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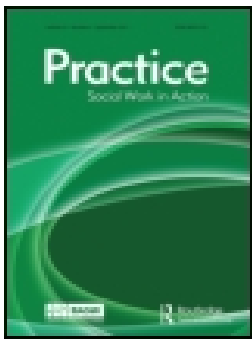
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## Young mothers in care, contributing to the contemporary debate

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# Young Mothers in Care, Contributing to the Contemporary Debate

Jane Reeves

## Abstract

*Teenage pregnancy has become a broad issue in contemporary society and has become a focus for concern for young women in or exiting the care system. The article draws on interviews with twenty-four young mothers in, or on the fringes of the care system. It highlights the thoughts and feelings of these young women, specifically looking at the relationships that they have with their mothers, the father of their baby and their social workers. The mothers' sources of support and their perceptions of these are discussed. Implications for practice for working with this discrete group of young mothers are explored.*

**Key Words:** *Teenage Pregnancy, Social Support, Teenage Mothers, Children in Care*

## Introduction

**T**eenage pregnancy generally is a much debated issue in contemporary society with various different perspectives and research findings (Social Exclusion Unit, 1999). The explosion of interest and debate on teenage pregnancy culminated in the Social Exclusion Unit (SEU) Report (1999), which thoroughly explored the different causes and reasons for teenage pregnancy and reviewed implications for local and national policy. Teenage pregnancy and lone motherhood are presented in the Social Exclusion Unit Report (1999) as multifaceted problems with multiple causes and solutions, but as issues requiring a coherent policy response. One of the concerns to evolve from SEU Report was the increase in the number of young women from the care system who were either pregnant or a mother, and the high number of young women who became pregnant within 18-24 months after leaving care (SEU, 1999).

Research specifically concerned with young mothers and the care system has been limited (although Corlyon and McGuire, 1997, provide a key study) but has revealed complexities in working with them. The focus of my research was to investigate this specific group of young mothers through the use of semi-structured interviews. In particular, the research hoped to gain access to the thoughts and feelings of these young women, specifically relating to descriptions of their relationships with their mothers, the father of the baby and their social workers, in order to provide insight into working with them.

### **The Study**

Researching young mothers in and around the care system raised a number of methodological issues. Firstly, although agreement and authorisation was reached regarding the aims and scope of the study with a local authority, little statistical data was kept by it which easily identified young women who become mothers whilst in the care system. Thus investigating the scope of the 'problem' of teenage pregnancy in the geographical area became impossible, particularly if young women who were looked after but were not on actual care orders were included. I therefore relied upon social workers to look through their case loads and identify young women who were either pregnant or had small children, and whom they thought were suitable to be interviewed. This caused the time frame of the study to expand and removed the aim of gaining a representative sample, particularly in relation to age spread and ethnicity. Secondly, when a young woman was identified and agreed to take part, tying her down to a convenient time and location was extremely problematic. Talking to a researcher was not always a priority, an issue identified by other researchers (Corlyon and McGuire, 1997) and required perseverance. Moreover, encouraging young women to talk about themselves whilst still involved with social services caused tensions for some, particularly if child protection was a current issue. Thirdly, the methodology was influenced, following the pilot research, by the finding of high levels of illiteracy amongst the young women. Previous research has highlighted the link between proximity to the care system and educational disadvantage (Aldgate et al, 1993;

www.gov.uk/social-exclusion, 2002) and this was made apparent to me when the majority of young women revealed they could not read or complete a questionnaire: thus, semi-structured interviews became the preferred methodological option. The questionnaire included questions on the events surrounding the pregnancy; family relationships and relationship with the father of the baby, friends, schooling and details of their care experiences. In addition, a short questionnaire was given to the practitioners involved with the young women, however only eight were completed and returned.

In total twenty four, white young women were interviewed, mainly at home and usually with their babies present. All of the young women were receiving ongoing social work support. All interviews were recorded, transcribed and analysed thematically. The ages of the young women on becoming pregnant ranged from thirteen to eighteen, spanning a crucial time of social services involvement. Six of the young women had experienced more than one pregnancy; one had had five pregnancies and two had been pregnant four times.

### **Young Mothers in Care**

The SEU Report on teenage pregnancy (1999) identified young women in care as being at significant risk of becoming lone, teenage mothers. Suggested reasons for this heightened risk could be past exposure to multiple factors of disadvantage and vulnerability, for example emotional problems at 7 or 16, following a family pattern, financial adversity, low educational achievement or having a preference for being a lone mother (SEU, 1999). Jackson and Martin (1998) emphasise the over-representation of risk or negative factors in the lives of young people in care or care leavers. Other influential factors on teenage motherhood in the care system also include exposure to early maltreatment (Herrenkhol, 1998) and the lack of positive communication between a young woman and her mother.

Numerous causes have been attributed to teenage pregnancy generally (Hudson and Ineichen, 1991; SEU, 1999) however, specific to young women in care, this research suggests that factors influencing the outcome of pregnancy for them are a complex mix of situational and dispositional factors and as a result of exposure to

different micro and macro elements within their lives. These different factors can impact upon how social workers intervene, ultimately approach, and work with the young mother. For example, finding out that the pregnancy was a result of contraceptive failure or ignorance requires a different social work approach to understanding that the pregnancy was as a result of the need of a young woman to have something to love.

One young woman, Jane, remarked:

*I haven't got anybody else; I may as well have them (the children).*

For this young woman, in care from the age of 2, her narrative revealed few friends, no attachment figures, and poor experiences from the care system. Indeed it appeared from the interviews that this was a pattern for some young women; of the twenty four interviewed fourteen had been exposed to three or more factors of disadvantage including exposure to abuse, being abandoned, living in 'low warmth high criticism' families, poor schooling, involvement with drugs and violence.

Indeed, the longer a young woman had been in care or looked after, the more likely she was to be exposed to factors of disadvantage and the more likely she was to have had more than one pregnancy.

Different forms of support have now been introduced with the Children (Leaving Care) Act 2000 however, few young people return home when they leave care and the period of transition for care leavers can be a difficult one. As previously stated, pregnancy is often an outcome for young women leaving care (Corlyon and McGuire, 1997) and the context of this research was to offer the opportunity to 'hear the voices of the young women themselves' (Hadley, 1999: 2).

### **The Young Women and their Mothers**

One of the primary interests of the research was to explore the descriptions of the relationships that the young women had with their mothers, both prior to and following the birth of the baby, in order to explore any significant issues. Attachment theory (Bowlby, 1979) is central to much social work policy and practice and is part

of an eclectic theoretical base, influencing how many practitioners conceptualise social work problems and ultimately work with service users. The significance of the past attachment of the young women with their own mothers seemed to influence the ongoing quality of the relationship between them after the baby was born. Work from Tabberer et al (2000) on teenage pregnancy generally, emphasises that an important contributing feature regarding the success of teenage motherhood is the influence and support of the young woman's mother, particularly if the mother 'captures' and legitimised the pregnancy within wider social networks. For some of the young women in this research, by their very situation in the care system, support from their mother was unlikely to be available. I was particularly interested in examining if the birth of the baby improved or became a healing factor in the mother/daughter relationship.

Generally accounts from the young women in this research revealed a fairly desolate picture regarding their relationship with their mother prior to the pregnancy, although seven reported that their relationship had not changed and was still fairly positive. From the group of twenty four however, eleven detailed the essentially negative, in some cases antagonistic relationship, that existed prior to the pregnancy and the birth of the baby. Animosity and poor communication were the explicit features of the mother/daughter relationships for these eleven young women. For example:

*There was not a relationship. You couldn't call it a relationship. We used to beat each other up over money. If she didn't give it to me then I would take it. We clashed. For a while I didn't see my mum before I became pregnant.*

(Caroline, fifteen when pregnant)

However following the initial news of the pregnancy, for some the animosity was replaced by generally greater accord between mother and daughter. Of significance, however, is that none of these eleven young women returned home to live with their mothers. This concurs with other findings (Biehal and Wade, 1996) that a renewal of family relationships following a period in care is seldom unproblematic. Nevertheless improvements in the quality of the relationships were, in some cases, quite considerable:

## Young Mothers in Care

*Once we started talking it was ok. I think the baby has brought us closer together really. I go and visit her and we go shopping. Me mum baby-sits for me.*

(Sam, aged fourteen when pregnant)

*We argued a lot particularly about going out and staying out. Our relationship is much better now because of the baby, we don't tend to argue.*

(Kath, aged thirteen when pregnant)

For the majority of these young women, coming into the trajectory of the care system was an event that happened whilst they were in their teens, they had not entered care in early childhood, and attachments with their own mothers had been formed. The relationship with their mothers deteriorated dramatically in early adolescence, in some instances directly precipitating their entry into the care system. What seems to have transpired with the pregnancy for some is that the young woman and her mother re-negotiated a change in their relationship. The acceptance of the pregnancy by the mother and the eventual birth of the baby seem to have been healing and normalising factors in the relationship between them. Some of these young women for example, described their mothers as being more caring and helpful towards them:

*We speak quite a bit now. I often go down there and we have become closer...more like she wants to help me.*

(Kerry, aged sixteen and pregnant)

*She's been more caring and that.*

(Emma, seventeen when pregnant)

There was also evidence that some of the young women moved in their attitude towards their mother, become more accepting and respecting of the help given.

These findings could have implications for the way social workers approach working with some young mothers, particularly if the mother/daughter relationship has been fragile. Life history work, with a biographical approach, could facilitate an exploration of the relationship between mother and daughter, build upon past



strengths and attachments and help to re-negotiate a path forward in their relationship. Some of the young women remarked that sympathetic approaches made to their mothers, by someone else telling their mother of the pregnancy, had paved the way for contact to be re-established.

Although it may need to be acknowledged that mother and daughter may not live together, help, support and mutual understanding can be an achievable goal for some vulnerable young women, particularly if there has been an initial bond or attachment. In the longer term a re-negotiation of this relationship may provide ongoing support for the young woman and her baby when social services involvement has ceased.

For six of the young women, however the relationship with their mothers was fixed and negative. Most of the young women in this group described their relationship with their mother as always being poor, with little affection, a great deal of disruption and separation. Attachments seemed to be, at best, partial and in two of the cases, where the young woman had been in care since infancy, there were no other important attachments with, for example, foster carers. Of significance was the feature that the mother of the young woman had gone on to have another partner, as well as other children, sometimes whilst the young woman was in care. Some relationships were so poor, so tenuous, that there was little to focus upon, even if initially the news of the pregnancy had been received with apparent joy. Blame, guilt and poor attachments lead to a fragmentation in the relationships leaving little to build on. These young women also tended to have been in the care system longer and were also more likely to have experienced a complex mix of current problems, including unusual relationships with the father of the baby and suffering greater isolation. These factors also seemed to have a correlation with the negative findings regarding their views on their social worker, discussed below. These young women were particularly vulnerable to isolation and had access to fewer social networks. They appeared more exposed and socially excluded ([www.gov.uk/socialexclusion](http://www.gov.uk/socialexclusion)).

### The Relationship of the Young Women with their Partners

Previous research (Corlyon and McGuire, 1997) suggested two clear findings in relation to the partners of young mothers in care. Firstly, the young women in their study tended to choose partners who were 'unreliable', 'unstable' or had a care background similar to their own. Secondly, the fathers of the babies did not seem to feature in the lives of the young women or the babies, financially, emotionally or practically. Only one quarter of the fathers in Corlyon and McGuire's research were living with the young women at the time of their interviews. Of significance in their research was that the fathers of the babies did not conform to the usual stereotypical image of the feckless young man abandoning the young mother and child but rather:

*More fathers appear to be pushed out than drop out.*

(1997: 85)

The findings from my research suggest greater variety. The majority of the fathers in this study did not come from the care system. Although the young mothers were either in care, receiving after care or still had significant social work involvement, they did not seem to choose partners from the care system. With regard to the age of the fathers this ranged from fifteen to forty; they were not all young men.

Through a content analysis of the data it was possible to identify three main groups in relation to the fathers. Firstly, ten young women related broadly positive attitudes towards their partners. They were still with the fathers and reported that they received support on both emotional and financial levels. Although mainly rejecting the notion of marriage, the young women in this group suggested that their partners became involved in the pregnancy from an early stage, supporting them through the pregnancy and birth and were very involved in the care of the baby. For example:

*I see him everyday and he offers me support emotionally and physically. For a couple of weeks I was depressed and he was there for me, he gives me money. All of it goes to me and most goes on baby clothes.*

All of the fathers in the group who were described positively were comparatively youthful and most were teenagers themselves. It can

be argued that the teenage years are a difficult time of transition and young masculinity, in particular, is associated with negative images of risk and fecklessness. The young men described by this group of young mothers were not presented as being problematic or a burden, indeed the young women seem to be gaining from having them around. The young men appeared to be adjusting to young fatherhood, demonstrating support both financially and emotionally and shouldering their responsibilities:

*He changes her nappy, reads a story, baths her and plays with her he was wild before but now he has accepted the responsibility. He loves and adores her.*

(Nicola aged sixteen)

Four other young women reported that they were still with the father of the baby, but the relationships featured factors not associated with a monogamous model of a dyadic couple. They revealed that they were prepared to accept a casual relationship with the father of the baby, where he was involved with other partners, and attempted to normalise this in their descriptions. They did not present themselves as being 'courted' by their partner, nor did they seem to have high expectations of the relationship. Although the men in this group were older than other partners, their attitudes seemed to correspond with attitudes of much younger men towards the acceptability of casual sexual relations (Hooke et al, 2000). Indeed, the essentially exploitative manner in which they appear to have conducted their part of the relationship, demonstrates the low self esteem of some of these young women. Elaine, aged 19, describes the relationship she has with Sam, the father of her current baby. He currently lives with his wife who is pregnant with twins:

*Sam, the new one, I met through his wife. I was seeing someone else and he dumped me. Well I was staying with Trish and Sam and it just happened.*

Still with his wife, Sam does not appear to be involved with the pregnancy, or supporting her financially, however he comes to see her, when he can get away.

Finally, ten young women reported that the relationship with the father of the baby had ended and they depicted negative features regarding the father. The relationships tended to be short term, with little financial support on offer for either the mother or the baby. These findings echo those of Allen and Dowling (1998) on teenage pregnancy generally who found in their research that half of the teenage women they interviewed were not in a relationship with the father of the baby, and moreover, the young women were in a constantly changing pattern of sexual relationships. This was, to a large extent, mirrored by this group of young mothers in this research. Many of the young fathers in this group seemed to have opted out of being involved with the relationship which deteriorated quickly following the news of the pregnancy. Some of the young fathers in this group were in prison, a factor that did not help the relationship survive. Independence and determination, despite some vulnerability, appear features of some in this group of young mothers:

*There are feelings, but I have to sort it out. I've come this far on my own I might just as well sort it out myself.*

Two young women had chosen to deliberately conceal the pregnancy from the father, for fear of the repercussion to both them and the child, one due to his drug addiction and another due to the transitory nature of the relationship. Some of the young women in this group also emphasised the immaturity of the young man.

*He don't like responsibility. He lives at home with his mum and dad... He's got a nice car, he is spoilt and if he doesn't get his own way then he lashes out.*

(Anna aged seventeen)

Others pointed to their experiences, deception and violence:

*The relationships broke down because the first one was violent and the second one turned out to be a liar.*

These three very different sets of relationships relating to the partners of the young women, suggest that not all the partners are young nor are they all absent; some are actively involved and offering real support.

### **The Young Women's Perceptions of their Social Worker**

Perhaps the strongest message from this research was the contrast between the general level of sympathy displayed by some practitioners, towards the young mothers, indicated through the completed questionnaire, and the generally negative perceptions conveyed by these young women towards their social workers. This concurs with findings from Corlyon and McGuire (1997) who found that only three of their sample of young mothers in the care system enjoyed a positive relationship with their social worker. In particular, the feeling of not being listened to was echoed in this research by some of the young women, and also the feelings of lack of support. The narratives from these young women seemed to reveal resistance to their social workers, overt personal dislike and a lack of communication:

*I don't like her (the social worker), she is just useful. She's bossy.*

This response was typical of most of the young women. It could be that this negative attitude is a part of the general hostility that young people may have towards authority and adults, as well as difficulties associated with transition to young adulthood. Other social work research with adolescents has noted generally positive statements regarding the client/worker relationship (Triseliotis, 1995). Many of the young women in this study however, had experienced numerous social workers in their lives, and maintained that they would rather talk to a friend than to their social worker. There appeared a great deal of hostility towards social workers generally, reflecting confusion regarding their role, anxiety regarding their intervention, and general distrust. Of the few who described themselves as having a positive relationship with their social worker, success was measured in terms of having fun with them, the social worker listening to them, entering their world, and being in tune with other events in their lives. Ambiguity regarding who the focus of the relationship was with did not help, for example was the social worker involved because of the baby or to help the young woman? Being young was also seen as an advantage by the young woman with some making an association between an older female social worker and their mother. This suggests that social workers have to overcome

negative views and opinions of such young women with social work generally, and individual relationships specifically. This is not a new message for social workers; that they need to be clearer in explaining who they are involved with and for, and to communicate clearly (Morris, 1999). Indeed, continuing to listen to and enter into the world of the young mother, continues to be important for social workers even if they are not in agreement with her.

### Conclusions

The focus of this research was to look at the views and feelings of young mothers clustered round the care system. While the study was limited and only focussed on the young mothers' views and little on the views of the social workers, it can be argued that this type of research is vital if social work is to understand the perceptions of its service users. Young mothers in care are a diverse group, sometimes having multiple pregnancies for a variety of reasons. Some of the young women had been exposed to high levels of disadvantage and could be considered socially excluded and extremely vulnerable. For others this was not their first pregnancy, and they had been exposed to social work involvement for a number of years.

It can be suggested that social workers and practitioners need to recognise the very different reasons that young women on the fringes of the care system become pregnant; some to compensate for past loss and pain, or for more reasons concerned with contraceptive failure or ignorance. Their family circumstances indicated diversity: some of the young women revealed that the pregnancy and birth of the child helped to heal past negativity, particularly in their relationship with their mothers. Moreover, the involvement of some of their partners, particularly the younger fathers, revealed the enthusiasm and responsibility with which they greeted the often unexpected pregnancy. Awareness of the heterogeneity of young mothers in care, the length of time spent in care, the diversity of their family circumstances, their particular relationship with their mother, the involvement, or not, of their partners and their age may all aid greater understanding of this group of young mothers and maybe improve and increase the approaches used with them.

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