through being "stretched" and

"supported" by a learning framework spanning the whole of their teenage years (Department for Education and Employment, 2000: 17). There are four themes to the Connexions Strategy, the first being a "Flexible curriculum that engages different young people and leads to the relevant, sought after qualifications" (ibid. 18). This includes more options for vocational training at Key Stage 4 and a *Graduation Certificate* at 19, recognizing a standard through either completion of GCSEs or their vocational equivalent and other key skills and voluntary activity (ibid. 20). The second theme is "Ensuring high quality provision in school sixth forms, FE colleges and work based learning" (ibid. 18). This theme is concerned with enhancing the coordination of learning provision by establishing the Learning Skills Council and developing an inspection system for all 16-19 provision. "Targeting financial support for those in learning" is the third theme, including the introduction of a *Youth Card* discount system to reward those participating in 16-19 education and enhancing financial support for learners through Access Funds and Education Maintenance Allowance. However the 'smart' facility of the cards can be used to track attendance, therefore it could be argued that reward is coupled with surveillance. The fourth, and arguably most significant theme of the Connexions Strategy is "Outreach, information, advice, support and guidance" due to the establishment of the Connexions Service to implement this theme. The Connexions Service is delivered by personal Advisors, "providing high quality support and guidance and brokering access for young people to a range of more specialist services" (ibid. 32). The service was proposed as having minimal bureaucracy with proper accountability structures and high standards of service. The structure proposed had three levels; a cross-departmental Connexions Service National Unit, Connexions Partnerships at local level who would be responsible for strategic planning and funding, and Local Management Committees at Local Authority Level (ibid. 32).

The targets of the Connexions Service primarily related to increasing participation in education, training and work for 16-19 year olds. These targets were based on the *Bridging the Gap* findings that "participation has a major impact on a young person's more general well-being" (ibid. 34). However, other targets of the service were the reduction of drug abuse, reduction of youth offending and the reduction of rates of teenage pregnancy. The Personal Advisors, through whom the service was to be primarily delivered, were based in a variety of locations including schools, FE colleges and community settings to enable young people to access them easily. The type of support provided was presented under three categories of need; *general advice and support* to be provided at key episodes such as the months prior to leaving school, *in-depth support* for those who are at risk of not participating effectively in education, employment or training, and *integrated specialist support*, for those with multiple problems that prevent them from engaging in learning (ibid. 37). The Personal Advisor's role was proposed to include seven elements; working with schools/colleges/training providers, providing one-to-one support to young people, diagnostic activity to identify key issues, working with parents and carers, connecting with

existing community support networks, working with other agencies and keeping in contact with / monitoring the young people in their area. The Department for Education and Employment stated that the new Connexions Personal Advisor was a "new profession" (ibid. 45). As advisors were to be drawn from a range of backgrounds such as youth work, teaching, social work and careers offices, they needed to be trained for this new profession. Consequently a Personal Advisor training framework was established, consisting of a Universal Foundation Qualification and an Extension Programme (ibid, 46). The work of the PA is target driven and features business plans, checklists and assessment schedules.

Therefore, this new service with its shop-front presence and integrated strategy appeared to be a positive step in supporting young people through their educational and vocational transitions, overcoming the previous "piecemeal responses down separate channels and through professionals only able to deal with issues one by one" (ibid. 4). However, Connexions has now been in operation for seven years and had attracted much academic attention. One area of the service that has received criticism is the use of EET targets. Yates and Payne (2006) voice concern about the use of NEET statistics as a focus for combating social exclusion amongst young people. Drawing upon evidence from the Connexions Impact Study, they argue that being NEET has come to be viewed wholly in negative terms, "reflective of a raft of risks, problems and negative orientations on the part of young people" (Yates and Payne, 2006: 30). Their position reflects those of other critics, who are concerned that individual agency is overemphasized in such interventions (Colley and Hodkinson, 2001). Furthermore, their comments also reflect wider criticism of targeting (Percey-Smith, 2000), in suggesting that NEET has become a label which assumes homogeneity among those to whom it is applied. In response, Yates and Payne identify three subcategories of NEET young people, beginning with those who are in temporary transitional states that involve a period of being NEET, for example, those who experience personal problems at the end of their schooling, which interrupts their transition to college. Secondly, they identify young parents as a group who often consciously decide to be NEET for a time to look after their children. Lastly, they discuss young people who are NEET and have various complications in their lives such as being homeless, offending, or having behavioural and emotional problems. Therefore, it is argued, NEET is not necessarily a problematic state that ultimately leads to social exclusion. However, what is vital is that these young people receive support to maintain their confidence and motivation during their NEET period, but delivering such support would be classed as a 'soft' outcome, when "the prime focus is on the 'hard' outcomes of moving NEET young people into EET destinations" (Yates and Payne, 2006: 341). This emphasis on transferring young people from NEET to EET, justified by the risk of social exclusion posed by a NEET status, is a key point of critique for many commentators, as Yates and Payne have argued, it fails to identify and support those in need of 'soft' intervention and views employment status in a dichotomous manner (Fergusson et al, 2000).

In examining the Connexions approach, our attention is again turned towards the Personal Advisor (PA), the central feature of another policy initiative, New Deal for Lone Parents, discussed earlier in this chapter. The emergence of advisors has been heavily influenced by practice in the US, where "inspirational qualities" of advisors and a mentor culture has reshaped the way in which services relate to their users (Garrett, 2002). It has been argued that PA's have undermined those professionals who previously played a key role in offering guidance to young people, particularly social workers. Garret argues that the role of the PA in Connexions "overlaps and potentially impinges on the roles presently being fulfilled by staff in other agencies" (2002: 602). Connexions provide another setting for PA's whose one-to-one advice delivery style is championed by New Labour in many areas of social policy. However, there does not appear to be a parallel growth in group based peer support, where people in a similar situation share experiences and support each other. This point will be further explored in the section examining the Teenage Pregnancy Strategy.

In addition, it can be added that the restriction of the Connexions Service to those aged up to 20 is limiting. People who drop out and return may find that they are turned away. "Those who cannot be brought into education, training or employment 'in time' may have their situation made worse" (Colley and Hodkinson, 2001). However, Personal Advisors are able to refer people to New Deal for Young People when they become too old to access the Connexions Service, this initiative and its fit with the wider approach to youth interventions will now be considered.

New Deal for Young People

New Deal for Young People (NDYP) was introduced in 1998 and applied to 18-24 year olds who had been claimants of Jobseekers Allowance for six months or more. Young people who became part of NDYP would start with the *Gateway*, "a period of intensive help, advice, guidance and counselling" (DfEE, 1007: 3). The Gateway period could last up to four months and the emphasis was to be upon setting goals regarding employment and establishing steps to achieve them. From the Gateway, a New Deal action plan would be established. During the Gateway, participants would be introduced to four options; a job with an employer, work with a voluntary sector organization, work with the Environment Task Force or full-time education and training. Each option would run for six months, apart from education and training, which would run for one year. Like Connexions and NDLP, the service is delivered through a PA, however, unlike these other initiatives, NDYP would not be voluntary, as "...with rights come responsibilities...benefit sanctions will apply to those, who, without good cause, *refuse* all reasonable offers and *choose* to do *nothing*. There is no fifth option of a life on benefit" (DfEE, 1997: 4, emphasis added). Support

from the PA would continue past the Gateway period when the participant was engaged in an option, including assistance with job searches and discussion of other options.

Fergusson (2002) has commented that NDYP represents a change in youth employment schemes, which, in the past have been of a job-creation nature, lacking in credibility with both employers and young people, characterized by very low trainee allowances. He comments, "NDYP has sought to free itself from these negative legacies, by using real jobs, matched placements, market rates of pay and certificated training linked to lifelong learning" (Fergusson, 2002: 178). However, whilst it is reasonable to argue that NDYP has helped some young long-term unemployed into work, for others, it has not been so effective. Finn (2003), drawing on four case studies of NDYP in local areas, has commented that in areas of high unemployment and for some disadvantaged groups, NDYP has a long way to go. Considering areas of high unemployment, he argues that rather than placing young people in a reasonable job with employment security and opportunities, they are continuously churned through a series of employment programmes and short term jobs. He also identifies the "hardest to place" as those young people with multiple difficulties such as debt and homeless problems (Finn, 2003: 175). It could be argued that these problems may be particularly pronounced given the concern that Connexions are not spending enough time working on these issues when the participants are younger. These problems, Finn argues, require significant input from other agencies and highlights the problems experienced in the case study areas in making referrals to other services due to unavailability and waiting lists. Furthermore, Finn criticizes the sanctions applied in NDYP, stating that they often break up the trust that a participant has established with an advisor, impeding further progress in their journey towards employment. Lastly, the criticism that NDYP's prioritization of employment and the use of targets echoes comments made about other services such as Connexions. It is argued that some participants need help to work on the *soft* outcomes such as confidence building, prior to embarking upon job searches and NDYP PA's do not receive enough credit for the work that they do in this area (Finn, 2003).

Having considered New Labour's approach to supporting vulnerable young people through examining the Connexions Service and NDYP, the chapter now move on to address the Teenage Pregnancy Strategy and consider how this fits into New Labour's wider approach to social policy.

The Teenage Pregnancy Strategy

The Teenage Pregnancy Strategy was a further initiative to fall under the *Opportunity for All* priority of "Supporting Vulnerable Young People". Due to the focus of this research upon teenage motherhood, the consideration of the Teenage Pregnancy Strategy will be more detailed than that of the previous initiatives. Additionally, the author conducted some preliminary interviews with teenage parent support workers in order to gain an insight into their perspective on policy

initiatives. The interviews were semi-structured and recorded, relevant extracts will be referred to as appropriate in this section.

When New Labour came to office in 1997, they inherited a legacy which viewed teenage motherhood as problematic. During the previous Conservative government, teenage motherhood had been widely condemned. Teenage mothers were portrayed in a negative light and their parenthood was interpreted merely as a ploy to secure housing and benefits, as illustrated in the following passage, taken from the biography of the former Conservative Prime Minister, Margaret Thatcher,

The most important – and most difficult – aspect of what needed to be done was to reduce the positive incentives to irresponsible conduct. Young girls were tempted to become pregnant because that brought them a council flat and an income from the state. (Thatcher, 1993: 629)

The continuation of teenage motherhood as a policy issue was confirmed by the publication of the *Teenage Pregnancy* report by the Social Exclusion Unit in 1999. This association between teenage motherhood and social exclusion confirmed that the former would continue to be seen in a negative light. The report laid out the Teenage Pregnancy Strategy (TPS), which had two aims. Firstly, there is the **prevention** agenda, which sought to reduce the rate of teenage conceptions by 50% by 2010, the prevention agenda is intertwined with other initiatives previously discussed in this chapter, namely Sure Start and Connexions. As teenage parents had been previously identified by *Bridging the Gap* as being acutely at risk of becoming NEET and hence socially excluded, it is not surprising that the second aim was the **support** agenda, which set a target to get 60% of young mothers into education, employment or training by 2010. Considering the co-existence of prevention *and* support agendas, The Family Education Trust (2002) have argued that these two agendas are at odds. It is argued that on the one hand, increasing the support given to teenage mothers and improving their economic situation will meet the support agenda, but will undermine the prevention agenda in that it will not act as a disincentive to others. On the other hand, penalizing teenage mothers in terms of benefits may assist the prevention agenda by acting as a disincentive, but would undermine the support arm of the strategy (Family Education Trust, 2002: 4). However, it is the support agenda upon which this thesis is focused, therefore initiatives with the intention of supporting teenage mothers will now be considered.

The Support Agenda

The SEU Report offered a rationale behind intervention into the lives of teenage mothers, offering the following reasons; poor ante-natal health, lower birth weight babies, higher rates of infant mortality, higher likelihood of relationship breakdown, lower rates of breastfeeding and a higher

likelihood of teenage mothers being smokers. Drawing on research from Hobcraft and Kiernan, the report claims, "Teenage mothers usually disadvantaged backgrounds contribute to these effects. But having a baby young makes it worse." (Social Exclusion Unit, 1999b: 23). However, this can be questioned by research which states that for most teenage mothers, having a baby young doesn't make them worse off than they would have been had they not had the child, and in some cases, it actually improves their future prospects. (Duncan, 2005: Seamark and Lings, 2004: Hanna, 2001). Such research will be examined in the Literature Review chapter. The section of particular interest to this research was the chapter entitled *How do teenagers cope with parenthood?*, which opens with the following statement,

Teenage parents get little of the right support – help back into education, into a proper job, proper housing and advice on how to be a good parent – and are too often given state support that isolates them from what they need most. This makes it all the more likely that they will remain isolated and on benefit for longer than they need to be. Statistically, the long term prospects for them and their children are poorer than average. (Social Exclusion Unit, 1999b: 62)

Therefore from the outset, it is evident that being a full time parent who survives on state support is not presented as a valid option given the stress on the *right* support, support which aims to get teenage mothers back into education, employment and training. In the preliminary interviews with the teenage parent support workers, it was seen as highly problematic that teenage motherhood was being dealt with under the heading of social exclusion, illustrated by the following comments,

I think there are ways that it could have been approached differently and I actually think the young mums feel that way...young mums do feel quite stigmatized in society, I think to then add the term social exclusion compounds the negativity. (Teenage Parent Support Worker, North Midlands)

It's not fair to talk about them in terms of social exclusion, it's a vicious circle because they're talked about as a problem so they see themselves as a problem and what does that do for your self-esteem? (Teenage Parent Support Worker, North East)

Regarding financial support for teenage mothers, the SEU report acknowledges that teenage mothers struggle on existing benefit levels, as Child Support may not be received from all fathers and family provision of financial support may not be available. However, there is no pledge in the Action Plan to increase benefit levels. Instead, it focuses upon reducing the amount of teenage mothers who are NEET. Commenting upon the formal support that is received by teenage

mothers, the report acknowledges that support in 1999 tended to taper off after the birth of the baby, "In the majority of cases, the family is the only source of adult support available" (ibid. 66). In an attempt to plug this gap in provision, the following action points were laid out by the report; the Sure Start Plus pilot initiative, getting under 16's back into education, getting 16 and 17 year olds back into education, advice for benefit claimants aged over 16, help with child care for 16 and 17 year olds who want to return to education by way of subsidized childcare in Sure Start Plus areas, advice and support for pregnant under 18's and supervised semi-independent housing for lone parents under 18, who are not to be given independent tenancies.

It is important at this stage to consider the evidence base of the Teenage Pregnancy Strategy, that is, upon what kind of research evidence are such interventions justified as appropriate? Graham and McDermott (2005) have discussed this matter in detail, arguing that the evidence base in this instance is largely quantitative. They claim that quantitative reviews class teenage motherhood as a path to social exclusion. However, from qualitative literature, which is largely absent from the TPS evidence base, there emerges a different perspective. They note that whilst "the experiences of young people are often lost in these quantitative reviews" (2005: 22), "young people's values and identities are captured in qualitative research on transitions to adulthood" (2005: 26). In the context of the New Labour social investment state, in which paid employment is championed as the solution to social exclusion, Graham and McDermott argue that qualitative evidence has demonstrated that teenage mothers themselves hold different priorities,

For a significant number of young working class women, identity and belonging are secured through informal rather than formal modes of participation. Critical here are not the paid worker identity and relationships with the labour market, but the unpaid carer identity and the mother child relationship. (2005: 33)

Therefore, echoing the call of Williams for a political ethics of care (2001), Graham and McDermott identify that the failure of the evidence base to adequately capture the realities of teenage mothers leads to policy formulations that are "likely to be contributing to the stigmatization of young women who invest in motherhood on a fulltime basis" (2005: 34). This disjuncture between policy's assumptions and teenage mother's values will be revisited in the Literature Review chapter.

Implementing the Teenage Pregnancy Strategy

In order to manage the implementation of the Teenage Pregnancy Strategy set out in the report, The Teenage Pregnancy Unit was established. The unit is cross-governmental, situated in the Children and Families Directorate within the Department for Education and Skills, although it also receives funding from the Department of Health, Office of the Deputy Prime Minister, Department

for Work and Pensions and the Home Office. It is staffed by civil servants and individuals with expertise in areas such as teaching, health promotion, nursing, youth work, contraceptive services, information and research, health services, local government and the voluntary sector.

The aims of the unit are as follows:

- Oversee the implementation of the Government's teenage pregnancy strategy;
- Coordinate activity at the national level; and
- Provide support for local activity.

The TPU also established the Independent Advisory Group on Teenage Pregnancy (TPIAG) for the purpose of providing advice and monitoring the strategy's success. The TPIAG produce an annual report of their findings as to the success of the TPS and recommendations for improvements.

Implementation at the local level involved a 10 year Local Teenage Pregnancy Strategy (LTPS) being put in place within each of the top tier local authorities in England. The local strategies aim to assess local services and ensure that these services address the action points of the report. To support the implementation of the strategy, every local authority area receives a grant through the Teenage Pregnancy Local Implementation Grant (TPLIG) as set up in 2002. According to the Teenage Pregnancy Unit, the 2005/06 grant amounts to just over £32 million (Department for Education and Skills, 2007). Since the establishment of the TPLIG, each area also has a Teenage Pregnancy Partnership Board. Each local authority produces an annual report and action plan, which is then assessed by a regional assessment panel, which may include a combination of regional professionals including performance managers from health authorities and social services inspectors, as well as representatives of national programmes such as Connexions and Sure Start. Local Teenage Pregnancy Coordinators (LTPCs) oversee their local strategies and are accountable to Regional Teenage Pregnancy Coordinators (RTPCs), with whom they hold review meetings every six months. The RTPCs ensure that the LTPS is involved with related programmes such as Connexions and work with professionals concerned with performance management.

As well as the LTPS, local authorities have been requested to build up Local Preventative Strategies for Children and Young People, within which, teenage pregnancy is one of the key topics to be dealt with. The RTPCs are among those who will monitor these new strategies. Support services in local areas vary depending upon the context in which support is delivered. For example, some support services may be delivered by the local Connexions service, some will be based in health services, some in services for children and young people. In addition, services will vary depending on whether they adopt an approach which is target led, needs led or a

combination of both. Target led approaches may focus on achievement of EET objectives to comply with the TPS and actively encourage teenage mothers to engage in some form of EET, such approaches are commonly found within Connexions based support services. Needs led approaches offer varying means of support as the teenage mother requires it, for example advice on housing and available benefits, providing advice on returning to EET only if and when the teenage mother expresses an interest in so doing.

The EET Target

In many policy documents concerned with teenage parents, 'NEET' persistently appears. This abbreviation describes the status of being not in education, employment or training, and was discussed earlier in light of Bridging the Gap (SEU, 1999a) and the Connexions Strategy. Being NEET is viewed negatively, due to the perceived risk of social exclusion that this status carries, hence the target to get teenage mothers into education, employment or training. A research report commissioned by the Department for Education and Skills into being NEET conceptualized teenage motherhood as a form of inactivity, labelling it alongside crime and drug use as a *costly* behaviour (Godfrey et al, 2002). The SEU report stressed that although many teenage mothers want to work, barriers to this are in existence. For example, obtaining qualifications may present a barrier, as many will have had a bad experience of school. The SEU report claims that key barriers to teenage mothers entering education or becoming employed are childcare and a lack of flexibility. However, this section makes no mention of the fact that a desire to be a full time parent, even if only until a child is older, may be a barrier to returning to work, disregarding it as an option and making the assumption that teenage mothers should be engaging in EET as soon as possible. There is an inconsistency here when comparing this report to the National Childcare Strategy. In its review of evidence on child development, HM Treasury emphasized "the value of consistent one to one care in the first year of a child's life" from the mother and warned that full-time maternal employment in the very early stages of a child's life can negatively affect the development of some children (HM Treasury, 2004b: 7). Therefore, getting teenage mothers back into the labour market appears to be prioritized over the developmental needs of their children, whereas for older mothers, this does not appear to be the case.

Regarding the practical and emotional support available to teenage mothers regarding the EET target, the report pledges a pilot of subsidized childcare in certain areas, "The courses need not be directly job related, but should help prepare young mothers to become job ready" (ibid. 100). However, although they agree to provide financial support to teenage mothers wishing to go to college, they do not acknowledge that they may need emotional support to take this step too. Some teenage mothers feel anxious about committing to a college course, as confirmed by one of the professionals with whom a preliminary interview was conducted,

One of the big barriers to young parents is confidence I think, they're not portrayed well or valued as parents, it's seen as a problem that they're a parent. That then affects how they feel about going to college because they don't feel confident to walk through the door of a college, especially not with a buggy (Teenage Parent Support Worker, East Midlands).

The EET targets have created difficulties for teenage parent support workers in their work with teenage mothers, which are reflective of the earlier points raised by Yates and Payne (2006) in their discussion of interventions as emphasizing the hard EET targets whilst paying insufficient attention to the prerequisite of working on soft interventions. Kidger (2004), examining support for teenage mothers, previously raised this point, arguing that too much focus lies on the economic concerns, that is, education or paid employment, whilst the "social dimensions" of teenage mothers exclusion, namely stigma and a lack of support networks, are neglected (Kidger, 2004: 298). The following comments lay out the main problems,

In this area, two in five teenage mums are NEET, so you then get this push push push to get them back into education. But this then goes against government reports that young mums read about in the papers, and say 'I should stay at home with my child for the first three years'. You have a report saying it's not good to put baby in nursery and yet we're saying 'you need to go back into education'. (Teenage Parent Support Worker, North Midlands)

I went to the Jobcentre with a young mum who was on benefits, and the person we saw just assumed that she was going to go to college. I came out and said to her, 'you have the right to be a full time mum if you want, no one can tell you otherwise'. That really gets to me, would they be saying that to someone who's 25 and pregnant? No. (Teenage Parent Support Worker, North East)

The girls really felt the dichotomy of on the one hand, being told you should go back into education, and on the other hand, you should be staying at home and creating a great home life for your child. They felt they couldn't win. (Teenage Parent Support Worker, North)

Some of them decide to be full time mothers. That's a problem for us as workers because we're told what our targets are and there are a lot of contradictions there. On the one hand it's about getting them back into learning and work and on the other hand, government are going on about families and how important it is to bring up your children

and be with them. But that's ok if you're not living off the state and because most of the young parents are on income support. (Teenage Parent Support Worker, East Midlands)

Shaw and Woolhead (2006) considered the tracking of young parents regarding EET in the South West region of England and suggested that progress towards EET be taken into consideration as well as EET itself. This could be significant for young mothers who have decided to stay at home with their children whilst they are still small, planning to return to EET at a later time, maybe when their children are of school age. This further reinforces Yates and Payne's argument that being NEET is not always a negative, or permanent situation. This may go some way towards reducing the stigma of being NEET and contribute towards full-time motherhood (at least as a short term choice) being accepted as an informed choice within a longer life plan.

Care to Learn

Regarding assistance available to help teenage mothers return to education, employment or training, the Care to Learn initiative is of high relevance. Care to Learn allows young parents to apply for up to £5,125.00, which equates to £155 per week (£170 in London) to cover the costs of childcare and transport incurred were they to take up some form of educational study (Dench and Casebourne, 2004). It was introduced in four pilot areas in 2003 and take up of the entitlement greatly exceeded the target, therefore in 2004 it was made available to all parents under 19. The courses taken up by teenage mothers usually lead to vocational qualifications (ibid. 50). Such qualifications include NVQ, GNVQ, BTEC and City and Guilds (ibid. 18-19). Becoming a parent is identified as a life changing experience, becoming responsible for another person, which, for some young mothers, is encouragement enough to obtain qualifications and hence employment to support their child (ibid: 50), for such young mothers, Care to Learn is evidently valuable. Not only does attending a college course often lead to a vocational qualification but it also has the advantages of creating new social networks for the teenage mothers,

They had made new friends and developed new social networks, often amongst both their general peer group and other young parents. For some, becoming a parent was an isolating experience as they were unable to engage in the same way as previously with their long-term friends. (ibid: 50)

This programme is geared towards achievement of the EET objective. There is no doubt that being able to access childcare will break down a barrier for those teenage mothers who feel ready and confident enough to return to education. They are able to gain qualifications without the worry of being able to afford childcare and the social side of attending a college course may further enhance their confidence and self esteem through expanding their social network and making new friends. However, many will not feel confident enough to enrol on a course in the

first place, partly due to generally feeling stigmatized and fearful of how others will receive them. Therefore, it may be necessary to engage in confidence building support prior to being able to take advantage of Care to Learn, if indeed, engaging in education is what the teenage mother wants. The main criticisms that the Teenage Parent support workers held about Care to Learn was the age cut off point of 19, about which the following observations were made,

If you have a baby at 17, you essentially have to go back into education before your child is 6 months old in order to qualify for funding. So that doesn't leave you much space to make your mind up what you want to do, whether you want to go into it at all, where are you going to put your child in terms of childcare? People are rushed into it. (Teenage Parent Support Worker, North)

I was talking to a young woman in a different area who had a scan and wanted to have time to enjoy the news with her partner, but she got bombarded by people saying 'Do you want to know about Care to Learn? What are you going to do about contraception after the baby's born?' And this was from a teenage pregnancy *support* service! She felt as though she wanted that *special time* and that didn't happen. (Teenage Parent Support Worker, North East)

Education Maintenance Allowance (EMA)

As well as Care to Learn, teenage mothers engaging in full time education are also eligible to apply for EMA to assist in covering the costs of their studies. EMA is a payment of up to £30 per week, which 16-18 year olds participating in full-time education courses can apply for (Department for Education and Skills, 2006a). The payments are made during term time. A teenage mother living in a household with an income of less than £20,817 will be entitled to the full £30, if the income is between this amount and £25,521, she will receive £20, and if the income is between this amount and £30,810, she will receive £10. Being in receipt of EMA does not affect entitlement to Child Benefit. However, EMA's restrictions mean that anyone aged over 18 or participating in part-time courses is not eligible. Whilst EMA is not specifically targeted at teenage mothers, they may be able to benefit from it if they meet its conditions.

The Sure Start Plus Pilot Programme

The Sure Start Plus pilot programme ran in 20 areas from April 2001 to March 2006. It was linked to the support agenda of the Teenage Pregnancy Strategy. Sure Start Plus Programmes were located in existing Health Action Zones with high rates of teenage pregnancy. The programme targeted pregnant teenagers and teenaged parents aged up to 18 years and 11 months. The Sure Start Plus programme was defined as "...a pilot initiative that aims to reduce the risk of long

term social exclusion..." (Wiggins et al, 2005: 10). At the outset, four main aims of SSP were established, which echoed the aims of the main Sure Start programme discussed earlier:

- 1) To improve the social and emotional wellbeing of pregnant young women, young parents and their children.
- 2) To strengthen the families and communities of pregnant young women, young parents and their children.
- 3) To improve the learning of pregnant young women, young parents and their children.
- 4) To improve the health of pregnant young women, young parents and their children.

Concerning the delivery of SSP, some areas already had provision for services for young parents, whilst others did not. Therefore the service varied from area to area as did its organizational location, with advisors being based in different sectors, which often resulted in variation in the delivery of the programme. All of the support services included in this research were working through local Primary Care Trusts, therefore only offering one institutional context for the research. Other possibilities regarding the institutional location of support services include being based in an employment and training context such as Connexions, or within Social Services departments. Furthermore, support services for teenage parents may operate as a discrete unit receiving funding from a variety of sources and bringing together staff with different specialisms or may operate as a multi agency team, whereby staff will be employed by a variety of different sectors. The institutional context of support services for teenage parents has been discussed by Wiggins et al, "programmes based in Connexions prioritised the target to increase participation by young women in education and training. Areas with the most deprived and transient populations tended to focus on social and emotional wellbeing and needs-led, crisis work" (Wiggins et al, 2005: 20). Furthermore, within organizational contexts in which a target-led approach was adopted, some advisors felt that the targets they had to work towards impeded the building of trust with teenage mothers,

Many advisers felt that the only way to improve the futures of the young people and their children was to concentrate in the short term on the clients' immediate needs and in boosting confidence and self-esteem, rather than focusing on reaching programme targets (improving participation in education, decreasing smoking improving breastfeeding, etc). (Wiggins et al, 2005: 27)

The Sure Start Plus Personal Advisor

The "personal advisor" approach, which is a key feature of the Connexions and New Deal strategies, appears again in Sure Start Plus. The personal advisor would provide one-to-one

support for pregnant teenagers and teenage mothers, providing guidance on issues such as housing, benefits and relationships with families and partners (ibid: 12). In the National Evaluation of SSP, the advisor role was championed as what young women receiving the services valued the most highly,

The aspect these young women liked most was the individual relationship they had with their adviser, which they described as having a friend. They were also very positive about receiving personal or emotional support and having someone to confide in. The few negative comments made mostly concerned a desire for more contact with advisers than was available. (ibid: 30)

The one-to-one aspect of Sure Start Plus will be considered in more detail in the Literature Review, which examines studies regarding support services for teenage mothers and compares one-to-one based support with group based support. Despite the prioritization of the one-to-one support delivery in the Sure Start Plus programme design, group support was also valued by many advisors, with four out of five having some element of group support in their programmes (Wiggins et al, 2005). However, only 12% of staff time was devoted to this type of activity, therefore the one-to-one or PA approach remained the primary means of delivery (Wiggins et al, 2005). This observation is reinforced by McLeod's study (2006), which investigated the nature of formal social support provision for young mothers in a city in the North of England. McLeod found that group support and activities were a largely underdeveloped area, "there were very few opportunities available for young parents to socially interact with one another to build support networks" (McLeod, 2006: 461). She argued that this was disappointing, given the potential of young parents groups within communities to add to the community's capacity and social capital.

Evaluation of Sure Start Plus and Recommendations

The National Evaluation of SSP assessed how effective the pilot had been at fulfilling each of the four aims. Looking firstly at the social and emotional wellbeing aim, the evaluation stated that young women felt positive about the emotional support they had received and said it had made a difference to their lives. However, using the Rosenberg scale, self esteem in SSP areas did not show any significant rise when compared to non-SSP areas, although it must be considered that the use of the Rosenberg scale can be criticized as an incomplete assessment of self esteem (Jones et al, 1984). Concerning the aim to strengthen families and communities, the final report claimed that SSP had helped teenage mothers negotiate relationships with their families and provided more advice on housing and parenting than non-SSP areas. The majority of SSP staff were at first sceptical about the third target concerning learning and the related EET, but came to feel more positive about this over time, however, "...reservations remained about pursuing this target in relation to the more vulnerable young women and those who expressed a desire to be

full-time mothers..."(ibid: 56). Lastly, considering the fourth target of improving health, it is stated that health objectives were difficult to measure and that advisors had experienced difficulties in placing pressure on young women to cease smoking when they had other, more urgent needs, such as housing. Additionally, the targets for increasing breastfeeding were difficult to meet for the same reasons as the smoking cessation target, with cultural norms also acting as a barrier to this. The report concluded in recommending the continuation of the personal advisor role and a team of specialist providers for teenage mothers.

Post Sure Start Plus

Some have argued that Sure Start Plus, in its aims and targets, demonstrated the *responsibility* that teenage mothers have for their own situation, "they are themselves young people whose parenthood threatens their future life prospects by keeping them out of education, training and employment; they are parents who, owing to their key influence upon their children's wellbeing, are major potential agents for their children's exclusion" (Austerberry and Wiggins, 2007: 6). Participation in the programme was voluntary, it could therefore be argued that this further reinforced the *responsibility* element – teenage mothers, aware of their negative portrayal as a group, had to decide whether or not to accept support. The accepting of support may have been seen by some teenage mothers as a demonstration that they were responsible and had the best interests of their child at heart.

The SSP pilot ended in March 2006 in the areas that it was originally set up in. Therefore, provision for teenage mothers thereafter emanated from LTPSs, whose work is focused on the targets of the TPS. To recap, these are; the *prevention* agenda of halving the number of under 18 conceptions by 2010, and the *support* agenda, consisting of getting 60% of teenage mothers into EET by 2010. This raised some concern, as the support agenda appeared to be solely EET focused and did not specify social and emotional wellbeing, which was one of the aims of SSP. Furthermore, the *prevention* agenda appeared to have been prioritized over *support*, the 2006 strategy document, *Teenage Pregnancy: Accelerating the Strategy to 2010* (Department for Education and Skills, 2006b) stated, "our *priority* is to reduce rates of under 18 conception" (ibid. 31 emphasis added). Furthermore, the most recent report of the TPIAG expressed concern that the prevention agenda of the TPS was threatening to eclipse that of the support agenda,

TPIAG welcomes the new government guidance *Next Steps* but is anxious that equal attention is given to the second strand of the strategy – helping young parents in their parenting and re-engaging them into education and working. TPIAG members are aware, from their visits to projects, that this area continues to be relatively neglected, and feel that it must be addressed if government is serious about minimizing the risk of poor outcomes (Independent Advisory Group on Teenage Pregnancy, 2006: 11)

Reasons for the diminution in importance of the support agenda have been suggested by the Family Education Trust (2002), who state that the support agenda is eclipsed by the prevention agenda primarily because support is more expensive, requiring funding to be targeted in areas such as education, childcare, accommodation and social services (FET, 2002: 7). However, it could be argued that prevention and support overlap more than is perceived, given the importance attached to support services engaging in activities to prevent repeat pregnancies among teenage mothers. Additionally, in the key objective of preventing social exclusion, the support agenda works with a view to preventing the children of teenage parents becoming teenage parents themselves. Therefore it may be more fruitful to think of prevention in terms of preventing teenage pregnancies, both among teenagers who are not mothers, those who are mothers, and the children of the latter.

Evaluation of the Teenage Pregnancy Strategy

The Teenage Pregnancy Strategy Evaluation (TPSE) was carried out in 2005 by a research team from the London School of Hygiene and Tropical Medicine, University College London Medical School and the British Market Research Bureau. Regarding the progress of the support agenda, the claim that *support* is now focused solely on EET is reinforced, "in relation to support for young parents, the emphasis in activity terms has been very much on reintegration into education, work and training" (Teenage Pregnancy Evaluation Research Team, 2005: 14). A further finding stated, "there is still an unmet need for provision of real opportunities for young mothers to socialize and support one another and each other's children" (ibid. 82). Aside from this, there were two main findings of the report. Firstly that having a child provides motivation for young mothers to aspire to educational and employment goals that they previously may not have held (ibid. 81). Secondly, the report found that particularly among those in settled relationships with partners, the young women may wish to have a second or third child to complete their families prior to engaging in education, employment or training, which they will often postpone until their children are all at school (ibid. 81).

The Future of Interventions with Teenage Mothers

July 2007 saw the publication of *Teenage Parents Next Steps*, which laid out guidance for local authorities and primary care trusts (Department for Children, Schools and Families, 2007). This document continued many of the themes of the support agenda. This includes concerns with *improving* health, through the continuation of smoking cessation, nutrition and breastfeeding support and *improving emotional health and wellbeing* through various strategies to improve self-esteem and self-awareness. The presence of the EET target is evidenced by the sections of the guidance focused on benefits, learning and employment. Concerning benefits, the view remains that teenage mothers "will not need to claim benefits in the long term as they will have the means

to support themselves" (ibid. 56), however, the guidance does suggest that steps be taken to make the claiming of means tested benefits simpler for new mothers to ensure that their children have adequate nutrition and care. The promotion of learning amongst teenage mothers continues as a key theme, "participation rates for teenage mothers remain stubbornly low" (ibid. 53). Care to Learn is to be continued, and weekly amounts increased to £160 nationally and £175 in London. A national initiative to provide funding for parenting courses as a stepping stone to learning at NVQ Level 2 appears to be an encouraging step, and may well have appeal for those teenage mothers who wish to spend time with their children prior to engaging in EET, whilst at the same time, not losing touch with educational activity. The process of applying for EMA is also to be simplified and the guidance stresses that a wider range of more flexible courses should be made available to teenage mothers. EET is discussed under the heading of "helping young mothers achieve *economic well being*" (ibid: 48, emphasis added), as failing to engage in learning will "hinder young mothers' chances of securing jobs that will lift them out of poverty and disadvantage" (ibid. 15), therefore engagement in EET appears to continue to be the most significant theme of the support agenda, towards which all other objectives point.

A notable change in the support agenda which is evident in the guidance is the channels through which it would continue to be delivered. Support for teenage mothers will now be delivered through two mainstream channels; Children's Centres and Targeted Youth Support services. The Children's Centres, discussed earlier in this chapter, have a broad focus, encompassing employment advice and childcare, nursery education, family support and health services. The guidance states that "Children's Centres are required to focus in particular upon reaching vulnerable families, including teenage parents and have a specific performance indicator on the percentage of 16-19 year old mothers in education, employment and training" (ibid. 27). Five aspects of support for teenage mothers are laid out in the guidance; each teenage mother should have a personal advisor (continuing the one-to-one support culture of Sure Start Plus), support is to operate on a drop in basis as opposed to appointments, services are to be specifically for teenage parents as opposed to parents of all ages, teenage parents are to be involved in the development of services and in turn, staff should respond to their involvement in developing flexible services. Targeted Youth Support services on the other hand may take various forms, including existing local teenage pregnancy units or family nurses (part of Health Led parenting pilots based on Nurse Family Partnerships), however, the commonality between these services is that a lead professional will act as a personal advisor, acting in a brokerage capacity in referring teenage mothers to multi-agency services. The implications of these changes in delivery remain to be seen, however, the concern voiced by Hope and Leighton (2007) about Children's Centres may be relevant again here. As stated earlier, existing staff with Sure Start backgrounds were concerned that involving Jobcentre Plus would affect their ability to build trust with local people. Indeed, the presence of an EET target for the teenage parent support arm of these new centres

risks the initiative becoming target-led, as opposed to needs-led, and putting in jeopardy the involvement of teenage parents in developing the services that they need. Therefore, whilst the guidance is welcomed in its recognition of the need to continue supporting the emotional health and wellbeing of teenage mothers and offering more flexible options for learning, there is the risk that those who have taken the decision to postpone EET until their children are of school age may feel pressurized to participate in EET and therefore avoid attending the Children's Centres, subsequently missing out on the other benefits these services offer.

Teenage Mothers as "Vulnerable Young People" in need of Guidance

It is now necessary to consider support for teenage mothers in light of New Labour's general approach to interventions with young people. The Third Way appears to have challenged the existing boundaries of the role of the state, taking its comprehensive reach out into spheres long considered private, transitions of young people are one such sphere. As outlined earlier in the discussion of Kelly (2003) and Jones (2002), such interventions are justified on the grounds that some young people are in need of guidance at the transitional stage between childhood and adulthood because their actions at this stage in their lives have the potential to result in long term disadvantage. Young people aged 16-18 who are not participating in education, employment or training are of major concern to New Labour as this is argued to enhance their risk of social exclusion in later life (SEU, 1999a), despite the contribution of authors such as Yates and Payne in arguing that NEET is often a transitional and not necessarily a problematic stage. *Bridging the Gap* identified teenage parents as being at an increased risk of becoming NEET, therefore the *support* agenda of the teenage pregnancy strategy focused upon returning teenage mothers to education, employment and training in an attempt to reduce the risk of long term social exclusion. Teenage mothers, whilst on the one hand being presented as vulnerable young people in need of support, are also subject to the implications of the renewed emphasis on *agency*, "...discourse has served to make the structural causes of poverty less visible; to encourage a response motivated by pity for the helpless child alongside a mentality of blaming adults/mothers" (Lister, 2006: 328). Whilst a young child's dependency on an adult makes them innocent victims when things go wrong and blame is apportioned to others, older children and adolescents are seen as having individual agency and therefore are held accountable and blamed for actions that lead to their social exclusion (Clarke, 2006). Having reviewed New Labour's approach to tackling the social exclusion, which stemmed from *Opportunity for All*, it can indeed be argued that in their interventions with infants and young children, New Labour explicitly link them to their parents and aim interventions at the family unit, for example the Children's Centres of the Sure Start Initiative. However, when dealing with older children, particularly those over the age of 16, they are largely abstracted from their family contexts. This has attracted the attention of previous authors in discussions of the Teenage Pregnancy Strategy, "The fact that these young women and men

have parents of their own somewhere, who might be concerned about their wellbeing is either ignored or downplayed" (Family Education Trust, 2002: 10). Such an approach can be seen in supervised semi-independent housing for teenage mothers. New Labour states that it is necessary because if living alone, teenage mothers become isolated from their families. However, Giullari and Shaw (2005) dispute this. Kin support, they claim, continues after teenage mothers set up home on their own and it only diminishes when teenage mothers are housed in areas far away from their families, as their lack of financial resources prevents them being able to afford telephone bills and bus fares. Giullari and Shaw believe SSIH to be a mechanism used to control teenage mothers, who are seen as in need of guidance and intervention to prevent what are perceived as negative outcomes. The supervision element is particularly prominent to encourage "...appropriate behaviour...to avoid what is perceived to be a problematic long term dependency on welfare..." (ibid. 410).

Therefore, the parents of teenage mothers seem to be excluded from recent support initiatives aimed at their daughters. Instead, the focus appeared to have turned towards Personal Advisors, the central feature of the Sure Start Plus initiative, providing one-to-one advice. This leads to the suggestion that there is an inherent mistrust of peer groups as a mechanism for supporting vulnerable young people, as group support does not appear to have been championed, or implemented to the same extent as PA, one-to-one support (Kidger: 2004, Teenage Pregnancy Evaluation Research Team: 2005, McLeod: 2006). It could be suggested therefore that young people are being deliberately abstracted from their peer networks in support interventions in an attempt to deliver the "right type of support" (SEU, 1999b: 62) through PA's or mentors, that being encouragement into EET. There is the risk that peer groups normalize values that are seen to jeopardize the EET agendas, for example, a decision by a teenage mother to be NEET for a period of time in order to look after her child on a full-time basis.

The failure of the support agenda to include teenagers' families will now be briefly considered. It could be argued that the reason for this rests upon the nature of the evidence base of policy. Graham and McDermott (2005) have convincingly argued that the Teenage Pregnancy Strategy is based largely upon quantitative research. Looking more closely at this point, the interpretation may be drawn that qualitative research, such as that looking at the individual experiences of teenage mothers, may have been disregarded for the reason that it emphasizes the positive experiences of teenage mothers, as will be seen in the following chapters. This may in turn compromise the prevention agenda, to which increasing attention is being paid as 2010 approaches.

6. Chapter Summary

To summarize, the main points that can be taken from situating support for teenage parents in the wider social policy context are as follows. Firstly, teenage mothers are on the one hand seen as vulnerable young people in need of guidance; they display a working class, fast-track transition to adulthood whilst the more affluent working class have adopted slower, more typically middle-class transitions. However, on the other hand, the reversal of structure and agency has resulted in them not being portrayed as passive victims of their structural circumstances, they are to a large extent seen as personally responsible for their actions. Secondly, support is centred on EET, which is presented as a now or never opportunity (evidenced for example by the age cut-off point of 19 for Care to Learn eligibility) in what appears to be an attempt to introduce an element of middle-class transition patterns to this largely working class group, evidenced by the substantial support offered by the Care to Learn initiative to encourage teenage mothers back into full-time education. Thirdly, echoing support in the New Deal programmes and in the Connexions service, recent initiatives of support for teenage parents have taken a *personal advisor* approach on a one-to-one basis. There appears to be no evidence that New Labour value group based, peer support for teenage parents, or other groups at risk of social exclusion. This leads to the suggestion that New Labour wish to distance these individuals from the contexts in which they live. Advice from peers may serve to normalize their circumstances and enhance the risk of them becoming socially excluded, whereas advice from a personal advisor will serve to pull them out of such traps by presenting alternatives, particularly that of labour market participation, as *preferred futures*. Having located support interventions into teenage motherhood in their wider policy context and discussed issues arising from related debates, it is to the chapter concerning academic literature on teenage motherhood that this research now turns.

2. LITERATURE REVIEW

<u>Chapter Headings:</u>	<u>Page Number</u>
1. Introduction	45
2. The Risks of Teenage Motherhood	45
3. The Problematization of Teenage Motherhood	51
4. Are <i>problematization</i> and <i>stigmatization</i> the same phenomenon?	64
5. Support for Teenage Mothers	85
6. Towards an Empirical Study: the Theoretical Framework	99

1. Introduction

Having examined in detail the position of teenage mothers in the current social policy context, the initial discussion now moves on to consider literature examining the phenomenon of teenage motherhood in more detail. Literature of a quantitative nature is considered firstly, followed by studies offering qualitative insights into the lives of young mothers. Thereafter, the problematization of teenage mothers is examined, both in general and in social policy. The discussion then moves on to consider whether this problematization can be termed *stigmatization* and follows this up by drawing on the social psychology literature examining effects of being stigmatized and referring back to qualitative literature on teenage motherhood to identify coping mechanisms. Literature considering support for teenage mothers, both informal and formal, is then outlined before the literature review concludes and links up to the methodology chapter.

2. The Risks of Teenage Motherhood

Studies regarding the risk factors for teenage motherhood need to be considered first, due to the insight they can offer into the demography of teenage motherhood; why some groups within society are more likely to have higher rates of teenage motherhood. Furthermore, such studies can assist in identifying whether teenage mothers are more likely to experience negative outcomes than older mothers. Secondly, the studies help in a consideration of whether age itself is the only problem factor in teenage motherhood. The majority of such studies tend to be of a quantitative nature, as in order to identify overall trends and risk factors, the gathering of large quantities of statistical data contributes towards the generalisability of the findings.

A study by Kiernan (1997) took longitudinal data from the National Child Development Study with a view to investigating the backgrounds of teenage mothers. It was found that teenage mothers were more likely to come from economically poor families, and have a history of low educational attainment. Additionally, it is more likely among teenage mothers that their own mother had been a teenager when she gave birth. Emotional problems in the adolescent years are also presented as a key risk factor in becoming a teenage mother. This study provides some general assertions about who is likely to become a teenage mother. However, the uniqueness of individual situations is not acknowledged, in which a combination of factors, including those not mentioned in this study, may contribute towards someone becoming a mother as a teenager. This demonstrates the tendency of such quantitative studies to over generalize and present teenage

mothers in homogenous terms. It also carries a negative tone throughout, another feature of many quantitative studies.

Botting et al (1998) provide another example of quantitative research into teenage motherhood. Their statistical analysis of secondary data considers short and long term consequences of childbearing in the teenage years. They consider social and geographical variation and suggest that a woman has an increased chance of becoming a teenage mother if her parents had divorced, she had been raised by a single mother who did not work and / or belonged to the lowest social class grouping, class V (ibid. 21). Teenage mothers, they claim, are more likely to live in areas of social housing and not engage in education or training (ibid. 21) In their consideration of health they state that teenage mothers are more likely to smoke during pregnancy, give birth to underweight babies, have a higher rate of infant mortality and higher risk of congenital abnormalities. Depression is also argued as being higher amongst teenage mothers than other teenagers who are not mothers and women of other age groups who are. One disadvantage of the research is that all the analyses refer to mothers under 20 and no consideration is given to the possibility that experiences and outcomes for the under 16s are likely to differ greatly from the over 16s for the reasons discussed in the introductory section of this research. Additionally, the sole concentration on discrete medical outcomes limits the study in its neglect of emotional outcomes, which, as is evidenced in the qualitative literature, may well be largely positive. However, the highlighting of incidences of depression among teenage mothers requires further examination in order to establish whether literature has found this to be related to the stigma of being a teenage mother, as opposed to other factors.

Hobcraft and Kiernan's study examines how far child poverty, early motherhood and social exclusion can be correlated, using secondary data from the National Child Development Survey and considering outcomes at age 33 (2001). These outcomes include; residence in social housing, claiming of benefits, having no qualifications, having a low income, no telephone, suffering ill health and malaise, smoking and having low life satisfaction. They go on to state, "...it is probable that early parenthood is directly implicated in the genesis of adverse outcomes later in life, through limiting opportunities and choices" (Ibid. 515). The contribution of this study lies in its suggestion that adverse outcomes later in life are more likely for women who have their children as teenagers, even when they take into account the possibility that the teenage mother herself was raised in disadvantaged circumstances. However, there are numerous criticisms which can be made of this study. As was true for Kiernan (1997), the study sets out with a negative conceptualization of teenage motherhood, which can be seen from examining the possible outcomes that they provide. To give a more balanced assessment, other outcomes would have been necessary, for example indicators such as participation in voluntary work, active

involvement in the local community, healthy and happy children and strong friendships. Teenage motherhood is seen neither as a rational choice, nor a viable alternative to employment and career opportunities. The stance taken by the authors fails to acknowledge that teenage motherhood may be a reflection of cultural difference, representing a mainly working class, fast track to adulthood, as opposed to the slow track approach, believed by academics to be typical of middle class groups. Opportunities may indeed be limited when compared to middle class aspirations, however, those who become teenage mothers may possess different ideas about success and ambition and having children would not limit opportunities that were not aspired to in the first place.

The research by McCulloch (2001) uses SARs data (Samples of Anonymised Records) from the 1991 census to investigate the association between teenage motherhood and socially deprived households. The age of teenaged parents included in this study is 16-19, therefore it is highly relevant to this research. The definition of *socially deprived* was judged by the four factors of the Townsend Index (unemployment, access to a car, number of people per room in the house and property ownership). The SARs records represent a 2% sample of all individuals participating in the census, which results in a figure of around 1.1 million. Therefore, the size of the sample indicates that it would not be unreasonable to make generalizations from the resultant findings. The results indicated that there were likely to be higher rates of teenage motherhood in socially deprived areas than in more affluent areas (ibid. 20). It was additionally argued that those who come from households without access to a car and who live in social housing are at a higher risk of becoming a teenage mother. However, the study discovered clusters of teenage motherhood in some areas, which could not be explained by the level of social deprivation in that area. In summary, this paper is valuable in adding weight to earlier papers that teenage mothers are more likely to come from deprived areas than affluent areas. However, as the author acknowledges, the study suffers from a lack of consideration given to how area disadvantage influences individual outcomes, suggesting that peer group norms, role models and community social capital should be taken into account too (ibid. 22) when clusters of teenage motherhood do not occur in socially deprived areas when compared to other areas.

Moffitt et al (2002) contribute to the risk literature by comparing teenage childbearing with non-teenage childbearing. The paper takes data from 1116 families as part of the Environmental Risk Longitudinal twin study, comparing the circumstances of teenaged mothers to those who delayed childbearing until they were over 20. The young mothers were, on average, 18 years old when they had their first child, whereas the older mothers were on average, 28 years old when they had their first child. The study found that younger mothers were poorer than older mothers and more young mothers were raising their children in Britain's most deprived neighborhoods (ibid. 732).

Regarding mental health, it was found that a third of the young mothers experienced depression in the first five years of their child's life, whereas for older mothers it was 23%, closer to the rate for the general population (ibid. 734). Family structure was found to be less stable among young mothers, half of whom were unmarried when they had their children, compared to 17% of older mothers. Additionally, the biological fathers were three times more likely to be absent from the young mother's homes than the older mothers homes (ibid. 735). The study also looked at formal support and found that twice as many young mothers as older mothers has been contacted by official agencies regarding a concern for the child's health. Criticisms of this study are firstly, that it only includes young women who have given birth to twins and secondly, that it fails to differentiate between young (13-15 years old) and older (16-19 years old) teenage mothers, whose circumstances may be different due to their educational and legal status. The value of this study is that it reinforces the findings of previous studies in asserting that young mothers are highly likely to come from poor economic backgrounds and reside in deprived areas. Furthermore, it provided support for Botting et al's finding that there are higher rates of depression amongst young mothers. However, as with Botting et al, the nature of the study does not leave room to consider why this is the case, again this needs to be further considered. Regarding formal support, the point that young mothers are more likely to be approached by official agencies who are concerned for their children does appear to be true of the current policy context, especially in light of the EET agenda of the TPS. It introduces the notion of family structure, which raises important questions regarding the informal support that is available to teenage mothers, that is, the support they can draw upon from family, friends and peers. This is important to this research because differences in existing informal support may have an effect upon how individual young mothers use formal support services.

The presence of depression can be examined in more detail through considering Liao's study (2003). Using data from the British Household Panel Survey (BHPS) 1991-2000, Liao studied four groups of women; teenage mothers, teenage non-mothers, and two other groups of older women. The study had the aim of investigating the mental health of teenage mothers. Ten BHPS annual surveys were analysed. The BHPS surveys 5,000 households, which gives a total data for around 10,000 people, this survey is argued to be nationally representative (ibid. 6). Liao found that teenage mothers in the study had a lower level of mental health than the other groups he examined and their pattern of mental health varies from the other groups too (ibid. 23). Liao's findings suggest that teenage mothers have "elevated medium term depression" (ibid. 23), which, in other words, occurs within the three years since giving birth to their child. Liao does not conclude with reasons for teenage mothers showing poorer mental health than other mothers and women in general however, his literature review made suggestions as to factors that may have an impact upon mental health. He suggests financial hardship, lower levels of education, emotional

demands of mothering, single parenthood, low social support and difficulties balancing mothering and work/education may be significant (ibid: 2-5). However, Liao fails to consider the influence of belonging to a stigmatized group upon mental health. As will be established in this literature review, teenage mothers are acutely aware of the stereotypes that are applied to them and often come across stigma in their daily lives. Therefore, whilst this study has provided evidence that teenage mothers suffer lower levels of mental health and higher instances of depression than others, it has not considered the possible influence of negative stereotypes and stigma on mental health and whether someone becomes depressed or not.

Section Summary

Having considered these studies of risk and risk factors the following valuable points emerge. Firstly, they help identify some general risk factors for someone becoming a teenage mother, namely low educational attainment, being the daughter of a teenage mother, experiencing emotional problems in adolescent years (Kiernan, 1997) an economically poor background (Kiernan, 1997; Botting et al, 1998), having a socially deprived background (McCulloch, 2001), having parents who have divorced, having been raised by a single mother and having parents who did not work (Botting et al, 1998). Furthermore, teenage mothers are more likely to experience negative outcomes than older mothers, namely having a low life satisfaction, ill health and being a benefit claimant (Hobcraft and Kiernan, 2001), residing in a deprived neighbourhood, having less stable family structures and a likelihood that the baby's father is absent (Moffitt et al, 2002) residing in social housing, having no qualifications and being a smoker (Hobcraft and Kiernan, 2001; Botting et al, 1998), having a low income (Hobcraft and Kiernan, 2001; Moffitt et al, 2002), experiencing higher rates of depression (Botting et al, 1998; Moffitt et al, 2002; Liao, 2003) and their children being underweight, at a higher risk of infant mortality, and congenital abnormalities (Botting et al, 1998). Additionally, the studies highlight that it is not age is not the only correlate with negative outcomes, there are a combination of factors to consider, for example, the contribution of coming from an economically deprived areas with limited labour market opportunities or having a low educational attainment.

These studies are typical of those included in the evidence base of the Teenage Pregnancy Strategy, as outlined by the discussion of Graham and McDermott (2005) in the previous chapter. A large inconsistency can be observed in that despite the TPS attributing risk of teenage motherhood to largely structural factors, the support agenda appears to have placed a heavy emphasis upon individual agency as a means of preventing the transmission of teenage mother's disadvantage to their own children (Austerberry and Wiggins, 2007), through being encouraged to return to education, employment or training. However, as Graham and McDermott's earlier

argument illustrated, there is a disjunction between the assumptions of policy and the values of teenage mothers. As the quantitative literature hence neglects to examine the experiences of individual teenagers, the next section explores the qualitative literature to gain a deeper insight into some of the relevant issues raised in the quantitative review and those missing from quantitative studies altogether.

3. The Problematization of Teenage Motherhood

This chapter concerns itself with looking in detail at the problematization of teenage motherhood. It considers academic views upon *how* teenage mothers are conceptualized by policy before moving on to consider the spread of this conceptualization into wider discourse. Studies into how teenage mothers view their negative conceptualization are then considered. It is at this point that the notion of *stigma* is introduced into the discussion, a concept taken into further consideration in the following section of this literature review.

a) General Conceptualisations of Teenage Motherhood

Phoenix and Wollett (1991) consider what are commonly held as ideals for parenthood,

According to current ideologies then, the ideal circumstances in which to have and rear children are with mother and father being over 20 years of age (but not too old, that is, not above 40), married before birth and for the duration of the childhood. After birth a gendered division of labour should pertain with mothers staying at home with their children while fathers are employed outside the home earning enough money to make adequate economic provision for their wives and children. (1991: 15)

Therefore, teenage mothers are deviating from this ideal in that they are under 20 years of age. However, this is not the only grounds upon which teenage mothers are condemned. Many assumptions are made about mothers who give birth as teenagers, about which Campion (1995) has written at length. In her text debating issues around parenthood and who is "fit" to be a parent, Campion (1995) devotes a chapter to teenage motherhood. She identifies and challenges eight assumptions that underlie society's disapproval of teenage motherhood. Firstly, there is the assumption that "teenagers should not be having sex" (ibid: 190), while this assumption is valid when considering under 16s due to the age of consent, this is not the case when considering older teenagers. Secondly, the assumption that "teenagers are only children, so cannot take care of children themselves" (ibid: 191) is examined, Campion argues that the rationale underlying this is the belief that teenagers should be kept in line by their parents and other authority figures and their parenthood can be attributed to a failure of their own parents to raise them effectively. However, these assumptions do not account for the differences in rates of maturity among teenagers and at what age parenthood is normative, indeed, as has been identified by the quantitative literature, many teenage parents come from families in which teenage parenthood is normative, therefore the transition from child to adult is envisaged to take place sooner than in

other families, who have a tradition of older parenthood. The next assumption that Campion outlines is "babies should be planned" (ibid: 192), and as most teenage pregnancies are unplanned, in a context in which advanced contraceptive technologies are widely available, this "automatically relegates teenage mothers to a lower status as suitable parenting material" (ibid: 192). The assumption "teenage mothers are likely to be single, so they are depriving the child of a father" (ibid: 192) is an additional justification for disapproval. The fifth assumption focuses on economic factors and welfare dependency, "teenage mothers are unable to be economically self-reliant, so they are inflicting poverty on their children and becoming a burden to the state" (ibid. 192). As previously discussed, this assumption is often cited as a justification for intervention into the lives of teenage mothers, evidenced in the English context by the prevention agenda and EET targets of the Teenage Pregnancy Strategy and the presence of social exclusion discourse around these interventions. Campion then goes on to cite a further assumption, "teenage mothers are less competent at parenting than older mothers; if they waited until they were over 19 they would make better mothers" (ibid. 193). However, she states that this assumption is often fuelled by the negative media portrayal of teenage mothers and empirical evidence is cited to demonstrate the contrary insofar as existing differences in mother's backgrounds play a more significant role in their motherhood than the age they are when they have their children. She challenges the assumption that "having a baby while in your teen spells long-term disaster for the child and for the mother" (ibid. 194) by stating that very few studies have followed up teenage mothers in later life for this statement to have any empirical grounding. Lastly, the assumption that "teenage mothers are all the same" (ibid. 195) is challenged, as she cites evidence to support the variability of teenage mothers, in factors such as ethnicity, educational history and marital status. Therefore, by examining Campion's analysis, it is established that many of the grounds upon which teenage motherhood is condemned are not backed up by empirical evidence and are of a nature which judges teenage mothers on moral grounds, viewing them as deviants in pitching their circumstances against other, more *normative* patterns of motherhood. This section will now turn to literature focusing on the ideology of motherhood to explore these concepts further.

Teenage mothers are deviating from normative paths, and therefore, as stated more recently by Wilson and Huntingdon (2005), "those young women who do not follow this trajectory – or do so in a different order – have become the targets of marginalization and stigmatization..." (ibid. 59). Furthermore, as well as ideals and moralistic judgments, scientific *evidence* provides further justifications for the problematization of teenage mothers, namely studies which stress the negatives of having children at a young age, studies which are used to justify current intervention into teenage motherhood (Graham and McDermott, 2005).

The British Social Attitudes Survey (National Centre for Social Research, 2001) provides empirical evidence for the general negativity with which teenage motherhood is received. The survey is carried out annually, providing a guide to public opinion on various political and social issues. The 2000 survey included a section focusing upon attitudes towards teenage pregnancy (Clark and Thomson, 2001), which provided an insight into public perceptions of teenage motherhood. Questions of interest to this research will now be considered. Regarding general attitudes to teenage pregnancy, only 5% of respondents agreed with the statement, "teenage pregnancy isn't really that much of a problem in Britain today" (Clarke and Thomson, 2001: 61), furthermore, only 19% of respondents disagreed with the statement, "people in Britain are far too tolerant of teenage pregnancies" (Clarke and Thomson, 2001: 61), providing support for the view that most people do generally believe teenage motherhood to be problematic. Having provided insights into general attitudes towards teenage pregnancy as a social phenomenon, questions were then posed as to views of teenage parents themselves. An attitude of negativity persisted in these findings with 56% of respondents agreeing with the statement, "one of the main causes of teenage pregnancy is the lack of morals among young people" (Clarke and Thomson, 2001: 63), and 71% agreeing that "teenage girls who want to get on in life don't usually become teenage mothers" (Clarke and Thomson, 2001: 66), indicating that those who *do* become teenage mothers have limited aspirations. The survey also provided a picture of perceptions of teenage mothers in terms of welfare dependency. Although less than half of the respondents (45%) believed that teenage mothers had their babies in order to jump the housing queue, 55% believed that the benefits received by teenage mothers was too generous, agreeing with the statement, "all too often, Britain's welfare system rewards teenage mothers" (Clarke and Thomson, 2001: 68), providing further support for Campion (1995) in her claims that the problematization of teenage motherhood is often based on the assumption that they are unable to become economically self-reliant. Lastly, regarding the parenting abilities of teenage mothers, insights are provided which further support Campion in her claim that further reasons for teenage mothers being criticized rests on assumptions that they are incapable child rearers. The findings of the survey tend to attribute this to the possibility that teenage mothers are raising children without a partner, because whilst 39% agreed that "a teenager can be just as good a parent as someone who is older", 83% agreed that "bringing up a child is simply too hard for most teenage mothers to do alone" (Clark and Thomson, 2001: 62).

As a final point in this section, it is important to consider the role of the media in the problematization of teenage motherhood, as it can be suggested that negative media representations contribute to the perpetuation of the idea that teenage motherhood is a wholly negative phenomenon. In their paper discussing representations of motherhood in the media, Hadfield et al (2007) argue that whilst portrayal of teenage mothers does differ between tabloids

and broadsheet newspapers, "In the main, media portrayal of teenage mothers is focused around the derogatory 'pramface' or the teenage 'chav mum', personified by Vicky Pollard from the BBC's *Little Britain*" (2007: 258). Additionally, they argue that these negative portrayals are not balanced out by representation of positive images of teenage mothers, "it is the minority of teenage mothers considered to be problematic who make headlines and are thus stigmatized. The stories of teenage mothers doing well are not so newsworthy" (2007: 258).

Therefore, in discourse concerning motherhood, there are indeed "ideals" (Phoenix and Woollett: 1991), when comparing teenage motherhood against these normalizing conceptualizations, teenage mothers are often perceived as problematic. There is a generally pessimistic attitude towards teenage mothers in contemporary British society (Clarke and Thomson, 2001) and their problem status is often justified by their perceived lesser morality and unfitness to be parents (Campion, 1995). The media is a significant tool for distributing the consequential negative stereotypes (Hadfield et al, 2007). Evidence for the existence of negative attitudes towards teenage motherhood was found in the 2000 British Social Attitudes survey and in their analysis of the same, Clarke and Thomson commented that there is a "striking resemblance between the government's and the public's perceptions" (Clarke and Thomson, 2001:72) and it is to the conceptualization of teenage motherhood in social policy that this chapter now turns its attention.

b) Perceptions of Teenage Motherhood in Social Policy

Having considered some of the wider literature that focused upon conceptualizations of motherhood, the discussion will now move on to consider research that has commented upon how *policy* conceptualizes teenage motherhood. It has been proposed that assumptions from which policy sets out and the conceptualization of policy makers may be at odds with how teenage mothers themselves view their motherhood (Graham and McDermott, 2005). Further literature in this regard will now be examined.

Phoenix and Woollett (1991), in considering the surveillance of mothers and children, offer some insights into state intervention into motherhood which provide a starting point to examining how social policy deals with *teenage* mothers. In their consideration of child welfare policies, they state, "...surveillance is used to ensure that children are brought up in ways acceptable to professionals in state institutions (such as social workers and educational psychologists) and to attempt to prevent children from growing up to be criminals or dependent on welfare agencies" (ibid. 19). They comment that poor mothers are often targeted for such interventions, therefore, intervention is based on someone's *structural* position, as opposed to any evidence that they are inadequate parents. Drawing upon the earlier parts of the literature review this continues to be the case in the current context, for example, the initial location of Sure Start in deprived areas. Therefore, there is an assumption that parents from economically disadvantaged backgrounds are in need of intervention and guidance to prevent the future social exclusion of their children, of which criminality and welfare dependency are contributing factors. This section will now move on to explore this further, considering literature which critiques the way in which social policy approaches teenage motherhood.

Selman (1997) discusses the debate of teenage motherhood and the policy response, particularly in the USA and UK but also drawing on examples from European countries. He argues that teenage motherhood is perceived as a social problem, and this position is counterproductive, drawing attention away from changes in the family and the need to focus on prevention of pregnancy rather than penalizing teenage mothers. He believes that high levels of teenage pregnancy are due to social inequality – as declines in fertility began among higher socio-economic groups, large, working class families began to attract criticism due to their use of benefits. The hostility towards teenage mothers in the USA and UK, he argues, is justified by the argument that they largely depend upon welfare. He takes issue with the view expressed by the right that young women become pregnant in order to gain access to benefits, stating that this view has no empirical foundations,

In Britain, lone parents aged under 18 receive reduced rates of income support and those under age 16 have no entitlement to claim means-tested assistance, so that the idea that state benefits acts as incentives to early parenthood is inherently implausible. (ibid. 151)

Selman draws on examples from Europe to illustrate the point that cutting the benefits given to teenage mothers will have little effect on the teenage pregnancy rates. Firstly, he looks at Scandinavian countries and highlights their low teenage birth rates, despite the extensive welfare state and relatively high welfare payments (ibid. 161). Turning to look at the German example, he states that the number of German teenage mothers in work is twice that of Britain, despite the state not cutting the benefits available to this group. The value of Selman's paper lies in the strong argument he presents to suggest that penalizing teenage mothers by cutting their benefits in order to act as a disincentive to others is not a realistic policy strategy. Instead, he believes that as most teenage mothers come from economically disadvantaged backgrounds, where career and educational opportunities are limited, this is the area in which policy should be seeking to make improvements. However, as discussed earlier, New Labour's version of this strategy, EET, has also been problematic for teenage mothers.

Arai (2003) commented that most of the coordinators acknowledged the antagonism between policymakers conceptualizing early motherhood as problematic and teenagers viewing it as rational and advantageous, "Policymakers find it hard to believe that young women, often in the least auspicious of circumstances, might actually *want* to be mothers" (ibid. 212). Arai interviewed twelve young mothers and nine Teenage Pregnancy Coordinators. The study explored how well structural factors and poor knowledge of contraception accorded with accounts given by teenage mothers as to why they became mothers. The views of the local coordinators as to why teenagers became pregnant were largely similar to those expressed in the SEU *Teenage Pregnancy* report. It was established that structural factors are an important determinant of teenage fertility, such factors included a weak attachment to the education system, limited career opportunities and the stigmatization of abortion. Poor knowledge about contraception was however revealed to be a less important determinant as most young mothers had been using contraception when they became pregnant. Arai believes that her findings have important policy implications as policymakers treat all teenage pregnancies as negative, undesirable events. However, motherhood is argued as being a rational choice for teenagers who become pregnant, she concludes,

...policymakers need to make a distinction between young women who require assistance to avoid pregnancy and those who will become pregnant anyway, simply because that is the best option for them given their circumstances... (ibid. 214)

Arai's paper is valuable in highlighting the discrepancy between government, who see all teenage pregnancies as problematic, and young mothers, many of whom view their motherhood as a rational choice and worthy vocation.

Duncan (2005, 2007) further questions New Labour's conception of teenage motherhood as a social problem in his review of research from the US and UK. His argument rests on two types of evidence, firstly statistics and secondly, qualitative evidence. Statistics, Duncan claims, show that teenage mothers are no worse off than they would have been had they not had their children, as the disadvantages that they experience are a result of their pre-pregnancy social background and not the pregnancy itself. Secondly, he highlights qualitative evidence, much of which has established the positive aspects of teenage motherhood. The value of Duncan's paper for this research however, is his contribution to the policy debate, which he terms the *Rationality Mistake*. He states that policymakers assume that individuals have a particular *rationality* or *mindset*, and that when policy is made it is based upon these expectations about teenage mothers. However, he postulates what if their rationality is different from what policymakers assume it to be? He believes this to be the case for teenage motherhood, arguing that policymakers interpret teenage motherhood as evidence that someone has low expectations, but "teen parents can see social and personal fulfillment in having a baby – in other words they have high expectations" (ibid: 6). This further reinforces the claims of Graham and McDermott (2005) discussed earlier, in identifying the value attached to the unpaid carer identity and the mother-child relationship over and above the paid worker identity and relationship to the labour market.

Further, Duncan argues that teenage mothers make decisions based on what seems best in their situations and motherhood often "made moral sense in terms of the social worlds of family, community and locality which the mothers and fathers inhabited" (ibid. 6). Duncan suggests that this is evidence of the existence of an *alternative moral rationality*,

Teen mothers often report feelings of strength and empowerment, rather than loss and diminishment, through their motherhood. In this alternative moral rationality, teenage parents are much more active, social agents who choose and create outcomes, rather than ignorant victims (ibid. 6).

He concludes in stating the policy implications of his findings, "For some, policy will be misdirected in its aims, use inappropriate instruments and may be unhelpful to many teenage parents" (ibid: 7). The contribution of Duncan's paper lies in its suggestion that there is a discrepancy between assumptions that policymakers make about teenage mothers and what is actually true about them, in his terms, the *rationality mistake*. This provides further support for the discrepancy between the interpretation of teenage pregnancy by policymakers and teenage mothers themselves, observed by Arai (2003).

In their paper reflecting upon the Sure Start Plus pilot initiative, Austerberry and Wiggins (2007) comment upon the rationale behind interventions with teenage mothers. They argue that New Labour take a one-dimensional approach, advocating labour market solutions as the way forward in combating social exclusion. They further state that this approach "has extended rights and promoted flexibility for middle class women, while prescribing that mothers living in poverty seek paid employment" (Austerberry and Wiggins, 2007: 3). Valuable comments are also made, which provide an insight into the teenage mothers perceptions of what was expected of them and how others perceived their role as parents in a negative light,

Young women in our study were aware of the dominant expectations for them, as teenagers, to gain qualifications, live at home and be financially supported by their parents; they were liable to feel accused of producing inconvenient babies prematurely...as potentially failing students on one hand and potentially failing adults on the other
(Austerberry and Wiggins: 2007: 12-13)

Teenage motherhood is a feature typical of working-class, fast-track transitions to adulthood in an age where slow-track, typically middle-class transitions, characterized by extended education and dependence upon parents, are fast becoming the *norm*, particularly among more affluent sections of the working class (Jones, 2002). Policymakers are successful in labeling teenage mothers as *vulnerable* and *in need of support* because teenage motherhood represents a failure to take advantage of widening opportunities for self-improvement through education and labour market participation in a climate where *responsibility* and individual agency are emphasized as a route out of social exclusion. In considering these contributions (Selman, 1997: Arai, 2003: Duncan, 2005: Austerberry and Wiggins, 2007) further evidence has been established for Graham and McDermott's argument that there is a disjunction between the assumptions of policy and the values of those women who become teenage mothers. New Labour view teenage motherhood as a pathway to social exclusion and present education and paid employment as a way of breaking this cycle. However, within communities in which teenage motherhood is prevalent,

hood is seen not as social exclusion and absence from the labour market but as a value system which prioritizes the unpaid carer identity and the mother-child relationship over the paid worker identity and relationship with the labour market.

Teenage Mothers' Experiences of their Problematization

When considering how and why teenage motherhood is subject to problematization in contemporary society and the social policy approach, it is now necessary to consider how teenage mothers themselves experience this problematization and the implications of the same.

In examining the perceptions of teenage mothers themselves, the Australian research of King (2011) provides some insight. Interviewing 20 teenage mothers, they examined the 'cultural script' (a normative set of standards by which we judge the actions of others) in their autobiographical narratives of teenage mothers themselves, which included their perceptions of the canonical narrative and considered their own views of themselves. They found that teenage mothers were aware of the canonical narrative and felt that their status as mothers was condemned by others. However, the authors then discovered that the mothers were coping with this by developing a 'consoling plot' (ibid. 287), which was concentrated upon the advantages of their situation and asserted a strong belief that teenage mothers, demonstrated by the following,

...The autobiographical narratives constructed by the young mothers in this study demonstrated a confidence in themselves as mothers, defence of their right to be mothers, and a sense of resentment at the need for justification...they echo other women who deviate from the canonical narrative of womanhood... (ibid. 287)

As the study being Australian, the issues that are identified could be considered in Britain due to its focus being upon perceptions of a social group by society as a whole, not concerned with any issue that is specific to Australia. However, British studies and findings are needed to back this up. This study provides a starting point by providing evidence to support the view that teenage mothers are stigmatized and aware of the stigma. In the paper, the author identifies practices that the teenage mothers adopt to deal with the stigmatization.

King's study (2001) considers the experience of stigma in more detail. She compares the experiences of pregnant teenage women in Liverpool with that of those in East Salford. She reported that although those from Liverpool experienced greater social acceptance than

in East Surrey, stigma was something that all of the participants experienced. Whitehead states at the outset that the stigma of teenage pregnancy can lead teenage mothers to become socially excluded and isolated (ibid. 437). This theme continued throughout the paper, "The prophecy of doom, failure and isolation were recurrent feelings...with the implicit consequences of the ultimate fate being a form of 'social death'" (ibid. 445). Whitehead can be criticized in that she neglects to consider the prospect of the alternative, that is, being less affected by the stigma attached to teenage motherhood as the same degree of stigma may not exist in communities where it is a social norm. Although Whitehead's study was focused upon the older bracket of teenagers, who are the specific focus of this research, her interviews targeted teenagers who were pregnant and had not yet become mothers, therefore there was no room for considering the impact of parenting support services upon the stigma they felt. Indeed, it could be argued that this study focuses on the stigma of *teenage pregnancy* as opposed to the stigma of *teenage motherhood*, as its participants were between 28 and 36 weeks pregnant at time of interview. It can be suggested that there is a significant difference between pregnancy and motherhood as pregnancy is a transitional state, in which anticipation of motherhood may contribute to perceptions of stigma, which differ from those in actual motherhood. However, the strength of Whitehead's study is that she contributes to establishing that all teenage mothers feel stigmatized to some degree, even those who may live in areas with high rates of teenage pregnancy, where it is considered a norm. Drawing on the literature into youth transitions discussed earlier (Jones, 2002), the findings of this study are plausible, given that Liverpool may have a larger working class population, among whom fast-track transitions to adulthood are more common than in East Surrey. However, the continued presence of stigma in Liverpool might be attributed to the spread of middle class, slow-track transitions among the more affluent working class youth in the city.

Another contribution to this area of the literature comes from the recent and detailed meta-analysis, within which 20 items of qualitative literature on teenage motherhood were reviewed (McDermott and Graham, 2005). The aims of the review were to explore practices of resilient mothering among teens in the UK. The authors state that studies in this area have drawn on analyses of late modernity from sources such as Beck and Giddens to understand young people's lives. However, they comment that this may not be appropriate for young disadvantaged groups, whose resources for reflexivity and individualization are limited when compared to those of more prosperous groups. Having reviewed the selected papers, McDermott and Graham discovered five main themes evident in such studies. *Stigmatization* was one of the key themes identified, exploring teenage mother's experiences of stigma and how they cope with it. It is stated that negative views of teenage motherhood are deeply embedded in social values, and therefore teenage mothers feel the impact of this in their everyday lives (ibid. 70). The following

quote illustrates how stigma penetrates the daily lives of teenage mothers in the research reviewed by the authors,

...The young women's experience of stigmatization is not, the research synthesis indicates, confined to a few derogatory comments. They encountered a level of judgement and hostility across a wide range of social sites such as schools and education facilities, health, welfare and housing services, in their neighbourhoods, and from their families...(ibid. 28)

Hanna's 2001 study also examined teenage mother's experiences of stigma, stating,

...the young women experienced much negative public criticism directed at them. This was particularly frustrating as it occurred in everyday locations such as in the streets, on buses, in supermarkets, in health centers, in medical facilities, in welfare payment offices, and in places where women themselves gather, such as playgroups(ibid. 460).

Hanna's study also identified problems in teenage mothers' interactions with community support nurses. The teenage mothers she spoke to believed that they were being treated in an obtrusive way by being offered "unsolicited advice" (ibid. 460) by nurses and also felt that other, older mothers were acting in a patronizing way towards them. They dealt with this in the following way, "They decided it was far easier to avoid such confrontations with nurses and older mothers by choosing not to use these services" (ibid. 460). Hanna's findings are backed up by more recent insights into the experiences of teenage mothers (Department for Children Schools and Families, 2007a), in which they encountered judgmental attitudes from midwives and other maternity staff, which put them off attending services, "the perception that young mothers were being 'singled out' due to a negative preconception about their suitability to be mothers was very real among some of those consulted. This led to them being defensive, not attending appointments and consequently not getting the maximum benefit from the support available" (ibid. 17). The same paper also found evidence of negative attitudes by Jobcentre Plus staff, "Also they judge you. The way they look at you and talk to you. It stops you going back to get what you are entitled to" (Teenage mother quoted in ibid. 19). These contributions are valuable in providing evidence to support the claim that teenage mothers experience stigma in their everyday lives. Hanna (2001) later argues that the rationale behind the stigmatization of teenage mothers stems from the fact that they represent a deviation from normative ideals of family, "two-headed, with a male breadwinner" (ibid. 461). However, as earlier outlined, in the context of the UK, it could also be argued that teenage mothers represent a deviation from the growing prevalence of slow-track

transitions to adulthood and their stereotype of welfare dependency is increasingly less accepted within New Labour's emphasis on rights *and* responsibilities, including the conditionality of welfare.

Another significant study is that of Seamark and Lings (2004), who carried out a smaller qualitative study with 9 participants in Devon. This study is relevant to the research because of the focus upon largely older teenage mothers (aside from one who was under 16 when she had her child). The study used the interview method and aimed to look into how young women saw themselves in their roles as mothers and their expectations for the future. The findings reinforced those of Kirkman et al in discovering that the mothers saw their motherhood in a positive light. Whilst most participants had not planned their pregnancies, they saw their motherhood as positive in the following ways. Although motherhood had interfered with their education and employment, most were making career and educational plans, even if these were anticipated to come into effect when their children were older. For some, motherhood had been a turning point, being responsible for someone else had made them consider education and career options, which they had not considered before. Seamark and Lings make the following comments concerning the implications of their findings,

This study reassesses the idea that teenage pregnancy ruins a woman's life and has shown that it can be in fact, the turning point to maturing and developing a career. Teenage pregnancy at the beginning of the 21st century may not be as bleak as sometimes portrayed, particularly if health professionals and society support the mother (ibid. 817).

Chapter Summary

This chapter has established that teenage mothers are aware of their problematization and that they were often condemned by others, even when residing in communities where teenage motherhood was common. It can be suggested that this might be attributable to teenage motherhood representing a fast-track transition to adulthood in an age where slow-track transitions are becoming a norm, particularly among the more affluent working-class (Jones, 2002) and the perceived welfare drain of teenage motherhood (Bonell, 2004) in a political climate emphasizing individual responsibility through paid employment as a solution to social exclusion and the linked conditionality of welfare. It has been suggested that teenage mothers respond to their condemnation by developing alternative narratives (Kirkman et al, 2001), which emphasize their right to be mothers, even when their motherhood deviates from societal trends. Furthermore, evidence has been presented to suggest that teenage mothers see their

motherhood as a positive turning point, which may prompt them to consider education and employment options that they had not considered before (Seamark and Lings, 2004). Therefore, despite the negative status conferred upon them, teenage mothers turn to value systems in which their motherhood is not problematized, in which it is seen as a right and a positive event in their lives. The next section turns to examine the concept of *stigma* in more detail and discusses its application to the phenomenon of teenage motherhood.

4. Are problematization and stigmatization the same phenomenon?

This section draws upon conceptual insights from the stigma literature in order to establish whether teenage mothers are a group who are indeed *stigmatized* by definition. Some of the studies previously discussed, namely those of McDermott and Graham (2005) and Whitehead (2001) actively used the term *stigma* in their consideration of teenage mother's experiences. However, whilst Whitehead did consider the conceptual roots of this term, it could be argued that her research was a study of the stigma of *pregnancy*, as opposed to the stigma of *motherhood*. Furthermore, McDermott and Graham, despite using the term *stigma*, and drawing on studies of teenage motherhood, did not attempt to examine the conceptual elements of stigma and whether indeed, *stigma* is an accurate description of the negative attitudes encountered by teenage mothers.

Defining *stigma*

Firstly, a definition needs to be established, drawing on the literature of Goffman (1963), Jones et al (1984), Link and Phelan (2001), Crocker, Major and Steele (1998) and Major and O'Brien (2005). These authors largely emanate from the disciplines of social psychology and consider both agency and structural elements of the concept of stigma. Beginning with Goffman (1963) he defines stigma as a characteristic that makes someone,

... different from others in the category of persons available for him to be, and of a less desirable kind...reduced in our minds from a whole and usual person to a tainted, discounted one...(1963: 5)

Goffman identifies two groups of people, the *stigmatised*, who, within the specific context of the study may be constituted by teenage mothers who New Labour consider at risk of social exclusion, and secondly, the *normals*, those who do not possess characteristics which would put them at risk of social exclusion. Goffman's definitional contribution does not expand upon this to the extent that the contributions of other authors have done, for example, Jones et al (1984). Jones et al start by defining a "markable person", someone bearing a potentially discrediting mark (ibid. 8). A "marker" is someone perceiving that mark, and a "marked person" is someone who started out as a markable person, but has been the target of a marking act by a marker. This process relates to stigma in the following way,

To mark a person implies that the deviant condition has been noticed and recognized as a problem in the interaction or the relationship. To stigmatise a person generally carries a further implication that the mark has been linked by an attributional process to dispositions that discredit the bearer i.e. 'spoil' his identity. (ibid. 8)

Their main definitional contribution is in their identification of six dimensions of stigma. Firstly, they propose *concealability*, which is concerned with how visible a mark is. Secondly, *course*, about how the pattern of a mark may change over time. *Disruptiveness* is the third, as to how the mark may block or hamper communication. Fourthly, *aesthetic qualities* are identified, referring to the extent to which a mark makes someone ugly or repellent. *Origin* is fifth, regarding how the mark came about and who is responsible for it. Lastly, *peril* is identified, regarding the danger posed by the mark and its seriousness.

Applying these concepts to teenage parenthood, firstly it is *visible*. However, when not with her child, the mark of teenage parenthood will not be visible to casual observers. Regarding the *course*, the stigma of teenage motherhood may change over time, being highest when the baby is young and decreasing as the child grows older and the mother is no longer a teenager, however, it can be suggested that the stigma of being a *young* mother may persist, particularly given the increasing prominence of slow-track transitions to adulthood among young people (Jones, 2002). Others can also change the course that the mark takes; this is illustrated by policy interventions to avoid the mark leading to social exclusion through encouraging teenage mothers into EET. *Disruptiveness* will vary according to with whom the teenage mother is communicating and particular assumptions that the other party may hold about teenage mothers. *Aesthetic qualities* are not relevant here as in their description of this criterion, Jones et al are clearly concerned with visible physical disablement or disfigurement. *Origin* is relevant to how others treat teenage mothers as they are often seen as having planned their pregnancies, so they themselves are blamed for their situation, as stated by Jones et al,

When a marked individual is known to be responsible for the degrading affliction possessed, he or she is more likely to be treated negatively and viewed unfavourably (ibid. 58).

This is of particular relevance in a Third Way social investment state, where the agency approach to young people's social exclusion has eclipsed those approaches of a more structural nature. In addition, it could be argued that the mark of teenage motherhood has implications beyond the mark itself, stemming from associations between the mark and undesirable characteristics such as promiscuity and dependency. The author's discussion of *peril* focuses more upon the danger

posed by stigmatised individuals such as violent criminals or mental health patients (ibid. 65), rather than the threat that a mark might pose to social norms, for instance, teenage motherhood representing a deviation from the more highly regarded slow track transitions to adulthood. Therefore, although the definitional aspects of concealability, course, disruptiveness and origin are relevant to a discussion of teenage motherhood, aesthetics and peril are less so due to the bias of the text towards physical and mental illnesses and conditions. However, treating teenage pregnancy as a route to social exclusion rather than a physical or mental condition does appear to accord with *stigmatization*.

Link and Phelan (2001) also contribute towards the definitional aspects of the stigma literature, believe that *stigma* is too vague a term. They propose a definition of stigma, "...as the co-occurrence of its components – labelling, stereotyping, separation, status loss and discrimination and further indicate that for stigmatization to occur, power must be exercised..." (2001: 363). This definition is important as it considers stigma as the result of a process, rather than a static condition, much like the definition of social exclusion discussed earlier. Link and Phelan's contribution will be further discussed in the following chapter, which considers the *process* of stigmatization in more detail.

Crocker, Major and Steele (1998) also contribute to defining stigma, "stigmatised individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular social context" (1998: 505). In stating "*believed to possess*", this definition acknowledges that being stigmatized depends upon perceptions that the non-stigmatized may have about that individual or group. In a later paper, this is further reinforced, "stigma is relationship and context specific: it does not reside in the person but in a social context" (Major and O'Brien, 2005: 395). To use Goffman's terms, social identity may be very different to ego identity. People perceive teenage parents in a negative way, due to their being characterized by a fast-track transition to adulthood in an age where slow-track transitions are increasingly privileged and upon their image as drains upon the welfare state, which may not reflect the reality for that individual. This definition is also valuable in that it specifies context, in their everyday lives, teenage mothers interact with agents of varying power, which may result in different degrees of stigma being experienced in for example a job centre, to that experienced when with peers.

Stagnor and Crandall (2000) do not provide their own definition but differentiate between three theories of stigma. Functional theories stress that stigma has an identifiable function for the

perceiver in that it provides a downward comparison, hence protecting the self from threat. Perceptual theories assume that stigma results from observing the social environment and learning about the positions of others, such theories stress that perceptions will be distorted. Consensus theories of stigma assume that beliefs are transferred through communication and that individuals will tailor their beliefs so that they fit in with those of others. In concluding this section on definitions, it can be suggested that when regarding the position of teenage mothers, a combination of perceptual and consensus theories will apply. Teenage mothers are subject to stigma in that they are perceived as deviant in that they represent the decreasingly common fast-track transition to adulthood and in their dependence upon welfare benefits. Societal perceptions of teenage mothers therefore become distorted through exposure to the communication of policy rhetoric valuing extended education for young people, and an emphasis upon individual responsibility. Communication of teenage mother's negative conceptualization will be considered in the next subsection, which examines the *process* of stigmatization in more detail by drawing on conceptual models.

Therefore, having considered the definitional contributions to an understanding of stigma, it can be argued that someone is likely to be stigmatized if they bear a visible, potentially discrediting mark, which represents a deviant condition, and in particular, if they are seen as personally responsible for that mark (Jones et al, 1984). Therefore, the individual is seen to possess an attribute which acts to devalue their identity in a particular social context (Major and O'Brien, 2005). Stigma is manifested through its components of labeling, stereotyping, separation, status loss and discrimination (Link and Phelan, 2001). As has been discussed, teenage parenthood represents a deviation from ideals of parenthood in wider discourse and represents a risk of social exclusion in social policy discourse. Furthermore, given the emphasis on agency in the current political climate, teenage mothers are seen as largely responsible for their situation. Teenage motherhood is labeled as undesirable in social policy and wider discourse and negative stereotypical images of teenage motherhood are regularly dispensed through the media. Their parenthood accords them a lower status than other young people and the literature review has cited evidence that they experience discrimination, both from the public in general and in their use of public services.

The Process of Stigmatization

It is now necessary to turn to literature which attempts to explain the process of stigmatization and offer insights into why certain societal groups are stigmatized whilst others are not. Linked to this is the maintenance of a stigmatized status. It needs to be considered why some groups have stigmas which will endure over many years, whilst others become less stigmatized over time, same-sex couples, illegitimacy and cohabitation being examples of the latter.

Stagnor and Crandall (2000) propose a three-stage model describing the development of stigma, in which teenage mothers can be placed to gain a clearer picture of how their group came to be the subject of stigma. The first stage proposed is the initial perception of a threat to the functioning of society. Teenage parenthood would be interpreted as such by New Labour insofar as it would interrupt education and employment, leading to benefit dependency. The second stage is perceptual distortion, whereby the stigmatisers amplify the difference between the stigmatised group and the rest of society. This is demonstrated in the example by the strong association New Labour make between teenage parenthood and social exclusion. The third stage, that of consensual sharing of the perceived threat is evident through the dissemination of policies explicitly aimed at that particular group, for example the proposed early intervention in the lives of children of teenage parents under *Reaching Out: An Action Plan on Social Exclusion* (Cabinet Office: 2006). This effectively labels them, conveying information to the rest of society about their status (or lack of it). The media are also key to consensual sharing, "mass media, particularly television, depict interactions between stigmatized and non-stigmatized individuals in stereotypical ways. Stigmas are also particularly common sources of humour and thus they are likely to be consensually transmitted" (Stagnor and Crandall, 2000: 70). The media, in particular the printed press, has been instrumental in ensuring teenage mothers continue to be depicted negatively. As discussed earlier, in their paper discussing representations of motherhood in the media, Hadfield et al (2007) argue that whilst portrayal of teenage mothers does differ between tabloids and broadsheet newspapers, these representations, on the whole, are derogatory. Additionally, they argue that these negative portrayals are not balanced out by representation of positive images of teenage mothers, "it is the minority of teenage mothers considered to be problematic who make headlines and are thus stigmatized. The stories of teenage mothers doing well are not so newsworthy" (2007: 258).

Jones et al (1984) consider why certain groups are stigmatised and comment in a similar vein to Stagnor and Crandall, "they symbolize something perceived as threatening to our individual and collective sense of wellbeing" (ibid. 82), in effect, threatening the system of shared meanings present in society. Teenage parenthood is often viewed as such, being unfavoured in the UK, where the encouraged paths of young people feature extended childhood and education. As previously discussed teenage parenthood represents a *fast track* to adulthood, in contrast to the more desirable *slow track* and their perceived benefit dependency is viewed both as a drain on the welfare state in a political climate emphasizing the conditionality of welfare and as a risk that their disadvantage will be transmitted to their children. It is stated that in identifying deviant behaviour, normals are able to develop an idea of common morality and draw boundaries around themselves, demarcating them from deviants. Jones et al also consider the importance of

stereotyping in stating that in order to make sense of the world, there is the need to categorise it. However, when people's membership of a category pervades most or all of their social interactions, they can become subject to stigmatisation and stereotyping (ibid. 156). Furthermore, it is argued that people can be misjudged, "behaviour is frequently ambiguous and we rely on our expectations and preconceptions to help us resolve ambiguity. If our expectations and preconceptions are false, we may interpret behaviour incorrectly" (ibid. 170). Misjudgements can be made due to expectations that are based on direct or indirect contact with specific individuals or other individuals of the same category (ibid.). For example, someone may have knowledge of a teenage mother through knowing them personally or from representations of teenage mothers through mediums such as television. This has implications for Goffman's concepts of ego and social identities outlined earlier. The social identity will be formed partly through expectations based on categorical knowledge, which may indeed be at odds with the ego identity. This section is concluded with the statement,

...markable persons know that they are likely to be stereotyped and attempt to disconfirm the stereotypes that are operative. The success of stereotype disavowal depends on the specific belief and its origins as well as the resources and motivation of the markable...(ibid. 184)

This can be linked to McDermott and Graham's findings as to the good mother identity, whereby teenage mothers emphasize their strengths to create a positive identity for themselves (2005) and Kirkman et al's *consoling plot* (2001). However, this strategy doesn't appear to change the teenage mother stereotype or reduce the stigma attributed to teenage motherhood, instead it helps to mediate the effects of stigma on a personal level as a coping measure for the teenage mother practicing it. It is also stated that the ability to disconfirm stereotypes depends upon power. Jones et al comment "markable people are almost by definition low in power" (ibid. 224). Therefore teenage mothers may not be able to change others' views of them, even when they are able to develop a positive view of themselves.

Page's consideration of the stigma of illegitimacy (1984) is also pertinent in this context. By turning to look at the work of Page, we can begin to understand the rationale behind selective stigmatisation. Page's work includes a substantial chapter on the stigmatisation of the unmarried mother. He suggests a twofold explanation as to why this particular group is stigmatised. Firstly, he claims that the sexual conduct of these women has met with disapproval from the Christian Church, and secondly, that "secular authorities have responded unfavourably to what they have perceived to be the 'blameworthy' public dependency of the group" (ibid. 72). Therefore it can be

concluded that the selection of a group to stigmatize rests strongly upon an element of moral judgement of the group's conduct as a perceived threat to the functioning of society, as discussed earlier when considering Stagnor and Crandall's model. Page's contribution adds weight to Stagnor and Crandall's assertions as to why certain groups are stigmatised. In context, the privileging of slow track transitions to adulthood among policymakers, including the importance attached to education and paid employment, as opposed to the unpaid carer identity and the mother-child relationship, serves to discount early motherhood as a rational and valid option, therefore perceiving it as a threat to the functioning of society. It can be argued that illegitimacy is much less stigmatized in the UK than it was in past decades. Therefore Page's example assists in our understanding of the maintenance or weakening of stigmatized status. It can be suggested that reason for the decline in the stigmatized status of illegitimacy was that as one-parent families became more numerous and the nuclear family became less of a norm, it became less socially acceptable to demonize a particular family form. Phoenix (1991) has commented that whilst previously, illegitimacy was the focus for concern, that focus in recent years has been turned toward teenage mothers. The implications of Spicker's view (1984) take this further in contributing to our knowledge as to why teenage mothers continue to be a stigmatized group. He discusses selective policy, which attempts to target the neediest, the Support Agenda of the Teenage Pregnancy Strategy could be taken as an example of this. He argues that such policy constitutes a form of labelling, "it announces that a person is poor and in need and indicates what that need is by marking the benefit as one for the unemployed, the disabled, the sick and so on" (1984: 179). Spicker argues that selective policy has the potential to help maintain the stigmatized status of the recipients.

Our understanding of *how* teenage mothers are maintaining a stigmatized status is enhanced by reconsidering Link and Phelan (2001), who turn attention to the *stigmatizers*. They consider how stigmatizers are able to exert such an influence, they identify power as a crucial ingredient for stigma generation, "stigma is entirely dependent on social, economic and political power – it takes power to stigmatize" (ibid. 375). They go further and propose criteria by suggesting the following set of questions to establish whether the power to stigmatise exists for individuals or groups:

- Do the people who might stigmatise have the power to ensure that the human difference they recognise and label is broadly identified in the culture?
- Do the people who might confer stigma have the power to ensure that the culture recognizes and deeply accepts the stereotypes they connect to labelled differences?
- Do the people who might stigmatise have the power to separate "us" from "them" and to have that designation stick?

- And do those who might confer stigma control access to major life domains like educational institutions, jobs, housing, and health care in order to put really consequential teeth into the distinctions that they draw? (ibid. 376)

Although Link and Phelan believe that *all* of the above criteria be fulfilled for stigma to occur, one can criticise this on the basis that stigma is generated at different levels. For example, in their policymaking capacity, government have the ability to ensure that difference is recognised, for example by targeting policy at teenage parents, which marks them out as a group in need of intervention, in so doing, they also create a difference between us and them. The media have the power to report on such policy and diffuse images of the group across society. On a more micro-level however, the gatekeepers controlling access to major life domains may be staff of particular public services, who may have developed negative views of teenage parents, informed by their representation in the media. Therefore, a job centre employee may not possess all of the above criteria, but they would possess the power to restrict a teenage parent's access to benefits through importing stigma created on a more structural level into a one-to-one interaction. It has been established that teenage parents have experienced feelings of stigma when accessing certain services, therefore, this is an important observation in this regard.

Having considered definitional contributions, this research will consider an individual or group of individuals to be stigmatized if their social identity is perceived as threatening in that it deviates from desired norms and values. The focus is upon social identity because the negative label has been applied by external forces, in the example of teenage motherhood, these external forces would be policymakers. The *perceptual* element is crucial, as it draws attention towards what the teenage mother is perceived to represent. In a Third Way social investment state such as that of New Labour, teenage mothers are perceived to threaten the notion of individual responsibility in their dependence upon state welfare. In addition, the belief that parents have a duty to be responsible for their children's behaviour *and* be responsible citizens through participation in the labour market (Lister, 2003) is not upheld by teenage motherhood, particularly among those teenage mothers who wish to postpone employment and stay at home with their child until the child is older. It has been established that problematization associated with teenage motherhood is indeed *stigmatization*, therefore, the literature on stigma from the discipline of social psychology can now be further probed to attempt to understand how teenage mothers live with, respond to and cope with their stigmatized status.

Living with, Responding to and Coping with a Stigmatized Status

As identified earlier, teenage mothers take steps to protect and insulate themselves from their negative portrayals by developing a *consoling plot* narrative and emphasizing the positive aspects of their motherhood (Kirkman et al, 2001; Seamark and Lings, 2004). However, this appears to be the limit of academic insight into how teenage mothers cope with their stigmatized status. Therefore, having established that the problematization of teenage motherhood is indeed *stigmatization*, it is to the literature on stigma that this chapter returns, with a view to exploring further possibilities for coping mechanisms. This section begins with a consideration of literature regarding both the stigmatized person's view of themselves and their view of their fellow stigmatized, as shall be seen, this is an important precursor to understanding differential coping mechanisms.

Stigmatized individual's view of themselves

Goffman (1963) differentiates between social identity, how other people perceive an individual based on categorical knowledge, and ego identity, how the person sees themselves. Understanding ego identity is crucial as it "allows us to consider what the individual may feel about stigma and its management" (ibid. 130). In their consideration of the stigmatized individual's view of themselves, Jones et al state, "an individual actively constructs a self-concept from the information contained in his or her unfolding experiences, particularly those that involve the self-relevant responses of other people" (ibid. 114). A self-concept is later described as "a complex set of physical traits, attributes that summarize one's behaviour, demographic characteristics and roles" (ibid. 137). They state that small physical scars are not likely to spread through one's entire self concept but when the mark is a condition judged to be morally unacceptable, teenage motherhood being an example, "the stigma is likely to permeate all aspects of the self...the stigma becomes the super category from which all others take their meaning"(ibid. 138). Furthermore, "It appears that a stigma will necessarily have some effect on the self-concept because a stigma interrupts and interferes with the social processes that attend to the construction and maintenance of a self-concept" (ibid. 130). It is noted that the impact a mark will have upon self-concept is dependent upon the importance attached to it by the bearer, whether they use the mark as a central point around which they organise, interpret and evaluate their experiences (ibid. 116). The importance attached to a mark can vary from none to great, both by the markable person and those perceiving them. When both emphasise the mark and stigmatization occurs, the self-concept is affected. In another instance, the markable person may emphasise the importance of the mark whilst perceivers don't, the self-concept is again affected. However, were the markable person to ignore the mark whilst others attach great importance to it, the self-concept would not be affected.

From observing these conceptual suggestions, it can be firmly stated that teenage mother's self concepts will be affected if they stigmatise themselves and if others stigmatise them. The instance in which being a teenage mother will not affect the self concept is when the teenage mother herself is able to disregard the stigmatizing actions of others, which, having considered the literature and the preliminary interviews with professionals, this may be the case for some. However, it was established that teenage mothers are acutely aware of others' negative conceptualizations of them and their development of coping mechanisms could be evidence that their self-concept has been affected and they have taken action to protect it. Importantly, when teenage mothers believe others to be stigmatizing them, even when they are not, their self-concept will be affected. Jones et al make the link between view of self and self-esteem, which is described as "...a summary evaluation of the attributes of the self or the extent to which individuals are satisfied or pleased with themselves..."(ibid. 131). High self-esteem is associated with positivity, self-respect and worthiness, whilst low self-esteem is associated with negativity, dissatisfaction, low self-respect and rejection of self. Stigma is said to affect self esteem because it alters the evaluation of self, negative feelings are hard to contain and disregard and may spread to create an overall negative view of the self; self stigmatization (ibid. 133). Jones et al suggest that when others stigmatise someone, that person is likely to stigmatise themselves as a result, culminating in low self esteem.

The stigmatized individual's view of the fellow stigmatized

It is not only the teenage mother's view of herself which is important when considering stigma, but also her view of other teenage mothers. This will be particularly important in the next section, which considers support for teenage mothers. Insights into this area can be observed in several of the contributions to the stigma literature. Firstly, Goffman believes that ambivalence is a crucial aspect of viewing other stigmatised individuals. He states that they categorise their fellow stigmatised in terms of how obvious their stigma is, then adopt attitudes to those with the most obvious stigma, attitudes that are similar to the way that normals respond to him. A stigmatised person may display identity ambivalence when seeing the own behaving in a stereotypical way. This has indeed been evidence in previous literature on teenage mothers, who may condemn other teenage mothers whilst seeing themselves as an exception (McDermott and Graham, 2005).

The sight may repel him, since after all he supports the norms of the wider society, but his social and psychological identification with these offenders holds him to what repels

him, transforming repulsion into shame, and then transforming ashamedness itself into something of which he is ashamed. (op. cit. 131-132)

Jones et al's position on this is that among people in the same situation as themselves, "individuals are able to see themselves as less marginal" (ibid. 134), as attention is drawn away from their mark. Regarding teenage mothers, this observation may have important implications for the group based support services. Being around other teenage mothers may limit the negative effects of stigma, which would be more intense in an isolated situation or when receiving one-to-one support from an advisor, who is not likely to have been a teenage mother herself. The value of examining the impact of stigma upon self esteem lies in the possibility of a strong association between self esteem and coping (ibid. 135). Jones et al go on to state, "The self esteem of stigmatised individuals will increase to the extent that the individuals come to view themselves as other than helpless, dependent and worthless" (ibid. 136). Considering how people with a stigma use other people to help define their self, the following observations are noted. They believe that markable people use others to help define the self by way of comparison. They use the term "comparative appraisal" to describe remote comparisons, such as comparing oneself to images in the media (ibid. 142). "reflected appraisal" describes comparisons made through how others directly behave toward them (ibid. 142). In group comparison of the latter kind, in comparing ourselves to those who are similar to us, we are able to concentrate on attributes and qualities other than the one which is the source of our stigma (ibid. 144),

...the process of successfully coping with a stigma can perhaps be seen as the process of finding appropriate different others. Social comparison with these appropriate others should enable one to construct a positive, coherent and stable self-concept...(ibid. 149)

However, this appears to be the limit of Jones et al's consideration of self-esteem, they conclude by saying,

The mechanisms by which people come to terms with their stigma or even manage to remove or disassociate themselves from the discrediting aspects of the mark are somewhat curious and not well understood. (ibid. 149)

Therefore the reasons for differential effects of stigma among different individuals cannot be further explored in this area of the literature. Referring back to the qualitative literature into teenage motherhood, similar problems emerge when addressing why some experience different effects to others. Hanna's study briefly considered the reactions of teenage mothers when they experienced negative comments directed at them, "Sometimes they were able to resist these condescending attitudes, but more often than not they internalized the negative stereotypes which portrayed them as a deviant group" (ibid. 460). However, whilst Hanna states that they can sometimes brush off negative remarks and sometimes not, she does not elaborate on this by explaining the circumstances in which these responses may occur.

However, different effects in themselves have been identified by the social psychology literature, even if the reasons behind their adoption has not, and these will be considered in the following subsection. Knowing the possible different effects of being stigmatized are an essential prerequisite to beginning to understand why people cope differently with a stigmatized status. If an association can be made between effects and coping mechanisms, this will assist in a richer understanding of how teenage mothers experience stigma, an area of the literature, which, as stated previously, is somewhat under-researched.

How do stigmatized people cope with being stigmatized?

This subsection will outline the possible effects of being stigmatized, as suggested by the social psychology literature. These are grouped into two categories; negative effects and alternative effects. In an attempt to understand how these might apply to teenage mothers, the qualitative literature into teenage motherhood is regularly consulted and suggestions made as to its contextualization in a stigmatizing situation.

Negative Effects of Being Stigmatized

1. Low self-esteem

As outlined from Jones et al earlier, high self-esteem is associated with positivity, self-respect and worthiness, whilst low self-esteem is associated with negativity, dissatisfaction, low self-respect and rejection of self. Stigma is said to affect self esteem because it alters the evaluation of self, negative feelings are hard to contain and disregard and may spread to create an overall negative view of the self; self stigmatization (ibid. 133). Jones et al suggest that when others stigmatise someone, that person is likely to stigmatise themselves as a result, culminating in low self esteem. Link and Phelan also emphasise that self-esteem will be affected by belonging to a stigmatized group (2001). Crocker et al (1998) argue that awareness of the negative value placed on their identity and the stereotypes that are associated with them may lead to a low self concept for some but not others, "although having a devalued social identity creates a predicament for

them, stigmatized individuals may respond to this predicament in a variety of ways, some of which can effectively defend their self esteem from this threat "(ibid. 518). It could be argued that drawing on one's normative belief system, which values the trait for which one is being stigmatized in wider society, may serve to defend self-esteem from threat.

2. Limited Social Networks

Link and Phelan argue that as a result of belonging to a stigmatized group, the social network of the stigmatized individual may become limited (2001). A limited social network may or may not be an effect for a teenage mother. The nature of the individual's social network prior to becoming a teenage mother needs to be considered. In the event that the social network did not devalue teenage motherhood, the social network is likely not be affected by becoming a teenage mother. However, if the social network did stigmatise teenage motherhood and attach very little value to it, for example within a more affluent working-class community in which slow-track transitions to adulthood are becoming increasingly valued, it may be possible that on becoming a teenage mother, links with this social network may break down, partly due to wanting to avoid a potentially stigmatizing situation as discussed earlier.

3. Depressive Symptoms

Link and Phelan (2001) claim that stigmatized individuals may display depressive symptoms. Quantitative studies into the risks of teenage motherhood have stated that teenage mothers have an increased risk of depression than older mothers (Botting et al, 1998: Liao, 2003). However, it is not clear whether stigma is a contributory factor to this depression.

4. Strained Interactions with Potential Stigmatizers

Link and Phelan argue that through socialization, people develop views of particular groups, in this instance teenage mothers, so there is an awareness among the stigmatised that the group to which they belong has a devalued identity. They go on to state that expectation and fear of how other people will perceive them has negative consequences such as acting less confidently or defensively and avoiding a potentially threatening situation altogether. This in turn may lead to strained and uncomfortable interactions with people who may potentially stigmatise them. Link and Phelan argue that the stigmatised may act defensively or less confidently or avoid potential stigmatizing situations altogether. Avoiding potentially stigmatizing situations altogether has been identified as a response among some teenage mothers previously in the literature review, (McDermott and Graham, 2004).

5. Blaming Self for being stigmatized

Crocker et al (1998) believe that some stigmatized individuals will blame themselves for their stigmatization. This is particularly the case if the individual believes that they are in control of their situation and their predicament is their own fault. Major and O'Brien class this as a flight response. In emphasizing individual agency as a key ingredient for escaping social exclusion, it can be argued that New Labour subscribe to the view that blaming oneself for a negative predicament is a positive state of affairs, as it could force an individual to continue to focus on their agency as a means of escaping their social exclusion. Whilst blaming external forces, or adopting a structural perspective, may predicate a view that it is the responsibility of those external forces to improve their situation, as they were to blame in the first instance.

6. Comparing self with inappropriate others

Crocker et al suggest that having a stigma may cause an individual to compare themselves to the non-stigmatized, rather than comparing themselves to their fellow stigmatized (1998). In addition, they choose to believe that the prejudice is targeted themselves personally, rather than against their group of fellow stigmatized. It can be suggested that this effect would be more common amongst teenagers whose pre-pregnancy social networks widely condemned teenage motherhood and they hence have no other teenage mothers in their social network to identify with.

7. Disidentifying with group

Group disidentification is a further proposed effect, whereby those with a low identification to the group (those who may be the only teenage mother they know) respond to stigma by decreasing their identification even more (Crocker et al, 1998). The relevance of this possibility to the thesis is dependent upon whether the group is important to teenage mothers, whether they engage in social groups where other members are teenage mothers and the degree to which they identify with that group.

8. Ambivalence

As outlined earlier, ambivalence is a possible effect of belonging to a stigmatized group, which is in particular concerned with how the stigmatized individual views their fellow stigmatized. Goffman believed that they categorise their fellow stigmatised in terms of how obvious their stigma is, then adopt attitudes to those with the most obvious stigma, attitudes that are similar to

the way that normals respond to him. A stigmatised person may display identity ambivalence when seeing the own behaving in a stereotypical way. This has indeed been evidenced in previous literature on teenage mothers, who may condemn other teenage mothers whilst seeing themselves as an exception. Phoenix observed that mothers who were self-supporting and did not rely upon benefits felt aggrieved at those who were reliant upon benefits. They struggled whilst perceiving the others as not making an effort at all and being "comfortably supported by the DHSS" (1991: 171). Mitchell and Green's observations as to ambivalence were as follows,

...many in Townville sought to highlight their own success as responsible and respectable mothers by distancing themselves from the idea that they were 'bad' mothers. In order to do this, they created a mental division between themselves as 'good' and 'caring' mothers and 'others', who were viewed as 'bad' because they were 'uncaring' and 'irresponsible'...(2002: 15)

McDermott and Graham's paper supported the findings of Phoenix and Mitchell and Green, calling the comparative contrasting exercised by teenage mothers "othering", comparing themselves to other teenage mothers who they judged as being bad mothers, which enabled them to elevate their own view of themselves (2005: 71). Teenage mothers who subscribe to values reflecting those of policy, i.e. valuing slow track transitions and extended education may resent being stigmatized, seeing themselves as an exception and adopt stigmatizing attitudes towards other teenage mothers, whom they perceive as embodying the stereotype of a teenage mother as lazy and content to depend upon state welfare.

Alternative Effects of Being Stigmatized

1. Little or no Effect

Separate systems of honour (Goffman, 1963) are vitally important to the thesis. Goffman claims that those who are not affected by being stigmatised have separate belief systems to the rest of society. They are protected by identity beliefs of their own, in which they feel that they are the normal ones and those who judge them are not. However, he states that such systems of honour are in decline and that failure to live up to expectations can result in feelings of shame, both when among normals and when alone. This point may have important implications for how some support services impact upon the stigma felt by teenage mothers, those with values different to those informing the policy may not follow the pathways that services lay out for them. Despite

being very much aware of their position as a stigmatized group, some teenage mothers may not be significantly negatively affected by the stigma due to their holding of a separate belief system to that conveyed by policy. As discussed earlier in the thesis, New Labour's TPS essentially holds the view that teenage motherhood is problematic for society and teenage mothers themselves. However, the fact that many teenage mothers come from families and communities in which teenage motherhood is the norm and is a rational choice and worthy vocation suggests that their beliefs are at odds with that of policy. Revisiting the meta-analysis of McDermott and Graham (2005), their theme *kin relations and social support* drew attention to the value of family relations providing a sanctuary of sorts,

Kin relations were safe spaces, usually free of the stigmatization and surveillance the young women had experienced across other social sites... The young women were able to produce their selves as 'good mothers' by mothering practices that are made possible, partially through family support... (ibid. 73)

Considering *why* these spaces were free of stigmatization, it can be argued that within some communities, teenage motherhood is a normal occurrence. This point can be further expanded upon by observing Coleman and Cater's research (2006) into the planning of teenage motherhood. Being a teenage mother was normative in the communities from which the interviewees came,

It was very common for the young women to report being surrounded by a norm of settling down early. Therefore, for most, becoming pregnant appeared to be a normal life option and there was no likelihood of any recrimination or negative judgement over their decision (ibid. 602-3).

Coleman and Cater then go on to discuss the policy implications of their findings, the central theme of which is laid out in the following extract,

For teenagers reporting their motivations for 'planning' a pregnancy, the overriding point to draw is that they perceive this decision to be highly rational and contrary to the social policy agendas connected to teenage pregnancy and parenthood... this inevitably raises the question as to what right we or society have in preventing what is considered and at least what is perceived to be, a positive step in these young women's lives (ibid. 606-7)

This study highlights the planning of pregnancy among teenagers as a rational action, particularly among communities in which teenage motherhood is normative. It questions the application of

policy values upon these communities, values which appear to undermine those which have been established for many generations.

2. Blame Discrimination

Blaming discrimination rather than blaming the self, is argued by Crocker et al (1998) to be more likely when individuals believe that their situation is not under their control and they are not at fault for their predicament. Major and O'Brien class this as a fight response (2005). In addition, it is argued that if a person belongs to a group who are stigmatized, they are more likely to believe the group is subject to some degree of discrimination (ibid. 523). This is an important consideration in a thesis focusing on teenage mothers, the fact that they are at a transitional stage in their lives may affect the amount of control that they are able to exert on their situations and in the event of feeling powerless, blaming discrimination may be a possible response, attributing the discrimination they encounter to wider structural factors over which they have no power.

3. Compare Self with Appropriate Others

Crocker et al (1998) state that the stigmatized may manage the ways in which they compare themselves to others. They talk of "personal identity comparisons" in which the stigmatized opt to compare themselves only to those who share their stigmatized status because they are more accessible to them. More relevant comparisons will be less harmful to self esteem than comparing themselves to the non-stigmatized. Discussing "social identity comparisons" in which they pay more attention to the outcomes for their group rather than themselves personally, they may select comparable factors which enables their group to be seen in a more positive light – for example teenage mothers may say that they have an advantage over older mothers in that they will still be young and active when their children are young. In addition, when making social identity comparisons, they choose to believe that the prejudice is targeted against their group rather than themselves personally. This has been evidenced among teenage mothers in their arguments that other teenage mothers may fulfill the stereotype, but they as individuals are an exception.

4. Identify with Group

Group identification as opposed to disidentification is proposed by Crocker et al (1998) as another effect of being stigmatized, whereby those with a strong attachment to their group (in this case those who may have fellow teenage mothers in their families or social circles) respond to threats by increasing their identification with the group, whereas those with a low identification (those

who may be the only teenage mother they know) may cope by decreasing their identification even more. The relevance of this possibility to the thesis is dependent upon whether the group is important to teenage mothers, whether they engage in social groups where other members are teenage mothers and the degree to which they identify with that group.

This section has thus far drawn upon the social psychology literature to outline possible negative and alternative effects of belonging to a stigmatized group. Where appropriate, the section has referred back to the qualitative literature into teenage motherhood as a means of illustrating these effects among teenage mothers. The section now moves on to consider ways in which teenage mothers have coped with stigma, turning its attention back to the qualitative literature in so doing. Three mechanisms displayed by teenage mothers as a means of coping with their stigmatization have been identified by the literature; the good mother identity, drawing in emotional support from family and friends, and avoiding public services which make them feel stigmatized. Each coping mechanism will now be considered in detail.

Coping Mechanisms

1. The Good Mother Identity

As earlier discussed, Kirkman et al (2001) found that all teenage mothers were aware of the "canonical narrative" of wider society and felt that their status as teenage mothers was condemned by others. However, the authors then discovered that the teenage mothers were coping with this by developing a 'consoling plot' (ibid. 287), within which they concentrated upon the advantages of their situation and asserted a strong belief that they were good mothers, demonstrated by the following,

...The autobiographical narratives constructed by the young mothers in this study unite confidence in themselves as mothers, defence of their right to be mothers, and resentment at the need for justification...they echo other women who deviate from the canonical narrative of womanhood... (ibid. 287)

McDermott and Graham (2005) make similar observations in identifying the concept of the *good mother identity*. Becoming a mother creates an adult status for teenage mothers, however, their motherhood is not valued and is classed as deviant. Teenage mothers report that they feel judged by others, but they themselves do not agree with these judgements – they do not see themselves as a problem. Therefore, they go about constructing a positive identity for themselves through the good mother identity, which is at odds with the negative judgements made of them by others, "...they resisted their positioning as an unfit mother by stressing their

abilities as mothers; by investing in the 'good' mother identity..."(ibid. 71). Within the construction of this identity, an interesting observation was made concerning how teenage mothers view other teenage mothers, arguing that a concept known as "othering" is evident. This involves rejecting the teenage mother stereotype for themselves personally but applying it to other teenage mothers, " Central to the production of their mother identity was the 'othering' of young women they perceived to transgress the boundaries of good mothering" (ibid.). By comparing themselves to other teenage mothers who they judge as being bad mothers, they are able to elevate their own view of themselves. This is evidence of an in-group comparison, which will be discussed in the stigma section of this literature review.

Mitchell and Green's study (2002) also highlighted the importance of having a reputation as a good mother, the mothers in their study compared themselves to other teenage mothers to serve this end,

...many in Townville sought to highlight their own success as a responsible and respectable mothers by distancing themselves from the idea that they were 'bad' mothers. In order to do this, they created a mental division between themselves as 'good' and 'caring' mothers and 'others', who were viewed as 'bad' because they were 'uncaring' an 'irresponsible'. (ibid. 15)

Mitchell and Green argue that this may be advantageous for the mothers because it provides a means of raising their social status and escaping stigmatization, however, they comment that at the same time, it serves to perpetuate "media popularized social stereotypes" (ibid. 16), rather than challenging them.

2. Drawing upon emotional support from family and friends

In Whitehead's study of pregnant teenagers (2001), she stated that often, pregnant teenagers had mothers who had been teenagers themselves when they gave birth, as well as other relatives and friends. The mothers had provided their daughters with support in the form of "regaling tales of heroism from the mother who coped with the shame and indignation of a teenage pregnancy" (ibid. 442).

3. Avoidance of Public Services that make teenage mothers feel stigmatized

Hanna's study (2001), discussed earlier in this literature review, investigated teenage mothers' interactions with community support nurses. Hanna observed a belief amongst teenage mothers that they were being treated in a more obtrusive way than others using the services in being offered "unsolicited advice" (ibid. 460). Additionally, they believed older mothers were acting in

patronizing ways towards them. Resulting from these beliefs, Hanna found, "They decided it was far easier to avoid such confrontations with nurses and older mothers by choosing not to use these services" (ibid. 460). More recent research provided evidence that such strategies are also used by mothers in England (Department for Children Schools and Families, 2007a). Therefore a potential way of coping with the threat of being stigmatized in this instance is to avoid the service altogether. This point is reinforced by McDermott and Graham "One such strategy evident in the women's accounts was a reluctance to use health and support services during their pregnancy (*to avoid having to confront stigma at all*)" (2004: 18).

It is reasonable to suggest that this list of three coping mechanisms is not exhaustive, given the limited literature devoted to the stigma of teenage motherhood. It is reasonable therefore to include an investigation of coping mechanisms within the empirical data collection of this research, which will be discussed later in this literature review.

Thus far, this chapter has firmly established that the problematization of teenage motherhood can, by definition, be classed as *stigmatization*. It has considered literature into the process of stigmatization in an attempt to understand why teenage mothers continue to be a stigmatized group. It has been established that teenage mothers are successfully labeled as a threat to the functioning of society in that policy has presented a causal association between teenage motherhood and social exclusion, from which stems other negative characteristics which are at odds with third way values, for example, welfare dependency in a political climate of individual responsibility and conditional welfare. The fact that teenage mothers are identified by the state as in need of intervention is significant in their continued stigmatization, as in being in need of assistance, their distinctiveness as dependent has been recognized. The media also play a role in the continued stigmatization of teenage mothers, reporting on policy interventions, sensationalist stories (Hadfield et al, 2007), and diffusing images of the group across society. In addition, the social psychology literature was consulted, which reviewed evidence upon differential effects of being stigmatized, before referring back to the qualitative literature on teenage motherhood to identify established coping mechanisms. These potential effects and coping mechanisms are outlined below in Table 2.1. The literature now moves somewhat away from the conceptual elements of stigma in considering the literature upon formal and informal support for teenage mothers, although the issue of stigma is often linked to such discussions.

Table 2.1: Conceptual Insights from the Literature: Effects of Stigma and Coping Mechanisms

Potential Effects of Stigma	Negative	<ul style="list-style-type: none"> • Low self esteem (Jones et al, 1984: Crocker et al, 1998: Link and Phelan, 2001) • Limited social networks (Link and Phelan, 2001) • Depressive symptoms (Link and Phelan, 2001) • Strained interactions with potential stigmatizers (Link and Phelan, 2001) • Blaming self for being stigmatized (Crocker et al, 1998) • Comparing self with inappropriate others (Crocker et al, 1998) • Disidentifying with group (Crocker et al, 1998) • Ambivalence (Goffman, 1963)
	Alternative	<ul style="list-style-type: none"> • Little or no effect (Goffman, 1963) • Blame discrimination (Crocker et al, 1998) • Compare self with appropriate others (Crocker et al, 1998) • Identify with group (Crocker et al, 1998)
Potential Coping Mechanisms among Teenage Mothers		<ul style="list-style-type: none"> • "Good Mother" identity (Kirkman et al, 2001: Mitchell and Green, 2002: McDermott and Graham, 2005) • Drawing upon emotional support from family and friends (Whitehead, 2001) • Avoidance of public services that make teenage mothers feel stigmatized (Hanna, 2001: McDermott and Graham, 2005: Department for Children Schools and Families, 2007a)

5. “Support” for Teenage Mothers

This section examines the literature on sources of support for teenage mothers. *Support* can be categorized under two headings, *formal* and *informal*. *Formal support* is recognized as structured support through statutory agencies. In its consideration of the *support agenda* of the Teenage Pregnancy Strategy, the introductory chapter established that within current policy, there is a strong emphasis on one-to-one support through a Personal Advisor and little consideration given to the potential of support via group mechanisms, in which teenage mothers effectively support *each other*. It was argued that this may be attributable to the importance of the *right* support being given, that is, support to engage in EET, which would be more effectively delivered through an advisor than through peers, who indeed, may subscribe to alternative views such as the valuing of full-time motherhood or the postponement of EET until their children are older. As derived from the stigma literature, being involved in group support, alongside fellow stigmatized, “individuals are able to see themselves as less marginal” (Jones, 1984: 134). *Informal support*, on the other hand, is the support that teenage mothers receive from their social networks, consisting of family, friends and partners. As stated earlier, New Labour’s interventions into the lives of teenage mothers appear to abstract them from their family and social contexts. It can be argued that it is important to consider informal as well as formal support because knowledge of informal pre-existing support structures drawn upon by teenage mothers is needed when considering their experiences of formal support services. In other words, support teenage mothers already receive from family or friends may have a bearing on how they use the services of statutory agencies in place to support them. It is to literature on informal support structures that this section now turns.

Informal Support

Considering informal support, studies exist which have examined the support networks of teenage mothers, most notably that of Phoenix (1991). She carried out an interview study of teenage mothers who gave birth to their children between the ages of 16 and 19. Parts of her study examined social networks, emotional and practical support received by the teenage mothers. It is evident from Phoenix’s research that family relationships are of high importance when a young woman is coping with teenage motherhood, providing emotional, financial and practical support. Phoenix stresses the importance of examining social networks in stating, “relationships with (almost predominantly female) friends and/or with their own mothers influence their attitudes to all aspects of their lives” (ibid. 121). Findings from Phoenix’s research that have an impact on this study were firstly, that loneliness and emotional wellbeing are related, and that simply being in contact with people was important to a teenage mother’s wellbeing. However, as Phoenix noted, the nature of these relationships varies widely, therefore simply having many

people in your support network may not help you to cope. Leading on from this, Phoenix found that "how well supported women felt depended more on whom women lived with than on who was in their social support networks" (ibid. 133). Those living with a partner tended to feel less supported as time went by, whilst for those living at home with their parents, the reverse was true. Phoenix's chapter on emotional support established that women's mothers were the most important source of such support, followed in order by male partners and friends.

Another more recent study focusing on the support teenage mothers receive from family and friends is that of Mitchell and Green (2002), who interviewed 14 teenage mothers in the North East of England. Like Phoenix, they discovered that female kin continue to be significant in providing support for teenage mothers. The teenage mothers in the study often lived in close geographical proximity to their families, who provided informal support in various ways. Practical support was given in the form of offering to look after children and financial support took the form of lending money. Another important part of such informal support networks was the "social activity" (ibid. 12) insofar as having people around to talk to and go out with. The area where the women lived was economically deprived and had a social stigma attached to it. Motherhood represented a transition to adulthood and maturity in an environment where they felt a "dearth of socio-economic opportunities and life choices for themselves" (ibid. 14). This study is important in providing more recent evidence to support Phoenix's findings as to the significance of informal support networks for teenage mothers.

The extensive study of Allen and Bourke-Downing (1998), included interviews with 84 mothers (who were 16-19 when they gave birth), 24 fathers and 41 grandparents. The study makes similar observations as to the role of informal support. Parents, particularly mothers, half of whom had been teenage mothers themselves, were described as providing better support than male partners, "in terms of helpfulness, sympathy, practical assistance and financial support" (ibid. 193). However, it was also recognized that support sometimes had negative effects on the grandparents, particularly when they had changed their work plans to help care for the baby, and / or had their daughter and grandchild living with them,

A small baby might have been acceptable, but by the time of the interview, the babies were becoming toddlers and bringing additional pressures, particularly if there were other members of the family in the household. (ibid. 206)

This study is important in highlighting that while informal support from family is uniquely valuable to some teenage mothers, support can vary and sometimes be characterized by conflict, especially as their babies get older and they feel the pressure to set up home on their own.

Bunting and McAuley present a meta-analysis, reviewing literature from the UK and USA regarding the role of family, partner and peer support in the lives of teenage mothers (2004). On the subject of family support, Bunting and McAuley support previous papers in highlighting the importance of the teenage mothers' relationships with their own mothers. However, their review highlights differences in the experiences of white and African-American teenage mothers. They argue that residing with grandmothers can offer benefits for teenage mothers of both races, but it is more problematic for white teenage mothers than it is for African-American teenage mothers (ibid. 208). In addition, they argue that financial assistance is a particular area in which African-American teenage mothers need more support than white teenage mothers (ibid. 209). On the subject of partner support, the review finds that marriage or cohabitation can be of economic benefit to the teenage mother and her child (ibid. 211). However, it is also suggested that marriage and cohabitation is correlated with higher drop out rates for education (ibid. 211). The finding that a teenage mother's relationship with the father of her child is unlikely to endure reinforces that of other studies (ibid. 212). On considering support from peers, the following points are made by the review. Friends are identified as less important in providing support than the mother but still a significant one nonetheless, when needing someone to talk to about day to day things or emotional support (ibid. 213). In conclusion, they argue,

Support from friends combines with family and partner support to contribute to the increased mental wellbeing of teenage mothers by decreasing parenting stress and providing avenues for positive interaction and feedback. (ibid. 214)

Criticisms can be made of Bunting and McAuley's paper in that they did not outline the source of the literature, for example, which databases they used to access the papers, and parameters employed in screening which papers would be included in their review. However, the paper considered family support in more detail than the previous papers in establishing differences in mother-daughter relationships between ethnic groups. It did however support the findings of Allen and Bourke Downing (1998) in suggesting that although this source of support is often positive for teenage mothers, it can also be a site for conflict among some.

Having considered the available literature examining informal support structures of teenage mothers, the following points can be established. Firstly, from those providing emotional support to teenage mothers, their own mothers are the most significant, followed by male partners and friends (Phoenix, 1991; Allen and Bourke-Downing, 1998; Bunting and McAuley, 2004). Furthermore, although teenage mothers who reside with their parents tend to feel more supported than those living with partners (Phoenix, 1991), it has been acknowledged that the former

arrangement can be variable and characterized by conflict, particularly if other members of the family reside in the same house (Allen and Bourke Downing, 1998). The geographical proximity of teenage mothers to their families was also a key factor in their supply and regularity of informal support, and linked to this, living in a community in which early motherhood was valued resulted in fewer feelings of marginalization (Mitchell and Green, 2002). In addition, the literature has suggested that different cultural norms may result in differences in informal support networks between different ethnic groups (Bunting and McAuley, 2004). The literature on informal support raises points of relevance prior to investigating formal support. Firstly, given the importance of support from the family, it is suggested that those teenage mothers whose relationship with their family is negative or absent have a *support gap*, which formal support services may have a role in attempting to fill. It can also be suggested that in communities in which teenage motherhood is a norm, there may be less demand for formal support services due to the strength of existing informal networks, however, this assumes that teenage mothers will continue to reside in their home communities. This leads onto the final point. It is important to note that teenage mothers residing in Supervised Semi Independent Housing or social housing may have been allocated to properties in areas far away from their families. Whilst those in SSIH have the support of staff and fellow residents, those in social housing may suffer from feelings of isolation and consequently benefit from formal support structures in the areas in which they now reside. Having considered literature on informal support and made comments about how various situations may act as a precursor to formal support, it is to the literature on formal support that this section now turns its attention.

Formal Support

In the introduction to this section, formal support was recognized as structured support through statutory agencies, which can take the form of one-to-one support with a personal advisor, or group support with peers. Within this literature review, it has been established that New Labour place a strong emphasis on one-to-one support, particularly in their interventions with teenage parents, and little consideration has been given to the potential of support via group mechanisms. However, it is important to consider studies of group support to provide an insight into any additional gains which can be made from this type of support, literature on group support will be considered after that of one-to-one support.

One-to-one support

As discussed in the Introduction chapter, Sure Start Plus was a recent pilot initiative which ran in 20 areas from April 2001 to March 2006. It was linked to the support agenda of the Teenage Pregnancy Strategy, and programmes were located in areas with high rates of teenage pregnancy. The programme targeted pregnant teenagers and teenaged parents aged up to 18 years and 11 months. The ultimate aim of Sure Start Plus was to reduce the risk of long term social exclusion among teenage mothers. The method of delivery was one-to-one, with each teenage mother being allocated a Personal Advisor (PA). Advisors spent just over half of their time working on a one-to-one basis with teenage mothers or liaising with other agencies on their behalf (Wiggins et al, 2005). In the National Evaluation of Sure Start Plus (Wiggins et al, 2005), the advisor role was championed as what young women receiving the services valued the most highly.

The aspect these young women liked most was the individual relationship they had with their adviser, which they described as having a friend. They were also very positive about receiving personal or emotional support and having someone to confide in. The few negative comments made mostly concerned a desire for more contact with advisers than was available. (ibid: 30)

Focus groups and interviews were conducted with teenage mothers who had participated in the Sure Start Plus pilot initiative to identify what they liked and disliked about the one-to-one service (Wiggins et al, 2005) The elements they liked were the friendly relationship with their advisor, the confidentiality of the support, practical assistance with issues such as benefits and housing, the accessibility of the advisor, the advisor's persistence with them, home visits, the advisor being a gateway to other services and the advisor accompanying them in appointments to other services. Negative comments about the service were that some were discharged earlier than they wanted and advisors were overstretched. The comment about early discharge may be interpreted to be a criticism of the Sure Start Plus programme design, rather than a criticism of the one-to-one support mechanism in itself.

deJonge's contribution (2001) also considers one-to-one support, albeit to a limited extent. Brief comments are made stating that one-to-one support is valuable for some women at the beginning of their use of support services, "the women interviewed had a hurdle to overcome in order to pluck up the courage to take part in personal development activities" (ibid. 52). Therefore for some, home visits by an outreach worker are an essential prerequisite until they feel confident enough to visit centres at which support groups may be based. However, there are no further

comments made about the circumstances of women who will require this initial one-to-one support compared to those who will come along to a group of their own initiative.

Another study has drawn attention to the potential problems of support that is delivered on a one-to-one basis. In Hanna's consideration of teenage mother's interactions with community support nurses (2001), she observed a belief amongst teenage mothers that they were being treated in a more obtrusive way than others using the services in being offered "unsolicited advice" (ibid. 460). Additionally, they believed older mothers were acting in patronizing ways towards them. Resulting from these beliefs, Hanna found, "They decided it was far easier to avoid such confrontations with nurses and older mothers by choosing not to use these services" (ibid. 460). The dependency of the teenage mothers on government support also created problems for them due to the increased surveillance and monitoring that came along with this, having to answer questions from "staff who they believed held prejudiced attitudes...their trustworthiness was questioned at every turn" (ibid.).

The literature on the one-to-one method of support service delivery has established both benefits and drawbacks of this mode. Concerning the benefits, it has been established that teenage mothers like friendly relationships with advisors, the confidentiality of the support, practical assistance with issues such as benefits and housing, the accessibility of the advisor, the advisor's persistence with them, home visits, the advisor being a gateway to other services and the advisor accompanying them in appointments to other services (Wiggins et al, 2005). In addition, one-to-one support may be a valuable resource for building confidence prior to participating in group support (deJonge, 2001). However, drawbacks have also been established. Firstly, one-to-one advisors with large caseloads may be overstretched and unable to spend as much time with the participant as the participant may require (Wiggins et al, 2005) and secondly, the relationship with the one-to-one advisor may not always be positive, evidenced by Hanna (2001), the teenage mothers in her study felt that their advisors were delivering a service that was more paternalistic than it was friendly. This chapter will now move on to look at literature on the group support mechanism, which may assist in identifying why it might, in some circumstances, be an additional or alternative to one-to-one support .

Group Support

Weinman et al (1992) examined a group based parent education programme at a children's centre in the USA. The programme duration was 8 weeks and consisted of sessions held three times per week for seven hours each day. Participants were aged between 17 and 21, therefore

highly relevant to the focus of the thesis. The programme had the overall aim of preventing child abuse among adolescent mothers, a group considered high risk in this regard, and contained four components; child development and parenting skills, health and safety, survival skills and personal growth and self-esteem. Under the *personal growth and self esteem* heading, Weinman et al state that the programme allowed the mothers "to experience decision making and problem solving, along with the accompanying increase in self reliance and self-esteem. Sharing of ideas and feelings is encouraged" (ibid. 4). Weinman et al collected data by using four questionnaires, covering time periods before and after participation in the programme, which aimed to assess parenting knowledge, self-image and views of the future (ibid. 4). The results made the following observations. All of those taking part showed an increase in parenting knowledge and maintained this knowledge after the programme had finished. Self image also improved, Weinman suggest that this may have been helped by "the group process itself. A positive group experience could certainly affect how a participant deals with her feelings and her ability to cope with her immediate environment" (ibid. 7). Comments are also offered concerning those mothers who did not complete the group programme,

"Non completers may not be ready to participate in the group process, which is an important part of this programme. Because so many of them have been isolated, a group may seem threatening and overwhelming. Sharing of feelings or problems outside the family unit may have been discouraged in their family of origin." (ibid. 9)

They suggest that a solution may lie in a "pregroup group session" (ibid. 9), to act as a stepping stone to participating in the actual formal group. Criticisms that can be made of this paper in that it only assesses one particular type of support, that of improving parenting skills with the aim of preventing child abuse. Therefore from the outset, teenage mothers are negatively construed, conceptualized as individuals in need of intervention to prevent them going along the road to further deviance. However, there are many strengths in Weinman et al's contribution. Firstly, they assess the effects of a group-based programme on self-image, concluding that such support does enhance self-image among young mothers. They additionally offer reasons for this, stating that the group experience can be positive in offering a forum for the sharing of feelings and emotions with others. In addition to the low self esteem suggested by the latter authors, they argue that other reasons for non-participation may be isolation, and coming from a family background where discussion of feelings and problems with non-family members is discouraged, in other words a *closed family*. These may constitute factors that may highlight a young mother as in need of initial one-to-one support to bolster confidence instead of group sessions or prior to group sessions.

Censullo (1994) carried out a study in the USA, investigating a group programme known as Interaction Coaching for Adolescent Parents and their Infants (ICAP). ICAP was designed by the author and consists of interaction coaching within groups from a nurse who will be involved with the mothers in an ongoing relationship. ICAP begins when babies are born and aims to enhance communication between mother and infant, which in turn is argued as having the effect of enhancing parenting confidence and general self-esteem (ibid. 327). Twelve teenage mothers were involved in the study, which had two aims, firstly assessing whether involvement in ICAP increased responsiveness between teenage mothers and their children and secondly, seeing whether teenage mothers self-esteem increased as a result of ICAP. Assessment was carried out before and after participation in ICAP and consisted of the following. Firstly, Dyadic Mutuality Code, which measured six aspects of the mother/child relationship. Secondly, the Rosenberg Self Esteem Scale. Lastly, the Parental Self-Efficacy Scale was used, within which parents indicate how confident they feel about being parents and caring for their children. The results highlighted significant improvements in how responsive mothers were towards their children and self-esteem. Parenting confidence increased slightly too. Censullo had the following comments to make about the group method,

...groups represent effective forums for the intervention and nurture peer support. In the discussions, participants demonstrated a clear exchange of empathy. These teenagers had few people who supported them in their roles as parents...(ibid. 330)

Censullo's study is valuable in providing further evidence that establishes the group as an effective forum for parenting support. The author also offers an explanation of the same in commenting that empathy and being around others in a similar situation made the participants feel more supported in their roles as parents. However, Censullo's study does not consider those parents who will not feel confident enough to engage in group support, a factor considered by Weinman et al (1992). Therefore, the paper does not contribute any suggestions as to ways in which parenting support can be made more accessible to such individuals.

Letourneau et al's meta analysis (2004) reviews papers from the United States published between January 1982 and February 2003 using medical, psychological, health and education database indices. The review suggested that multiple sources of support from family, friends, partner and professionals worked to provide the best outcomes for the wellbeing of the adolescent mother and her child (ibid. 517). The review then turned to look at North American intervention programmes that combined social support from professionals with parenting education. Such interventions could be classed as containing elements of *group support*. Gains

from such interventions were identified as improvements in contraceptive knowledge, employability, self confidence, self esteem, parenting skills and outcomes for child health and development. It also made comments about the *nature* of support, arguing that "support groups may increase the likelihood of an adolescent parent developing a reciprocal support relationship with a peer" (ibid. 522). However, it warned that support groups may "hamper an adolescent with low self-esteem from speaking out and participating actively" (ibid. 522). Criticisms of the review are firstly that it does not address the problematization of teenage motherhood and secondly that the term *adolescent* is used throughout to refer to the mothers, they do not define this further. As mentioned previously, experiences of older and younger teenage mothers may vary considerably and the review does not take this into account.

DeJonge (2001) considers the value of the group mechanism in itself. This study aimed to gain an insight into the support that the women had received when they had been teenage mothers and consisted of semi-structured interviews with women who had been teenage mothers. Interviews were conducted several years after the birth (on average 8.5 years). It is stated that meeting with people in similar circumstances provides a source of support as well as the opportunity to get out of the home, build confidence and be stimulated to pursue education or work. Support groups specifically for teenage mothers were particularly valued "in order to feel less stigmatized than in other groups" (ibid. 54).

Support groups which featured in the first three contributions were established with educational purposes, Weinman et al (1992) discussed a programme aimed at improving parenting skills to prevent child abuse and Censullo (1994) examined a programme aimed at enhancing communication between mothers and infants, whilst Letourneau et al (2004) reviewed several pieces of literature, all focused on parenting education for adolescents. Therefore, these programmes, largely from the US, establish support groups with a particular agenda in mind, and the fostering of social relations among teenage mothers appears to be a by-product, rather than an aim of such interventions. Regarding the parent education element, it was established that such groups resulted in improvements in contraceptive knowledge, employability, parenting skills and child health development (Letourneau et al, 2004). However, valuable points as to the group mechanism as a means of delivering support are made when outcomes beyond parent education are considered. In this regard, it is established that empathetic peer support is available through the group mechanisms (Censullo, 1994), self-image and self-esteem improve as a result of participating in groups (Weinman et al, 1992; Censullo, 1994), as do confidence in parenting abilities (Letourneau et al, 2004). In addition, the UK study by deJonge added being able to interact with people with whom one could identify, having the opportunity to get out of the house, building confidence, being stimulated to pursue education and work and feeling less stigmatized

than in other groups as positive outcomes of group support for teenage mothers (2001). Therefore, the group as a mechanism of support has several positive attributes which are not evident from one-to-one support interactions, however, it was acknowledged that the group may not be the best support environment for some, particularly those with low self-esteem (deJonge, 2001; Letourneau et al, 2004).

One-to-one and Group Based Support Compared

Coren et al's meta analysis is one of a limited number of studies comparing one-to-one with group based support services (2003). The reviewed 14 studies that had investigated the individual and group based parenting programmes. All of the studies included came from the US, as no such studies had been conducted in the UK. The outcomes examined were either *child based* or *parent based*. Child based outcomes included general child development, including language development. Parent based outcomes included maternal involvement with the child, life satisfaction, self-esteem, parenting attitudes and self image. Of particular interest to the thesis are the parent based outcomes, in particular those related to the effects of stigma. Studies by Weinman et al (1992) and Censullo (1994) suggested respectively that maternal self image and self esteem did improve among teens who were part of the programmes. However, the relevant studies only examined group based programmes, therefore offering no individually based studies for comparison. The meta-analysis concluded in stating,

Overall, while there is insufficient evidence available to reach any firm conclusion about the comparative effectiveness of individual and group based programmes for teenage parents, it seems likely that a group based intervention may be a more supportive and helpful strategy with younger mothers. (ibid. 99)

The paper can be criticized for failing to differentiate between older and younger teenagers, as has been the case for many studies in this area. The USA bias is also important as school leaving age tends to be higher in the US than the UK, which creates a longer *childhood*, or in other words, attempts to extend the transition to adulthood to that of a slow track one. Therefore comparing 16-19 year olds in the US with those of the same age in the UK is not comparing like with like. Obviously there will be heterogeneity within both of these groups, however, the school leaving age is believed to be highly significant in a discussion of school age and post-school age motherhood. However, the study is useful because it highlights the lack of literature on comparisons between one-to-one and group based support mechanisms.

A study produced by the NHS Health Development Agency (Swann et al, 2003) was concerned with examining literature on teenage pregnancy and parenthood. Concerning support services

for teenage mothers, the following points were made. Firstly, it is stated that home visits, parental and psychological support improves health and welfare outcomes for teenage mothers and their children (ibid. 42). However, whilst it can be assumed that home visits will fall into the category of one-to-one support from an outreach worker, it is not specified whether the parental and psychological support is delivered on a one-to-one basis or through group sessions, therefore all the paper does is add weight to the view that use of support services results in better outcomes among teenage mothers that when no support services are used at all. Again, this contribution is evidence of the lack of comparison between group and one-to-one support mechanisms.

Regarding the literature on formal support, the benefits and drawbacks of both modes of support can be presented in Table 2.2 on the following page.

Table 2.2: Comparing the Literature on One-to-One and Group Based Support

		Nature of Support	
		One-to-One	Group
Critique of Support Mode	Positive Elements	Friendly relationships with advisors	Contact with peers with whom one could identify
		Confidentiality	Opportunity to get out of the house
		Practical assistance	Confidence building confidence
		Accessibility of advisor	Stimulated to pursue education and work
	Advisor's persistence with participants	Feeling less stigmatized than in other groups	
	Home visits	(deJonge, 2001)	
	Advisor as a gateway to other services		
	Advisor accompanying participants in appointments to other services	Improved self-image	
	(Wiggins et al, 2005)	Improved self-esteem	
		(Weinman et al, 1992: Censullo, 1994)	
		Building confidence prior to participating in group support	Empathetic peer support (Censullo, 1994)
		(deJonge, 2001)	
	Negative Elements	Overstretched advisors, limited one-to-one time	Not appropriate for those with low self-esteem
		(Wiggins et al, 2005)	
		Advisors unfriendly and paternalistic	(deJonge, 2001: Letourneau et al, 2004).
		(deJonge, 2001)	

In targeting particular groups with intervention to prevent social exclusion, there is the risk that policy will be formulated which assumes homogeneity among its participants (Percey-Smith, 2000). In the case of supporting teenage mothers, it is of particular importance that this not be the case. The section which reviewed informal support networks for teenage mothers, namely those of family, friends and partners, established that there may well be differential need regarding formal support, some will require fairly intensive support when their informal support networks are limited, absent or distant, whereas others will require less intensive support, being well supported by their informal network. This section has established the potential benefits and drawbacks to one-to-one and group based support, illustrated in Table 2.2. However, the circumstances in which group support is preferable to one-to-one support or vice versa is a largely unresearched area. Furthermore, given the limited literature on how teenage mothers respond to stigma, it is not perhaps surprising that the role of support services in mitigating stigma has not been considered in detail either. The following chapter will explore the theoretical foundations which have been established in this chapter and those preceding it and in so doing, will establish and justify a narrower focus for the empirical research which is to follow.

6. Towards an Empirical Study – the theoretical framework

This introductory chapter laid out the policy context of support services for teenage mothers. The Third Way approach to government was identified as one which drew on both social democratic and liberal traditions, within which rights *and* responsibilities are encouraged and enforced (Blair, 1998). The Social Investment State is one in which investment in *human capital* is practiced rather than direct provision of economic maintenance (Giddens, 1998). Parents in such an environment are obligated to be responsible for their children *and* fulfil their obligation as a citizen to participate in paid employment. The former responsibility is manifested in policy from the supportive initiative of Parentline Plus through to more enforcement type policies such as Parenting Orders. The latter is manifested in policy through initiatives such as the National Childcare Strategy, Tax Credits, and New Deal for Lone Parents. It is argued that the social investment state has a future-orientation, in which children are perceived as the citizen workers of the future (Lister, 2003), hence New Labour's commitment to ending child poverty within a generation (HM Treasury, 2004). The ending of child poverty is linked to New Labour's focus upon combating social exclusion, which has led to a raft of policies aimed at tackling disadvantage and setting young people on the track to being responsible citizens, as Kelly (2003) has commented, "the 'ideal' subject of Liberal Governments is the person who has developed the capacities of self-reflection, self-regulation and self-government" (Kelly, 2003: 176). Policy initiatives to this end span the period from before birth to early adulthood and include a home visiting programme for pregnant mothers at risk of social exclusion (Cabinet Office, 2006), Sure Start, Children's Fund, National Literacy and Numeracy Strategies, Connexions, Teenage Pregnancy Strategy and New Deal for Young People. However, there exists a demographic trend which threatens to leave some sections of society open to criticism and stigmatization. Middle class or slow-track transitions have been more extended than working class or fast-track transitions, with middle class parents providing support for longer periods (Jones, 2002). Recently however, it is claimed that this middle class pattern is becoming more widespread among the affluent working class (*ibid.* 23). Therefore whilst the *affluent* working class are taking on some of the characteristics of their middle class counterparts, the *less affluent or poor* working class may continue to be characterized by fast-track transitions. The fast track transitions of the poorer working class young have recently become subject to problematization by policymakers, of which teenage motherhood is an example, representing as it does a misfit with the third way social investment state in its valuing of the unpaid carer identity and mother-child relationship over that of the paid worker identity and relationship to the labour market.

Policy interventions into teenage motherhood were then examined and three key points were established. Firstly, that teenage mothers are on the one hand seen as vulnerable young people

in need of guidance, they display a working class, fast-track transition to adulthood whilst the more affluent working class have adopted slower, more typically middle-class transitions. However, on the other hand, the reversal of structure and agency has resulted in them not being portrayed as passive victims of their structural circumstances, they are to a large extent seen as personally responsible for their actions. Secondly, support for teenage mothers is largely geared towards education, employment and training targets, these are presented as now or never opportunities in what appears to be an attempt to introduce elements of middle-class transition patterns to this largely working class group. Thirdly, echoing support in the New Deal programmes and in the Connexions service, recent initiatives of support for teenage parents have taken a one-to-one, or *Personal Advisor* approach, there appears to be no evidence that New Labour are encouraging group based, peer support for teenage parents (Kidger, 2004; McLeod, 2006). This leads to the suggestion that New Labour wish to distance these individuals from the contexts in which they live, advice from peers may serve to normalize their circumstances and enhance the risk of them becoming socially excluded in the eyes of the government, whereas advice from a mentor-style personal advisor will serve to pull them out of such traps by presenting alternatives, particularly that of labour market participation, as *preferred futures*.

Literature on the risks of and for teenage motherhood was then reviewed. This literature was of a quantitative nature and typical of that making up the evidence base of the Teenage Pregnancy Strategy (Graham and McDermott, 2005). Such literature construed teenage motherhood in wholly negative terms (unlike the qualitative literature, which is largely disregarded by the evidence base). The practice of problematizing teenage motherhood was then investigated further. It was established that there is a disjunction between the values of policymakers in emphasizing the paid worker identity and relationships to the labour market and those of communities in which teenage motherhood is common in emphasizing the unpaid carer identity and the mother-child relationship (Selman, 1997; Arai, 2003; Duncan, 2005; Graham and McDermott, 2005; Austerberry and Wiggins, 2007). The social psychology literature was then reviewed and established that problematization is, by definition, *stigmatization*. The issue of stigma was then further explored in the social psychology literature, as contributions in this area are limited in the studies of teenage motherhood. Possibilities for how stigma can affect an individual and subsequent coping mechanisms were then drawn out. The literature review then progressed to consider literature on informal and formal support mechanisms for teenage mothers. It was established that informal support is most valued from the family, notably the mother, but such support can vary depending on a teenage mothers circumstances. Regarding formal support, literature on both one-to-one and group based services was considered. Benefits and drawbacks of both were established, although it was noted that very few attempts have been made to compare the two modes of support insofar as why one may be selected over another.

The research in question therefore simultaneously attempts to gain a deeper understanding of teenage mothers' experiences of stigma *and* support services. There are therefore two focus points for the research, firstly, experiences of stigma among teenage mothers and secondly, experiences of support services among teenage mothers. The first area of focus aims to explore teenage mother's experiences of stigma in more detail than previous literature. This area builds on the literature as to the effects of stigma derived from the social psychology discipline and the limited body of evidence from qualitative literature on teenage motherhood as to how this group reacts to their stigmatized status. The aim of this focus is to provide a more comprehensive and explanatory contribution to the understanding of the diverse ways in which teenage mothers experience stigma. The second area of the research investigates teenage mothers' experiences of support services. This section draws upon literature which has investigated informal support and that which has investigated the one-to-one and group formal support modes, albeit separately. The empirical research in this area aims to probe further into support mechanisms from the perspectives of teenage mothers, further investigating what factors lie behind an individual's selection of a support service and aiming to identify various functions of both one-to-one and group based support. There may indeed be a link between these two sections insofar as the support services may have *stigma management* functions, that is, they may assist teenage mothers in responding to and coping with the stigma and subsequent discrimination that they experience, which has resulted from their status as a stigmatized group. However, prior to establishing any functions of the services in this respect, it is important to consider teenage mother's individual experiences of stigma, which may indeed differ and result in some teenage mothers requiring support services to help them in this area, whilst others do not. The following areas of interest to be approached in the empirical research are outlined in Table 2.3 below.

Table 2.3: The Empirical Study: Areas of Interest

Topic	Sub-topics
Details of each teenage mother's individual circumstances	<ul style="list-style-type: none"> Their experience of motherhood. Informal support available to them. Their values and beliefs about learning and work.
Experiences of and feelings about stigma	<ul style="list-style-type: none"> How they are received by the general public. How they are received in their use of public services. Potential effects of stigma experienced: <ul style="list-style-type: none"> Negative: strained interaction with potential stigmatizers, low self-esteem, limited social

	<p>networks, depressive symptoms, blaming self for stigmatization, comparing self with inappropriate others, disidentifying with group.</p> <p>Alternative: Little or no effect, ambivalence, blame discrimination, compare self with appropriate others, identify with group.</p> <p>Potential Coping Mechanisms: Good mother identity, drawing on emotional support from informal network, avoidance of stigmatizing public services.</p>
Experiences of the support service used: one-to-one or group	<p>Selection of support service.</p> <p>Functions of the support service.</p> <p>Critique of support service.</p>

The methodology chapter which follows moves on to consider in detail *how* these topics will be investigated in order to fulfill the aims of the two research foci.

3. METHODOLOGY

Chapter Headings:

Page Number

1. Introduction	103
2. Research Traditions; Qualitative and Quantitative	104
3. Data Collection and Data Analysis	108
4. Chapter Summary	129

1. Introduction

This section is concerned with establishing and justifying an empirical approach to the following two research foci. The first area of focus aims to explore teenage mothers' experiences of stigma in more detail than previous literature. This area builds on the literature as to the effects of stigma derived from the social psychology discipline as well as the limited body of evidence from qualitative literature on teenage motherhood concerned with the coping mechanisms employed by this group as a response to their stigmatized status. The aim of this focus is to provide a more comprehensive and explanatory contribution to the understanding of the diverse ways in which teenage mothers experience stigma. The second area of the research aims to further investigate teenage mothers' experiences of support services, both group and one-to-one based. This section draws upon literature which has investigated informal support and that which has investigated the one-to-one and group formal support modes, albeit separately. The empirical research in this area aims to probe further into support mechanisms from the teenage mother's point of view, in establishing the rationale behind the choice of either one-to-one or group support services and the gains of participation. The link between these two sections is explored. It is suggested that support services may have a role in mitigating the effects of stigma experienced by some teenage mothers.

This section examines the methodological approaches of the existing body of literature on teenage motherhood and the theoretical background to different approaches. The chosen methodological approach is then outlined and justified drawing on the research traditions in this area and the rationale of the research in question. The procedures for the collection and analysis of data are explained in detail, drawing on a wider body of literature which considers practical applications of the methods and their ethical implications.

2. Research Traditions: Quantitative and Qualitative

It is necessary to revisit the body of literature on teenage motherhood in order to consider the research traditions in this area and consider what can be learned from the same with a view to selecting an approach which will be appropriate for the two research foci. As discussed in the literature review, Graham and McDermott (2005) have commented that the evidence base for interventions into teenage motherhood is largely quantitative and this is a negative characteristic, as such studies do not capture the experiences of teenage mothers to the same extent that qualitative studies have done. Therefore, some time must be devoted to considering these two research traditions further, and their potential benefits and drawbacks in the research context. The quantitative approach will be considered first, drawing upon literature examining the rationale of the same, before the qualitative approach is considered using the same criteria. Examples from the research context will be considered throughout in order to arrive at a point at which an appropriate methodological approach to the research in question can be selected.

The Quantitative Research Tradition

Quantitative approaches have been discussed by Burrell and Morgan, who situate them within "nomothetic" methodologies (1979: 3). Such approaches assert the primacy of the scientific method favouring the objectivity of hypotheses and quantitative techniques such as surveys and questionnaires. Burrell and Morgan argue that nomothetic methodology is one of the five elements of an "objectivist" approach to social science (1979: 3). The first of the other four elements is a "sociology of regulation", in which researchers approach social phenomenon as they are and aim to explore the foundations of social unity. Such research would seek to explain what prevents social disintegration and would emphasize the need for regulation in the social world. Secondly, a realist ontology would assume a given, structured world that exists prior to the human beings who inhabit it. Positivist epistemology is another feature, aiming for macro explanations and predictions to build an accumulation of knowledge and develop laws. Lastly, objectivism takes a deterministic view of human nature, in which people and the activities in which they engage are determined by their environment. Such approaches are present in some of the studies into teenage motherhood discussed in the literature review, for example the study by Hobcraft and Kiernan (2001), which used secondary data to examine correlations between child poverty, early motherhood and social exclusion, applying statistical analytical techniques such as chi square. In considering the rationale behind such approaches, research would be justified out of concern about the effect of teenage parenthood on wider social structures such as health or the economy, as outlined by Bonell (2004).

In its generation of commensurable data in the form of demographic statistics, quantitative research is important for establishing trends in teenage motherhood and concentration in particular areas, therefore, it has a role to play aspects of both the prevention and the support agenda of the Teenage Pregnancy Strategy. Its value in the former may be in identifying areas in which to target more intensive prevention practices in order to reduce teenage conceptions over the long term, while its value in the latter would identify areas in which there is a need for support interventions to complement the existing informal support networks and establish formal support for those in the area who are unable to draw upon the informal support networks, for example those who have been allocated social housing on an estate far away from their family and friends.

Such an approach views teenage parenthood as a phenomenon created by the social environment at large. Indeed this may appear to be the case in studies emphasizing the structural causes of teenage motherhood. An example of such research is the study of Wellings and Kane (1999), who used secondary data from the Office for National Statistics, National Survey of Sexual Attitudes and Lifestyles and surveys from family planning clinics. They examined varying teenage birth rates over 30 years and proposed reasons for the same, in other words, how the wider social environment creates teenage pregnancy. In its handling of risk however, the quantitative approach appears to focus upon wholly negative outcomes, for example, those evident in Hobcraft and Kiernan (2001), as discussed in the literature review. Additionally, an acceptance of the status quo excludes any questions about power, and in whose interests policy regarding support services is made. Considering the support agenda, a quantitative approach would be limited in its potential to consider what variety of support is needed by whom due to its neglect of the lived *experiences* of teenage mothers. In addition, considering the other foci of this research, experiences of stigma, similar criticisms would apply, stigma would be taken as a social fact, and indeed, may be considered functional for the maintenance of social unity. Therefore, it is necessary to turn to the qualitative methodology, which is representative of a subjectivist approach to social science. This section therefore will now turn to consider the qualitative tradition, which plugs many of the gaps identified in quantitative studies.

The Qualitative Research Tradition

Returning to Burrell and Morgan's classifications, it is stated that qualitative techniques are a feature of "ideographic" methodologies (1979: 6), which emphasize subjective, first hand knowledge of individuals, practicing immersion in communities to generate biographical data through techniques such as participant observation and in depth interviews. Burrell and Morgan state that such methodology comprises one of five elements which constitute a "subjectivist" approach to social science. The other four elements are firstly, a "sociology of radical change"

(ibid.7), which is concerned with explaining the basis for social conflict, domination and contradiction, which are considered to be key features of modern society. This also stresses the need for people to be emancipated from structures which limit their potential. Secondly, a nominalistic ontology views a social world consisting of man made names, concepts and labels, which are employed to establish understanding. Berger and Luckmann have elaborated further upon this, "The world of everyday life is not only taken for granted as reality by the ordinary members of society in the subjectively meaningful conduct of their lives. It is a world that originates in their thoughts and actions and is maintained as real by these" (1966: 33). Epistemology is of an anti-positivist nature, approaching phenomenon at the micro level and assuming that understanding is only possible from the subjective perspective of the individuals involved in the studied activities. Lastly, a voluntaristic view of human nature is adopted, in which it is believed that people are completely free willed in their actions.

The subjectivist approach would hence view teenage parenthood in terms of an artificially created construct employed to understand reality, and stigmatization as a process of labelling this group to highlight their difference from others in society. Goffman's studies of stigma, discussed in the literature review, in which he uses autobiographical and case study data, are an example of work taking such an approach. In the specific research context, the epistemological tradition would state that stigma and support services could only be understood from the perspective of the actors involved, being teenage mothers, as first hand, subjective knowledge is held as the most valuable. Arai (2003) is an example of a study from the literature review taking this approach as she interviewed young mothers, based on a belief that speaking with the actors involved would provide the most fruitful knowledge to further explain the reasons behind teenagers becoming pregnant.

Considering the advantages of working within this area, the emphasis on free will and choice are an advantage, attention would be given to the reasoning behind different experiences of stigma and support services. In addition, via immersion in the research environment, there is the possibility that the researcher will uncover findings that were not envisaged at the outset of the study, enriching the data obtained, this possibility would not materialize in strictly objectivist research. However, the involvement of individuals gives rise to a significant drawback in these varieties of study; groups of participants do pull out, and indeed, are entitled to on ethical grounds. This would entail selecting other participants to work with, which would take time, an aspect of the study that is limited. A further limitation to this approach is that the researcher may have difficulties in obtaining the required data because they are unable to gain the confidence of the participants, and indeed, the participants may be selective as to what they disclose to the researcher. The author believes these shortcomings to stem from the disruption caused by the

researcher as a "passionate participant" (Guba and Lincoln, 2000: 171), compromising the natural functioning of the participant's environments and turning out results that may not be representative. Techniques employed to minimize the risk of this contingency are considered in detail in the following section. In addition, these techniques are often criticized for failing to acknowledge the structural factors that create the context for action and in so doing, omits a discussion of power. However, in considering the social policy context in detail in the literature review, this research has attempted to overcome this shortcoming.

Situating the Research in a Tradition

Therefore, having considered research traditions in the context of teenage motherhood and having examined the techniques which appear of most value to the research in question, it can be established that qualitative techniques, within a wider, subjectivist approach to social science, are the most appropriate means of gathering and analyzing data to address the two research foci. Such an approach is pertinent because the research focuses upon individuals' *experiences*, both of stigma and support services. Therefore phenomena are addressed at the individual level in an attempt to gain insights into first-hand knowledge. It is argued that this is the most appropriate means of developing further understanding of the two research foci.

3. Data Collection and Data Analysis

Regarding a specific technique within a qualitative approach, given its value in unearthing knowledge of high relevance to this research in previous studies the technique adopted for data collection is that of the *semi-structured interview*. This technique has elicited the most detailed and contextualized information about teenage mothers' lives in previous studies. The method was successfully used by Kirkman et al (2001), Seamark and Lings (2004), Phoenix (1991), Mitchell and Green (2002), Allen and Bourke Downing (1998), Hanna (2001) and DeJonge (2001). This section will draw upon the methodological literature in this area to further justify the choice of this technique and to assist in explaining its operationalisation in the research context. Justifications given by qualitative researchers for using interviews include their capacity for drawing out "complex and multidimensional" phenomena such as views attitudes and beliefs (Becker and Bryman, 2004: 268), which may not be easily obtained through conducting a highly structured interview of the style discussed earlier. It has been noted that interview techniques adopted during a qualitative approach can vary from unstructured to semi-structured. Unstructured interviews require the interviewer to be as unintrusive as possible (ibid. 217), the interviewee governs what is covered and the direction of the interview, this freedom enables them to expand on topics that are "burning issues" for them (ibid.). The potential value of this lies in the unearthing of concerns that are central in the specific research context which may have been overlooked or not contemplated by the researcher at the outset of the study. However, a different take on this point describes the possibility that such elaboration constitutes *rambling*, concentrating on areas which really are of no relevance to the study. It was therefore decided not to conduct unstructured interviews given the possibility that the respondent would go off on a tangent, resulting in key issues not being addressed, which would consequently compromise the worth of the research. Semi structured interviews on the other hand provide a compromise between the rigidity of the quantitative interview and the potential irrelevance of the unstructured qualitative interview by allowing extensive elaboration whilst keeping on or around issues of relevance. Techniques have been proposed for "framing the interview" (Kvale, 1996: 127), keeping it on track by using measures that make the interviewee aware of and familiar with the context of the interview in the wider research project. Semi-structured interviews can be criticized as challenging, time consuming to organize, and demanding in their requirement of listening, communicative and social skills (Becker and Bryman: 271). In addition, they produce a large volume of data, which due to its rich, in depth nature, proves difficult to standardize for comparison (ibid.). However, the semi-structured interview is a chosen technique for the proposed research because it is more likely than the other varieties of interview to elicit information about the values, norms and experiences of the participants. Additionally, the

flexibility of this technique allows concepts and words to be clarified and issues explored in sufficient depth for the purpose of the research. The interviewee's responses are not confined to fixed choices and the possibility of generating unanticipated lines of enquiry is realizable.

Authenticity and Validity

As Seale and Silverman (1997) comment, *authenticity* rather than reliability is the key issue in qualitative research, "The aim is usually to gather an 'authentic' understanding of people's experiences" (ibid. 380). Therefore an authentic or true picture is the crux of research, and a study is considered to fulfill these requirements in examining what it claims to examine. Validity is concerned with truth and how trustworthy results are. Various measures can be taken to ensure that results are valid; analyzing sources of potential bias, receiving interviewee feedback, checking for researcher effects. Kvale expands on this, seeing validity in terms of the "quality of craftsmanship" (ibid. 241), concerned not only with the method but with the researcher, including their moral integrity (ibid. 242). Dean and Foote Whyte's earlier paper took this up in a similar manner, suggesting that researchers need not preoccupy themselves with an obsessive pursuit of truth, or getting interviewees to "spill the beans" (1958: 350). Instead, they made the following valuable points, which express the very essence of the qualitative research interview,

...(the interviewer) should recognize that informants can and do hold conflicting sentiments at one time and hold varying sentiments according to the situations in which they find themselves...the researcher will not ask himself "How do I know if the informant is telling the truth?". Instead the researcher will ask "What do the informant's statements reveal about his feelings and perceptions and what inferences can be made from them about the actual environment or events he has experienced?" (ibid. 358-9)

Therefore this research treats authenticity as relevant for both ontology and epistemology. Ontologically, the social world is viewed as consisting of man made names, concepts and labels and regarding epistemology, the research is approached at the micro level, on the belief that issues can only be understood from the perspective of the individuals involved. Therefore, this research aims to discover and understand the names, concepts and labels which are authentic and valuable for the individuals involved in this study from their perspective. What is important are the norms and values constructed on a micro level within communities where teenage parenthood is a common phenomenon.

Recruiting the participants.

Participants were recruited from within Sure Start Plus Pilot areas in the Midlands region. The assistance of teenage parent support services was sought in the recruitment of participants. There were two main ways in which this took place. Firstly, contacts made with teenage pregnancy support workers through the preliminary interviews conducted to supplement the literature review of the thesis were revisited. Support workers who had made it clear during the preliminary interviews that the researcher was welcome to come back and interview teenage mothers involved in their services were contacted again. The researcher also used the internet and telephone book to find support services for teenage mothers in the Midlands area. Posters were prepared for the support service to display at their premises, inviting teenage mothers to participate in the research (see Appendix 1).

The poster features a picture of the character "Vicky Pollard" from the BBC 1 series "Little Britain". This character embodies many of the stereotypes associated with teenage motherhood, namely irresponsible parenting, unemployment, promiscuity and lack of aspiration. It was thought that this character would provide a starting point to get the participants thinking about the stereotype, how they might be seen in the eyes of other people and hence uncover issues around the stigma of teenage motherhood. The character was useful for reifying the concept of stigma for the participants as they were all familiar with the character and indeed, in the initial interviews with the advisors, they had spoken about this character being *the* current stereotypical image of teenage parenthood,

...you'll see in the media, if ever the media find a young mum to interview, she'll be a model of Vicky Pollard, they'll find her and I'm sure they must search high and low...

(Teenage Parent Support Worker, North Midlands)

Whilst this representation was indeed useful for assisting in the eliciting of narratives among the participants, it can be described as an example of co-construction, the implications of which must be acknowledged. Co-construction has been described as, "the joint creation of a form, interpretation, stance, action, activity, identity, institution, skill, ideology, emotion, or other culturally meaningful reality" (Jacoby and Ochs, 1995: 171). In introducing the image of Vicky Pollard to the research, the researcher gives a form to stigma, which participants perceive and respond to. Upon reflection, the use of just *one* image may be interpreted as problematic in introducing the concept of stigma to potential participants. It might have been useful to present a variety of images of teenage motherhood on the recruitment poster, for example, clippings from newspaper articles, as there may have been some potential participants who were not familiar with the character and hence, it would have failed to illicit thought on their experiences of stigma.

Choosing interviewees whose interviews would assist in addressing the main research questions was important. The participants had to fall into two categories, one-to-one support users and group support users. This had been explained to the support workers in discussions with them. Some support workers were only involved in group work, therefore the posters would only be seen by those who used group support. The researcher had to ensure that this was balanced by recruiting young women who participated in one-to-one support, therefore Sure Start Plus personal advisors were contacted and asked to display posters at their premises. The researcher explained the research in detail and offered to provide a more detailed research outline via e-mail or post. The researcher then took the details of the support worker and reverted back to them after 14 days; however some support workers contacted the researcher before this time elapsed to express an interest and offered to display posters. Engaging support services in the recruitment of participants was also important for building trust with the teenage mothers prior to the interview. The mutual acquaintance of the support service established a commonality, which Rubin and Rubin have identified as a key factor in building trust (2005: 92) Recruitment was successful insofar as 10 one-to-one and 10 group support users were recruited. However, there were limited responses to the posters and it took around three months for the target of twenty participants, ten from each category, to be recruited. Securing further variation among participants would have been problematic and may have compromised the time frame of the research. This is the reason for the unfortunate lack of ethnic minority teenage mothers among the research participants, despite some of the areas targeted having relatively high proportions of ethnic minorities, this is not represented in the cohort.

Vouchers to the value of £15 were offered to each mother who agreed to be interviewed to act both as an incentive and to thank the individual for their time. This had been discussed with several support workers, who informed the researcher that £15 is a similar rate to that offered by other researchers in the past. Incentives were used because it was important that the participants felt that they were getting something tangible out of the research, the prospect of services possibly being improved in the future due to recommendations made by the research is insufficient in itself to motivate teenage mothers to be interviewed as they themselves might not gain any direct benefit from this. In addition, the further benefit for participants in interview research of simply having someone to talk to (Finch, 1984: 74), was also considered valuable but needed to be combined with a tangible benefit (i.e. the vouchers) to make participation worth their while. The vouchers were funded by the researcher's research expenses allowance and bursary.

During the initial telephone conversations when the potential participants contacted the researcher, they were informed of the outline and purpose of the research. It was important at this

stage to establish what the researcher's position and role was in a way that the potential participants would understand. This is important given the consideration that in their lives, teenage mothers are often subjected to people asking them questions. Such people, for example social workers, are often perceived as threatening and may elicit defensive responses. Therefore it was crucial to establish that the researcher was sympathetic to teenage mothers, in effect, on their side, and her role was largely supportive and interested, rather than intrusive. The fact that the contact had been made through a support service also assisted in building trust, as the potential participant would associate the researcher with the supportive nature of the support service, rather than the intrusive nature of other public agencies. Ethical approval for the research was sought from the Aston Business School Research Ethics Committee and was subsequently granted (SREC Application number 27:11/06). The potential participants were told that their participation was voluntary and if at any time during the interview they wanted to pull out, this would be fine and would not result in them missing out on the voucher. The same applied to topics that they did not wish to discuss when the researcher brought them up. They were informed that the interview would be recorded unless they specifically did not want that, and that recordings would be erased after analysis. Should the young person not wish the interview to be recorded, it was suggested that hand written notes be taken of important points they brought up, which would be destroyed after analysis. However, all of the participants agreed to being recorded by Dictaphone, so this eventuality did not arise. Participants were assured that the researcher was the only person who would have access to the recording of the interview and the full interview transcripts, which would be kept secure in a locked cabinet. In addition, they were informed that they would remain anonymous and would not be identified by name in the thesis; names would be changed when quoting from the interview transcripts. Details of names, addresses and telephone numbers of participants needed for arranging interviews were destroyed after completion of the research. After explaining this, the researcher asked whether the potential participant still wished to take part in an interview. If they said yes, steps were taken to arrange the interview at their convenience. The decision was taken not to present the interviewee with a consent form to sign at the beginning of the interview due to the association of filling in forms with intrusive practices employed by other agencies in their interactions with teenage mothers. Additionally, verbal consent had already been given and it had been made clear that they were free to withdraw from the interview at any time. It was felt that a consent form may be distracting and harm the trust built up prior to the interview. This is reinforced by Rubin and Rubin in their consideration of problems with signed forms, "...may be puzzling to the conversational partner and disruptive to the research. You have already offered conversational partners anonymity and confidentiality..."(ibid. 105).

Designing the Interviews

In order to ensure that the interviews would cover all of the theoretical and conceptual elements of the thesis, it was necessary to refer back to the key areas laid out at the end of the literature review. Table 3.1 is inserted for ease of reference.

Table 3.1: The Empirical Study: Areas of Interest

Topic	Sub-topics
Details of each teenage mother's individual circumstances	Their experience of motherhood. Informal support available to them. Their values and beliefs about learning and work.
Experiences of and feelings about stigma	How they are received by the general public. How they are received in their use of public services. Potential effects of stigma experienced: Negative: strained interaction with potential stigmatizers, low self-esteem, limited social networks, depressive symptoms, blaming self for stigmatization, comparing self with inappropriate others, disidentifying with group. Alternative: Little or no effect, ambivalence, blame discrimination, compare self with appropriate others, identify with group. Potential Coping Mechanisms: Good mother identity, drawing on emotional support from informal network, avoidance of stigmatizing public services.
Experiences of the support service used: one-to-one or group	Selection of support service. Functions of the support service. Critique of support service.

This was a vital stage prior to preparing questions and themes for the interview, which could be described as a *theory driven interview* (Pawson, 1996: 151). However, the key areas themselves could not be taken into the interviews and used as a guide for questioning, such a document would have been too abstract and complex and need to be broken down into manageable chunks and questions that the interviewees will be able to answer (Rubin and Rubin: 153). In addition, any academic terms that appeared had to be removed and replaced with word or phrases that, whilst capturing the essence of the concept, expressed it in an accessible way. The term *stigma* had to be dealt with in this way, stigma was explained by referring to its components as outlined by Link and Phelan (2001), namely labeling, stereotyping, separation, loss of status and discrimination. Examples were drawn from the literature (Hanna, 2001) and the researcher discussed images of teenage mothers in the media with the participants. Pawson has commented on why such measures are a necessary part of the design process, "Between them, the researcher and subject know a great deal about their subject matters, the trick is to get both knowledge domains working in the same direction" (Pawson, 1996: 158-9). The four headings could still be used to create main questions; Teenage Mother's Individual Situation, Experiences of Stigma, Experiences of Group Support and Experiences of Individual Support. The questions had to fulfil two functions, firstly *thematic*, which ensured that the matter being spoken about related to the research topics, and secondly, *dynamic*, to "promote positive interaction" between interviewer and interviewee, achieved through ensuring the questions were easy to understand (Kvale, 1996: 129-131). The "Conversational Guide" in Appendix 2 sets out the questions that were formulated under the each of the subject headings and the reasons for the same.

Open ended questions were used for each of the main headings. The main question for each section was intended to elicit a narrative from the interviewee concerning their experiences regarding the subject of the question, for example, the first main question is "Can you tell me about your experiences of becoming a mother?". It is important to give the participants a chance to freely tell their story in their own words, because, as previously acknowledged, this creates a context for the interview (Hollway and Jefferson, 1997: 84). In addition, this style of questioning "assists narrators to say more about their lives without offering interpretations, judgments, or otherwise imposing the interviewers own relevancies" (Ibid. 84). Although open-ended main questions can elicit valuable information and allow the interviewee to focus on what has been important for them, they may result in going off track, so to speak, and not covering the concepts that appear under the heading. Therefore it was necessary to have some questions available that focused the interviewee's attention onto more specific points. These questions are sometimes referred to under the broad heading of *probes*, "a way to ask for more detail" (Rubin and Rubin: 13). Kvale has described probes in more detail, suggesting subcategories (Kvale: 133-135). These include firstly, *specifying* probes, which ask for further details on a topic. *Direct* probes

pose a question concerned with the personal experience of the interviewee. *Indirect* probes do not specifically ask how the interviewee sees something but aims at eliciting response in terms of other people's views. *Interpreting questions* clarify whether the interviewer's interpretation of the response is correct, for example, by saying 'Am I right in thinking...?'. Although the probes may take different forms according to these definitions, for the purpose of clarity in the following sections, the layout will firstly pose the main question, followed by a stock of further questions that will be generically termed "probes" but may indeed fulfil different functions. However, Foddy offers advice in the use of probes. He states that the need to probe makes the process of interviewing inherently complicated, requiring the interviewer to constantly relate responses to the conceptual elements that need to be covered, "this will often involve complex assessments and task overload" (Foddy, 1995: 59). Nevertheless, he claims that the inclusion of probes pays dividends because "probing often leads to responses that are both interesting and quotable simply because they embody the raw details of the respondent's lives" (Ibid. 62). A third key type of question that the interviews included was the "follow-up question" (Rubin and Rubin: 13), in which the interviewer listened for key themes and posed questions to encourage the interviewee to expand on them. However, the specific form that these questions took could not be prepared in advance as they were part of the responsive element of the interview, which unfolded uniquely in each interview as the interviewee talked about their experiences. What follows is an example, this is for the section *Teenage Mother's Individual Circumstances*, which lays out the main question and possible probes. The main question is what may be termed an 'introducing question' (Kvale: 133), in that it invites the interviewee to tell their story around becoming a mother,

Main Question: Can you tell me about your experience of becoming a mother?

Probes:

(To elicit information about individual's background)

How do you feel you have coped with motherhood?

How did your family react to the news?

Was your mum young when she had you?

How did your friends feel? Had any of them had children?

(To elicit information about informal support available)

Do you get much help off your family?

In what ways do they help you out?

Do you see much of your friends, do they help you?

Follow-up questions:

(Formulated in response to individual interviewee's answers)

Whilst the questions posed above have demonstrated how the research progressed towards the formation of interview questions, the process was still far from complete. As well as putting the conceptual elements of the research into easy questions that people could understand and answer, other important considerations had to be made. Having considered these concerns, a "conversational guide" (Rubin and Rubin) or "interview guide" (Kvale) could be established. Such a document is described as, "...a freehand map of the conversation, pointing out the general direction but not specifying which nooks and crannies will be explored ... helps prevent getting lost in cascades of follow up questions..." (Rubin and Rubin, 151). At the very beginning of the interview, it is important to brief the interviewee (Kvale: 128). Although interviewees had already been briefed during the telephone conversations, some time may have elapsed in which they may have become unclear about the interview so it was necessary to provide a brief refresher. Advice on the subject of the *ordering* of questions by Rubin and Rubin is summarised as follows. The interview should start by introducing yourself and the topic, a few minutes of casual chat is useful to break the ice. After this, it is advised to ask easy questions, which are comfortable and not too threatening (ibid. 117). Having asked these, the researcher can then move on to pose the tougher questions, which may include more sensitive topics (ibid. 117). Thereafter, the emotional tone of the interview has to be brought down by asking less stressful questions (119). It is also important to have *links* between sections, so the interviewee knows when you have moved on from one topic to focus on another one. Having considered these points it was deemed necessary to start the interview off with "Experiences of Support" , as this topic is fairly mild. Having asked about support, the interview then moved on to address the *Individual Circumstances* heading, it seemed sensible to put this after a fairly unintrusive section rather than to launch straight into it, allowing the interviewee time to become comfortable with the interview situation and opening up. Following this, the *Experiences of Stigma* section was covered, including the two additional probes about support. As the *Experiences of Stigma* section had the potential to raise quite emotive issues about which the teenage mothers had strong feelings, it was necessary to lower the emotional tone. This prompted the researcher to include some questions about a topic which was less emotive, but could well elicit valuable information about the participant's life, background and values. It was decided that questions be inserted that were associated with the EET agenda and how the teenage mothers felt about work and college.

Having completed the main questions and probes as necessary and having pursued new themes with follow up questions, it was necessary to bring the interview to a close. Kvale suggests a debriefing, in which the interviewer recaps the main points of the interview and enquires whether there is anything else the interviewee wants to say (Kvale, 128). Having done this it is important

to heed Rubin and Rubin's advice about "leaving the door open" (ibid. 121), keeping contact an option so that the interviewee can inform the researcher of any further points she later thinks of that she believes may be useful to the research. This is also an important feature in order to fulfil the ethical requirement of reporting of the findings. Although the conversational guide was produced with careful consideration of ordering, sensitive topics and the flow of a conversation, it could not anticipate the raising of unanticipated topics and the subsequent follow up questions that were required. In addition, the value and use of silence within interviews was something that could not be anticipated or planned for, but was important nonetheless. Kvale stressed that silence, although sometimes feeling awkward at first, allowed pauses, in which interviewees could consider the question or their response to the same and reflect on further related issues (Kvale, 134). As has been acknowledged by previous researchers, an interviewer learns throughout the process of an investigation, therefore it is important to reflect upon interviews as they are being done (Kvale: 100). This was certainly the case in this study. The conversational guide was adapted with the insertion of additional probes, often in order to elicit elaboration on certain topic areas. An example of such an amendment occurred towards the end of the second interview that was conducted. When asked whether there was anything else she wished to comment upon, the interviewee stated "if I was to give advice to other young mums, I'd say...". It was decided that in subsequent interviews, the interview would conclude with the question "What advice would you give to other young mums?". This proved particularly useful for eliciting further rich information, in particular of a reflective nature on issues that the interviewee did not bring up during the rest of the interview.

The importance of creating "buffer space" between interviews has been acknowledged by Rubin and Rubin (2005: 80), Kvale also highlights the value of this, calling it "quiet time" (Kvale: 128). This was an important consideration in the data collection phase of this research. Some batches of interviews were able to be carried out over a two week period, doing 2 or 3 interviews in a week due to the geographical proximity of the interviewees. This made creating space between the interviews easy, the interviewer arranged at least one day between one interview and the next in order to reflect upon the interview, make any notes pertaining to the interpersonal interaction and non-verbal clues and transcribe the interview. However, other batches of interviews did not allow as much space as they had to be carried out in the same day. This was the case with some interviews that were carried out at a support service premises some distance from the researcher's base. In this case, the researcher spent the day at the centre, carrying out interviews with around 30 minutes in between each one in order to make necessary notes from each interview, which were then attached to the completed transcripts. Kvale emphasises the value of the time immediately after an interview, "These immediate impressions, based on the interviewers empathic access to the meanings communicated, may – in the form of notes or simply recorded

onto the interview tape – provide a valuable context for the later analysis of transcripts” (Kvale: 129). Furthermore, the space between interviews was valuable in the refining of the coding process. This is further discussed in the analysis section however, comments by Miles and Huberman sum up this point, “The ultimate power of field research lies in the researchers’ emerging map of what is happening and why. So any method that will force more differentiation and integration of that map, while remaining flexible, is a good idea” (1994: 65).

Anticipating Dynamic Difficulties Within the Interviews

The issue of interviewees holding back information or providing inaccurate information has been discussed at length by previous authors. It is important that such contributions were considered prior to carrying out the interviews in order for the interviewer to attempt to minimise the risk of this happening. Ego threat has been outlined as a barrier, in that interviewees may not disclose information that will threaten their status if they think the information will go further (Gorden, 1956: 171). The interviewer attempted to overcome this by stressing to the participants that she would be the only person reviewing the transcript and that the interviewees would remain anonymous. Gorden also drew attention to the tendency to forget events that aren’t “ego involved” (ibid. 172), however, the experience of stigma is highly relevant to the self, therefore it was anticipated that the young mums would be able to accurately recall such events. Generalization is another threat, whereby in referring to things heard from other sources, interviewees make errors in their reporting of events (ibid. 173). The risk of this was reduced by asking the interviewees to describe their own personal experiences, not that of their friends / other people. Etiquette is the last barrier, about which Gorden remarks, “The respondent may have the information clearly in mind but feel that it would be impolite to divulge it” (ibid. 177), therefore, the researcher took the necessary steps to make the interviewee feel comfortable and state that she could say whatever she felt as the interviewer was not there to judge her.

It has been noted by previous researchers that carrying out interviews with women in the interviewee’s home creates a particular situation that can benefit the research. Finch has commented, “One is therefore being welcomed into the interviewee’s home as a guest, not merely tolerated as an inquisitor”, which makes them feel at ease and comfortable, making the likelihood of rich information being disclosed more of a possibility (1984: 73). However, this is not to say that interviews conducted at support service premises would result in the opposite outcome, as the interviewing process demonstrated. The support service premises was somewhere that the interviewee’s were already familiar with, having attended appointments and received group sessions or one-to-one support at the centres. Therefore the interviewees were still able to maintain a degree of ease and comfort with their surroundings during the interviews,

as they were essentially *on their own turf*, not having to immerse themselves in unfamiliar surroundings, which was likely to have resulted in some degree of anxiety.

As earlier acknowledged, it is necessary to make the interviewee feel comfortable and build trust during an interview situation. One way in which this can be done is by disclosing your thoughts on certain topics, "Openness on the part of the interviewer not only helps the interviewee feel more protected, less exposed, but also helps build empathy" (Rubin and Rubin, 83). However, caution is required in this area. If the interviewee asked as to the researcher's point of view on something, it was provided as briefly as possible to avoid biasing the interview. As it has been acknowledged, one cannot assume that biases will not affect the interviews, it is best to account for them and include questions that will offset them (ibid. 82). Related to the issue of trust within the interviews, it was important to consider the gender dynamics of the situation. It has been claimed that being a woman interviewing another woman holds several advantages, lying in the fact that some kind of identification can be made, Finch has argued that the interviewer and interviewee "share a subordinate structural position because of their gender " (1984: 76) and further adds, "the ease with which one can get women to talk in the interview situation depends not so much upon one's skills as an interviewer, nor one's expertise as a sociologist, but upon one's identity as a woman" (ibid.: 76-78). Oakley has contributed similar comments in this respect (Oakley, 1981). Although this is a valid point from a feminist point of view, it can be questioned in the following way. The role of a woman was not the only role being played by the interviewer; she was also a researcher. Cotterill has commented "Whilst all women share important experiences as a consequence of their gender, it is not sufficient to override structural barriers of status, class, age, race and disability" (1992: 258). Therefore, the only role that a researcher could realistically fulfil in an interview of this kind was that of a sympathetic listener, as her circumstances were vastly different to that of the teenage mother. Indeed, Cotterill notes that "to assume, therefore, that I could understand and participate in their feelings about them is at the very least, condescending and insensitive" (Ibid. 263). Therefore, that there is a natural rapport between interviewer and interviewee on the basis of what Oakley describes as "sisterhood" (Oakley: 47) is questionable. Having considered the debates in this area, the researcher approached the interviews with the following observation in mind, "No two interviews are the same. Forms of interaction between the researcher and the researched are highly individual and it is impossible to predict levels of cooperation" (Cotterill: 267).

When considering the dynamics of the interview situation and related issues of power, it was necessary to look at the concept of vulnerability. In many texts concerned with qualitative interviews, it is the interviewee who is portrayed as vulnerable, particularly to the potential for exploitation by the researcher. This is evidently important and will be discussed in the following

paragraph, which details further ethical safeguards to prevent the same. However, before moving on to look at this, Cotterill provides some insightful comments about this balance of power, arguing that the researcher too can be vulnerable to uncommitted participants, demonstrated for example by not turning up for interviews (ibid. 270). In addition, participants may see the researcher as an expert in her field, which may well not be the case, Cotterill's thoughts on this are as follows,

...as a novice researcher who did not believe herself to be an expert on anything, I felt very vulnerable...(this illustrates) the changing nature of interaction in research relationships and the delicate balance of power between researcher and researched...(Ibid. 271)

Finch later states that trust is easily established in woman-to-woman interviews (ibid. 81), therefore the ethical safeguarding of the participants is particularly important. Given the propensity for interviewees to often disclose very personal information to other women, it is vital that no one other than the interviewer handle the raw data emerging from the interview (ibid. 81). In the event that other researchers handle such data, Finch warns of the dangers that "material is taken out of their control and used in ways of which they do not approve" (ibid. 81). This further justifies the ethical measure outlined earlier that no one other than the researcher handled the recordings or interview transcripts. Finch's reflections upon her interviews with working class women who attended playgroups raised further ethical issues about the data uncovered, some of the comments made by the women, "could be used to reinforce the view that working class women are inadequate and incompetent child rearers...I felt that I was not willing to have my work used to reap further insults upon women whose circumstances were far less privileged than my own" (Finch, 84). Additionally, in a preliminary interview with a Teenage Pregnancy Support Worker in the early stages of the thesis, the comment was made that one-off statements made by teenage mothers have been taken and previously blown out of proportion, contributing to their negative portrayal. One of the teenage parent support workers interviewed at the outset of the thesis made comments relevant to this point,

Some teenage mothers can be quite immature and don't understand that the things they say can come back to haunt them. They can be flippant about things and not realise that people are actually taking them seriously. Somebody said to this girl one time "What will you do if your baby cries all the time?", and she said, "Well I'll shut it in a cupboard won't I?!!". And people called Social Services! Obviously she didn't mean it, but she just came out with that and people reacted. (Teenage Parent Support Worker, North)

In the event that this arose in the interview, the researcher exercised judgement as to how significant particular statements were by checking through with other points made by the interviewee to establish consistency / inconsistency.

Transcription

After interviews were completed, the recordings were transcribed. However, previous research had identified many important points that were vital to consider prior to the transcription process. Following on from his previous comments, it is important to take into consideration Kvale's views on transcripts and the potential dangers they pose to the research if not handled properly.

The originally lived face-to-face conversations disappear in endless transcripts, only to reappear butchered into fragmented quotes. The interviews become closed, they no longer open up to a horizon of possible meanings, to be explored and developed. (ibid. 182)

This further reinforces the need to take notes during and after the interview as to the non-verbal interactions. Points may include the interviewee speaking in a defensive manner, which may not come across in the transcript, or using defensive body language, such as crossed arms when speaking about certain topics. The implications of these non-verbal clues can then be included in the overall record of the interview and provide vital information for the analysis as to the meanings generated by the interviewee.

Oliver et al (2005) offer further advice as to transcription. They discuss two polarized approaches to transcription, *naturalism*, in which "every utterance is transcribed in as much detail as possible" (ibid. 1273), and *denaturalism*, in which "idiosyncratic elements of speech (stutters, pauses, non-verbals, involuntary vocalisations) are removed" (ibid. 1273-4). They stress the value of interviewers taking a period of reflection, in which to contemplate their specific transcription decisions and go back to the aims of their research, how can transcription be tailored to enable the maximum value to be drawn from the interviews? This stage is vital in "honouring both the research process and the participant's voice" (ibid. 1267). Considering their comments, and previous decisions the researcher has made, verbal and non-verbal elements of the interview need to be included in the transcription. Further categories of non-verbals are important due to their value in adding context to the interview and offering clarity (ibid. 1283). Intentional 'response tokens' (ibid. 1284) such as *hm*, *ah*, *um*, *uh*, will be included due to their role in acting as markers in speech, indicating for example, agreement, acknowledgement and uncertainty. Non verbal vocalizations such as fidgeting, head nodding and hand gestures were also included as their removal could have created the 'risk of missing important conversational cues' (ibid. 1285).

Table 3.2 indicates the table used to assist the transcription process, outlining how both verbal and non-verbal actions from the interviews were noted on the transcripts.

Table 3.2: Transcription Guide

Transcript Content	Meaning
<i>Text in italics</i>	placing stress on a particular word
---	Pause (of a few seconds)
-----	Longer pause
<u>text underlined</u>	Increased volume of voice
(text in brackets)	Decreased volume of voice
[text in these brackets]	Portrays verbal actions i.e. laughing, sighing
{text in these brackets}	Portrays non-verbal actions i.e. nail biting, crossed arms

Analysis of interview data

It is acknowledged that there are no standard methods for analysing interview text, unlike the analysis of statistical data, for which many techniques exist (Kvale: 181). The general approach that individual researchers adopt in their analysis are essentially hybrid, often drawing on several techniques, which the researcher has judged appropriate to the research in context, this hybrid approach has been termed "generating meaning through ad hoc methods" (Kvale: 193). The data collection phase of this research aims to elicit the narratives of individual teenage mothers regarding their experiences of stigma and experiences of formal support services. This is done in order to contribute to an understanding of how the contextualised individual experiences lead both to differential experiences of stigma and differential experiences of support services.

As outlined at the end of the literature review, the thesis has established a topic list from the existing body of literature (see Table 2.3), consisting of four main headings, under which there were several subheadings. These four main headings will be essential for the collection and analysis of interview data. The value of coding is highly recognised among qualitative researchers in processing interview data. Miles and Huberman (1994) draw our attention to two problems faced by analysts when confronted with a large volume of data to analyse; data overload and data retrieval. When considering data overload, they comment that qualitative research produces

a large volume of words, which are "fatter than numbers and usually have multiple meanings...what at first seems simple rapidly gets more complex" (ibid. 56). Data retrieval is the problem of working out which pieces of this complex data matter the most (ibid. 56). They argue that coding can help overcome these difficulties, describing codes as, "...tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study...attached to 'chunks' of varying size – words, phrases, sentences or whole paragraphs, connected or unconnected to a specific setting..."(ibid. 56). Codes were drawn from the theoretical framework, and the consequent primary coding guide is laid out below in Figure 3.1.

Figure 3.1:

PRIMARY CODING GUIDE

1. DETAILS OF TEENAGE MOTHER'S INDIVIDUAL SITUATION

- a) Informal support available (1. Family, 2. Partner, 3. Friends)
- b) View of their motherhood [codes to be drawn from interview data]
- c) Values and experiences of EET [codes to be drawn from interview data]

2. EXPERIENCES OF AND FEELINGS ABOUT STIGMA

- a) From public in general
- b) In use of mainstream public services
- c) Effects of stigma: [further codes to be drawn from interview data]

i. <u>Negative</u>	ii. <u>Alternative</u>
<ul style="list-style-type: none"> 1. Strained interactions with potential stigmatizers 2. Low self-esteem 3. Limited social networks 4. Depressive symptoms 5. Blaming self for stigmatization 6. Comparisons with inappropriate others 7. Disidentification with group 8. Ambivalence 	<ul style="list-style-type: none"> 1. Little or no effect – separate systems of honour 2. Blame discrimination 3. Compare self with appropriate others 4. Identify with group

- d) Coping mechanisms [further codes to be drawn from interview data]
 - 1. good mother identity
 - 2. drawing on emotional support from informal network i.e. family
 - 3. avoidance of stigmatising public services

3. EXPERIENCES OF SUPPORT SERVICE

- a) Reasons for choosing support [codes to be drawn from interview data]
- b) View of the professional [codes to be drawn from interview data]
- c) Functions of support [codes to be drawn from interview data]
- d) Criticisms [codes to be drawn from interview data]

The numbers indicated next to many of the subheadings are an example of meaning categorisation (Kvale: 197). This reduces long descriptions of for example, an effect of stigma as experienced by a participant, into concise representations, which still capture the essence of the attitudes, but in a way that allows analysis to be more manageable. It is vital to acknowledge that the coding structure was not set in stone and was subject to updates during data collection. The coding structure was built from the topic list, which in turn had been formulated having drawn on existing theory and concepts, which, as acknowledged in the literature review, are far from complete and are missing vital pieces of information. As the interviews uncovered fresh information, the coding guide was adapted accordingly to allow for the same. As Miles and Huberman state, "Researchers start with lists knowing that codes will change; there is more going on out there than our initial frames have dreamed of, and few field researchers are foolish enough to avoid looking for those things" (ibid. 61). The new codes that emerged were valuable because they were more grounded empirically and allowed readers of the research to see that the researcher was open to what the research context had to say to them, rather than being "determined to force-fit the data into pre-existing codes" (ibid. 62). This leads to the next important point keeping the coding guide *active*, that is updating it with fresh codes as soon as individual interviews had been carried out. Therefore, interviews were coded soon after transcription to ensure the accurate refining of the coding structure, "always code the previous set of field notes before the next trip to the site" (ibid. 65). The final version of the coding guide is available in Appendix 3.

Before interviews were coded, the data obtained from them was put into formats that made coding simpler. A technique employed to assist in doing this was "meaning condensation", or putting what the interviewee says on a particular topic into a shorter form through rephrasing statements into a few words (Kvale: 192). There are five steps to this technique; firstly reading through the interview transcript (including its non-verbal elements) to get a sense of its whole, then determining *units of meaning*, or views about a specific topic. That view is then stated as simply as possible before relating it back to the main question for that particular topic area, what it tells the researcher about how the individual feels about / experiences that particular topic. The essential themes to come out of the interview are then linked together to form a descriptive statement. This method "may serve to analyse extensive and often complex interview texts by looking for natural meanings and units and explicating their main themes" (Ibid. 196). This was particularly valuable to this research due to the elicitation of lengthy narratives from the interviewees. Having condensed the interviews, they were then ready to be marked up with the appropriate codes.

However, despite the fact that the entire content of all of the interviews was treated in this way, decisions had to be taken about what *not* to include in the analysis and this was essentially concerned with attempting to establish what content was not relevant in terms of experiences of stigma and experiences of support services. Themes emerged from applying meaning condensation to each interview, which were then considered as regards their relevance to the two research foci. Evidently, content which fell under *Experiences of Stigma* and *Experiences of Support Services* was highly relevant, however, content relating to *Details of the Teenage Mothers' Individual Circumstances* proved more difficult. Content regarding the existing informal support network, view of motherhood and views on EET were important to the research however, other issues often came up in discussion which did not appear to have direct relevance for the research and were excluded from the analysis, two examples of which are discussed below.

One example occurred during interviews with some participants who lived in a particular borough where there was a significant waiting time for maintenance work on the properties they were residing in. Evidently, housing matters were of prominent concern for these particular participants and they were keen to have someone listen to their concerns, which the interviewer did. However, this was an issue which was confined to a particular geographical area and did not appear to be an issue exclusive to teenage mothers, therefore it was decided that this be excluded from the analysis. A further example concerned some content on a particular topic being relevant, whilst other content was not. This occurred in an interview with a participant who appeared to have a very negative relationship with her own mother. The participant spent much time describing examples of what her mother had done to interfere in her relationship with her own child. Whilst two or three of these examples were valuable to help understand the nature of the participant's informal support network and how this may have had an impact upon decisions she made, she actually described seven examples. It was important to allow the participant the opportunity to talk about these experiences as they were obviously important to her but her narrative on this theme took up a large proportion of the interview and, being less relevant to the research foci than her experiences of stigma and support services, it was necessary to exclude some content under this theme.

Pattern Coding

The analysis then progressed to *pattern coding*, in which codes were produced that pulled together initial codes from each interview. This resulted in more meaningful codes emerging from "recurring phrases or common threads in informant's accounts, or, alternatively, for internal differences that you or informants have noted" (Miles and Huberman: 70). Pattern codes were used to establish new avenues to try out in following interviews and to *map*, or lay out the codes from which the pattern emerged, which in turn had the potential to provide "a new take on your conceptual framework" (ibid. 70). Crucially, pattern codes helped the researcher in achieving clarity about the information coming out of each interview, both that information that is linked to the topic list and that which is essentially new, "This process helps the writer become less fuzzy about the theme or construct" (ibid. 71). The method of "sorting and comparing" (Rubin and Rubin: 226) aided in the process of pattern coding. This involved grouping interviewees by their background characteristics, an example in this research this may be the positive or negative attitude of their family towards their pregnancy. Rubin and Rubin believe that by doing this "the coded data from their interviews highlights the concepts, themes or events in distinct ways" (ibid. 226).

In order to move the analysis along towards the more general, Miles and Huberman suggest the practice of "memoing" (ibid. 72). A memo is essentially a written up version of emergent ideas about how codes relate to each other and how the researcher believes they can be elaborated upon in terms of the original topic list. Memos go beyond the mere reporting of data, they make links between particular pieces of data in order to demonstrate that examples of what may emerge to be a more general concept (ibid. 72). Memos were written as soon as the researcher had an idea or inkling that items of data were related (or not related) which helped in the evolution of the original topic list throughout the collection and analytical stages in the research. However, it would have been difficult to do this if the codes from each interview were just presented in text format – it would be necessary to read through two or three times to remind oneself of what the interview found and keep several variables in mind simultaneously. Therefore, formulating a *visual display* for each interview enabled the researcher to refer back to particular interviews and access summaries of individual teenage mother's narratives. The visual displays took the form of *context charts*. These display immediately relevant aspects of the situation as well as aspects of the interviewee's social network, and are argued to "show you the real richness of a person's life setting", whilst displaying information in a format relevant to the research questions (Miles and Huberman: 104). After each of the two batches of interviews, one-to-one and group, a summary table was produced, including all of the codes for all questions for all of the interviewees. Such a summary table has been discussed as useful by Miles and Huberman, who describe it as a

"descriptive matrix" (ibid. 240). This was to aid comparison both within and between the categories of one-to-one and group support.

Moving Towards more General Findings

Having produced context charts for all of the interviews and gone through the process of memoing and pattern coding to form some more general findings, issues of explanation and causality came to the fore. Miles and Huberman make the following statement when considering the notion of causality in qualitative studies, "The case can thoughtfully be made that causality is not a workable concept when it comes to human behaviour; people are not billiard balls, but have complex intentions operating in a complex web of others' intentions and actions" (Miles and Huberman: 145). Causality is a local concept, linked with specific events relevant to the individual and particular events often have multiple causes (ibid. 146). Therefore, different individuals react in different ways to multiple causes that are unique to their experience. Miles and Huberman suggest qualitative researchers think of cause and effect in terms of a *network*, that is treated as a system which changes over time (ibid. 146). "Even the most elegant qualitative procedures, at bottom, deal with *associations*, not really causes. They can only develop plausible possibilities 'smoothed' across many persons and situations" (ibid. 147).

A valuable mechanism that can assist with the development of these *plausible possibilities*, is a visual display termed the causal network (ibid. 152). The causal network represents the most important variables, which are displayed in boxes. Relationships among these variables are also included, represented by lines with arrows (ibid., 152-3). The plot of the causal network is *directional*, showing the assumed influence of some factors upon others. It is essential that the causal network is accompanied by an analytical text, offering detailed accounts of what the connections mean. However, Miles and Huberman offer words of warning about such causal networks, stating that the drawing of such a display should be saved until the end of data collection as a final stage in the analysis. Forming a causal network too early may result in a myopic approach to the remaining data collection, at the risk of missing important new emerging concepts (ibid. 158). Therefore, the wisest option was to continue to build towards more general assertions during data collection through the formation of pattern codes and memos, establishing a logical collection of the same, before pooling these together at the end in a final causal network. However, it was ultimately decided that the drawing of a single causal network was not appropriate for this research. Having analysed the findings, associations were indeed drawn between phenomena, however, the reasons for associations differed from participant to participant. This could not have been logically presented in a single causal network.

Analytical Procedure

To summarise the analytical procedure adopted, analysis took place both within and between interviews. There were three stages in the *within interview* analysis. The first stage was that of *meaning condensation*, within which the researcher read through entire interview, determined views on certain topics, noted new codes, stated simply the participants position on each topic, related this back to the topic list and linked themes together to form a descriptive statement. The second phase was that of *coding* each interview, using existing codes and drawing out new codes before refining both the coding guide and conversational guide as necessary. Thirdly, a visual representation was drawn up for each interview in the form of a *context chart*. Concerning *between interview* analysis, there were two main stages. The first stage was that of *pattern coding*, within which codes were produced that pulled together the initial ones from each interview, building on analysis from previous interview. This process was aided by the procedures of sorting and comparing and memoing. The second stage involved the production of summary tables or descriptive matrices, depicting all of the interview data; two tables were produced, one for the one-to-one support participants and one for group support participants.

Readers of this research will be largely dependent on the researcher's selection and contextualisation of the interview context, therefore, it is necessary to create some *windows*, through which they can see examples of step-by-step analytical procedure. Kvale terms this the "explication of procedures", presenting examples of extracts for analysis and outlining the steps that were taken, to enable the reader to "retrace and check the steps of the analysis" (Ibid. 209). Such windows will be presented by fully explicating the analytical procedure for the first three interviews analysed. The next chapter presents the data unearthed from the interviews, the layout of which will be considered in its introductory section.

4. Chapter Summary

This chapter has considered the methodological approaches and rationales behind research traditions in the present research context. Having considered the value and drawbacks of both quantitative and qualitative traditions, it was established that a qualitative approach was the most appropriate as the research is of a fundamentally subjectivist nature. Given the value of the interview method in generating knowledge of individual experiences in previous studies into teenage motherhood, the semi-structured interview was proposed as the most appropriate technique for data collection. Details relevant to the planning and execution of interviews were laid out, including the consideration of potential pitfalls, the development of a conversational guide and ensuring that ethical guidelines were adhered to. The chapter then progressed to outline the steps for analyzing the interviews, detailing the procedure for the same. Having explained in detail the choice of methods and the rationale for the same, the next chapter consists of the presentations of the findings from the interviews, the format of which is explained in the chapter's introduction.

4. FINDINGS

<u>Chapter Headings</u>	<u>Page</u>
1. Introduction	131
2. The Institutional Context of the Support Services	132
3. Presentation of Interview Findings	136
A. One to One Support Participants – One Explicated Analysis	136
B. One to One Support participants - Condensed Analyses	142
C. Group Support Participants – Condensed Analyses	159
4. Chapter Summary	179

1. Introduction

This chapter is concerned with presenting the findings of the interviews, representing what was discovered in the field. Prior to laying these out, it is necessary to determine how this will be done. Firstly, the interviews that were conducted with the teenage parent support workers at the outset of the research will be referred back to in order to paint a picture of the institutional context in which the support services were located. Regarding the ordering of the interviews with the teenage mothers, the ten one-to-one support service participants are presented first, followed by the ten interviews of the group support participants, this is in order for the reader to become familiar with which participants used which particular support service, avoiding the confusion which may result from interviews being presented in an alternative order. Furthermore, to enable the reader to follow the process by which the data was analysed, explication procedures need to be established. The analytical procedure is useful, but it acts more as a tool for the researcher rather than as a window to the analytical process for the reader. Therefore, the findings need to be presented in a way that is open, without being lengthy and tedious. Accordingly, the analysis of the first interview will take the reader through the analytical process in detail, from meaning condensation by including chunks of text and explaining how they were reduced, to the drawing of the context chart using the knowledge generated by the interview. The inclusion of the first interview presented in this way will assist in the reader's assessment of the researcher's consistency. The drawing out of findings from the following nineteen interviews will be presented in a more concise manner, including a descriptive statement, quotes of high relevance, and any new codes uncovered. Context charts for these interviews are included in the appendix. Throughout the writing of this chapter, the development of the interview in identifying new codes needs to be represented. Such additions will be represented by the subheading, *Pattern Coding*, inserted when new points of relevance need to be outlined. A copy of the final coding guide for each of the support services with all new codes included is in the appendix section of this research along with a summary matrix, laying out coded findings from all of the interviews within that particular support service. The presentation of the findings from the interviews will be followed by the analysis section, the format of which will be explained in the introduction to the analysis chapter.

2. The Institutional Context of the Support Services

As outlined in the Introduction Chapter of this research, there are a variety of institutional contexts in which support services for teenage parents are based. To recap, services may work through another organisation such as a Primary Care Trust or Social Services Department. Alternatively, support services for teenage parents may operate as a discrete unit or may be part of a multi-agency team. However, regarding the support services used by the teenage mothers in this study, all of the support services were working through local Primary Care Trusts. Regarding the one-to-one support participants, they came from two different support services, both of which operated at health centres. Regarding the group based support services, there were again two, both of which took place at community centres on a weekly basis.

At the outset of this research, some preliminary interviews were conducted with support workers at various locations across the country in order to gain an insight into operational issues having reviewed the available policy literature. The institutional locations of these four support workers varied and this can help to offer insights into the implications of PCT based support services by way of comparing them with support services based in other institutional locations. The institutional locations of the four support workers interviewed at the outset of the study were as follows; one worked through Connexions, one worked through a PCT, and two were part of multiagency teams. Within the interviews, the topic of institutional location came up throughout the interviews and the workers discussed how this affected the way in which they worked. The following interview extracts are included to illustrate some of the relevant points.

...we have partnerships with Care to Learn and Connexions and various other relevant organisations...We're not really target led. We do have targets, it's difficult because it's multiagency. I work for (town in the North) Council, the midwife works for the NHS, so the NHS has targets around midwifery like breast feeding, smoking cessation. As far as our targets are concerned, it's more the EET targets although we don't really concentrate upon that to be honest. What we do is more akin to family support work, not really like Connexions. Ultimately it is the EET target that was held up as a way to get people out of deprivation and improve the outcomes for the parents and their children, that was measured by those that were in EET. Now whether that's the first thing on your mind if you've not got a house is an entirely different matter. There's lots of different aspects to it, it's quite mixed.

(Support worker based in a multiagency team)

...this is a really nice place to work and we have a really supportive manager. It's a lovely feeling to come into an office where we all have a similar outlook, it's buzzing, there's a lot going on. That's a really good thing, being a team, you can sound people out about certain things...I think you just get used to a way of working by what goes on around you. Of course there's the EET targets but people aren't always ready to engage in a college course or anything like that...When I go and see a young mum I say just because you're pregnant doesn't mean you can't do stuff, you can do anything you want, obviously you have to work for it but opportunities are open to you. I always say to them, do you want to do something like college or do you want to be a full time mum? I think some of them are more comfortable with that. The majority of them are moving towards something, whether that's being integrated into their local communities or parent toddler groups or college. It's about supporting each other, very informal, having a chat about the week, what's happened, any issues that have come up. A lot of personal development. A lot of the programmes have an underlying aim of self-esteem and confidence building.

(Support worker based in a multiagency team)

I always think of teenage parents and teenage pregnancy as very similar to looked after children, it's quite a discrete, small group in the wider context of children's services...one thing in working with young people is that they are so unique, and it's hard to say that patterns and trends emerge so I have a big problem with some of these targets. (Discussing the prevention target) To me, you won't get a change until you start to tackle things in primary school and I'm talking about relationships, not sex so much but you need to teach young people how to relate to each other...(Discussing health targets) It was very much objectives around health targets, so around getting them into early antenatal, breast feeding, smoking, things like that...we're fighting a huge cultural battle here over breastfeeding because you will have generations of young people now, whose mum, gran, sister, aunt didn't breastfeed and you've got to respect that.

(Support worker working through a PCT)

Some of them decide to be full time mothers. That's a problem for us as workers because we're told what our targets are and there are a lot of contradictions there...And regarding our targets, we're measured on whether they're in education, employment and training and if they're a parent they're seen not to be doing anything...A lot of young parents don't see their situation as being a problem, if it's not seen as a problem by those young parents and the communities they live in, how do we approach it?...One of the targets is about returning young people to EET and we thought we needed to find out what the young parents thought about it as well to see what some of the barriers are to them engaging...So

we're trying to get them involved in local, community based learning and adult learning through some Sure Starts and Children's Centres, stuff that we deliver here so we can build up their confidence gradually...

(Support worker working through a Connexions Service)

The following observations can be drawn about the impact of the institutional location upon the nature of the support service that is delivered. Firstly the centrality of targets among the different locations offers some insights into differences. Targets certainly appeared to be of least importance to the workers based in the multiagency teams, whilst they were aware of them, they ultimately did not think that reaching targets were the central aim of their work. Rather, they were focused upon the interactions to identify the needs of the young women using their services and work towards meeting those needs, whether they concerned outcomes coinciding with targets or not. The worker based in the PCT spoke about health related targets, such as breastfeeding and smoking cessation as well as the EET target and was obviously concerned that it would reflect badly on her that these targets had not been met in her area. However, she was highly critical of the fact that the targets were there in the first place given her experience of working with young people, whose needs were varied and unique and who came from communities with values that might go against what the targets are trying to achieve. The support worker working through the Connexions Service did not mention any of the health targets that the worker in the PCT had expressed concern about, however, the central target that she was working with was the EET target. She acknowledged that this target had to be central to her work but often felt constrained by it, as had been acknowledged by Wiggins et al (2005) in an earlier study. She attempted to tackle this by developing ways of working with the EET target in a way that would engage young parents without placing pressure upon them, beginning with asking their opinions on it.

The presence of and importance attached to targets leads to the identification of two approaches to providing support services to teenage parents, the needs led approach and the target led approach. It could be suggested that the two workers from the multiagency teams adopted a very strong needs led approach, they were aware of targets but did not seem to be under any pressure to be reaching them. They had developed ways of working which focused on identifying needs, rather than approaching situations with targets in mind and a preconceived idea of need. The worker based in the PCT was also keen to adopt a needs led approach and was critical of the targets that had been set, particularly considering that her knowledge of the cultural factors of her area, which would work against the achievements of targets. The worker based in the Connexions Service was much more target led than the workers in the other institutional contexts, and her work with the teenage parents using her service was designed around achieving EET outcomes.

Therefore the institutional location of a support service may have an impact on the service that is delivered in terms of the importance attached to achieving targets within that particular context and hence whether a needs led or target led approach is adopted. In addition, the importance of targets may influence how much discretion individual support workers can afford to apply to their work. In services where targets appear to be of minimal importance, workers can afford to adopt a needs led approach and offer support that is focused very much upon what each teenage mother wants out of the service. However, where targets are of central importance, support workers may not feel able to apply as much discretion, knowing that their performance will often be judged solely on whether or not targets are being reached. From these preliminary interviews and previous literature (Wiggins et al, 2005), it may be suggested that services based in educational and employment based settings, such as Connexions, will adopt less of a needs led approach than services based in other settings, and will feel less able to apply discretion in their work. Therefore, seeing as they are based in a PCT context, the support services used by the participants in this research may be more likely to be at the needs led end of the spectrum, acknowledging that some targets are unrealistic and pitching their support towards what their participants express a need for.

3. Presentation of Interview Findings

A. One-to-one Support Service Participants: Explicated Analysis

1. Selena, 20 years of age, two children aged four and one, born when Selena was 16 and 19 respectively.

Meaning Condensation

The first phase in the process of meaning condensation was the reading through of the whole interview in order to complete the next phase, determining Selena's views on the topics that came up during the interview. A summary of the main interview themes is provided below.

One-to-One Support

Selena uses one to one support, telephoning advisors twice a week. There are no young parents' groups in her area. She states that the support staff are helpful, understanding and reliable, in the absence of family support, "It's ideal for young mums who haven't had family to support them, which I *haven't*." Selena stresses the value of being self aware and knowing when to ask for help, emphasising an individual's responsibility to seek out the services available, "I get support, there's support there, its just *looking* for it, *finding* it and *taking* it".

Money

She finds survival on benefits a struggle, stating that her maternity grant of £500.00 did not go far enough. She thinks benefit payments are barely enough to survive on and daily life is affected by worrying about if she has enough money to pay for essential things. However, she is resigned to having to rely on them, stating "you get what you're given at the end of the day".

Local Council

Selena feels dissatisfied with their services, having to set aside money from her benefits to pay for certain things for the house that are the tenant's responsibility and the council taking too long to rectify problems. She believes that their housing policy discriminates against young mums, namely in what she perceived to be the council cutting down on the number of young mums to whom they allocate council houses.

Informal Support

Selena receives no support whatsoever from her biological family. She does not have a relationship with them. She was homeless at 15. However, she gets much support from partner's family and had spent time living with them.

Friendships

Selena stated that she does not have much of a friendship network, only one friend, who was also a teenage mother.

View of Motherhood

Her first child, to whom she gave birth at 16, was taken into care. Her second child, who was one year old at the time of the interview, lives with her and she feels largely positive about her motherhood of her second child but occasionally feels negative, "sometimes I get on a downer, every so often...". Her child is the focal point of her life "at the moment there's only him that's getting me going and keeping me going {smiles}". Selena stated that she had always wanted to be a mother and knew that it would happen at some point.

Stigma

She experiences stigma in day to day life, and believes that people are looking down on her. She feels temporarily annoyed, believing criticism to be unjustified but ultimately resigns herself to believe there's nothing she can do to stop it.

"People look down at you, you think the look on their face, like *disgusted*, you know, thinking like *slag* and *slut* and stuff like that. Thing is, not long ago, having kids young was alright, it's different now, I think "what's the difference with *us*?". I've got the responsibility to look after my child and its not their problem you know. I *hate* it though, I *really do*....When someone's been like that to me I do feel pissed off for a while but then I think at the end of the day, let them get on with it, they can't judge me if they don't know me."

Although Selena has not personally experienced stigma from services, she believes that the local council discriminate against other young mums.

She speaks to the young parent support workers about the stigma attached to being a young mum. She feels supported by their sharing of her view to ignore it, "they just say get on with it, you know what I mean?".

Education, Employment and Training

Selena stated having felt pressurised to go into work or education but refused to give in to it.

They tried that with me but I weren't having *none* of it! [laughs] If you're 16, 17, 18 and just had a baby, I don't think you actually *want* to go to work or into education...I told them "look, I'm waiting until my child's old enough and in full time nursery before I decide to look for work"

At 20, Selena is too old to qualify for Care to Learn and feels annoyed about this, she thinks that it should be available until someone is 25.

Full-time work or college is currently not an option for her as she wants to spend time with her child and it will affect the benefits she receives. She is thinking about taking on some part-time work when her child is old enough to go into nursery.

Descriptive Statement

Selena's family background was chaotic. She does not have a relationship with her family. They provide no informal support to her in her role as a mother. Her informal support comes from her partner and his family, having lived with them prior to moving to her own council house. Selena feels that she does not get enough in benefits and it's a struggle to survive on what she does get. She feels pressurised to go into education or work but resists this pressure, wanting to spend time with her son until he is old enough to go to nursery.

She experiences stigma from the general public in day to day life but not in her use of public services. She is annoyed at being stigmatised for being a young mum but is resigned to the fact that she can do little about it, the advisors share her view that she should just ignore it,

She uses one-to-one support extensively, there are no young parents groups in her area, in the absence of support from her own family, she finds the support valuable.

Step 2 – Coding

Existing Codes

1.

a) 2

b) 1

c) i. 1.

ii. 1.

iii. –

2.

a) Y

b) None suffered personally but believes local council to be discriminating against teenage mothers.

d) i. 9, ii. 1.

e) 4 and 5

3.

a) No groups in her area

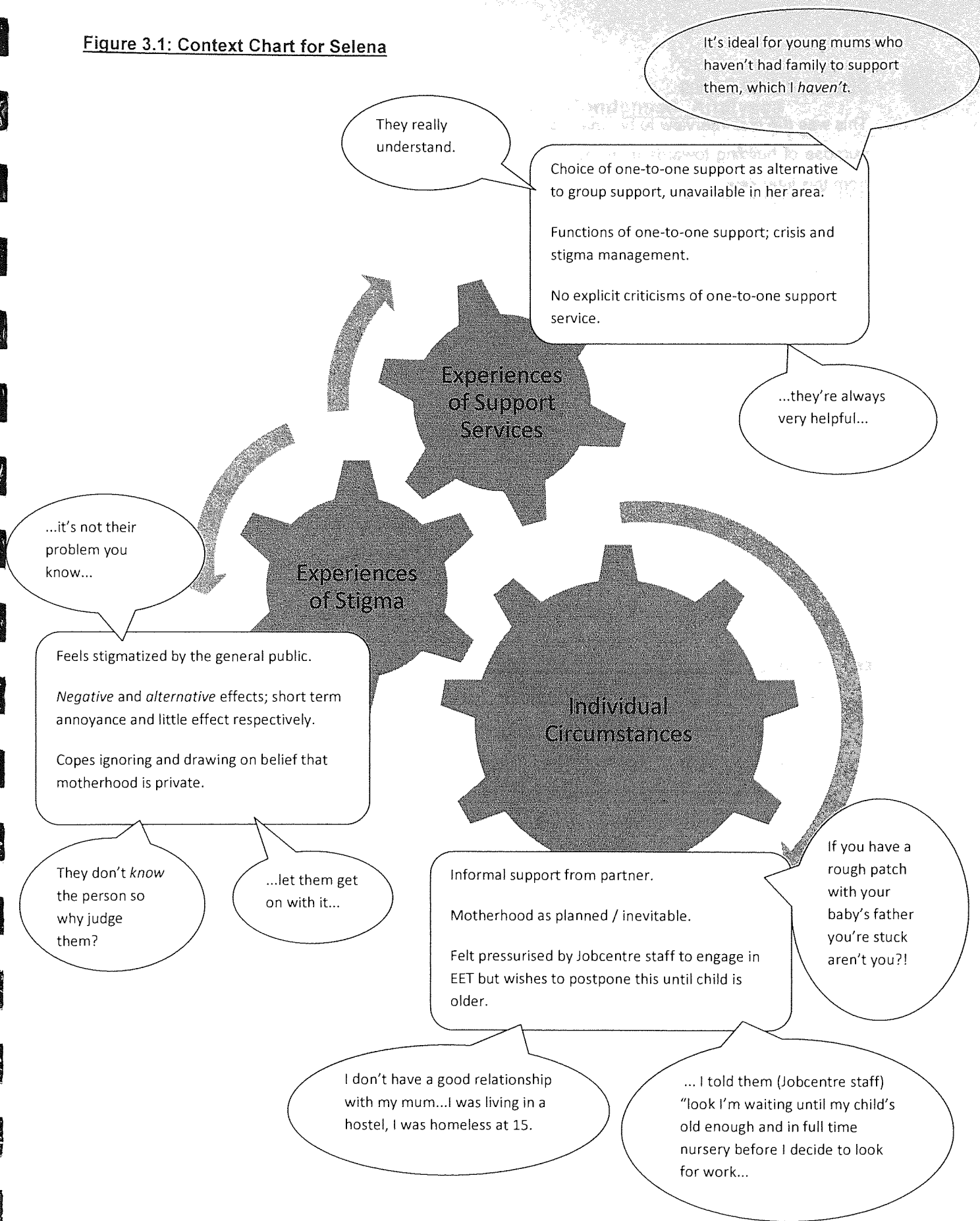
b) 5

c) Reinforces her view that it's best to ignore it.

d) Replacement of informal support

e) None

Figure 3.1: Context Chart for Selena



Step 4 – Pattern Coding

This was the first interview to be analysed, therefore there were no others to compare it to for the purpose of building towards more general findings. However, the following new points emerged from this interview:

New Codes

Considering how she viewed her motherhood, Selena stated that it had not been a shock, she had always wanted to be a mother, this will be represented as 1. b) 1. Inevitable / planned. Selena stated that she had been pressurised by the Jobcentre staff to engage in EET, this will be represented as 1. c) i. 1. Selena also conveyed that she felt full time motherhood was a vocation for the time being and had no wish to participate in EET until her child was older, this will be added as a new code 1 c) ii. 1. Selena did feel negatively affected by stigmatizing comments in the form of short term annoyance, this will be added as a new code under 2 d) i. 9. When discussing other people's stigmatizing actions towards her, Selena often stated that her motherhood was no one else's business. Other teenage mothers may indeed raise this view that their motherhood is a largely private matter, not open for the scrutiny of others. Therefore, a new code will be added under Experiences of Stigma; coping mechanisms as "Drawing on the belief that motherhood is private", code 2. e) 4. Additionally, she described another coping strategy of just ignoring comments that people direct towards her, therefore this will be entered under the same heading as code 2. e) 5. Selena stated that she chose the one-to-one support because there was no group support available in her area. Therefore this will be added as new code 3. a) 1. A function of one-to-one support for Selena was the replacement of informal support where it was lacking (new code 3. D) 1). Other functions the support service fulfilled for Selena were concerned managing the negative effects of the stigma she experienced, Selena's interview conveyed that the advisor was sympathetic and supported the coping mechanisms which she used. It was decided that a specific subheading for such codes be created. Codes representing functions of the support service for stigma mitigation became heading 3C. The new codes from Selena's interview were added therefore as 3. C) 1 and 3 c) 2 respectively.

B. One-to-one Support Service Participants: Condensed Analyses

Interview 2 – Danielle, 20 years of age, two children aged 2½ years and 12 months, born when Danielle was 17 and 19 respectively.

Descriptive Statement

Danielle receives extensive informal support from her mother, who provides practical and emotional support to her. Danielle does participate in college courses but does not have the end goal of them leading to employment. Rather, she uses them for her own ends, namely, having time to herself to do something she is interested in, using the courses as an opportunity to have a break from being a full time mother to her two children.

Danielle experiences stigma in her daily life and believes that the media portrayal of young mums exacerbates the stigma they are subject to. She dislikes assumptions made by the general public and some professionals that she is not as capable as other, older mothers, simply because she is young. However, she is not negatively affected by it, seeing her position as a teenage mother as nothing out of the ordinary and essentially as no one else's concern and does not discuss the stigma she experiences with the advisor. She draws on the good mother identity when asked about her responses to stigma.

She actively chooses not to participate in the group based support for young parents in her area, believing that her values are different from those of other teenage mothers, seeing herself as more mature and independent than them. Instead, Danielle uses the one-to-one support available to her, speaking to advisors regularly. Her use of this service complements the informal support she receives from her mother, the advisors acting as outsiders in whom she can confide.

Pattern Coding

New codes

The college courses Danielle had participated in had served to provide a break from full time motherhood (new code 1. C) ii. 2), which she prioritised and did not display any ambitions to pursue courses leading to employment in the future (new code 1. C) ii. 3). Danielle stated that she felt that being able to afford childcare was a barrier to doing college courses, therefore this will be represented in the coding guide as 1. C) iii. 1.

Danielle stressed the role of the media in creating and fuelling stereotypical images of teenage mothers. The coding guide will be amended to include the media as a stigmatiser, which will be

represented in the coding guide as 2a). The conversational guide was amended to include the question "What do you think about how teenage mums are portrayed in the media – on TV and in newspapers?". This may elicit information about how young mums feel about their largely negative image, whether they feel bitter about it or whether they are not at all bothered.

Regarding her reasons for choosing one-to-one support, Danielle stated that she wished to avoid other teenage mothers (new code 3. A) 2) and be able to speak to a professional at any time without making an appointment (3. A) 3).

Through using the one-to-one support service, Danielle felt that she had an empathetic person to talk to who was outside of her informal support network, therefore complementing the informal support she already received (new code 3. D) 2).

In addition, Danielle said that although she appreciated the support the service has provided her with, it would benefit from "peer advisors", women who had been teenage mothers themselves and could therefore identify with Danielle's situation more. This will be added as new code 3. e) 1.

Interview 3 – Lynsey, 19 years of age, one child aged 21 months, born when Lynsey was 17.

Descriptive Statement

Becoming a mother was a turning point in Lynsey's life, having described herself as "off the rails" prior to becoming pregnant. Although she has informal support now, her parents were very hostile towards her on discovering she was going to become a mother and told her to leave the family home and cope on her own. Lynsey used the one-to-one support extensively at this time and continues to use it now, albeit with reduced frequency.

Regarding EET, Lynsey is determined to eventually come off benefits and sees the gaining of a qualification as a step towards this. However, she feels that the college she attends could be more understanding and flexible, recognising that as a mother, her needs will be different from those of other students.

Lynsey is very disgruntled about the stigma that is attached to being a teenage mother. She experiences stigma from the general public but not from public services. She apportions much blame to the media representation of them and is keen to assert that the stereotype is grossly misrepresentative and exaggerated. She becomes annoyed when people pass comment and responds by verbally defending herself. She believes that those who criticise her are the ones with the problem, not her, effectively blaming discrimination. She is resigned to the fact that she will continue to be subject to negative comments. The one-to-one advisors talk to her about the stigma she experiences and encourage her to ignore it, rather than answer back.

Lynsey actively chooses not to participate in group support, having gone to one session and felt uncomfortable, this may be out of a desire to distance herself from other young mums who she may see as living up to the stereotype that she is so determined to distance herself from.

Pattern Coding

New Codes

Lynsey's view of her motherhood, in that it represented a turning point away from the destructive behaviour in which she was engaged needs to be represented in the coding guide, this will be added as 1. b) 2.

Regarding the pressure that she felt to engage in EET, Lynsey stated that this pressure did not come from anyone but herself as she wanted to engage in EET (new code 1. C) i. 2).

Lynsey believed that college / work and motherhood could be combined from the outset, and indeed should be (new code 1. C) ii. 4) and that college courses are used with a view to lead to full time employment (new code 1. C) ii. 5) . Regarding difficulties with EET, Lynsey commented that the college she attended had been inflexible and not shown understanding as to her specific needs as a mother (new code 1. C) iii. 2).

Lynsey's response to being stigmatized by verbally defending herself needs to be added to the list of possible responses as a new code, this will be added as 2. e) 6.

A new code was discovered regarding the function of the support service regarding stigma. Lynsey stated that the support service had advised her to use a different coping mechanism (new code 3. C) 3).

An additional function of one-to-one support for Lynsey was the receipt of information about EET (new code 3 d) 3).

Interview 4 – Kaitlin, 18 years of age, one child aged nine months, born when Kaitlin was

17.

Descriptive Statement

Kaitlin has a close relationship with her mother, who provides extensive informal support consisting of practical support by looking after her granddaughter whilst Kaitlin is at college and emotional support. Kaitlin and her daughter live with her mother. Kaitlin also has a friendship network consisting of about four friends who she knew before she became a mother, she sees them regularly and two of them also have children.

Kaitlin is at college doing A-Levels. Care to Learn helps her to afford childcare. She is adamant that having a baby young should not interrupt education, she intends to go on to university,

I do the same work as everyone else, every day, five days a week, same times as everyone else. I'm at college and its long hours but I'm getting through it, there's no reason not to do it...so there's *no* excuse, you can do it

Kaitlin has experienced stigma in daily life from the general public. She also experienced it when she was in hospital having her daughter, a nurse made a comment that she was too young to be in there having a baby, "They would never have spoken to a woman in her 30s like that!". Kaitlin is deeply critical of the images of teenage mothers portrayed in the media, "I think that it makes young mums look *really* bad...The TV makes it worse, it makes it *way* worse." Kaitlin feels that such images are unfair, they show only what is true of the minority and she feels misrepresented,

The bad stuff on TV about teenage mums, "teen mums this, teen mums that", they should show the ones who are actually *doing* something, like me, they never show them ones, the ones who carry on with their lives and hold their head up high.

Kaitlin copes with stigma by ignoring comments from people when they are made and uses the good mother identity mechanism,

But I'm doing my career, still doing my career and stuff so they can't say *nothing* really. I'm doing this so my daughter can have a good future.

Kaitlin uses one-to-one support in the form of telephone contact with an advisor and occasional home visits. She says that the advisor is non-judgemental and understanding and Kaitlin has confidence in her abilities to provide advice when it is needed. She does not use formal group

support because she says she does not feel the need; she has good friends around her and is busy with college so fitting it in would be a problem. The only criticism that she holds of the one-to-one support she receives is that there should be some advisors who have been teenage mothers themselves,

I think that somebody who's been through the situation has got a better outlook on things than someone who's read books and stuff and said "this is what you should do". I don't think you can explain to anybody what it's like to have a baby when you're younger. It's not just the hard work of feeding and that, it's the *emotional* side of it, which you don't get an idea of from anyone else until you go through it yourself.

She does not speak to the advisors about the stigma she encounters, stating "I've got more important things to talk to them about".

Pattern Coding

New Codes

Kaitlin's view of her motherhood was that it had been unplanned but was ultimately a positive experience (New code 1. B) 3).

A further new code concerns her reasons for choosing one-to-one over group support, stating that she had sufficient friends (new code 3. A) 4), was too busy to participate in group sessions (new code 3. A) 5) and the sessions of groups in her area clashed with other commitments in any event (new code 3. A) 6) .

Interview 5 – Vicky, 18 years of age, one child aged 20 months, born when Vicky was 16.

Descriptive Statement

Vicky does not have a good relationship with her mother, who took over Vicky's role as a mother and had custody of her granddaughter until recently, "My mum and brother wouldn't let me do anything. they took over. I weren't allowed to do anything". This bad relationship continues and was particularly negative at the time of the interview, as Vicky had just got her daughter back. The father of Vicky's baby left soon after she became pregnant. Vicky states that she has no friends apart from the ones that she has made at college and feels generally quite isolated.

Vicky participates in a steps to work course at college, which was suggested to her by staff at the Jobcentre. Vicky enjoys attending the course because of the friends that she has made whilst doing it. However, she does not have the end goal of going to work when she has completed the course, wanting to spend time with her daughter, having felt that she has missed out on this whilst her mother had custody of her.

Vicky states that she has experienced negative comments from the general public. Despite this she seems not to be affected by it, stating that she has enough to worry about without thinking about what other people are saying about her, "I just carry on with it. I ain't bothered. I've got my life to get on with, I ain't bothered". Therefore, she uses the ignoring mechanism. She does not speak to the advisor about the stigma she is subjected to, as she states she does not feel the need.

Vicky only uses the one-to-one support service. There are no groups in her area and she wanted to be able to talk to an advisor at any time she needed to. She telephones her advisor several times a week. She states that the advisor is very important to her as she understands her situation, empathises with her and makes Vicky feel reassured after speaking with her.

Pattern Coding

New codes

Vicky's view of her motherhood was that it had been unplanned, but she would not fit into code 1. B. 3 because motherhood had not so far been an altogether positive experience for her. Therefore the new code 1. B. 4. "Unplanned and ambivalent" will be added as a new code.

Vicky viewed participating in college courses as a way of making new friends and not as a means to eventually entering employment (new code 1. C) ii. 6).

Interview 6 – Leanne, 19 years of age, two children, twins, aged 8 months, born when Leanne was 18.

Descriptive Statement

Leanne receives informal support from her mother, who provides her with practical and emotional support. Leanne's old friends were unsupportive regarding her motherhood, she no longer sees them. She has since made friends with other teenage mothers, however, she does not see them regularly out of choice,

Call me a grump but I don't talk to them all of the time! [laughs] I've got a lot going on to be bothered, I want to go to work or college. All of my other friends don't seem to want to do that.

She appears to hold quite a negative view of other teenage mothers, believing that they are too demanding and expect too much in the way of benefits and welfare,

I feel a bit strongly when teen mums assume "we should have this, we should have that". Because in my eyes, you're lucky that you've *got* that 'cause in some countries they don't give you that! I'm just thankful for what they give us because if we didn't have that we'd all have to go work and that, because we'd have *nothing*. I think they're reasonable with the money they give you. If you don't *smoke* and things like that, it does last you.

Leanne sees her teenage motherhood in a very positive light. Motherhood has been a good experience and given her aspirations that she did not have before,

I've changed a *lot*. I used to drink, smoke, you know, not cigarettes [laughs]... (and do everything I shouldn't). But because I've got the twins, I'm not out to do that kind of thing... I think if you've got the right mind its good to be a young mum because I feel like I'm growing with them and when they're older I'll still be young and be able to do things with them.

Regarding EET, Leanne believes that the drive to get teenage mums into college and work are positive, "Its good to motivate yourself and get an education, make yourself a better person all round". She has participated in college courses and plans to continue doing so but does stress the difficulties of the practical side of going to college, for example getting her twins ready so she can go to early morning lessons.

Leanne stated that she had experienced stigma whilst she was in hospital having her twins, a doctor commented that she was too young and should not be there. She said that she felt angry about this, "Well I really didn't want to hear stuff like that, I'd just given birth to twins for god's sake!". However, she stated that this had no long-term effect and did not stop her from going to see her doctor when she needed to. Leanne has also experienced stigma from the general public, who make negative comments towards her. In particular she talked about a man who lived near her,

He always goes on about how he has to work to support us and things like that. But I just laugh it off and say "well keep working then!". You have to 'cause what else is there to do, you can't change their views.

Therefore Leanne uses humour as a response to some of the stigmatising comments she receives. However, she also uses the ignoring mechanism, "If you're strong minded enough just ignore it, think what you like 'cause the situation ain't gonna change. You just have to get up and get on with it." Leanne made an interesting comment towards the end of the interview that suggested that belonging to a stigmatized group had actually had a *positive* effect on her, "I don't let people bring me down, I just get on with it, I think I've grown quite a hard skin. If anything, I suppose it's made me *stronger* and more determined to do well."

Leanne uses the formal one-to-one support service in her area, speaking on the telephone to her advisor about once a week. She expresses her wish not to mix with other teenage mothers. She says that the advisor is empathetic and she values her advice as she does not want to go to her mother for advice all of the time and she can talk to the advisor on a friendly level, which she cannot do with her mother. Leanne does not speak to the advisor about the negative comments she encounters, saying "there's no point, I'm not really *that* bothered by it and she can't change it innit?".

Pattern Coding

New codes

Leanne's interview uncovered a new code under the heading "Alternative Effects of Stigma", she stressed that being stigmatized had actually had a positive effect on her, making her stronger and more determined to do well. This new code will be entered as 2 d) ii. 6.

In addition, Leanne used humour as a coping mechanism when confronted with negative comments (new code 2. E) 7).

Interview 7 – Clare, 18 years of age, one child aged 15 months, born when Clare was 17.

Descriptive statement

Clare lives at home with her parents, who provide extensive informal support. They babysit her son to give her a break. She is especially close to her mother, who provides practical advice and emotional support. Clare split up with her baby's father before the child was born. She says she feels good about being a mother but would have waited a bit longer if she could do anything differently.

Clare says that she knows about Care to Learn because she asked the advisors for information about going to college. However, she says that she will wait until her son is at school before she goes, by which time she will be too old to qualify for Care to Learn funding.

Yeah I do want to go and do a computer course or something to get a good job and provide for him...but at the moment he's little innit and he needs me around. Its more important that I'm with him when he's still young, what's it gonna matter if I leave it a few years before I go to college if it means my son gets more love and attention and stuff, I ain't gonna dump him in no nursery.

Clare experiences stigma from the general public, when she is on the bus or in town shopping,

...mostly off old people but sometimes off people my age too, they say stuff like 'Look at her how young is she?', and 'What a waste, she's ruined her life'. I thinks that's really rude, who made it their business, know what I mean? [laughs]

Therefore Clare asserts the privacy of her motherhood, she said that she responds to such comments by simply ignoring them.

Clare does not participate in group support because she states that she has maintained the friendships that she had prior to becoming a mother. None of her friends have children. She states,

I don't want to go and sit and talk about baby stuff the whole time...I've got my own friends anyway and not being funny or anything but most teenage mums, I dunno...I just ain't got nothing in common with them

Clare telephones an advisor about once a week for one-to-one support. She says that she sees the advisor as a friend, whom she can talk to easily,

My mum's been great and I ask her loads of stuff but sometimes I don't agree with her ideas about how to look after him. Sometimes I just want a chat with someone who ain't my mum but knows what they're on about. I like talking to the advisors because they say there ain't nothing wrong with the way I want to do things sometimes, even if that's different from what my mum thinks, and anyway, its me who's his mum!

Clare does not discuss the negative comments she receives with the advisor, stating "I don't see why I should, I've got better things to talk to her about anyway".

Pattern coding

New codes

One-to-one support service additional function – supporting teenage mother in her approach to parenting when this is at odds with the grandmother as code 3 d) 4.

Interview 8 – Jane, 19 years of age, one child aged 13 months, born when Jane was 17.

Descriptive statement

Jane's parents were not supportive of her decision to continue with her pregnancy and asked her to leave. They believed that she was setting a bad example to her two younger sisters. She still sees her parents occasionally although they do not offer practical and emotional support, she split up with her partner when her child was 6 months old and he sees the child sporadically. However, Jane does get support from her friends, whom she sees two or three times a week, some of whom are teenage mothers themselves.

Jane views her motherhood in a positive light and sees it as a turning point in her life, making her career focused, which she was not beforehand,

I've got someone else to think about now so I've got to better myself. What's she goin' to think if she sees me lazing around watching TV all day, I've got to set her a good example.

Jane started to look into college courses when she was pregnant with her daughter, she says that she did not feel pressurised by anyone but herself. She is currently doing a vocational course, which she commenced when her daughter was 3 months old, she hopes it will lead to a job. She uses Care to Learn to fund her childcare and help towards transport costs. She says,

I did feel a bit bad about putting her in nursery at first but she's used to it now and it'll be worth it in the end when I can stand on my own two feet money wise. Now that I've got into it, I've seen that its definitely ok to be a mum and do college at the same time, I manage alright.

Jane says that she does experience stigmatizing behaviour from the general public, recalling an incident a few weeks prior to the interview,

I was in Toys 'r Us buying a present for her for Christmas. This old woman behind me in the queue turned round and said 'Nice to be able to splash out I bet, shame its probably all taxpayers money, you should have that taken off you, you're obviously not old enough'. I was just so shocked at how rude that was! I just said 'whatever' and turned around and ignored her, I didn't want to rise to it. She didn't even *know* me though! [laughs] I'd actually saved up for ages for that.

Jane said that her response to comments like this is usually surprise that people can be so rude, she ultimately thinks that they are the ones in the wrong and does not care what they say.

Jane says that she cannot go to the group in her area as it clashes with her college times but she says she probably would not go anyway because she has plenty of friends. She telephones the support service and speaks to the advisors every week or two. She says that it is good to have someone older and more experienced to talk to outside of her group of friends and that sometimes she feels that its easier to ask the advisors about certain elements of childcare than asking a doctor or health visitor. She says that she speaks to the advisor about the stigma she experiences, she told her about the incident she recalled earlier during the interview. The advisor was sympathetic and agreed that the coping mechanism of ignoring was the right thing to do in that situation.

Pattern coding

New Codes

Additional function of one-to-one support – easier to ask practical advice from advisors, who are non-medical professionals. New code 3 d) 5.

Interview 9 – Emma, 20 years of age, one child aged 14 months, born when Emma was 18.

Descriptive statement

Emma has no informal support. She grew up in residential care and various foster homes before leaving to live with her then partner when she was 16. On discovering she was pregnant at 18, her partner asked her to leave. She has since moved to a council property after living in hostel accommodation and has lost touch with the few friends that she did have.

Emma views her motherhood in a positive light, "Its not like I'm missing out on anything, I never wanted to have a career and all that, I just wanted to be a mum, end of."

Emma says that she feels pressurised to go to college or work by staff at the Jobcentre, with whom she has an interview every six months. However, she is adamant that she does not want either yet,

I've said to them god knows how many times that I don't want to go to college or work. I want to stay at home with him and look after him. The way they go on about my "unemployed status", as if to say I'm doing *nothing*, makes me laugh, they want to try looking after him all day! So what if I'm on benefits, I think I deserve them. At least I'm being a proper mum to him, which is more than what I had.

Emma has experienced people giving her "bitchy looks" when out shopping in town but no one has ever made a verbal comment towards her. She makes the following observation, "There's loads of young mums on this estate so its not like I'm anything different, people would only think I was weird if I *didn't* have a kid". When asked about her feelings when people give her "bitchy looks", she says she ignores it, does not care and that her motherhood is none of anyone else's business.

Emma does not want to go to the group in her area, when asked why, she says "Dunno, it sounds right messed up but I don't want to make friends, we manage alright on our own". Emma telephones the advisors three or four times a week and has home visits from them once every fortnight or so,

I don't know what I'd do without the women there, they're great, I can ask them about anything and just have a nice friendly person to talk to as well. I love my son to bits but I really miss talking to another adult and they're good for that.

Emma does not discuss the teenage mother stigma that she experiences as she says she does not need to, "and anyway, what's the point, what can they do about it, nothin'!". Emma does comment however that it would be good if she knew that the advisors she was talking to had been teenage mothers themselves but says the advice she has received has been fine.

Pattern coding

No new codes.

Interview 10 – Gemma, 20 years of age, one child, aged 11 months, born when Gemma was 19.

Descriptive statement

Gemma receives extensive informal support from her mother, who lives near her. She and her partner live in private rented accommodation. Her mother visits a few times a week. However, Gemma has lost touch with her friends since becoming a mother as many of them were unsupportive of her motherhood. She sees her motherhood in a positive light and says that she would not change anything about it, "we were gonna have kids one day anyway so I wasn't bothered about being a mum at 19".

Gemma has aspirations to go to university after her A-levels, which she started when she was 20. She says that she did not want to go back to her full time job in retail as she did not want to do that for the rest of her life. She states that no one pressurised her to go to college, it was something she decided for herself. She does state however, "I have been really lucky though 'cos my boyfriend's got an ok job so we can afford to send her to nursery a couple of days a week and my mum has her the other three".

Regarding stigma, Gemma says she feels annoyed by the representation of teenage mothers in the media as this is an unfair portrayal. She also says that she gets "funny looks" from people in the street and says that she is not surprised by this as there are very few teenage mothers in the area in which she lives. Gemma has also encountered negative comments from others about being a teenage mother, recalling an incident at the college she attends,

One kid on my course actually used to call me "Vicky" as in "Vicky Pollard" from Little Britain but I just used to ignore him and pretend he wasn't there and he got fed up in the end. That's how stupid and immature some people are there, I just thought "grow up, you twat".

There are no young parent groups in her area. Gemma telephones the advisors once a week,

'Cos I'm a bit sad and ain't got no mates [laughs]! I like to ring them and just a have a chat, tell them what I've been up to and how college is going. I can have a bit of whinge too when I want, 'cos I feel bad about landing it all on him he don't want to hear that all the time (her partner).

Gemma does not discuss the stigma she experiences with the advisors, she likes her friendly chats with them and comments, "I can deal with that on my own, that's nothing! [laughs]". Whilst Gemma is satisfied with the advice she receives from the support service, she does suggest having one or two advisors who have been teenage mothers themselves, "maybe just as volunteers for a couple of days a week, yeah, actually I wouldn't mind doing that".

Pattern coding

No new codes.

E. Group Support Service Participants: Condensed Analyses

Interview 11 – Jenna, 19, one child aged six months, born when Jenna was 18.

Descriptive Statement

Jenna lives with her boyfriend, whom she has been with for 4 years. She receives support from her family in looking after her son and has maintained the friendships she had prior to becoming a parent, none of her friends have children, "...they don't *leave* me out just because I've got a baby...". She feels very positive about her motherhood and emphasises the advantages of being a teenage mother, "...by the time the baby's like grown up, you'll still be young so you can still go and do stuff".

Regarding the stigma attached to being a teenage mother, Jenna states that no one has ever made a verbal comment to her but does say,

In town people look at me, its like other girls, they look at me and think, you know... But they don't know me... Or there's some girls that I know that have got quite a reputation of being, you know, like easy, with boys. And I think "how can you judge me because I've got a baby?". Because I've been with my boyfriend for like 4 years and they've done like, what with whoever!

However, Jenna states that despite being annoyed at what she believes is unjustified criticism, it ultimately does not bother her, and she ignores reactions of people in such situations. "I don't really take no notice anymore. I just think its nothing to do with them".

Jenna attends weekly meetings of the young parents group with her son. She started attending because she wanted to meet other teenage mothers and get out of the house, "It's better than staying at home and doing nothing and being bored". She enjoys the sessions, stating that since coming to the group she has made new friends, become more confident in her abilities as a parent, felt less isolated, sought advice from other young mums and received advice from professionals in a group setting. Regarding the latter, she says this feels more comfortable than when seeing health professionals on her own. She says that she speaks to the others about how young mums are stigmatised, saying that they talk to each other about the comments they have received, and makes the following comment, "It makes you a *good* person to bring a baby into the world so if people look down on you, you just ignore it, that's what I say to the others". Therefore advising others as to coping mechanisms is an advantage of group based support.

Regarding EET, Jenna has the long term goal of gaining employment working in childcare, however, she wants to wait until her son is older before she goes to college. She is disappointed that she will miss out on Care to Learn funding stating "That's a shame because it would be really helpful, I know its going to cost me more but I still want to wait".

Pattern Coding: New codes

Under heading 3a) Reasons for choosing group support, the following codes will be added to the coding guide. 1. To meet other teenage mothers, 2. To get out of the house. Under heading 3c), Functions of group support regarding stigma, sharing advice regarding coping mechanisms will be added as code 3c) 1. In addition, sharing experiences of stigma with empathy will become 3c) 2. Considering other functions of group support, the following codes will be added, 1. Making new friends, 2. Increased confidence in parenting, 3. Sharing childcare advice with other teenage mothers, 4. Meeting other teenage mothers, 5. Feeling less isolated, and 6. Receiving professional advice in an informal group setting.

Interview 12 – Holly, 20 years of age, one child aged 2 years, born when Holly was 17.

Descriptive Statement

Holly lives with her parents, she broke up with her baby's father two months after her daughter was born. She receives informal support from her family and friends, many of whom are also teenage mothers, "The support I get off friends and family with him makes it a lot easier...I ask them for advice and they give me support whenever I need it really". Although she was shocked to discover she was pregnant, she sees her teenage motherhood as positive, and preferable to being an older mother, "I think being pregnant *young* gives you more opportunities later on in life, so in a sense it's an advantage".

Regarding stigma, Holly has not experienced verbal comments, although she does feel misrepresented by the media and has experienced what she believes to be people looking down on her. She recalls her experiences of being in the waiting room at her doctor's surgery, she states that people there "...kind of look at you as if to say 'you shouldn't be here', but I just tend to ignore it". She says that teenage mother stigma annoys her because "The stereotypes come from people like...assuming stuff about us when they don't like...know what it's like for us". She believes ignoring it is the best coping mechanism, "The best thing to do is just to ignore it really 'cause if you think on it, it's just going to get you down and you'd notice it more easily as well."

Holly attends the weekly group sessions with her daughter. She started going to the young parents' group because she wanted to get out of the house and had previously been to a group for parents of all ages, where she did not feel like she fitted in. She says that since coming to the group, she has felt generally more confident, "I feel more *confident* when I walk down the street". In addition, she says that meeting people her own age in the same situation has been good as she feels that she can identify with them. Regarding the stigma that Holly experiences, she states that she does talk to the others in the group about it, saying "It's good to talk about it. 'cause if like there's someone who feels upset by it, they can talk to us about it and know they weren't the only one".

Regarding EET, Holly wants to go to college as soon as possible, but states that the colleges in her area are not flexible enough to be able to do it,

They should do more courses where you can study from home or do part time, like *child friendly* hours. Not a lot of courses are child friendly hours...There'd be a *lot* more young mums interested if they did it like that, more flexible hours...If you want to do a certain career, you have to do certain courses and if those courses aren't flexible or accessible

to you, you have to find alternative ways of having your children looked after, or change your career choices...

Pattern Coding: New codes

Under 3a), the new code of 3a) 3. "Uncomfortable at general parents groups" will be added to reflect Holly's experience of feeling that she did not fit in at a group which included older parents.

Regarding the function of group support in the context of stigma, Holly talked about talking to others who are upset, so they do not feel they are alone in being stigmatised (new code 3c) 3).

Under 3d), code 7, "Empathetic peer support" will be added, as Holly highlighted that she thought it was important to be around people of a similar age in the same situation as they understood her. Also under 3d), code 8, "Increased general self confidence" will be added to reflect Holly's statement that she just felt better about herself in general since coming to the group.

Interview 13 – Anna, 17, one child aged seven months, born when Anna was 17.

Descriptive Statement

Anna lives with her boyfriend in a flat near to her family. Her family provide informal support by looking after her son regularly but she does not see any friends outside of the young parents group she attends. Anna does not express evident negativity towards being a mother, although she does not emphasise the positives either, she states, "If I knew I was going to get pregnant at this age, I wouldn't have got pregnant. It's just the fact that I found out and it was too late to get rid of it so I *had* to keep it."

Regarding stigma, Anna says that she has experienced negative comments from people, stating "When I've been in town, people have *looked* at me and I've sometimes overheard people going 'how young is *she*?!'" Anna also complains about media misrepresentation of teenage mothers, "They don't have programmes about *nice* children who have done things *nice*, it's always about the *worst*, I don't think they should have that, they should have it equal". However, despite this, Anna says that she does not really care what other people think about her, "My family are happy and that's all that matters to me, it's my business and I ain't bothered what other people think".

Anna and her son attend the weekly group sessions. She said that because she did not have any friends, joining the group was a chance to make some. Since she started attending the group, Anna says that she enjoys talking to the other mothers, "You meet people in the same boat as you basically and you feel you're not going through it on your own, you're doing it with other people". Also, Anna feels that since making some new friends, she has become more sociable in general, "whereas before I was a bit of a miserable cow and wouldn't really talk to anyone!". Anna said that she has spoken with the other group members about the stigma she is subject to, and she says that it is good to know that she's not the only one in being criticised and that "we all have a bit of a laugh about what people have said to us and agree that it's all a bit sad!".

Regarding EET, Anna says that she wants to wait until her child is about one before she puts him in nursery so she can go to college,

...and then I could get a job and support my child like I *should* be doing, not relying on other people. I don't like the fact of having to rely on benefits and things like that just to pay for things.

Pattern Coding: New codes

The new code, "To make friends" will be added as 3a) 4. This is separate from 3a) 1 "To meet other teen mothers", as Anna did not have any friends to speak of prior to going to the group. People for whom code 3 a) 1 applies may indeed already have friends.

The new code 3d) 9, "Become more sociable" has been added as an additional function of group support.

Interview 14 – Alison, 19 years of age, one child, aged 11 months, born when Alison was 18.

Descriptive Statement

Alison split up with her partner before her son was born and lived with her parents temporarily, she now lives on her own. Her mother provided her with informal support when she lived at home and continues to provide support, albeit to a lesser degree, "...since I've moved out on my own, I've had a lot of support from my mum but I feel a bit more independent. I cope quite well with him on my own...". Alison sees her motherhood very positively saying the only thing she would change would be to have had a child with someone she was going to stay with, but comments, "Whatever age you are, that's not something you can predict is it?". Alison has not kept in touch with the friends she had prior to becoming pregnant, none of whom had children themselves. Alison is starting to apply for jobs, having preferred to spend the first year of her son's life at home with him and develop a close relationship prior to putting him into a nursery. She is receiving help from staff at the local Teenage Pregnancy Unit in doing so, and makes the following comments,

...they put down that because I've been a mum, that counts as experience, like skills and that. But if I'd applied for a job on my own, and said I'd had a baby, they'd see the last year as unemployment...

Alison criticises the media portrayal of teenage mothers and believes that it fuels the stigma that they are subject to, "...it's not very often that you see the good points though on TV and stuff...people think we do it to get a flat from the council! [laughs]". She has experienced stigma directly from the general public, recalling an incident in shop when an elderly person made negative comments,

"...I was just waiting in the queue and there was this old woman stood next to me, she started like tutting and stuff, I said, 'and what exactly is *your* problem?' She said something like 'you get younger all the time you teenage mums, it shouldn't be allowed'. And I said to her that in her day people wouldn't bat an eyelid at someone having a kid at 18 or 19, that shut her up! [laughs] You've got to put these people in their place, they've got no right to say shit like that to us, but I suppose I've got to think, it's them with the problem innit?

Alison says that such comments do not upset her, she just finds them irritating.

Alison has been attending the teenage mothers' group since moving to the area, she started attending because she did not know any other young mums and wanted to meet some.

I like it here basically because I haven't been here long, on the estate, and I get to meet like new mums and that my age, get advice from each other and stuff. If this wasn't here I think I'd feel quite isolated because the only other person I go to for advice is my mum and although I do appreciate her advice I find that you do need like an outside person who's going through the same things as you to talk to

Alison says that she sometimes talks to the other mothers in the group about stigmatising comments that they receive, "we all have a good laugh about it really, I just say you've got to stand up for yourself and not take any crap from people, we're all good mums, that's what I tell the others, we ain't got nothing to be ashamed of".

Pattern Coding: New Codes

Alison commented that without the help of a local scheme to assist teenage mothers in finding employment, she would have had difficulty convincing employers of the transferable skills that she has obtained through becoming a parent, such as time management and being responsible for someone else. Therefore, this needs to be entered as a potential barrier to EET, this will be entered into the coding guide as 1. c) iii. 3.

Alison stated that one of the things she liked about the group was that she got to receive advice from the other mothers, people outside her informal support network. This will be added as 3. d) 10. Additionally under this heading, Alison said that the group had been vital to integrating into a new environment, a housing estate on which she did not know anyone, this will be added as 3) d) 11.

Alison talked with the other mothers about the stigma they are subject to. "Reinforcing the normality of teenage motherhood" will be added to the coding guide (new code 3c)4) to represent her comment that during such discussions, the teenage mothers in the group shared the view that stigmatising comments and attitudes towards them are ridiculous and that teenage motherhood was normal. In addition, Alison stated that such discussions bolstered the confidence of other teenage mothers about their parenting abilities (new code 3c) 5).

Interview 15 – Dawn, 19 years of age, three children; one aged two, born when Dawn was 17, and twins, aged one, born when Dawn was 18.

Descriptive Statement

Dawn split up with their father prior to the twins being born and does not have any contact with him. Dawn lives on her own although she receives informal support from her mother, sister and neighbours, who are close friends, "...they come and look after the twins for a couple of hours to give me a break, it's really good of them...". The following extract shows Dawn's feelings about motherhood.

"...I didn't think like...I never wanted kids...No I never wanted kids, but when I had her I bonded with her straight away. I wouldn't do anything differently, maybe have them a bit further apart but that's the only thing..."

Dawn does experience pressure from Jobcentre staff to go to work, as she is on benefits, she has to have an interview with them at regular intervals. However, although she wishes to return to work at some point in the future, she will wait until her children are at school,

My view is that you don't have children to give them to someone else to look after, you have them and look after them yourself. If you want to work then you work when your children are at school, they're my responsibility, I look after them, nobody else.

Dawn says that she does not read the paper or listen to the news so does not have any comments to make regarding the media portrayal of teenage mothers. However, she experiences stigmatising attitudes regularly from the general public and is annoyed when this happens,

When I'm on the bus and things like that, old people, they're vile towards me. They get on the bus and they moan...if they're sitting in the pushchair bit they won't move, they'll just look at you...I'm terrible now I am! I just tell 'em! When you do answer back to them they say you ain't got no respect for the elders, but it's a two way thing [laughs].

Additionally, she has experienced stigma in her use of health services,

A few times when I've been to the clinic to get them weighed and that, I go with my mum. And the nurses and that, they talk to my mum, rather than to me, they treat me as if I'm a

child. Sometimes, I've actually said something like "Look, I'm their mum!", and they've been alright after that.

Dawn attends the teenage mother's group once a week. She started going in order to get out of the house as she tended to just stay in because "...in the house it's not hard, it's getting them out on my own...". She says that since going to the group she has met some new people and made a few friends with some of the other mothers. However, she says that she wishes the group was for longer than the two hours that it lasts. Dawn talks to the other mothers about the stigma they are subject to, "we have moan about it but that's it really, we tell each other about what people have said to us and agree about how ridiculous it all is".

Pattern Coding: New codes

Regarding the group support that she receives, Dawn stated that she wished the sessions lasted for longer, therefore this will be added as a criticism under code 3. e) 1. However, this criticism could be interpreted in two ways. Firstly, it might be the case that Dawn enjoyed coming to the group so much that she wanted it to last longer and secondly, one could take the view that having spent a considerable amount of time getting her three children ready to come out of the house, having the group session last longer would have made attending more worthwhile. It is suggested that there are elements of both views here in Dawn's point.

Interview 16 – Estelle, 19 years of age, one child, seven months old, born when Estelle was 18.

Descriptive Statement

Estelle receives informal support from her mother and sister, as well as from friends she knew prior to becoming a mother, "I was probably the last one to have a baby so they've all got kids who are like one or two so I get loads of advice from them". She views her motherhood positively and says that she would not change anything about it. Estelle has never had a relationship with the baby's father. Estelle states that she has not really thought about EET and is unsure about whether she wants to go to college or work, "That's something for the future, not just yet, when he goes to nursery or school... I want to spend some time with him first".

Estelle states that no one has ever made a stigmatising comment towards her, but she does experience negative attitudes from the general public "...they just give you dirty looks like, it makes you feel uncomfortable and annoyed. I just brush it off and ignore it now, I'm used to it...".

Estelle states that she started going to the group as a way to get out of the house. Since joining the group she says that she has made a few new friends who she did not know before. Additionally, she has tried new activities that she would not have tried otherwise, "some of the things we do here are great, like salsa dancing and stuff. That's great! [laughs] I'm going to try and do that more". However, she does comment that she wishes the group could meet on another day during the week in addition to the one day that it currently runs.

Estelle states that she talks to the other mothers about the negative perceptions of teenage motherhood, "All the other young mums get the same thing and it helps to talk to them about it, I know it's not just me".

Pattern Coding: New codes

The new code 3. d) 12. "Developing new interests" has been added to the coding guide to reflect Estelle's observation that since coming to the group, she has tried out new activities that she would not have tried otherwise and subsequently enjoys.

Following Estelle's comment "I know it's not just me" when recalling her discussions with the other mothers about stigmatising attitudes they encounter, the new code 3.c) 5. "Not feeling alone in being subject to stigma" will be added to the coding guide.

The code 3.e) 2. "Wanting more sessions per week" will be added to the coding guide to reflect Estelle's criticism.

Interview 17 – Katie, 20 years of age, one child, six-months old, born when Katie was 19.

Descriptive Statement

Katie lives with her partner and receives informal support from him and her family. She is very positive about her motherhood, "I wouldn't change my situation for the world". Katie was due to return to her job at the time of the interview, from which she had taken maternity leave to have her son, she made the following comments about maintaining a balance in her life,

On the one hand, I don't want to leave my son until he's old enough to be left, but on the other hand, I love my job. And if I didn't go back, I'd lose it. I want to have a career and do well, you have to kind of balance both. It is really hard trying to do it but I've always wanted a career *and* children.

Katie made comments about the media portrayal of teenage mothers, saying that the characters portrayed in the media are unrepresentative but that it does not really bother her because "anyone who knows any young mums knows that that's really stupid". Katie has not received any verbal criticism from anyone about being a teenage mother but she has experienced negative attitudes,

Quite a lot of people look down at you, when I was pregnant especially. You get nasty looks, even from some people your own age...A lot of people see the bad more than the good...When they see a young mum, they just think, they're like, well she's never worked, she's on benefits...I get it less here though (on the estate to which she had recently moved) whereas before I was living in an area where there weren't many of us but there's a lot of young mums here, its normal.

Katie says that she is not really bothered about people looking down on her as she is happy with her life, and does not waste her energy worrying about other people's judgements.

Katie began attending the group when she moved to the area three months prior to the interview. She wanted to attend because she did not know anyone on the estate and wanted to make new friends. Additionally, as her son was going to be attending a nursery when she went back to work, she wanted to get him used to being around other young children. She states that she has made two good friends by going to the group and through them, has got to know other people on the estate. From Katie's interview, the group does not appear to have any function for her regarding the effects of stigma, as she did not say anything to indicate that she was negatively affected by it in any way.

Pattern Coding: New Codes

Katie stated that one of the reasons she chose to go the group was to get her son used to being around other children, therefore "To prepare child for an environment with other children" will be added as code 3. a) 3. This will also be represented as an additional function of group support under 3e) 13.

Interview 18 – Paula, 18 years of age, one child, aged four months

17.

Descriptive Statement

She had not been in a relationship with the father of her child and does not see him. She lived with her parents, from whom she received informal support, and was supported by her friends, several of whom were teenage mothers. Paula views motherhood largely positively but states that she wishes she was with someone she was going to be in a long term relationship with. She plans to go back to college when her son is older in order to finish a course that she started when she became pregnant.

I want to go back fairly soon but I'm worried it will be hard to find a partner. I might wait until he goes to school, that way it'll be easier because I've got to sort out childcare for him and it's hard to get 'em into nursery.

Paula talks about the programme Little Britain and the teenage mothers who appear on it. She can't believe that, that's so ridiculous! As if anyone is *actually* like that that seriously, I mean how could they! [laughs]. Paula makes the stigmatising attitudes of the general public, "When I walk around town people look snotty and stuff...But I just ignore it, I'm used to it now. I've never been like that though". Paula states that ultimately, people displaying these kinds of attitudes are the problem and she has nothing to feel bad about.

Paula started coming to the group because she says that she wanted to get out of the house for a week, "It was just the same every day, stay at home, go to the shop, go to work on the estate. I wanted to just get away and do something to break up the monotony. Coming to the group has resulted in her making new friends and meeting people from people her own age who are "sort of outside of my little world or outside of her existing informal network. She also says that it is good to have support from the support worker at the group. She states that it feels easier to talk about issues related to caring for her son than it is to ask a doctor or health professional. She says that she does not talk to the other mothers about the stigma related to her situation and negative attitudes she encounters because she does not feel that it is her stuff to talk and gossip about without even bothering with that"

Pattern Coding: New codes

Following Paula's comment that she began attending the group in order to break up the monotony of her week, this will be added as code 3. a) 6 in the coding guide.

In addition, her comment as to the limited availability of childcare will be added as new code 1c. iii. 4.

**Interview 19 – Carla: 22 years of age, two children, one aged
born when Carla was 18, second child born when Carla was 20**

Descriptive Statement

Carla has two children, the first of whom she had at 18. She split u
her second child was born. She now lives on her own with her cl
support from her mother and her friends, all of whom have childrer
following comments about her motherhood, "I never wanted childre
I've got two! But I suppose I've got loads of time for that sort of thi
soon as she left school but gave up her job when she became preg
waiting until her children are at school before she goes to colleg
because I want to go on a full time course where I'm there from r
there's no facilities for me to be able to do that".

Carla experiences stigma from the general public,

Loads of people look down on you though. I was shoppin
old people talking about me, about being a teenage mother.
19 actually!"

She feels annoyed about being judged because she feels the teer
applicable to her, "I worked for two years before I had him so it's
scrounger".

Carla started attending the group because she wanted to get out of
said that she wanted to give her children the chance to mix with otl
to this early on in their lives. She said that since going to the grc
been a good experience as before, she tended to stick with the frien
her life.

Carla talks to the other mothers in the group about the negative
says it's helpful

...to have a good whinge about it and let off some steam..
getting that kind of crap from people but sometimes the o
back to people, I should just ignore them but it's hard, I can't
myself, if I don't who will?!"

Pattern Coding

No new codes.

Interview 20 – Sarah: 20 years of age, one six-month old daughter, born when Sarah was

19

Descriptive Statement

Sarah lives with her partner, from whom she receives informal support. She also receives support from her mother and family. She is positive about her motherhood and says that she always wanted to have children so her age made absolutely no difference. Sarah is considering going to college to do a vocational course at some point in the future when her daughter is older. However she makes the following comments which express her view that motherhood is a vocation in itself,

... 'cause there's a lot of people that *aren't* mums who are on Jobseekers like, just because they can be. There's no actual reason why they're not working. Like if you've got a baby you actually want to *be* with your baby. It is a *job* in some respects.

Sarah has not experienced anyone ever making a negative comment towards her for being a teenage mother but comments, "You get people like *look* at you in the street and stuff like that and old dears tutting at you... It doesn't really bother me because I was bullied at school and I've just come to a point where I don't *care* what people think, sod 'em [laughs]".

Sarah started attending the group because she did not have any friends and wanted to make friends with people whom she had something in common. When discussing what she has gained by coming to the group, she said

Its been good to meet some other people who are in the same situation so they know what you're going through... I feel a bit more confident, like in myself. Before I used to be really quiet but talking to this lot (who can be a bit loud!) has really brought me out my shell I suppose.

Sarah says that she talks to the others in the group about the negative image that the public have of teenage mothers and comments, "we all think it's a bit of a joke to be honest, we're all old enough to make babies so what's the problem with it [laughs]. We all do a good job of it, we're mums and that's it really".

Pattern Coding: New codes

Whilst Sarah did express wishes to go to college in the future, she also made it clear that she felt motherhood could be a vocation in itself. Therefore, this would not be represented by the existing

code 1. C) iii. 3. "Full time motherhood over EET" as she still wanted to participate in EET. A new code was added to the coding guide, "Advocating motherhood as a vocation" as 1. C) iii. 7 to represent her view on this topic. In addition, Sarah stated that attending the group had "Brought her out of her shell", this will be added as 3. D) 14.

3. Chapter Summary

This chapter has presented interview findings for all of the participants. The three interviews included in this chapter were explicated, that is, the coding of the interview were presented. Thereafter, the following findings are presented in a condensed format, including a summary statement and a chart for each participant. Final coding guides and descriptive matrices are provided. Findings of the interviews with one-to-one and group support services are presented. This chapter begins the collective analysis of the interviews pertaining to the experiences of stigma and experiences of support services.

5. ANALYSIS

<u>Chapter Headings</u>	<u>Page</u>
1. Introduction	181
2. Experiences of Stigma	181
3. Experiences of Support Services	199
• One-to-One Support	199
• Group Support	208
• Comparison of One-to-One and Group Support	217
4. Synthesis: Stigma and Support Services	225
5. Chapter Summary	230

1. Introduction

This chapter sets out the analysis of the interview data. The data pertaining to the first focus of the research, experiences of stigma, is analysed first, followed by the second focus of the research, experiences of support services. Thereafter, the data relating to both of the research foci are considered comparatively. The analysis in this chapter focuses only on the data from the interviews in order to establish patterns and relationships between phenomena in the context of the interviewee's lived experiences. The findings are linked up with the key studies from the literature review in the next phase of the analysis, the discussion, which is included as a separate chapter.

2. Experiences of Stigma

The analysis of the findings regarding the first research focus, experiences of stigma, will now be presented. The analysis is split into three sections, the first analyses the experiences of stigma among participants in the one-to-one support service, the second focuses on the experiences reported by group support participants, and the third draws together both of the preceding sections to examine similarities and differences between the one-to-one and group support participants experiences of stigma. The subsections of the first two sections will be organized around the source of the stigma, being the general public, the media and public services. Organising the subsections in this way will enable a consideration of different contexts of stigma and set the grounding for the concept of power to be considered in the discussion chapter. The comparative section includes separate subheadings of effects and coping mechanisms, within which similarities and differences in these areas are considered in further detail. After analysing all of the participants' experiences of stigma, key relationships and patterns will be noted in the summary section.

One-to-one participants:

This subsection considers stigma as experienced by participants of the one-to-one support service, examining both the effects of stigma and the coping mechanisms deployed by the participants when experiencing stigma in the three contexts; general public, media and public services.

General public

This section is concerned with analysing the participants' experiences of stigma when those discriminating against them are members of the general public. All of the ten participants felt that they were stigmatised by members of the general public. This was expressed in actions from "funny looks" to people making negative verbal criticisms of their teenage motherhood. The effect of *short-term annoyance* (negative effect) had not been identified by the literature but emerged from the coding of the interviews as an effect which lay somewhere between no effect and negative effects. The participants stated that they felt disgruntled for a while after being subject to discriminatory attitudes or comments, but this annoyance subsided within a short period of time. In the case of five participants, the negative effect of *short term annoyance* was noted as an outcome of this type of stigmatization (Selena, Lynsey, Kaitlin, Leanne and Jane). Regarding the coping mechanisms that they employed to deal with the negative comments they received, four out of these five participants coped by ignoring comments when they were made. Two additionally used the coping mechanism of drawing on the belief that their motherhood was private (Selena and Lynsey) and one drew on the good mother identity (Kaitlin). Such responses could be labelled as *passive* coping mechanisms, in that they do not involve any interaction with the stigmatizers, instead, participants respond silently by drawing on beliefs that negate the criticisms they have been subjected to.

Lynsey however, did not ignore the comments that were directed towards her. As in the case of Selena, she believed her motherhood was a private matter but unlike Selena, felt that she could not ignore such comments and responded by verbally defending herself. This response involved engaging in an interaction with the stigmatizer, therefore it could be classed as an *active* coping mechanism, in contrast to the passive variety identified in the preceding paragraph. Considering why Lynsey reacted in a more extreme way than Selena and the others, it could be suggested that this may stem from her concern about how others saw her and the way the media portrayed teenage mothers. She felt the most aggrieved because in her view, she was wholly different from the stereotype in that she held career ambitions and had worked hard to combine her motherhood with college from the time her child was born.

Among this group, as well as displaying the negative effect of short term annoyance, alternative effects were also noted. Kaitlin and Selena also displayed *little or no effect*. Once their initial annoyance had subsided, they did not continue to devote energy to thinking about their experiences of stigma. Secondly, *blaming discrimination* was also displayed as an alternative effect. Jane and Lynsey fall into this category, believing that it is the stigmatizers who are in the wrong, not them. This again may be due to their view that the media portrayal of teenage mothers was inaccurate for them. Therefore people were discriminating against them wrongly, assuming that they fitted the stereotype when in fact they did not as both held EET aspirations, Lynsey currently, and Jane in the future. Leanne displayed a new alternative effect, which was not seen in other participants. She believed that the stigma surrounding teenage mothers had actually had a *positive* effect on her in that it had made her stronger and more determined to do well in terms of becoming more educated. Looking at the specifics of her individual situation, some suggestions can be made as to why this was the case. Leanne's motherhood represented a turning point in her life away from negative behaviour, including alcohol and drug use. She was very positive about her motherhood and keen to continue participating in education. Leanne's determination to do well for her children and her gratefulness for motherhood having saved her from continuing upon a downward spiral may have meant that she attempted to put a positive spin on all events, even negative ones, "I don't let people bring me down, I just get on with it, I think I've grown quite a hard skin. If anything, I suppose it's made me stronger and more determined to do well". Therefore, for teenage mothers for whom motherhood represented a positive turning point, belonging to a stigmatized group may have a *positive* effect upon them, acting as a source of motivation. Leanne also displayed a new coping mechanism that was not seen among other participants, that of reacting to negative comments from people by using humour.

Leanne is similar to Lynsey in that she displayed coping mechanisms not shown by the others, humour in her case and verbal defence in Lynsey's. This will be considered in further detail in the next paragraph, however, for now it is sufficient to state that both describe their motherhood as a turning point in their lives, prior to which they had engaged in destructive behaviour such as excessive drinking and drug use. For other participants, for whom motherhood had been seen as inevitable or planned and who were not shocked by becoming pregnant, motherhood is less of a significant event. Jane had also classed her motherhood as a turning point, but her coping mechanisms are less extreme than Leanne and Lynsey's possibly because the behaviour she was engaged in was less dangerous and potentially destructive.

During the interviews, the views of the participants about other teenage mothers often came up in discussion, which aided in the understanding of why they displayed the negative effect of

disidentifying with the group (other teenage mothers). Danielle, Lynsey, Leanne, Clare and Emma all stated that wishing to avoid other teenage mothers was one of, if not the reason why they chose one-to-one support. Although Leanne and Lynsey displayed the most extreme reactions to being stigmatized as teenage mothers, this did not lead them to defend other teenage mothers or indeed make any attempt to identify with them. Indeed, they made openly stigmatizing comments about other teenage mothers,

"They all seemed to just want to go shopping and laze about...they seemed to be perfectly fine with the fact that they were all on benefits...but I'm at college and stuff, making a better future for me and him" (Lynsey)

"I think they're reasonable with the money they give you. If you don't *smoke* and things like that, it does last you" (Leanne)

"...they live with their mums and go out clubbing and things like that" (Danielle)

Whilst Lynsey demonstrated resentment towards others who were perceived by her to be doing nothing, Leanne was critical of other teenage mothers in their willingness to rely on benefits and complain that the benefits they received were not sufficient, implying that if they were to use them more wisely, as she did, they would be sufficient to live on. Danielle stated that she saw herself as more mature and independent than other teenage mothers. She criticised their dependency, not so much upon the state, but upon their own parents, and it can be suggested that her comments implied that they were not as capable a mother as she was. Therefore, this may be an additional effect in itself, stigmatizing other teenage mothers in order to strongly assert that she did not fulfil the stereotype herself. The coping mechanisms employed by the participants who disidentified with the group were closely related to their shunning of other teenage mothers. Three of the four coped by drawing on the belief that their motherhood was private. This could be interpreted as a way of protecting themselves from being further stigmatised by keeping the source of their stigma as private as possible, in this instance by drawing on the belief that it is no one else's business, even other teenage mothers'. Two of the four coped by ignoring negative comments, possibly as a means of preventing additional criticism that may result from answering back to their critics. Engaging in dialogue with critics may in turn further intensify their awareness of belonging to the stigmatized group of 'teenage mothers'. However, Lynsey coped by doing this very thing, answering back and verbally defending herself. It was possible that she had a different rationale to the others though, as she was by far the most aggrieved participant. It could be argued that by the contents of her verbal defence, she was reinforcing her disidentification from the group by explaining to her critics the reasons why she was not a stereotypical teenage

mother. Although engaging in conversation with them may have initially increased her awareness of her belonging to the group, going on to highlight her differences from them in the rebuttals she made turned this around. As earlier stated, Lynsey's motherhood was valuable to her as it represented a turning point in her life away from destructive behaviour, as it had done for Leanne, who also answered back to critics, but in a humorous manner. It could be argued that these two mothers actively distanced themselves from other teenage mothers because having strived to leave negative past experiences behind them, they did not want to be subject to negative labels or stereotypes again, particularly ones they felt that that did not deserve. Lynsey and Leanne may feel a stronger need to defend their motherhood, as in effect, it prevented them continuing on a downward spiral, and answer back to negative comments, Leanne in a humorous manner and Lynsey in a more aggressive manner. Therefore, some may disidentify with their group, as opposed to identifying with them, in an attempt to protect their identity from further stigmatisation.

Ambivalence was a further negative effect shown in addition to *disidentification with group* among these participants (apart from Emma). Referring back to Goffman (1963), from whom this concept originates, ambivalence is where people categorize their fellow stigmatized, then adopt attitudes towards them that are similar to how the non-stigmatized see them. This would manifest itself in the case of teenage mothers by their claims to be exceptions, different from other teenage mothers. Even among those who not display any further negative effects of being stigmatized, there was no desire to be around other teenage mothers. As stated earlier, Danielle, Lynsey and Leanne all made comments which suggested they saw other teenage mothers as fulfilling stereotypical characteristics, whilst seeing themselves as exceptions. These teenage mothers had created a division between themselves as good and caring and others as bad, uncaring and irresponsible. They were able to distance themselves from their stereotypical perceptions of others through stigmatizing other teenage mothers and presenting themselves as exceptions. However, the case of Emma is slightly different. She did not display the additional effect of *ambivalence*. She avoided other teenage mothers because she wanted to avoid socialising with other people in general and actively isolated herself. There was nothing in her interview to suggest that she was actively separating herself from teenage mothers in particular. Therefore, despite, and possibly because of being stigmatized themselves, Danielle, Lynsey, Clare and Leanne still wished to distance themselves from other teenage mothers.

For the other five participants, no negative effects of being stigmatized by the general public were noted at all (Danielle, Vicky, Clare, Emma and Gemma). Instead, they displayed *little or no effect*. Their coping mechanisms were also similar. Drawing on the belief that motherhood was private was used by Danielle, Clare and Emma, whilst Gemma, Emma, Clare and Vicky ignored negative comments. Only Danielle used the coping mechanism of drawing on the good mother

identity. In the case of Vicky and Emma, whose lives are fairly chaotic and transient, it could be argued that they are too preoccupied with events in their day to day lives to be too concerned about what other people think of them. Considering Danielle, Clare and Gemma, it could be suggested that they were accepting of their role as mothers and saw their motherhood as positive and normal, therefore, they did not feel the need to engage active coping mechanisms and just "got on with it".

Media

Four of the ten participants felt that they were additionally stigmatized by the media (Danielle, Lynsey, Kaitlin and Gemma). They resented the negative stereotype of teenage mothers that is portrayed by the media – someone who is happy to live off benefits with no career aspirations. Of these four participants, three were attending college with a view to entering employment afterwards, therefore they felt that the stereotype was completely at odds with the facts about their lives and that positive images of teenage mothers were simply absent from any media coverage about them.

There were two alternative effects of being stigmatized among these participants, firstly, *little or no effect*, or to *blame discrimination*. Both of these responses come under the heading of alternative responses, as opposed to negative responses. Their interviews conveyed that their teenage motherhood was nothing out of the ordinary and nothing to be ashamed of. Therefore in this respect, they had values different from those of policymakers, who, under the Teenage Pregnancy Strategy prevention agenda, are striving to reduce the number of teenage pregnancies. However, their participation in EET demonstrates that in other respects, their values that are similar to those informing the support agenda of the Teenage Pregnancy Strategy, and challenges the common misconception of teenage mothers as a perpetual drain on the welfare state.

Public services

Kaitlin and Leanne experienced negative comments from staff whilst in hospital having their children. Aside from short term annoyance, no long term negative effects were evident. Having experienced such discrimination, it could be assumed that this would lead to future *strained interactions with potential stigmatizers*, in these instances, however, this was not the case. This may be because they were unlikely to encounter the same members of staff again in the future and did not assume that just because they had acted negatively towards them, others working in health services would do the same. However, a more likely explanation may be that the participants had only just given birth to their children and were too preoccupied with adjusting to their new roles as mothers to pay any heed to the comments that were directed towards them or

speculate as to whether other health services staff would demor
future. Linked to this was the absence of the coping mechanism
services. Part of the reason for not avoiding services within which
experienced could be that in this case, health services, the se
essential to the wellbeing of both mother and baby. In additi
motherhood highly and they ignore negative comments because the
criticisms are unjustified and they have as much right as anyone els

Summary

Considering the one-to-one participants' experiences of stigma, th
from the initial analysis. Among this group of teenage mothers, al
the general public discriminated against them, whilst four felt a
media and two reported experiencing discrimination in their use of
coping mechanisms varied among the participants however *short-t*
common negative effect, followed by *disidentification with group* and
common alternative effect was *little or no effect*, followed by *blami*
the most commonly deployed coping mechanisms were ignoring co
that their motherhood was private and engaging the good mc
mechanisms can be said to be of a *passive* nature as they do
interaction with those who are criticising them, whereas the other
of verbal defence and humour do. All of the one-to-one support pai
least the general public, with others feeling additionally stigmatized
of public services. Those who felt stigmatized in more than one
media as well as by the general public, were more likely to use ac
those who experienced stigma in only one context. However, ther
any of the more extreme negative effects, for example, *low self-este*
blaming oneself for the discrimination experienced, the abser
considered in the Discussion chapter. Considering the four parti
group and displayed *ambivalence*, it could be argued that th
consequences for them personally, as they have chosen to disenga
do not wish to belong, despite their critical comments doing nothing
the wider group of teenage mothers. Therefore, whilst all of th
stigmatized for being teenage mothers, this does not appear to hav
term negative effects upon themselves personally. The analysis ne
findings for the group support participants.

Group Participants

This subsection considers stigma as experienced by participants of the group support service, and follows the same layout as that adopted for the analysis of experiences of stigma among the one-to-one support participants. In so doing, it examines both the effects of stigma and the coping mechanisms deployed by the participants when experiencing stigma in the three contexts; general public, media and public services.

General public

All of the ten participants felt that they had been stigmatized by the general public. Among those participants who experienced the negative effect of *short term annoyance*, two responded by ignoring any comments that were made (Jenna and Estelle), whilst three responded by verbally defending themselves (Alison, Carla and Dawn). Considering those using verbal defence, Alison wished to engage in EET when her child was older and additionally expressed anger about negative portrayals of teenage mothers in the media. The combination of the two could have made her sufficiently aggrieved to verbally respond to negative criticisms directed at her by the general public. Carla was very keen to point out her future EET aspirations and the fact that she had worked prior to becoming a mother, therefore was keen to put people right when they openly criticised her teenage motherhood. Dawn also verbally defended herself when faced with negative comments. She had felt pressurised by staff at the Jobcentre to go back to work but she had been adamant with them that she wanted to stay at home with her children until they were older. In addition, she felt that she was treated unfairly by staff at her medical clinic. Therefore, having already felt her motherhood under scrutiny by Jobcentre and clinic staff, when faced with criticism from the general public too, this evoked the reaction of verbal defence. As well as experiencing short-term annoyance, Carla, Alison and Dawn also displayed the alternative effect of *identification with group*. This suggests that those displaying this alternative effect are more likely to be verbally defensive when criticised by the general public because they feel that they are defending other teenage mothers as well as themselves. Those who saw other teenage mothers regularly at group sessions and who had teenage mothers in their social networks were likely to identify with them and share experiences of stigma.

The reasons why the other two participants displaying the effect of *short term annoyance* did not verbally defend themselves, ignoring the comments instead, will now be considered. Estelle considered her motherhood inevitable, unlike Carla, Alison and Dawn for whom it was unplanned. Many of Estelle's friends were also teenage mothers, therefore she had possibly received advice from them on coping mechanisms. The normality of teenage motherhood for Estelle, having anticipated it and had friends who were teenage mothers, may suggest that she felt more secure in her motherhood and less inclined to defend it verbally. The reasons why Jenna did not answer

back may be explained by the other coping mechanism she employed, that of stating that her motherhood was private. This may have prevented her from verbally responding to criticism through fear of inviting further criticism, which she did not want because she considered her teenage motherhood private and not open to further prying.

Five participants stated that the stigma they encountered from the general public had *little or no effect* on them. Three out of the five responded by ignoring the comments, which is a predictable response when not bothered by comments that are made. Indeed, two of these participants, Holly and Paula, also displayed the alternative effect of *blaming discrimination*. Therefore it can be suggested that they did not verbally defend themselves because they felt no need to as they believed that they had not done anything to warrant the criticism; the stigmatizers were in the wrong, not them. Holly's response to stigmatization was to draw on the good mother identity, further reinforcing the alternative effect of *blaming discrimination*, she asserted that she was a good mother, which gave further strength to her blaming of the discrimination, rather than herself.

Alison and Sarah's interviews contained evidence that they displayed the alternative effect of *comparing themselves to appropriate others*, that is, other teenage mothers. This arose when discussing the role of the group in managing the effects of stigma, in which they both said that they had reassured others in the group that they were good mothers. To say this, they may have at some point, drawn a comparison between themselves and the others. However, this could be taken as an attempt to reassure the other mothers. Although other participants did not make comments to state that they compared themselves to the others, they had been part of the same group sessions in which Alison and Sarah had made the above comments. Therefore it could be suggested that they too had at some point displayed the alternative effect of comparing themselves to appropriate others.

Media

Three participants felt that they were additionally the subject of stigmatization by the media; Holly, Anna and Alison. As discussed in the previous section, the *short term annoyance* that Alison felt at media stigmatization of teenage mothers, in addition to that she faced from the general public, may have contributed to her more extreme response of verbal defence. However, in the case of Holly and Anna, the presence of the media as an additional stigmatizer did not result in the effect of *short term annoyance* as it had in Alison's case. Hence, the responses that Holly and Anna displayed to stigma were less extreme than Alison's. In Anna's case, this may be explained by her view of her teenage motherhood. She did not emphasise the positive points of motherhood to the same extent that other participants had done, so despite feeling stigmatized by both the general public and the media, her ambiguous feelings about being a mother prevented her

defending it in a more active manner. In Holly's case, her response to feeling stigmatized by the media and the general public was to draw on her good mother identity. Looking back at their interviews, it can be said that Alison felt more aggrieved about the media stigmatization than Holly did, which may go some way to explaining their differential responses.

Public services

Dawn stated that she had encountered attitudes conveying teenage mother stigma in her use of public services. This had been from nurses at her clinic, when she and her mother had gone to the clinic together for her children's health checkups. Dawn stated that the nurses had spoken to her mother, as opposed to her. This led Dawn to believe that they did not have confidence in her abilities as a mother because she was young. Dawn had responded to this in the same way that she responded to stigma from the general public, by verbally defending herself. Therefore, in Dawn's case, there was no difference in the effects of or responses to stigma when experienced in use of public services to that experienced from the general public.

Summary

Considering stigma as experienced by the group support participants, the following points emerge from the analysis. Regarding the source of stigma, all ten participants believed that the general public discriminated against them, whilst three felt additionally stigmatized by the media and one reported experiencing stigma in her use of public services. As was the case for one-to-one support participants, effects and coping mechanisms showed variation between participants, however, the following emerged from the examination of the same. The only negative effect shown by group participants was that of *short term annoyance*, there was no evidence that any of the participants experienced the more extreme negative effects such as *low self-esteem* or *depressive symptoms*. Regarding the alternative effects, *little or no effect* was the most common, followed by *blaming discrimination*, *identifying with group* and *comparing oneself to appropriate others*. The most popular coping mechanisms were ignoring, verbal defence, drawing on the belief that their motherhood was private and the good mother identity. It was established that those experiencing stigma in more than one context, for example from the general public and in their use of public services, were more likely to use active coping mechanisms than those who experienced stigma in only one context. However, among the group support participants, when faced with discrimination, there is a strong propensity to identify more with the stigmatized group (other teenage mothers). Coping mechanisms are of both an active and a passive nature, although the proportion of those using active coping mechanisms is smaller than that of those using passive coping mechanisms. In summary, despite all of the group support participants believing that they are stigmatized by the general public, with some feeling additionally stigmatized by the media and in their use of public services, it does not appear that any long term

negative effects were experienced, indeed, the evidence points towards the suggestion that feeling stigmatized results in a stronger identification with their fellow stigmatized (other teenage mothers).

Experiences of Stigma among all Participants

Introduction

This section draws together the analysis of the one-to-one and group support service participants' experiences of stigma. The contexts in which stigma was experienced are considered to begin with, followed by the effects and coping mechanisms displayed by the participants. Within this section, the analysis identifies similarities and differences between the two groups' experiences, suggesting reasons for the same.

Contexts of Stigma

This section will draw together the analysis from the two groups of participants in order to look comparatively at the contexts in which they experienced stigma. The comparative analysis under this heading will firstly consider stigma experienced amongst the general public, followed by media stigmatisation before moving on to consider stigma experienced in the participants' use of public services.

As earlier noted, all participants, both from the one-to-one and group support services felt stigmatized by the general public. The majority recalled incidents when people had been rude to them and criticised their young motherhood. These incidents ranged from people looking at them in a disapproving way to others openly making negative comments and engaging in arguments with them. Therefore, discrimination at the hands of the general public was a regular occurrence for the teenage mothers in this study. However, whilst all suffered from discrimination in this context, the participants displayed different effects and drew on different coping mechanism as a response to this. These will be considered under the next subheading having considered the other two contexts of stigma in this study; the media and public services.

Amongst both group and one-to-one participants, those stating that they felt stigmatized by the media stated that they felt media portrayal of teenage mothers was unrepresentative of their lives. Most of the participants who felt this stigma had EET aspirations and said that the stereotype of the teenage mother as lazy and willingly benefit dependent was unfair as it led people to believe that all teenage mothers were like this. Some commented that the media rarely portrayed positive images of teenage mothers, who were ambitious in terms of a career and a desire to become financially independent.

Three participants had experienced stigma in their use of public services, two from the one-to-one service, and one from the group service. Discriminatory attitudes had been expressed by staff in health services in the case of all three participants. Leanne and Kaitlin from the one-to-one

service had experience this in hospital whilst they were having their babies. Dawn from the group service had experienced this from staff at her local clinic when taking her child for health checkups. However, regarding effects and coping mechanisms, stigma from public services does not appear to be a separate case to that of stigma from the media and from the general public. The effects of and responses to stigma experience in this sphere do not differ from those in the sphere of the general public or the media and it is to the effects of stigma this comparative section now turns.

Effects and Coping Mechanisms

This section will look comparatively at the effects of stigma as displayed by the participants in the study and draw out any similarities and differences between the effects as experienced by one-to-one and group support participants. Following on from this, the coping mechanisms engaged by the participants will be comparatively examined, again drawing out similarities and differences as experienced by the two groups of participants.

Effects

The effects displayed by the participants are presented in table format below in Table 5.1.

Table 5.1: Effects of Stigma Displayed by the Participants

Negative Effects	Alternative Effects
Short-term annoyance	Little or no effect
Disidentification with group	Blame discrimination
Ambivalence	Identification with group Compare self to appropriate others Positive effect

Firstly regarding the negative effect of *short term annoyance*, the same proportion (half) of participants from each support service displayed this effect. Considering how those experiencing this effect coped, the following points were noted. Ignoring was used by a similar proportion in both the group and one-to-one support service users. However, those from the one-to-one

service were more likely to engage other passive coping mechanisms (drawing on good mother identity, drawing on belief that motherhood is private) than group participants in response to negative attitudes or comments, the active coping mechanism of verbal defence was more common among the group support service users. Those feeling the most aggrieved at being stigmatized were more likely to respond actively, regardless of whether they participated in one-to-one or group support. However, the reasons for using the response of verbal defence may differ. Lynsey, who used the one-to-one support service, also displayed the negative effect of *disidentification with group* (that is, other teenage mothers) and therefore may have wanted to make clear her difference from other teenage mothers, about whom she held negative views, by responding verbally to negative comments. Carla, Alison and Dawn, who participated in group support, additionally felt the alternative effect of *identification with group*, therefore it could be suggested that their verbal defence came out of a desire not only to defend themselves, but also other teenage mothers, about whom they felt criticism was unjustified.

Considering the effect of *disidentification with group* in more detail, this was evident amongst other one-to-one participants, but none of the group participants. Another negative effect, *ambivalence*, was found to be closely linked to that of *disidentification with group*, and again, was found only amongst one-to-one support service participants. As discussed earlier in the analysis, the four participants who displayed both of these effects were openly critical of other teenage mothers, making stigmatizing comments about them and arguing that they themselves were exceptions to the rule in that they were more capable as mothers, or more ambitious than other teenage mothers, whom they perceived as contentedly benefit dependent. Neither of these effects were evident amongst group support service participants, half of whom displayed the effect of *identifying with group*, which had not been found amongst any one-to-one support service participants. These group participants who saw other teenage mothers regularly at the group sessions and had teenage mothers in their social networks were therefore likely to identify more strongly with their fellow stigmatized, rather than turning to become stigmatizers themselves, as could be argued was the case for those one-to-one participants displaying *disidentification with group*. Another alternative effect that was associated with *identify with group* was *compare self with appropriate others*, which again, was displayed by group participants but not one-to-one participants.

However, as well as negative effects, alternative effects were also discovered among one-to-one support service participants. Leanne stated that belonging to a stigmatized group had actually had a *positive* effect upon her. As discussed earlier, Leanne's motherhood represented a turning point in her life away from negative behaviour, she was very positive about her motherhood and keen to continue participating in education. Leanne's determination to do well for her children

and her gratefulness for motherhood having "saved" her may have meant that she attempted to put a positive spin on all events, even negative ones. Therefore, for teenage mothers for whom motherhood represented a positive turning point, belonging to a stigmatized group may have a positive effect upon them, acting as a source of motivation.

Another alternative effect was *blame discrimination*, displayed by five of the group participants and two of the one-to-one participants. Those displaying this had made comments to the effect that it was those who were discriminating against them that were in the wrong, and blamed them for discriminating against them, rather than attributing blame to themselves for being stigmatized. It can be suggested that the reason for more group than one-to-one participants displaying this effect was that the normality of their motherhood was more firmly reinforced than the one-to-one participants due to regular contact with other teenage mothers and the presence of a belief that they belonged to a group with factors in common, stigmatization being one of them. Whereas the one-to-one participants took criticism as a personal attack and their blaming of discrimination centred on their belief that the discrimination was based on inaccurate assumptions, which did not apply to them, as they were exceptions.

In summary, it has been established that there was a wide variation in the effects of stigma as experienced by the participants in this study. However, the following comparative observations can be drawn. The effects shown by a similar proportion of both one-to-one and group support participants was *short-term annoyance*, affecting half of all those interviewed. *Blaming discrimination* was also an effect shown by both, but by more group participants than one-to-one participants. However, some one-to-one support participants *disidentified with group* and showed *ambivalence*, whilst this was not the case for any of the group support participants. *Identifying with group* and *comparing self to appropriate others* was evident amongst group but not one-to-one participants. Therefore, it can be suggested that those teenage mothers who identify themselves as belonging to the larger population of other teenage mothers are likely to respond to stigmatizing situations by identifying further with their stigmatized group, making in-group comparisons and voicing the belief that the stigmatizers are the ones in the wrong. However, those who do not identify with other teenage mothers, and indeed may consciously isolate themselves from them, respond to stigmatizing situations by further distancing themselves from the stigmatized group by stating that they are exceptions and perhaps to reinforce this point, developing their own stigmatizing attitudes towards other teenage mothers.

Coping Mechanisms

The following coping mechanisms were engaged by participants in this study; verbal defence, humour, drawing on belief that motherhood is private, ignoring and drawing on the good mother identity. Throughout the analysis, these have been grouped into two categories, *active* and *passive* coping mechanisms. To briefly recap, *active* coping mechanisms can be described as those in which the person receiving negative criticism reacts to it by engaging in an interaction with their critics, whilst *passive* coping mechanisms do not include the same type of response, instead, those engaging these types of coping mechanism respond silently, by drawing on beliefs which negate the criticisms they have been subject to. These categorised coping mechanisms are presented in Table 5.2 below.

Table 5.2: Active and Passive Coping Mechanisms Used by Participants

Active Coping Mechanisms	Passive Coping Mechanisms
<ul style="list-style-type: none"> • Verbal defence • Humour 	<ul style="list-style-type: none"> • Ignoring • Drawing on the belief that motherhood is private • Drawing on the good mother identity

Passive coping mechanisms were used by the majority of the participants; fifteen of the twenty used them in isolation, whereas two used them in conjunction with active coping mechanisms. Over half of these participants (eight), stated that they suffered no negative effects of being stigmatized, not even *short term annoyance*, which suggests that they felt confident in holding the beliefs that valued teenage motherhood and were able to brush off negative comments that were directed at them. Indeed, two of these eight explicitly stated that the discrimination itself was to blame, which could be interpreted as meaning those who discriminated against them held values that were wrong, therefore the criticisms they voiced were unjustified. Amongst participants who demonstrated the alternative effect of stigma having *little or no effect* upon them, the passive coping mechanism of ignoring was used. One-to-one participants, also used the ignoring coping mechanism, however, they were more likely than the group participants to additionally use the coping mechanism of asserting the privacy of their motherhood. Amongst both the one-to-one and group participants, those displaying *little or no effect* of being stigmatized are less likely to respond *actively*, that is, verbally defend themselves. *Passive* reactions, such as ignoring or telling themselves that they were good mothers, reactions that do not require engaging in dialogue with those who have directed negative comments toward them, are more likely.

All of the participants who used active coping mechanisms, both on their own and in conjunction with passive coping mechanisms, had experienced the negative effect of *short term annoyance* when experiencing stigma. Therefore the active coping mechanisms could be suggested to be a response to feeling annoyed in the short term at having been criticised. However, not all of those who experienced *short term annoyance* employed active coping mechanisms. Considering why this may be the case, individual circumstances need to be reconsidered. Selena, Kaitlin, Jane, Jenna and Estelle did not respond actively, although all had experienced *short term annoyance*. Considering what set them apart from Lynsey, Leanne, Alison, Dawn and Carla, who all employed active coping mechanisms having experienced *short term annoyance*, there are two possible explanations, that may apply separately or act in combination. The first relates to the contexts in which these participants experienced stigma. Leanne, Lynsey, Alison and Dawn all reported feeling stigmatised in more than one context; Lynsey and Alison by the media and the general public, Leanne and Dawn by the general public and in their use of public services. As suggested earlier, those feeling stigmatised in more than one context are more likely to engage in active coping mechanisms than those feeling stigmatised in only one context.

Experiences of Stigma: Summary

In summary, discrimination from members of the general public is by far the most common context of stigma experiences, with all twenty participants describing instances of this. The second most common context for stigma is the media, with seven participants feeling stigmatized by representations of them on television and in newspapers. Experiencing stigma in use of public services was the least common, with only three participants reporting having experienced discrimination in this context which they attributed to their teenage motherhood.

Despite the wide belief that they were stigmatized, it does not appear that any long term negative effects were experienced by the majority of the participants. However, some one-to-one participants *disidentified* with the stigmatized group and were *ambivalent*, effects which at first may appear to be very negative but on further consideration, the decision to cut themselves off from other teenage mothers may be seen as a positive step by those participants making this decision. Therefore this may be personally beneficial, but on the other hand, the comments made by these participants do nothing to challenge the stereotypes of teenage mothers present in society. Meanwhile, for the group support participants, who *identified* with other teenage mothers, the evidence points towards the suggestion that feeling stigmatized results in a *stronger* identification with their fellow stigmatized. Therefore, amongst those who *do not* identify with other teenage mothers, experiences of stigma are likely to result in further detachment and possibly the adoption of a stigmatizing attitude towards other teenage mothers, whilst amongst those who *do* identify with other teenage mothers, stronger identification with their fellow stigmatized is likely to result from experiences of stigma.

The coping mechanisms that the participants engage also offer interesting insights. On the whole, whilst active *and* passive coping mechanisms are demonstrated by all participants, those who identify more strongly with their fellow stigmatized show more evidence of the active coping mechanism of verbal defence than those who do not identify to such an extent. Perhaps, as has been suggested, because of this stronger identification with other teenage mothers, they feel that they are defending their fellow stigmatized as well as themselves in their responses to discrimination. The number of contexts in which teenage mothers feel stigmatized may also influence coping mechanisms; those feeling stigmatized in more than one context are more likely to use active coping mechanisms than those experiencing stigma in only one context. The results of the analysis of the interview data pertaining to this research focus, experiences of stigma, will be further considered in the discussion chapter, which will draw upon the previous research from the literature review with a view to establishing further possibilities for meaning. However, the analysis now shifts its emphasis to the second research focus, that of experiences of support services.

3. Experiences of Support Services

The initial analysis of the second research focus, experiences of support services, will now be presented. This is split into three sections; the first examines the interview findings of the one-to-one support participants, the second does the same for group support participants and the third compares the key themes emerging from each support service. Within the first two sections, the analysis considers factors influencing the participant's selection of a particular mode of support and the functions fulfilled by that mode of support, before providing a brief summary of these findings. The third section then brings together the key findings from each of the support services and presents a comparison.

The One-to-One Support Service

This section is concerned with analysing the factors that emerged from the interviews regarding the one-to-one support service mode. The section will firstly consider the selection of one-to-one support, followed by the functions of one-to-one support before concluding in a summary of the key themes identified for this mode of support.

Selecting a Mode of Support

In analysing the interview findings regarding selection of the one-to-one support mode, two factors are taken into consideration. The first factor is the explicit reasons provided by the participants as to why they chose to participate in one-to-one support. The second factor is the individual's background, insofar as their existing network of informal support, their view of their motherhood and any values they hold about learning and work. This is in order to gain an insight into both conscious choice of a support mode and any patterns in circumstances which may make the choice of a particular support service likely.

Reasons for choosing one-to-one support

The analysis will now consider the reasons given for choosing one-to-one support, some of which are largely reasons for not attending group support. Selena, Vicky and Gemma all stated that there were no young parents groups in their area, and this was why they had opted for the one-to-one support service. However, had there been such a support service locally they would have used it, as these participants did not state that they wished to avoid other teenage mothers, as some of the other participants did. Danielle, Lynsey, Leanne, Clare and Emma all expressed that a wish to avoid other teenage mothers was one of, if not the reason why they opted for one-to-one support. Having enough friends and not wishing to make any more was given as a reason for choosing one-to-one support over group support by Kaitlin, who also stated that she was too busy

and that group sessions would clash with other commitments. Jane also stated that group support would clash with her college times. It could be suggested that for teenage mothers with busy lives and multiple commitments, one-to-one support is preferable to group support due to its flexible nature. These teenage mothers could call the advisors whenever advice was needed, as opposed to group support, which would often run on a specific day during set times. Wanting easy access to a professional, with whom they did not have to make an appointment, was stated as a choice reason for Danielle, Vicky, Leanne and Emma. These participants had stated that this was not possible with other professionals, for example doctors. Being able to telephone an advisor at any time was valuable for those wanting to access advice easily and quickly.

Backgrounds of one-to-one support participants

Firstly regarding the existing informal support received by the participants, it was noted that half of the one-to-one participants had either no existing informal support, or informal support from only one source (family, friends or partners). Considering the source of support, six of the ten participants had informal support from their families, four had the support of partners and four had the support of friends. None of the participants stated that they had informal support from all three sources, however five had two sources, with two having informal support from their family and partner and three having informal support from family and friends.

Secondly regarding the participants' views of their motherhood, one of the participants felt ambivalent about her motherhood and three believed that their motherhood had been a turning point away from negative behaviour. Concerning these participants, it could be argued that having had past negative experiences, or continuing to experience them, they sought out a support service that would provide them with a mentor, who, having had previous experience with teenage mothers, was able to provide them with advice to ensure they stayed on the right track. Past negative experiences might have acted to make them more acutely concerned about making mistakes again. Regarding the other six participants, three stated that their motherhood was positive and had been planned or seen as inevitable, and the other three stated that their motherhood was also positive, although it had been unplanned. The "positiveness" of these mothers' experiences does not appear to have had implications for their choice of support service, this point will be discussed further in the comparative section. Therefore a variety of responses were given in this area; motherhood being planned and positive, a positive turning point, unplanned and positive and unplanned and ambiguous.

Turning to consider the one-to-one participants' views on learning and work, the following findings were discovered as to feeling pressurised, beliefs and difficulties. Three of the ten one-to-one participants stated that they had felt pressurised to participate in EET by Jobcentre staff,

however, six stated that they wanted to engage in EET and this was borne out by many ambitions to "better" oneself, voiced by these participants. Only one of the one-to-one participants stated that she had not wanted to participate in EET. Regarding beliefs held about learning and work, only two out of the ten participants stated that they should wait until their child was older before engaging in EET, five believed that motherhood and work or college could be embarked upon whilst their child was young. Two of the one-to-one participants had engaged in college courses for reasons other than vocational, namely to have a break from childcare and to make friends. The majority of the one-to-one participants had aspirations to engage in EET, either imminently or in the future, only one of the ten one-to-one participants stated that she wanted full time motherhood to be her life's vocation. Considering the difficulties experienced in learning and work, three of the one-to-one participants voiced concerns, two said that colleges had been inflexible and did not understand their needs as mothers, and one said that the cost of childcare had put her off. The choice of one-to-one support by the participants wanting to engage in work or learning as soon as possible may be explained by envisaging the advisor as a broker, being able to provide advice and access to EET related activities and given their experience with teenage mothers, being able to provide advice to overcoming the barriers that may prevent the participants engaging in EET. Therefore, among one-to-one participants, it is likely that they may not wait until their children are older before engaging in these activities despite some practical concerns.

Selection of One-to-One Support: Key Points

In summary of this section, which looked at the selection of the one-to-one mode of support, the following points can be made. Regarding the reasons specified by the participants, these reasons can be grouped into three headings. Firstly, reasons for choosing one-to-one support as an alternative to group support, as *group support was not accessible* to them, explanations for this were; absence of support groups in participant's local area (stated three times), timing of local support groups clashed with the participants' other commitments (stated twice) and that participants were too busy to go along to a support group (stated once). Secondly, reasons were given that are attributable to choosing one-to-one support as an alternative to group support because participants stated that they *did not want to participate in group support*, explanations for this were; a wish to avoid other teenage mothers (stated five times) and that they felt sufficiently supported by their friends and therefore did not want to expand their social circle (stated three times). Thirdly, reasons were given for *choosing one-to-one support in itself* and not because it was an alternative to group support, the explanation for this was because participants wanted easy access to a professional of whom they could ask advice (stated 4 times). Having regarded the reasons stated by the participants, factors relating to individual's circumstances will now be summarised. Firstly, it was observed that one-to-one support was likely to be chosen by those for

whom informal support was limited or absent. Secondly, concerning the view of motherhood, one-to-one support was likely to be chosen by those who were in need of, or believed themselves to be in need of, professional advice; this was argued to apply to those mothers whose motherhood marked a turning point away from negative behaviour and the mother who viewed her motherhood with ambivalence, perhaps with a view to the professional taking on a mentor-type role. Thirdly, concerning values as to learning and work, those participants feeling pressurized to participate in education, employment or training imminently, whether by themselves or by others, seem likely to opt for participation in one-to-one support, perhaps because the one-to-one advisor is envisaged in a broker-type role, providing advice as to practical difficulties and access to EET activities.

Summary

Therefore, reasons for choosing one-to-one support in itself are easy access to professional advice. Reasons are also given which portray choice of one-to-one support as an alternative to group support, through either not having access to group support or not wanting to participate in group support. Regarding background characteristics, the choice of one-to-one support could be suggested as likely among those whose informal support is limited or absent, those who believe themselves to be in need of professional advice and those wanting to participate imminently in EET.

Functions of one-to-one support

The section presents the analysis pertaining to the functions of the one-to-one support mode as identified by the participants. A total of eight functions were discovered to be in operation. The analysis of the functions is organised by arranging the functions into subheadings, which describes their nature. These subheadings are crisis, advice, personal development and stigma management. Under these subheadings, the individual functions are analysed. The key points as to the functions of one-to-one support are then drawn out, prior to this section being summarised in table format.

Crisis

The one-to-one support fulfilled a crisis function in providing a support mechanism where other support mechanisms were lacking or unstable. Firstly, the one-to-one support acted as a replacement for informal support in cases where this was lacking. This was the case for Selena, Vicky and Emma. Emma had no informal support to draw on therefore the service was valuable in providing a trusted adult to ask advice of and have friendly conversations with. Although Selena and Vicky had support from their partners they did not have informal support from family, so the one-to-one support partially filled this void. Lynsey also used the service for this purpose when

her family withdrew their support at the beginning of her pregnancy, although this later changed. Therefore from Lynsey's case it can be suggested that formal support from the one-to-one service is valuable for teenage mothers whose relationship with their family changes. In this case, the one-to-one advisor acts as a consistent, reliable source of support. The non-judgemental and reassuring nature of the advisors enables teenage mothers to call on them at any time, knowing that they will be able to talk to them about anything. This may not have been the case with their informal support networks, with whom they have changeable relationships and who may indeed express judgemental attitudes towards them at particular times.

Advice

Secondly, one-to-one support fulfilled functions pertaining to giving out advice, which took a variety of forms. Firstly, the one-to-one advisors provided a source of advice from outside the informal network. Danielle, Kaitlin, Leanne Clare, Jane and Gemma used one-to-one support as an addition to the informal support they already received. Danielle and Gemma already had sources of informal support, from their families and partners respectively. Kaitlin and Clare also had informal support (from two sources, their families and friends) but stressed the value of having someone on the outside to talk to. Danielle and Gemma also both expressed the importance of having someone outside of their informal support network. As neither of them had the support of friends to draw upon, it could be suggested that the advisors fulfilled some functions that would normally have been fulfilled by friends for these two participants. Leanne and Jane each only had one source of informal support, family and partner respectively. For them too, the advisor may also have fulfilled some "friend" functions, as evidenced by Leanne, who said that she could talk to the advisor on a friendly level.

Providing advice about parenting practices which involved defending and supporting teenage mothers' parenting practices when they were at odds with values expressed by the informal network are evidence of a further variety of advice, identified in Clare's case. The advisor reassured her that she was not doing things wrong simply because they were at odds with how her mother thought they should be done. This function is valuable for those teenage mothers who, although appreciating the informal support they receive, require reassurance as to their capabilities as mothers to assert themselves and ensure their mothers do not take over their mothering role. This is particularly valuable when the teenage mother does not have her partner to support her values when they clash with those of her mother and she is essentially on her own in her beliefs.

Advice from a non-medical professional, was identified in Jane's case and forms the third variety of advice under the advice function. She said that she believed the advisors were more

approachable than medical professionals when she wanted to ask about certain elements of childcare. A reason for this may be that teenage mothers build up a closer relationship with an advisor, who they talk to often, than with a doctor or health visitor, who they may only occasionally consult. In addition, the availability of the advisors may be related to this reason, in that they can be contacted by telephone and spoken to without having to make an appointment. Additionally, consulting doctors or health visitors may not be seen as appropriate when the advice they seek is not of a medical nature, for example what to do when their child has a tantrum, therefore they seek out advice from the one-to-one advisor, a non-medical professional.

Personal Development

Providing information regarding EET can be classed as a personal development function, which was evident in the cases of Lynsey and Clare. In Lynsey's case, the advisor helped her to complete forms for Care to Learn and in Clare's case, provided initial information when she showed an interest in participating in EET in the future. This function is important, due to the pre-existing relationship of trust that exists between teenage mothers and their advisors. It can be suggested that they feel at ease asking them for information on EET. For those teenage mothers who express wishes to engage in EET, the trusted advisor provides a pressure-free first point of contact. Neither Lynsey nor Clare had received pressure from other agencies, such as the Jobcentre, to engage in EET. However, for those who had been pressurised by other agencies, they did not approach the advisors for advice or information about EET (Selena, Vicky and Emma). Vicky did not want to go to work and had used college courses purely to meet new friends. Emma valued full-time motherhood and Selena wished to wait until her child was older before engaging in EET. Therefore, the one-to-one support service can fulfil the function of providing information to those who ask for it. For those who do not, it is equally important in not pressuring them into EET (as other agencies may have done), as this may result in the participants shunning the service altogether and missing out on its other benefits.

Stigma Management

The support service also fulfilled stigma management functions for some of the participants. For three of the interviewees, the one-to-one support service had functions related to the negative effects of stigma experienced by them (Selena, Lynsey and Jane). All three had experienced the negative effect of short-term annoyance at being subject to negative comments. Selena and Jane spoke to the advisors, who sympathised with them and supported their coping mechanism of ignoring the comments. Lynsey's case was different, when she spoke to the advisor and recalled incidents where she had been insulted, the advisor stated to her that she should use

another coping mechanism. Therefore, three functions of one-to-one support regarding the negative effects of stigma were discovered; providing sympathy, supporting the teenage mothers in the coping mechanisms they employed, and advising them to use different coping mechanisms. However, for the seven other participants, the one-to-one support service did not fulfil any functions regarding the management of negative effects of stigma. It is important to outline why this is the case. The other two participants who experienced the negative effect of short term annoyance did not speak to the advisors about it (Leanne and Kaitlin). This may have been due to their belief that it was pointless and the advisors could not do anything about it or that they had more important things to discuss with them. However, another reason could be suggested for their failure to discuss stigma with the advisors, having consulted their interviews again. In Kaitlin's interview, she expressed a criticism of the one-to-one support service as being that there were no advisors who had been teenage mothers themselves. Therefore, if they felt that the advisors were unable to empathise with their experiences, there was no value in discussing it with them as they could not offer insightful advice. In the case of those who displayed the negative effect of "disidentification with group", the one-to-one support service did not have a role in managing this negative effect of stigma. Management for this effect would have taken the form of encouragement to identify with other teenage mothers, something that they simply did not want to do. However, it may indirectly manage this effect by providing support and advice which may have been provided by other teenage mothers had the participants in questions *not* consciously cut themselves off from contact with them. One-to-one support services only fulfilled this for three out of the ten participants, who had all experienced negative effects of stigma. The functions of the support service in this respect were providing sympathy, providing support for the coping mechanisms used and advising participants as to other coping mechanisms to use. However, for others who had not experienced negative effects, this function was unnecessary. It is suggested that the one-to-one support service had a limited role in managing the effects of stigma partly because the advisors had not been teenage mothers themselves and therefore could not empathise with the participants. This lack of empathy may have implications when considering the additional functions of one-to-one support. That is to say that the advisors inability to directly empathise with teenage mothers may limit what they can actually do to assist them. However, it is problematic to speculate as to what these missing functions are, only the inclusion of advisors who had been teenage mothers themselves would uncover any additional functions which may be lacking due to their absence.

Functions of One-to-One Support: Key Points

The functions of one-to-one support as identified by the participants can be grouped under four headings. The first, *crisis*, concerns the role of the one-to-one advisor in providing a mechanism for support where other support mechanisms are absent or unstable and being available for their

clients at any time during the week. The second, *advice*, relates to the advisor being an external source of advice, separate from family or friends, giving guidance and supporting parenting methods and in the advisor's capacity as a non-medical professional. The third type of function, *personal development* relates to the advisor giving out information to participants pertaining to the development of their learning or employment. The fourth and final variety of function concerns *stigma management*, which relates to assisting the participants in coping with discrimination by providing sympathy, supporting their use of a particular coping mechanism and advising as to the use of different coping mechanisms.

Summary

The functions of the one-to-one mode of support, as analysed at length above, are presented here in table format for ease of reference as Table 5.3

Table 5.3: Functions of one-to-one support

Function Group	Functions
Crisis	<ul style="list-style-type: none"> • Provision of support where informal support is limited or lacking.
Advice	<ul style="list-style-type: none"> • Receiving support for the chosen parenting methods when these methods are at odds with the informal network's views on parenting. • Receiving advice from outside of the informal network. • Receiving advice from a non-medical professional
Personal Development	<ul style="list-style-type: none"> • Receiving advice regarding education, employment and training
Stigma Management	<ul style="list-style-type: none"> • Providing sympathy • Supporting the teenage mothers choice of coping mechanism • Giving advice on the use of alternative coping mechanisms

Criticisms of One-to-One Support

Regarding criticisms of one-to-one support, the only criticism stated by the participants was that the service would benefit from having some advisors who had been teenage mothers themselves. Four participants stated this criticism, below is an example of the comments that surrounded this point,

"I think that somebody who's been through the situation has got more experience than someone who's read books and stuff and said 'this is what you should do'."

It can be argued that such an addition would enable the service to be more empathetic, and therefore give rise to additional functions.

Section Summary

This section of the analysis has provided insights into the one-to-one support functions that the one-to-one support service fulfils. Regarding the selection of support, the analysis focused upon both the individual's conscious choice of support mode and their background characteristics. Looking firstly to the reasons for participants' choice of one-to-one support, it was noted that there were three main categories. The first category was the choice of one-to-one support because participants were unable to access group support. Secondly, one-to-one support was chosen over group support because participants explicitly stated that they did not want group support. Thirdly, the reason given for choosing one-to-one support was that it was an alternative to group support, was that the one-to-one support provided easy access to a professional (their personal advisor). Turning to the characteristics of the one-to-one support participants, it can be argued that the mode of support may be selected by; those for whom informal support is insufficient, those who believe themselves to be in need of professional advice, and those who are feeling pressurized to participate in EET. The analysis into the functions of one-to-one support and found that it fulfilled four types of function: personal development and stigma management. It can be argued from the evidence that were made of the one-to-one support mode that the amount and range of support could be enhanced by the introduction of an empathetic element, such as peer advisors who had been teenage mothers themselves.

The Group Support Service

This section is concerned with analysing the factors that emerged from the interviews regarding the group support service mode. The section will firstly consider the selection of this mode of support, followed by the functions of it fulfilled, before concluding in a summary of the key themes identified for group support services.

Selecting a Mode of Support

The factors considered under this heading are the same as those applied to the analysis of the one-to-one support service, these are briefly recapped. Firstly, there are the explicit reasons provided by the participants as to why they chose to participate in group support. Secondly, there are the individuals' backgrounds, insofar as their existing network of informal support, their view of their motherhood and any values they hold about learning and work. This approach is taken in order to gain an insight into both conscious choice of a support mode and any patterns in circumstances which may make a choice of a particular support service likely.

Reasons for choosing group support

Six reasons were given for choosing to participate in group support, which were as follows; to meet other teenage mothers, to get out of the house, having felt uncomfortable at other, general parent's groups, to make friends, to prepare child for an environment with other children, to break the monotony of the week. Meeting other teenage mothers was a reason given by Jenna, Anna, Alison, Katie and Sarah. This was an important reason for participants whose informal network did not include other teenage mothers. Six participants stated that a reason they attended the group sessions was to get out of the house (Carla, Paula, Estelle, Dawn, Holly and Jenna). Paula also stated that going to the group sessions helped to break the monotony of the week, which might also have been true for the other participants expressing a wish to get out of the house, although they did not state this explicitly. Holly stated that she had started to attend the group sessions because she felt uncomfortable at a previous group that she had attended, which had been for parents of all ages, she believed that she did not fit in at that particular group. Anna and Sarah said they attended the group because they wanted to make new friends. They received informal support from their family and partner but were lacking in friends, therefore, they anticipated that attending the group would help to fill this void. Two of the participants who expressed aspirations to return to work or college in the future stated that they had begun attending the group sessions partly to get their children used to being around other children and in so doing, this would help to prepare the children for a nursery environment.

Backgrounds of Group Support Participants

Firstly regarding the existing informal support received by the participants, it was noted that a minority (two out of ten) of the group participants had either no existing informal support, or informal support from only one source (family, friends or partners). Therefore eight had informal support from at least one source. All of the ten group participants had informal support from their families, four had the support of partners and five had the support of friends. Considering the combinations of informal support, one participant (Jenna) had informal support from all three sources, three had informal support from family and partner and four had informal support from family and friends. Therefore group participants are highly likely to have pre-existing informal support from their families and in addition are likely to have more than one source of informal support.

Considering views of motherhood held by the group participants, three stated that their motherhood was positive and planned or inevitable, six stated that motherhood was positive but unplanned, whilst one stated that she felt ambivalent. The "positiveness" of these nine mothers' experiences does not appear to have had implications for their choice of support service, this point will be discussed further in the comparative section. None of the group participants stated that their motherhood had been a turning point away from negative behaviour. Therefore, among group participants, it is likely that motherhood will be viewed positively whether being planned or not. In addition, it was unlikely that group participants' motherhood represented a turning point away from negative behaviour.

Turning to consider group participants' views on learning and work, the following findings were discovered as to feeling pressurised, beliefs and difficulties. Regarding EET, one stated that she had felt pressurised by Jobcentre staff and two stating that they wanted to participate in EET immediately, therefore the majority of the group participants (seven out of ten) had felt no pressure at all to engage in EET. Considering values as to learning and work, the majority (eight out of ten) of the group participants stated that they would wait until their children were older before engaging in EET, enabling them to spend time with their child at home prior to doing this. Only two of the ten participants believed that motherhood could be combined with college or work when their children were young. None of the group participants wanted to be full-time mothers as a vocation, Sarah stated that she valued this as an option but would not choose it for herself. Regarding difficulties experienced regarding work and learning, five voiced concerns; one said that colleges had been inflexible and did not understand her needs as a mother, another stated that the cost of childcare was problematic, one was concerned that employers would not recognise the transferable skills she had gained through motherhood and two were concerned as to the availability of good quality childcare. Therefore group participants are less likely to feel

pressurised to participate in EET imminently, the majority wanting to postpone EET until their children were older. The problems they envisage and experience with learning and work involve both practical concerns and concerns about employers' recognition of the skills gained through motherhood.

Selection of Group Support: Key Points

In summary of this section, which looked at the selection of the group mode of support, the following points can be made. Regarding the reasons specified by the participants, all of the reasons given were reasons for choosing the group support service in itself and not as an alternative to one-to-one support. Reasons can be grouped into three headings. Firstly, there were reasons aimed at *establishing a routine*, which included getting out of the house (stated six times) and to break the monotony of the week (stated once). Secondly, there were reasons relating to a desire *to be around peers* (other teenage mothers), these reasons included meeting other teenage mothers (stated five times), preferring groups specifically for teenage mothers having felt uncomfortable at general parents' groups (stated once), and making new friends (stated twice). Thirdly, a reason was given which related to their child's social skills, this gave the reason for choosing one-to-one support as to prepare the child for an environment with other children (stated once), with a view to improving the child's social skills prior to going to a nursery. Having regarded the reasons stated by the participants, factors relating to individual's circumstances will now be summarised. Firstly, regarding existing informal support, the group support participants had well developed existing networks of informal support, in being highly likely to have informal support from their families and being able to draw on informal support from partners or friends in addition to the support received from their families. As for the view of motherhood held by the participants, there does not appear to be a relationship between factors identified under this heading and the choice of the group mode of support. Lastly concerning the values held by the participants as to learning and work, group support participants were not likely to feel pressurised, or want to participate in EET imminently, although the majority had aspirations along such lines for the future. It was likely that group support participants would want to postpone EET until their children were older in order to spend time with them while they were still young.

Summary

Therefore, reasons for choosing the group mode of support as stated by participants relate to establishing a routine, the desire to be around peers and to aid their child's social skills. Regarding background characteristics, the choice of group support could be suggested as likely among those with substantial informal support networks consisting of family and partners or

friends, and those who do not feel pressurized to engage in EET imminently, instead wishing to postpone it until their children are older in order to spend time with them.

Functions of group support

The section presents analysis pertaining to the functions of the group support mode as identified by the participants. A total of eighteen functions were discovered to be in operation. The analysis of the functions is organised by arranging the functions into subheadings, which describes their nature. These subheadings are advice, personal development, social, child's social skills and stigma management. Under these subheadings, the individual functions are analysed. The key points as to the functions of group support are then drawn out, prior to this section being summarised in table format.

Advice Functions

Seven of the ten participants stated that they benefited from at least some of the advice functions of the group. Sharing advice with others or gaining empathetic peer support were advice functions for Jenna, Holly, Alison, Paula and Sarah. All but one of these participants had not planned their pregnancies or seen them as inevitable. Having not anticipated becoming a teenage mother, advice from peers in the same situation was valuable for them, regardless of the support that already existed in the informal network. This was particularly the case for Jenna, who had the support of her friends, although none of them were teenage mothers themselves. For others, whose informal support network did include other teenage mothers, it could be argued that the group was still valuable to them because it guaranteed that they would be able to seek advice from peers on a regular weekly basis, which may not be the case with their friends, some of whom they may see more sporadically.

For Paula and Dawn, being able to seek advice from professionals in an informal setting was one of the advice functions of group support. It could be argued that this was particularly important for Dawn. Having experienced negative attitudes from nurses at her local clinic, the group provided a professional in whom she could have confidence that she would not be judged, as the person running the group had experience of working with other teenage mothers.

Receiving advice from outside the informal support network was an advice function for Alison, Paula and Carla. Despite all being supported by their families and Paula and Carla having additional support from friends, being able to consult people on the outside of these networks is important for these participants. This may be due to the possibility that their mothers in particular may have certain values and ideas about childrearing, with which their daughter's generation may

not always agree. Therefore, a source of a "second opinion" is valuable. For example, Alison stated that she and her son lived with her mother for a period of time before she moved out into her own house. This may have been the case in her situation, particularly considering her comment, "I feel a bit more independent. I cope quite well with him on my own".

Personal Development Functions

The functions of increased confidence in parenting abilities, increased general self confidence and the development of new interests have been grouped together under the heading of Personal Development functions because they indicate a rise in self esteem and a consequent openness to new possibilities that may not have formed part of their horizons prior to engaging in group support. Three participants stated that they had benefited from the esteem functions of the group. Jenna stated that she had become more confident in her abilities as a parent, this might be attributable to the advice that she had received from other members of the group. Holly and Sarah stated that they had become generally more self confident since attending the group, which may be attributable to them both making new friends and receiving empathetic peer support at the group, which in turn may have led to increased feelings of self worth. Estelle made the comment that she had developed new interests since attending the group, namely salsa dancing, which she would not have tried otherwise. Although Estelle did not explicitly state that going to the group had made her more confident in general, it can be suggested that this was indeed the case. Making new friends with whom she was willing to try out new activities implies that her confidence had indeed increased. It could be argued that the esteem functions have the potential to encourage those with EET aspirations to pursue them.

Social Functions

All of the participants stated that group support fulfilled at least one social function for them. All participants stated that they had met other teenage mothers through attending the group and a further nine stated that they had made new friends. Three went on to state that they felt less isolated than they had done prior to coming to the group sessions (Jenna, Anna and Alison). Although Jenna had informal support from her family, partner and friends, she did not know any other teenage mothers and felt stuck at home for most of the week, so group support helped to tackle these causes of her isolation. Anna did not have friends in her informal network and viewed her motherhood as unplanned and ambiguous, therefore the social functions of the group helped her to feel less isolated. Anna also stated that coming to the group had made her more sociable too. Alison also felt less isolated having attended the group, like Anna, she did not have any friends in her informal network but additionally, she had only recently moved to the estate and the group helped her to integrate, hence tackling this element of isolation too.

Child's Social Skills

This classification concerns functions of group support for the children of teenage mothers themselves. As stated earlier, two of the participants had stated that one of the reasons they began attending the group was to get their children used to being around other children and hence prepare them for the nursery environment which they would ultimately go into. Interacting with other children may have further benefits for the children themselves, however, this is beyond the scope of this research, where it is sufficient to say that there is a direct benefit for the child of being around the other children prior to attending nursery.

Stigma management

The following five functions were discovered under this heading; sharing advice regarding coping mechanisms, sharing experiences of stigma and empathising, not feeling alone in receiving negative comments, emphasising the normality of motherhood and bolstering confidence of others regarding their parenting abilities. Seven of the ten participants stated that the support service had a function in managing the effects of teenage mother stigma. Five of these seven had displayed the negative effect of short term annoyance. Sharing experiences of stigma and empathising with others during the same was stated as a function for all seven of the participants, merely talking to the others about negative comments or looks they had been faced with was valuable for them. Out of these seven, three stated that a further function stemming from the sharing of experiences had been to emphasise the normality of their motherhood (Alison, Dawn and Sarah). Of these three, Alison and Dawn's parenthood had been unplanned. Therefore normalising motherhood in the face of criticism was particularly important for them as they may have felt more aggrieved at being stigmatized due to not having envisaged teenage motherhood as part of their futures. Indeed, referring back to the summary chart, this was indeed the case, both of them had displayed the negative effect of short term annoyance. Another three of the seven, Carla, Estelle and Holly, stated that sharing experiences of stigma had helped to reassure them that they were not alone in receiving such comments and attitudes. A sense of identification and belonging with other teenage mothers appears important here, indeed, Carla and Estelle had demonstrated the alternative effect of identification with group. For Jenna, the group support also carried the function of receiving advice as to coping mechanisms. Looking back at Jenna's interview, this function may have been particularly important to her as none of her friends in her informal support network were teenage mothers, so there was no pre-existing source of informal support that could have provided her with such advice. Group support managed the effects of stigma for seven out of the ten participants. The following functions contributed to this being the case: sharing experiences of stigma empathetically, sharing advice regarding coping mechanisms, not feeling alone in receiving negative comments, emphasising the normality of motherhood and bolstering the confidence of others regarding their parenting abilities. However,

for the remaining three participants, Paula, Katie and Anna, group support did not carry any function regarding management of the effects of stigma. It can be suggested that because these participants did not display any negative effects of being stigmatized, they did not require this type of support from the group service.

Functions of Group Support: Key Points

The functions of group support as identified by the participants can be grouped under five headings. Firstly, *advice* functions were identified, which were; sharing advice with other teenage mothers, receiving advice from professionals in an informal setting, receiving empathetic peer support, and receiving advice from outside of the informal network. *Personal development* functions were the second variety of function to be identified, comprising; increased confidence in parenting abilities, increased general self confidence, and developing new interests. The third type of function was termed *social* functions, which comprised; making new friends, meeting other teenage mothers, feeling less isolated, integrating into a new environment / local area, and becoming more sociable. Fourthly, the group support mode was identified as having benefits for the children of the participants, termed *child's social skills* functions, which consisted of preparing the child for participation in a nursery environment by being used to other children and hence enhancing their social skills. Fifthly, *stigma management* functions were discovered for group support, consisting of; sharing advice regarding coping mechanisms, sharing experiences of stigma with empathy, not feeling alone in receiving negative comments, emphasising the normality of motherhood and bolstering confidence of others regarding their parenting abilities.

Summary

The functions of the group mode of support, as analysed at length above, are presented here in table format for ease of reference as Table 5.4.

Table 5.4: Functions of group support

Function Group	Functions
Advice	<ul style="list-style-type: none"> • Sharing advice with other teenage mothers • Empathetic peer support • Receiving advice from professionals in an informal setting • Receiving advice from outside of the informal network.
Personal Development	<ul style="list-style-type: none"> • Increased confidence in parenting abilities • Increased general self-confidence • Development of new interests
Social	<ul style="list-style-type: none"> • Making new friends • Meeting other teenage mothers

	<ul style="list-style-type: none"> • Feeling less isolated • Integrating into a new environment / local area • Becoming more sociable
Child's Social Skills	<ul style="list-style-type: none"> • Preparing child for an environment with other children
Stigma Management	<ul style="list-style-type: none"> • Sharing experiences of stigma with empathy • Not feeling alone in receiving negative criticism • Emphasising the normality of teenage motherhood • Sharing advice as to coping mechanisms • Bolstering confidence of others in their parenting abilities i.e. that they were 'good mothers'

Criticisms of Group Support

The criticisms of group support that the sessions did not last long enough (Dawn) and that there were not enough sessions per week (Estelle) can be taken as "positive" criticisms. "Negative" criticisms would have implied that there was something intrinsically wrong with the group set up, for example that the professionals who ran it were not approachable or friendly. However, the fact that these participants wanted more group support suggests that they were very pleased with the support that they had received. Although in Dawn's case, a different interpretation may also apply in that having spent a considerable amount of time getting her three children ready to leave the house, a longer group session would have made the effort more worth her while. All participants spoke highly of the professionals who ran the groups that they were involved in. There were no criticisms of them at all, the teenage mothers considered them to be non-judgemental, experienced and approachable.

Section Summary

This section of the analysis has provided insights into group mode of support services for teenage mothers regarding the selection of the support service by an individual and the functions that the group support service fulfils. Regarding the selection of group support, the analysis considered both reasons stated by the participants for choosing the group support mode and background characteristic of the participants. The reasons stated by the participants for their choice of the support mode could be grouped into three categories; firstly, reasons aimed at establishing a routine, secondly, reasons relating to a desire to be around peers, and thirdly, reasons relating to the children's social skills. All of the reasons given were for choosing group support in itself, none of the participants' responses indicated that group support had been chosen as an alternative to

one-to-one support. Turning to look at possible relationships between background characteristics and the choice of the group support node, the following points emerged. It can be suggested that group support may be chosen by those who have substantial pre-existing informal support networks consisting of family and partners or friends. In addition, the choice of group support may also be likely among those who do not feel pressurized to participate in EET and are therefore postponing it through a wish to spend time with their children when they are still young. The analysis also examined the functions of group support and found that it fulfilled five types of function; advice, personal development, social, child development and stigma management. From the criticisms voiced by the participants, it can be argued that this service could be enhanced by group sessions lasting for longer periods and occurring on more days of the week. It is suggested that this may contribute to more young mothers being able to access group support and may indeed expand the functions of the group support service.

One-to-One and Group Support Compared

Introduction

This section is concerned with comparing and contrasting the experiences of the one-to-one and group support services by examining the selection and functions of the support mode. Points of similarity and difference are extracted and possible explanations for the same are explored. The section then concludes with a brief summary.

Selection of a Support Mode

Comparing and Contrasting Reasoning and Background

Regarding the reasons stated by the participants for their choice of support mode, it can be observed that a key difference between the one-to-one and group support participants is that all of the group participants gave reasons that pertained to the choice of group support in itself, rather than as an alternative to other support modes, as was the case for some one-to-one support participants, who had chosen the one-to-one mode because they could not, or did not want to access group support. We can observe from this therefore that the expansion of group support services would be beneficial to those teenage mothers wanting to participate in it but being unable to do so because of a lack of availability. However, one-to-one support will remain important for those who choose it because they do not want to participate in group support, or for reasons related to the need to access the services of personal advisors easily.

Turning to look at those one-to-one participants who stated that they did not want to access the group mode of support, it can be argued that, they are not looking for a support service which includes socialising with peers, indeed most of them stated a wish to avoid other teenage mothers. These one-to-one support participants appeared to be seeking out a completely different type of support to the group participants in that they preferred support based around a personal advisor approach. This could be argued to be the case for the two one-to-one support participants whose motherhood represented a turning point away from negative behaviour. It could be suggested that they actively avoided other teenage mothers through fear that they may encourage what they perceived to be negative behaviours and were drawn towards the one-to-one support service because it offered an authority figure of sorts, who would be able to advise as to staying on the right track. This contrasts sharply with the group support participants, all of whom stated at least one reason which related to a desire to be around their peers however, none of the group participants had stated that their motherhood had been a turning point away from negative behaviour, therefore did not draw on such justifications for actively avoiding peers.

Another contrast appears when observing the second type of reason given by group support participants for choosing the group support mode, that of establishing a routine. It can be suggested that this reason relates to the fact that most of the group participants were postponing engagement in learning or work until their children were older, therefore, they were unable to build a daily or weekly routine around the structure relating to college or employment experiences, therefore they looked to the group support service, which ran on a particular day and time, as a means of establishing a regular routine. This diverges from the one-to-one support participants, some of whom were engaged in work and learning and subsequently had established routines around these activities, therefore they did not have such criteria in mind when selecting a mode of support.

Reasons pertaining to children's social skills were stated by group participants but not one-to-one participants for choice of a mode of support. Examining this further, the following explanations for this difference can be suggested. Firstly, it may be the case that this is indeed a concern of one-to-one participants when selecting a support service, but it is of a more implicit nature than for group participants. One-to-one participants may indeed feel that the advice they receive from their personal advisor will enable their parenting skills to be enhanced. However, the fact that the nature of group support was such that children would be interacting with other children may make development of the child's social skills a more explicit reason for choosing group support, compared to the nature of one-to-one support, which does not typically involve children interacting with other children. A second explanation centres around the fact that some of the one-to-one participants were engaging in learning or work and had consequently enrolled their children in nursery. Therefore, the development of their children, in terms of their social skills, was already being addressed by being in a nursery environment, therefore, this was not of concern to the participants when selecting a mode of support.

Further insights can be gained through examining the backgrounds of the participants, taking firstly their existing modes of informal support. Group participants likely to have substantial informal support networks, consisting of family and partners or friends. This was not the case for one-to-one participants, who were likely to have informal support that was of a more limited or absent nature. Therefore for group support participants, involvement in a group of peers could be suggested as complementary to the informal support they already have, enabling them to establish additional friendships outside of their existing networks. However, the choice of one-to-one support could be interpreted, for some, to be an attempt to establish support that was regular and reliable, as informal support from their existing sources was sometimes changeable, if present at all. Therefore, whilst the choice of one-to-one support can be interpreted as a step to *establish* support, the choice of group support can be interpreted as a move to *expand* it.

Moving on to examine the participants' view of motherhood, a point under this heading upon which there was notable difference was that some one-to-one participants stated that their motherhood had been a turning point away from negative behaviour, whereas no group participants stated this. It can be argued that these participants therefore believed themselves to be in need of the advice of a professional in the form of a personal advisor; some, having previously engaged in negative behaviours, to ensure that they stayed on the right track. However, as the vast majority of participants, from both the one-to-one and group support services, stated that their view of motherhood was positive, one cannot state that view of motherhood influences the choice of support service any further than the point discussed above. Even regarding the circumstances around becoming pregnant, similar proportions from each of the services stated that their motherhood had been planned and similar proportions stated that it had been unplanned.

The findings also discovered some relationships between the participants' values as to education and work and their choice of support service. Participants in the one-to-one support services were likely to have experienced pressure to participate in EET, or wanted to, as soon as was possible and believe that they could combine being a mother to a small child with work or learning. This contrasts with the group support participants, who were unlikely to feel pressurised to engage in EET imminently. Whilst the majority of group participants wanted to engage in EET in the future, they wished to postpone it in order to spend time with their children while they were babies and toddlers. This can be argued to have an influence on the choice of support in the following ways. One-to-one support may be considered conducive to early participation in EET as the personal advisor may be envisaged by the participants as a first source of contact for enrolling in a college course or embarking upon an employment search. This is not a pressing concern for the group participants, who are postponing their engagement in EET, therefore their choice of a support service would not have involved this type of concern, at least not initially.

Summary

The section above was concerned with comparing and contrasting the reasoning given for the choice of a support mode and the backgrounds of the participants. In summary, differences were found in the following areas; the choice of a support service in itself and as an alternative to another mode of support, the choice to socialise or not with peers, the establishment of a routine, child development, existing informal support networks, motherhood as a negative event or a turning point, and values as to learning and work. The point around which very little difference between one-to-one and group support participants could be found was that of viewing motherhood in positive terms; the vast majority saw their motherhood as positive, similar

proportions from each of the services stated that their motherhood had been planned and similar proportions stated that it had been unplanned. Table 5.5 below provides a summary of the findings as to selection of a mode of support for the teenage mothers in this study.

Table 5.5: Selecting a Mode of Support: Reasons Stated and Patterns in Circumstances

Support Mode	Reasons	Patterns in Circumstances
One-to-One	<p>Easy access to a professional</p> <p>As an alternative to group based support:</p> <ul style="list-style-type: none"> • Group based support not accessible: <ul style="list-style-type: none"> - No support groups in local area - Days / times of local support group clashes with other commitments - Too busy to attend support groups • Group based support not wanted: <ul style="list-style-type: none"> - Wish to avoid other teenage mothers - Feels sufficiently supported by existing friends and does not want to extend social network 	<p>Informal support is limited or absent</p> <p>Individual believes herself to be in need of professional support and guidance</p> <p>Individual wants to engage in learning or work imminently</p>
Group	<p>To establish a routine:</p> <ul style="list-style-type: none"> - Getting out of the house - Breaking the monotony of the week <p>To be around peers:</p> <ul style="list-style-type: none"> - To meet other teenage mothers - Wanting support specifically for teenage mothers having felt uncomfortable at general parents' groups. <p>To enhance child's social skills:</p> <ul style="list-style-type: none"> - Preparing child for an environment where they will be around other children 	<p>Individual has well developed networks of informal support consisting of family and partners or friends.</p> <p>Individual does not want to engage in learning or work imminently, instead wanting to spend time with child.</p>

Functions of the Support Services

Comparing and Contrasting Functions

Regarding the functions that the support services fulfilled, the functions of group support were; social, advice, personal development, child's social skills and stigma management, whereas the functions of one-to-one support are crisis, advice, personal development, and stigma management (however, the latter three are of a lesser strength than those provided by group support). Each of these functions will now be comparatively considered prior to presenting a summary table, Table 5.6, which lays out the functions for both group and individual support services.

The social functions of group support, for example making new friends, are largely absent from the one-to-one support service. Whilst the one-to-one participants may feel that they have made a friend in the advisor, half of them had actively chosen to avoid other teenage mothers therefore excluded themselves from the benefits of social functions. Considering the one-to-one participants who had not explicitly stated a wish to avoid other teenage mothers and who would have participated in group support had it been available in their area, factors beyond their control had acted to exclude them from participating in group support and hence benefiting from the social functions that group support includes.

Considering advice functions, one-to-one support fulfils an advice function in that participants receive advice from the advisors as to their parenting methods when they ask for it and in so doing, are able to access a source of advice which is outside of the informal support network and which is from a non-medical professional. However the advice function of one-to-one support is limited to the advice that is provided by the professional advisor, who, in the event of not having been a teenage mother herself, will be unable to provide the empathetic advice that was provided by the group mode of support. The advice function of group support is wider than that of one-to-one support, in including empathetic advice from peers outside of the informal support network and being able to approach a professional (the group manager / organizer) for advice in an informal setting. Therefore, both support services include the provision of professional advice, but group support goes further than one-to-one support in providing empathetic peer advice in addition.

The personal development functions of group support; increased confidence in parenting abilities, increased general self confidence and developing new interests stem from its strong social foundation. For example, making new friends and integrating into a new local area may lead the participants to become generally more self confident and open to developing new interests. The

advice received from both the professional running the group and other teenage mothers helps to develop confidence in parenting abilities alongside this. However, the one-to-one service does not provide such solid social bases upon which personal development functions can be built and they are limited to individualistic ends, namely receiving information about education, employment and training.

It can however be argued that one-to-one support has a crisis function that is subsequently not a feature of group support services. Referring back to the additional functions of one-to-one support, its replacement of informal support when it is lacking appears to be a key strength, providing teenage mothers with an advisor who will consistently support them, which is vital to those for whom informal support is absent or changeable. Participants to whom this applied also valued the fact that advisors were easily contactable and available via telephone whenever they needed to talk to them. For some teenage mothers, the availability of one-to-one support is an advantage it holds over group support, which will often only be available on a particular day of the week between certain times.

Both one-to-one and group support may have benefits for the children of teenage mothers. It has been argued previously that one-to-one participants may ask their personal advisors for information on parenting techniques. However, the child's social skills function of group support in providing children with experience of interacting with other children is absent from one-to-one support.

Turning to look at stigma management, it can be argued that group support services provide more functions than one-to-one support services in this area. This can be attributed to the discovery that group support fulfils the advice and personal development functions to a greater degree than one-to-one support, and in addition, provides a social function. This provides a more solid base upon which to manage stigma's effects. One-to-one support provides the additional crisis function, which is absent from group support, but its less comprehensive advice and personal development functions, and lack of a significant social function results in less potential to manage the negative effects of stigma among its participants.

Summary

A summary of how the functions of one-to-one and group modes of support differ can be presented in table format, inserted below as Table 5.6.

Table 5.6: Comparative Functions of the support services

Function Group	Functions of support service	
Advice	One-to-One Support Service	<ul style="list-style-type: none"> • Receiving support for the chosen parenting methods when these methods are at odds with the informal network's views on parenting. • Receiving advice from outside of the informal network. • Receiving advice from a non-medical professional
	Group Support Service	<ul style="list-style-type: none"> • Sharing advice with other teenage mothers • Empathetic peer support • Receiving advice from professionals in an informal setting • Receiving advice from outside of the informal network
Personal Development	One-to-One Support Service	<ul style="list-style-type: none"> • Receiving information regarding education, employment and training
	Group Support Service	<ul style="list-style-type: none"> • Increased confidence in parenting abilities • Increased general self-confidence • Development of new interests
Stigma Management	One-to-One Support Service	<ul style="list-style-type: none"> • Providing sympathy • Supporting the teenage mothers' choice of coping mechanism • Giving advice on the use of alternative coping mechanisms
	Group Support Service	<ul style="list-style-type: none"> • Sharing experiences of stigma empathetically • Not feeling alone in receiving negative criticism • Emphasizing the normality of teenage motherhood • Sharing advice as to coping mechanisms • Bolstering confidence of others in their parenting abilities; in that they were "good mothers"
Child's Social Skills	One-to-One Support Service	<i>No function</i>
	Group Support Service	<ul style="list-style-type: none"> • Preparing child for an environment with other children
Social	One-to-One Support Service	<i>No function</i>

	Group Support Service	<ul style="list-style-type: none"> • Making new friends • Meeting other teenage mothers • Feeling less isolated • Integrating into a new environment / local area • Becoming more sociable
Crisis	One-to-One Support Service	<ul style="list-style-type: none"> • Provision of support where informal support is limited or lacking.
	Group Support Service	<i>No function</i>

4. Synthesis: Stigma and Support Services

Introduction

This section draws upon both the analysis of experiences of stigma and the analysis of experiences of support services in order to suggest when and where stigma-related factors are present in experiences of support services. It firstly considers the possibility that the stigma of teenage motherhood may influence selection of a support mode, before going on to look at the influence of stigma upon the functions of the support services.

Stigma and the Selection of Support Services

This subsection will consider whether stigma-related factors had any influence upon the participants' selection of a support service. This will be done by considering the sources of stigma; general public, media and public services, and the effects of stigma upon the participants to ultimately make suggestions as to any possible relationships between experiences of stigma and the selection of a support service.

To recap firstly upon the experiences of stigma by both one-to-one and group support participants, the following points are made. Taking firstly the discrimination suffered at the hands of the general public, to recap, all of the one-to-one participants and all of the group participants reported experiencing stigma through this medium. Turning to consider the stigmatization of teenage mothers by the media, four of the ten one-to-one participants and three of the ten group participants stated that they felt aggrieved at the representation of teenage mothers in the media; on television and in newspapers. Two of the ten one-to-one participants and one of the ten group participants had experienced stigma in their use of public services. Considering the negative effects of stigmatization, among the one-to-one participants, these were short term annoyance and disidentification with group. However, as outlined earlier, it is suggested that as disidentification with group was something that these individuals had actively chosen, it may not have been perceived as negative by them, therefore, overall, there are no long-term negative effects of stigma amongst one-to-one support participants. Among the alternative effects, seven stated little or no effect, four stated ambivalence, three blamed discrimination and one stated that stigma actually had a positive effect upon her. Turning to look at the negative effects of stigma among the group participants, a similar picture emerges again, the only negative effect shown was that of short term annoyance whereas the alternative effects of little or no effect, blaming discrimination, comparing self with appropriate others and identifying with group were stated by six, five, two and five participants respectively. Therefore, among the group participants too, there do not appear to be any long term negative effects of stigma. Consequently, it is expected therefore that due to the lack of entrenched negative effects for the majority of the participants,

stigma will not influence the choice of a mode of support to any great extent, however, the analysis needs to be further examined before one can confidently state that this is the case.

Considering whether the discrimination received from the general public has an effect upon the participant's choice of a support service, it could be suggested that the participants sought out a support service where members of the general public could not discriminate further against them. Despite the effects of discrimination by the general public being limited to short-term annoyance for those who did feel affected by it, it was indeed an unpleasant experience, which these mothers are not likely to wish to expose themselves more than is necessary. Therefore the choice of a support service that is specifically aimed at teenage and young mothers will fulfil this aim. Indeed, Lynsey, a one-to-one participant and Holly, a group participant had stated in their interviews that they had attended general mother and baby groups, which were composed mainly of older mothers, and had felt uncomfortable and did not fit in on these occasions. Similar arguments can be presented when considering those participants who suffered stigma in their use of health services. All three experienced the effect of short term annoyance but did not react by avoiding these services, which are essential to the health of themselves and their children. However, when seeking out a support service, they may indeed have the inclination to avoid further discrimination by ensuring that the support service they select will be sensitive to their situation. Turning to consider the influence of the media's stigmatisation of teenage mothers upon their choice of a support service, similar points can also be made, seven out of the twenty mothers in the study stated that they felt stigmatized by the way that teenage mothers are represented in the media, primarily because they believed such images to be misrepresentative of their experiences. It might be the case that awareness of the stereotypical way in which they are represented may cause them to believe that such representations will influence the view of the general public as to teenage motherhood, which may in turn lead to the general public discriminating against teenage mothers. Therefore, there is an acute awareness among these mothers that other people may judge them based upon views formed through exposure to media images of teenage motherhood, and may seek out services which they are confident will not conceptualise them in such a way. Therefore, stigma may influence the choice of a support service in that teenage mothers may choose support services aimed specifically at them, in which they can be confident that they will not suffer discrimination from advisors, or fellow group members.

However, it needs to be considered whether stigma has influence upon the further choice; whether to opt for one-to-one or group support. Participants who are of interest to this question are the four one-to-one support participants who stated that they had chosen one-to-one support because they wanted to avoid other teenage mothers, to whom they would have inevitably come

into contact had they chosen group support. Turning to look at the experiences of these mothers, three of them displayed the effect of ambivalence, which to recap, relates to the way in which they view their fellow stigmatized (other teenage mothers) insofar as they adopt attitudes towards other teenage mothers that are similar to the attitudes expressed by those criticising teenage mothers. It was argued by McDermott and Graham (2005) that such individuals may condemn other teenage mothers, whilst seeing themselves as an exception. All three of these individuals made comments to suggest that they did indeed stigmatise other teenage mothers as conforming to the media stereotypes, whilst they themselves were "different". However, none of the other participants, from either of the support services, had made stigmatising comments about other teenage mothers, therefore it could be argued that for the majority, stigma will not influence their decision as to whether one-to-one or group support is selected, something which is influenced by numerous other factors, as discussed at length earlier in this chapter.

Therefore, in conclusion, it can be suggested that experiences of stigma may have an influence on the choice of support services in that teenage mothers will seek out support that is exclusively for young mothers, as opposed to general mother and baby groups, in an attempt to limit their exposure to discrimination from members of the general public. Considering the further choices made as to whether to opt for one-to-one or group based support, it can be argued that among those displaying the effect of identity ambivalence, stigma has an effect upon their choice of support mode insofar as they will seek out modes of support in which they can avoid other teenage mothers, namely, one-to-one support services.

Stigma and the Functions of Support Services

Despite stigma having no long term negative effects upon the mothers in this study, it did arise as a topic of conversation amongst the group support participants and in the one-to-one participants' interactions with their personal advisors. Indeed, stigma management was discovered as type of function that was present in both one-to-one and group modes of support. Therefore, stigma does appear to have an influence upon the functions of support services. This subsection will draw upon the analysis of the stigma management function to make further suggestions as to the extent of influence stigma exerts on support service functions.

To recap, for three of the ten one-to-one participants and seven of the ten group participants, interviewees, the support service had functions related to the negative effects of stigma experienced by them. The stigma management functions of the one-to-one support service were; providing sympathy, providing support for the participant's choice of coping mechanism, and giving advice as to the use of alternative coping mechanisms. The functions for the group

support service were; empathetic sharing of experiences of stigma, not feeling alone in being criticised, emphasising the normality of teenage motherhood, sharing advice as to coping mechanisms, and reassuring others that they were good mothers. Therefore it can be argued that stigma has an effect upon support service functions in that the presence of a stigma management function has been identified. It could be argued that what the support services provide concerning this function is a forum in which to discuss the phenomenon and consider different techniques of coping with the same. The group support service is more extensive in its stigma management function, due to the presence of interaction with fellow stigmatized and consequently, empathy, which is lacking in the one-to-one support service.

However, for seven of the one-to-one participants, the support service did not fulfil any functions regarding the management of effects of stigma. It is important to outline why this is the case. The other two participants who experienced the negative effect of short term annoyance did not speak to the advisors about it. This may have been due to their belief that it was pointless and the advisors could not do anything about it or that they had more important things to discuss with them. However, another reason could be suggested for their failure to discuss stigma with the advisors, having consulted their interviews again. In Kaitlin's interview, she expressed a criticism of the one-to-one support service as being that there were no advisors who had been teenage mothers themselves. Therefore, if they felt that the advisors were unable to empathise with their experiences, there was no value in discussing it with them as they could not offer insightful advice. Additionally, for the other three group participants, group support did not carry any function regarding stigma management. It can be suggested that because these participants did not display any negative effects of being stigmatized, not even short term annoyance, they did not require this type of support from the group service.

In conclusion stigma does have an influence upon support service functions in that both services carry out a stigma management function. However, within the one-to-one support service, there are three other types of function (advice, personal development and crisis) and within the group support service there are four other types of function (advice, personal development, social and child's social skills). Therefore whilst these teenage mothers were concerned about their stigmatisation and discussed the same within the environment of their chosen support service, this concern is eclipsed by other priorities when considering all of the functions that the support services fulfil.

Summary

This subsection considered relationships between experiences of stigma and experiences of support services and made the following assertions. Firstly, experiences of stigma may have an influence on the choice of support services in that teenage mothers will seek out support that is exclusively for young mothers, as opposed to general mother and baby groups, in an attempt to limit their exposure to discrimination from members of the general public. Considering the further choices made as to whether to opt for one-to-one or group based support, it can be argued that among those displaying the effect of identity ambivalence, stigma has an effect upon their choice of support mode insofar as they will seek out modes of support in which they can avoid other teenage mothers, namely, one-to-one support services. Additionally, it was noted that stigma does have an influence upon support service functions in that both services carry out a stigma management function, which is more substantial in the group support service than the one-to-one support service due to the presence of empathy, however not all participants utilise the stigma management function and there are numerous other function groups which are of a higher importance than stigma management.

5. Chapter Summary

This chapter has focused on the analysis of the interview data from various different perspectives. Firstly, sections were included which examined the experiences of stigma for one-to-one participants, group participants and all participants collectively, the key points emerging from this section were as follows. Discrimination from members of the general public is by far the most common context of stigma experiences, with all twenty participants describing instances of this. The second most common context for stigma is the media, with seven participants feeling stigmatized by representations of them on television and in newspapers. Experiencing stigma in use of public services was the least common, with only three participants reporting having experienced discrimination in this context which they attributed to their teenage motherhood. Despite the wide belief that they were stigmatized, it does not appear that any long term negative effects were experienced by any of the participants. Indeed, for the group support participants, the evidence points towards the suggestion that feeling stigmatized results in a stronger identification with their fellow stigmatized (other teenage mothers). The coping mechanisms that the participants engage also offer interesting insights, on the whole, whilst both active and passive coping mechanisms are demonstrated by both one-to-one and group support participants, the latter show more evidence of the active coping mechanism of verbal defence, perhaps, as has been suggested, due to their stronger identification with other teenage mothers, they feel that they are defending their fellow stigmatized as well as themselves in their responses to discrimination.

Secondly, experiences of support services were analysed, considering the one-to-one support service and the group support service separately before going on to compare them. The following key themes emerged analysing the experiences of the one-to-one support service. Regarding the selection of one-to-one support, the analysis focused upon both the individual's conscious choice of the one-to-one support mode and their background characteristics. Looking firstly to the reasons given by the participants for their choice of one-to-one support, it was noted that these reasons fell into three categories. The first category was the choice of one-to-one support over group support as the participants were unable to access group support. Secondly, one-to-one support was chosen over group support because participants explicitly stated that they did not want to participate in group support. Thirdly, the reason given for choosing one-to-one support in itself, and not because it was an alternative to group support, was that the one-to-one support mode enabled easy access to a professional (their personal advisor). Turning to look at the background characteristic of the one-to-one support participants, it can be argued that the one-to-one mode of support may be selected by; those for whom informal support is limited or absent, and / or those who believe themselves to be in need of professional advice, and / or those feeling pressurized, or wanting to participate imminently in EET. The analysis in this

section also examined the functions of one-to-one support and found that it fulfilled four types of function; crisis, advice, personal development and stigmas management. It can be argued from observing criticisms that were made of the one-to-one support mode that the amount and range of functions of the service could be enhanced by the introduction of an empathetic element, through the recruitment of advisors who had been teenage mothers themselves. Turning to look at the analysis of the group support service, points of importance are as follows. Regarding the selection of group support, the analysis considered both reasons stated by the participants for choosing the group support mode and background characteristics of the participants. The reasons stated by the participants for their choice of the support mode could be grouped into three categories; firstly, reasons aimed at establishing a routine, secondly, reasons relating to a desire to be around peers, and thirdly, reasons relating to child development. All of the reasons given were for choosing group support in itself, none of the participant' responses indicated that group support had been chosen as an alternative to one-to-one support. Turning to look at possible relationships between background characteristics and the choice of the group support mode, the following points emerged. It can be suggested that group support may be chosen by those who have substantial pre-existing informal support networks consisting of family and partners or friends. In addition, the choice of group support may also be likely among those who do not feel pressurized or want to participate in EET and are therefore postponing it through a wish to spend time with their children when they are still young. The analysis also examined the functions of group support and found that it fulfilled five types of function; advice, personal development, social, child's social skills and stigma management. From the criticisms voiced by the participants of the group support mode, it can be argued that this service could be enhanced by group sessions lasting for longer periods and occurring on more days of the week. It is suggested that this may contribute to more young mothers being able to access group support and may indeed expand the functions of the group support service. Comparing and contrasting the support services, observations were drawn as to the reasoning given for the choice of a support mode and the backgrounds of the participants. Differences were found in the following areas; the choice of a support service in itself and as an alternative to another mode of support, the choice to socialise or not with peers, the establishment of a routine, child development, existing informal support networks, motherhood as a negative event or a turning point, and values as to learning and work. The point around which very little difference between one-to-one and group support participants could be found was that of viewing motherhood in positive terms; the vast majority saw their motherhood as positive, similar proportions from each of the services stated that their motherhood had been planned and similar proportions stated that it had been unplanned. Regarding the comparative functions of the support services, it was suggested that both group and one-to-one support fulfil advice, personal development and stigma management

functions, with one-to-one support having an additional crisis function and group support having an additional social function and a child's social skills function.

This section was followed by a synthesis section, which considered if and how stigma had an influence upon the support services insofar as selection and functions. To summarise the findings of this section, experiences of stigma may have an influence on the choice of support services in that teenage mothers will seek out support that is exclusively for young mothers, as opposed to general mother and baby groups, in an attempt to limit their exposure to discrimination from members of the general public. Considering the further choices made as to whether to opt for one-to-one or group based support, it can be argued that among those displaying the effect of identity ambivalence, stigma may have an effect upon their choice of support mode insofar as they will seek out modes of support in which they can avoid other teenage mothers, namely, one-to-one support services. Additionally, it was noted that stigma does have an influence upon support service functions in that both services carry out a stigma management function, which is more substantial in the group support service than the one-to-one support service due to the presence of empathy. However not all participants utilise the stigma management function and there are numerous other function groups which are of a higher importance than stigma management.

The chapter which follows takes the analysis to the next phase, that of integrating the existing literature into the discussion of the findings of this research pertaining to experiences of stigma and experiences of support services.

6. DISCUSSION

<u>Chapter Headings</u>	<u>Page:</u>
1. Introduction	234
2. Experiences of Stigma	235
3. Experiences of Support Services	255
A. One-to-One Support	256
B. Group Support	263
C. The support modes compared	270
D. Policy Implications	275
4. The Wider Context: Policy Interventions with Children, Families and Young People	281
5. Limitations of the Study	283
6. Chapter Summary	286

1. Introduction

This Discussion chapter is subdivided into three main sections. The first section takes the analysis of the findings from the first research focus; experiences of stigma, and considers them in light of the existing research that was outlined in the literature review. The discussion considers where this piece of research can make additions to the existing literature in this particular area. Following on from this, the policy implications of the analysis as to experiences of stigma are considered, particularly regarding the underlying rationale of interventions into teenage motherhood. The following section concentrates on the second research focus, experiences of support services, and as for the first focus, this section also takes the findings in light of the previous research and makes suggestions as to how the research enhances the literature in this field. The section then considers the policy implications of the findings relating to the experiences of support services, particularly focusing upon the support agenda of New Labour's Teenage Pregnancy Strategy. The final section takes the findings into a wider context, situating them in the wider discussion of New Labour's interventions with children, families and young people. This chapter then concludes in a summary of the main points, before linking up with the conclusion chapter.

2. Experiences of Stigma

Introduction

This part of the discussion focuses on the first research area, that of teenage mothers' experiences of stigma. The discussion relates the analysis to existing literature in this area and presents contributions to knowledge regarding contexts in which stigma is experienced, effects of being stigmatized and coping mechanisms used in response to the same. The wider implications of the findings in this area are then considered, namely regarding the conceptualisation of teenage motherhood and the rationale of interventions into the lives of teenage mothers.

Contexts of Stigma

The literature suggested that teenage mothers are aware that others may hold negative views of them (Hanna: 2001, Kirkman et al: 2001, McDermott and Graham: 2005, Department for Children Schools and Families: 2007a). This was indeed borne out by the findings of the research, all participants stated that they felt the general public held negative views towards them, seven felt additionally stigmatized by the media, and three had additionally experienced negative attitudes in their use of public service, specifically in the health sector. This first section will now draw the analysis together with the previous literature regarding the different contexts in which stigma is experienced by teenage mothers.

Considering the general public as stigmatizers, the literature suggested that there is a general attitude of negativity towards teenage mothers (Clarke and Thomson, 2001) and that they encounter stigmatizing attitudes from the general public "in the streets, on buses, in supermarkets" (Hanna, 2001, p. 460). The research supports this, in finding examples of negative encounters with other members of the general public in all of these circumstances. Regarding stigma experienced in the use of health services, previous studies discovered that teenage mothers experienced stigmatising attitudes from health professionals and in welfare payment offices (Hanna, 2001), in schools and education facilities, welfare facilities and housing facilities (McDermott and Graham, 2005) in maternity services and Jobcentre Plus (Department for Children Schools and Families, 2007a). Hanna's research found that teenage mothers experienced prejudicial attitudes from community support nurses, who treated them in a more intrusive way than they did older mothers. Dawn, of the group support service, had a similar experience, although the nurses at her clinic did not display prejudicial attitudes by being intrusive, they displayed them by directing their comments at Dawn's mother, who had accompanied her to the appointments, rather than addressing Dawn herself. This suggested that they did not believe Dawn to be a competent mother because of her age. Leanne and Kaitlin encountered negative attitudes of a more direct nature than Dawn. Whilst in hospital having their

children, both of these young women had received negative comments to the effect that they should not be there because they were too young. These comments came from a doctor and a nurse respectively. However, health services were the only public service in which the teenage mothers in this study encountered attitudes conveying teenage mother stigma, whereas the literature reported such experiences in other public services. This may be attributable to the small size of this research, containing interviews with twenty participants, compared to the much wider reach of McDermott and Graham (2005), whose meta analysis considered 20 separate studies, which in turn, encompassed the experiences of a greater number of teenage mothers. Moving on to consider the role of the media, the social psychology literature suggested that it carries much influence in perpetuating and disseminating stereotypical images of stigmatized individuals, and "stigmas are also particularly likely to be common sources of humour and thus are highly likely to be consensually transmitted" (Stagnor and Crandall, 2000, p. 70). Hadfield et al (2007), in their paper considering the representation of motherhood in the media, made specific observations about the portrayal of teenage mothers, "In the main, media portrayal of teenage mothers is focused around the derogatory 'pramface' or the teenage 'chav mum', personified by Vicky Pollard from the BBC's *Little Britain*"¹ (2007: 258). Additionally, they argued that these negative portrayals are not balanced out by representation of positive images of teenage mothers, "it is the minority of teenage mothers considered to be problematic who make headlines and are thus stigmatized. The stories of teenage mothers doing well are not so newsworthy" (2007: 258). Stagnor and Crandall's assertions in this regard are supported by the findings of this research, teenage mothers believe the media to be a powerful mechanism for perpetuating their negative image and subsequent stigmatization. A similar proportion of one-to-one and group support participants (four and three respectively) stated that they felt stigmatized by the media. Indeed, they often referred to *Little Britain*. This supports Stagnor and Crandall's comment that stigmatized individuals are often sources of humour, which acts to spread the transmission of stereotypes more thoroughly. The participants felt that the stereotype portrayed by this programme and other media sources to be wholly misrepresentative of their lives as Hadfield et al (2007) had suggested. Further participants expressed an awareness of the negative portrayal of teenage mothers in the media but did not feel disgruntled about it as they stated that it was so untrue and ridiculous than no one could possibly believe that all teenage mothers lived up to this stereotype.

Therefore, the findings of this study support the existing literature by establishing that teenage mothers continue to feel stigmatised by the general public and in their use of public services. In

¹ *Little Britain* is a popular BBC comedy sketch show, featuring Vicky Pollard, a character embodying the teenage mother stereotype as irresponsible, lazy, and benefit dependent.

addition, the findings have contributed to the literature a more detailed analysis of media stigmatisation of teenage mothers. Whilst Hadfield et al (2007) commented that the media presents derogatory and misrepresentative images of teenage mothers, this study has expanded upon this in gaining an insight into the views of the teenage mothers themselves. Central to the understanding of the position of the media as agents in the stigmatization of teenage mothers is the power enabling them to do this. Power is considered in further detail in the following section.

The Power of the Stigmatisers

In order to take the discussion of stigmatization further, this section will now refer back to the social psychology literature, which discussed the concept of power, identified as a crucial ingredient for the generation of stigma (Link and Phelan, 2001). In applying the concept of power, the literature review suggested that stigma operates at several levels, at which there are varying degrees of power. For example, in their policymaking capacity, government have the ability to ensure that difference is recognised, for example by targeting policy at teenage parents, which marks them out as a group in need of intervention, in so doing, they also create a difference between "us and them" (Link and Phelan, 2001: 376). The media have the power to report on such policy and diffuse images of the group across society. On a more micro-level however, the gatekeepers controlling access to major life domains may be staff of particular public services, who may have developed negative views of teenage parents, informed by their representation in the media. Therefore, a job centre employee may not possess all of the above criteria, but they would possess the power to restrict a teenage parent's access to benefits or to place pressure upon them to engage in employment or training, therefore they are in a position to import stigma created on a structural level into a one-to-one interaction. The power of the media, the general public and public services will now be considered in light of the findings of the research.

As previously discussed, the media appear to be a cause of concern to some of the teenage mothers interviewed. It can be argued that the media are more powerful than the general public in the eyes of the teenage mothers in this study as the creators and perpetrators of negative stereotypes. The teenage mothers feel powerless to change the way in which the media portray them. They are however, able to directly challenge individual members of the general public who direct negative criticism towards them. In the research, these challenges took the form of verbal defence and humour, displayed by four and one of the participants respectively. Considering the stigma encountered in health services, it can be argued that the individuals in question, one doctor and two nurses, are only powerful to the extent that they can create a hostile environment for teenage mothers using their services, they were not able to prevent them using the services altogether. All three mothers who had experienced negative attitudes from staff said that this had not led them to be anxious about using the services in the future, these services were essential to the health of themselves and their children. Kaitlin and Leanne ignored the comments that were made, considering them unjustified and suggesting that they had as much right as anyone else to use health services. Dawn took a similar view but verbally defended herself to the nurse, who in turn began to address her comments towards Dawn instead of her mother. However, it needs to be acknowledged here that prejudiced attitudes, when conveyed by staff of other public services, Jobcentre staff for example, may have more serious implications. As stated earlier, such individuals have the power to restrict teenage mothers' access to benefits and pressurise them

into EET. However, it is worth commenting that eleven of the mothers interviewed stated that most of the time, encountering stigmatising attitudes had no or very little effect upon them. The power of the stigmatizers, be they the media, the general public or public service staff, will be limited when attempting to stigmatize individual characteristics that are normative to the stigmatized group within their own communities. This is illustrated by the following comments,

Quite a lot of people look down at you, when I was pregnant especially. You get nasty looks, even from some people your own age. A lot of people see the bad more than the good. When they see a young mum, they just think, they're like well, she's never worked, she's on benefits...I get it less here though (on the estate to which she had recently moved) whereas before I was living in an area where there weren't many of us but there's quite a lot of young mums here, its normal. (Katie, Group Support Participant)

Considering this, it can be suggested that Link and Phelan's existing criteria for successful stigmatization also needs to consider the power of the *stigmatized group* to resist stigmatization, a mechanism of which may be the possession of an armour of normative values. Therefore, the findings of this research have the following points to add to the literature in this area. Firstly, teenage mothers believe the media to be powerful agents in their stigmatisation, as they believe themselves to be powerless to influence this institution. Secondly, the general public hold less power than the media in stigmatising teenage mothers as the teenage mothers are able to defend themselves by challenging negative comments from them directly. Lastly, the more normative an individual's teenage motherhood, the less power stigmatizers will have to negatively affect them through stigmatizing behaviour directed towards them.

Differential Effects of Stigma and Differential Coping Mechanisms Employed by Teenage Mothers

Considering the effect of stigma upon teenage mothers, the following comment emerged from one item in the literature, "Sometimes they were able to resist these condescending attitudes, but more often than not they internalized the negative stereotypes which portrayed them as a deviant group" (Hanna, 2001, p. 460). Hanna's contribution suggests, by "more often than not", that the majority of teenage mothers will be negatively affected by being the subject of stigma. However, she did not comment further as to why some are able to brush off negative remarks whilst others are not, nor further consider different degrees to which those feeling stigmatized suffer from their negative reception. This section of the discussion will contribute towards filling this gap in the literature by drawing on the analysis, highlighting items of relevance from the literature where appropriate. It is necessary to firstly present the "negative" and "alternative" effects of stigma, which were displayed by the participants, both those suggested by the literature and those

discovered empirically in the study. In addition, the effects suggested by the literature, which were *not* displayed by the participants will be considered. These are displayed in Table 6.1 below.

Table 6.1: Effects of Stigma

	Negative Effects	Alternative Effects
Effects shown by participants	Disidentification with group (Crocker et al, 1998) Ambivalence (Goffman, 1963) Short-term annoyance (discovered empirically)	Little or no effect (Goffman, 1963) Blame discrimination (Crocker et al: 1998, Major and O'Brien: 2005) Compare self with appropriate others (Crocker et al, 1998) Identify with group (Crocker et al, 1998) Positive effect (discovered empirically)
Effects not shown by participants	Low self esteem (Jones et al: 1984, Crocker et al: 1998, Link and Phelan: 2001) Limited social networks (Link and Phelan: 2001) Depressive symptoms (Link and Phelan, 2001) Strained interactions with potential stigmatizers (Link and Phelan: 2001) Blaming self for stigmatization (Crocker et al: 1998, Major and O'Brien: 2005) Comparing self with inappropriate others (Crocker et al, 1998)	N/A

The discussion of this section will firstly examine the negative and alternative effects that *were* demonstrated by the participants, before going on to consider those that *were not* evident and possible reasons for the same. It is important to consider that the social psychology literature from which potential effects were drawn did not focus upon any specific group of people, therefore, the applicability of these potential effects to teenage mothers was something to be empirically researched within the study. The section then goes on to consider the coping mechanisms suggested by the literature and whether they were evident in the study, as well as any coping mechanisms which were discovered during the research.

Negative Effects displayed by the participants

Disidentification with group

The literature review found that *disidentification with group* was a potential negative effect of stigma (Crocker et al, 1998). By considering the contribution of Crocker et al those teenage mothers who have a low identification with the group (the 'group' being other teenage mothers), who may not know any other teenage mothers, may decrease their identification even more as a result of being stigmatised. It was concluded by examining these two papers that disidentification may be manifested by shunning group support sessions and if support was sought at all, it would be of the one-to-one variety. The following evidence was found to support the application of this literature and additional knowledge was unearthed as to why someone would disidentify as opposed to identifying with their group.

The analysis found that no group participants displayed the disidentification effect, it was only evident among the one-to-one participants, four out of the ten interviewed. These four actively shunned group support as the literature review had suggested may be the case. Danielle, Lynsey, Leanne and Clare all stated that wanting to avoid other teenage mothers was one of, if not the reason for choosing one-to-one support over group support. Their comments suggested that despite belonging to the stigmatised group themselves through being a teenage mother, they actively distanced themselves from other teenage mothers. They applied stereotypical characteristics to other teenage mothers when discussing them in an attempt to highlight that they were exceptions to the rule. Therefore, some teenage mothers do indeed disidentify further from other teenage mothers, as opposed to identifying with them, in an attempt to protect their identity from further stigmatisation, this supports the possibilities presented in the paper of Crocker et al (1998). However, this study adds further knowledge in that not only do some teenage mothers disidentify further with other teenage mothers, they may well become stigmatizers themselves, criticising and discriminating against the group whom wider society may consider them to be part of.

Ambivalence

Goffman stated that individuals may display ambivalence as a result of being stigmatized, evidenced by their feelings about their fellow stigmatized,

The sight may repel him, since after all he supports the norms of wider society but his social and psychological identification with these offenders holds him to what repels him, transforming repulsion into shame and then transforming ashamedness itself into something of which he is ashamed (Goffman, 1963: 131-2)

Evidence was found in the literature on teenage motherhood to suggest that ambivalence may be displayed amongst teenage mothers, who condemned other teenage mothers whilst seeing themselves as exceptions (Phoenix: 1991, Mitchell and Green: 2002, McDermott and Graham: 2005).

Ambivalence was linked to disidentification with group, although appeared to fulfil a positive function for the teenage mothers who used it. It was discovered among four of the one-to-one participants but none of the group participants. The discovery of ambivalence among these participants is not particularly surprising, as they had already disidentified with other teenage mothers, therefore ambivalence acted to increase this distance, protecting their identity from further stigmatisation by positioning themselves above other teenage mothers, believing that they were more capable mothers or more ambitious. The coping mechanism *drawing on the belief that motherhood is private* was used by three of the four mothers discussed above; Danielle, Lynsey and Clare. It could be argued that this serves ambivalence well, as it insulates them from any suggestion that they fulfil the teenage mother stereotype, enabling them to maintain the "mental division" outlined by Mitchell and Green (2002: 15). Therefore, the findings on ambivalence support the previous literature in discovering further evidence of the phenomenon.

Short-term annoyance

Analysis of the interviews suggested another negative effect that was not unearthed in the literature, that of "short term annoyance". Participants stated that they felt disgruntled whilst being subjected to criticism but that this wore off when they left the immediate situation and it had no long term negative effects of them. This was displayed by ten of the twenty participants, five from the one-to-one cohort and five from the group. Therefore, *short-term annoyance* can be presented as a further negative effect of stigma among teenage mothers, being positioned between no effect and the more serious negative effects.

Alternative Effects displayed by the participants

Little or no effect and Blaming Discrimination

The review of Goffman's contribution (1963) raised the possibility that stigma would have *little or no effect* upon its recipients. Goffman explained *little or no effect* by stating that some groups have belief systems that are separate from those informing policy. He further stated that their own beliefs served to protect them, normalising their values and causing them to believe that the values of the rest of society are the 'wrong' ones; they are the normal ones, whilst those judging

them are not. Goffman went on to comment that such systems of honour were in decline and that failure to live up to expectations can result in feelings of shame. However, this was questioned by referring to the contributions of McDermott and Graham (2005) and Coleman and Cater (2006), who argued that teenage mothers may indeed subscribe to separate systems of belief, which provide a sanctuary from the stigma they suffer in other social contexts. The alternative effect of *blaming discrimination* (Crocker et al: 1998, Major and O'Brien: 2005) could be argued to closely relate to this, in which stigmatized individuals do not blame themselves for the stigma they are subjected to, rather, they blame the discrimination itself, believing that they themselves are not at fault.

Thirteen of the twenty participants displayed little or no effect, although three of them suffered short term annoyance, there were certainly no long term negative effects. It could be suggested that these teenage mothers in their valuing of their teenage motherhood, do indeed subscribe to value systems separate from those of the rest of society. This could be argued to be true particularly in the case of two of the participants who additionally displayed the effect of *blaming discrimination*. These two mothers were Holly and Anna. It could be suggested that they subscribed to a separate system of honour as they did not respond actively when directly criticised, they ignored any comments directed at them. This could imply that they did not feel the need to as they were insulated by their values, believing they had done nothing to warrant criticism, it was the stigmatisers who were in the wrong, not them. *Blaming discrimination* was displayed by more of the group participants than the one-to-one participants and it was suggested that this was because the normality of teenage motherhood was more firmly entrenched among group participants, due to regular contact with other teenage mothers and a sense of a group identity. In conclusion, Goffman's theory of separate systems of honour resulting in *little or no effect* from being stigmatised is evident amongst those teenage mothers for whom teenage motherhood is normative. This is illustrated by a tendency to *blame discrimination*, rather than themselves, therefore, some teenage mothers do indeed possess values which serve to insulate them from stigmatizing criticisms.

Comparisons with Appropriate Others and Identification with Group

Theory outlined in Crocker et al (1998) describes *comparing oneself to appropriate others* as an effect of belonging to a stigmatized group. Regarding *comparing oneself to appropriate others*, Crocker et al outline *personal identity comparisons* and *social identity comparisons*. Personal identity comparisons are when the stigmatized opt to compare themselves only to those who share their stigmatized status (in this case other teenage mothers), because they are accessible, and relevant to them and comparisons with them are less harmful to self-esteem than comparisons to the non-stigmatized. Social identity comparisons are the devotion of more

attention to the outcomes for their group than for themselves personally. They select comparable factors that enable their group to be seen in a more positive light. When making these comparisons they believe that prejudice is targeted against their group rather than themselves personally. Closely related to these two concepts is the effect of *identify with group* (Crocker et al, 1998), whereby those with a strong attachment to their group (in this case, other teenage mothers), respond to stigma by increasing their identification with their group.

It could be argued that 'personal identity comparisons' were demonstrated by two of the group participants, Alison and Sarah. Their comments to the other group members when discussing stigma that they were all good mothers implied that they may have compared themselves to others at some point. Regarding 'social identity comparisons', it could be argued that these were demonstrated by one-to-one and group participants. Individuals from both support services drew upon comparable factors that enabled their teenage motherhood to be seen in a positive light when compared to older mothers. Leanne and Jenna expressed the fact that they would still be young when their children were growing up and they would be more physically fit and active than older parents and hence more able to join in activities with their children. Holly stated that by being a teenage mother, you then have the rest of your life to pursue ends that will not be interrupted by becoming pregnant at an older age, she stated, "being pregnant young gives you more opportunities later in life so in a sense it's an advantage". Regarding the belief that discrimination is targeted against the group rather than themselves personally, this could be argued to be evident among those teenage mothers who were keen to distance themselves from other teenage mothers. It is also evident amongst those not shunning other teenage mothers, for example Holly said that discrimination resulted from people generalising and making assumptions when they did not even know the situations of the individuals within the group. Jenna made similar comments to Holly. *Identify with group* was displayed by five of the group participants but none of the one-to-one participants, which supports the theoretical claims. Those who saw other teenage mothers regularly at the group sessions and who had teenage mothers in their social networks were more likely to identify with them and share experiences of stigma than those who had no contact with other teenage mothers at all. Therefore, the following comments can be made regarding the theory of the effects *Comparison with Appropriate Others* and *Identification with Group*. Personal identity comparisons are more likely among teenage mothers who actively identify with other teenage mothers. Social identity comparisons are demonstrated by both those who identify with other teenage mothers and those who do not, emphasising the advantages of teenage motherhood over older motherhood.

Positive Effect

An alternative effect discovered empirically was that stigmatization may result in *positive* feelings amongst some teenage mothers. Leanne, for whom motherhood had marked a turning point away from destructive behaviour, stated that belonging to a stigmatized group had actually had a *positive* effect upon her, despite the fact that she did not identify with any other teenage mothers and indeed, sought to avoid them. She stated that stigmatization had made her more determined to succeed. Therefore, amongst teenage mothers for whom motherhood represented a positive turning point, belonging to a stigmatized group may have a positive effect upon them, acting as a source of determination to spur them on, even when they do not identify with other members of this stigmatized group.

Negative Effects not displayed by the participants

Ambivalence

Whilst ambivalence was displayed as an effect of stigma among the one-to-one participants, it was absent from the group participants. It could be argued that those using group support are less likely to develop stereotypical views of other teenage mothers because they interact regularly with them and are able to see that the stereotype is not demonstrated by the other mothers in the group. Therefore, they are not likely to see themselves as exceptions from teenage mothers as a whole, because through interacting regularly with other teenage mothers, they would be able to acknowledge that teenage mothers are a heterogeneous group, about whom a single stereotype is unrepresentative.

Strained Interactions with Potential Stigmatizers

The literature review found that strained interactions with potential stigmatizers were a possible negative effect of stigma (Link and Phelan, 2001). In all cases, the participants felt stigmatized by the general public, therefore everyone outside their informal support network is a potential stigmatizer. However, none of the interviewees stated that they felt anxious about general interactions with other people. The absence of this negative effect may be explained by referring to the separate belief systems discussed earlier. The interviewees did not see anything abnormal about their motherhood and all but two valued it as a positive experience, this suggests that the values held by the participants are at odds with the generally negative connotations of teenage parenthood in the eyes of others. These normative values therefore act to insulate the participants from stigma, and prevent interactions with others being overshadowed by anxiety about how they might be received.

Low Self-Esteem and Depressive Symptoms

The literature review found that low self esteem, characterised by negativity, dissatisfaction and low self-respect, was a potential negative effect of stigma (Jones et al, 1984; Link and Phelan, 2001). Similarly, depressive symptoms were suggested to be another potential negative effect in this regard (Link and Phelan, 2001). It could be argued that the interviewees did not talk to the interviewer about such effects because these issues are of a personal and sensitive nature and they did not feel comfortable talking to someone who they did not know very well about these effects if they did suffer from them. However, Crocker et al (1998) had suggested that a low self-concept *might* be a result of being stigmatized, but equally, it *might* not; "stigmatized individuals may respond to this predicament in a variety of ways, some of which can effectively defend their self-esteem from this threat" (ibid. 518). Indeed, no participants stated or implied that they suffered from such effects and it could be argued that the separate belief systems discussed earlier may have acted to defend the self esteem of these mothers from threat. Therefore it could be that these effects were not present at all, given the other findings regarding alternative effects and responses. As the negative attitudes encountered had few lasting negative effects, and some participants blamed the discrimination rather than themselves for the stigma they suffered, low self-esteem and depressive symptoms as a result of being stigmatized are unlikely to have been effects in any event.

Limited Social Networks

The literature review found that limited social networks were a potential negative effect of stigma (Link and Phelan, 2001). Limited social networks in the context of the research were interpreted as a result of teenage motherhood being viewed negatively among the pre-pregnancy social network. In the case of the one-to-one participants, whilst some interviewees did have limited social networks, this could not be identified as a direct effect of being stigmatized, rather, it seemed to have resulted from changes in their personal circumstances. Taking Emma as an example, she had no informal support whatsoever to draw on. This situation had resulted from a combination of factors specific to her, moving away from an area where she had previously had friends, her apparent distrust of other people having been brought up in social services care and rejected by her child's father. Therefore, limited social networks, although evident among some participants, was not a negative effect of being stigmatized. In addition, social networks are unlikely to become limited as a result of teenage mother stigma if the pre-existing social network prior to becoming a mother did not stigmatize teenage motherhood in the first place. In the case of the group participants, there is a similar explanation for the lack of this factor. Whilst some did indeed have limited social networks, again this was attributable to factors others than being stigmatized. Taking Alison as an example, her social network had become limited as a result of moving to an estate on which she did not know anyone. However, the group participants were

slightly different from the one-to-one participants in that they are actively seeking to extend their limited social networks through participating in the group and meeting other teenage mothers.

Blaming Self for Stigmatization

The literature review found that blaming oneself for being stigmatized was a potential negative effect of stigma (Crocker et al, 1998; Major and O'Brien, 2005). The mothers interviewed saw their motherhood as something normal and positive, therefore saw no reason to blame themselves for the stigma they were subjected to. This again is an example of teenage mothers drawing upon their protective normative values when faced with stigma. They valued their motherhood, whereas those stigmatizing them did not, therefore if blame was to be apportioned, it was to those who stigmatized them, this was clearly displayed in seven of the twenty interviews and implied in others.

Drawing Comparisons with Inappropriate Others

The literature review found that comparing oneself to inappropriate others (in this case, teenagers who were not mothers) was a potential negative effect of stigma (Crocker et al, 1998). It could be suggested that should motherhood have been viewed as negative and disappointing, then comparisons with inappropriate others may have resulted, not perhaps as a result of being stigmatized but as a sense of having failed and looking at others who were living lives similar to those they had previously aspired to. Motherhood was seen as inevitable for six of the twenty participants, so the fact that they were stigmatized for being teenage mothers did not cause them to compare themselves to teenagers who were not mothers, as motherhood had been something they had desired and expected. Those for whom motherhood was unplanned but positive, or represented a positive turning point also did not compare themselves to other teenagers who were not mothers because they were largely contented with how their situations had turned out, often emphasising the benefits of being a teenage mother. Even in the case of Vicky, the one-to-one participant for whom motherhood had not been a wholly positive experience, she did not respond to being stigmatised by comparing herself to others. It could be suggested that because of Vicky's fairly chaotic circumstances, she was too preoccupied by daily events to be affected by stigma in any event. Furthermore, in the case of Anna, the group participant who felt ambivalent about her motherhood, she also did not feel the need to compare herself to teenage non-mothers. Rather, she accepted her situation as there was nothing she could do to change things and set about making the best of her motherhood, by attending the group and aspiring to be financially independent. Therefore, there is no evidence in this study to suggest that being stigmatized leads teenage mothers to compare themselves to teenagers who are not mothers, or indeed, older mothers.

Alternative Effects that were not displayed by the participants

Comparing Self with Appropriate Others

The literature review found that comparing oneself to inappropriate, unrealistic others was a potential negative effect of stigma (Crocker et al, 1998; Major and O'Brien, 2005). The code *comparing self with appropriate others* was absent among the one-to-one participants, but present among group participants. The reason for the one-to-one participants not displaying this effect needs to be considered. There did not seem to be any evidence of comparing themselves with teenage mothers over comparing themselves with teenagers who were not mothers as a result of being stigmatised. Among those who held negative views of other teenage mothers, the reason for this is evident, they simply did not want to be associated with them so did not compare themselves to them. However, when considering those participants who were not antagonistic towards other teenage mothers, another explanation is possible. The term "appropriate others", implies a degree of homogeneity, and therefore is not a useful term because "teenage mothers" are not a homogeneous group to which individual teenage mothers can compare themselves. As this study has shown, teenage mothers are a very diverse group in terms of personal circumstances, values and norms, therefore comparisons are not displayed because they may not be possible. The participants were primarily concerned with their own motherhood and how to be the best mothers that they could be without attempting to compare themselves to an unidentifiable benchmarks or standards.

Effects of Stigma: Summary

The main contribution to the literature regarding the effects of stigma has been to take suggestions and ideas as to potential effects from the social psychology literature and establish their applicability, or non-applicability, to a specific group of stigmatized individuals – that is, teenage mothers. In so doing, other effects were also discovered, which had not been suggested by the literature, but could be argued to apply specifically to teenage mothers. The effects of stigma found among the participants are now briefly summarised. *Short term annoyance* was discovered empirically; it describes the effect of feeling disgruntled whilst being subjected to discrimination, however, this wears off when the participant exits the context, short term annoyance does indeed indicate that a negative effect has been experienced, but it is of a lesser severity than other negative effects. *Disidentification with group* (Crocker et al, 1998) was displayed by less than a quarter of the participants in this study, who wished to distance themselves from other teenage mothers and actively avoided them. These participants also displayed *ambivalence* (Goffman, 1963), in condemning and stigmatizing other teenage mothers

they presented themselves as exceptions to what they perceived as the teenage mother stereotype and further distanced themselves from other teenage mothers. They made comments to indicate that they were more capable as mothers and ambitious, which acted to position them above other teenage mothers. Regarding the alternative effects of stigma, the possibility of stigma having a *positive effect* was discovered in the study and it was argued that for teenage mothers for whom motherhood represents a positive turning point, belonging to a stigmatized group may have a positive effect upon them, acting as a source of determination to spur them on, even when they do not identify with other members of this stigmatized group. *Little or no effect* (Goffman, 1963) and *blaming discrimination* (Crocker et al: 1998, Major and O'Brien, 2005) were also found to be present among teenage mothers in this study, it was suggested that teenage mothers do indeed subscribe to systems of belief that are separate from those held in wider society, in this instance, valuing young motherhood as a positive event, and these belief systems act to protect and insulate them from any stigmatizing criticisms they receive as they are able to believe that the critics are the ones in the wrong. *Identification with group* (Crocker et al, 1998) was also present among participants in this study, for these mothers who already show identification with other teenage mothers, stigma serves to further reinforce this identification and led them to *compare self with appropriate others* (Crocker et al , 1998). The discussion now moves on to consider the coping mechanisms deployed by the participants in response to stigmatizing events.

Coping Mechanisms

Throughout the above analysis, the coping mechanisms drawn on by the participants have been discussed. One coping mechanism used, as suggested by the literature, was drawing on the good mother identity (Kirkman et al: 2001, Mitchell and Green: 2002, McDermott and Graham: 2005). Other coping mechanisms, discovered during the study were; drawing on the belief that motherhood is private, ignoring, verbally defending oneself and being humorous in the face of negative attitudes. However, the literature identified two other coping mechanisms, which were not displayed by any of the participants, these were drawing on emotional support from the informal network and avoiding stigmatising public services. Table 6.2 below presents the coping mechanisms found in the literature and in the research.

Table 6.2: Coping Mechanisms

		Coping Mechanism
Coping Mechanisms used by Participants	Active Coping Mechanisms	<ul style="list-style-type: none"> • Verbally defensive response (discovered empirically) • Humour (discovered empirically)
	Passive Coping Mechanisms	<ul style="list-style-type: none"> • Good mother identity (Kirkman et al: 2001, Mitchell and Green: 2002, McDermott and Graham: 2005) • Drawing on belief that motherhood is private (discovered empirically) • Ignoring (discovered empirically)
Coping Mechanisms not used by Participants	Active Coping Mechanisms	N/A
	Passive Coping Mechanisms	<ul style="list-style-type: none"> • Drawing on emotional support from informal network (Whitehead, 2001) • Avoidance of stigmatising public services (Hanna: 2001, McDermott and Graham: 2005, Department of Health: 2007)

When looking at the individual coping mechanisms in isolation, it was difficult to ascertain whether there were any particular patterns which would act to correlate individual circumstances with particular coping mechanisms. However, when the coping mechanism were grouped under two headings Active Coping Mechanism (verbal defence and humour) and Passive Coping

Mechanisms (Asserting privacy of motherhood, ignoring, drawing on good mother identity), the following observations were drawn as to what factors may influence a teenage mothers use of coping mechanisms.

Firstly, those identifying strongly with other teenage mothers were more likely than those not identifying as strongly to use active coping mechanisms. It could be suggested that the active coping mechanisms are employed as a means of defending both themselves and others; given their strong group identification, when faced with criticism, the criticism is taken to be directed both at themselves and at others with whom they identify. Secondly, teenage mothers feeling stigmatized in more than one context, for example in their use of public services as well as by the general public, were more likely to use active coping mechanisms than those experiencing stigma in only one context.

Coping mechanisms from the literature that were not evident among the participants

Drawing on Support from Informal Network

The contribution of Whitehead (2001) suggested that teenage mothers may cope with stigmatisation by drawing on emotional support from their informal network , particularly their own mothers. It could be suggested that the failure of the participants to cope with stigma by drawing on support from their informal network was that they simply did not feel the need to; they were not sufficiently affected to warrant the seeking of emotional support. In addition, the support from the informal network focused on practical and emotional support in their roles as mothers, which excluded any outside opinions that they encountered. What other people thought about them was not high on their priorities when receiving informal support, so they did not feel the need to discuss the stigma that they were subject to with their informal network. They had more pressing matters to deal with such as seeking advice about childcare from their mothers rather than bothering them with accounts of stigmatising experiences, which did not matter greatly to them in any event.

Avoiding Stigmatising Public Services

The literature review suggested that teenage mothers who encounter stigmatisation in their use of public services may cope by avoiding those services altogether (Hanna: 2001, McDermott and Graham: 2005, Department for Children Schools and Families: 2007a). None of the participants coped with being stigmatized by avoiding stigmatizing public services, even among those who had suffered stigma during their use of services. This stigma had been experienced in health services among the participants, which are unavoidable as they are crucial to the health of both mother and baby. Due to the fact that the only experiences of stigma from a public service in this research were found in health services, it is important to note that other teenage mothers may indeed experience stigma from other public services, and may indeed avoid them.

Coping Mechanisms: Summary

The following points can be highlighted regarding the use of coping mechanisms by teenage mothers. No evidence was found to support Whitehead's suggestion that teenage mothers coped with stigma by drawing on emotional support from their families (2001). No evidence was found to support Hanna (2001) and McDermott and Graham's (2005) claims that teenage mothers cope with stigma by avoiding stigmatising public services. However, the reason for a lack of evidence may be due to the limited number of participants who stated that they had experienced stigma in their use of public services. The good mother identity is however used by teenage mothers, this supports the existing literature in this area (Kirkman et al: 2001, Mitchell and Green: 2002, McDermott and Graham: 2005). In addition, coping mechanisms were discovered in the study, which had not been suggested by the literature; drawing on the belief that motherhood is private, ignoring, verbal defence and humour. However, the coping mechanisms are more meaningfully analysed when grouped under *active* or *passive*. Indeed, the main contribution to the literature in this area is the grouping of coping mechanisms into *active* or *passive*, because this leads to suggestions as to why coping mechanisms are used differently among teenage mothers.

Three key observations, and possible explanations, were forwarded regarding differential use of coping mechanisms. Firstly, those identifying strongly with other teenage mothers were more likely than those not identifying as strongly to use active coping mechanisms. It could be suggested that the active coping mechanisms are employed as a means of defending both themselves and others; given their strong group identification, when faced with criticism, the criticism is taken to be directed both at themselves and at others with whom they identify. Secondly, teenage mothers feeling stigmatized in more than one context, for example in their use of public services as well as by the general public, were more likely to use active coping mechanisms than those experiencing stigma in only one context. Thirdly, it could be argued that coping mechanisms are a reflection of how well established an individual's valuing of teenage

motherhood is; the longer an individual has valued young motherhood, the more likely they are to engage in passing coping mechanisms, whilst those for whom teenage motherhood was less anticipated respond actively as a means of defending their recently established values.

Experiences of Stigma: Wider Implications of the Study

Having discussed at length the new contributions to the literature regarding contexts, effects and coping mechanisms, it is now necessary to widen out the discussion, referring back to the literature as to the conceptualisation of teenage motherhood with a view to suggesting what this study implies regarding the *rationale* of interventions into teenage motherhood.

As outlined in the literature review, teenage motherhood is seen as deviating from "ideal" circumstances for motherhood (Phoenix and Wollett, 1991), and in deviating from these normative paths, teenage mothers become targets for stigmatization (Wilson and Huntingdon, 2001). Additionally, the general public's perception of teenage mothers is largely negative (Clark and Thomson, 2001). Among the factors which the Teenage Pregnancy Report (1999) outlined as contributory to teenage motherhood were low expectations, leading to the assumption that teenage motherhood is a negative, undesirable event. However, the section of this research concerned with experiences of stigma among teenage mothers has found that effects of and responses to stigmatization strongly indicate that teenage mothers possess belief systems separate from the "ideals", which insulate them from the negative criticism they receive. The teenage mothers in the study did not share the common assumptions of teenage motherhood as outlined by Campion (1995) and Clarke and Thomson (2001), they did not believe that they were less competent than older mothers nor unable to become economically self reliant in the future. For the majority of the participants, stigmatization was unsuccessful in bringing about long term negative effects, and for those displaying *short term annoyance*, stigmatizing situations were a temporary inconvenience, they certainly were not sufficient to lead the participants to question their values. The vast majority of the participants saw their motherhood in a positive light, outlining how it had enhanced their lives, encouraging them to make plans for the future which for most participants, included a return to learning or work. However, for the four participants displaying *disidentification with group* and *ambivalence*, it could be argued that stigmatization was successful in bringing about negative effects, as these participants adopted attitudes similar to others stigmatizing teenage mothers, indicating that despite deviating from the "ideals" of motherhood, they did not want to be marginalized from the belief system of the rest of society. In spite of this, the latter participants were in the minority therefore it can be argued that in general, there is an indication that the belief systems among teenage mothers differ from the "ideals". This discussion can be taken further by referring back to Arai (2003) and Duncan (2005, 2007),

who discussed problematization in the context of social policy. Arai argued that there was an antagonism between policymakers, who conceptualized early motherhood as problematic, and teenage mothers themselves, who saw it as rational and advantageous. In a similar vein, Duncan discussed the *rationality mistake*, in which he argues that policymakers take teenage motherhood as evidence of low expectations, however, teenage mothers themselves “see social and personal fulfilment in having a baby – in other words, they have high expectations” (Duncan, 2005: 6). In finding that the majority of the participants did not suffer negative effects from being stigmatized, and that some were very keen to defend their motherhood when it was criticised, further evidence is established to support the arguments of Arai (2003) and Duncan (2005), teenage motherhood is seen in a positive light by the mothers themselves due to their normative belief systems. It had been identified by the literature that the evidence base of policy interventions into teenage motherhood is largely quantitative and the experiences of teenage mothers are often lost in such data (Graham and McDermott, 2005). The observation that there is a discrepancy between how policymakers and how teenage mothers view young motherhood leads to the suggestion that the evidence base would benefit from the inclusion of more qualitative research, which will give further insight into the values of teenage mothers and allow policy to set out from a position that appreciates these values and therefore will be of greater potential benefit to the teenage mothers who are affected by it. More detailed policy implications will be drawn from the discussion of the second research focus, experiences of support services, which follows on from this section.

Experiences of Stigma: Section Summary

This section has drawn together the analysis pertaining to experiences of stigma with the literature outlined in the literature review and made suggestions as to how the study can contribute to the expansion of knowledge in this area. In addition, it has also considered wider implications of the study in providing further evidence to question the rationale of policy interventions into teenage motherhood. The discussion chapter now moves on to the second focus of the research, that of experiences of support services, bringing together the existing literature and the analysis of the empirical data.

3. Experiences of Support Services

This section of the discussion focuses upon the second research focus, that of experiences of support services. Outcomes of the analysis in this area are considered in light of the existing literature and suggestions are made as to how the research has expanded knowledge of teenage mothers' experiences of support services. As has been the case in previous chapters, the one-to-one mode of support is discussed firstly, followed by the group mode of support, before moving on to examine the two services comparatively.

Prior to beginning the discussion, it is necessary to briefly refer to the literature on *informal* support for teenage mothers, as this had raised several points of importance to consider when examining *formal* modes of support. There were numerous studies that had investigated the informal support networks of teenage mothers. These studies had established the importance of family, partners and friends in feeling supported (Phoenix: 1991, Allen and Bourke-Downing: 1998, Bunting and McAuley: 2004), drawn attention to potential conflicts present in informal support networks (Allen and Bourke-Downing: 1998), recognised the importance of geographical close proximity to informal support networks and communities in which teenage motherhood is valued (Mitchell and Green: 2002) and suggested that different cultural norms may result in different patterns of informal support (Bunting and McAuley: 2004). This literature was considered whilst keeping formal support in mind, to this end, the following points emerged. Given the paramount importance of family in teenage mothers' informal support networks, it was suggested that those mothers who could not draw upon this type of support would have what was in effect, a support "gap", which formal support services then may have a role to play in filling. In addition, given the recognition of the importance of geographical proximity to the informal support network, it was suggested that formal support mechanisms may have a function in supporting those young mothers who are not in close proximity to their informal networks, perhaps due to being allocated social housing some distance away. Therefore, the research embarked upon an investigation into formal support services keeping in mind the possibility that they may have had the potential to replace or supplement the existing support of an informal nature.

A. One-to-One Support

Introduction

In this section, the analysis of the one-to-one support service is considered in light of existing literature. The selection of the one-to-one support mode is considered firstly, followed by the functions of one-to-one support. The section is summarised regarding contributions to the literature regarding one-to-one support, before linking this section up with the next, which discusses the group mode of support.

Selection of one-to-one support

The literature review attempted to locate studies which provided an insight into why some teenage mothers select a mode of support which is of a one-to-one nature. However, the literature in this area was very limited, despite there being several papers on the subject of one-to-one support for teenage mothers, none of them appeared to offer any knowledge pertaining to the *selection* of this particular mode of support. There was however one exception to this (deJonge: 2001), but unfortunately, this contribution was of a restricted nature as it proposed only one possible reason for the selection of the one-to-one support mode; that some participants choose this type of support in order to build up confidence prior to participating in group support services, "the women interviewed had a hurdle to overcome in order to pluck up the courage to take part in personal development activities" (ibid. 52). One-to-one support is presented as a mechanism for progression to group support, it is not considered that some young women may have alternative reasons for their choice and indeed, may plan continuous use of one-to-one support on its own, not wishing to participate in group support.

Therefore, in this area, the study aimed to contribute to the literature by probing further into the selection of the one-to-one support mode. Two factors were taken into consideration in so doing; firstly, explicit reasons stated by the participants as to why they chose one-to-one support and secondly, the participants' individual circumstances as to their existing network of informal support, their view of their motherhood and any values they held as to work and learning. This was done in order to gain an insight into both conscious choice of a support mode and any patterns in circumstances which may make the choice of one-to-one support likely. The following points relating to these two factors were established having analysed the findings. Regarding the reasons specified by the participants, reasons fell into three categories. Firstly, reasons for choosing one-to-one support as an alternative to group support, as *group support was not accessible* to them, explanations for this were; absence of support groups in participant's local area, timing of local support groups clashed with the participants' other commitments and that

participants were too busy to go along to a support group. Secondly, reasons were given that were attributable to choosing one-to-one support as an alternative to group support because they stated that they *did not want to participate in group support*, explanations for this were; a wish to avoid other teenage mothers and that they felt sufficiently supported by their friends and therefore did not want to expand their social circle. Thirdly, reasons were given for *choosing one-to-one support in itself* and not because it was an alternative to group support, the explanation for this was because participants wanted easy access to a professional of whom they could ask advice. Moving on to examine patterns in circumstances among one-to-one support participants, the following points were suggested. Firstly, it was observed that one-to-one support was likely to be chosen by those for whom informal support was limited or absent. This confirmed the suggestion made having reviewed the literature on informal support that those mothers who were unable to draw on informal support may find gains in formal support as a way of filling the gap in support that they experienced. Secondly, concerning the view of motherhood, one-to-one support was likely to be chosen by those who were in need of, or believed themselves to be in need of, professional advice; this was argued to apply to those mothers whose motherhood marked a turning point away from negative behaviour, perhaps with a view to the professional taking on a mentor-type role. Thirdly, concerning values as to learning and work, those participants feeling pressurized or wanting to participate in education, employment or training imminently, seem likely to opt for participation in one-to-one support, perhaps because the one-to-one advisor is envisaged in a broker-type role, providing advice as to practical difficulties and access to EET activities.

No participants stated the reason that had been suggested by deJonge (2001); whilst some saw one-to-one support as an alternative to group support, either because they could not or did not want to access group support, no one saw one-to-one support as a stepping stone to group support in order to build confidence. However, it does not necessarily follow from this that deJonge's contribution is inaccurate; indeed, it could be suggested that those who had very little confidence would not have chosen to be interviewed in the first place, or if they had participated, they may not have wished to disclose to the researcher the fact that their confidence was low, if indeed they were aware of this. deJonge's study was conducted several years after the mothers had used support services, therefore the participants were able to look back reflectively and recognise that in the past, their confidence had been low. However, this study was conducted among teenage mothers who continued to use support services, therefore may have lacked the hindsight of deJonge's participants. Therefore, whilst this research did not find evidence to confirm deJonge's findings for the reasons stated previously, neither did it find evidence to contradict these findings, therefore, it can be argued that deJonge's reason does still stand as a factor in the selection of one-to-one support. Table 6.3 provides a summary of the knowledge as

to the selection of one-to-one support by teenage mothers, incorporating both the findings of this study and the reason suggested by deJonge.

Table 6.3: Selection of One-to-One Support; Reasons and Patterns in Circumstances

Reasons for Choosing the One-to-One Mode of Support	Patterns in Circumstances among Teenage Mothers Choosing One-to-One Support
<p>To build confidence prior to engaging in group support (deJonge, 2001)</p> <p>Easy access to a professional (discovered empirically)</p> <p>As an alternative to group based support:</p> <p>Group based support not accessible:</p> <ul style="list-style-type: none"> - No support groups in local area - Days / times of local support group clashes with other commitments - Too busy to attend support groups (discovered empirically) <p>Group based support not wanted:</p> <ul style="list-style-type: none"> - Wish to avoid other teenage mothers - Feels sufficiently supported by existing friends and does not want to extend social network (discovered empirically) 	<p>Informal support is limited or absent (discovered empirically)</p> <p>Individual believes herself to be in need of professional support and guidance (discovered empirically)</p> <p>Individual feels pressurized or wants to engage in learning or work imminently (discovered empirically)</p>

Functions of one-to-one support

Within this section, the study's analysis regarding functions fulfilled by the one-to-one support mode are considered in relation to the existing literature in this area. Possibilities are then highlighted as to how the study had added to the knowledge of the functions of the one-to-one mode of support for teenage mothers.

Existing literature within this area consisted of two relevant contributions. The first was that of deJonge (2001), included in the earlier section of the discussion. She presented the building of confidence prior to engaging in group support as a function of one-to-one support as well as a reason for choosing the support mode. In addition, she also provided a point of critique regarding this mode of support, in stating that there is the possibility that personal advisors have the potential to be unfriendly and paternalistic. The contribution of Wiggins et al (2005), in which the Sure Start Plus pilot initiative was evaluated, provided additional points of relevance regarding the functions of one-to-one support. These points largely pertained to what the personal advisor was able to do for the participant, therefore going further than the contribution of deJonge (2001). These points were valuable in that they captured the personalised element of one-to-one support. Wiggins et al additionally presented possible negative elements of one-to-one support, stating that personal advisors can become overstretched, therefore limiting the amount of time they are able to spend with individual mothers.

The analysis regarding the functions of one-to-one support raised the following points, which are considered in light of the previous literature in this area. The functions of one-to-one support as identified by the participants can be grouped under four headings. The first heading, *crisis*, concerns the role of the one-to-one advisor in providing support where other support mechanisms are absent or unstable, and being available for their clients at any time during the week, this latter element further supports the findings of Wiggins et al (2005), who argued that the accessibility of the personal advisors was an important part of the service. Furthermore, Wiggins et al's observation that advisors persisted with participants could also be included under the *crisis* heading, following up on the participants out of a concern for their progress, a role that may have been fulfilled by the informal support network had it been present. Although this specific function was not identified in the study, the participants did indeed think highly of the advisors, with whom they did have friendly relationships (as also identified by Wiggins et al, 2005) and strongly believed that they genuinely cared for them. Further points identified by Wiggins et al that could be included under the *crisis* heading (because they might otherwise have been carried out by members of the informal support network had the participant had a strong relationship with them) were accompanying participants in appointments to other services and visiting them at home. The second heading, *advice*, relates to the advisor being an external source of advice, separate

from family or friends, giving guidance and supporting parenting methods and in the advisor's capacity as a non-medical professional. Regarding the latter point, that the advisor was a non-medical professional, it could be argued that Wiggins et al's point regarding practical assistance is relevant here; participants might indeed have sought the advisors help regarding issues such as benefits and housing, something they would have been unlikely to have discussed with health services staff. Therefore, the fact that the advisor was a non-medical professional would have made it more likely that they sought their advice, rather the advice of medical staff, regarding practical issues. It could be argued that the confidential nature of one-to-one support (Wiggins et al, 2005) also comes under the advice heading, although participants did not speak specifically about confidentiality, it can be argued that this was an element of the service that they liked, as the personal advisor was external to and separate from their informal support network. Furthermore, Wiggins et al (2005) identified that personal advisors acted as a gateway to other services. Although this was not explicitly identified by participants in this study, they did emphasise that advisors were helpful and they could talk to them about anything at all, it can be argued that this may have included referring the participants to other services when the need arose. The third type of function, *personal development*, relates to the advisor giving out information to participants pertaining to the development of their learning or employment. The suggestion that one-to-one support builds confidence prior to engaging in group support as argued by deJonge (2001) could be included under the *personal development* heading, despite not being evident in participants in this study. As discussed earlier, deJonge's study was conducted several years after her participants had engaged in one-to-one support, therefore, this may still be valid as the participants in this study were still participating in support. Thus, whilst they may in the future participate in group support, they are not yet able to assess whether one-to-one support has built up their confidence. The fourth and final variety of function concerns *stigma management*, which relates to assisting the participants in coping with discrimination by; providing sympathy, supporting their use of a particular coping mechanism and advising as to the use of different coping mechanisms. This type of function was not discovered by either of the previous studies. However, it could be argued that the reason for its unearthing in this study is that the subject of stigma was already a focal point of the research therefore links between stigma and support services were made more freely than in the two previous studies, who had not included stigma on their research agendas.

Turning to look at the criticisms of one-to-one support, the criticism was made by participants in this study that the support service would benefit from having advisors who had been teenage mothers themselves. This had not been noted by either of the previous studies. However, the criticism voiced by deJonge (2001) that advisors were unfriendly and paternalistic was not expressed by any of the one-to-one participants in the study, whilst they suggested peer advisors

as a way of improving the service, they certainly did not have any complaints as to the nature of the existing advisors. Furthermore, the problem identified by Wiggins et al (2005) in that advisors were overstretched and could not spend as much time as they wanted to with each client was not seen in this study either, the participants were pleased with the overall service, however, many of them kept in touch with advisors by telephone and saw them face-to-face less regularly, therefore they might not have encountered difficulties with appointment scheduling. The limitations have not been assigned to any particular function group, as it can be argued that they are of a nature which would affect the whole range of support service functions.

Having considered the findings in light of the existing literature and discussed how the two can be incorporated, Table 6.4 is presented as a summary of knowledge pertaining to functions of one-to-one support.

Table 6.4: The Functions of One-to-One Support

Function Group	Functions	Limitations applying to all function groups
Crisis	<p>Replacement of informal support when it is lacking (discovered empirically)</p> <p>Providing easily accessible support (Wiggins et al, 2005)</p> <p>Advisor's persistence with clients (Wiggins et al, 2005)</p> <p>Friendliness of advisors (Wiggins et al, 2005)</p> <p>Visiting clients at home (Wiggins et al, 2005)</p> <p>Accompanying participants in appointments to other services (Wiggins et al, 2005)</p>	<p>Absence of peer advisors (discovered empirically)</p> <p>Advisors as unfriendly and paternalistic (deJonge, 2001)</p> <p>Overstretched advisors, limited one-to-one time (Wiggins et al, 2005)</p>
Advice	<p>Receiving advice from outside of the informal network. (discovered empirically)</p> <p>Receiving support for the chosen parenting methods when these methods are at odds with the informal network's views on parenting. (discovered empirically)</p> <p>Receiving advice from a non-medical professional (discovered empirically)</p> <p>Confidentiality (Wiggins et al, 2005)</p> <p>Practical assistance (Wiggins et al, 2005)</p> <p>Advisor as a gateway to other services (Wiggins et al, 2005)</p>	
Personal Development	<p>Information regarding education, employment and training (discovered empirically).</p>	

	Building confidence prior to participating in group support (deJonge, 2001)	
Stigma Management	Providing sympathy (discovered empirically) Supporting choice of coping mechanism (discovered empirically) Giving advice on alternative coping mechanisms (discovered empirically)	

Summary

As noted earlier, the literature as to one-to-one support for teenage mothers had identified only one reason why this support mode might be selected (deJonge, 2001), however, the literature was more substantial in its contribution to knowledge as to the functions and difficulties of the one-to-one support mode (deJonge: 2001, Wiggins et al: 2005). Regarding the reasons for selecting one-to-one support, deJonge (2001) suggested that building confidence prior to participating in group support was a reason why some mothers participated in one-to-one support, however, this was the extent of the contribution. In identifying factors pertaining to choices of the participants and commonalities in their individual circumstances as regarding their selection of one-to-one support, this research has provided further insight as to why one-to-one is the preferred support mode of some teenage mothers. Considering the contribution of the research as to functions of one-to-one support, in identifying further functions and categorising these functions into headings, this research has added to the existing literature in this area and presented a means of organising the same. The discussion now moves on to consider the findings as to the other mode of support for teenage mothers, that of group support.

B. Experiences of Group Support

This section considers the analysis of the findings pertaining to the group support mode in light of the existing literature in this area. A discussion of factors concerning the group support mode is presented, followed by a discussion of the functions of group based support services. The section summary then recaps what this research has added to the existing literature regarding group support before linking up with the next heading, under which one-to-one and group support modes are considered comparatively.

Selection of group support

The literature review included several papers that considered group support mechanisms for teenage mothers. However, none appeared to investigate the selection of the group support mode as a choice made by individual or influenced by circumstantial factors. This represented a significant gap in this area of the literature. The study took the same approach to investigating the selection of the group support mode as it had done for the one-to-one support mode; firstly considering the explicit reasons stated by the participants as to why they had chosen to participate in group support and secondly, looking into the participants' circumstances regarding existing informal support, their view of their motherhood and their values concerning learning and work in order to identify whether there were any patterns in this regard.

Therefore, the study aimed to *establish* a base of knowledge regarding teenage mothers' selection of group support services, as opposed to adding to knowledge that already existed, as this appeared to be absent. The analysis discovered the following factors regarding the selection of the group mode of support. Regarding the reasons specified by the participants, all of the reasons given were reasons for choosing the group support service in itself and not as an alternative to one-to-one support. Reasons were grouped into three headings. Firstly, there were reasons aimed at *establishing a routine*, which included getting out of the house and to break the monotony of the week. Secondly, there were reasons relating to a desire *to be around peers* (other teenage mothers), these reasons included meeting other teenage mothers, preferring groups specifically for teenage mothers having felt uncomfortable at general parents' groups, and making new friends. Thirdly, a reason was given which related to the *child's social skills*, this gave the reason for choosing one-to-one support as to preparing the child for an environment with other children, with a view to improving the child's social skills prior to going to a nursery. Having regarded the reasons stated by the participants, factors relating to individual's circumstances will now be summarised. Firstly, regarding existing informal support, the group support participants had well developed existing networks of informal support, in being highly likely to have informal support from their families and being able to draw on informal support from partners or friends in

addition to the support received from their families. It is not surprising that these individual opted for group support, they could all draw on the support of their families, which was acknowledged as the most important source of informal support (Phoenix: 1991, Allen and Bourke-Downing: 1998, Bunting and McAuley, 2004), therefore they were not looking for a mode of support which replaced informal support, but one that complemented it. As for the view of motherhood held by the participants, there does not appear to be a relationship between factors identified under this heading and the choice of the group mode of support. Lastly concerning the values held by the participants as to learning and work, group support participants were not likely to feel pressurised or want to participate in EET imminently, although the majority had aspirations along such lines for the future. It was likely that group support participants would want to postpone EET until their children were older in order to spend time with them while they were still young.

Therefore, this part of the study has established a first contribution to the literature regarding the selection of the group support mode by teenage mothers, which can be further expanded upon and critiqued by future research. Table 6.5 provides a summary of the same.

Table 6.5: Selection of Group Support; Reasons and Patterns in Circumstances

Reasons for Choosing the Group Mode of Support	Patterns in Circumstances among Teenage Mothers Choosing Group Support
<p>To establish a routine:</p> <ul style="list-style-type: none"> • Getting out of the house • Breaking the monotony of the week (discovered empirically) <p>To be around peers:</p> <ul style="list-style-type: none"> • To meet other teenage mothers • Wanting support specifically for teenage mothers having felt uncomfortable at general parents' groups. (discovered empirically) <p>To enhance child's social skills:</p> <ul style="list-style-type: none"> • Preparing child for an environment where they will be around other children (discovered empirically) 	<p>Individual has well developed networks of informal support consisting of family and partners or friends. (discovered empirically)</p> <p>Individual does not feel pressurised or want to engage in learning or work imminently, instead wanting to spend time with child. (discovered empirically)</p>

Functions of group support

Within this section, the analysis concerning the functions carried out by the group mode of support are considered in relation to the existing literature in this area. The ways in which the study has added to the knowledge of the functions of group support for teenage mothers is then presented.

Literature was in existence regarding the group support mode for teenage mothers, however much of the literature was from the US and based upon support programmes with a heavy "parent education" element, these groups were set up with a specific purpose and lasted for a specific amount of time. For example, the group studied by Weinman (1992) had been set up with the aim of preventing child abuse among adolescent mothers, the group sessions were intensive in nature, lasting seven hours per day for a period of eight weeks. In addition, Censullo (1994) focused upon a group that was also largely instructive in nature, which focused upon improving communication between mothers and infants. The more recent contribution of Letourneau (2004) presented a meta-analysis of papers on the group based parenting programmes in the US. The literature review noted that these papers were observing the group mechanism of support, therefore it could be argued that observations pertaining to this were relevant to this research. However, the functions of the programmes regarding the "parent education" element were of much less relevance to this research, because the groups included in this study were of a less intensive and structured nature, with no specific objectives other than to provide an environment where teenage mothers could support each other. The groups attended by the participants in this study met once a week and although activities were often planned, these activities were of a leisurely nature, such as a salsa dancing session set up for one of the groups, and had been decided in consultation with the teenage mothers in the group. Taking out the "parent education" element, the functions of groups for teenage mothers in the previous three studies had been stated as empathetic peer support (Censullo, 1994), improving self-image and self esteem (Weinman et al: 1992, Censullo: 1994), and increasing confidence in parenting abilities (Letourneau, 2004). However, it was noted that the group mechanism may not be appropriate for those mothers with a low self esteem (Letourneau et al, 2004). deJonge (2001) had also noted the latter concern in her study, which included interviews with women who had participated in group support when they were teenage mothers. Unlike the previous studies, the support groups in which these women had engaged did not have a "parent education" emphasis. deJonge argued that for the women she interviewed, support groups for teenage mothers had carried out the following functions; providing contact with peers with whom one could identify, providing an opportunity to get out of the house, building confidence, being stimulated to pursue education and work and feeling less stigmatized than in other groups.

Therefore, some literature did exist as to the functions of group support for teenage mothers, hence the role of the study in this area was to unearth additional knowledge in this area. The analysis of the findings pertaining to the functions of group support raised the following points, which are considered in light of the existing literature. The functions of one-to-one support could be grouped under five headings. Firstly, *advice* functions were identified, which were; sharing advice with other teenage mothers, receiving advice from professionals in an informal setting, receiving empathetic peer support, and receiving advice from outside of the informal network. Empathetic peer support was previously identified by Censullo (1994) as a feature of group support for teenage parents, therefore, this study provides further support for this. None of the other advice functions had been explicitly identified by the previous literature, however, it is not surprising that they have emerged considering deJonge's point stating that groups provided contact with peers with whom one could identify (2001). It could be argued that the sharing of advice with other teenage mothers and receiving empathetic peer support would often automatically follow on from having regular interaction with other teenage mothers. *Personal development* functions were the second variety of function, comprising; increased confidence in parenting abilities, increased general self confidence, and developing new interests. These findings support the previous literature of Weinman et al (1992) and Censullo (1994), which had stated that increased self-confidence was an outcome of the group mechanism, and that of Letourneau (2004), who had suggested that as a result of participating in group support, teenage mothers would be more confident as to their parenting abilities. However, the development of new interests had not been anticipated by any of the previous literature, perhaps because the previous studies had focused mainly on groups with a "parent education" focus, which did not include activities such as those featured in the support groups within this study. The third type of function was termed *social* functions, which comprised; making new friends, meeting other teenage mothers, feeling less isolated, integrating into a new environment / local area, and becoming more sociable. Meeting other teenage mothers, making new friends and becoming more sociable could be argued to have been expected, given that by attending a group, the participants would be coming into contact with other teenage mothers with whom they could identify (deJonge, 2001). The functions 'feeling less isolated' and 'integrating into a new environment / local area' were also not surprising, given the points raised having reviewed the literature on informal support, which argued that formal support mechanisms may have a role in providing support for young mothers who were not in close geographical proximity to their informal networks, having been allocated social housing some distance away, this was certainly the case for some of the group participants. Fourthly, the group support mode was identified as having benefits for the children of the participants, termed *child's social skills* functions, which consisted of preparing the child for participation in a nursery environment by being used to other

children and hence enhancing their social skills. This had not been identified as a function of the group process in the previous studies, as in these previous studies, there appeared to be no consideration given to the future aspirations of the participants which may have included learning or work activity that necessitated their children being cared for in a nursery. Additionally, it was not clear whether the children of the teenage mothers in these previous studies were given the opportunity to interact with each other. Fifthly, *stigma management* functions were discovered for group support, consisting of; sharing advice regarding coping mechanisms, sharing experiences of stigma with empathy, not feeling alone in receiving negative comments, emphasising the normality of motherhood and bolstering confidence of others regarding their parenting abilities.

Participants had not stated deJonge's point that they felt less stigmatized than they had done in other groups, however, some participants had stated that feeling uncomfortable at other parents groups was a reason for choosing to attend a group specifically for teenage mothers, therefore, it can be argued that the group support service did indeed contain this feature. Additional functions of stigma management had not been identified by any of the previous studies, however, it could be argued that these functions would logically follow on from coming into contact with other teenage mothers with whom the participants could identify (deJonge, 2001). In addition, the previous studies did not have an additional focus upon stigma, whereas this study did, therefore as stigma was already a focal point of the research, links were more easily made between it and the functions of support services. There was no evidence that the groups in this study had stimulated their participants to pursue learning and work, as had been suggested by deJonge (2001). The participants in the group did indeed have EET aspirations, which may have developed as a result of interacting with their peers, however on the other hand, these aspirations may have been present prior to their participation in the group. There was certainly no pressure from the professionals running the group. Although the overarching local teenage pregnancy strategy would have been subject to the support agenda's target of getting teenage mothers into EET, the culture of the groups in this study was such that the participants were treated in a non-judgemental way by the organizers, who respected their values and beliefs regarding spending time with their children prior to engaging in EET at some point in the future.

Turning to look at the criticisms of group support, the only points made were that the group sessions did not last long enough and they could have done with meeting on more than one day in the week, this can be taken in a positive light; the participants enjoyed coming along to the group to such an extent that they wanted more of the same. By extending the group sessions, it could be argued that this would enable more teenage mothers to engage in this mode of support. These criticisms do not apply to any particular function group of the service; wanting to extend the availability of group support can be taken to apply to all of its functions. Turning to look at the

criticisms voiced by existing literature, the point was raised that group support was not suitable for those with low self-esteem (deJonge: 2001, Letourneau: 2004). No evidence was found to refute or support this, none of the group participants displayed low self esteem, therefore the group was suitable for them however, it could be argued that the logic of this point means that it remains valid; those teenage mothers with low-self esteem may want to build their confidence prior to engaging in group support.

Having considered the findings in light of the existing literature and discussed how the two can be incorporated, Table 6.6 is presented as a knowledge summary regarding group support for teenage mothers, which brings together both the contributions of this research and that of the existing literature.

Table 6.6: Functions of Group support

Function Group	Functions	Limitations applying to all function groups
Advice	<p>Sharing advice with other teenage mothers (discovered empirically)</p> <p>Empathetic peer support (Censullo, 1994) (also discovered empirically)</p> <p>Receiving advice from professionals in an informal setting (discovered empirically)</p> <p>Receiving advice from outside the informal network (discovered empirically)</p>	<p>Group mechanism unsuitable for those with low self-esteem (Letourneau et al: 2004, deJonge: 2001)</p> <p>Participants express desire for group sessions to last longer and occur on more days of the week (discovered empirically)</p>
Personal Development	<p>Increased general self-confidence (Weinman et al: 1992, Censullo: 1994) (also discovered empirically)</p> <p>Increased confidence in parenting abilities (Letourneau et al: 2004) (also discovered empirically)</p> <p>Development of new interests (discovered empirically)</p>	
Social	<p>Meeting other teenage mothers (deJonge, 2001) (also discovered empirically)</p> <p>Becoming more sociable (discovered empirically)</p> <p>Making new friends (discovered empirically)</p> <p>Feeling less isolated (discovered empirically)</p> <p>Integrating into a new environment / local area (discovered empirically)</p>	

Child's Social Skills	Preparing child for an environment with other children (discovered empirically)	
Stigma Management	<p>Lack of stigmatization, which had been experienced in other general parents' groups (deJonge, 2001)</p> <p>Empathetic sharing of experiences of stigma (discovered empirically)</p> <p>Not feeling alone in receiving negative criticism (discovered empirically)</p> <p>Emphasising the normality of teenage motherhood (discovered empirically)</p> <p>Sharing advice as to coping mechanisms (discovered empirically)</p> <p>Bolstering confidence of others by reassuring them they were "good mothers" (discovered empirically)</p>	

Summary

As noted earlier, the literature regarding group support for teenage mothers appeared to be lacking in a consideration of the selection of the mode of support. In identifying both reasons stated by the participants themselves and commonalities in individual circumstances which acted to make the selection of this mode of support likely, this research has laid the foundations for a more thorough understanding of the selection of group support. Considering the functions of group support, previous literature had identified functions and outcomes (Weinman et al: 1992, Censullo: 1994, deJonge: 2001, Letourneau et al: 2004), to which this research has added, confirming many of the functions already identified and discovering functions which had not been commented upon before. Furthermore, the research has also categorised the functions of group support, which was useful when comparing the two support modes. It is to the comparative consideration of one-to-one and group support that the discussion now turns its attention.

C. One-to-One and Group Support Compared

Introduction

This section summarises the comparative insights into one-to-one and group support mechanisms for teenage mothers provided by the research. The differences in rationales for selecting a mode of support are presented firstly, before going on to compare the functions of the one-to-one and group modes of support. Following on from this, the policy implications of the research regarding one-to-one and group support services for teenage mothers are considered, referring to the policy mechanisms outlined in the first chapter of this research.

Selection of a Support Mode

Comparing the reasoning given for the choice of a support mode and the backgrounds of the participants, differences were found in the following areas; the choice of a support service in itself and as an alternative to another mode of support, the choice to socialise or not with peers, the establishment of a routine, child's social skills, existing informal support networks, motherhood as a turning point, and values as to learning and work. The point around which very little difference between one-to-one and group support participants could be found was that of viewing motherhood in positive terms; the vast majority saw their motherhood as positive, similar proportions from each of the services stated that their motherhood had been planned and similar proportions stated that it had been unplanned. Table 6.7 lays out the influential factors involved in the selection of a mode of support amongst teenage mothers, both the factors suggested by the literature and those found in this research.

Table 6.7: The Selection of a Support Service Mode among Teenage Mothers: Reasons and Circumstantial Patterns

Support Mode	Reasons	Patterns in Circumstances
One-to-One	<p>To build confidence prior to engaging in group support (deJonge, 2001)</p> <p>Easy access to a professional (discovered empirically)</p> <p>As an alternative to group based support:</p> <ul style="list-style-type: none"> • Group based support not accessible: <ul style="list-style-type: none"> - No support groups in local area - Days / times of local support group clashes with other commitments - Too busy to attend support groups 	<p>Informal support is limited or absent (discovered empirically)</p> <p>Individual believes herself to be in need of professional support and guidance (discovered empirically)</p> <p>Individual feels pressurized or wants to engage in learning or work imminently (discovered empirically)</p>

	(discovered empirically)	
	<ul style="list-style-type: none"> • Group based support not wanted: <ul style="list-style-type: none"> - Wish to avoid other teenage mothers - Feels sufficiently supported by existing friends and does not want to extend social network (discovered empirically) 	
Group	<p>To establish a routine:</p> <ul style="list-style-type: none"> - Getting out of the house - Breaking the monotony of the week (discovered empirically) <p>To be around peers:</p> <ul style="list-style-type: none"> - To meet other teenage mothers - Wanting support specifically for teenage mothers having felt uncomfortable at general parents' groups. (discovered empirically) <p>To enhance child's social skills:</p> <ul style="list-style-type: none"> - Preparing child for an environment where they will be around other children (discovered empirically) 	<p>Individual has well developed networks of informal support consisting of family and partners or friends. (discovered empirically)</p> <p>Individual does not feel pressurised or want to engage in learning or work imminently, instead wanting to spend time with child. (discovered empirically)</p>

Functions of Support

Functions of support services were discovered and grouped into the following categories; advice, crisis, personal development, social and child. These categories were valuable for incorporating the findings of this research with those of previous research. Both services provided stigma management, advice and personal development functions. However, the one-to-one support service included a crisis function, which was not present in group support services, whilst group support provided a social function, which was not evident in the one-to-one support service. One-to-one services fulfil three stigma management sub-functions; providing sympathy, supporting the teenage mother in their choice of coping mechanism and giving advice as to other coping mechanisms to employ. Group support services fulfil five stigma management functions; providing an opportunity for the empathetic sharing of experiences of stigma, teenage mothers not feeling alone in receiving negative criticism, emphasising the normality of teenage motherhood, sharing advice as to coping mechanisms and bolstering confidence of others in their parenting abilities. Therefore, the group support service's stigma management functions result

from peer interaction and apply to those who identify strongly with their fellow stigmatised, that is, other teenage mothers. One-to-one support services on the other hand are more limited in their capacity to manage stigma, as interaction with an advisor is characterised by sympathy, as opposed to the empathy that exists within group support. However, the stigma management function of one-to-one support is valuable for those who actively disidentify with other teenage mothers, or for those who do not have access to group support services. The table below, Table 6.8, integrates the contribution of the previous literature with the findings of the research into comparing support services.

Table 6.8: Comparing Functions of One-to-One and Group Support Services

Function Group	Functions fulfilled by support service	
Crisis	One-to-One Support Service	Replacement of informal support when it is lacking (discovered empirically) Providing easily accessible support (Wiggins et al, 2005) Advisor's persistence with clients (Wiggins et al, 2005) Friendliness of advisors (Wiggins et al, 2005) Visiting clients at home (Wiggins et al, 2005) Accompanying participants in appointments to other services (Wiggins et al, 2005)
	Group Support Service	No functions.
Advice	One-to-One Support Service	Receiving advice from outside of the informal network. (discovered empirically) Receiving support for the chosen parenting methods when these methods are at odds with the informal network's views on parenting. (discovered empirically) Receiving advice from a non-medical professional (discovered empirically) Confidentiality (Wiggins et al, 2005) Practical assistance (Wiggins et al, 2005) Advisor as a gateway to other services (Wiggins et al, 2005)

	Group Support Service	<p>Sharing advice with other teenage mothers (discovered empirically)</p> <p>Empathetic peer support (Censullo, 1994) (also discovered empirically)</p> <p>Receiving advice from professionals in an informal setting (discovered empirically)</p> <p>Receiving advice from outside the informal network (discovered empirically)</p>
Personal Development	One-to-One Support Service	<p>Information regarding education, employment and training (discovered empirically).</p> <p>Building confidence prior to participating in group support (deJonge, 2001)</p>
	Group Support Service	<p>Increased general self-confidence (Weinman et al: 1992, Censullo: 1994) (also discovered empirically)</p> <p>Increased confidence in parenting abilities (Letourneau et al: 2004) (also discovered empirically)</p> <p>Development of new interests (discovered empirically)</p>
Social	One-to-One Support Service	<i>No function</i>
	Group Support Service	<p>Meeting other teenage mothers (deJonge, 2001) (also discovered empirically)</p> <p>Becoming more sociable (discovered empirically)</p> <p>Making new friends (discovered empirically)</p> <p>Feeling less isolated (discovered empirically)</p> <p>Integrating into a new environment / local area (discovered empirically)</p>
Child's Social Skills	One-to-One Support Service	<i>No function</i>
	Group Support Service	Preparing child for an environment with other children (discovered empirically)
Stigma Management	One-to-One Support Service	<p>Providing sympathy (discovered empirically)</p> <p>Supporting choice of coping mechanism (discovered empirically)</p> <p>Giving advice on alternative coping mechanisms (discovered empirically)</p>

	Group Support Service	<p>Lack of stigmatization, which had been experienced in other general parents' groups (deJonge, 2001)</p> <p>Empathetic sharing of experiences of stigma (discovered empirically)</p> <p>Not feeling alone in receiving negative criticism (discovered empirically)</p> <p>Emphasising the normality of teenage motherhood (discovered empirically)</p> <p>Sharing advice as to coping mechanisms (discovered empirically)</p> <p>Bolstering confidence of others by reassuring them they were "good mothers" (discovered empirically)</p>
Limitations of Support Mode	One-to-One Support Service	<p>Absence of peer advisors (discovered empirically)</p> <p>Advisors as unfriendly and paternalistic (deJonge, 2001)</p> <p>Overstretched advisors, limited one-to-one time (Wiggins et al, 2005)</p>
	Group Support Service	<p>Group mechanism unsuitable for those with low self-esteem (Letourneau et al: 2004, deJonge: 2001)</p> <p>Participants express desire for group sessions to last longer and occur on more days of the week (discovered empirically)</p>

Summary

As identified in the literature review, despite the existence of research which had looked into one-to-one and group based support for teenage mothers, there appeared to be an absence of studies that directly compared these two support modes. In considering the selection of support mode and the functions carried out by the support service, for both the one-to-one and group based mechanisms, this research was able to provide a comparative insight into support services for teenage mothers.

D. Policy Implications

This section considers the policy implications of the research, referring back to the policy mechanisms concerning the support given to teenage mothers. In Chapter One, three key observations were made having reviewed social policy interventions. Firstly, teenage mothers are on the one hand seen as vulnerable young people in need of guidance, whilst on the other hand, the reversal of structure and agency has resulted in them not being portrayed as passive victims of their structural circumstances; they are to a large extent seen as personally responsible for their actions. Secondly, support for teenage mothers is largely geared towards education, employment and training targets, these are presented as now or never opportunities in what appears to be an attempt to introduce elements of middle-class transition patterns to this largely working class group. Thirdly, echoing support in the New Deal programmes and in the Connexions service, recent initiatives of support for teenage parents have taken a one-to-one, or *Personal Advisor* approach, there appears to be no evidence that New Labour are encouraging group based, peer support for teenage parents (Kidger, 2004; McLeod, 2006). This led to the suggestion that New Labour wish to distance these individuals from the contexts in which they live, advice from peers may serve to normalize their circumstances and enhance the risk of them becoming socially excluded in the eyes of the government, whereas advice from a mentor-style personal advisor will serve to pull them out of such traps by presenting alternatives, particularly that of labour market participation, as *preferred futures*. The findings of this research will now be considered in light of the existing policy mechanisms, thereafter returning to the three points outlined above and considering the implications of the research findings for the same.

The SEU report (1999) had stated that teenage parents get little of the "right" support, that being, "help back into education, into a proper job, proper housing and advice on how to be a good parent" (SEU, 1999: 62). This study indicates that the support services in this study are indeed providing the "right" support. Under the *personal development* function, the one-to-one support service provided information to its participants as to re-engaging in EET and for both services, *advice* functions included help as regards parenting skills, from the personal advisors in the one-to-one service, and from fellow teenage mothers in the group service. Re-engaging in EET would appear to be a more prevalent concern amongst the one-to-one support service participants than the group participants, as they were more likely to feel pressurised or want to re-engage in EET soon after the births of their children. The continuation of Care to Learn as outlined in the Next Steps document (Department for Children Schools and Families, 2007a), is a policy mechanism to be welcomed as this will continue to allow teenage mothers to receive financial assistance for childcare and transport costs when they are participating in education. However, considering those who wanted to delay EET there are several points to be noted. Firstly it is necessary to

account for the fact that these mothers do indeed have EET aspirations, therefore it is unhelpful to assume that their NEET status will continue indefinitely. Therefore, regarding the support target, the recommendation made by Shaw and Woolhead (2006) that progress towards EET is measured as well as EET itself continues to be valid. Furthermore, considering the label "NEET", it can be argued that this is misleading, as argued by Yates and Payne (2006). The label does indeed carry negative connotations, indicating that those who are NEET are effectively doing nothing, and therefore does little to dispel the perceptions held by many that Britain's welfare system rewards teenage mothers, who, are believed to have limited aspirations (Clark and Thomson, 2001). Furthermore, amendments to the conditions of Care to Learn would enhance the likelihood that these mothers will eventually re-engage in EET. Under current policy, someone who becomes a parent at 17 and decides to postpone EET until their child is at school will enter further education aged 21 or 22, and subsequently miss out on Care to Learn, which is currently restricted to mothers aged no older than 19 when they commence their further education. It is suggested that the Care to Learn eligibility criteria be changed; rather than focusing on the age of the mother, it could focus on the age of the mother's youngest child. It is proposed that funding be made available to young women who had their children between the ages of 16 and 19, whose children, at the start date of their chosen college course, are no older than 5 years of age. This suggestion also takes into account the observations of Selman (1997), who argued that cutting state assistance to teenage mothers is counterproductive. The age limitation of Care to Learn is an example of such restrictions. Indeed, as Selman also acknowledged, most teenage mothers come from economically deprived backgrounds, where career and educational opportunities are limited, this is the very area in which assistance should be being extended, not further restricted. As a final point, it must also be considered that in their review of evidence on child development, HM Treasury emphasised "the value of consistent one-to-one care in the first year of a child's life" and warned that full time maternal employment in the very early stages of a child's life "could negatively affect the development of some children" (HM Treasury, 2004b: 7) therefore such concerns should be borne in mind when developing initiatives to encourage teenage mothers back into EET.

However, whether such recommendations would be implemented is a point for debate. Whilst it has been argued here that such changes will increase the likelihood of economic activity among these young women in the long term, there are at least two reasons why policy may not proceed in this way. Firstly, extending the age bracket of Care to Learn eligibility would go some way towards accepting early motherhood as legitimate through accommodating the choice to postpone EET and in turn, recognise the unpaid carer identity. This leads to a second observation, that there is a general failure by policy to acknowledge the unpaid, caring work done by women of all ages, and such a move is unlikely to happen in a policy targeted at teenage

mothers, given their low status and policymaker's conceptualisations of their motherhood as problematic and risky.

It is important to note that the "right" support is successful when the teenage mothers concerned decide to seek it out for themselves, as opposed to such support being imposed upon them. The nature of the support services included in this study was that they *offered* rather than *prescribed* advice pertaining to EET and parenting skills when participants requested such advice. This research supports that of Wiggins et al (2005) in their evaluation of the Sure Start Plus initiative, they found that advisors felt constrained by the programme targets and felt that the only way in which they could provide assistance to their participants was to "concentrate on the client's immediate needs" (Wiggins et al, 2005: 27). The services in this research were of a needs led nature, the participants were active in deciding what they wanted from the support service and requesting the same. Considering the views of the teenage mothers themselves, support appears to have a much broader reach than that conceptualised by the SEU report. Re-engaging in EET and improving parenting skills, whilst important for some, are not the extent of the support services. Turning back to look at the findings as to selection and functions of support services, what teenage mothers wanted from a support service varied widely in accordance with individual circumstances. To take two examples, there were some participants who wanted easy access to professional advice and used the one-to-one support service in order to ask for help as to parenting methods whilst there were others who wanted to integrate into a new area having recently relocated, and used group support as a way of meeting other teenage mothers and making new friends. Therefore these mothers had priorities aside from re-engaging in EET and were looking to formal support to help them fulfil these needs. Therefore, support should be about much more than EET, which relates back to the arguments of Williams (2001), who criticised the prioritization of paid work as a means for tackling poverty and social exclusion and argued for a political ethics of care to redress the balance. Indeed, the following statement relates closely to these arguments,

For a significant number of young working class women, identity and belonging are secured through informal rather than formal modes of participation. Critical here are not the paid worker identity and relationships with the labour market, but the unpaid carer identity and the mother child relationship. (Graham and McDermott, 2005: 33)

Therefore the "right" support, it is argued, should recognise and respect teenage mothers' priorities aside from re-engaging in EET and the continuation of the EET target as the most significant part of the support agenda does nothing to recognise the value of the additional functions carried out by support services as identified in this study, such as crisis, advice, social,

personal development, stigma management and child development. However, given the importance of quantitative studies for the evidence base of such policy (Graham and McDermott, 2005), it is not difficult to see why the EET target continues to be the significant indicator of the success of the support agenda, as it is easily quantifiable, whereas other outcomes are not. Indeed, this was commented upon by Yates and Payne (2006), who observed a general lack of attention given to the soft outcomes of interventions with young people which are often necessary prior to engaging in EET, such as building self confidence.

The findings of this research suggest that there are multiple factors influencing an individual's selection of a support mode, therefore, it is vital to ensure that teenage mothers have *choice*, given their different individual needs and preferences. Moving on to consider the availability of support services, the findings indicated that some participants had been restricted in their choices, for example that participants were choosing one-to-one support because group support was not available. This had been previously recognised by McLeod (2006) who argued that there were few opportunities for young parents to socially interact with one another and this was disappointing given potential of young parents groups within communities to add to social capital and community capacity. Indeed, the group support service fulfilled a *social* function, which was not evident in the one-to-one support service, whereby participants met other teenage mothers, made friends, integrated into a new area and as a result of these factors, often felt less isolated. Whilst one-to-one support initiatives should continue in order to meet the needs of those who choose or require such support, it is argued that equal attention needs to be paid to group support services. Recent policy developments concerning the new delivery of support through Children's Centres (Department for Children Schools and Families, 2007a) could provide opportunities for the extension of group support services. Although current proposals have only gone as far as presenting Children's Centres as venues for personal advisor based support for teenage mothers, they could indeed be used for to set up teenage parents' groups, particularly in areas with no community centre provision. However, it is important that such opportunities should not be hindered by the specific performance indicator assigned to Children's Centres on returning teenage parents to EET (Department for Children Schools and Families, 2007a: 27) and that their choices as to learning and work are respected.

Considering the likelihood of policy initiatives to take such a direction, the following points can be noted. The group based mode of support is a well established and widespread phenomenon amongst older mothers in the form of mother and toddler groups. However, as commented earlier, there appears to be a "personal advisor culture" (Garratt, 2002) evident in initiatives with young people perceived as being in need of guidance, and teenage mothers are among this group, evidenced by the heavy emphasis on the one-to-one mode of support. There appears to

be a propensity to separate young mothers from older mothers, and indeed from other young mothers, labelling them as at risk and in need of preventative interventions and providing a mode of support which will be more likely to push them towards desired outcomes, namely participation in EET and prevention of further pregnancies. It can be suggested that peer support might work against these objectives, regular contact with peers may serve to normalise the choices and values of these young women, for example the choice to postpone engagement in learning or work in order to stay at home caring for their children. As long as teenage mothers are perceived as a problematic group by policymakers, it is unlikely that the advantages of group based support with peers will receive sufficient recognition to be heralded as a valuable supportive intervention.

Regarding the beginnings of an individual's engagement with formal support services, it is important that support remains voluntary, as was the case in the support services studied. This is crucial to prevent teenage mothers associating formal support with surveillance, and perhaps preventing them seeking out the one-to-one or group support similar to those investigated in this study. This has implications for the NFPs, which are currently in their pilot stage. Whilst targeting based on risk factors can assist in identifying those who might benefit from formal support, it is equally important to respect these individuals as active agents in selecting support which they feel is appropriate for them and that the nurses and midwives involved in these early intervention initiatives are sensitive to this, given the problems experienced by three of the participants in this study regarding their use of health services. The improvement of the initiative along these lines could be progressed in partnership with Children's Centres, which have among their priorities the provision of services specifically for young parents (Department for Children Schools and Families, 2007a). In spite of this, it can be argued that wider trends evident in New Labour's social policies may take such initiatives towards the enforcement end of the scale. Teenage parents are regarded as being in need of intervention to prevent negative outcomes, and whilst engagement with support services is voluntary for now, this may not continue to be the case, particularly given the importance attached to employment. It can be argued that a recent initiative announced by the Department of Work and Pensions may be the shape of things to come in this area. Plans have been announced to end single parents' entitlement to Income Support when their child reaches the age of 12, instead they will receive Jobseekers Allowance and be registered with Local Employment Partnerships to look for work. In October 2010, this will be further expanded to parents with children over the age of 7 (Department for Work and Pensions, 2007b). Therefore, it can be suggested that 'support' may become more akin to 'surveillance' when those individuals perceived as costly in terms of their benefit dependency do not take support that is offered to them, and indeed, teenage mothers may become subject to targeted interventions such as that discussed above for single parents.

Having considered the policy implications of the research, this section now returns to the three points from the literature review outlined at the beginning of the section and proposes the following. Firstly regarding the dichotomy of vulnerability and responsibility, the support services varied as to how they regarded individual teenage mothers based on their circumstances. Some came across as particularly vulnerable and in need of more intense support, these mothers were typically one-to-one support participants who had little or no informal support and believed themselves to require professional help to stay on the right track. Other mothers left the impression that they were largely independent and were using the support services for different reasons, mainly with a view to enhancing their social networks. However, at no time did the support services appear to have treated the participants as helpless victims, there was no apportionment of blame for their circumstances either. The support services in this study appear to have adopted a view of their role as assisting their participants to become empowered to pursue the ends they aspired to, whether or not they were EET related. This was expected to have been the case having reflected upon the views of support workers based in different institutional locations in the first section of the findings. It was suggested that services based in educational or employment related settings would be of a much more target led nature than those based in other settings, such as multiagency teams or PCTs. The services in this research worked through PCTs, therefore it was suggested that a needs led approach, which was less concerned with reaching targets, would be adopted. Secondly, and related to this last point, whilst the support agenda at national level appears to be largely EET focused, this is not played out at local level, however, this is far from being a negative observation. The support services, through their experience, have learned that a needs-led approach is the most effective in reaching teenage mothers, respecting their differential values, tailoring support to suit them and resisting from placing pressure on participants to follow paths that will result in the achievement of nationally imposed objectives. Lastly, it was suggested that the personal advisor approach to support, at the expense of peer support, had manifested in support services for teenage mothers. It was suggested that this had taken place with a view to confine advice to that received by personal advisors, as advice from peers may serve to normalize their circumstances and enhance the risk of them becoming socially excluded in the eyes of the government, whereas advice from a mentor-style personal advisor will serve to pull them out of such traps by presenting alternatives, particularly that of labour market participation, as *preferred futures*. Whilst this may indeed be an undying rationale of the primacy of one-to-one support, as was noted from the previous point, far from pushing participants towards these preferred futures, the advisors are characterised by a culture of respect for their participants, recognising their individual needs and developing solutions based on these needs, rather than upon the EET target.

In conclusion, the support services in this study were providing support to teenage mothers on a needs-led basis, not pressuring them to engage in EET, which may have been expected in some instances given the centrality of the EET target in the national TPS. It is vital that support continues to be delivered on this basis, and, if the EET target is to remain an indicator of the support agenda's success, progress towards EET needs to be considered as well as EET itself, as suggested by Shaw and Woolhead (2006). However, the invaluable role played by these services in providing support aside from re-engagement in EET also needs to be recognised and rewarded. As seen from this research, both one-to-one and group support services fulfil functions pertaining to advice, personal development and stigma management, whilst the one-to-one service fulfils an additional crisis function and the group service, social and child development functions. However, it is doubtful whether such measurement will occur, as stated earlier, EET is an easily quantifiable indicator, whereas other functions would require an increasing amount of qualitative research to be carried. Furthermore, as outlined in this section of the discussion, the recommendations made by this research are often at odds with the nature and direction of New Labour's social policy agenda and it seems likely that teenage mothers will continue to be subject to interventions that will become more akin to enforcement over time.

4. The Wider Context – Interventions with Children, Families and Young People

As acknowledged in Chapter One, since coming to office in 1997, New Labour have introduced a plethora of initiatives aimed at preventing and addressing social exclusion among children, families and young people. Such mechanisms have been largely characteristic of the social investment state approach to policy; investing in human and social capital, prioritising children as the citizen-workers of the future, being future focused and redistributing opportunities as opposed to redistributing income (Lister, 2003). Policies are seen as having an *investment* element in their tendency to encompass children, therefore acting to prevent future social exclusion (Jenson and Saint Martin, 2003). Indeed, the TPS support agenda, the policy upon which this research has been focused, does appear to have many of these characteristics. The promotion of EET among teenage mothers is not only seen as a way to improve their current economic circumstances but also to prevent their children growing up in a dependency culture and becoming the citizen-claimants of the future. Furthermore, Care to Learn, the policy to assist in returning teenage mothers to EET, could be argued to be redistributing opportunities in enabling these mothers to engage in education when they could not do so previously due to financial pressures. Reflecting upon this research, a number of points can be made which may apply to other targeted interventions involving children, families and young people perceived as being at risk of social exclusion, these points are as follows.

Firstly, it is important to continue to bear in mind the concern raised by Percey-Smith (2000) as to the targeting of such groups, which, she argued, "assumes a degree of homogeneity among members of that group" (Percey-Smith, 2000: 18). Such an approach fails to account for the multidimensional nature of social exclusion in that factors that are significant for some people may be insignificant for others. As has been established in this research, teenage mothers are a highly heterogeneous social group, some of whom are particularly vulnerable to becoming isolated, not only from the labour market but also from their communities and support structures, whilst others are largely independent, well supported and integrated into the communities in which they live; this implies vastly different support needs. Therefore, it is vital that interventions targeting such at risk groups should approach them with an open mind as to needs and expectations and indeed, involve the participants in developing support, rather than going in with a view based on assumptions and imposing nationally created targets, which indeed, may not be appropriate. However, whilst such targeted groups continue to be perceived as problematic by policymakers, who, in the example of New Labour and the social investment state, regard employment as a general and all encompassing solution, it remains unclear as to whether such personalised support will materialise.

This leads on to the next point, concerning the beliefs and values of those belonging to these targeted groups. In this research, support was established for the view of Duncan (2005) regarding the *rationality mistake*, in which assumptions of policymakers are at odds with beliefs of targeted groups. Regarding teenage mothers, policymakers are argued to believe teenage motherhood is evidence of low expectations, whilst teenage mothers themselves see their motherhood as fulfilling high expectations. The teenage mothers in this research did indeed value their motherhood highly and some were quick to defend their values when criticised, therefore, there was evidence of a clear disjunction. However, regarding values as to learning and work, some did indeed subscribe to values similar to those informing policy in that they were keen to re-engage in EET as soon as possible, whilst others wanted to delay EET in order to care for their children, the remaining minority did not have EET aspirations at all and valued full time motherhood. From this observation, it can be argued that there may indeed be disjunctions between the values informing policy and those held by the targeted groups, however, it is important to consider that within the targeted group, there may be those whose views do align quite neatly with those informing policy, whilst others will hold modified versions of these values; perhaps wanting to carry out actions in a different order. This is a key consideration when perceived solutions to exclusion are labour-market based; it is necessary to establish the climate of values as to labour market participation in order to determine whether initiatives are working in line with current belief systems or not and therefore, whether or not they will ultimately be effective. It is therefore important that the evidence informing policy takes into account the value systems of the populations to be targeted by initiatives. It can be argued that qualitative, ethnographic research would be an effective mechanism for this. If preventative initiatives are to be effective, knowledge of existing value systems is required in order to enable the initiatives to work *with* the existing belief systems, rather than *against* them. However, given the quantitative evidence base of policy, particularly that informing interventions with teenage mothers, and the cost implications of the qualitative research that is required to further explore value systems, it seems unlikely that this will occur, particularly combined with the potential outcomes of such research; the recognition of value systems that are largely at odds with the philosophy of the social investment state. More importantly, given that one of the potential outcomes of the research is likely to be the recognition of value systems that are normatively at odds with the philosophy of the social investment state, it is unlikely that policy makers will themselves elect to proceed down this particular research path.

Acknowledging and respecting the value systems of those classed as at risk of social exclusion is linked to the final point to be drawn, concerning problematization. Many had expressed concern that initiatives aimed at preventing social exclusion risked stigmatizing the populations which they

were targeting (Percey-Smith: 2000, France and Utting: 2005, Benjamin: 2006). Teenage mothers are a key example of a group which are already subject to negative conceptualisations and stereotyping, as has been established in this research. Considering initiatives targeting them and other groups, it is necessary that interventions do not add to this existing problem by further stigmatizing participants. Keeping the majority of initiatives *voluntary* will serve this end, as if initiatives are compulsory, participation in the same will add to stigma and would lead participants to become even more suspicious of state agencies in their surveillance of their lives. Furthermore, it could be argued that agencies involved in preventative initiatives could play a role in further preventing further stigmatization of particular groups by acting as *advocates* for those groups, enhancing their public profile by drawing attention to success stories. Nevertheless, it is doubtful that reducing the stigma attached to particular groups is a priority for New Labour, particularly when the values and behaviours of these groups represent a threat to the normative underpinnings of the social investment state in failing to prioritize their obligation to participate in paid work over their valuing of the unpaid, carer identity.

5. Limitations of the Study

This section is concerned with identifying what were, upon reflection, potentially problematic aspects of this research. In this regard, points are made which focus upon two issues, firstly, the design of the study itself and secondly, the application of the study's policy recommendations.

Firstly addressing the design of the study, there are several important points to be noted, most prominently, that the study was structured around formal support services, which raises several pertinent issues. The participants in the study were recruited on the grounds that they used either one-to-one or group formal support services, and in this regard, the study will have excluded those teenage mothers who do not utilise formal support services. This will have had an effect upon the study in the following ways, firstly, that those not using formal support services may have offered further insights insofar as to why they were not engaging with support services and secondly, they may have experienced stigma differently to those who were included in the study, hence contributing towards a fuller understanding of this research focus. Following on from this latter point, it might have been the case that those not engaging with formal support services may have drawn more extensively on informal modes of support, for example family, partners and friends, and it would have been useful to the study to consider more thoroughly the relationship between informal support and experiences of stigma.

Linked to the above point is the observation that the research had two foci, stigma and support services, however, only one methodology, that being the interviews with teenage mothers using formal support services. This was an altogether appropriate method for studying experiences of support services, however, it may have limited the study's capacity to investigate experiences of stigma. The reasons for this limitation centre largely on the fact that when analysing experiences of stigma, the interview data was analysed separately, considering one-to-one and then group participants' transcripts, in what could be interpreted as unnecessary categorisation. This may have been overcome by considering the interview data in its entirety, despite the fact that the responses of one-to-one and group participants were compared in a later section, this may not have been sufficient enough to cancel out any effects of categorising the participants in this way. Upon reflection, the stigma section of the study could have been improved by attempting to recruit participants from further afield than formal support services, however, the difficulty remains of reaching the hard to reach and gaining the trust of participants when one does not come through a channel that is familiar to them.

The next point focuses on the institutional context of the formal support services. All of the support services in this study were working through local Primary Care Trusts, therefore only

offering one institutional context for the research. Other possibilities regarding the institutional location of support services include being based in an employment and training context such as Connexions, or within Social Services departments. Furthermore, support services for teenage parents may operate as a discrete unit receiving funding from a variety of sources and bringing together staff with different specialisms or may operate as a multi agency team, whereby staff will be employed by a variety of different sectors. Despite the fact that posters were displayed at support services of various institutional locations, for example, Connexions centres and one-stop-shop premises, which brought together many young people's services, the participants who came forward were those who used the services which worked through the PCTs. There may be a variety of reasons for this, for example whether people routinely looked at the notice boards or not, whether people had the time to devote to an interview or whether indeed they *wanted* to participate in an interview. Furthermore, it can be suggested that when one participant took part in an interview, a word of mouth effect may have led to others using the same service to also participate. Upon reflection, it would have been beneficial to the study to be able to consider whether the institutional location of the support service had an impact upon the teenage mothers' experiences of formal support, which would have been possible had the participants emanated from differently located services. In particular, this would have enabled the observations made by Wiggins et al (2005), that advisors based in Connexions prioritised the EET targets in their work, to be further investigated as to whether and how this affected the support they were able to provide.

This section will now consider the second limitations issue, that being the applicability of the points put forward as policy recommendations to the current policy context. The points made under this heading suggested that firstly, reinforcing the observations of Duncan (2005, 2007), whilst policymakers view teenage motherhood as an altogether negative event, teenage mothers themselves, given that their values are different to those informing policy, see their motherhood in a largely positive light. To this end, it was recommended that more qualitative research be carried out to balance the current bias of the quantitative evidence base. It could be suggested that this will be unlikely to be carried out for the following reasons. Firstly, qualitative research often reflects the fact that for many teenage mothers, motherhood is a positive event and recognition of this research would compromise the other side of the Teenage Pregnancy Strategy, the *prevention* agenda, upon which there is an increased focus given the target of halving the number of teenage pregnancies by 2010. Additionally, qualitative research can be financially more costly and time consuming than quantitative research, characterised by spending time talking to teenage mothers and visiting support services, whilst the quantitative research forming the evidence base of the Teenage Pregnancy Strategy more often than not consists of papers which have reviewed existing data to identify risk factors and quantifiable outcomes.

Moving on to consider other recommendations, it was suggested that the Care to Learn funding be continued and its eligibility criteria be widened, the label "NEET" reconsidered in its application to teenage parents, participation in support initiatives remain voluntary and recognition be given to the achievements of support services beyond hitting EET targets. Taking each of these in turn, the expansion of Care to Learn to those mothers wanting to delay EET until their children are older may be considered unlikely because it would firstly be financially costly and secondly, it might compromise the target of returning 60% of teenage mothers to EET by 2010, as given the option, among those currently returning to EET soon after the birth of their children, many may opt to delay EET if they know that they will be able to receive funding when they eventually re-engage.

Reconsidering the "NEET" label in its application to teenage parents, there are clear benefits in not counting teenage parents among NEET statistics, namely that NEET figures would be greatly reduced and from one perspective, this would not constitute a deceitful manipulation of the statistics because parenthood can be considered a full time job, one in which many valuable skills can be acquired. However, given New Labour's apparent prioritisation of the paid worker identity over the unpaid carer identity, this again is somewhat unlikely. Removing the NEET label from teenage parents would represent recognition of teenage parent's value systems as accepted and indeed valued, which, within a social investment state, they are not.

The voluntary nature of the participation of teenage parents in supportive initiatives was identified as a valuable factor in that it they did not feel as though they were under surveillance by advisors acting in an authoritarian manner. In addition, the fact that the services in this study operated in a needs led manner was also valuable, as it enabled participants to have an interactive relationship with the services, within which they articulated their needs and the support workers provided advice accordingly. However, the primacy of the EET target often meant that the achievements of the support service in other areas, for example building confidence and helping participants integrate into a new area, were often unrecognised. Given the continued centrality of the EET target to the support agenda and the fact that new modes of service delivery, namely Children's Centres, will be subject to this target, there is the danger that even if participation in formal support does remain voluntary, workers will come under increased pressure to push their clients into EET before they are ready to do so. Again, this relates back to the quantifiable nature of the EET target, in that it is much easier to measure than the softer outcomes, and indeed, cheaper, given that qualitative research would be required to evaluate the softer outcomes.

6. Chapter Summary

This chapter has discussed the findings of the research in light of existing literature, suggesting how the research can add to knowledge in its particular areas of interest and the policy implications of the findings under each of the two research foci. Findings as to experiences of stigma and experiences of support services were discussed in this manner prior to considering the implications of the research for the wider policy context. The following chapter summarises the research, recapping the rationale of the study, contributions to knowledge and suggesting future directions for enquiry in and around the areas covered by this study.

7. CONCLUSIONS

<u>Chapter Headings</u>	<u>Page</u>
1. Introduction	290
2. Rationale for the Study	290
3. Contribution to Knowledge	292
4. Policy Implications	296
5. Recent Policy Developments	298
6. Future Research	302

1. Introduction

This study has investigated both experiences of stigma and experiences of formal support services among a group of twenty teenage mothers in the Midlands. Chapter One situated the research within the wider policy context of New Labour by outlining the governments' approach to social policy and situating initiatives to support teenage mothers within this approach. Chapter Two consisted of a literature review, exploring existing research as to the risks of teenage motherhood, the problematization of teenage motherhood and the phenomenon of stigmatization. Chapter Three laid out the methodological approach to the empirical study. The following chapter, Chapter Four, presented the condensed findings of the interviews, presenting vignettes and context charts for each interviewee. Chapter Five was concerned with analysing the interview data, examining the findings pertaining to the two research foci individually and comparatively. The discussion in Chapter Six considered the findings in light of existing literature, suggesting where the research had added to knowledge or contributed to the laying of foundations in unresearched areas. Furthermore, this chapter also considered policy implications of the findings, for areas concerning the two research foci and in the wider context of interventions with children, families and young people. This chapter will briefly recount the rationale behind the research and the ways in which it has contributed to knowledge, before going on to recap the policy implications and suggest future directions for research in and around the areas covered by this study.

2. Rationale for the Study

It was important to conduct this study because, since the Teenage Pregnancy Report of 1999 (Social Exclusion Unit), teenage mothers had become a prominent target group for New Labour's policies aimed at preventing and addressing social exclusion. In particular, the support agenda of the Teenage Pregnancy Strategy had the ultimate target of ensuring that teenage mothers were engaged in education, employment and training (EET), assisted by mechanisms such as the Care to Learn initiative. It can be argued that this was indeed important for teenage mothers of school age in order to heighten the chances of them completing their compulsory education and gaining qualifications. However, school-age teenage mothers constitute a minority of the group termed "teenage mothers" (Office for National Statistics, 2004), and this research focused upon older teenage mothers, aged 16-19 when they had their children. It had been noted by previous studies that the focus upon the EET target as a means of supporting teenage mothers was indeed problematic, given the negative connotations of the NEET label (Yates and Payne, 2006) and the observation that teenage mothers may not want to return to EET as soon as they had

their children, instead wanting to spend time caring for them (Teenage Pregnancy Evaluation Research Team, 2005). Considering the specific means of supporting teenage mothers, the Sure Start Plus pilot initiative was launched in 2001. Each teenager who became a mother in the areas in which the programme ran were given the option of being referred to a Personal Advisor, who would provide them with tailored support on a one-to-one basis. This approach was typical of other New Labour initiatives aimed at young people; Personal Advisors had been integral to the Connexions service and the New Deal for Young People. However, it had been noted that an alternative means of supporting teenage mothers, that of group support in which teenage mothers receive support from a professional and their peers, had been largely neglected by the Teenage Pregnancy Strategy (Kidger: 2004, Teenage Pregnancy Evaluation Research Team: 2005, McLeod: 2006). Previous research which had examined one-to-one and group support, albeit separately, had noted that group support offered an alternative that had the potential to address different needs to that of one-to-one support (Weinman et al: 1992, Censullo: 1994, deJonge: 2001, Letourneau: 2004). Therefore, it was established that there was a need for more research to comparatively consider both one-to-one and group based support in the current policy context, an environment which appeared to be heavily biased towards support of a one-to-one nature. Therefore, one-to-one and group support, as experienced by teenage mothers, was to form one of the two research foci of this study.

In addition to investigating support modes for teenage mothers, it was argued that the research could simultaneously investigate a further area of significant importance, that of stigma. Policymakers had long regarded teenage motherhood in negative terms, Thatcher's Conservative government interpreted teenage motherhood as a ploy to secure housing and benefits, and labeled teenage mothers as "irresponsible" (Thatcher, 1993: 629). Although New Labour's Teenage pregnancy Strategy was not so openly condemning, its association of teenage motherhood with social exclusion implied that teenage motherhood would continue to be viewed as a social problem and therefore, stigmatized. The conceptualization of teenage motherhood as problematic appears to be evident beyond the views of policymakers. Teenage mothers are seen as deviating from norms of motherhood, in a society in which women are increasingly delaying childbearing. In addition, teenage mothers are often perceived as a homogeneous mass of immature, irresponsible, single, benefit dependent, unfit parents (Campion, 1995). Despite the considerable literature examining individual experiences of teenage motherhood, which challenge these assumptions and reflect the positivity of many teenage mothers towards their parenthood (for example, Seamark and Lings: 2004, McDermott and Graham: 2005), generally negative perceptions of teenage motherhood continue to prevail. Such attitudes are evidenced in the British Social Attitudes Survey (Clarke and Thomson, 2001), and are often reflected in the media portrayal of teenage motherhood (Hadfield et al, 2007). Regarding previous research into the

stigma experienced by teenage mothers, it had been established that teenage mothers do regularly experience stigma, and often cope by use of a "consoling plot" (Kirkman et al, 2000) or "good mother identity" (McDermott and Graham, 2005), by which they focus on the positives of their situation and assert a strong belief that they are good mothers, in effect drawing on separate value systems, which respect young motherhood (Duncan: 2005 and 2007). Further coping mechanisms were argued to include the drawing on emotional support from family (Whitehead, 2001) and avoiding public services that made them feel stigmatized (Hanna: 2001, Department for Children, Schools and Families: 2007). However, it was not further expanded upon as to why some teenage mothers were able to cope easily with being stigmatized, whilst others were not and what factors affected this. Turning to look at the social psychology literature on the concept of stigma in general, a more in depth insight was presented as to individual's experiences of stigma. This body of literature suggested that stigma would result in different effects among individuals and outlined some of the possible effects (Goffman: 1963, Jones et al: 1984, Crocker et al: 1998, Link and Phelan: 2001, Major and O'Brien: 2005). It was argued that the social psychology literature offered potential fields of further investigation into the experiences of stigma among teenage mothers, presenting an opportunity to begin to identify which factors affected an individual's propensity to resist or absorb stigmatizing conceptualizations of them.

Therefore, two areas of focus for the research had emerged; teenage mothers' experiences of stigma and teenage mothers' experiences of support services. This research required a qualitative approach, focusing as it did on the lived experiences of individuals, to this end, the main method to be utilized was the semi structured interview. Twenty teenage mothers in the Midlands region were recruited, ten who used one-to-one support services and ten who used group support services. Interviews were conducted, transcribed, coded and analysed using techniques of meaning condensation (Rubin and Rubin, 2005), coding, context charts and pattern coding (Miles and Huberman, 1994).

3. Contribution to Knowledge

This study sought to contribute to knowledge of teenage mothers' experiences of stigma and support services. Considering experiences of stigma, existing literature had suggested reasons for the problematization of teenage mothers and discussed contexts in which teenage mothers felt stigmatized. However, this study went further than the previous contributions in that it drew extensively upon the concepts presented in the social psychology literature in an attempt to develop a better understanding as to how stigma is experienced by individual teenage mothers. In so doing, this study was able to explore and account for why some teenage mothers

experienced different effects of being stigmatized. *Short term annoyance* was an effect discovered in this study, it describes the effect of feeling disgruntled whilst being subjected to discrimination, however, this wears off when the participant exits the context. Short term annoyance does indeed indicate that a negative effect has been experienced, but it is of a lesser severity than other negative effects. *Disidentification with group* (Crocker et al, 1998) was displayed by less than a quarter of the participants in this study, who wished to distance themselves from other teenage mothers and actively avoided them. These participants also displayed *ambivalence* (Goffman, 1963), in condemning and stigmatizing other teenage mothers they presented themselves as exceptions to what they perceived as the teenage mother stereotype and further distanced themselves from other teenage mothers. They made comments to indicate that they were more capable as mothers and ambitious, which acted to position them above other teenage mothers. Regarding the alternative effects of stigma, the possibility of stigma having a *positive effect* was discovered in the study and it was argued that for teenage mothers for whom motherhood represents a positive turning point, belonging to a stigmatized group may have a positive effect upon them, acting as a source of determination to spur them on, even when they do not identify with other members of this stigmatized group. *Little or no effect* (Goffman, 1963) and *blaming discrimination* (Crocker et al: 1998, Major and O'Brien, 2005) were also found to be present among teenage mothers in this study, it was suggested that teenage mothers subscribe to systems of belief that are separate to those held in wider society, in this instance, valuing young motherhood as a positive event, and these belief systems act to protect and insulate them from any stigmatizing criticisms they receive as they are able to believe that the critics are the ones in the wrong. *Identification with group* (Crocker et al, 1998) was also present among participants in this study, for these mothers who already show identification with other teenage mothers, stigma serves to further reinforce this identification and lead them to *compare self with appropriate others* (Crocker et al, 1998). Furthermore, it was established that some of the potential negative effects suggested by the social psychology literature were simply not evident among teenage mothers in this study, it could be argued that they were insulated from the negative effects of stigma by the strength of their normative values, which emphasized the advantages of their motherhood, prioritising the mother-child relationship and unpaid carer identity.

In addition, the coping mechanisms that had been very sparsely discussed by the qualitative literature were investigated further in this study, new coping mechanisms were found and the categories of *active* and *passive* coping mechanisms were established to further assist in comprehending this area of interest. *Active* coping mechanisms can be described as those in which the person receiving negative criticism physically reacts to it, by engaging in an interaction with their critics, whilst *passive* coping mechanisms do not include the same type of response,

instead, those engaging these types of coping mechanism respond silently, by drawing on beliefs which negate the criticisms they have been subject to. Those identifying strongly with other teenage mothers were more likely than those not identifying as strongly to use active coping mechanisms. It was suggested that active coping mechanisms are employed as a means of defending both themselves and others; given their strong group identification, when faced with criticism, the criticism is taken to be directed both at themselves and at others with whom they identify. A further observation was that teenage mothers feeling stigmatized in more than one context, for example in their use of public services as well as by the general public, were more likely to use active coping mechanisms than those experiencing stigma in only one context. Lastly, it was argued that coping mechanisms are a reflection of how well established an individual's valuing of teenage motherhood is; the longer an individual has valued young motherhood, the more likely they are to engage in passive coping mechanisms, whilst those for whom teenage motherhood was less anticipated respond actively as a means of defending their recently established values.

As regards experiences of support services, this study has added to knowledge in presenting a comparative analysis of both the factors influencing a selection of one-to-one or group support and the functions carried out by these services. Concerning the selection of a mode of support, the study considered both the reasons that were stated explicitly by the participants as well as looking for patterns in individual circumstances which may pertain to one mode of support being chosen over another. One-to-one support participants chose this support mode over group support because it offered them easy access to a professional, however, one-to-one support was often chosen as an alternative to group support, either because group support was desired but not available, or because the participants wished to avoid other teenage mothers. Analysis of the individual circumstances of one-to-one support participants suggested three trends; existing informal support was limited or absent, the participants believed themselves to be in need of support and guidance and the participants felt pressurized or wanted to engage in learning or work imminently. Summarizing the findings as to group support participants, reasons stated for choice were concerned with establishing a routine, a desire to socialize with other teenage mothers and to enhance child development. Patterns in circumstances of group support participants suggested that young women choosing this mode of support have well developed networks of existing informal support and do not feel pressurized to engage in learning or work imminently. In summary differences were found between one-to-one and group support participants in the following areas; the choice of a support service in itself and as an alternative to another mode of support, the choice to socialise or not with peers, the establishment of a routine, child's social skills, existing informal support networks, motherhood as a turning point, and values as to learning and work.

Regarding the functions of support services, functions were categorised into headings to assist in the comparison. These headings were *advice*, *personal development*, *stigma management*, *child's social skills*, *social* and *crisis*. Concerning one-to-one support, *crisis*, *advice*, *personal development* and *stigma management* functions were evident. *Crisis* concerned the role of the one-to-one advisor in providing support where other support was absent or unstable and being available at any time during the week. The *advice* function of one-to-one support related to the advisor being an external source of advice, separate from family or friends, giving guidance and supporting parenting methods and in the advisor's capacity as a non-medical professional. *Personal development* related to the advisor giving out information pertaining to the development of their learning or employment. *Stigma management* regarded assisting the participants in coping with discrimination by; providing sympathy, supporting their use of a particular coping mechanism and advising as to the use of different coping mechanisms. Turning to look at the functions of group support, *advice*, *personal development*, *social*, *child's social skills* and *stigma management* functions were discovered. *Advice* functions consisted; sharing advice with other teenage mothers, receiving advice from professionals in an informal setting, receiving empathetic peer support, and receiving advice from outside of the informal network. *Personal development* functions comprised; increased confidence in parenting abilities, increased general self confidence, and developing new interests. *Social* functions were making new friends, meeting other teenage mothers, feeling less isolated, integrating into a new environment / local area, and becoming more sociable. *Child's social skills* functions regarded preparing the child for participation in a nursery environment by becoming used to being around other children. *Stigma management* functions consisted of sharing advice regarding coping mechanisms, sharing experiences of stigma with empathy, not feeling alone in receiving negative comments, emphasising the normality of motherhood and bolstering confidence of others regarding their parenting abilities.

Bringing the two research foci of experiences of stigma and experiences of support services together, the following assertions were made. Firstly, experiences of stigma may have an influence on the choice of support services in that teenage mothers will seek out support that is exclusively for young mothers, as opposed to general mother and baby groups, in an attempt to limit their exposure to discrimination from members of the general public. Considering the further choices made as to whether to opt for one-to-one or group based support, it can be argued that among those displaying the effect of identity ambivalence, stigma has an effect upon their choice of support mode insofar as they will seek out modes of support in which they can avoid other teenage mothers, namely, one-to-one support services. Additionally, it was noted that stigma does have an influence upon support service functions in that both services carry out a stigma

management function, which is more substantial in the group support service than the one-to-one support service due to the presence of empathy. However not all participants utilise the stigma management function and there are numerous other function groups which are of a higher importance than stigma management.

4. Policy Implications

Policy implications of this research were discussed in detail in the preceding chapter, however, in summary, the following important points emerged from this research. Firstly, further support was established for Duncan's *rationality mistake* (2005, 2007), implying that values informing policy are at odds with those held by teenage mothers, therefore limiting the success of the TPS support agenda in terms of the EET target. Teenage motherhood is seen as deviating from "ideal" circumstances for motherhood (Phoenix and Woollett, 1991) and teenage mothers are targets for stigmatization. However, effects of and responses to stigmatization strongly indicate that teenage mothers possess belief systems separate from the "ideals", which insulate them from the negative reception they receive; stigmatizing situations were a temporary inconvenience, and certainly were not sufficient to lead the participants to question their values. Whilst policymakers see teenage motherhood as evidence of low aspirations, teenage mothers themselves value their motherhood highly and highlight the advantages of their situations. Secondly, it was established that at the level of delivery, support workers were anxious not to place pressure upon teenage mothers to re-engage in EET before they were ready to do so, adopting a needs led, rather than a target led approach, which acknowledged the presence of a variety of different needs and expectations of what the support services could do for them. Whilst the EET target is the key performance indicator of the support agenda, those working with teenage mothers at local level acknowledge that such targets are unrealistic as the needs and requirements of teenage mothers participating in support services vary widely. Indeed, some were seeking support to re-engage in EET however, other functions of the support services were seen as more important by participants, for example the *crisis* function of the one-to-one service and the *social* function of the group service. Therefore, it was argued that support for teenage mothers should continue to be delivered in the way in that the services in this study were delivering it, on a needs-led basis, free from pressure or excessive surveillance. If these local support services are further compelled by central government to push for the obtainment of the EET target, there is the possibility that the trust the services has built up with many young parents could easily be destroyed, leaving them likely to abandon support services and hence be unable to benefit from them. Indeed, it was established that many teenage mothers have EET aspirations, but view them as long term goals, to be obtained at a point in the future when they have spent time caring

for their children full-time and the children are in nursery or school. Policy needs to acknowledge these aspirations; the NEET label is indeed a negative one (Yates and Payne, 2006), by acknowledging aspirations and progress towards EET, the tracking of teenage mothers would yield a more accurate picture (Shaw and Woolhead, 2006). Furthermore, it has been suggested that the Care to Learn eligibility criteria be amended to account for those mothers taking the decision to remain at home with their children until they go to nursery or school. It is argued that this will act to further enhance the future prospects of these women, who, without access to Care to Learn funding, will be unlikely to participate in further education. It was also established that in providing support services to teenage mothers, funding of services should be arranged to ensure that all teenage mothers have a choice as to which support service they prefer to engage with, as there was found to be a shortage of group based support services, however, it was argued that Children's Centres could contribute to filling this gap in provision.

Implications for wider initiatives into interventions with children, families and young people were also raised, which warned against treating target groups as homogeneous. As this study established, young people at risk of social exclusion are highly heterogeneous, with differing needs and vulnerabilities. Therefore, it is important that support mechanisms are flexible in the support that they offer; progress towards this goal would inevitably involve the input of participants themselves in mapping need and designing effective interventions. In addition, there is a need to respect and work with different values and belief systems and desist from further stigmatizing groups of people who are already negatively labeled. Those who might benefit from supportive interventions may indeed have different value systems to those designing the interventions. It is crucial that this disjunction is addressed, through striving to gain better understanding of locally created meanings through qualitative research. This may enable the development of initiatives that will have tangible benefits for the recipients, the success of which are judged by outputs and outcomes considered valuable by the participants themselves, even when these may not be as easily measurable as the quantitative targets currently favoured by New Labour.

In spite of this, it was highlighted that such changes are unlikely given the reluctance of New Labour to legitimize both young motherhood and the unpaid carer identity, and the increasing prominence of enforcement policies amongst groups whose values and behavior are at odds with the normative orientation of the social investment state. There are two points leading on from this which highlight some further contentious issues within New Labour's social policies. The first concerns the particular focus upon children within the social policy agenda, which gives rise to an apparent contradiction between the future focused nature of policy and the citizen child of the present. Among particular groups within society, particularly those who are labeled as at risk of

the intergenerational transmission of undesirable values and behaviours, there is the danger that the children of these groups will be stigmatized at a very young age, having been identified as in need of preventative initiatives. Policy does not appear to perceive these children as citizen-children in the present due to the preoccupation with what they might become as adults based on the factors identified within the risk and protection paradigm. This in effect, labels these children as at risk and in need of intervention to prevent them following the paths of their parents. Whilst the social investment state claims to redistribute opportunities to promote social inclusion, the contradiction between a future focus and the child in the present poses the danger of leading to further exclusion by indentifying and effectively stigmatizing some children due to the values and belief systems of their parents. The second point takes this one step further and suggests that the stigmatization of certain groups is indeed functional within a social investment state. Given the future focus and the emphasis upon individual responsibility, it would seem rational for such a system to fail to recognize the values of individuals who go against these priorities, as they represent a threat to the social investment state. Policymakers might not want to be seen as accepting of certain groups whose values and beliefs have perceived costs, both in terms of welfare dependency and what policy perceives as irresponsible parenting. Therefore, in effect, the stigma attached to these groups, both by policymakers and within wider society, is functional for the social investment state insofar as it enables the continuation of the disdain for groups whose values are at odds with its philosophy. Furthermore, such stigma may indeed act to further legitimize policy initiatives aimed at pushing these individuals towards the desired outcomes of labour market participation and self sufficiency.

5. Recent Policy Developments

Since the submission of the research in October 2007, further initiatives have been introduced, which offer further opportunities to consider policy implications. Whilst these initiatives are not of a targeted nature, that is, they do are not solely focused upon teenage mothers, it is possible that there may be some significant elements within these initiatives. This section is therefore concerned with examining the ways in which these recent policy initiatives may have an impact upon both the experiences of teenage mothers and the nature of interventions into the lives of children, families and young people. This section will firstly provide a brief summary of the new initiatives before going on to situate these interventions within the wider policy context considered earlier in this Discussion chapter and address their possible impact upon teenage mothers.

Building on the approach taken by Every Child Matters (Department for Education and Skills, 2003), The Children's Plan (Department for Children, Schools and Families, 2007b) was

launched on 11th December 2007. Perhaps in a response to criticism that government's reach was extending too far into previously private spheres, and also to emphasis the parental responsibility element of the social investment state, the primary underlying principle of the Children's Plan firmly states, "...government does not bring up children – parents do..." (ibid. 5).

Given that the Children's Plan and related initiatives encompass a very broad spectrum of intervention, it is appropriate to continue in the wider context in analysing the same, prior to moving on the more specific impacts that may be envisaged for teenage parents. It was noted earlier in the discussion that previous interventions with children, young people and families had been characteristic of the social investment state approach to policy insofar as they sought to invest in human and social capital, prioritised children as the citizen-workers of the future, were future focused and redistributed opportunities as opposed to redistributing income (Lister, 2003). The Children's Plan, taken in its entirety, appears to continue in this vein, placing children at the centre of the policy agenda and retaining a focus on future outcomes throughout. Redistribution of opportunities as opposed to income is evidenced by the fact that there is little discussion of direct benefit payments, instead investing in facilities and initiatives to be used by communities as a whole, an example of this would be the investment in Sure Start Children's Centres and play facilities. Children are very much conceptualised as the citizen-workers of the future, particularly in the plan's emphasis upon staying on in education post 16.

Also typical of a social investment state approach, the Children's Plan appears to be characterised by a risk and protection approach, implicitly stated at the outset, "...it is always better to prevent failure than tackle a crisis later..." (Department for Children, Schools and Families, 2007b: 6). Action spans all levels of the CYPU model of preventative services (2001) discussed in the Introduction chapter of this research (pp. 9 – 10). Whilst some initiatives aim to target the whole population on the first, diversionary level to prevent problems emerging, the investment in youth activity schemes is an example of this. Other initiatives span the second level, of early prevention, for example the Nurse Family Partnerships and the National Academy of Parenting Practitioners. Several initiatives lie right at the other end of the spectrum as restorative prevention, for example the Acceptable Behaviour Contracts and Anti Social Behaviour Orders, characterised by heavy intervention on an individual level. The criticism that preventative interventions have the potential to stigmatise the populations that they target (Percey-Smith, 2000; France and Utting, 2005; Benjamin, 2006), continues to be a very real concern having considered the content of the Children's Plan. There are particular initiatives within the plan which risk stigmatizing those residing in disadvantaged areas, an example of this would be the introduction of 20,000 nursery places for two year old children in the most disadvantaged communities (Department for Children, Schools and Families, 2007b: 61), but not,

it appears, anywhere else. This may be interpreted as action to both move parents of young children into work, particularly those who are likely to be dependent upon benefits, and a way of preventing these children being behind in their learning by the time they reach school age. However, such actions contradict the statement at the outset of the plan, "...government does not bring up children – parents do..." (ibid. 5), unless that is, the parents are perceived as less than capable of raising children towards the preferred futures that government is advocating.

Therefore, the Children's Plan continues many of the themes previously identified in New Labour's discourse, namely the social investment state approach and the prominence of the risk and protection angle. However, the language used in the report does mark something of a departure from previous initiatives in that the use of the term *social exclusion* appears to be diminishing. Previous key policy documents, for example the *Opportunity for All* series of annual reports, used the term extensively in justifying proposed interventions, however the term appears only once in the entire Children's Plan document. The nature of the initiatives, for example the emphasis on continuing education, do indeed seem to have the ultimate aim of prevention of social exclusion, but the terminology used has changed, to be replaced by language such as *disadvantage* and *child poverty*. It can be suggested that the criticism of New Labour's conceptualisation of social exclusion, in that solutions were entirely labour market based, has led to the removal of this contentious term from policy documents and its replacement with more implicit, less contentious language. In addition, in using *social exclusion*, one inevitably labels some groups within society as *excluded*, which, as has been suggested, can lead to the further stigmatization of such groups. However, preventing stigmatization does not appear to be a further reason for the abandonment of the term *social exclusion*, as disadvantaged communities continue to be targeted, for example the creation of nursery places for two year olds discussed earlier, and the location of Sure Start Children's Centres in disadvantaged areas, which often appear to appear more as *Parents Centres*, given their activities in employment based advice and parenting classes. Linked to this is the concern raised earlier in the discussion about the importance of working with communities and respecting their value bases prior to designing interventions. Whilst the Children's Plan heavily emphasises the creation of a closer relationship between parents and schools and the creation of Parents Panels, this appears to be an attempt to improve children's educational outcomes on a nationwide level rather than any real effort to begin to understand and work with the value systems of particular communities, which would be an important step in the event that those value systems are at odds with those informing policy.

The section now moves on to consider the how the Children's Plan and its related initiatives may have an impact upon teenage mothers specifically. Existing targeted policy initiatives were identified as the support agenda of the teenage pregnancy strategy (Social Exclusion Unit,

1999b) and more recently, the Next Steps guidance (Department for Children, Schools and Families, 2007). It has been established that support continues to focus upon moving teenage mothers from a NEET to an EET status and Children's Centres, as an emerging location for teenage parents support services, have a specific target to increase engagement in education, employment and training by this group. Indeed, the focus upon engagement in EET continues to be a prominent factor, evidenced by the continuation of Care to Learn (Department for Children, Schools and Families, 2007c: 42). Whilst this is beneficial for those wanting to return to learning or work very soon after having their baby, those wanting to spend time at home caring for their children in the early years appear not to have had their wishes taken into consideration again. It is stated that teenage parent's engagement in learning and work is solely dependent upon them being able to access good childcare (ibid. 41), the possibility that this may also depend upon their values around parenting is largely discounted. Indeed, recent proposals have gone further, to include suggestions as to how long teenage mothers should spend outside of education and work after giving birth to their children, with time periods of between 6 and 18 weeks being suggested (ibid. 42). It is evident from regarding the recent policy developments into targeted interventions with teenage mothers that policymakers continue to fail to acknowledge that for some teenage mothers, their identities as unpaid carers and the mother child relationship are of a much higher importance than the paid worker identity and relationships with the labour market. Whilst this continues to be the case, it is likely that more pressure will be placed upon teenage mothers to engage in EET soon after the birth of their children and given the introduction of time limits to the debate, we may see the emergence of sanctions in the future. This is particularly concerning given that there does not appear to be any reconsideration of the age cut off for eligibility for Care to Learn, further increasing pressure upon teenage mothers to engage in EET before they are ready to do so.

Regarding the nature of support services, the point concerning the neglect of the group mode of support becomes relevant again. Whilst the Sure Start Plus advisor role is discussed as important in providing specialist advice on a one-to-one basis, the potential of group based support is given no mention at all. The reason for this lies within the following section of the same document, "where these advisors are based in educational settings, there has been significantly higher participation in post 16 education and training" (ibid. 42), therefore, for encouraging the desired outcomes, one-to-one appears to be the preferred mode, and educational settings the preferred location. Echoing the points made earlier, group support is a valuable option for many teenage mothers in order that they are able to receive advice from professionals whilst supporting each other, evidenced by the social functions discovered in this research; making friends, integrating into a new area and feeling less isolated. Children's Centres were suggested as potential venues for group support to take place, however, given the continued emphasis upon

re-engagement with EET, and the related performance indicator that Children's Centres will be subject to, it appears that this may fail to materialise.

To conclude the discussion of recent policy initiatives in their impact upon teenage mothers, the following can be noted. EET appears to continue as the central focus of supportive mechanisms, as does the one-to-one mode of support delivery. Given the importance of EET, it appears likely that future support interventions for teenage mothers will be largely geared towards this end. However, it is also important to consider the role of the professionals supporting teenage mothers in this regard. As was found to be the case in the research, support workers had developed a way of working that was akin to a needs led approach, conscious that placing pressure upon individuals to re-engage in EET risked alienating them from the support services available. In a policy context which heavily emphasises participation in post 16 education and work, the future of needs led support services for teenage mothers may well depend upon the ability of support workers to resist the target based theme, towards which such services appear to be being pushed.

6. Future Research

The research has led to the recognition of areas in which future research might be carried out, which are as follows. Firstly, given the limited amount of literature looking at teenage mothers' experiences of stigma in their use of public services and the lack of findings in this research, it is sensible to suggest that more research in this area would be beneficial. Future research should span a wide range, investigating the experience of stigma in colleges, universities, health services, benefits agencies and Jobcentres. This would assist in identifying the public services in which teenage mothers experience stigma in order for steps to be taken to attempt to eradicate this and hence, increase the likelihood of teenage mothers enjoying equality in their access to and use of public services. Secondly, considering the effects of stigma upon teenage mothers, the study established that for a minority of teenage mothers, disidentification with group was experienced. Although it was noted that this did not appear to have negative consequences for these mothers in the present context, it would be interesting to see whether there are indeed any long term effects resulting from this, and in so doing, establish just how vital the support of other teenage mothers is. Thirdly, the provision of support services for teenage mothers would benefit from further research into the input of participants into the designing of services. Indeed, in the latest *Next Steps* guidance (Department for Children Schools and Families, 2007), policymakers seem keen to engage young parents in the design of support services, a future project could

investigate the actual influence of young parents in this area and to what extent their suggestions are being carried out. Fourthly, the social functions of the group support service pertaining to integrating into a new area and feeling less isolated have raised the possibility that group support for teenage mothers has the potential to building social capital within communities; this may indeed be another area for future research. Such a study might engage in ethnographic methods to follow the progress of groups and their role in building social capital in the wider community. Lastly, given that Children's Centres are to act as a new delivery point for teenage parent support services, there lies another fruitful area for future research, particularly considering that they will be subject to a specific EET performance indicator. It might be valuable to see whether the support services developed from this new base develop with a different ethos to existing support services, which often choose to prioritize needs over targets.

BIBLIOGRAPHY

AHMAD, Y. AND BROUSSNE, M. 2003. 'The UK Public Sector Modernization Agenda: Reconciliation and Renewal?', *Public Management Review*, 5 (1) 45-62

ALLEN, I. AND BOURKE DOWNING, S. 1998. *Teenage Mothers: Decisions and Outcomes*. London: Policy Studies Institute.

ARAI, L. 2003a. 'Low Expectations, Sexual Attitudes and Knowledge: Explaining Teenage pregnancy and Fertility in English Communities, insights from qualitative research', *The Sociological Review*, 51(2), 199-217.

ARAI, L. 2003b. 'British policy on teenage pregnancy and childbearing: the limitations of comparisons with other European countries', *Critical Social Policy*, 23(1), 89-102.

BALL, S. AND VINCENT, C. 2005. 'The "Childcare Champion"? New Labour, social justice and the childcare market', *British Educational Research Journal*, 31(5), 557-570.

BARNES, M. AND MORRIS, K. 2007. 'Networks, Connectedness and Resilience: Learning from the Children's Fund in Context', *Social Policy and Society*, 6(2), 193-197.

BAUM, F. 1995. 'Researching Public Health: Behind the Qualitative-Quantitative Methodological Debate', *Social science and Medicine*, 40(4), 459-468.

BAZELEY, P. 2002. 'The evolution of a project involving an integrated analysis of structured qualitative and quantitative data: from N3 to NVivo', *International Journal of Social Research Methodology*, 5(3), 229-242.

BEARD, R. 2000. 'Research and the National Literacy Strategy', *Oxford Review of Education*, 26(3/4), 421-436.

BECKER, S. AND BRYMAN, A. EDS. 2004. *Understanding Research for Public Policy and Practice*. Bristol: The Policy Press.

BENJAMIN, A. 2006. Forced Entry. *The Guardian* [online], 6 September. [Accessed 9 September 2006].

BERGER, P. AND LUCKMAN T., 1966. *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. London: Penguin.

BERRINGTON, A., DIAMOND, I., INGHAM, R. AND SETEVENSON, J. 2005. *Consequences of Teenage Parenthood: Pathways which minimise the long term negative impacts of teenage childbearing*. Southampton: School of Social Sciences and Southampton Statistical Sciences Research Institute.

BESSANT, J. 2005. 'Principles for Developing Youth Policy', *Policy Studies*, 26(1), 103-16.

BLAIR, T. 1998. *The Third Way: New Politics for the New Century*. London: The Fabian Society.

BODDY, J., SMITH, M. AND SIMON, A. 2005. 'Telephone Support for Parenting: An Evaluation of Parentline Plus', *Children and Society*, 19, 278-291.

BONELL, C. 2004. Why is Teenage Pregnancy Conceptualised as a Social Problem? A Review of Quantitative Research from the USA and UK. *Culture, Health and Sexuality*, 6(3), 255-272

BOTTING, B., ROSATO, M. AND WOOD, R. 1998. 'Teenage mothers and the health of their children', *Population Trends*, 93, 19-28.

BREHONY, K. 2005. 'Primary schooling under New Labour: The irresolvable contradiction of excellence and enjoyment', *Oxford Review of Education*, 31(1), 29-46.

BULLEN, E., KENWAY, J. AND HAY, V. 2000. 'New Labour, Social Exclusion and Educational Risk Management: the case of "gymslip mums"', *British Educational Research Journal*, 26(4), 441-456.

BULLEN, E. AND KENWAY, J. 2004. 'Subcultural capital and the female 'underclass'? A feminist response to underclass discourse', *Journal of Youth Studies*, 7(2), 141-153.

BUNTING, L. AND MCAULEY, C. 2004. 'Research Review: Teenage Pregnancy and motherhood: the contribution of support', *Child and Family Social Work*, 9, 207-215.

BURCHARDT, T., LE GRAND, J. AND PIACHAUD, D. 1999. 'Social Exclusion in Britain 1991-1995', *Social Policy and Administration*, 33(3), 227-244.

BURRELL, G. AND MORGAN, G. 1979. *Sociological Paradigms and Organisational Analysis*. Aldershot: Ashgate.

CABINET OFFICE. 2006. *Reaching Out: An Action Plan on Social Exclusion*. London: Cabinet Office.

CABINET OFFICE. 2007a. *Current Challenges* [online] London: Cabinet Office. Accessed 2nd April 2007. Available at http://www.cabinetoffice.gov.uk/social_exclusion_task_force/current_challenges

CABINET OFFICE. 2007b. *Reaching Out: Progress on Social Exclusion* [online] London: Cabinet Office. Accessed 28th March 2007. Available at <http://www.cabinetoffice.gov.uk/social_exclusion_task_force/publications/reaching_out/index.asp#progress>

CAMPION, M. 1995. *Who's Fit to be a Parent?* Routledge: London and New York.

CARTER, S. AND COLEMAN, L. 2006. *'Planned' teenage pregnancy: perspectives of young parents from disadvantaged backgrounds*. Joseph Rowntree Foundation: York.

CENSULLO, M. 1994. 'Strategy for promoting greater responsiveness in adolescent parent/infant relationships: report of a pilot study', *Journal of Pediatric Nursing*, 9(5), 326-331.

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

COLES, B. 2004. Welfare Services for Young People: Better Connections? In: ROCHE, J., TUCKER, S., THOMSON, R. AND FLYNN, R. eds. *Youth in Society*. 2nd edn. London, Sage: 2004, pp. 90-101.

COLLEY, H. AND HODKINSON, P. 2001. 'Problems with *Bridging the Gap*: the reversal of structure and agency in addressing social exclusion', *Critical Social Policy*, 21(3), 335-359.

COOK, J., ROCHE, M., WILLIAMS, C. AND WINDEBANK, J. 2001. 'The Evolution of Active Welfare Policies as a Solution to Social Exclusion in Britain', *Journal of European Area Studies*, 9(1), 13-26.

COREN, E., BARLOW, J. AND STEWART-BROWN, S. 2003. 'The effectiveness of individual and group based parenting programmes in improving outcomes for teenage mothers and their children: a systematic review', *Journal of Adolescence*, 26, 70-103.

COTTERILL, P. 1992. 'Interviewing Women: Issues of Friendship, Vulnerability and Power'. In: FIELDING, N. Ed. 2003. *Interviewing* (Vol. 2). London: Sage, 256-274.

CLARKE, L. AND THOMSON, K. 2001. 'Teenage Mums'. In PARK, A., CURTICE, J., THOMSON, K., JARVIS, L. AND BROMLEY, C. Eds. 2001. *British Social Attitudes 18th Report: Public policy, social ties*. London: Sage, 59-79.

CLARKE, K. 2006. 'Childhood, parenting and early intervention: A critical examination of the Sure Start National Programme', *Critical Social Policy*, 26, 699-721.

CRAIB, I. 1997. *Classical Social Theory*. Oxford: Oxford University Press.

CROCKER, J., MAJOR, B. AND STEELE, C. 1998. 'Social Stigma'. In: FISKE, D., GILBERT, D. AND LINDZEY, G. *Handbook of Social Psychology Volume 2*. Boston: McGraw-Hill, 504-53.

DAVIES, J. 2005. 'The Social Exclusion Debate: Strategies, Controversies and Dilemmas', *Policy Studies*, 26(1), 3-27.

DEACON, A. 2003. 'Levelling the playing field, activating the players: New Labour and the cycle of disadvantage', *Policy and Politics*, 31(2), 123-137.

DEAKIN, N. AND PARRY, R. 2000. *The Treasury and Social Policy*. Basingstoke: Macmillan.

DEAN, J. AND FOOTE WHYTE, W. 1958. 'How do you know whether the informant is telling the truth?'. In: FIELDING, N. Ed. 2003. *Interviewing* (Vol. 4). London: Sage, 350-359.

DE JONGE, A. 2001. 'Support for teenage mothers: a qualitative study into the views of women about the support they received as teenage mothers', *Journal of Advanced Nursing*, 36(1), 49-57.

DELANTY, G. 1997. *Social Science Beyond Constructivism and Realism*. Buckingham: Open University Press.

DENCH, S. AND CASEBOURNE, J. 2004. *Care to Learn Interim Report 2004*. Institute for Employment Studies: Brighton.

DENZIN, N. K. AND LINCOLN, Y. S. eds. 2000. *Handbook of Qualitative Research*. 2nd ed. London: Sage.

DENZIN, N. K. AND LINCOLN, Y. L. 2003. *Collecting and Interpreting Qualitative Materials*. 2nd ed. London: Sage.

DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES. 2007a. *Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts*. London: Department of Health.

DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES. 2007b. *The Children's Plan: Building Brighter Futures*. London: The Stationary Office.

DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES. 2007c. *Raising Expectations: Staying in Education and Training Post 16*. London: The Stationary Office.

DEPARTMENT FOR EDUCATION AND EMPLOYMENT. 1997. *Operational Vision: New Deal*. London: DfEE.

DEPARTMENT FOR EDUCATION AND EMPLOYMENT. 1998. *Meeting the Childcare Challenge: A Framework and Consultation Document* London: Department for Education and Employment.

DEPARTMENT FOR EDUCATION AND EMPLOYMENT. 2000. *Connexions: The best start in life for every young person*. Nottingham: DfEE.

DEPARTMENT FOR EDUCATION AND SKILLS. 2002. *Sure Start: A Guide for Sixth Wave Programmes*. Nottingham: DfES.

DEPARTMENT FOR EDUCATION AND SKILLS. 2003. *Every Child Matters. Green Paper, Cm5860*. London: The Stationery Office.

DEPARTMENT FOR EDUCATION AND SKILLS. 2004. *Care to Learn: Interim Report*. London: DFES.

DEPARTMENT FOR EDUCATION AND SKILLS. 2006a. *Guidance Notes for EMA Year 2006/7*. London: Learning and Skills Council.

DEPARTMENT FOR EDUCATION AND SKILLS. 2006b. *Teenage Pregnancy: Accelerating the Strategy to 2010*. Nottingham: DFES.

DEPARTMENT FOR EDUCATION AND SKILLS. 2007. *Teenage Pregnancy Local Implementation*. London: DFES. Available at

http://www.dfes.gov.uk/teenagepregnancy/dsp_content.cfm?pageid=67 [Accessed 13th December 2006]

DEPARTMENT FOR SOCIAL SECURITY. 1999. *Opportunity for All: tackling Poverty and Social Exclusion*. London: The Stationery Office.

DEPARTMENT FOR WORK AND PENSIONS. 2006. *Opportunity for All: Eighth Annual Report 2006 Strategy Document. Cm6915-i*. London: The Stationery Office.

DEPARTMENT FOR WORK AND PENSIONS. 2007a. *Jobcentre Plus – New Deal for Lone Parents* [online]. London: DWP. Available at <
http://www.jobcentreplus.gov.uk/JCP/Customers/New_Deal/New_Deal_for_Lone_Parents/index.html> [Accessed 27th March 2007]

DEPARTMENT FOR WORK AND PENSIONS. 2007b. *Ready for Work: Full Employment in Our Generation*. London: The Stationery Office.

DIAMOND, I., CLEMENTS, S., STONE, N. AND INGHAM, R. 1999. 'Spatial Variation in Teenage Conceptions in South and West England'. *Journal of the Royal Statistical Society*., Series A, 162(3), 273-289.

DOLOWITZ, D. 2000. 'Theorizing the Third Way: New Labour and Social Justice', *Journal of Political Ideologies*, 5(3), 301-20.

DRIVER, S. AND MARTELL, L. 2000. 'Left, Right and the Third Way', *Policy and Politics*, 28(2), 147-61.

DUNCAN, S., EDWARDS, P., REYNOLDS, T. AND ALLDRED, P. 2004. 'Mothers and childcare: policies, values and theories'. *Children and Society*, 18, 254-265. 1

DUNCAN, S. 2005. *What's the problem? Teenage parents: a critical review*. South Bank University, Families and Social Capital ESRC Research Group.

DUNCAN, S. 2007. 'What's the Problem with Teenage Parents? And what's the problem with policy?', *Critical Social Policy*, 27(3), 307-334.

DURKHEIM, E. 1972. *Selected Writings*. Cambridge: Cambridge University Press

DUTTON, E., WARHURST, C. NICKSON, D. AND LOCKYER, C. 2005. 'Lone Parents, the New Deal and the Opportunities and Barriers to Retail Employment', *Policy Studies*, 26(1), 85-101.

EARL, L., FULLAN, M., LEITHWOOD, K., WATSON, N. 2001. *Watching and Learning 2: OISE/UT evaluation of the implementation of the National Literacy and Numeracy Strategies*. Nottingham: DfEE.

EDWARDS, R. AND GILLIES, V. 2004. 'Support in Parenting: Values and Consensus concerning who to turn to', *Journal of Social Policy*, 33(4), 627-647.

EDWARDS ET AL, 2006. *Working to Prevent the Social Exclusion of Children and Young People: Final lessons from the National Evaluation of the Children's Fund*. Research Report 734. Department for Education and Skills, London.

FAIRCLOUGH, N. 2000. 'Discourse, social theory and social research: The discourse of welfare reform', *The Journal of Sociolinguistics*, 4(2), 163-195.

FAMILY EDUCATION TRUST. 2002. *Why the Government's Teenage Pregnancy Strategy is Destined to Fail*. Twickenham: Family Education Trust.

FEATHERSTONE, B. 2006. 'Rethinking Family Support in the Current Policy Context', *British Journal of Social Work*, 36, 5-19.

FERGUSSON, H. 2004. 'Discourses of Exclusion: Reconceptualising Participation Amongst Young People', *Journal of Social Policy*, 33(2), 289-320.

FERGUSSON, R., ESLAND, G., MCLAUGHLIN, J. AND MUNCIE, J. 2000. 'Normalized Dislocation and New Subjectivities in post-16 Markets for Education and Work', *Critical Social Policy*, 20(3), 283-305.

FERGUSSON, R. 2002. 'Rethinking Youth Transitions', *Policy Studies*, 23(3/4), 173-190.

FINCH, J. 1984. 'It's Great to Have Someone to Talk to: The Ethics and Politics of Interviewing Women'. In: HAMMERSLEY, M. ed. *Social Research, Philosophy, Politics and Practice*. London: Sage, pp. 166-180.

FINN, D. 2003. 'The "Employment-first" Welfare State: Lessons from the New Deal for Young People', *Social Policy and Administration*, 37(7), 709-724.

FLINDERS, M. 2002. 'Governance in Whitehall', *Public Administration*, 80(1), 51-75.

FODDY, W. 1995. 'Probing: A Dangerous Practice in Social Surveys?'. In: FIELDING, N. Ed. 2003. *Interviewing* (Vol. 2). London: Sage, pp. 52-61.

FRANCE, A. AND UTTING, D. 2005. 'The Paradigm of "Risk and Protection-Focused Prevention" and its Impact on Services for Children and Families', *Children and Society*, 19, 77-90.

FRANKFORT-NACHMIAS, C. & NACHMIAS, D. 1996. *Conceptual Foundations of Research*. In: FRANKFORT-NACHMIAS, C. & NACHMIAS, D. *Research Methods in the Social Sciences*. 5th ed. London: Arnold, 1996, pp. 25-49.

FUREY, A. 2004. 'Are support and parenting programmes of value for teenage parents? Who should provide them and what are the main goals?', *Public Health*, 118, 262-267.

FURSTENBERG, F. 2003. 'Teenage childbearing as a public issue and private concern', *Annual Review of Sociology*, 29, 23-29.

GARRATT, P. 2002. 'Encounters in the new welfare domains of the Third Way: social work, the Connexions agency and personal advisors', *Critical Social Policy*, 22(4), 596-618.

GERWITZ, S. 2001. 'Cloning the Blairs: New Labours' programme for the re-socialization of working class parents', *Journal of Education Policy*, 16(4), 365-378.

GIDDENS, A. 1997. *Sociology*. 3rd ed. Cambridge: Polity.

GIDDENS, A. 1998. *The Third Way: The Renewal of Social Democracy*. Cambridge: Polity.

GIDDENS, A. 2000. *The Third Way and Its Critics*. Cambridge: Polity.

GILLIES, V. 2005. 'Meeting parents' needs? Discourses of 'support' and 'inclusion' in family policy', *Critical Social Policy*, 25, 70-90.

GIULLARI, S. AND SHAW, M. 2005. 'Supporting or controlling? New Labour's housing strategy for teenage parents', *Critical Social Policy*, 25(3), 402-417.

GLASS, N. 1999. 'Sure Start: The Development of an Early Intervention Programme for Young Children in the United Kingdom', *Children and Society*, 13, 257-264.

GLASS, N. 2005. Surely Some Mistake? *The Guardian* [online], 5 January. [Accessed 10th April 2007].

GODFREY, C., HUTTON, S. BRADSHAW, J., COLES, B., CRAIG, G. AND JOHNSON, J. 2002. *Estimating the Cost of Being "Not in Education, Employment or Training" at Age 16-18*. Research Report 346. London: DfES.

GOFFMAN, E. 1963. *Stigma: Notes on the Management of Spoiled Identity*. London: Penguin.

GOODWIN, J. AND HOROWITZ, R. 2002. 'The methodological strengths and dilemmas of qualitative sociology', *Qualitative Sociology*, 25(1), 33-47.

GORDEN, R. 1956. 'Dimensions of the Depth Interview', In FIELDING, N. Ed. 2003. *Interviewing*. (Vol. 1), London: Sage, pp. 170-179.

GRAHAM, H. and MCDERMOTT, E. 2005. 'Qualitative Research and the Evidence Base of Policy: Insights from Teenage Mothers in the UK', *Journal of Social Policy*, 35(1), 21-37.

GRAY, A. 2001. 'Making Work Pay – Devising the Best Strategy for Lone Parents in Britain', *Journal of Social Policy*, 30(2), 189-207.

GRAY, J. 2004. 'Blair's Project in Retrospect', *International Affairs*, 80(1), 39-48.

GUBA, E. G. AND LINCOLN Y. S. 2000. Paradigmatic Controversies, Contradictions and Emerging Confluences. In: DENZIN, N. K. AND LINCOLN, Y. S. eds. 2000. *Handbook of Qualitative Research*. 2nd ed. London: Sage, pp. 163–188.

HADFIELD, L., RUDOE, N AND SANDERSON-MANN, J. 2007. 'Motherhood, choice and the British media: a time to reflect', *Gender and Education*, 19(2), 255-263.

HAMMERSLEY, M. 1996. *The Relationship Between Qualitative and Quantitative Research: Paradigm Loyalty Versus Methodological Eclecticism*. In: RICHARDSON, J. T. E. ed. 1996. *Handbook of Qualitative Research, Methods for Psychology and the Social Sciences*. Leicester: British Psychological Society Books, pp. 159 – 174

HANNA, B. 2001. 'Negotiating Motherhood: the struggles of teenage mothers', *Journal of Advanced Nursing*, 34(4), 456-64.

HEALY, M. AND PERRY, C. 2000. Comprehensive Criteria to Judge Validity and Reliability of Qualitative Research within the Realism Paradigm. *Qualitative Market Research: An International Journal*, 3(3), 119-126

HERON, E. AND DWYER, P. 1999. 'Doing the Right Thing: Labour's Attempt to Forge a New Welfare Deal Between the Individual and the State', *Social Policy and Administration*, 33(1), 91-104.

HEY, V. AND BRADFORD, S. 2006. 'Re-engineering Motherhood? Sure Start in the Community', *Contemporary Issues in Early Childhood*, 7(1), 53-67.

HILLS, J. LE GRAND, J. AND PIACHAUD, D. eds. 2002. *Understanding Social Exclusion*. Oxford: Oxford University Press.

HM HOME OFFICE. 2005. *Supporting Families: A Consultation Document*. London: Home Office.

HM REVENUE AND CUSTOMS. 2007. *An Introduction to Child Tax Credit and Working Tax Credit* [online]. Available at <<http://www.hmrc.gov.uk/taxcredits>>. [Accessed 15th June 2007].

HM TREASURY. 1999. *The Modernisation of Britain's Tax and Benefit System. Number Four: Tackling Poverty and Extending Opportunity*. London: HM Treasury.

HM TREASURY. 2004a. *Public Service Agreements 2005-2008* [online]. Available at <[www.hm-treasury.gov.uk/spending review](http://www.hm-treasury.gov.uk/spending%20review)>. [Accessed 17 April 2007].

HM TREASURY. 2004b. *Choice for Parents: the Best Start for Children: A Ten Year Strategy for Childcare*. London: HM Treasury.

HOBcraft, J. and KIERNAN, K. 2001. 'Childhood poverty, early motherhood and adult social exclusion', *British Journal of Sociology*, 52(3), 495-517.

HOLDEN, C. 1999. 'Globalisation, social exclusion and Labour's new work ethic', *Critical Social Policy*, 19(4), 529-538.

HOLLIS, M. 1994. *The Philosophy of Social Science: an Introduction*. Cambridge: Cambridge University Press

HOLLOWAY, W. AND JEFFERSON, T. 1997. 'Eliciting Narrative Through the In-Depth Interview'. In: FIELDING, N. Ed. 2003. *Interviewing* (Vol. 2). London: Sage, pp, 77-94.

HOPE, M. AND LEIGHTON, P. 2007. 'From Bounded to Porous Communities: Sure Start and the Transition to Children's Centres', Paper presented at the Social Policy Association Annual Conference, University of Birmingham, 23rd – 25th July.

HUGHES, J. AND SHARROCK, W. 1990. *The Philosophy of Social Research* Third Edition. London: Longman

HUGHES, N. 2007. 'Identifying Children "at risk" of social exclusion: The challenges of outcome based targeting', Paper presented at Social Policy Association Annual Conference, 23rd – 25th July, University of Birmingham.

INDEPENDENT ADVISORY GROUP ON TEENAGE PREGNANCY. 2006. *Annual Report*. London: Teenage Pregnancy Unit.

JACOBY, S. and OCHS, E. 1995. 'Co-construction: An Introduction', *Research on Language and Social Interaction*, 28(3), 171-183.

JENSON, J. AND SAINT-MARTIN, D. 2003. 'New Routes to Social Cohesion? Citizenship and the Social Investment State', *Canadian Journal of Sociology*, 28(1), 77-99.

JEWELL, D., TACCHI, J. AND DONOVAN, J. 2000. Teenage Pregnancy: Whose Problem is it? *Family Practice*, 17(6), pp. 522-528

JONES, E., FARINA, A., HASTORF, A.H., MARKUS, H., MILLER, D.T. AND SCOTT, R.A. 1984. *Social Stigma: The Psychology of Marked Relationships*. New York: Freeman.

JONES, G. 2002. *The Youth Divide: Diverging Paths to Adulthood*. York: Joseph Rowntree Foundation.

JORDAN, B. 2005. 'New Labour, choice and values', *Critical Social Policy*, 25(4), 427-446.

KAUFMAN, G. 1997. *How to be a Minister*. London: Faber and Faber.

KELLY, D. M. 1997. 'Warning labels: stigma and the popularizing of teen mother's stories', *Curriculum Inquiry*, 27(2), 165-186.

KELLY, P. 2003. 'Growing Up as Risky Business? Risks, Surveillance and the Institutionalised Mistrust of Youth', *Journal of Youth Studies*, 6(2), 165-180.

KIDGER, J. 2004. 'Including young mothers, limitations to New Labour's strategy for supporting teenage parents', *Critical Social Policy*, 24(3), 291-311.

KIERNAN, K. 1997. 'Becoming a Young Parent: a longitudinal study of associated risk factors', *British Journal of Sociology*, 48(3), 406-428.

KIRKMAN, M., HILLIER, L. AND PYETT, P. 2001. "'I know I'm doing a good job": canonical and autobiographical narratives of teenage mothers', *Culture, Health and Sexuality*, 3(3), 279-294.

KUHN, T. 1970. *The Structure of Scientific Revolutions*. 2nd edn. Chicago: University of Chicago Press

KVALE, S. 1996. *InterViews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks: Sage.

LAWSON, L. AND RHODE, D. 1993. *The Politics of Pregnancy: Adolescent Sexuality and Public Policy*. New Haven and London: Yale University Press.

LAWLOR, A. AND SHAW, M. 2002a. 'Too much too young? Teenage Pregnancy is not a Public Health Problem', *International Journal of Epidemiology*, 31, 552-553.

LAWLOR, A. AND SHAW, M. 2002b. 'What a difference a year makes: too little too late', *International Journal of Epidemiology*, 31, 558-559.

LAYDER, D. 1993. *New Strategies in Social Research*. Cambridge: Polity Press.

LETOURNEAU, N., STEWART, M. AND BARNFATHER, A. 2004. 'Adolescent mothers: support needs, resources and support-education interventions', *Journal of Adolescent Health*, 35, 509-525.

LEVITAS, R. 1998. *The Inclusive Society: Social Exclusion and New Labour*. Basingstoke: Macmillan.

LEVITAS, R. 2004. 'Let's hear it for Humpty: Social Exclusion, the Third Way and Cultural Capital', *Cultural Trends*, 13(2), 41-56.

LIAO, T. F. 2003. 'Mental Health, Teenage Motherhood, and Age at First Birth among British Women in the 1990s', *Working Papers of the Institute for Social and Economic Research*, Paper 2003-33. Colchester: University of Essex.

LINK, B. AND PHELAN, J. 2001. 'Conceptualizing Stigma', *Annual Review of Sociology*, 27, 363-85.

LISTER, R. 2001. 'New Labour: a study in ambiguity from a position of ambivalence', *Critical Social Policy*, 21, 425-447.

LISTER, R. 2003. 'Investing in the citizen-workers of the future: transformations in citizenship and the state under New Labour', *Social Policy and Administration*, 37(5), 427-443.

LISTER, R. 2006. 'Children (but not women) first: New Labour, child welfare and gender', *Critical Social Policy*, 26, 315-335.

LITERACY TASK FORCE. 1997. *A Reading Revolution: How we can teach every child to read well*. London: LTF.

LITTLE, W., FOWLER, H. W. AND COULSON, J. 1988. *The Shorter Oxford English Dictionary*. London: Guild

LUND, B. 1999. "'Ask not what your community can do for you": obligations, New Labour and welfare reform', *Critical Social Policy*, 19(4), 447-462.

MACDONALD, R. ed. 1997. *Youth, the Underclass and Social Exclusion*. London: Routledge.

MACDONALD, R. AND MARSH, J. 2001. 'Disconnected Youth?', *Journal of Youth Studies*, 4(4), 373-91.

MACINTYRE, S., AND CUNNINGHAM-BURLEY, S. 'Teenage pregnancy as a social problem: a perspective from the United Kingdom'. In: LAWSON, L. AND RHODE, D. 1993. *The Politics of Pregnancy: Adolescent Sexuality and Public Policy*. New Haven and London: Yale University Press, 59-73.

MACLEAN, L., MEYER, M. AND ESTABLE, A. 2004. 'Improving the Accuracy of Interview Transcripts in Qualitative Research', *Qualitative Health Research*, 14(1), 113-123.

MAGILL, F.N. ed. *International Encyclopaedia of Sociology: Volume 1*. London: Fitzroy Dearborn, 1995, p. 222.

MAJOR, B. AND O'BRIEN, L. 2005. 'The Social Psychology of Stigma', *Annual Review of Psychology*, 56, 393-421.

MARSHALL, G., 1998. *A Dictionary of Sociology*. Oxford: Oxford University Press.

MCCULLOCH, A. 2001. 'Teenage childbearing in Great Britain and the spatial concentration of poverty households', *Journal of Epidemiology and Community Health*, 55, 16-23.

MCDERMOTT, E., GRAHAM, H. AND HAMILTON, V. 2004. *Experiences of being a teenage mother in the UK: a report of a systematic review of qualitative studies*. Institute of Health Research: Lancaster University.

MCDERMOTT, E. AND GRAHAM, H. 2005. 'Resilient young mothering: social inequalities, late modernity and the 'problem' of teenage motherhood', *Journal of Youth Studies*, 8(1), 59-79.

MCLAUGHLIN, E., TREWSDALE, J. AND MCCAY, N. 2001. 'The Rise and Fall of the UK's First Tax Credit: The Working Families Tax Credit 1998-2000', *Social Policy and Administration*, 35(2), 163-180.

MCLEOD, A., BAKER, D., AND BLACK, M. 2006. 'Investigating the nature of formal social support provision for young mothers in a city on the North West of England', *Health and Social Care in the Community*, 14(6), 453-464.

MILES, M. AND HUBERMAN, A. 1994. *Qualitative Data Analysis: an expanded sourcebook* 2nd edn. Thousand Oaks: Sage

MILLAR, J. 2000. 'Lone Parents and the New Deal', *Policy Studies*, 21(4), 333-345.

MITCHELL, W. AND GREEN, E. 2002. "'I don't know what I'd do without our mam', motherhood, identity and support networks', *The Sociological Review*, 50(1), 1-22.

MOFFITT, E. AND THE E-RISK STUDY TEAM. 2002. 'Teen-aged mothers in contemporary Britain', *Journal of Child Psychology and Psychiatry*, 43(6), 727-742.

MORGAN, G. AND SMIRCHICH, L. 1980. 'The Case for Qualitative Research', *Academy of Management Review*, 5(4), 491-500.

MORRIS, N. 1981. 'The Biological Advantages and Social Disadvantages of Teenage Pregnancy', *American Journal of Public Health*, 71(8), 796.

MORRIS, K. AND BARNES, M. 2007. 'Prevention and Social Exclusion: New Understandings for Policy and Practice', *British Journal of Social Work*, BJSW Advance Access [published on April 18] 1-18.

NUMERACY TASK FORCE. 1998. *The Implementation of the National Numeracy Strategy: The Final Report of the Numeracy Task Force*. Department for Education and Skills, London.

OAKLEY, A. 1981. 'Interviewing Women: a contradiction in terms'. In: ROBERTS, H. Ed. 1981. *Doing Feminist Research*. London: Routledge and Kegan Paul, 30-61.

OFFICE FOR NATIONAL STATISTICS. 2004. *Birth Statistics*. ONS, London.

OFFICE OF THE DEPUTY PRIME MINISTER. 2004. *Tackling Social Exclusion: taking Stock and Looking to the Future*. London: HMSO.

OFFICE OF THE DEPUTY PRIME MINISTER. 2005. *Transitions: A Social Exclusion Unit Interim Report on Young Adults*. London: HMSO.

OLIVER, D., SEROVICH, J. AND MASON, T. 2005. 'Constraints and Opportunities with Interview Transcripts: Towards Reflection in Qualitative Research', *Social Forces*, 84(2), 1273-1289.

PAGE, R. 1984. *Stigma*. London: Routledge and Kegan Paul.

PAWSON, R. 1996. 'Theorizing the Interview'. In: FIELDING, N. Ed. 2003. *Interviewing* (Vol.1). London: Sage, pp. 295-314.

PAYNE, G., WILLIAMS, M. AND CHAMBERLAIN, S. 2004. 'Methodological Pluralism in British Sociology', *Sociology*, 38(1), 153 – 164.

PERCEY-SMITH, J. ed. 2000. *Policy Responses to Social Exclusion*. Buckingham: Open University Press.

PHOENIX, A. 1991. *Young Mothers*. Cambridge: Polity Press

PHOENIX, A. AND WOOLLETT, A. 1991. 'Motherhood: Social Construction, Politics and Psychology'. In: PHOENIX, A., WOOLLETT, A. AND LLOYD, E. eds. 1991. *Motherhood: Meanings, Practices and Ideologies*. London: Sage, 13-27.

PHOENIX, A. 1991. 'Mothers under twenty: outsider and insider views'. In: PHOENIX, A., WOOLLETT, A. AND LLOYD, E. eds. 1991. *Motherhood: Meanings, Practices and Ideologies*. London: Sage, 86-102.

POTTER, J. AND WETHERELL, M. 1987. *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. London: Sage.

RICHARDS D. AND SMITH M. 2002. *Governance and Public Policy in the UK*. Oxford: Oxford University Press.

RICHARDSON, L. AND LE GRAND, J. 2002. 'Outsider and Insider Expertise: The response of residents of deprived neighbourhoods to an academic definition of social exclusion', *Social Policy and Administration*, 36(5), 496-515.

RUBIN, H. AND RUBIN, I. 2005. *Qualitative Interviewing: the art of hearing data*. London: Sage.

SAWTELL, M., WIGGINS, M., AUSTERBERRY, H., ROSATO, M. AND OLIVER, S. 2005. *Reaching out to Pregnant Teenagers and Teenage Parents: Innovative Practice from Sure Start Plus Pilot Programmes*. London: Social Science Research Unit, Institute of Education, University of London.

SEALE, C. AND SILVERMAN, D. 1997. 'Ensuring Rigour in Qualitative Research', *European Journal of Public Health*, 7, 379-384.

SEAMARK, C. 2001. Design or Accident? The Natural History of Teenage Pregnancy. *The Journal of the Royal Society of Medicine*, 94, pp. 282-285

SEAMARK, C. AND LINGS, P. 2004. 'Positive Experiences of Teenage Motherhood: a qualitative study', *British Journal of General Practice*, 54, 813-818.

SELMAN, P. 1997. 'Teenage Pregnancy, Poverty and the Welfare Debate in Europe and the United States'. In: COSIO-ZAVALA, M. ed. *Poverty, Fertility and Family Planning*. Paris: Cicred, 139-160.

SHAW, E. 2002. 'New Labour in Britain: New Democratic Centralism?', *West European Politics*, 25(3), 147-70.

SHAW, E. 2003. 'Britain: Left Abandoned? New Labour in Power', *Parliamentary Affairs*, 56, 6-23.

SHAW, E., LAWLOR, D. AND NAJMAN, J. 2006. 'Teenage Children of Teenage Mothers: Psychological, Behavioural and Health Outcomes from an Australian Prospective Longitudinal Study', *Social Science and Medicine*, 62, 2526-2539.

SHAW, M. AND WOOLHEAD, G. 2006. 'Supporting young mothers into education, employment and training: assessing progress towards the target', *Health and Social Care in the Community*, 14(2), 177-184.

SKINNER, Q. ed. 1985. *The Return of Grand Theory in the Human Sciences*. Cambridge: Cambridge University Press

SOCIAL EXCLUSION UNIT. 1997. *Purpose, Work Priorities and Working Methods*. London: The Stationery Office.

SOCIAL EXCLUSION UNIT. 1999a. *Bridging the Gap: New Opportunities for 16-18 Year Olds Not in Education, Employment or Training*. Cm4405. London: SEU.

SOCIAL EXCLUSION UNIT. 1999b. *Teenage Pregnancy*. London: The Stationery Office.

SPICKER, P. 1984. *Stigma and Social Welfare*. London: Croon Helm.

STAGNOR, C. AND CRANDALL, C. 2000. 'Threat and the Social Construction of Stigma'. In: HEATHERTON ET AL. 2000. *The Social Psychology of Stigma*. New York and London: The Guildford Press, 62-87.

STEPHEN, D. AND SQUIRES, P. 2004. "'They're Still Children and Entitled to be Children": Problematising the Institutionalised Mistrust of Marginalised Youth in Britain', *Journal of Youth Studies*, 7(3), 351-69.

SWANN, C., BOWE, K., MCCORMICK, G. AND KOSMIN, M. 2003. *Teenage Pregnancy and Parenthood: a review of reviews*. NHS Health Development Agency: London.

TAYLOR, M. 1997. *The Modernization of Britain's Tax and Benefit System. Report No. 1*. London: Labour Party.

TEENAGE PREGNANCY EVALUATION RESEARCH TEAM. 2005. *Final Report Synthesis*. DFES: London.

TEENAGE PREGNANCY UNIT AND NEIGHBOURHOOD RENEWAL UNIT. 2002. *Teenage Pregnancy and Neighbourhood Renewal: Learning from New Deal for Communities*. London: HMSO.

THATCHER, M. 1993. *The Downing Street Years*. London: Harper Collins

TUNSTILL, J., ALLNOCK, D., AKHURST, S., GARBERS, C. AND NESS RESEARCH TEAM. 2005. 'Sure Start Local Programmes: Implications of Case Study Data from the National Evaluation of Sure Start', *Children and Society*, 19, 158-171.

WEINMAN, M., SCHREIBER, N. AND ROBINSON, M. 1992. 'Adolescent mothers: were there any gains in a parent education programme?', *Family and Community Health*, 15(3), 1-10.

WELLINGS, K. AND KANE, R. 1999. Trends in Teenage Pregnancy in England and Wales. *Journal of the Royal Society of Medicine*, 92(6), pp. 277-282

WETHERELL, M., TAYLOR, S. AND YATES, S. Eds. 2001. *Discourse as Data: A Guide for Analysis*. London: Sage.

WHITEHEAD, E. 2000. Understanding teenage pregnancy and stigma: a comparative analytical study. Liverpool: PhD thesis.

WHITEHEAD, E. 2001. 'Teenage Pregnancy: on the road to social death', *International Journal of Nursing Studies*, 38, 437-446.

WIGGINS, M., OAKLEY, A., SAWTELL, M., , AUSTERBERRY, H., CLEMENS, F. AND ELBOURNE, D. 2005. *Teenage Parenthood and Social Exclusion: a multi-method study*. Institute of Education, Social Sciences Research Unit: London.

WILLIAMS, F. 2001. 'In and beyond New Labour: towards a new political ethics of care', *Critical Social Policy*, 21(4), 467-493.

WILLIAMS, F. 2004. 'What Matters is Who Works: why every child matters to New Labour', *Critical Social Policy*, 24(3), 406-427.

WILSON, H. AND HUNTINGTON, A. 2005. 'Deviant (M)others: The Construction of Teenage Motherhood in Contemporary Discourse', *Journal of Social Policy*, 35(1), 59-76.

WYSE, D. 2003. 'The National Literacy Strategy: a critical review of empirical evidence', *British Educational Research Journal*, 29(6), 903-916.

YATES, S. AND PAYNE, M. 2006. 'Not so NEET? A critique of the use of "NEET" in setting targets for interventions with young people', *Journal of Youth Studies*, 9(3), 329-344.

YOUNG, K. 1977. "'Values" in the Policy Process', *Policy and Politics*, 5, 1-22.

APPENDICES

Who are you calling Vicky Pollard?!!



Liz Yardley, a PhD Researcher at Aston University, is conducting some research into negative stereotypes of teenage mums and their use of support services.

She would like to talk to young women aged 18 and over, who were between the ages of 16 and 19 when they became mums about their experiences of prejudice and their experiences of the support services available to them.

Do you ever feel people "looking down their noses" at you? What do you think about the support services available to you? Do you want to tell Liz about your experiences? She's looking to arrange to meet with you individually to ask you some questions, it will take between 30 and 60 minutes and you'll receive a voucher to thank you for your participation.

For further details about the research contact Liz on 07810 866485 / 0121 204 3228 / yardley@aston.ac.uk

APPENDIX 2: Conversational Guide used in interviews

Introduction

- Recap of research purpose and what will happen during the interview.
- Reassertion of ethical considerations.

Main Body

For group participants: I'd like to start by asking you about the groups that are around for young parents...

MAIN Q.: Tell me about the groups you go to e.g. young parents groups...

PROBES: (What do you like about going?)
(Has any aspect of your life changed since you started going to the group?)
(Anything you would change about the group?)

One-to-one participants: I'd like to ask you about the advisors at the TPU.

MAIN Q.: Tell me about your experiences of support from the advisors at the Teenage Pregnancy Unit...

PROBES: (Was that helpful?)
(How did you get on with the advisor?)
(Anything that the advisors could do to make your chats with them better for you?)

Now I'd like to talk about your individual experience as a mum.

MAIN Q.: Tell me about your experience of becoming a mum...

PROBES: (How did your family react to the news?)
(Was your mum young when she had you?)
(How did your friends feel when you told them you were having a baby?)
(Had any of them had children?)
(Tell me a bit about the friends you have now...)
(Are you pleased with how you've adapted to being a mum?)
(Is there anything you would change if you could?)

Now I want to talk a bit about how young mums are seen (explain further as to stigmatization)

MAIN Q.: Can you tell me about your experiences of this, people "looking down their noses" at you?

PROBES: (Are any particular incidents that stick out in your mind?)
(Have you come across anyone looking down on you when you're out in town shopping for example?)
(Have you ever had any bad comments off friends)
(Have you ever had family say something negative about you being a mum?)
(Specifically when you've gone to see someone from the council / jobcentre / hospital?)
(Has this made you nervous about going to them for help in the future?)
(How do you feel when you think someone's being like that?)
(How do you respond?)

(For group participants) Do you ever talk to the other young mums about that kind of thing?

(Does it make you feel better if something's upset you to know they have the same comments etc)

(Does it help to talk to them about it, have they ever given you advice, or you given them advice about how to respond to people when they look down at you?)

(For one-to-one participants) Do you ever talk to the advisors at the TPU about how other people look at you?

(What do they say to you about it?)

(Do they help you feel better if you've been upset by something?)

(Do you feel that they understand?)

Now we've talked about that I'd like to talk to you about your ideas on something else, specifically education, employment and training.

MAIN Q.: What are your feelings about going to college / work?

PROBES: (Have you done / are you doing any courses employment)
(Have you heard about Care to Learn?)
(Has anyone ever made you feel pressurised to go to college / work when you don't feel ready to?)

Completing Points:

- Is there anything that you want to tell me more about?
- Thank participant for the interview and state that if there is anything else she thinks of that she wants to say, to get in touch.
- Inform about dissemination of research findings.

APPENDIX 3: Final Coding Guide

1. DETAILS OF TEENAGE MOTHER'S INDIVIDUAL SITUATION

- a) Informal support available (1. Family, 2. Partner, 3. Friends)
- b) View of their motherhood
 - 1. Inevitable / planned
 - 2. Turning point away from negative behaviour
 - 3. Unplanned and positive
 - 4. Unplanned and ambivalent
- c) Values and experiences of EET:
 - i.) PRESSURE
 - 1. From other agencies e.g. Jobcentre
 - 2. Wanted to participate in EET
 - ii.) VALUES
 - 1. Wish to postpone EET until child is older
 - 2. College courses as a break from motherhood
 - 3. Full-time motherhood as primary occupation
 - 4. Belief that career and motherhood can be combined from outset
 - 5. College courses leading to employment
 - 6. College courses as having solely social function
 - 7. Advocating motherhood as a vocation
 - iii.) BARRIERS
 - 1. Cost of childcare
 - 2. Colleges inflexible to specific needs of mothers
 - 3. Employers failing to recognise value of motherhood's transferable skills
 - 4. Availability of childcare

2. EXPERIENCES OF AND FEELINGS ABOUT STIGMA

- a) From media
- b) From public in general
- c) In use of mainstream public services
- d) Effects of stigma:

i. <u>Negative</u>	ii. <u>Alternative</u>
1. Strained interactions with potential stigmatizers	1. Little or no effect – separate systems of honour
2. Low self-esteem	2. Blame discrimination
3. Limited social networks	3. Compare self with appropriate others
4. Depressive symptoms	4. Identify with group
5. Blaming self for stigmatization	5. Positive effect
6. Comparisons with inappropriate others	
7. Disidentification with group	
8. Ambivalence	
9. Short term annoyance	

- e) Coping mechanisms
 - 1. Good mother identity
 - 2. Drawing on emotional support from informal network i.e. family
 - 3. Avoidance of stigmatising public services
 - 4. Drawing on belief that motherhood is private
 - 5. Ignoring
 - 6. Verbally defensive response
 - 7. Humour

3. b). EXPERIENCES OF ONE-TO-ONE SUPPORT

- a) Reasons for choosing one-to-one support
 - 1. No group support available in local area
 - 2. Wish to avoid other teenage mothers
 - 3. Easy access to professional advice
 - 4. Feels sufficiently supported by friends, no wish to make more friends
 - 5. Generally too busy for group support sessions
 - 6. Group support sessions clash with other commitments
- b) View of the professional [Regard given to professionals, 1= Professional seen as completely abstracted, 5 =Held in high regard]
- c) Functions of one-to-one support re negative effects of stigma
 - 1. Empathy
 - 2. Supporting coping mechanisms used
 - 3. Advising to use different coping mechanisms
- d) Additional functions
 - 1. Replacement of informal support where it is lacking
 - 2. Complementing informal support
 - 3. Providing advice re EET
 - 4. Defending and supporting teen mothers approach to parenting when this is at odds with informal support network's views
 - 5. Getting advice from a non-medical professional
- e) Criticisms
 - 1. Need for additional advisors – women who have been teen mothers themselves.

3. b) . EXPERIENCES OF GROUP SUPPORT

- a) Reasons for choosing group support
 - 1. To meet other teenage mothers
 - 2. To get out of the house
 - 3. Uncomfortable at general parent's groups
 - 4. To make friends
 - 5. To prepare child for environment with other children e.g. nursery
 - 6. To break monotony of week
- b) View of the professional [Regard given to professionals, 1= Professional seen as completely abstracted, 5 =Held in high regard]
- c) Functions of group support re negative effects of stigma
 - 1. Sharing advice re coping mechanisms
 - 2. Empathy
 - 3. Not feeling alone in receiving negative comments
 - 4. Emphasising normality of motherhood
 - 5. Bolstering confidence of other re parenting abilities
 - 6. Sharing experiences of stigma
- d) Additional functions
 - 1. Make new friends
 - 2. Increased confidence in parenting abilities
 - 3. Sharing advice with other young mums
 - 4. Meeting other young mothers
 - 5. Feeling less isolated
 - 6. Receiving advice from professionals in an informal setting
 - 7. Empathetic peer support
 - 8. Increased general self confidence
 - 9. Becoming more sociable
 - 10. Receiving advice from outside informal support network
 - 11. Integrating into new environment / local area
 - 12. Developing new interests
 - 13. Preparing child for environment with other children
 - 14. Bringing the individual out of their shell
- e) Criticisms
 - 1. Sessions do not last long enough

2. There are not enough sessions per week

Appendix 4: Context Charts

One to One Participants

- i. Danielle
- ii. Lynsey
- iii. Kaitlin
- iv. Vicky
- v. Leanne
- vi. Clare
- vii. Jane
- viii. Emma
- ix. Gemma

Group Participants

- x. Jenna
- xi. Holly
- xii. Anna
- xiii. Alison
- xiv. Dawn
- xv. Estelle
- xvi. Katie
- xvii. Paula
- xviii. Carla
- xix. Sarah

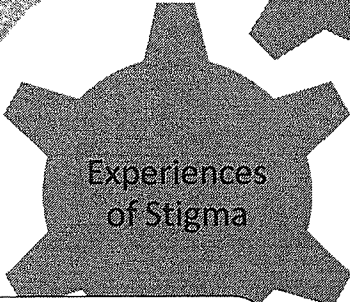
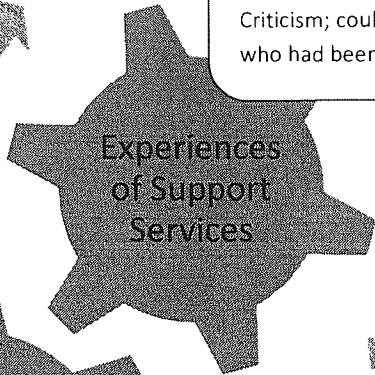
i. Danielle

I can speak to my mum, fair enough, but I can speak to them because they're not related to me.

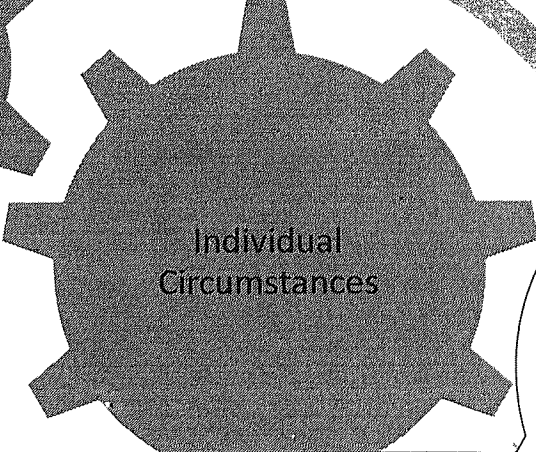
At one stage, my son had really bad tantrums, the TPU was there, I could ring them up and ask what to do.

Chose one-to-one support as wished to avoid other teenage mothers and wanted easy access to professional advice.
Functions of one-to-one support; advice.
Criticism; could be improved by addition of advisors who had been teenage mothers themselves.

I did a baby massage class as well (the advisor) came to my house and showed me how to massage the baby.



Some people look at me and see I'm a young mum, they just assume that you don't know what you're doing.



Feels stigmatized by general public and media.
Negative effect; disidentification with group and ambivalence. Alternative effect; little effect.
Copes by drawing on "good mother" identity and drawing on belief that motherhood is private.

It (college courses) gives you the chance to do something you want to do and have a break as well.

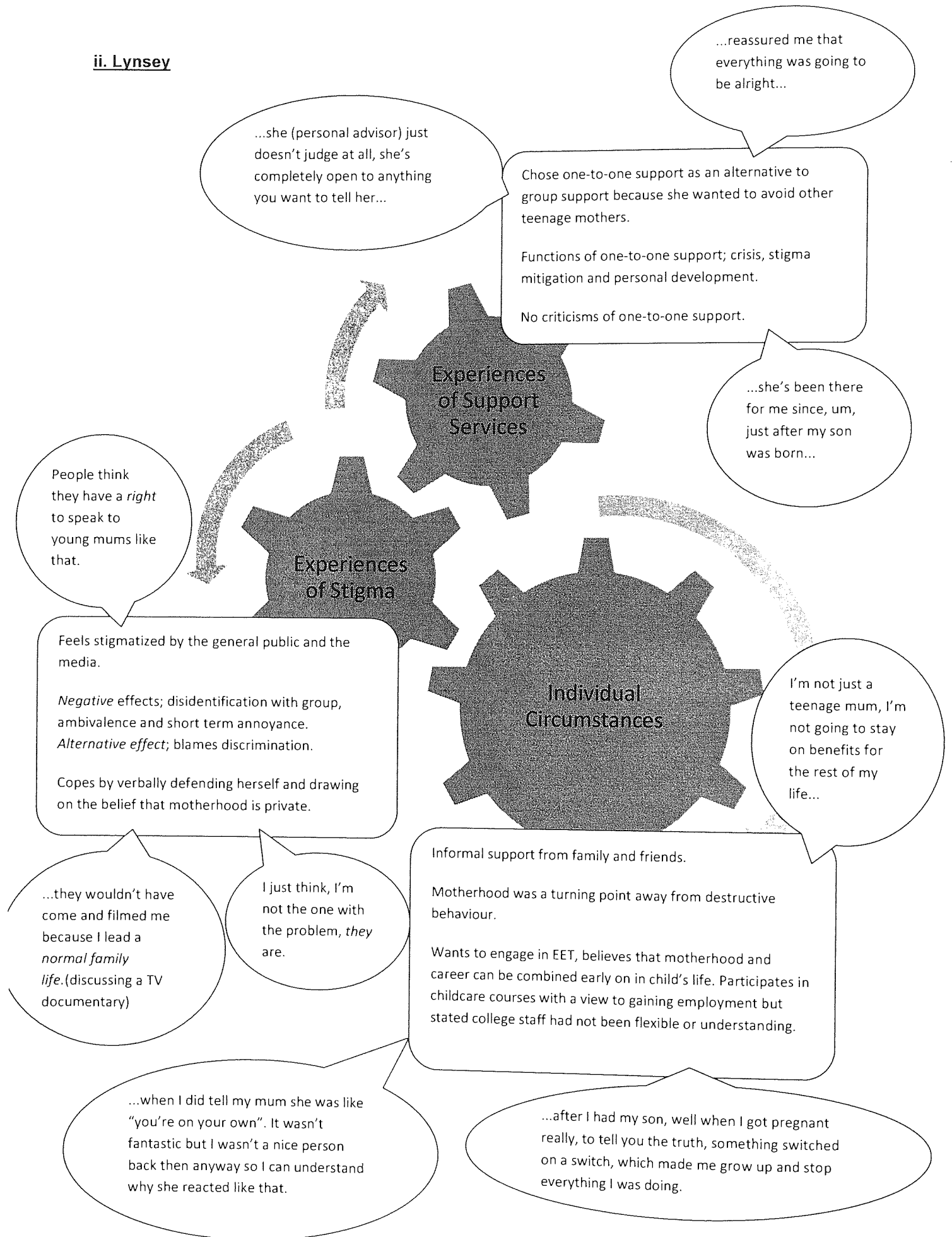
I know that I'm a good mum and that's all that matters really.

Informal support from family and partner.
Motherhood was inevitable / planned.
Full time motherhood as chosen vocation, short college courses used as a break from childcare. Cost of childcare often a barrier to engaging in learning.

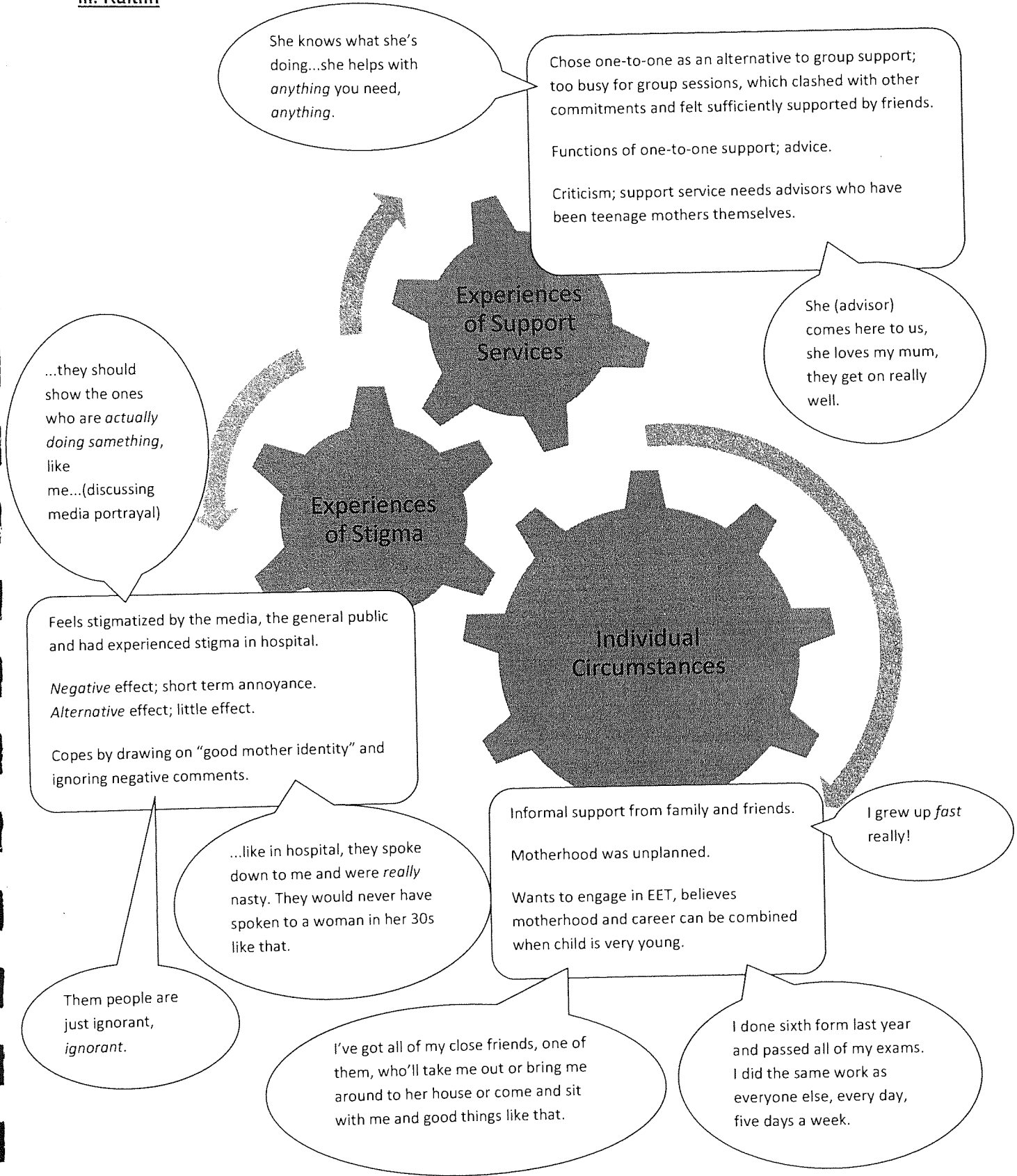
My mum got me this house here, it's a private landlord, she paid for the deposit. It's near to her so she comes around a lot and helps me out.

I used to have friends but they're not like me...I just want to look after my kids.

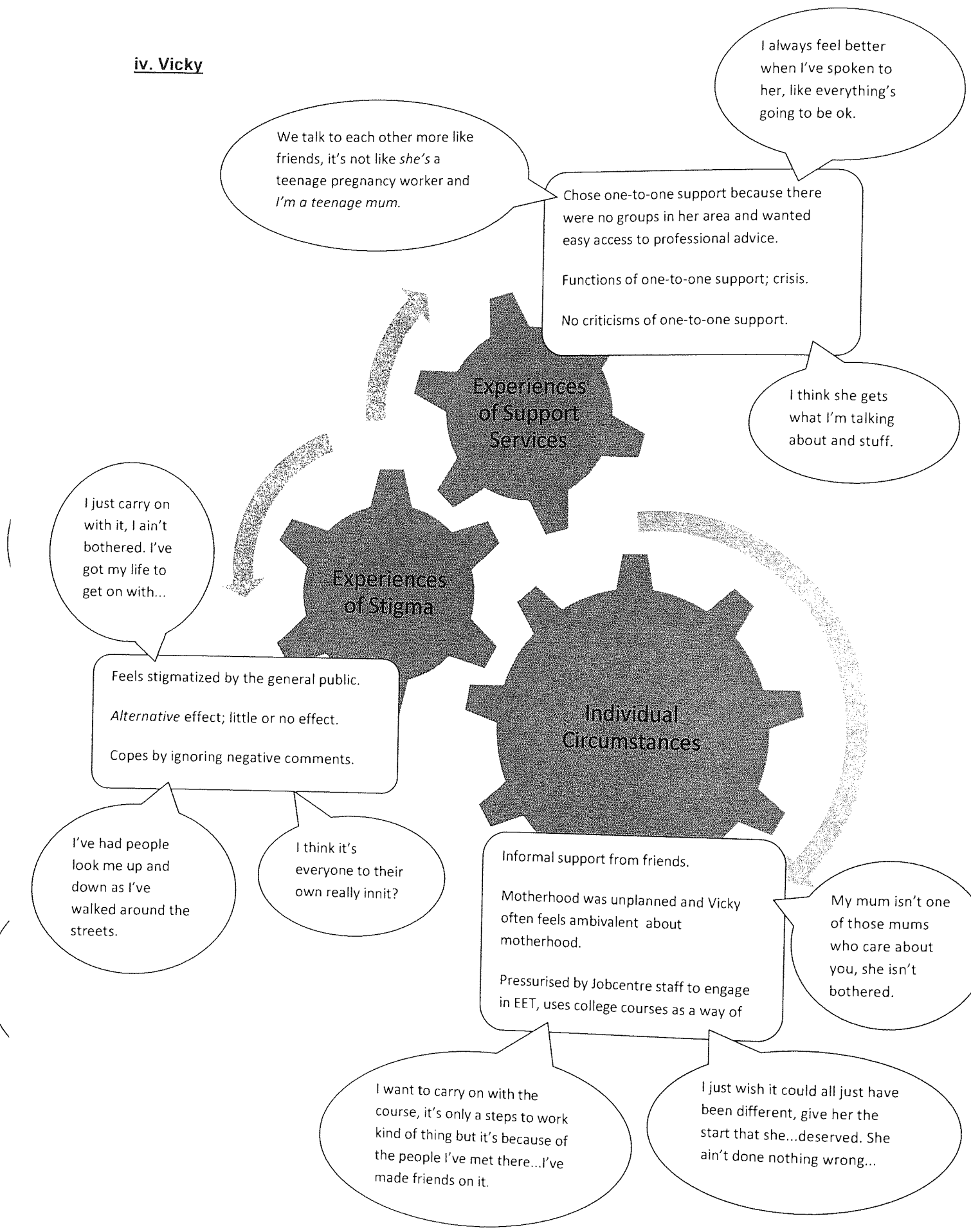
ii. Lynsey



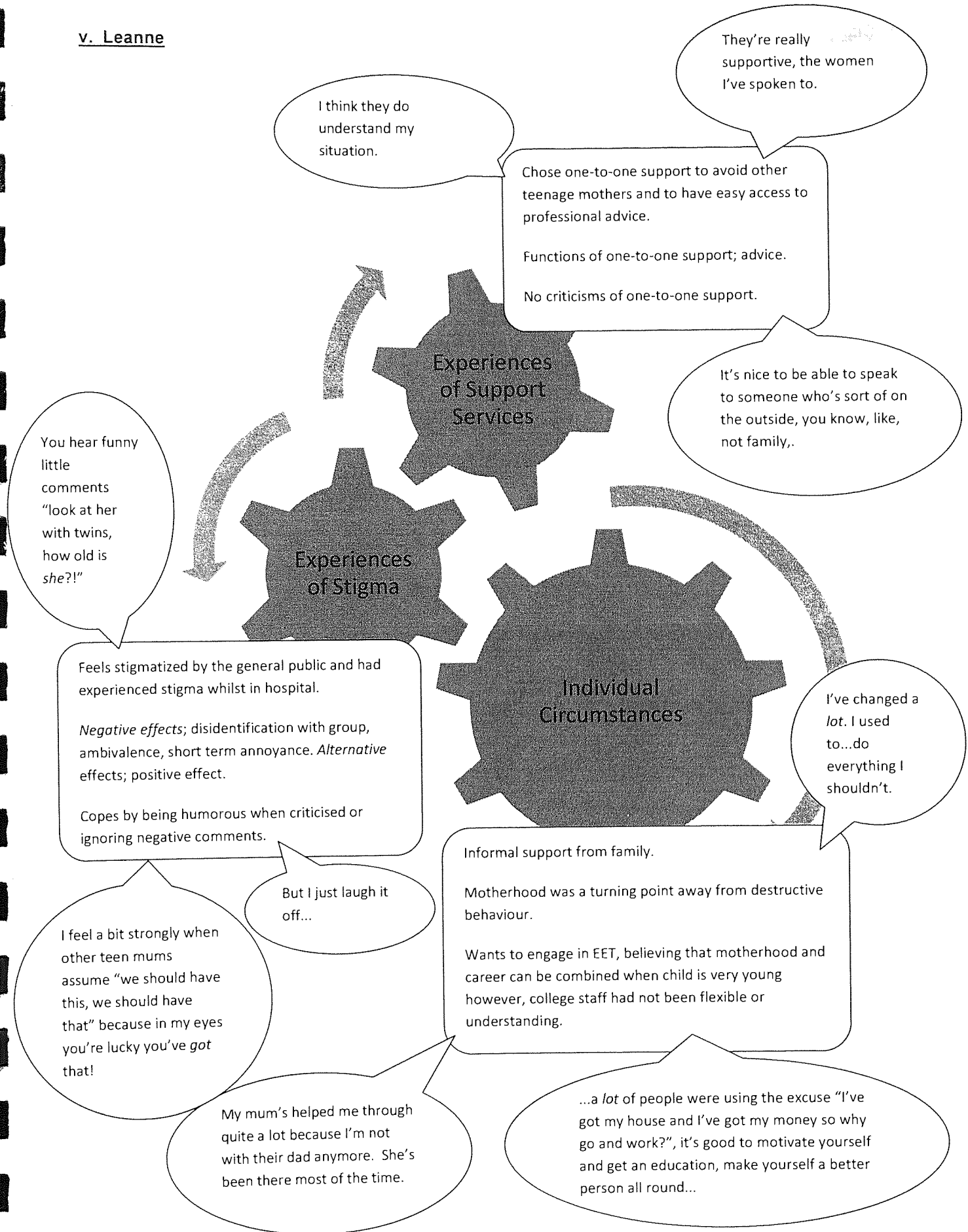
iii. Kaitlin



iv. Vicky



v. Leanne



vi. Clare

She (personal advisor) knows about so much stuff, like how to go about getting into college as well as all the practical stuff about looking after kids.

Sometimes I just want a chat with someone who ain't my mum...

Chose one-to-one support as an alternative to group support as she wanted to avoid other teenage mothers and felt sufficiently supported by her friends.

Functions of one-to-one support; advice and personal development.

No criticisms of one-to-one support.

She's very laid back, she don't look down her nose at me or anything.

Experiences of Support Services

People do seem to think they can openly slag you off.

Experiences of Stigma

Feels stigmatized by the general public.

Negative effects; disidentification with group and ambivalence. Alternative effect; little effect.

Copes by drawing on the belief that motherhood is private and ignoring negative comments.

Individual Circumstances

Informal support from family and friends.

Motherhood was unplanned.

Wants to engage in EET but wishes to postpone it until her child is older.

I couldn't believe it when I found out, I knew the dad wouldn't stick around.

I just think, they don't even know me, I'm not like other teenage mums, my life ain't going to revolve around my kid forever.

Who made it their business?

I don't see what the rush is (to engage in EET), I'll do it eventually, get a good job, so it'll all balance itself out innit? Because like I've had benefits but one day I'll be paying loads of tax.

My old dears are great, they've been good to me, god knows what I'd do without them.

vii. Jane

I've got my friends around me and that, they're young mums too but I can't ask them everything.

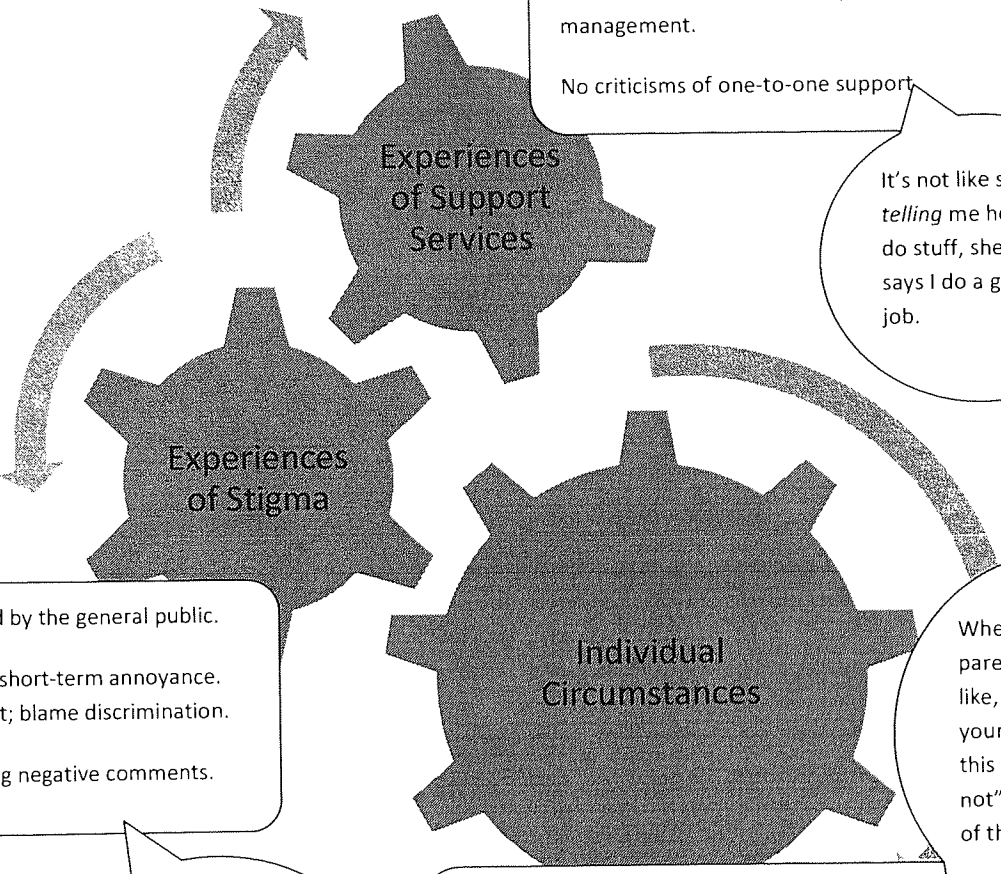
She (personal advisor) is good for when you want to ask about little stuff, you know, without bothering the doctor or anything.

Chose one-to-one support because the group in her area clashed with other commitments and in any event, she feels sufficiently supported.

Functions of one-to-one support; advice and stigma management.

No criticisms of one-to-one support.

It's not like she's *telling* me how to do stuff, she always says I do a good job.



I don't like to give them the satisfaction though, I'll just ignore it.

Feels stigmatized by the general public.

Negative effect; short-term annoyance.

Alternative effect; blame discrimination.

Copes by ignoring negative comments.

When I told my parents, they were like, "we don't want your sisters thinking this is ok, cos its not". Don't see much of them now.

Informal support from friends.

Motherhood as a turning point away from destructive behaviour.

Wants to engage in EET, believing that motherhood and career can be combined from when child is very young.

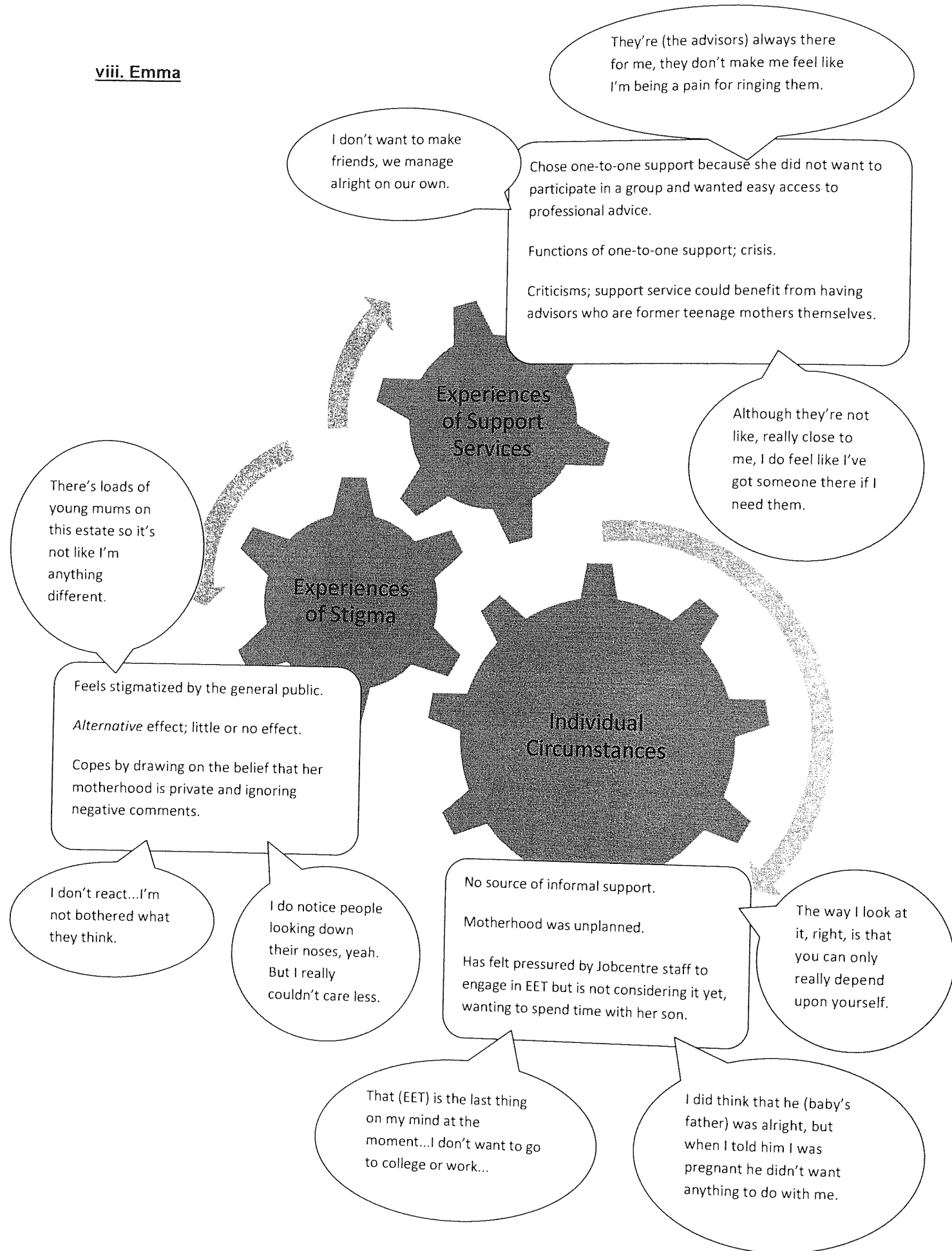
But having her has turned my life around *for the better*, so it's the people what criticise me that's got the wrong end of the stick.

When people are rude like that I do feel a bit pissed off to be honest.

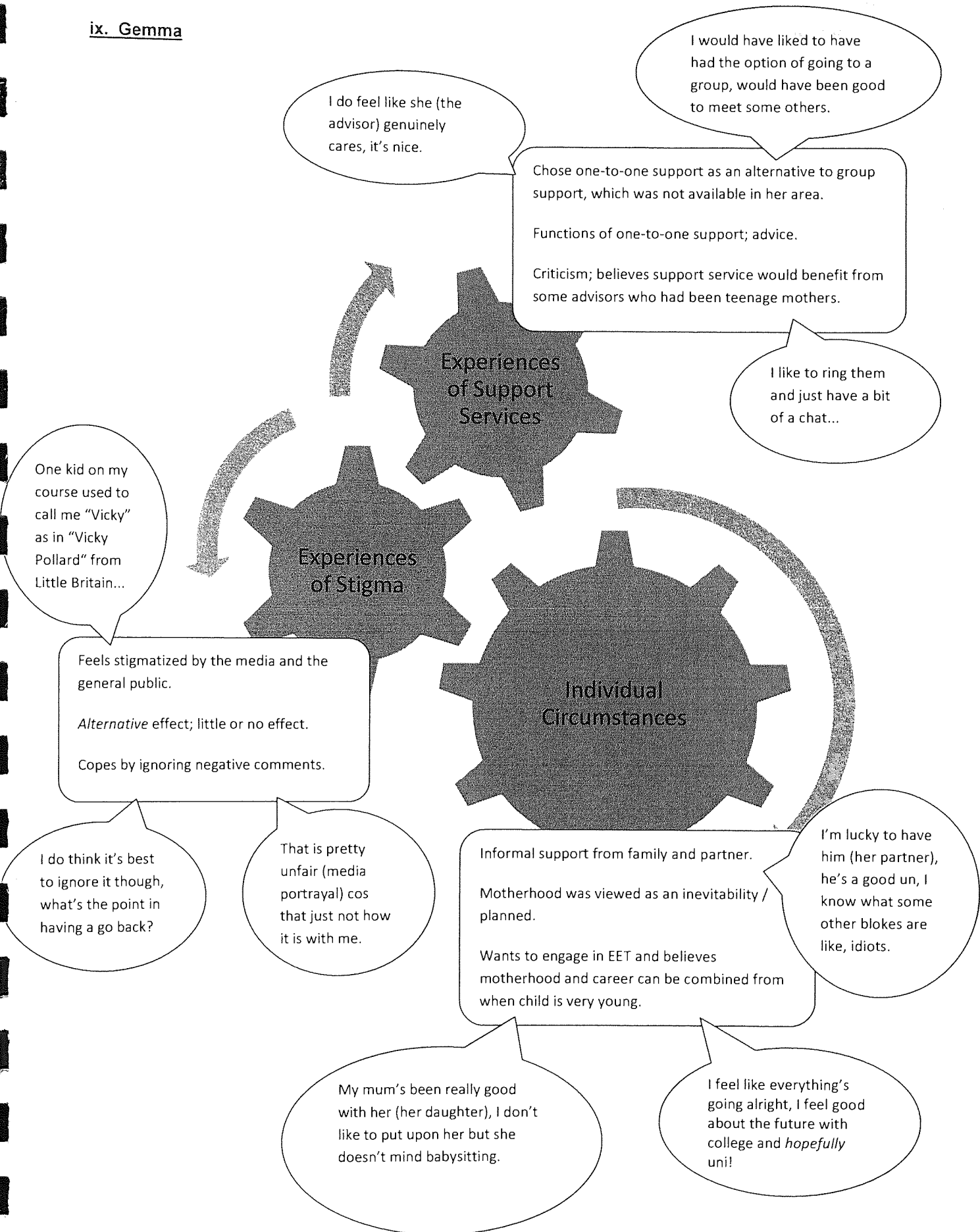
I've got someone else to think about now so I've got to better myself.

I just didn't give a shit before I had her, dunno if I even thought about the future, just used to hang around the park and have a drink.

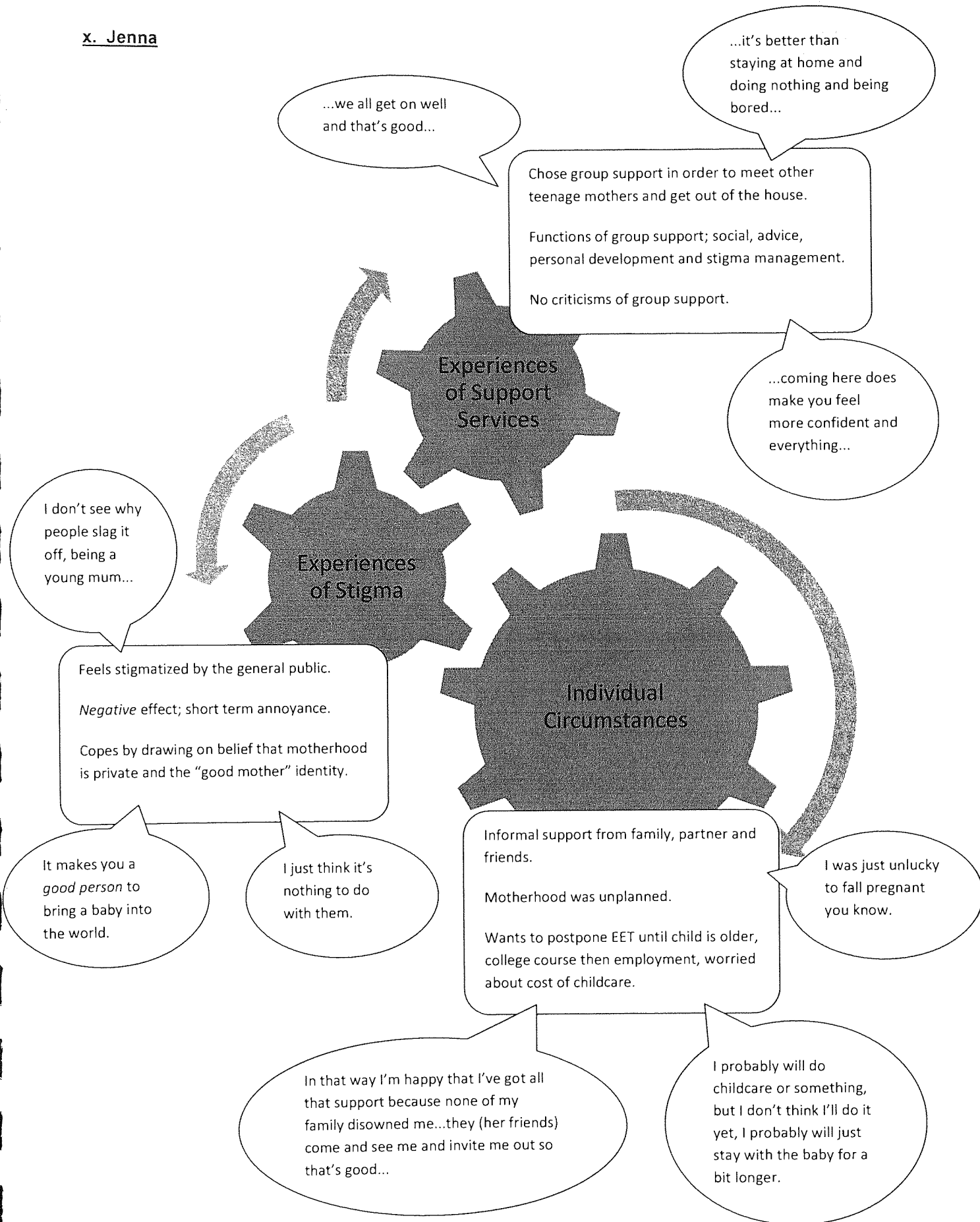
viii. Emma



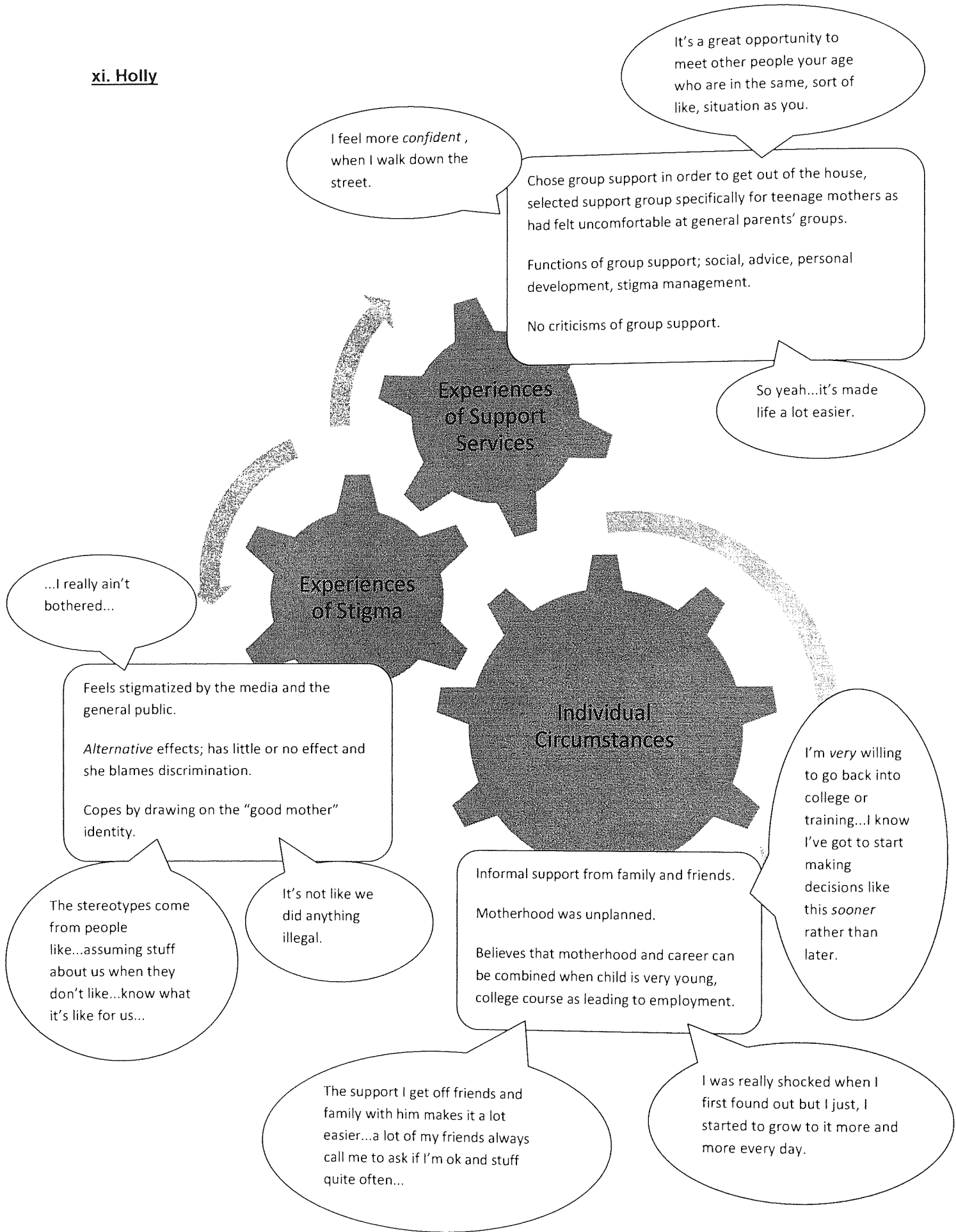
ix. Gemma



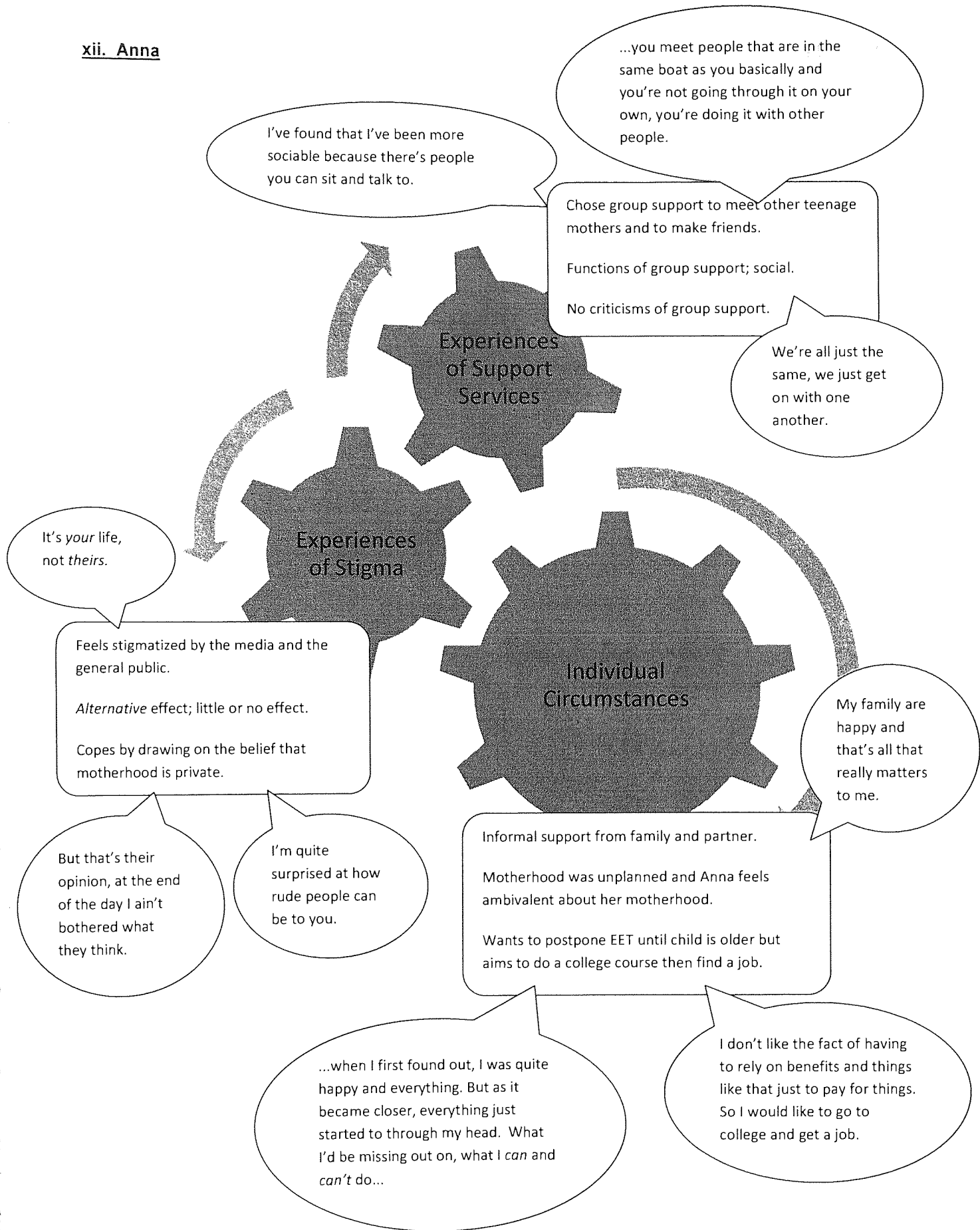
x. Jenna



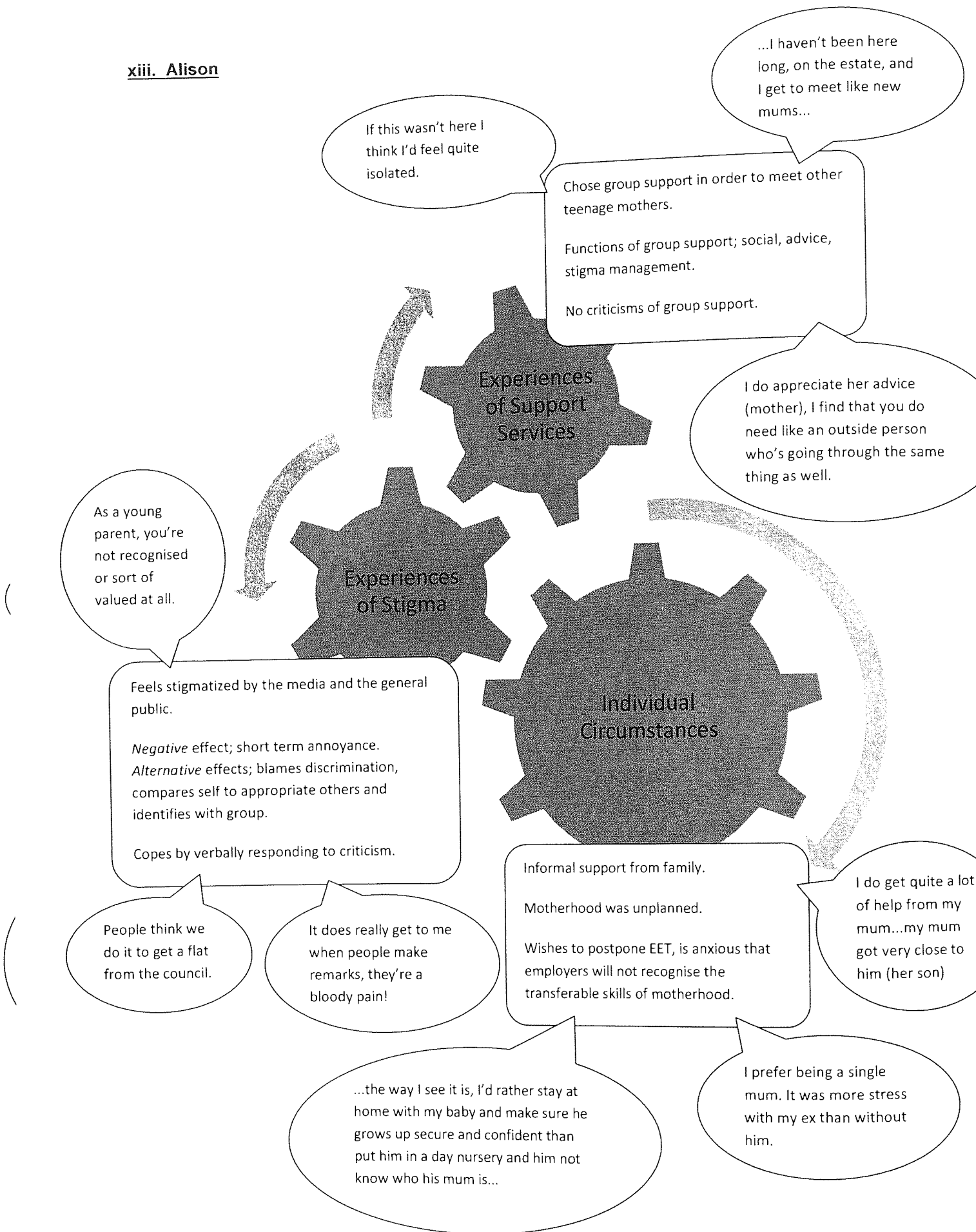
xi. Holly



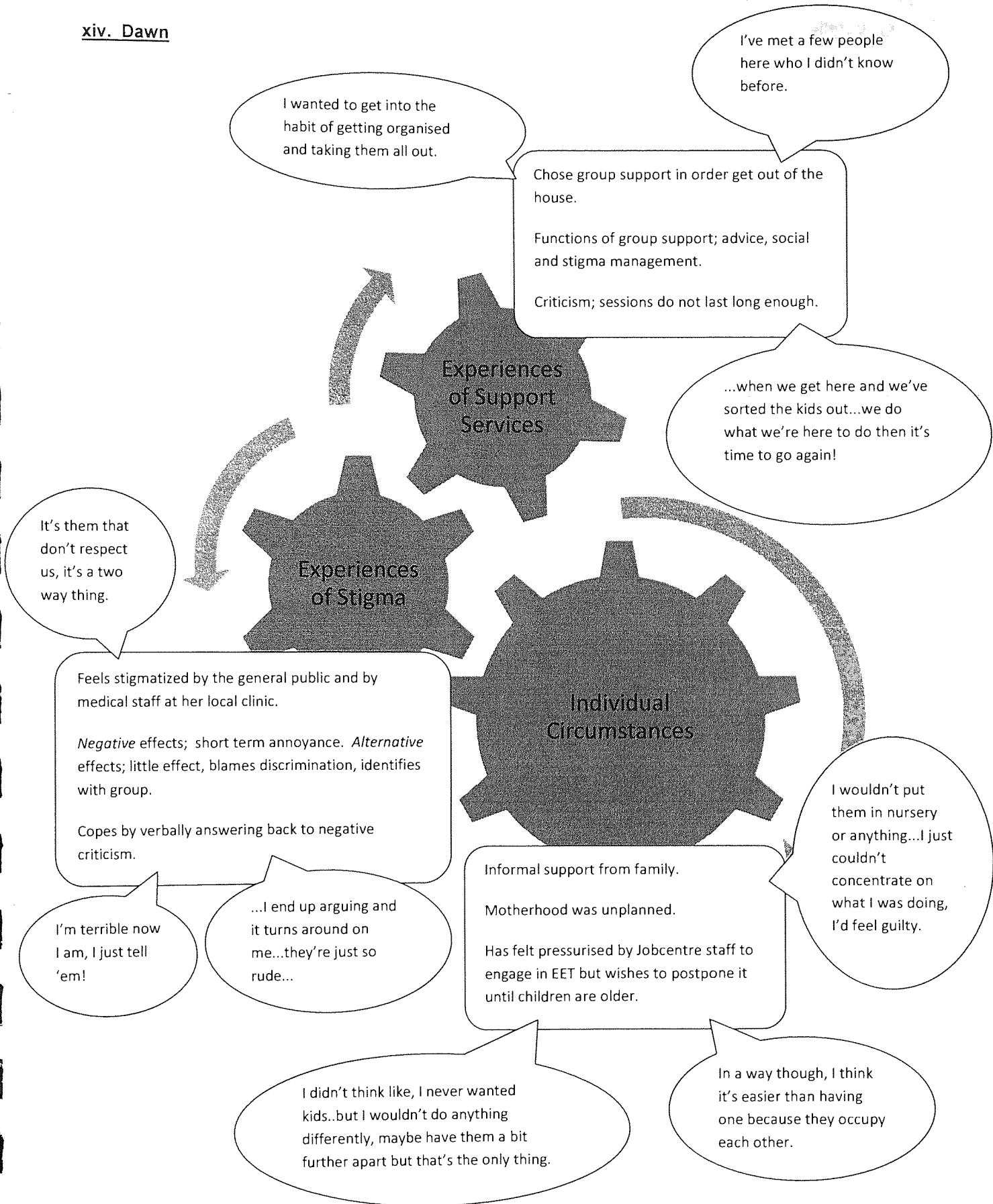
xii. Anna



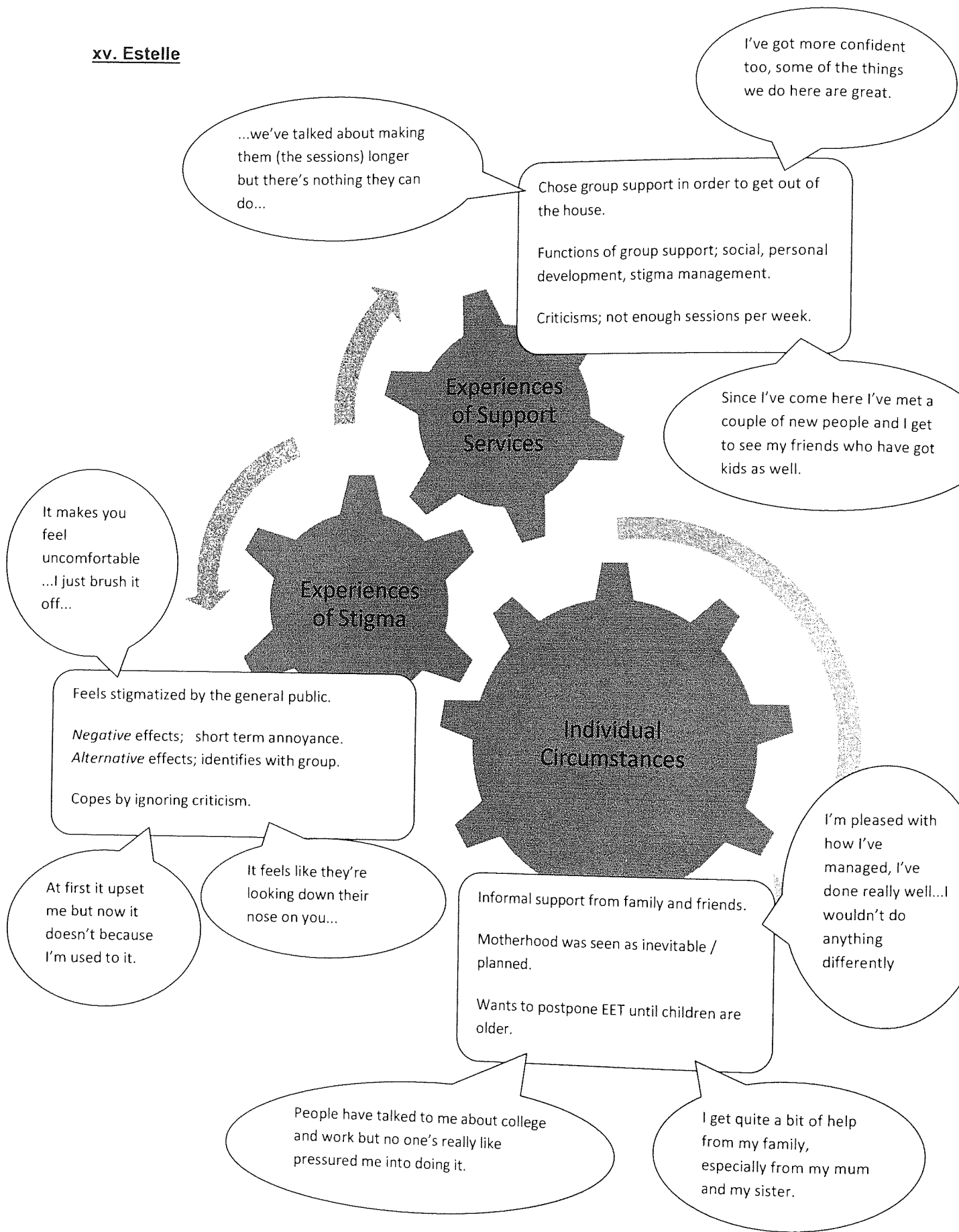
xiii. Alison



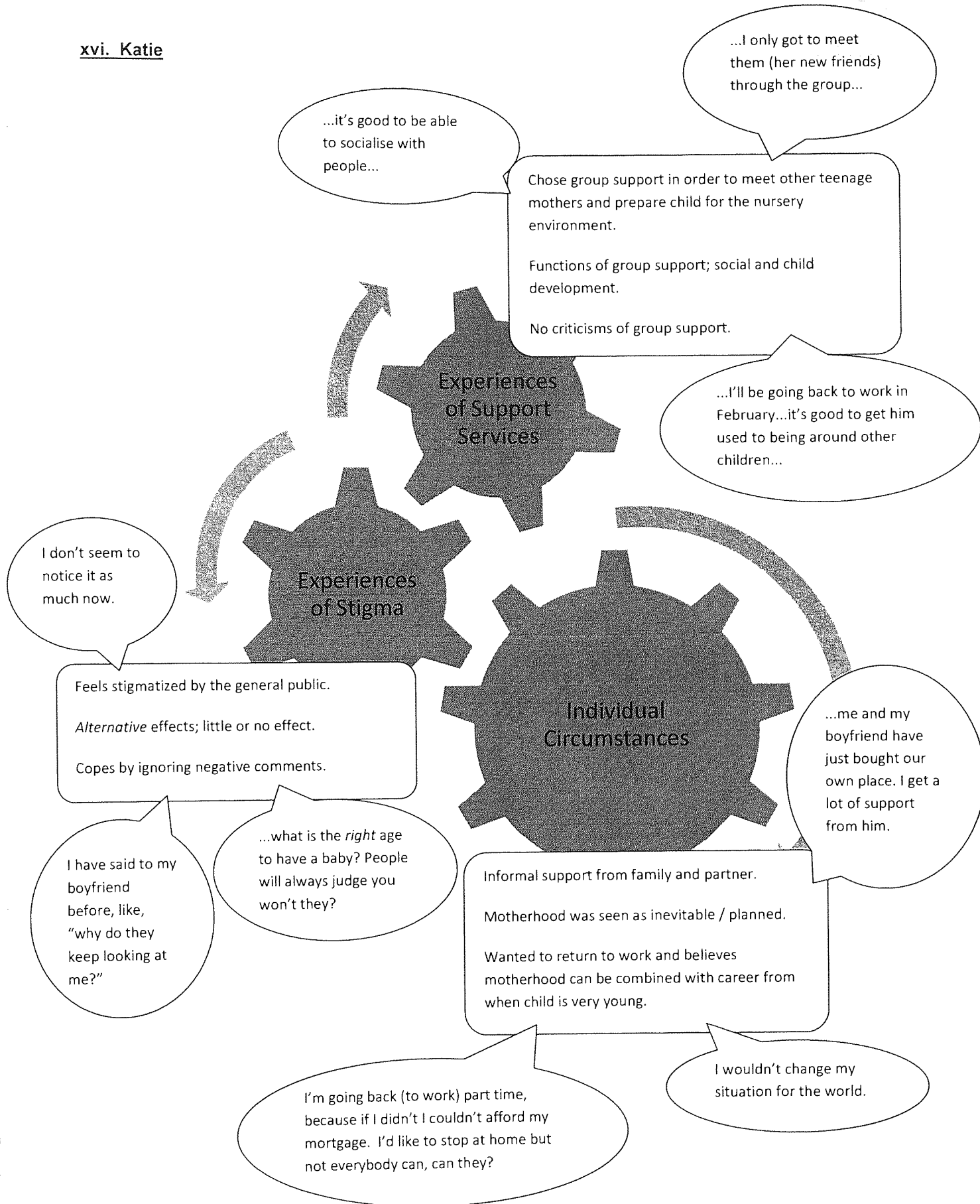
xiv. Dawn



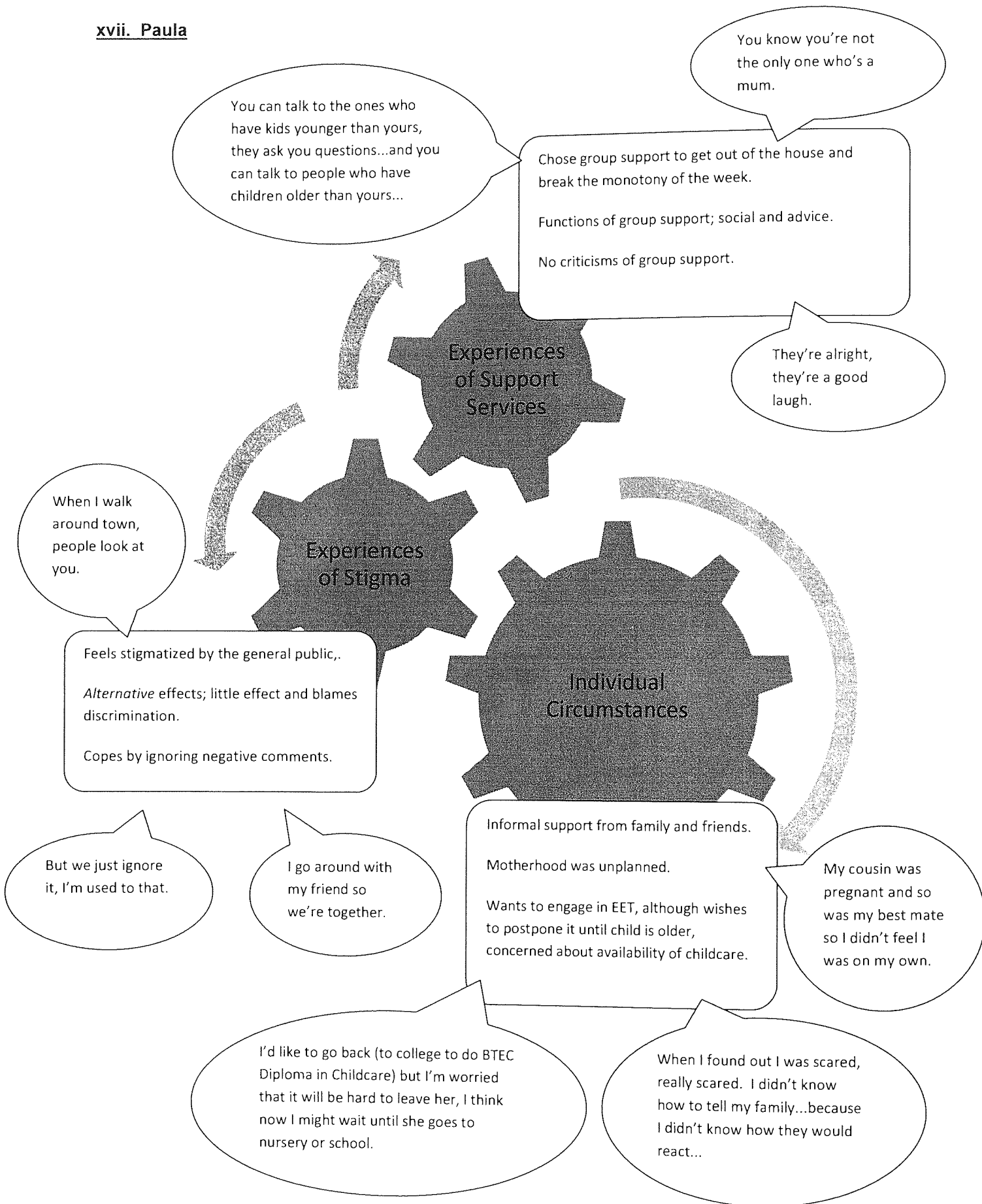
xv. Estelle



xvi. Katie



xvii. Paula



xviii. Carla

I mean I've got my sisters and my friends but it's good to meet different people.

I like coming here because it gets me out the house.

Chose group support in order to get out of the house and to get children used to being around other children.

Functions of group support; social, advice, child development, stigma management.

No criticisms of group support.

It gives them a chance to mix with other children because when I do get a job and they go to nursery, it will give them that bit of confidence...

Experiences of Support Services

There's loads of young mums who do a great job.

Experiences of Stigma

Feels stigmatized by the general public.

Negative effect; short term annoyance.

Alternative effects; blames discrimination and identifies with group.

Copes by verbally answering back when criticised.

Individual Circumstances

My mum doesn't mind having them as long as she knows when and how long for.

Informal support from family and friends.

Motherhood was unplanned.

Wants to postpone EET until children are older, aims to do a college course then find a job.

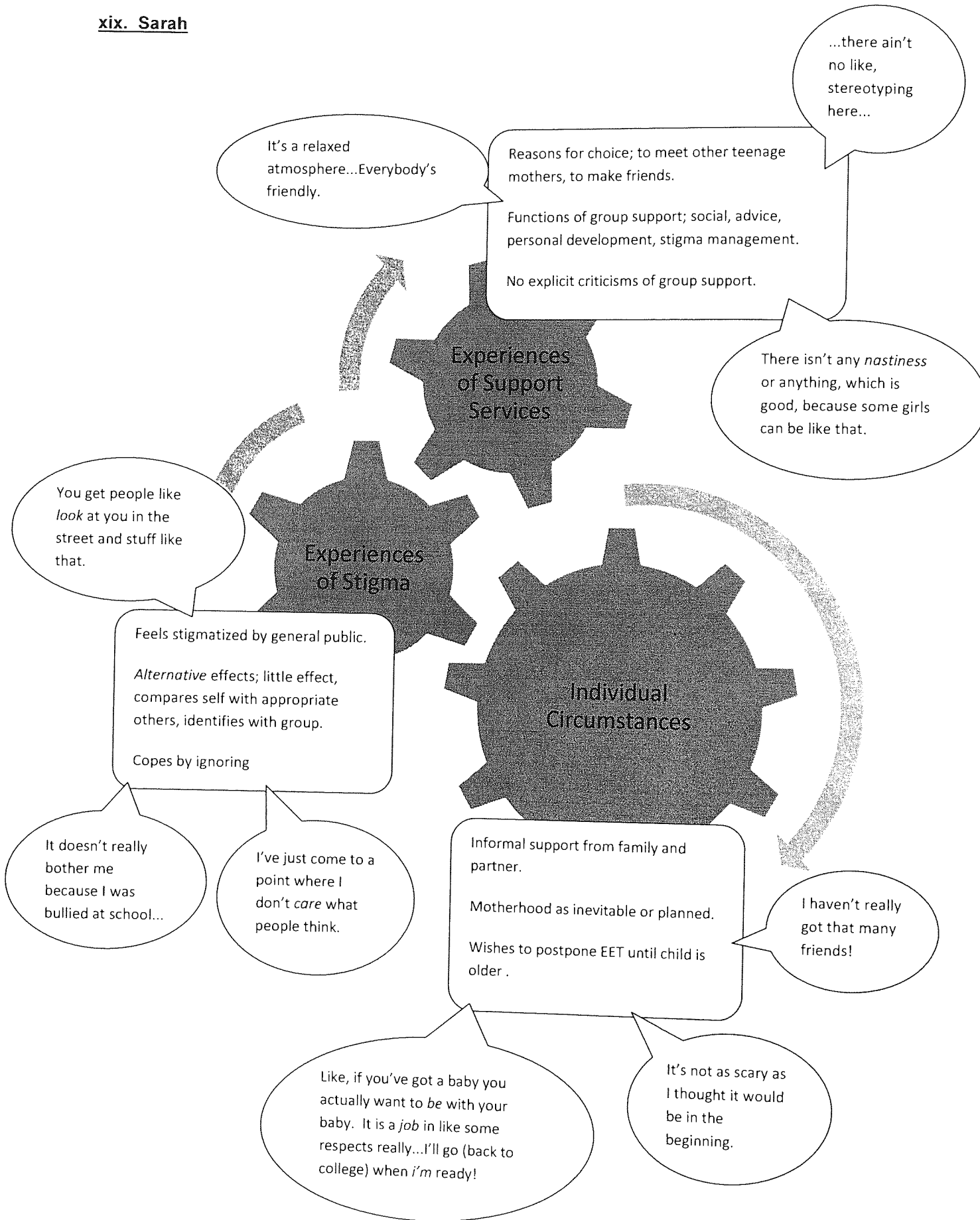
Maybe it's because we don't get married anymore, that's why we're getting judged.

I don't see what the problem is because my mum was 18 when she had her first child.

My best friends from when we were 10, 11 and onwards, all of them have kids...

I prefer being a single mum. When he was there, the kids weren't in a routine, and the house was always a mess.

xix. Sarah



Appendix 5: Descriptive Matrix of Interview Findings for One-to-one Support Participants

Interviewee	Individual circumstances				Stigma			Support service				
	Informal support	View of motherhood	Education Employment and Training		Stigmatizers	Effects	Coping Mechanisms	Reasons for choice	View of professional	Functions re stigma	Additional functions	Criticisms
			Pressure	Values								
Selena	2	1	1	1	b	9	4, 5	1	5	1, 2	1	-
Danielle	1, 2	1	-	2, 3	a, b,	8, 7	1, 4	2, 3	3	-	2	1
Lynsey	1, 3	2	2	4, 5	a, b	8, 7, 9	4, 6	2	4	1, 3	1, 3	-
Kaitlin	1, 3	3	2	4, 5	a, b, c	9	1, 5	4, 5, 6	4	-	2	1
Vicky	3	4	1	6	b	-	5	1, 3	5	-	1	-
Leanne	1	2	2	4, 5	b, c	8, 7, 9	5, 7	2, 3	5	-	2	-
Clare	1, 3	3	2	1	b	8, 7	4, 5	2, 4	5	-	2, 3, 4	-
Jane	3	2	2	4, 5	b	9	5	4, 6	5	1, 2	2, 5	-
Emma	-	3	1	1	b	-	4, 5	2, 3	4	-	1	1
Gemma	1, 2	1	2	4, 5	a, b	-	5	1	4	-	2	1

Appendix 6: Descriptive Matrix of Interview Findings for Group Support Participants

Interviewee	Individual circumstances						Stigma				Support service				
	Informal support	View of motherhood	Education Employment and Training			Stigmatizers	Effects	Coping Mechanisms	Reasons for choice	View of professional	Functions re stigma	Additional functions	Criticisms		
			Pressure	Values	Barriers									Negative	Alternative
Jenna	1, 2, 3	3	-	1, 5	1	b	9	-	4, 5	1, 2	5	1, 2	1, 2, 3, 4, 5	-	
Holly	1, 3	3	-	4, 5	2	A, b	-	1, 2	1	2, 3	5	2, 3	1, 4, 7, 8	-	
Anna	1, 2	4	-	1, 5	-	A, b	-	1	4	1, 4	5	-	1, 4, 5, 9	-	
Alison	1	3	-	1	3	A, b	9	2, 3, 4	6	1	5	4, 5, 2	1, 3, 4, 5, 10, 11	-	
Dawn	1	3	1	1	-	B, c	9	1, 2, 4	6	2	5	4, 2	4, 6	1	
Estelle	1, 3	1	-	1	-	b	9	4	5	2	5	3, 2	1, 4, 12	2	
Katie	1, 2	1	2	4	-	b	-	1	5	1, 5	5	-	1, 4, 11, 13	-	
Paula	1, 3	3	2	1	4	b	-	1, 2	5	2, 6	5	-	1, 3, 4, 6, 10	-	
Carla	1, 3	3	-	1, 5	4	b	9	2, 4	6	2, 5	5	1, 2, 3	1, 4, 10, 13	-	
Sarah	1, 2	1	-	1, 7	-	b	-	1, 3, 4	5	1, 4	5	2, 4	1, 4, 7, 8	-	