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MAJOR RESEARCH PROJECT

CHANTELL DOUGLAS BSc Hons

**ADOLESCENT MOTHERS IN CARE AND THEIR EXPERIENCE OF
MOTHERHOOD AND OF THEIR CHILDREN**

Section A: Adolescent mothers in care and their experience of motherhood: A review of the existing research findings, and theoretical and empirical literature on trauma and parenting.

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Section B: A grounded theory analysis of the processes influencing how adolescent mothers in care experience and interact with their children.

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CANTERBURY CHRIST CHURCH UNIVERSITY

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Summary of MRP Portfolio

Section A is a critical review of the extant literature examining adolescent mothers in care and their experience of motherhood. A contextual overview is initially presented. This is followed by a critical evaluation of the literature looking at adolescent mothers in care and their personal and social adjustment to motherhood. The theoretical and research literature on trauma and parenting is then examined. Methodological limitations and gaps in the existing literature are discussed. The review concludes with recommendations for future research.

Section B presents the findings of a grounded theory analysis of the processes influencing how adolescent mothers in care experience and interact with their children. Thirteen mothers were interviewed. A conceptual model is outlined. A number of internal and external influences were suggested to mediate the link between the young mothers' past and present experience, and their experience and interaction with their children. The findings are considered in relation to existing theory and research, and the clinical implications and directions for future research are discussed.

Section C presents a critical review of Section B, with particular focus on research methodology, research process and directions for future research.

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Abbreviated Terms

AMC = Adolescent Mothers in Care / Adolescent Mothers who have been in Care

CIC = Children in Care / Child in Care

LAC = Looked After Children

Abstract

This paper evaluates the extant literature on motherhood for adolescent mothers who have been in care. A contextual overview of the social, economic, and psychological and health outcomes for teenage parents (non-looked after) and children in care is presented. This is followed by a brief outline of the challenges faced by adolescent mothers in care, additional to those implicated for non-looked after teenage mothers, and children in care. The current research findings on experiences of motherhood for adolescent mothers in care, pertaining to personal and social adjustment, will then be critically evaluated. Given the paucity of existing research, the review draws inferences from the vast spectrum of relevant theoretical literature and emerging empirical research as to how the past may affect motherhood for these young mothers, namely; parenting, experiences of their children, and the mother-child relationship. Finally, implications for future research will be discussed.

Introduction

Adolescent mothers who have been in care (AMC) are a “unique and largely invisible” group of mothers (Callahan, Rutman, Strega, & Dominelli, 2005, p.185). Although there has been greater recognition of the challenges and opportunities motherhood may present to AMC, the research-base is limited. Little is understood about their particular experiences of parenting.

In contrast, collectively, teenage pregnancy has elicited considerable socio-political attention and scrutiny (Corlyon & Stock, 2011). This may partly be fuelled by the UK having the highest teenage pregnancy rates in Western Europe (UNICEF, 2001). In 2011, there were 31,051 under-18 conceptions in England and Wales (Office for National Statistics, 2013).

AMC are a small population of teenage mothers. In 2011, 350 mothers aged 12 years and above were looked after; of these, 46% were 15 years or under when their first child was born (Department for Education, 2012). Yet, compared to non-looked after adolescents, the likelihood of motherhood is substantially greater for adolescents in care (Corlyon & McQuire, 1999). In 2005, 4.1% of 15-17 year old adolescents in care were mothers, twice that of non-looked after adolescents (Department for Education and Skills, 2005).

A ‘child in care’ (CIC) or ‘looked after child’ (LAC) is defined as one that has been removed from their family of origin due to substantial harm, to be ‘looked after’ by the local authority (Department of Health (DOH), 1989). Strikingly, teenage parenthood and being in care are both associated with adverse long-term psychological, health and socioeconomic outcomes (Corlyon & Stock, 2011; Stein,

2006). For non-LAC teenage mothers, risks to the child via problematic parenting have also been documented (e.g. Lee, 2009). Yet, research on AMC has been relatively neglected, which is surprising given their pre-existing vulnerabilities.

Moreover, poor early mother-infant relationships may lay the foundation for later psychopathology (Fonagy, 2001). Research suggests that relationship quality influences children's neurobiological and emotion-regulatory capacities, affecting subsequent socio-emotional development (e.g. Cirulli et al., 2009). Therefore, understanding motherhood for this particular group is imperative.

Aim of the Review

This review examines experiences of motherhood for AMC and conceptualises how early trauma may affect parenting. A review is warranted given the potential repercussions of early mother-child relations in childhood and adulthood.

This review presents a contextual overview of teenage parenthood (non-LAC), CIC, and the additional challenges faced by AMC. Synthesising key findings from the teenage parent and CIC literature is intended to underscore the various factors potentially impacting on AMC. Existing research on AMC will then be evaluated, extrapolating findings on their personal, social, and emotional adjustment to motherhood. Finally, theoretical perspectives on trauma and parenting will be explored to elucidate this association. Potential areas for future research will be highlighted, which forms the conclusion of this review.

Throughout, the term 'adolescent mothers in care' has been used to purposefully distinguish between non-LAC teenage parents (referred to as 'teenage

parents' or 'teenage mothers'), and to maintain uniformity with existing research on AMC.

Contextual Overview

The following section presents a brief overview to contextualise risk and outcomes associated with teenage motherhood, being in care, and AMC.

Teenage Motherhood: A Societal Problem?

Negative social attitudes towards teenage pregnancy are pervasive (Wiggins, Rosato, Austerberry, Sawtell, & Oliver, 2005). In the past decade, social policy has sought to reduce teenage pregnancy through various initiatives (DoH, 2010). However, this has not been without controversy; such measures have been criticised for their role in fortifying negative perceptions towards teenage pregnancy (Arai, 2009) and excluding contributory psychological factors (Reder & Fitzpatrick, 2003).

Socioeconomic and Health Outcomes

Public and political interest in teenage parenthood has been justified on the grounds of adverse risks to the parent and child (Bonell, 2004). Notwithstanding the evident concern about government intervention, research has consistently linked teenage motherhood to low infant birth weight, greater prematurity and mortality

(Corcoran, 1998), and poor maternal physical and psychological health (Berrington et al., 2005).

Tensions arising from loss of independence, immaturity and ambivalence (Reder & Fitzpatrick, 2003) may contribute to the higher prevalence of postnatal depression in adolescent mothers (Ermisch, 2003; Corlyon & Stock, 2011). Furthermore, social adversity, characterised by lower educational attainment, lone parenting and low income, is increased in teenage mothers in adulthood (Coley & Chase-Lansdale, 1998).

Risks to Child

Teenage motherhood is associated with poorer educational attainment and poverty in their offspring (Berrington et al., 2005). Children of teenage parents are twice as likely to become teenage parents themselves (Ermish & Pevalin, 2003). Historically, increased risk of child maltreatment has been indicated (e.g. Boyer & Fine, 1992). However, this has been challenged by studies concluding that parenting age cannot solely predict poor child outcomes; additional factors, such as socioeconomic status and history of child maltreatment, contribute to increased risk (e.g. Jaffee, Caspi, Moffitt, Belsky, & Silva, 2001; Stevens-Simon et al., 2001). Nevertheless, teenage parenting is associated with less sensitive child interactions (Driscoll & Easterbrooks, 2007), harsh parenting (Lee, 2009), and parenting stress (Larson, 2004). High parenting stress is linked to child maltreatment (Rodriguez & Green, 1997).

Children in Care

A CIC is likely to have experienced multiple traumas pre-care, such as abuse, neglect, and loss (Golding, 2006). Placement instability and disrupted education are commonplace (Stein, 2006), contributing to their increased vulnerability to lower educational attainment (Department for Children, Schools and Families, 2010), homelessness (Cheung & Heath, 1994), involvement with the criminal justice system (Ogden, 1992), and mental health difficulties (Meltzer, Gatwood, Corbin, Goodman, & Ford, 2003).

In the UK, 'care leaver' is the legal definition of a child leaving the care system, aged between 16-21 (24 if in education) (DOH, 2000). For young people leaving care, transitions into adulthood can be challenging, isolating, and prematurely enforced (Dixon & Stein, 2005). Arguably, these are amongst the most marginalised young people in society (Stein, 2008a). Many may experience issues with identity and stigma (Stein, 2006); in particular, minority ethnic young people (Barn, 2008). Thus, the challenges faced by care leavers are vast.

Adolescent Mothers In Care

In addition to existing vulnerabilities, AMC are more likely to have their child removed into care (National Foster Care Association, 1997), have reduced social support (Haydon, 2003), and are at greater risk of social disadvantage (Chase & Knight, 2006), social exclusion and marginalisation (Callahan et al., 2005).

Unlike teenage parents, AMC are legally ‘parented’ by the local authority. Whether a corporate organisation can ‘parent’ has been questioned (Bullock, Courtney, Parker, Sinclair, & Thoburn, 2006). Nevertheless, the consequence for AMC may be greater expectation for ‘parenting success’ despite not having received adequate parenting themselves (Callahan et al., 2005). Punitive approaches, inadequate support, and repeated system failure from social care may exacerbate the gap between expectation and reality, where such structural inequalities weigh heavily against AMC’s capacity to parent (Dominelli, Strega, Callahan, & Rutman, 2005).

Experiences of Motherhood for AMC

Despite knowledge of the elevated risk of poor personal and parenting outcomes (e.g. Budd, Holdsworth, & HoganBruen, 2006), exacerbated by age-related factors, early trauma, socioeconomic disadvantage, and state reliance, research on the actual experiences of AMC is relatively scarce (Barn & Mantovani, 2007). The following section presents a review of the extant literature examining the experiences of AMC. 17 studies were identified and are discussed in relation to AMC views towards motherhood, socioeconomic adjustment, past trauma, and parenting stress (see Appendix 1 for search methodology).

Views Towards Motherhood

Research has consistently demonstrated AMC’s largely positive view of pregnancy and parenthood, which contrasts with the associated vulnerabilities and

risks previously outlined. A similar contrasting finding has been found in the wider teenage parent literature (e.g. Middleton, 2011).

Barn and Mantovini (2007) interviewed 9 AMC who described parenthood as a chance to curtail prevailing negative outcomes, and to provide love and continuity. The mothers reported their concerns about parenting ability given their poor parental models. The mothers' socio-emotional vulnerability was noted by the researchers, but not explicated, nor was its potential impact on parenting. The study's primary intention was to document the mothers' pre-care history, rather than explore experiences of motherhood, and so insight into their experiences was limited. Furthermore, although triangulation was used, the qualitative methodology employed was not stated, thus limiting the study's validity and comparability.

Chase, Knight, Warrick and Aggleton (2009) examined the experiences of 47 AMC using thematic analysis. Positive factors reflected feelings of pride and the ability to prevent negative outcomes. In contrast, postnatal depression and the perpetuation of abuse in domestically violent partner relationships were recurrent themes. However, the impact of these experiences on parenting and the mother-child relationship was not explored. Insufficient social support was also reported. While some mothers found re-connecting to their family of origin a positive outcome of parenthood, others had more negative attitudes.

Rolfe (2008) identified positive and ambivalent views towards motherhood in 33 AMC. A predominant theme, 'hardship and reward,' clearly reflected their contradictory experiences. Hardship was chiefly defined in physical terms, such as tiredness. The authors contended that 'motherhood' had become integral to the

mothers' identity. However, as group and individual interviews were utilised, respondent bias cannot be discounted, and therefore limits the validity of the study.

Strikingly, there has been little recognition in the literature of the emotional and psychological factors underlying the young mothers' reported experiences. Chase, Maxwell, Knight, and Aggleton (2006), Chase and Knight (2006), and Knight, Chase, and Aggleton (2006a) identified feelings of rejection, loneliness, and abandonment in the 47 AMC interviewed. Knight, Chase and Aggleton (2006b) suggested that motherhood provided these mothers with 'someone to love.'

Corlyon and McQuire (1997; 1999), in a public health funded study, interviewed 29 AMC (6 pregnant) and examined survey data from 212 LAC teenage parents and non-LAC adolescents. AMC perceived parenthood as an opportunity to be different from their own parents, which contrasted with non-LAC adolescents who reported more analogous child-rearing experiences and desires. Tensions were noted between AMC wanting external help but rejecting it, and their emotional need to be cared for yet wanting to prove themselves as parents. This study highlights some of the varying experiences of motherhood for AMC, and partially supports preliminary evidence elucidating the mothers' underlying emotional vulnerability. However, non-LAC adolescents represented a fairly disparate sample (many did not have children), thus limiting comparability. Also, as this was an epidemiological report, a theoretical understanding as to the impact of their past on their perceptions of parenthood is greatly limited.

Socioeconomic Adjustment

Dominelli et al. (2005), using grounded theory methodology, identified experiences of poverty, lone parenting, and limited financial and social resources in 11 AMC. The authors postulated that social constructions of ‘good parenting,’ predominantly based on the experiences of white-middle-class mothers, sought to further undermine AMC. That is, unachievable expectations of motherhood internalised by AMC, and society more generally, increased the probability of failure given AMC’s limited resources. Negative internalised views of ‘teenage parenthood’ further undermine them (Rolfe, 2008).

The complex and often conflicting relationship between AMC and social care has also been implicated in the existing research. Callahan et al. (2005) interviewed 11 AMC and reported reluctant help-seeking behaviour due to fear of externally perceived inadequacy and of the consequent removal of their children. Dominelli et al. (2005) described an oscillation between personal agency in motherhood and feelings of powerless and control by social care. Yet, contrastingly, Wade (2008) found inactivity from social workers augmented feelings of social isolation and parenting strain. Therefore, it seems that social care is perceived as both unhelpful by AMC, but also, at times, needed for support.

Impact of the Past

A discernible limitation of the existing literature is the scant consideration of how emotional and relational facets, linked to AMC’s past, directly affect their experience

of motherhood. Pryce and Samuels' (2010) phenomenological exploration of 15 AMC identified motherhood as providing purpose and identity, as well as eliciting pain, low value and confusion, triggered by memories of their inadequate experiences of being parented.

The authors contended that while motherhood has healing potential, assertions to be 'different' from their parents may be constrained by their past, where feelings of low-worth had become embodied in their self-concept. This, in addition to the summative environmental factors, makes 'breaking the cycle' an extremely challenging task. Thus, despite reported positive experiences, this alone may be insufficient to eradicate poor mother-child outcomes.

The marked significance of this study is its maturation of the existing literature to reflect the emotional complexity of motherhood for AMC in the context of their early trauma. Yet, despite this, there are evident limitations. Importantly, the study does not address how emotional vulnerability impacts on the mothers' interactions and relationships with their children. Thus, the mechanisms by which some mothers are able to eradicate the constraints of their past, while others remain stuck, is little understood.

Maxwell, Proctor and Hammond (2011), in a phenomenological examination of 6 AMC, identified 4 dyadic and polar positions that the mothers oscillated between in their experiences of motherhood. The shift between 'ideal,' 'positive,' and 'external world wanted,' to 'limited reality', 'vulnerability' and 'external world destabilising', supplemented the concept of renewal and risk on an environmental and emotional level. Conflict in the mothers' experiences with their children was also identified, where some mothers moved between 'identifying' with their child, to feeling 'taken

over' by them. The authors argued that while some of these experiences are not unique to AMC, maternal feelings of maltreatment, rejection, and loss might adversely influence how the mothers perceive their children. However, the small sample size and solely white British sample limits generalizability.

Parenting Stress

Budd, Heilman and Kane (2000) investigated psychosocial correlates of child maltreatment in 75 AMC. Emotional distress, dissatisfaction with social support, and low educational achievement correlated to elevated risk of child maltreatment. The range between AMC variable scores reflects the heterogeneity of this population, and implies that the mothers' diverse psychosocial experiences may modify parenting risk.

Felix, Kelly, Poindexter, and Budd (2003) investigated the psychosocial correlates of parenting stress amongst AMC, and found significant levels of parenting distress. Furthermore, increased parenting stress, less satisfactory parent-child interactions, increased depression and role restriction were found amongst AMC who themselves had teenage parents.

Budd et al. (2006) examined 49 AMC to determine whether parenting and personal adjustment variables predicted parenting stress. Only 'unrealistic expectations of normative child development' was significantly associated with parenting stress, which may relate to teenage parenthood generally. Descriptively, AMC also demonstrated high levels of self-reported parenting abuse risk (as measured on the Child Abuse Potential Inventory (Milner, 1986)), and poor quality parent-child interactions.

These studies support the notion that parenting stress may be heightened in AMC. Notably, it suggests that poor parenting is not pre-determined by care history, and that multiple factors, such as degree of social support, education and parenting stress, may influence how parenting is experienced. However, due to the studies' correlational design, causality cannot be ascertained. Quantitative measures of parenting stress, such as the Parent Stress Index-Short Form (Abidin, 1990) were not normed on an adolescent or AMC population, which questions its validity. Lack of comparison control groups further limits generalizability. Nevertheless, it does indicate particular areas of parenting experience and interaction that may be challenging for AMC.

Summary

The extant literature clearly illustrates some of the complexities of motherhood for AMC. Motherhood appears to offer opportunity for renewal and change, by facilitating a more positive life course and alternate identity; yet, may concurrently heighten socioeconomic and emotional vulnerability and risk.

However, there are a number of limitations that weaken the findings. Firstly, the principal focus for the majority of the reviewed studies' was risk of teenage pregnancy, rather than experiences of parenthood. Therefore, little is known about the mothers' everyday experiences with their child. Many studies utilised a mixed-sample that included pregnant adolescents. Inferences should be made with caution, as it is possible that, in some cases, the findings reflect predicted rather than actual experience, thus undermining meaningful comparability.

Some studies are based on US samples, compromising generalizability to a UK population with differences in state welfare and demographics. Notably, several studies used the same sample of AMC, thus contracting the total number of participants studied. Furthermore, small sample size, self-selection, and, at times, vague methodology in some studies further limit generalizability and interpretation.

Therefore, despite growing recognition of AMC, there are evident gaps in the literature. To date, no study has generated a specific theoretical conceptualisation as to how AMC experience their children, and how this may be affected by their past. It is reasonable to predict that trauma history and experiences of inadequate caregiving, may influence AMC's parenting. In order to explore this further, it is necessary to scrutinize the wider spectrum of theoretical and empirical literature on childhood trauma, parenting and the mother-child relationship.

Theoretical Perspectives: Trauma and parenthood

Studies illustrating the main conceptual frameworks relevant to AMC will be discussed. It is not within the scope of this paper to present a comprehensive review of the mother-infant trauma literature. Psychoanalytic, attachment, systemic, mentalization, and neurobiology literature are all outlined.

Psychoanalytic Theory

Perhaps the most formative psychoanalytic study on mother-infant relationship trauma is Fraiberg, Adelson, & Shapiro (1975). The researchers posit that when early

traumatic pain is repressed and unprocessed, parental identification with the past aggressor can occur (Freud, 1936). This defence mechanism means the traumatised parent takes on the role of the abuser as a way of blocking an intolerable “psychic reality” (Lanyado, 2010) and gain control over the past (Fonagy and Allison, 2012). It is this unconscious and dynamic process that facilitates repetitive patterns of maltreatment.

Within Fraiberg et al.’s (1975) presented case studies, maltreatment is characterised as maternal insensitivity and risk of harm. Yet, critically, the authors concede that it is not inevitable, and trauma history is not enough to prevent renewal in motherhood. Rather, it is the additional, unconscious, intrapersonal psychological experiences that the mother has not been able to bring to conscious awareness that affect parenting outcomes.

Fortifying this contention, Schumacher (2008) suggests that ‘pathological motherhood’ is caused by unconscious psychological drives to eradicate early trauma. Despite fantasies of ideal motherhood, these mothers are unable to tolerate unbearable and ambivalent feelings towards their own mother and themselves. Feelings of helplessness, abandonment, or fear, linked to past trauma, become projected into present relationships, with little distinction between past and present (Klein, 1946). This serves to compound rather than assimilate early trauma in their relationship with their child, and to history repeating (Schumacher, 2008).

In summary, psychoanalytic theory suggests that the impact of childhood trauma on the mother-infant relationship is mediated by the severity (and lack of resolution of) unconscious intra-psychic conflicts within the mother, which in turn affect the mother-infant relationship. It is this failure to resolve past trauma that allows history

to repeat. The implication for AMC is that conscious assertions to be ‘good mothers’ may be compromised by their underlying intra-psychic experience, and the ‘unconscious pressure’ for unresolved, early traumatic experiences to be repeated (Lanyado, 2010). However, as psychoanalytic theory is predominantly derived from illustrative case studies, generalizability is compromised. Furthermore, it has been criticised for insufficiently explicating the link between past and present trauma (Fonagy, Steele, Moran, Steele, & Higgitt, 1993).

The Intergenerational Transmission of Child Abuse Hypothesis

The intergenerational transmission hypothesis refers to the successive generational repetition of neglect and abuse (Kaufman & Zigler, 1989). Historically, numerous studies have attempted to empirically validate this hypothesis (e.g. Egeland & Jacobvitz, 1984). It is probable that mechanisms akin to psychoanalytic conceptualizations underlie the repetition of child abuse found in these studies, such as ‘identification with the aggressor’ (e.g. Green, 1998). However, deficient methodological rigour, namely problematic sampling and definitions and measures of abuse, compromise the findings; thus, little substantiation exists for the direct intergenerational transmission of child abuse (Kaufman & Zigler, 1989). Applied to AMC, child maltreatment cannot be causally determined from parental history alone.

Nevertheless, increased parenting difficulties amongst maltreated adolescent mothers have been identified, such as, reduced enjoyment of parent-infant interactions (Milan, Lewis, Ethier, Kershaw, & Ickovics, 2004) and risk of child maltreatment (e.g. Budd et al., 2000). Despite these studies' methodological limitations, particularly

lack of meaningful control groups, they highlight the potential impact of childhood trauma on parenting.

More recently, the intergenerational transmission hypothesis has evolved within an attachment theoretical framework (Schwerdtfeger & Goff, 2007). Rather than the direct transmission of child abuse, intergenerational transmission refers to the continuities of attachment patterns between parents and their infants (Zeaneah & Zeaneah, 1989).

Attachment Theory

Attachment refers to the innate propensity of the infant's bond to its mother (Bowlby, 1969). Mental representations of this early relationship, via an internal working model (IWM), are argued to predict later psychosocial functioning (Bowlby, 1979; 1988). There is considerable evidence for attachment security classifications (Ainsworth, Blehar, Waters, & Wall, 1978; Crittenden, 2005; Main & Solomon, 1990), the impact of maltreatment on attachment (e.g. Crittenden & Ainsworth, 1989), and the stability of infant attachment representations into adulthood (e.g. Main, Hesse, & Kaplan, 2005). However, early studies on the long-term continuities of attachment security have been criticised for utilising small, low-risk samples and excluding disorganised attachment patterns (Morton & Browne, 1998). Later studies have indicated that discontinuities in attachment patterns can occur with major environmental and parent-child relationship change (e.g. Weinfield, Whaley, & Egeland, 2004).

Research has demonstrated the predictive associations (approx. 75%) of maternal representations of attachment, as measured on the Adult Attachment Interview (AAI), to infant-attachment (Fonagy et al., 1993; Fonagy, Steele, & Steele, 1991; Van Ijzendoorn, 1995). In maltreated mothers, disorganised attachment has been directly linked to disorganised attachment in their offspring (Hesse & Main, 2000).

As the attachment literature has progressed, so have attempts to explicate attachment transmission. One hypothesis is that maternal sensitivity, which is reduced in maltreated parents, transmits adult attachment security to the child (e.g. Critenden & Bonvillian, 1984; Lyons-Ruth, Connell, Zoll, & Stahl, 1987). However, maternal sensitivity has not been validated as a primary determinant of attachment transmission (De Wolff & Van Ijzendoorn, 1997).

The unresolved trauma represented in one's mental state of mind that affects adjustment to parenting, interactive parenting behaviour and parental sensitivity, has also been suggested as an attachment transmitter (Leon, Jacobvitz, & Hazen, 2004). Parents with a disorganised attachment have been shown to display frightening (Main & Hesse, 1990) and disruptive behaviours (Lyons-Ruth, Bronfman, & Parsons, 1999). Links between unresolved attachment and trauma history has been identified in maltreated adolescent mothers (Bailey, Moran, & Pederson, 2007). However, meta-analyses have found the mental state link tentative and to only partially explain transmission between parent and child attachment style (e.g. Madigan et al., 2006).

Mentalization Concept

More recently, theorists and researchers have specifically focused on the parents' ability to 'mentalize' as a predictor of attachment transmission (Sharp & Fonagy, 2008). Mentalization is the capacity to reflect and interpret the internal mental state of the self and other and ascribe it to predict behaviour (Fonagy & Allison, 2012). Within the mother-infant dyad, it also refers to the parents' capacity to perceive the child as a separate intentional being, with needs, desires and intentions (Fonagy & Target, 2005). This enables the parent to provide safety and comfort to the child (Slade, Grienberger, Bernbach, Levy, & Locker, 2005).

Parental mentalizing cultivates mentalizing ability in the child (Fonagy, Steele, Steele, & Holder, 1997), which is critical for the development of self-awareness (Fonagy et al. 1991), emotion-regulation and a coherent sense of self (Fonagy, Target, Gergely & Jurist, 2001). The interactional narratives of highly mentalising mothers have been linked to secure mother-infant attachment (e.g. Meins, Fernyhough, Fradley, & Tuckey, 2001). In maltreated mothers, mentalizing may be reduced (Fonagy, Gergely, & Target, 2007), particularly under high stress (Greenberger, Kelly, & Slade, 2005). This is significant given the link between AMC and parenting stress (e.g. Felix et al., 2003). Thus, in maltreated mothers, reduced mentalizing can affect mother-infant relationship quality.

Parental mentalizing has been operationalized within several different but overlapping constructs (see Sharp and Fonagy (2008) for a comprehensive review). 'Reflective functioning' refers to the parents' ability to mentalize in the context of the attachment relationship (Slade, 2005). Highly reflective mothers demonstrate better

quality interactions with their children (Greenberger et al., 2005). Reflection enables appropriate behavioural responsiveness to the infant's distress, which in turn facilitates attachment (Fonagy & Target, 2005). Low maternal reflectiveness is associated with disorganised attachment behaviours, such as hostile or frightening behaviour (Greenberger et al., 2005). These findings indicate that reduced mentalizing capacity can affect attachment and parental behaviour.

'Maternal mindmindness' (MM) refers to the parent's ability to recognise the child's autonomous mind (Meins, 1997). However, the concept of MM has been criticised for inadequately capturing the complex and dynamic interplay of mental states (Fonagy & Target, 2005). Nevertheless, heightened MM has been linked to mother-infant attachment security in adult and adolescent mothers (Demers, Bernier, Tarabulsky, & Provost, 2010).

Mentalization also has strong conceptual foundations in the neurobiological effects of early experience (Jurist, Slade, & Bergner, 2008). Fonagy, Luyten, and Strathearn (2011) suggests that early attachment stimulates cortisol and oxytocin (hormone) secretion linked to the infant's ability to manage stress arousal, affect-regulation and sensitivity to social cues. These self-regulatory capacities are supposed to be fundamental to the ability to read and predict the mental states of the self and other. Thus, the supposition is that one's early attachment experiences (via sensitive parenting) affect one's biological, social and emotion-regulatory functioning, and, in turn, mentalization.

Neurobiology and Trauma

There is a growing body of research demonstrating the long-term effects of child maltreatment on the brain. However, direct neural pathways affecting parent-infant relationship functioning are little known, and much of the empirical research is based on non-human as well as human studies (McCory, De Britto, & Viding, 2010). For a comprehensive review see McCory et al. (2010) and Fonagy et al. (2011).

There is strong evidence suggesting that child maltreatment can alter the stress response in the brain, activating the Hypothalamic-Pituitary-Adrenal Axis, which regulates the stress hormone cortisol (Glaser, 2000; Tarullo & Gunmar, 2006). Prolonged exposure to early stress can impair one's ability to tolerate stress in adulthood (Gerdthardt, 2004). Glaser (2006) contends that increased stress reactivity from childhood trauma has long-lasting effects on adult functioning, activating a heightened stress-reaction to everyday stressors. Thus, maltreated parents may be biologically vulnerable to heightened stress. This arousal links to impaired mentalizing ability (under conditions of parental stress).

Prolonged exposure to stress can cause atypical development of core brain structures including the hippocampus, amygdala, corpus callosum, and prefrontal cortex (McCory et al., 2010). These structures effectively operate memory, emotion-regulation, behaviour, and higher cognitive processing functioning. While sensitive caregiving buffers an increased stress response (e.g. Albers, Marianne Risken-Walrave, Sweep, & Weerth, 2008), impairment is linked to psychological and social problems in adulthood (e.g. Cirulli et al., 2009). Thus, it is possible that childhood maltreatment adversely affects one's ability to regulate stress, emotion and behaviour,

which may in turn affect the parent's capacity to mentalize and subsequent relationship with their child. Moreover, stress activation from early trauma has been linked to maternal attachment representations and mentalization (Fonagy et al., 2011), and prolonged high stress can effectively impair mentalizing (Luyten, Fonagy, Lowyck, & Vermote, 2012).

Family Systems Theory

Repetitive parent-child relationships occur when unconscious expectations exert pressure for family members to take on particular roles (Byng-Hall, 1995). For maltreated parents, parental scripts of inadequate caregiving may become re-enacted with their own children (Byng-Hall, 2002). This is most prevalent in the context of heightened affect, conflict, or parental need for care (Byng-Hall, 2008). While one's 'corrective scripts' to parent differently may facilitate change, this can be dysfunctional and maladaptive, as tension may arise between one's conscious desires and the unconscious power of the past repeating (Byng-Hall, 2002). Thus, for AMC 'correcting' the past is a possible but highly complex and challenging task, influenced by conscious and unconscious psychological mechanisms.

What may mitigate the effects of early trauma?

Resilience has been defined as a competence to 'overcome the odds' in the face of adversity (Stein, 2008b). The operationalization of resilience is far from lucid, and has stimulated considerable debate in relation to CIC (Schofield & Beek, 2005).

Research specific to CIC is limited (Stein, 2005). However, extrapolating from research on children more generally, there may be multiple determinants of resilience, encompassing individual, social, and cultural factors. For example, secure attachment to at least one adult, positive school and peer experience, higher childhood IQ (Rutter, Giller, & Hagellm 1998), strong social support networks, and the capacity to reframe adversities has been highlighted (Newman, 2004; Newman & Blackburn, 2002).

Yet, the difficulties encountered by CIC, including disrupted attachment and quality of care, compromises resilience (Stein, 2008). Varying experiences may determine whether a care leaver ‘survives’, ‘moves on,’ or becomes a ‘victim’ to early disadvantage, where greater disadvantage reduces the probability of resilience (Stein, 2008). Whether these signify distinct categories or a progressive continuum is not clear. Nonetheless, resilience offers a valuable conceptual framework to consider how some young people may function successfully despite early trauma and adversity, and escape the inevitability of the past predicting the future.

Summary

Despite the seeming epistemological distinctions between the presented theoretical models, particularly the role of unconscious and inter- or intra-personal dynamic processes, there are also striking similarities (Steele & Steele, 1998).

Psychoanalytic theory proposes that internal representations of a traumatising parent may become unconsciously re-enacted, resulting in repeating parental behaviours (Renk, Roddenberry, & Oliveros, 2004). Repression defensively suppresses affective trauma memories, leading to identification with the aggressor

rather than the vulnerable child (Renk et al., 2004). Consequently, the parent may misinterpret their child's signals for comfort, and respond in a way that is angry, frightening, or unresponsive (Lieberman, Padron, Van Horn, & Harris, 2005).

Although attachment theory draws on cognitive and behavioural facets, the internal working model (IWM) has marked similarities to psychoanalytic object relations theories of an internal object (Renk et al., 2004). It proposes that a parent's mental representations of early caregiving govern how situations may be experienced (Steele & Steele, 1998), influencing interpretation of the child's behaviour and triggering repeating parental interactions (Renk et al., 2004). Thus, the common features of repetition are parental representations of early experiences via an IWM or internal objects. This commonality is further reinforced by the link between parental unresolved mourning of past trauma on the AAI and disorganised attachment in offspring (e.g. Ainsworth & Eichberg, 1991; Fonagy et al., 1991).

Psychoanalytic theory suggests that breaking the repetitive cycle occurs when the parent is able to emotionally process childhood emotive states and integrate past experiences (Lieberman et al., 2005). Attachment theory suggests that the exploration of IWMs facilitates the development of alternative self-representations (Renk et al., 2004).

Mentalization builds on both psychoanalytic and attachment theory to bridge the 'transmission gap'. When there are '*ghosts in the nursery*' (Fraiberg et al., 1975), the mothers' projections are inseparable from her present, preventing her from treating the child as a separate identity and responding adaptively to the child's unique needs. These projective processes are particularly heightened during periods of high stress (Lieberman et al., 2005). Similarly, in studies of attachment, the parent's

representations of the past and heightened sensitivity to stress inhibit mentalizing, and the capacity to sensitively attune and interact with their child (Fonagy & Target, 1997).

In juxtaposition, ‘family scripts’ assumes both conscious and unconscious mechanisms, further bridging psychoanalytic and attachment theories. Role maintenance is similar to an IWM, whereby early mental representations of parent and child roles predispose parents to re-enact them with their children (Renk et al., 2004). The difficulty parents experience overriding conscious scripts may reflect unconscious internal pressures to repeat the past (Renk et al., 2004).

Eliciting the commonalities between these theories provides a rich and powerful theoretical base to begin conceptualising how AMC might experience parenting. However, given the uniqueness of this population, there is a strong rationale for specific theory-generation identifying the mechanisms influencing AMC parenting experiences, which remain largely unknown.

Summary and Future Directions

This review outlines the experiences and challenges faced by AMC as a distinct group of young mothers. The existing literature highlights the complexity of their experience, rejecting simple linear explanations of heightened risk due to age and trauma history, and demonstrating varied experiences of adjustment, meaning and value towards motherhood, as well as cumulative risks posed by socioeconomic and emotional disadvantage.

Nevertheless, the literature is sparse, the focus of which is predominantly on vulnerability to pregnancy. Consequently, knowledge of how parenting and experience of their children may be affected by their past is minimal; in particular, the everyday parenting challenges they face.

Psychological theory posits that repetitive patterns of trauma can and do occur. Identification of the internal representational processes affecting parenting behaviour is fundamental to breaking destructive cyclical patterns. Thus, a deeper understanding of AMC's parenting experiences is imperative to facilitate change and provide better outcomes.

In summary, the following areas for future research have been identified:

1. Exploration of the particular aspects of parenting that AMC find challenging.
2. Generating a specific conceptual framework as to how AMC experience the everyday tasks of parenting. Identifying underlying processes would provide valuable information as to possible interventions to develop existing resiliencies.
3. An exploration of how stigma, societal discourses, and social resources contribute to AMC experiences of parenting.

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Section B:

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Abstract

Adolescent mothers in care are a unique and complex group of mothers who have received little recognition in the existing literature. This study aimed to understand the psychological processes, linked to their experience as care leavers, which influence their everyday experiences and interactions with their child. Thirteen mothers were interviewed, who were teenagers when their child was born, and had been looked after within the UK care system. The data was analysed using grounded theory methodology. Nine major categories were co-constructed from participant narratives and a theoretical model developed. A number of internal and external processes were suggested to mediate the link between their past and present experience, and their relationship and interaction with their children. These internal processes reflected motherhood as facilitating a necessary bond to their child and creating opportunity to change; yet, also represented their fluctuating self-concept, emotional experiences and connections to their past. The external processes were experienced as destabilising, undermining their internal experiences and challenging their experiences and interactions with their child. Social support lessened but did not eradicate the impact of this. The findings are considered in relation to existing theory and research, and the clinical implications and directions for future research are outlined.

Keywords: adolescent mothers, care, care leavers, looked after

Introduction

Adolescent mothers in care are a high-risk population who face the considerable challenge of managing the trauma of their past in their current role as parents.

However, little is known about their particular experiences of parenting (Callahan, Rutman, Strega, & Dominelli, 2005). In England and Wales 31,051 under-18 conceptions were reported in 2011 (Office for National Statistics, 2013). In the same year, 350 adolescents in care were mothers (Department for Education, 2011).

Although, comparatively a smaller sample, adolescent females in care are twice as likely to become mothers than non-looked after teenagers (Department for Education and Skills, 2005), and are more likely to have their child removed into care (National Foster Care Association, 1997).

Adolescence and Parenthood

Adolescence is a key stage in identity formation; typically, adolescents oscillate between identity confusion and identity formation (Marcia, 1980). This process has been observed across western cultures (Berzonsky, Macek, & Nurmi, 2003), and may include integration of ethnic identity (Phinney, 1990). For care leavers, childhood trauma can fragment identity and make this normative process complex (Barn, Andrew, & Mantovini, 2005; Kroger, 1996).

Adolescent parenthood has been linked to multiple adverse outcomes, including low infant birth weight, prematurity and death, poor maternal physical and psychological health, and socioeconomic adversity (Corlyon & Stock, 2011).

Children of teenage parents are also at risk of harsh parenting and child maltreatment (Boyer & Fine, 1992; Lee, 2009).

Additional Challenges Faced by Adolescent Mothers in Care

In addition to age-related outcomes, adolescent mothers in care are also contending with the weight of multiple traumas. Care leavers are at increased risk of lower educational attainment, social adversity and isolation, and mental health problems (Stein, 2006), and issues related to stigma and marginalization (Stein, 2006). These individual and social factors are exacerbated by the young mothers' position in the care system. Structural inequalities, such as increased intrusion, scrutiny and expectation, paralleled by inadequate support and repeated system failure from social care, may further undermine their capacity to parent (e.g. Callahan et al., 2005).

Experiences of motherhood: Adolescent Mothers in Care

Much of the existing research has depicted the young mothers' positive reports of motherhood as providing love and stability, a chance to curtail negative life courses, and form alternative identities defined by their new role as mothers, unconstrained by their past (e.g. Barn & Mantovini, 2007; Chase, Knight, Warrick & Aggleton, 2009; Pryce & Samuels, 2010). These narratives play a significant role in negating negative social discourses (Rolfe, 2008). However, the complexity of their experience should not be overlooked. Amidst these positive reports, are experiences of domestically abusive relationships, postnatal depression, financial hardship, powerlessness, and

reduced social support, conveying some of the many challenges they may face (e.g. Chase et al., 2009; Rolfe, 2008). Internalised societal norms of 'good parenting' may further reinforce the mothers' sense of failure (Dominelli, Strega, Callahan, & Rutman, 2005).

Despite early experience of trauma, few studies have considered the relational and emotional facets of the mothers' traumatic past on their experience of parenting. This is surprising given the substantial body of research connecting poor mother-child relations to later child and adult psychopathology (e.g. Fonagy, 2001). Recent studies have indicated that, for these young mothers, motherhood may be a dual task of healing and risk. Pryce and Samuel (2010) contend that while motherhood may, in part, be a restorative process, memories of pain and low self-worth remain embedded in their self-concept. Maxwell, Proctor, and Hammond (2011) found that the mothers' oscillated between polarised extremes of motherhood as idealised, to experiencing emotional vulnerability and struggles with identity. Although these studies are critical steps towards conceptualising the complexity of parenthood for these mothers', the influence of their internal world on how they parent their children remains little understood.

Research has found that parenting stress - linked to child maltreatment - is heightened amongst maltreated mothers (Felix, Kelly, Poindexter, & Budd, 2003; Reder & Fitzpatrick, 2003), as is child abuse risk (Budd, Heilman, & Kane, 2000), and less positive parent-infant interactions (Milan, Lewis, Ethier, Kershaw, & Ickovics, 2004). However, the link between childhood trauma and abuse is far from clear. Approximately two thirds of traumatised parents do not go on to abuse their child (Kaufman & Zigler, 1989), and, a third of these remain vulnerable to risk of

abuse (Oliver, 1993). Understanding why some mothers manage to ‘break the cycle’ and others do not is imperative to facilitate change.

Theoretical Perspectives: The Impact of Trauma on Parenting

Existing theory and research can offer some insight into this, outlining biological and psychological mechanisms in the repetition of trauma. Psychoanalytic theory highlights the role of intrapsychic processes in the repetition of trauma in successive generations (Schumacher, 2008). When psychic pain is unprocessed, the ‘*ghosts in the nursery*,’ or memories of pain, are frequently enacted in the present (Fraiberg, Adeleson, & Shapiro, 1975). In order to gain mastery over these intolerable emotions, the parent may ‘identify with the aggressor’ (Freud, 1936; Fraiberg et al., 1975; Lanyado, 2010).

Attachment theory emphasises the role of mental representations of early caregiving in parents’ interpretation and response to their child, which guides attachment security (Bowlby, 1988; Renk, Roddenberry, & Oliveros, 2004; Steele & Steele, 1998). Mothers with disorganised attachments are more likely to have children with disorganised attachments (e.g. Hesse & Main, 2000). Disorganised attachment is the most prevalent pattern amongst children in care (Schoore, 2003). Therefore, repeating attachment patterns may govern repeated cycles of problematic parenting.

Developments within earlier psychoanalytic and attachment thinking have indicated that the parents’ capacity to mentalize (reflect on self and other mental states and distinguish their child as a separate intentional mind), may explicate the link mediating the repetition of trauma via continuities in attachment patterns (Fonagy &

Target, 2005). Mentalizing capacity is reduced in maltreated mothers, particularly under high stress (Fonagy, Gergely, & Target, 2007; Greenberger, Kelly, & Slade, 2005). Given the links between high stress and child maltreatment, and the increased rates of parenting stress amongst traumatised parents, this is particularly pertinent (Felix et al., 2003; Reder, 2003). A significant contributory factor to this mentalizing deficit is the neurobiological effects of trauma on the brain. Research has shown that childhood maltreatment activates stress hormones; prolonged exposure to stress stimulates cortisol and serotonin secretion that adversely affect mentalizing ability (Fonagy, Luyten, & Strathearn, 2011). In turn, parental mentalizing facilitates mentalizing capacity in one's child, enabling the repetition of generational patterns (Fonagy, Steele, Steele, & Holder, 1997).

From a systemic and attachment theoretical framework, the concept of 'replicative family scripts' indicates that parents' conscious desires to correct their past, and parent differently from their own, may be insufficient to override powerful unconscious pressures to re-enact past parental roles and behaviours with their own children (Byng-Hall, 1995). These repeating 'scripts' serve to maintain patterns of poor parenting.

Nevertheless, the question remains; how do some parents who have experienced the "full gamut of childhood horrors...not inflict their pain upon their children?" (Fraiberg et al., 1975, p. 390). One explanation is the concept of resilience. Resilience is the ability to overcome the odds, relative to risk experiences, which develops over time (Rutter, 1999; Stein, 2005). Although resilience can be compromised in traumatised children (Stein, 2008), factors such as strong social and peer support, high

IQ, and at least one positive attachment figure, can facilitate adaptive responses to early trauma (Rutter, Giller, & Hagell, 1998).

Rationale for Study

The extant literature on these young mothers' particular experiences of motherhood is sparse, and lacks a cohesive theoretical understanding. Although the trauma and parenting literature is vast, drawing reliable inferences from this to determine their parenting capacity is not yet possible. Not enough is known about this complex group of mothers to conceptualise the psychological processes influencing how they relate, experience and interact with their children.

Maxwell et al.'s (2011) phenomenological study examined narratives of motherhood in adolescent mothers who have been in care, emphasising the influence of internal and social factors on their experience. However, as yet, no study has explicitly examined the influence of their past on their everyday experiences with their children. The present study intends to build on Maxwell et al.'s (2011) preliminary findings, focusing on the psychological processes underlying how these mothers experience and relate to their children in the context of their past and current circumstances. A qualitative approach incorporating theory development will generate knowledge specific to the experience of these young mothers, in the hope of furthering clinical practice and intervention.

Research Questions

The present study aimed to investigate the following questions:

1. What psychological processes influence how adolescent mothers in care experience motherhood and their children?
2. How do these processes influence their everyday experiences and interactions with their children?

Method

Participants

Participants comprised 13 mothers aged 18-20 years, who were teenagers (17-19 years) when their first child was born, and had at least one child aged 8 months-3 years. None were currently undergoing care proceedings. All the mothers had been in care; however, the length of time and age taken into care varied. Reasons for going into care included: neglect, physical and emotional abuse, and family breakdown. See Appendix 4 for full demographic information.

Ethical Considerations

This study was approved by the Social Care Research and Ethics Committee (SCREC) (Appendix 5), and complied with the British Psychological Society's (BPS) (2010) code of human research ethics. Permission to re-use Maxwell et al.'s (2011) data was obtained, and approved by SCREC. The decision to re-use the data was based on several factors: given the small population it increased utility, and, ethically, it kept to a minimum the number of vulnerable mothers interviewed. The current study extends Maxwell et al.'s (2011) preliminary findings and it is methodologically valid to use any relevant narrative data in the process of theory generation (Charmaz, 2006).

Design

This study employed a non-experimental, qualitative design using a semi-structured interview schedule, with open-ended questions to establish rapport, allow flexibility to follow participant leads, and facilitate rich data. This was in line with grounded theory methodology (Charmaz, 2008).

Measures

Interview topics were constructed from the re-analysis of Maxwell et al.'s (2011) data. Interview questions were designed to refine 'provisional analytic categories' (Charmaz, 2006). With permission from the authors, some questions from the Parent Development Interview (PDI) (Slade, Aber, Berger, Bresgi, & Kaplan, 2004) (Appendix 6) were selected based on relevance to key topics of exploration, such as experiences of their children and perceptions as to how their parenting may be influenced by the past. Selectively using PDI questions in addition to generated questions follows the grounded theory approach, which states that any question that is exploratory, yet directed at expanding initial themes can be utilised (Charmaz, 2006). See Appendix 7 for full interview schedule.

Procedure

This study consisted of two stages. The preliminary stage involved newly analysing 6 participant interviews from Maxwell et al. (2011), using grounded theory methodology. The second stage involved conducting a further 7 participant interviews, following a line of enquiry generated from the first stage of analysis, in a process of theoretical sampling. The researcher contacted local social care departments. Social workers identified and contacted the mothers. An information sheet (with study rationale and process of participation) was sent out or given directly to participants (Appendix 8). Participants gave permission for the researcher to contact them directly to arrange the interview. All participants chose to be interviewed at home. An initial meeting was arranged where participants were reminded of the study details, given the opportunity to ask questions, and informed consent was obtained (Appendix 9). At a second meeting, participants took part in an interview lasting 45-80 minutes. A debriefing followed each interview (in line with the BPS (2010) guidelines) and where required, information about local support services was provided. All participants received a £10 gift voucher.

Data Analysis

All interviews were audiotaped, transcribed and analysed using constructivist grounded theory, which accentuates the interaction between the participant and researcher in the subjective co-construction of meaning, and allows the researcher to systematically analyse the data (Chamaz, 2006; Pigeon & Henwood, 2003). Grounded theory was selected because it facilitates a process of ‘inductive theory generation’ (Charmaz, 2008), and considers the psychological processes underlying complex

phenomena (Charmaz, 2006). This is particularly pertinent given the paucity of literature on adolescent mothers in care. It was felt that this method would facilitate systematic deconstruction of their complex experience, and generate a theory grounded in their experience and context.

The process of moving between raw data and theory generation followed several stages (Charmaz, 2006):

1. Line-by-line or incident coding allows the researcher to immerse oneself in the data and adopt an analytical stance.
2. Focused coding involves selecting the most frequent / significant codes and re-coding the data at a more conceptual level. This stage (and subsequent coding stages) follows a 'constant comparison method,' where within-data and data-code comparison occurs.
3. Theoretical coding is a process in which salient codes are raised into conceptual categories, and the relationship between codes established, using memo writing and diagramming (Appendix 10). The first 6 interviews were analysed in this format.
4. Theoretical sampling is a process of gathering more data to expand and refine emerging (but tentative) categories.
5. The following 5 interviews were analysed using focused coding, memo writing, diagramming, and constant comparison to allow the categories and their properties to be defined, and facilitate theory generation (Appendix 11).
6. A further 2 interviews were conducted to refine and clarify categories and test emerging theory. No new examples of data to expand the categories were found, which is known as 'saturation.'

Quality Assurance

A number of processes were followed to increase the validity of the findings based on Yardley's (2008) guidelines (Appendix 13). The researcher completed a bracketing interview with a colleague (Appendix 14). Bracketing is a systematic process that facilitates reflexivity by increasing sensitivity to how one may influence the data (e.g. assumptions and expectations) (Ahern, 1999). Bracketing can minimise potential bias (Ahern, 1999) and increase the credibility of findings (Mays & Pope, 2000). The researcher also kept a reflective diary throughout to further increase reflexivity (Appendix 15).

Quotations from participant data were used to exemplify categories in the results section and enhance the credibility of findings (Hill et al., 2005). Research supervisors were consulted at each stage of the analytic process, and coding and theory generation were compared and crosschecked. Where disagreement occurred, discussions ensued until agreement was met. A colleague of the researcher also read a section of a coded transcript, and no disagreement was found. 'Disconfirming' cases were actively looked for in the data. Theoretical sampling tightens emerging categories closer to the data; thus, increasing the strength and validity of the developed theory (Charmaz, 2006).

Results

Nine major categories were identified. These categories, sub-categories and focused codes are listed in Appendix 16. In this section, each major category, sub-category and its theoretical links will be explored in turn.

Figure 1 (below) outlines a conceptual model of the psychological processes, arising from the young mothers' past experiences that influence how they experience and interact with their children. These internal and external influences were found to mediate participants' experience and interactions with their children. The categories are not necessarily mutually exclusive. The categories are interactional, dynamic, and fluid, illustrated by the dotted lines and directional arrows. The categories seek to capture the continuum of participant experience.

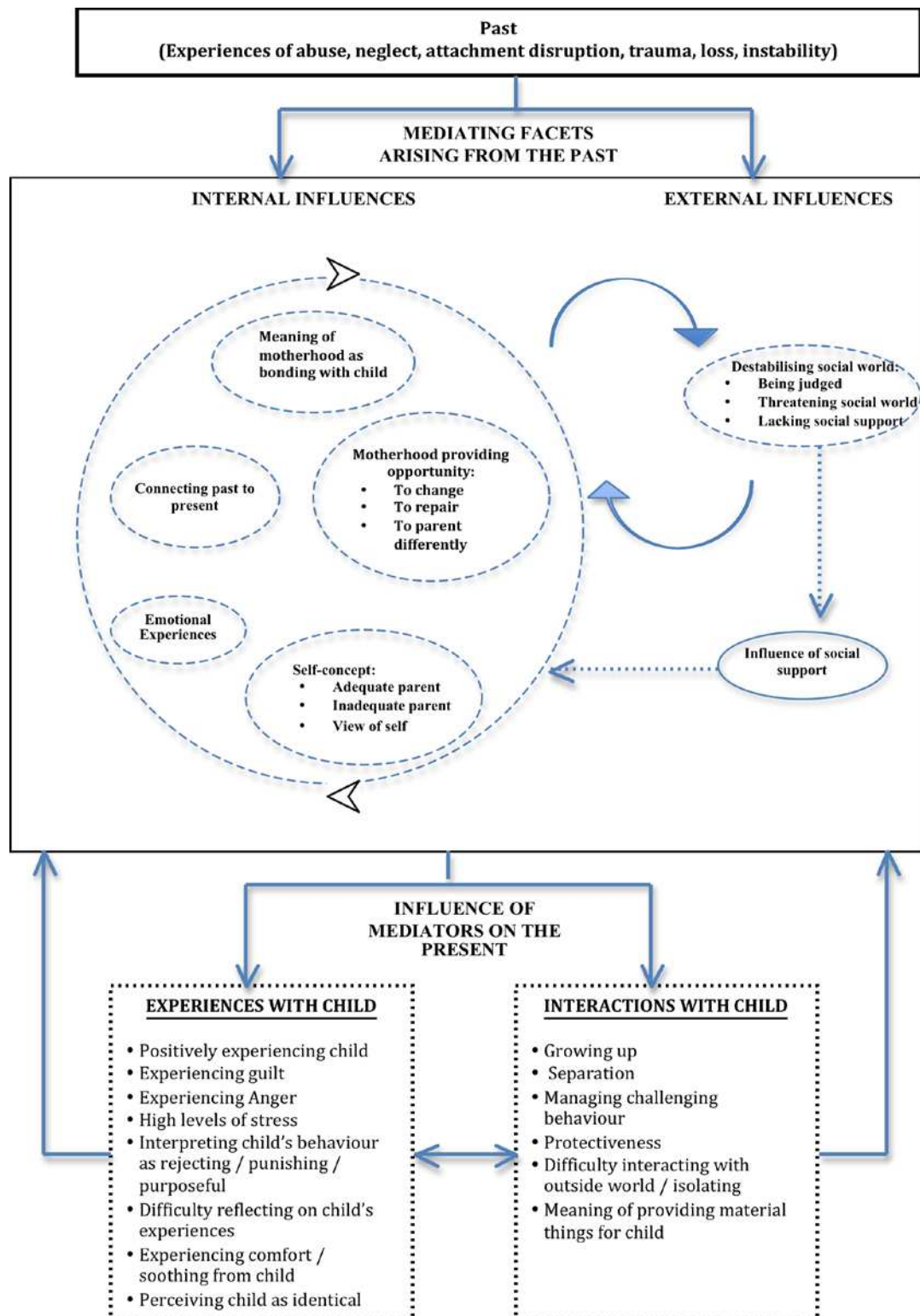


Figure 1. Model conceptualising adolescent mothers in care experiences and interactions with their child.

Internal Influences

This denotes the internal aspects of participants' experience, that have arisen from their past experiences, and influence how they experience and interact with their children.

Meaning of motherhood as bonding with child. This refers to the most fundamental facet of motherhood conveyed by the participants: the creation of a permanent, reciprocal connection to their child, not previously experienced. For example:

“It is such an overwhelming love. I know I would do anything for her, and I know there will get a time when she feels the same about me. I don't know how to explain the actual bond, it's just, I think unbreakable.” (Participant 8, line 185-188).

Motherhood providing opportunity. Participants attributed motherhood as vital in activating change. These experiences have been illustrated in the following sub-categories.

Opportunity to change. Participants seemed to experience motherhood as transformative, facilitating a sense of purpose and possibility to modify 'self-destructive' trajectories and create a new life course. For example:

“I didn’t finish school...I didn’t do any education, I’ve got no qualifications...but, since I’ve had her, I’ve gone back to studying, I want to do it, I’m motivated to do it. My whole life has changed, and I don’t get in trouble anymore...my life literally is her. She didn’t ruin my life, she didn’t take anything away from me, she gave me...a new outlook on how I want my life to be and how I want her life to be. I used to try and commit suicide...I was arrested a lot. And then I had her, and it’s like she gave me a fresh start. It is the best thing that ever happened to me.” (Participant 8, line 164-170).

Opportunity for repair. This captures the seeming reparative function of motherhood, enabling a sense of closeness, belonging, and to feel loved and needed. This seemed to allow their un-met psychological needs to be attended to. For example:

“He needs me...it’s like he actually wants me emotionally as well as just like physically just doing things for him...it’s like something was always missing. I can’t remember what my life was like before him.” (Participant 9, line 762-770).

This participants’ description of ownership indicated potential risk to the child:

“Because her dad’s not around so I’ve got her all to myself. So she’s just mine. And she hasn’t got to love me and her dad, she’s just got to love me.” (Participant 4, line 419-422).

Opportunity to parent differently. Participants' described wanting to be different parents from their own, which seemed to elicit a sense of achievement, and agency, but also recognition of what they did not have. For example:

"I look at it is I've been brought up in a really bad background, really bad, and I... don't want to be my mum and dad doing that to my children." (Participant 6, line 1099-1100).

"I want him to stay at one school...I want him to be happy, I want him to feel loved...just basically all the things that I didn't have." (Participant 3, line 774-775).

Self-concept. This portrays participants' seeming fluctuating and fragile self-representations, shaped by their past and the opportunities motherhood provides. It encompasses powerful narratives of 'I can do good' and 'proving others wrong,' which seems to contrast to previously held sense of worthlessness and shame. Yet, complexly, also captures experiences of inadequacy where negative self-perceptions seemed to perpetuate.

Feeling adequate. Participants reported to feel like 'good mothers.' This seemed to be quantified by their experiences and interactions with their child, facilitating a sense of self-worth.

"He loves me...he shows me all the time, he says "I love you mummy." It means that I'm a good mum" (Participant 12, line 50-52).

Yet, for this participant, it only appeared to mask underlying pain and not eradicate it, suggesting fragility.

“It’s just like, yes I am damaged, but I’m not going to show the people that damaged me, that I am actually damaged.” (Participant 11, line 707-708).

Feeling inadequate. Participants frequently seemed to doubt their ability as mothers due to their experiences with their children and outside world. For example:

“If she is proper screaming I just put my headphones in to one song, take them out and go back and get her. I feel bad, I feel like inadequate. I feel like, it makes me feel like I shouldn’t have had a baby. Not all the time but sometimes.” (Participant 8, line 298-299).

View of self. Some participants seemed to assimilate positive self-views into their identity. For example:

“Everyone can just see how different I am, and it’s definitely for the better. I’m like a normal person now. Not a scum bag.” (Participant 8, line 955-957).

For others, self-perceptions of worthlessness and of being bad and unlovable seemed to perpetuate. For example, this participant continued to perceive herself as incapable of love:

“She probably feels quite withdrawn from me, because I’m not a very loving person...probably because I try and, I block all that out. Probably from past experiences from being abused. I wouldn’t know how to let it in now.” (Participant 2, line 1051-1066).

Emotional experiences. This depicts participants’ seeming dynamic emotional experiences. For some participants, motherhood seemed to transform how they managed their emotional world. For example:

“Warm. It sounds strange but the majority of my life I have spent pretty numb...they are the only thing that makes me feel.” (Participant 7, line 736-737).

Yet, most participants continued to experience significant emotional vulnerability indicating potential risks to the child. This seemed to elicit feelings of guilt and inadequacy. For example:

“ I’m a very angry person, like, I feel like I’ve got a lot of anger in me that like I bolt in...because before I used to do self-harming. And like, now I don’t do it anymore because of Jacob...and because I know I can’t do that anymore, he frustrates me even more. He just frustrates me so much I just feel like...the only thing that I can get my anger out is just to shout at him and make him see that I’m really angry. But then when I do do it I just think, “Oh my God, what are you doing? You can’t do this

in front of him because if he grows up being as angry as I am,” I will never forgive myself..” (Participant 11, line 464-473).

Connecting past to present. Participants seemed to struggle to psychologically separate their past from their present experience and feared that the past may repeat itself (i.e. it happened to me, it could happen to my child). For example:

“Because of what has happened, I always think yeah, that anyone goes near him they will hurt him. Anyone. Most people don’t understand as they’ve never been through the experiences that I’ve been through.” (Participant 11, line 829-831).

This participant seemed to experience these connections to the past as hard to override:

“If she’s misbehaving as a teenager, it’s going to immediately make me have a flashback about me as a teenager and how I was treated. And I don’t really want to treat her like that...it’s going to be hard.” (Participant 13, line 481-484).

External Influences

This outlines the external aspects of participants’ experience that have arisen from their past experiences and influence how they experience and interact with their children.

Destabilising social world. Participants' internal experiences are seemingly influenced by the perceived threat of their social world, which mediates their everyday experiences with their child.

Being judged. Participants' experience of being judged seemed to elicit fear, anger, frustration and shame (additional to that experienced through being in care) impacting on their sense of adequacy. For example:

"I can't go out on my own not even with Rosie...I just get very nervous and I get very paranoid. Just about what people think of me, because I do get stared at a lot... you know, all those things going through my head." (Participant 2, line 871-884).

"I find it very very frustrating that being from care...it's embarrassing enough telling people that I'm from care and things like that, but then like I'm from care, my child is not from care." (Participant 8, line 770-773).

Threatening social world. Participants seemed to experience their wider network (e.g. social care, ex-partners) as threatening, eliciting feelings of anger, powerlessness and fear, which seemed to strengthen feelings of inadequacy and negative self-beliefs. For example:

"They [social workers] think because you're young you are not going to do a good job. So they kind of judge you, in a way, oh we might get police protection involved, we might get this person involved. I was very upset about that because I feel

like they should give you a chance before they can even judge you, so that's one of things that really frustrated me...and I did kinda worry, what if I do this wrong, are they going to take her away?" (Participant 13, line 161-166).

Lacking social support. All participants reported feeling let down by their support networks, which seemed to generate feelings of anger, sadness, guilt, self-blame, as well as feelings of abnormality, inadequacy and loneliness. For example:

"That's the time when I'm like "argh, why don't I have a mum, like come and help me, like where the hell are you?!" Because it would be nice to be able to ring my mum and be like "ah can you have her for a couple of hours or..." anything like that, just some form of something." (Participant 8, line 426-430).

"I find it frustrating because I have no one, like no family member to help me. I can't leave him with dad's mum...if my dad was here then I can go away like my other friends, go to uni because, I don't know, I just feel so alone sometimes." (Participant 11, line 152-156).

This participant conveyed her fear about 'doing it alone':

"If I ever do turn around and have a break down, I've got no one there to sort've know...It will make me a bad parent cause I wouldn't be able to look after him properly. I wouldn't know where to go." (Participant 9, line 721-727).

Influence of social support. For a few participants, foster carers, birth family, and partners seemed to create a ‘safety net’ and psychological container for overwhelming emotions. For example:

“When I had been struggling she stepped in and helped. She’s the first that if I were to snap or... if I were to break down, she’d be the first one to sort me out. I can always count on her and that’s why...it’s like a relief knowing that you’re never going to truly mess up because she’s there.” (Participant 7, line 582-587).

Experiences with Child.

This category makes links to the internal and external facets of participants experience and their experience with their children.

Positively experiencing child. Participants’ sense of pride, joy, pleasure, and love, seems to connect to their meaning of motherhood, reaffirming them as different parents (from their own), and strengthening their sense of adequacy. For example:

“She’s learning fast as well. She just does everything and it’s just, I am proud of her. Happy with her. Proud of her. I think I’m a good mum.” (Participant 4, line 428-429).

Experiencing guilt. This appears to emanate from external and internal sources and their interactions with their child, and seems to perpetuate their negative self-representations. For example:

“I shout at him. Sometimes he makes me feel like I’m not a good mum because I shouldn’t be doing that to my child. And it’s like, when I do it, I feel so guilty. I just feel like, Ok he’s going to hate me when he’s older.” (Participant 11, line 461-464).

“So that makes me feel bad for bringing her into somewhere where she has no one apart from me...I know that I can give her everything that she needs but it is still not the same as having a family.” (Participant 8, line 314-317).

Experiencing anger. This seemed to be triggered by high-stress, and elicited feelings of guilt, strengthening negative self-representations. For example:

“Sometimes I say “oh I hate you”...I don’t hate her, I just say it out of anger. And I just think “oh god, she might think I’m a horrible mum”. My mum used to say that about me...and I used to think “why do you feel that way?” I felt awful when I used to be called certain names when I was a kid.” (Participant 2, line 846-852).

High levels of stress. Stress appeared to mediate the participants’ interpretation and responses to their child, and seemed to be influenced by (and influences) internal and external aspects of their experience. In periods of high stress, managing emotions seemed to be experienced as particularly challenging. For example:

“Like I get really worked up within myself and I have to literally put her in a cot for five minutes, go in my room and shut my door, and just sit for five minutes and then go back and start again because it’s so, like it is really really stressful.”
(Participant 8, line 220-223).

Interpreting child’s behaviour as rejecting / punishing / purposeful. This depicts the meaning participants seemed to attribute to their child’s behaviour, that seemed to be linked to the connections participants made to their past. For example:

“They’re not speaking. And they try to act up on it. But, you know, I feel like she’s sort of punishing me for what I’ve done to her... Yeah, I feel that she’s punishing me back.” (Participant 2, line 839-843).

“I thought that he would, you know, hate me or his first word would be dad.”
(Participant 6, line 623).

Difficulty reflecting on child’s experience. This seemed particularly challenging under high stress. For example:

“It’s quite easy to ignore him...like when he’s screaming I just start screaming to him and just wind him up even more so he knows that he aint going to get nothing out of me, and he just stops eventually or just strops off to his room.” (Participant 5, line 621-623).

Comfort / soothing from child. This reflects participants' experience of their child, and seemed to elicit feelings of guilt and inadequacy. For example:

“Do you know, he is the reason why I cope with most of it, because if he sees me upset or crying, he actually gets paper, instead of tissue, to wipe my tears. Or, he does something to make me laugh. But even though I still got in the back of my head yeah, I know that him seeing me upset, like, I feel like crying. I know that him seeing me upset is hurting him” (Participant 11, line 179-183).

Perceiving child as identical. Some participants seemed to experience their child as identical to them. For example:

“We’re like twins I think, see when you’ve got a twin like and your twin’s unhappy you’re unhappy.” (Participant 5, line 799).

Interactions with Child.

This depicts internal and external influences on participants' interactions with their children.

Growing up. Participants seemed to experience their child growing up as challenging, eliciting feelings of abandonment and loss, which indicated the fragility of participants' experience. For example:

“I preferred it when he was a baby because now that he can like move around, he can do this and do that by himself, sometimes it’s like I don’t want him to be able to feed himself, or do like most of the things that he can, I don’t want to be able to do, I want to be able to do everything for him...because as he gets older he won’t need me as much, and I’m going to feel all alone all over again.” (Participant 11, 567-578).

“I didn’t like the fact that she’s one already...I don’t want her to grow up. I want her to be a baby forever... I just want her to be my baby forever. I don’t want her to grow up and move out and leave me. She’s going to go to school soon. I’m going to have to have another one.” (Participant 4, line 621-626).

Separation. Most participants seemed to struggle to separate from their children, and appeared to experience guilt and feeling lost without them. For example:

“I feel lonely when he’s not here. I feel like I really need him. And I feel like he needs me, so. I just start picturing him wanting his mummy and him not having his mummy there, and it makes me feel guilty, and I just want to go there and cuddle him. I just miss him. It’s not nice.” (Participant 10, line 688-691).

For some participants, the connections made to their past seemed to make separation particularly challenging:

“I can’t even leave him...I just feel like yeah, if anyone does anything to him...he can’t talk and tell me that this person has done something to me. Because obviously I went through abuse...so I don’t want that to happen to him. And it’s like, I’d rather let him start speaking and then be able to tell me things before I let him go.” (Participant 11, line 61-70).

Managing challenging behaviour. This seemed particularly challenging at times of high stress and when feeling judged. This seemed to elicit anger and frustration that appeared to influence participants’ interpretation of their child’s behaviour, and a struggle to contain their child’s distress. For example:

“I get really really wound up... You have to keep your cool, and it’s really difficult... I just want him to stop. I want people to go away. I just wish someone else’s child would start crying just to take some of the heat off him...I just ignore him. But it’s very hard to ignore him when you’re out on the street and everyone’s staring at you...he’ll scream for ages and then stops. Sometimes it goes on until we get home. I’ve had him crying for two hours once....horrible. I ended up in tears in the middle of the high street.” (Participant 10, line 93-101).

“And it’s so annoying, especially if she has a tantrum and she doesn’t stop crying or screaming or kicking me...I feel like just grabbing hold of her and saying, you know, you need to stop this. Because sometimes I feel like, like my mum used to smack me... and sometimes I feel like doing that to Rosie...and when I have smacked her when she has been really naughty, it’s made me feel worse. I just get really hot and

irritable and frustrated. And I feel how am I going to calm this kid down?”

(Participant 2, line 433-441).

Protectiveness. Participants’ experience of needing to protect their child appeared to be connected to their seeming view of the world as dangerous and experiences in their past, but seems to elicit guilt and fear of rejection. For example:

“Because obviously experiences that I’ve had, and the life that I’ve had has made me see a lot more than I should of so that’s made me overprotective...I have a tendency that I’m going to be a bit overbearing, which will obviously make her resent me.” (Participant 8, line 645-657).

Difficulty interacting with outside world / isolating. For some participants not going out seemed to protect them from a world they perceived as threatening, and perpetuated a sense of loneliness. For example:

“I prefer to stay indoors with him. The only places we do only really go out is places where there are other children...where as in public, it’s too many judgemental people.” (Participant 10, line 137-141).

“I feel like sometimes I isolate him because I don’t go out.” (Participant 11, line 128).

Meaning of providing material things for child. This seemed to be a tangible way for participants' to counterbalance the weight of their past and present circumstances, and increase their sense of adequacy. For example:

“So now if I want to get them something, I will go and get them something. I do overcompensate, particularly, for birthday and Christmas...I didn't have it. Then it impacted me...it's nice to feel like a normal family.” (Participant 7, line 436-440).

“I want to do well, but I don't know how that is, I have never had it. So I don't like, and that's why I think I try my best to give her everything. Like her birthday is not for a few months but I've already got four bags of presents, and I don't want to spoil her but I don't want her to go without. So like I said I'm the only person around her, I will be the only person buying her things, whereas other people would have their nan and granddads and I literally will be the only person getting her anything. So, I will go out of my way to get things for her and I will, people say spoil her, I will do that because I am the only person around to do it.” (Participant 8, line 377-384).

Discussion

The present study examined the psychological functions of motherhood for adolescent mothers who have been in care, and the processes influencing how they experience motherhood and their children. The results indicate a number of interactive internal and external influences, arising from their past experiences of trauma that mediate how they experience and interact with their children. These internal and external influences are explored in relation to existing theory and research; largely providing support but also some contradictions. Unlike previous research, this study brings together varying strands of the mothers' experiences within an overarching theoretical framework that makes cohesive links to the disparate theoretical and research literature.

Internal Influences

Meaning of motherhood as bonding with child. This was poignant in the context of participants' past experiences of shifting relationships and loss, and *lack of social support* seemed to make this bond especially desired and needed. Participants' experience of their *child as identical* to them, and struggles with *separation* and their child *growing up*, may function to psychically enhance their sense of closeness, through their identities merging. Schumacher (2008) argues that the 'inseparable mother-child' reflects a fantasy of ideal motherhood and a desire for a cohesive family unit.

However, this brings its' own consequences, as it may suggest deficient mentalizing ability. The parents' capacity to mentalize; that is, to perceive the child as having separate needs and intentions, facilitates the development of mentalizing and healthy psychological growth in the child (Sharp & Fonagy, 2008). Therefore, alongside this story of connection, there is also one of risk. This apparent identity-struggle supports Maxwell et al.'s (2011) findings, and develops it further by making conceptual links to the mothers' experience and interactions with their child.

Motherhood as providing opportunity. This finding supports Pryce and Samuels' (2010) assertion that motherhood "may hold the potential to heal the loss associated with these past experiences of trauma." (p. 221). However, this 'healing' seemed fragile and indicated possible risks to the child. Unlike previous studies, the present study explicitly linked participants' experiences of motherhood to difficult interactions with their child, within a conceptual framework. For example, participants' conflicting feelings about their child *growing up* seemed to be interpreted as meaning a loss of the role and connection that motherhood provides. Thus, while the findings from this study do indicate motherhood as an opportunity to change, it only partially supports this, and offers a further interpretation; that participants' meaning of motherhood may also facilitate risk to the child in their subsequent interactions with them.

Self-concept. Many participants seemed to experience the constructed identity of a 'good mother' as fragile. Participants appeared to fluctuate between *feelings of guilt* that reinforced negative self-representations. This may reflect findings that childhood

trauma can disorganise the self-structure, such that the self is experienced as fragmented and unstable, particularly under high-stress (Fonagy et al., 2011). While for some mothers, motherhood seemed to facilitate more positive representations of self, for others, who might lack the ‘ego-strength’ necessary to achieve these outcomes without support, motherhood may be experienced as both positive and persecutory (Schumacher, 2008). Individual resilience resources, such as self-esteem, may be one factor contributing to this redefinition of self (e.g. Steele, Spencer, & Lynch, 1993).

Emotional experiences. Given the fragility of their self-concept, it is not surprising that some participants experienced significant emotional vulnerability. Childhood trauma can impair affect-regulatory systems and the capacity to manage one’s emotional responses (Fonagy et al., 2011; Newman & Stevenson, 2005). This may explain participants’ experience of feeling unable to contain overwhelming emotions, which, at times, culminated in anger and aggression being expressed towards their child. This resonates with Anna Freud’s (1936) concept of ‘identification with the aggressor’ as a defence against unbearable feelings. This, however, seemed to increase participants’ *feelings of guilt* and sense of *inadequacy*. This finding of emotional vulnerability supports existing research (e.g. Maxwell et al., 2011; Pryce & Samuels, 2010). The present study enriches this by making theoretical inferences to how this vulnerability appears to influence the mothers’ everyday interactions with their children.

Participants’ experience of receiving *comfort / soothing from their child* also seemed to reflect underlying emotional vulnerability and un-met psychological needs.

It also highlights potential risk to the child. ‘Role-reversal’ may stem from historic parental ‘scripts’ of who gives and receives comfort in families (Byng Hall, 2008a), and has been linked to insecure and disorganised attachment patterns in parents, and later child psychopathology (Byng-Hall, 2008b). Thus, the mothers may struggle to overcome unconscious pressures to re-enact past parenting scripts and the influence of their own attachment patterns in their relationship with their children.

Connecting the past to the present. Participants’ experience of *their child’s behaviour as rejecting / punishing / purposeful*, and their struggle to tolerate *separation* and their child *growing up*, and to calibrate the degree of *protectiveness* towards their child, seemed to reflect their own memories of feeling abandoned, abused and rejected, and fear of the past repeating. Schumacher (2008) argues that traumatised mothers’ projections of pain and fear and memories of the past may prevent them from getting to know their ‘real child,’ with consequences for the mother-child attachment relationship.

Participants’ expressed uncertainty about being able to parent differently to their own experience of being parented, despite a desire to do so. This may reflect the potential conflict between their ‘corrective scripts’ and powerful unconscious processes in relation to their past (Byng-Hall, 1995). While the conscious remembering of one’s past can enable some mothers to avoid ‘blind repetition,’ this may depend on the degree to which one has processed trauma memories of the past (Fraiberg et al., 1975; Lyons-Ruth, Yellin, Melnick, & Atwood, 2005).

External Influences

Participants' experience of *being judged* seemed to compound their sense of shame and *inadequacy* linked to the past, and reinforce beliefs that the world is threatening. Participants' experience of *isolating themselves and their child* seemed to reflect the power of these external influences on their parenting, which, in turn, seemed to perpetuate their isolation. The participants' experience of their *social world as threatening* seemed to increase *high-stress* and undermine their capacity to contain overwhelming emotions and reflective capacity. This finding resonates with assertions that the mothers' parenting capacity may be weakened by structural inequalities (e.g. Callahan et al., 2005) and internalised negative societal discourses (Maxwell et al., 2011). The present study provided greater insight into how these external experiences influence the mothers' emotional world. Unlike previous studies, it elucidates the relationship between these external influences and participants' everyday experiences and interactions with their child.

Clinical Implications

The results of this study indicate the potentially positive aspects of motherhood for these young mothers. However, this seems to be only one part of the story. The fragility and instability of the mothers' experience was also strongly indicated, as well as the associated risks to the child. The conceptual model outlined may provide a useful framework to guide professionals' preliminary assessment of the mothers'

experiences and parenting capacity, to examine the potential risks to the child, and to identify the intervention and support required.

Mentalization-based therapy is likely to increase the mothers' reflective capacity in the mother-child relationship (Nissjens, Luyten, & Bales, 2012). Individual therapy enabling the mothers to process their past and move beyond its powerful influence on their present will also be highly valuable. In particular, parent-infant psychotherapy, utilising an attachment or psychoanalytic framework, is likely to be a useful approach to address the relational and mental representational issues, related to the past, for vulnerable mothers and their children (e.g. Slade, 1999).

Behavioural parenting interventions are unlikely to address the underlying psychological processes affecting motherhood for these young mothers. Interventions such as Mellow Parenting and Mellow Bumps (Puckering, Rogers, Mills, Cox, & Raff, 1994; Breustedt & Puckering, 2011) are more attuned to addressing the attachment and emotion-regulation difficulties indicated in this study. Importantly, when working with these mothers, clinicians should seek to enhance the positive opportunity for change that motherhood presents, while also vitally attending to the associated risk and vulnerability to the mother and child.

This study indicates the complex interplay between the mothers' internal and, often unconscious experiences, on how they perceive and interpret their social world, and reciprocally how their social world influences their internal experience. Clinicians should be mindful of this mutually influencing process, and how this may affect their experience of their children. Professionals should actively attend to the mothers' experience of their social world in order to enhance their capacity to parent.

Future Research

This study expands existing research (e.g. Maxwell et al., 2011; Pryce & Samuels, 2010) by constructing a theoretical model linking the young mothers internal and external experiences to their experiences and interactions with their children. This model could be used as a 'blueprint' outlining key factors to focus future interventions. Future research could consider developing a clinical screening tool to assess these aspects of the mothers' experience to determine appropriate support. Future research may also consider developing specifically tailored interventions that focus on addressing the key influences on their parenting. It would be interesting for a future study to examine the conceptual model developed in this study in relation to mothers in mother and baby units, mothers that have had their children removed, and to non-looked after mothers. This may provide greater insight into the unique experience of these young mothers, and strengthen the conceptual model outlined.

Study Limitations

This was a grounded theory study conceptualising the particular experience of this small sample of mothers, and therefore generalizability is limited. While, the qualitative approach facilitated rich narratives of experience, this ultimately relied on the mothers' memories rather than capturing it 'in the moment.' The co-construction of data in this study could be further biased by the researcher's assumptions. Although means of quality assurance were employed to minimise this, such as theoretical sampling to test emerging categories, this could potentially limit the findings. This

study is also vulnerable to self-selection bias; it is possible that only mothers with certain experiences were likely to volunteer.

Conclusion

This study constructed a theoretical model conceptualising the relationship between the experience of early trauma in adolescent mothers in care and their everyday experiences and interactions with their children. A number of underlying psychological processes were identified. The internal influences on their experience were the primacy of their bond to their child and the internalised meaning of motherhood as an opportunity to change. It also embodied their fluctuating emotional experiences and vulnerability, self-concept and connections to their past. The external influences on these mothers were their experience of their social world as destabilising. Social support seemed to mitigate somewhat the influence of this on their internal experience. These dynamic and interactive internal and external processes were found to mediate the influence of the past on the mothers' everyday experiences with their children, and indicated the complexity, fragility, and variability in relation to the mothers' shifting internal and external experiences. The results reinforce the concept of 'risk and resilience' for these young mothers. While motherhood has a potentially psychologically reparative function and clear positive features, the findings also indicate potential risks to both the mothers and their children.

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SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY

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1. What research skills have you learned and what research abilities have you developed from undertaking this project and what do you think you need to learn further?

Undertaking this research project has been stimulating and challenging; the latter partly encapsulates the steep learning curve required to carry out a doctoral level research project. My previous research experience consisted of assistant psychologist research / audit projects, primarily using quantitative methodology. This current project has necessitated me to actively select and refine a research topic, while gaining a thorough grounding in the existing literature and how this current study will contribute to the literature-base. This was particularly pertinent given the lack of research on looked after children in general, as well as with this particular group of young mothers. Significantly, this project has enabled me to develop my qualitative research skills, which I hope to build on by conducting and supervising further qualitative research.

This project involved stepping into unfamiliar territory by gaining ethics approval from Social Care Research Ethics Committee (SCREC), which, in itself, was a newly formed committee. I think this in part contributed to the rigor with which my proposed project was scrutinized, but also the important need to consider the vulnerability and stigma connected to this group of young people. Conceivably, the latter may reflect the ethics panel's original concern regarding some of my interview questions, particularly those taken from the Parent Development Interview (Slade, Aber, Berger, Bresgi, and Kaplan, 2004), which were perceived to be 'less positive'. My interview questions were approved after some minor revision, but my results

indicate that, actually, participants responded well to the semi-structured interview questions and the opportunity to voice negative feelings. Indeed, I was quite overwhelmed by the richness of the data obtained, which indicates potential for this aspect of their experience to be overlooked in research. Nevertheless, this process helped me to understand the thinking that goes alongside reviewing and approving studies, which will be invaluable when undertaking further research in the future. I would also like experience of obtaining NHS ethics approval, which may be required when conducting research in my capacity as a Clinical Psychologist.

Conducting this research has given me experience of recruiting from a small and hard to reach sample, across agencies outside of the NHS, i.e. social care. Overcoming this challenge enhanced my awareness of the level of flexibility, persistence, organisation and genuine passion required to conduct research.

My decision to use grounded theory was based on several rationales. Primarily, there are already a small, but notable number of studies on this population that utilise Interpretative Phenomenological Analysis (IPA) to explore the mothers' reported experiences of motherhood. However, there is no existing study that presents a coherent theoretical conceptualisation of the psychological processes influencing their experience with their children. Thus, this enquiry lends itself well to grounded theory and the development of a conceptual model.

Using grounding theory analysis enabled me to develop my understanding of different epistemologies and how they may shape the interpretation of data. The Glaser and Straus (1967) approach emphasises objective realism that is more in line with positivist empiricism; that is, the existence of truth and reality. In comparison, constructivism emphasises the subjective interrelationship between the participant and

researcher, where the researcher ‘co-constructs’ the data as opposed to ostensibly ‘discovering’ it (Charmaz, 2006; Pidgeon & Henwood, 1997). I selected constructivist grounded theory (Charmaz, 2006), as it fits with my own epistemological position regarding the acquisition of knowledge. It has been contended that researchers “must choose a research design congruent to their beliefs about the nature of reality” (Mills, Boner, & Francis, 2006, p. 26). I was also mindful of the necessity to recognise the voices of looked after children and young people in research and clinical practice (e.g. Holland, 2009; National Institute of Clinical Excellence (NICE), 2010). Co-constructing the data allowed me to sit alongside the young mothers’ subjective experience and draw meaning.

The co-constructive stance increased my awareness of my potential influence on the data. I selected this project based on previous experience of working with looked after children as an assistant psychologist. Charmaz (2006) acknowledges that “neither observer nor observed come to a scene untouched by the world...researchers...are obliged to be reflexive about what we bring to the scene.” (p. 15). One notable criticism of grounded theory is the potential for researchers to find whatever it is they are looking for (Robrecht, 1995; Dey, 1999). Increasing researcher reflexivity can minimise this and increase validity (Mays and Pope, 2000). One of the ways in which I achieved this, was conducting a bracketing interview (Ahern, 1999). This was an incredibly valuable experience, as through co-exploration with the interviewer, I became more aware of aspects of my personal experience, and how this may become projected onto the data, such as my belief in the potential for resilience, given my own past experiences of coping with adversity. I tried to be mindful and observant of this throughout the process. I also completed a research

diary, and engaged continual discussion and cross-checking with my researcher supervisors, to further increase reflexivity and validity.

One of the unique aspects of this project was the re-analysis of existing data from a previous IPA study (Maxwell, Proctor, & Hammond, 2011) using grounded theory methodology. This formed the first stage of the present project. Examination of the research literature showed no particular contentions with applying a different methodological approach to existing narrative data. Frost et al. (2010) demonstrated that identical data could be analysed using variant qualitative analyses, and that it is the different methodology and epistemology that shapes the way data is thought about and interpreted (Carter & Little, 2007). Using more than one qualitative method on the same data, known as ‘pluralism’, may actually augment the depth of analysis (Frost et al., 2010). However, the novelty of re-analysis was also challenging as, at times, I felt uncertain about whether I was doing it correctly. This ‘pressure’ was strengthened by the ethical position which informed this decision; to avoid unnecessarily re-interviewing vulnerable mothers when data already exists. This approach enabled me to conduct a second-stage of enquiry; thus, enhancing my understanding of grounded theory analysis and theory development. I would be keen to learn more about ‘pluralistic’ research approaches in the future, and I am considering writing the method employed in this study for publication in a qualitative research journal.

2. If you were able to do this project again, what would you do differently and why?

One of the principal challenges in conducting this research was participant recruitment. Participants were recruited from three social care departments, which, by nature, are busy, demanding services, often carrying high-levels of risk. Consequently, several months of my recruitment process was dedicated to organising meetings with social care teams, followed by regular email and telephone contact. While I feel this strategy was effective, it was also time-consuming, and given the specificity of my sample and the service context, the teams were only able to identify a small number of suitable participants, if any at all. If conducting this research again, I would consider contacting multiple social care departments from the outset, while holding a realistic expectation of the number of participants each service might present. I would also consider contacting participants via alternative routes, such as children's centres and community groups for teenage mothers; although, I recognise that additional ethical approval would need to be sought for this.

Had the time-frame for conducting this research been longer, it may have been possible to interview professionals working with these young mothers and conduct mother-child observations in order to achieve triangulation. Triangulation is a method of synthesising data from multiple sources to generate themes in relation to the research question, which can increase the validity and potency of qualitative research (Yardley, 2008). However, while observations may provide rich insight into participant experience that cannot easily be verbalised, it raises a number of issues. Of particular pertinence is how young mothers in care, who may have received

considerable scrutiny and assessment prior to / and or following birth, would experience this, and how this might influence the data.

Respondent validation was also considered to increase validity (Mays & Pope, 2000), but was not possible due to time-constraints. Even so, there are some issues with respondent validation that are worth considering before carrying it out. For example, Dixon-Woods, Shaw, Argarwal and Smith (2004) argued that respondent validation is not suitable for all qualitative studies, particularly those that demonstrate multiple and varying accounts of experience rather than a universal single one to be verified. Nonetheless, other methods to increase validity were employed, such as theoretical sampling, which is a systematic process of testing emerging categories to increase the strength of the developed theory (Charmaz, 2006). The coding was also crosschecked by research supervisors until full agreement was achieved, which increases validity (Yardley, 2008).

3. As a consequence of doing this study, would you do anything differently in regard to making clinical recommendations or changing clinical practice, and why?

This study highlights the risk and vulnerability, as well as resilience, experienced by adolescent mothers in care in their relationships with their children. There is a clear need for increased awareness amongst professionals of the multifaceted nature of these young mothers' experience. Professionals should enquire, in a curious, non-judgemental and empathic way, about the mothers' emotional experiences, identity, self-concept, and wider social context to evaluate whether they

have had the opportunity to process their experiences of the past, and identify the level of intervention and support required.

One of the implications of this study is that behavioural parenting interventions alone is unlikely to be sufficient for traumatised young mothers. They are likely to need the added opportunity to work through their past and reflect on how it may influence their parenting and experience of their child. Interventions such as mentalization are being increasingly used in clinical practice (e.g. Nissjens, Luyten, & Bales, 2012). This may be a valid intervention given the link between trauma and reflective and self-regulatory capacities. Other forms of individual therapy may also be appropriate. There is a strong literature-base supporting parent-infant psychotherapy to address relational issues with traumatised mothers and their children (e.g. Slade, 1999). In my future clinical practice, I will hold greater awareness of the complexity of these young mothers' experience, and draw on psychological theory and knowledge of the potential factors influencing their experiences of motherhood in assessment and formulation stages.

4. If you were to undertake further research in this area what would that research project seek to answer and how would you go about doing it?

This study focused on mothers' early experiences with their child. However, some participants alluded to their fears of the future, related to their child becoming more independent, experiences of rejection, and doubting their capacity to not repeat their own experiences of being parented with their child. It would be useful for a future study to explore the experiences of adolescent mothers in care, when their

children reach later childhood and adolescence (and the underlying processes influencing them), using grounded theory methodology. This may provide insight into how these early processes affecting these mothers, and their experiences with their children that were identified in this study, change over time, and look at some of challenges that may arise as their children reach different developmental stages.

Additionally, the present study highlighted the young mothers' experience of high-stress, and difficulty regulating emotions and reflecting on experiences of self and child. A study to quantitatively measure these domains, would supplement the existing literature on how these mothers' parent and relate to their children, and demonstrate whether reflective capacity and stress are impaired. This study could employ a between-subjects design, comparing adolescent mothers in care to non-looked after mothers using measures such as the Parent Development Interview (Slade et al., 2004) and Parent Stress Index (Abdin, 1990).

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MAJOR RESEARCH PROJECT

CHANTELL DOUGLAS BSc Hons

Section D:

Appendices

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

JULY 2013

SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY

Appendix 1: Search Methodology

Search Strategy

The following electronic databases were searched: Psychinfo (*1806-present*), Web of Science (*1970-present*), MEDLINE (*1946-present*), Cochrane Database of Systematic Reviews (*2005-present*), Social Policy and Practice, Maternity and Infant Care (*1971-present*), and Google Scholar.

No time limit was used in the initial search due to the limited extant literature. The databases were searched between October 2011 and March 2013.

The following search terms were used:

‘Teenage Parent*’ / ‘Teenage Mother*’

OR

‘Adolescen* Parent*’ / ‘Adolescen* Mother*’

AND

‘Leaving care / Care Leaver / Looked After / Child in Care’

Inclusion/ Exclusion Criteria

The present study was looking for research examining the experiences of motherhood in adolescent mothers who have been in care. Given the specificity of this

review, any study that incorporated this sample was included. Therefore, studies that utilised a mixed male and female sample, a mixed looked after children and non-looked after children sample, and were inclusive of young people over 19 years old were all included.

All the studies had to have a sample of young mothers, the majority of which had to be aged between 13-19 years old when their first child was born, and who had been in a care system (e.g. foster care or residential care). All studies had to be in English.

Study Abstraction

The search (outlined above) yielded 140 studies. The studies' titles and abstracts were screened to assess whether they met inclusion criteria. When a study met the inclusion criteria, the full text was obtained. Key authors (that emerged from the initial search) were also searched: 'Elaine Chase.'

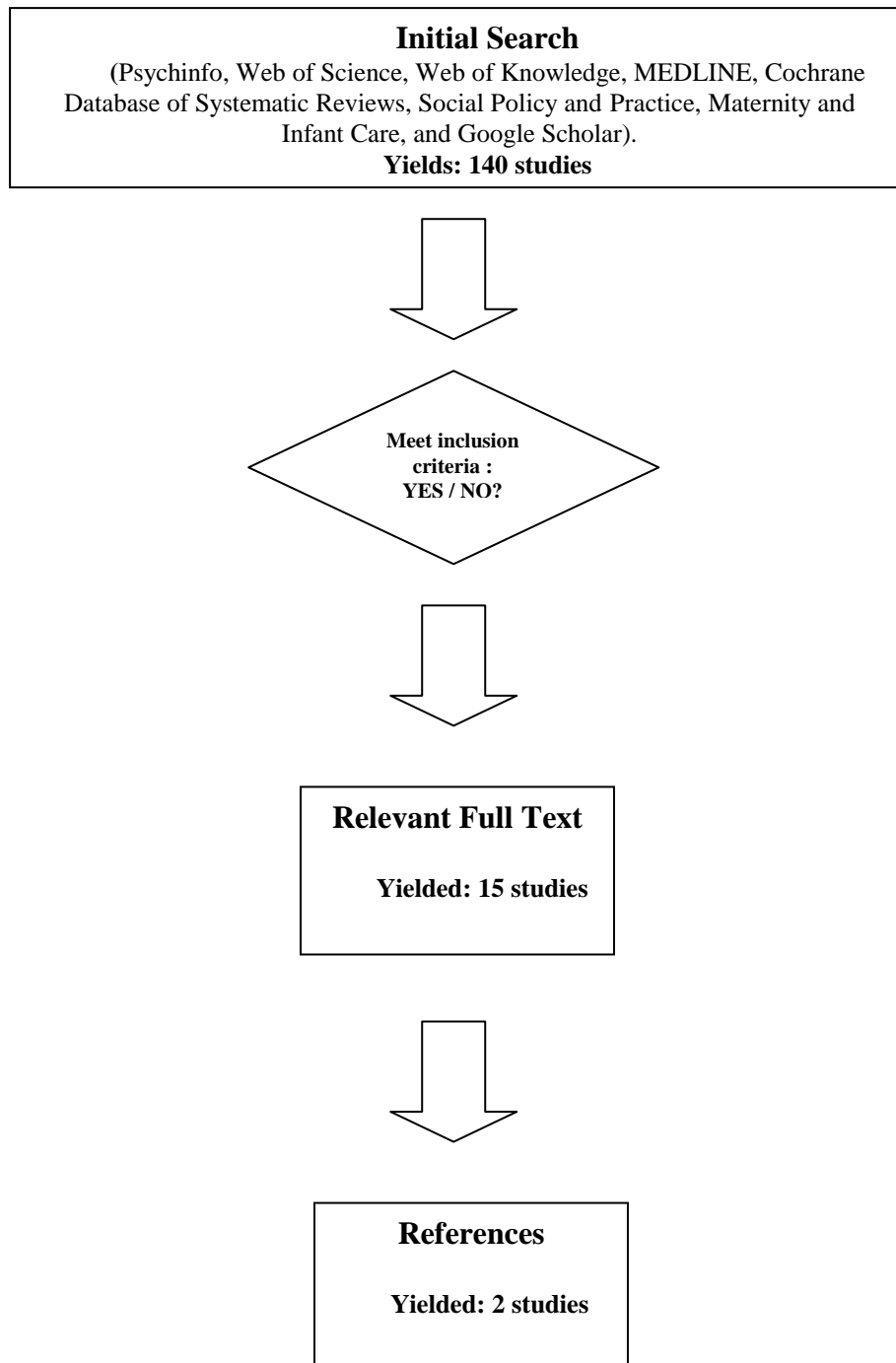
The full text references were read and all those that met inclusion criteria were included in the review. This yielded 15 studies.

Reference lists of all included full text studies were searched for relevant studies that met inclusion criteria. This yielded 2 studies.

Study Categorisation

The included studies were read and categorised in terms of dominant themes outlined in the study related to adolescent mothers' in care personal and social adjustment to motherhood. These were: conceptualisations of motherhood, socioeconomic adjustment, impact of the past, and parenting stress.

Appendix 2. Diagram Illustrating Search Procedure and Results



Appendix 3. Table Presenting Overview of Included Studies

Study (country)	Aims	Sample	Design and Analysis	Measures	Main Findings
Barn & Mantovini (2007). Young mothers and the care system: contextualizing risk and vulnerability. (UK)	To examine experiences of young mothers who have been in care.	55 mothers who had been in care (quantitative sample). 9 mothers who had been in care (qualitative sample). All aged 14-20+ when first child was born, all had child within two years of leaving care, all single when child first born.	Qualitative and quantitative study using triangulation	Semi-structured interview schedule. Quantitative questionnaire covering demographics, in-care and post-care experience, housing, employment, training and risk behaviour.	Family disruption and deprivation, education and labour market disadvantage, emotional difficulties (low self-esteem), risky behaviour, and choice about becoming a parent.
Chase, Warrick, Knight, & Aggleton (2009). (UK)	To explore how experiences of foster care may influence pregnancy, sex-education, and provision of parenting support, with implications for policy for practice.	47 females, aged 15-22 (all mothers or pregnant). 16 males, aged 15-23 (all fathers or soon to be). 78 professionals and carers (teenage pregnancy co-ordinators, senior managers, social workers, foster carers, residential care workers, primary care staff, housing staff and educational support workers). Majority of young people were white British, others were from black British, Caribbean, or African backgrounds. Exact numbers were not detailed in study.	Qualitative study using thematic analysis.	Semi-structured interview schedule	Positive experiences of parenthood, mental health difficulties and relationship difficulties, and lack of social support reported.
Rolfe (2008). 'You've got to grow up when you've got a kid': marginalized young women's accounts of motherhood. (UK)	To explore the meaning of motherhood for young mothers who have been in foster care.	33 females, aged 15-22; 27 participant had 1 child, 6 had 2 children. Most were not in contact with fathers.	Qualitative study using foucauldian discourse analysis.	Individual and group semi-structured interviews.	Three main discourses were identified: "hardship and reward", "growing up and responsibility", and "doing things differently."
Chase, Maxwell, Knight, & Aggleton (2006). Pregnancy and parenthood among young people in and leaving care: what are the influencing factors, and what makes a	To explore factors contributing to pregnancy and parenthood in young people leaving care.	47 females, aged 15-22 (all mothers or pregnant). 16 males, aged 15-23 (all fathers or soon to be). 78 professionals and carers (teenage pregnancy co-ordinators, senior managers, social workers, foster	Quantitative and qualitative study	Semi-structured interview schedule Survey Literature search	Reported young people's emotional vulnerability, contraception use, positive experiences of parenthood, mixed social support from partner / birth family / foster carers and from social care.

difference in providing support? (UK)		carers, residential care workers, primary care staff, housing staff and educational support workers). 80% of young people were white British; 20% were from ethnic minority backgrounds (unspecified).			
Chase & Knight (2006). Is early parenthood such a bad thing? (UK)	To explore factors contributing to pregnancy and parenthood in young people leaving care.	47 females, aged 15-22 (all mothers or pregnant). 16 males, aged 15-23 (all fathers or soon to be). 78 professionals and carers (teenage pregnancy co-ordinators, senior managers, social workers, foster carers, residential care workers, primary care staff, housing staff and educational support workers). 80% of young people were white British; 20% were from ethnic minority backgrounds (unspecified).	Quantitative and qualitative study	Semi-structured interview schedule Survey Literature search	Reported factors influencing early pregnancy and parenthood, coping as parents, sources of support, education, housing and experiences of social care services.
Knight, Chase, & Aggleton (2006). 'Someone of your own to love.' Experiences of being looked after as influences of teenage . (UK)	To examine how experiences of foster care may influence pregnancy, sex-education, and provision of parenting support, with implications for policy for practice.	47 females, aged 15-22 (all mothers or pregnant). 16 males, aged 15-23 (all fathers or soon to be). 78 professionals and carers (teenage pregnancy co-ordinators, senior managers, social workers, foster carers, residential care workers, primary care staff, housing staff and educational support workers). 80% of young people were white British; 20% were from ethnic minority backgrounds (unspecified).	Qualitative study using grounded theory methodology (Glaser & Strauss, 1967).	Semi-structured interview schedule	This study highlighted the mothers' experiences of feelings of loneliness, rejection, stigma, and inability to trust others, influenced their decisions about becoming parents, and concluded that greater emotional support likely to be beneficial.
Knight, Chase, & Aggleton (2006). Teenage pregnancy among young people in and leaving care: messages and implications for foster care. (UK)	To examine how experiences of foster care may influence pregnancy, sex-education, and provision of parenting support, with implications for	47 females, aged 15-22 (all mothers or pregnant). 16 males, aged 15-23 (all fathers or soon to be). 78 professionals and carers (teenage pregnancy co-ordinators, senior managers, social	Qualitative study using grounded theory methodology (Glaser & Strauss, 1967).	Semi-structured interview schedule	Factors influencing pregnancy were emotional vulnerability and multiple placement change meaning a lack of sex education. Little support during pregnancy and after child birth, failure of social care to adequately 'parent' these young

	policy for practice.	workers, foster carers, residential care workers, primary care staff, housing staff and educational support workers). Majority of young people were white British, others were from black British, Caribbean, or African backgrounds. Exact numbers were not detailed in study.			parents, and the parents' struggles around continuing to be adolescents were also reported.
Corlyon & Mcquire (1999). Pregnancy and parenthood: the views and experiences of young people in public care. <i>(UK)</i>	To examine views of young parents who have been in care.	67 young people in care (29 mothers (6pregnant)); 212 non-LAC school sample (survey); 29 non-LAC school sample (qualitative).	Qualitative and quantitative study (methodology vague).	Survey (demographic) Focused groups Individual interview	Main findings were: lack of social support, lack of sex education, low aspirations for the future, views on pregnancy and parenthood. Concluded need for greater support and education.
Corlyon & Mcquire (1997). Pregnancy and parenthood: the views and experiences of young people in public care. <i>(UK)</i>	To examine views of young parents who have been in care.	67 young people in care (29 mothers (6pregnant)).	Qualitative and quantitative study (methodology vague).	Survey (demographic) Focused groups Individual interview	Looks at component 1 of the two-part study reported by Corlyon & McQuire (1999).
Dominelli, Strega, Callhan, & Rutman (2005). Endangered children: experiencing and surviving the state as failed parent and grandparent. <i>(Canada)</i>	Examines the role of the state in the experiences of young mothers in care.	11 young mothers, aged 16-24 (aged 13-18 at birth of first child). 20 child welfare workers	Qualitative study using grounded theory methodology (Glaser & Strauss, 1967)	Semi-structured interviews with mothers. Focus groups with welfare workers.	Concluded that the state fails to adequately parent and grandparent young mothers in care and their children, making it difficult to 'break the cycle.'
Callahan, Rutman, Strega, & Dominelli (2005). Looking promising: contradictions and challenges for young mothers in care. <i>(Canada)</i>	To examine experiences of motherhood in relation to social context.	11 young mothers aged 16-24 (aged 13-18 at birth of first child). 8 were living with their child, 3 had their child taken into care.	Qualitative study using grounded theory methodology (Straus & Corbin, 1990).	Semi-structured interview schedule	Outlined a number of processes relation to experiences of motherhood that suggested their ability to overcome the past, and obstacles related to social care and social context and adversity.
Wade (2008). The ties that bind: support from birth families and substitute families for young people leaving care.	To examine informal support networks for care leavers.	106 care leavers aged 16-18. 26% of sample were young parents (35% of total female sample were mothers / pregnant). 25% from ethnic minority backgrounds, 2/5ths	Qualitative study and quantitative study	Semi-structured interview schedule, quantitative (demographic case information)	Reported mixed experiences of coping and struggling to adjust to parenthood, some renewed bonds with birth families, and resisted social care involvement for self-reliance.

(UK)		were or had been unaccompanied minors. Care workers recruited (unspecified number).			
Pryce & Samuels (2010). Renewal and risk: the dual experience of young motherhood and ageing out of the care system. (UK)	To explore how childhood history and the personal experience of being a mother impacted on the meaning attributed to motherhood in young mothers who have been in care.	15 young mothers in care (2 pregnant), age at birth of first child 14-20 years old.	Qualitative study using interpretative phenomenological analysis.	Semi-structured interview schedule.	Main findings were: purpose of motherhood, influence of past history on motherhood (e.g. repair and healing), desire / conviction to be good mothers. Concluded that motherhood has potential to heal and provided identity opportunities, but also some risk to mother.
Maxwell, Proctor & Hammond (2011). 'Me and my child:' Parenting experiences of young parent leaving care. (UK)	To explore experiences of motherhood and of their children in adolescent mothers who have been in care.	6 adolescent mothers, aged 18-20 years (17-19 years at birth of first child). All participants white British.	Qualitative study using interpretative phenomenological analysis.	Semi-structured interview schedule based on the Working Model of the Child Interview (Zeanah et al., 1994).	Identified a number of dialectical positions that the mothers oscillated between, indicating emotional vulnerability and negative societal discourses that impacted on their experiences of motherhood.
Budd, Heilman, & Kane (2000). Psychosocial correlates of child abuse potential in multiply disadvantaged adolescent mothers. (America)	To examine psychosocial correlates of child maltreatment risk, and assess the validity of the CAP Inventory (Milner, 1986) with disadvantaged adolescent mothers.	75 adolescent mothers who had been in care, aged 14-18 years old.	Quantitative study. Correlational design and used regression analyses to assess predictors of CAP.	Parent Opinion Questionnaire (POQ) Home Observation for the Measurement of the Environment (HOME) Inventory Child Abuse Potential (CAP) Inventory Symptom Checklist 90-Revised (SCL-90-R) Arizona Social Support Interview Schedule (ASSIS) Clinical Interview Form Parenting Stress Index-Short Form (PSI-SF) Wide Range	Results indicated that emotional distress, support dissatisfaction and low achievement were significant predictors of child abuse risk.

				Achievement Test-Revised (WRAT-R)	
Felix, Kelly, Poindexter, & Budd (2003). Cross-generational parenting influences on psychosocial functioning of adolescent mothers in substitute care. (America)	To examine cross-generational influence of adolescent parenthood on psychosocial functioning in adolescent mothers who have been in care.	139 adolescent mothers who were in care, aged 13.37-19.9 years (11-18 years at birth of first child).	Quantitative study	Structured Client Interview (Kelly, 1997) Parenting Stress Index-Short Form (PSI-SF)	Mothers whose main parent was an adolescent parent reported higher parenting stress and lower educational attainment.
Budd, Holdsworth, & HoganBruen (2006). Antecedents and concomitants of parenting stress in adolescent mothers in foster care. (America)	To examine variables associated with trajectories in adolescent mothers who had been in care by looking at antecedents and concomitants of parenting stress.	49 adolescent mothers who have been in care; aged 14-18; had at least one child between 2-20months living with them.	Longitudinal correlational design	Parent Opinion Questionnaire (POQ) Home Observation for the Measurement of the Environment (HOME) Inventory Child Abuse Potential (CAP) Inventory Symptom Checklist 90-Revised (SCL-90-R) Arizona Social Support Interview Schedule (ASSIS) Telephone interview with clinical psychology graduate to assess mothers' functioning. Structured Client Interview Parenting Stress Index-Short Form (PSI-SF)	Parenting variables (childrearing beliefs, child abuse risk, and parent-child interactions) together significantly contributed to later parenting stress and accounted for 28% of variance. However, alone only CAP and POQ scores significantly correlated to parent stress. Personal adjustment variables (support satisfaction and total positive support network) was not associated with later parenting stress. Low educational status and social support Study concluded that this supports a link between parenting difficulties and parenting stress amongst adolescent mothers in care.

Appendix 4. Participant Demographic Data

Participant	Age at interview (Age at birth of child)	Ethnicity	Housing	Relationship Status	Age taken into care	Reason for going into care	Age of child(ren)
1	20 (18)	White British	Independent	In a relationship with child's father	12	Not known*	1
2	20 (17)	White British	Independent	In a relationship with child's father	12	Not known	1, pregnant
3	19 (17)	White British	Independent	Singe	8	Not known	1
4	20 (19)	White British	Independent	Single	8	Not known	1
5	18 (17)	White British	Independent	Single	13	Not known	1
6	20 (19)	White British	Independent	In a relationship with new partner	11	Not known	3, 1**. 6 weeks
7	19 (16)	White Irish	Independent	In a relationship and living with father of second child	5	Neglect, parental substance misuse	3**, 2 m
8	19 (18)	British Asian	Independent	Single	13	Parental substance misuse, neglect	10 m
9	19 (18)	White British	Independent	Single	14	Family breakdown, risk taking	1 year
10	19 (17)	White British	Independent	Single	13	Risk taking, not kept safe	22 m
11	20 (18)	Black African	Independent	Single	12	Physical abuse	2 years
12	20 (17)	White British	Independent	In a relationship and living with child's father	8	Emotional abuse	3 years
13	20 (19)	Black British - African	Mother and baby unit	In a relationship with child's father	13	Neglect	8 m

*This information was confidential and not known to the researcher of the present study. However, Maxwell et al.'s (2011) inclusion criteria were identical to the present study. Maxwell et al. (2011) reported that abuse, neglect, and family breakdown were the main reasons the participants going into care.

**This represents the identified child participants talked about when they had more than one child.

Appendix 5. Ethics Approval

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Appendix 6. Parent Development Interview

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Appendix 7. Initial Interview Schedule

Interview Questions – Areas to explore

Broad opening questions

Today we are going to talk about you and your child, and some of the experiences you have had together.

Who lives in your family? How many children do you have? What are their names? How old are they?

Could you choose three words to describe your [child]? Does an incident or memory come to mind when you said _____? (PDI)*

1. Managing Challenging Behaviour

Can you tell me about some more difficult times with your child, when you haven't got along? Where, when, what, why?

Many mums I've spoken to say that when their child shows more difficult behaviour (e.g. tantrum / getting really upset / refusing to do something) it can be quite difficult. Can you tell me about a time with [child] when it has been difficult?

When your child is upset, what does he/she do? How does it make you feel? What do you do? (PDI)

When [child] does x how does that make you feel?

When you react by doing x (*e.g. discipline, stepping away, letting child cry*) how do you think your child felt?

Why do you think [child] does that?

What do you think your child was trying to communicate?

How would you describe your child's behaviour when they did x?

When is it easier / more difficult to manage [child's] behaviour?

Prompting: What happened next? What feelings did that bring up for you? What were the reasons for doing that? Why do you think you did that? What do you think that was about when your child does that? Are there times when you feel guilty / angry / upset?

Can you tell me about a good memory with child?

2. Past influencing present

How do you think your experience of being in care has affected you as a parent and / or your experiences with your child?

What were your experiences in care? How has it affected you as a parent?

How do you think your experiences in care have affected how you are now, and in your relationship with others?

3. Parental beliefs and values / linked to past experiences

How do you think your experiences of being parented affect your experience of being a parent now? (PDI)

Some mums have said they wanted to do things differently with their child than their parents – do you think your experiences have meant you now do things in certain ways? Can you give me an example?

How do you do things same/different to your parents?

How do you think you are like and unlike your parents/mother? (PDI)

Prompting – reasons / rationales for decisions if appropriate throughout interview

4. Parenting ability

Parenting can be pretty hard. Some mums talked about how they sometimes have doubts or worry they aren't doing it right; have you ever feel like that? Can you tell me about it?

When your child does x how does that impact on how you see yourself as a parent?

Tell me about a time in the last week or two when you felt really angry as a parent? (Probe: What kinds of situations make you feel this way? How do you handle your angry feelings?) What kinds of effect do these feelings have on your child? (PDI)

Tell me about a time in the last week or two when you felt really guilty as a parent? (Probe: What kinds of situations make you feel this way? How do you handle your guilty feelings?) What kinds of effect do these feelings have on your child? (PDI)

5. External world

Some mums have said that they will be judged for being a young mum. Is that something you ever think about? If so, how does it affect you as a parent (e.g. what you do, how you manage behaviour etc.) / impact on your relationship with your child?

Has social services ever been involved with you and your child? What was that like? Or, did you ever worry that they would get involved?

6. Meaning of motherhood

What gives you the most joy in being a parent? (PDI)

What gives you the most pain or difficulty in being a parent? (PDI)

How would you describe your relationship / bond with your child?

Some mums said they thought their child was very similar to them? Do you think you are similar to your child? In what ways are you similar (or different)? What does it mean to you to be quite similar / dissimilar to your child?

Some mums have said it is difficult to think about their child growing up and being more independent. What does your child growing up mean to you?

I would like you to think of a time you and your child weren't together, when you were separated. Can you describe it to me? (Probe: what kind of effect did it have on the child? What kind of effect did it have on you?) (PDI)

How would you describe yourself as a parent / person?

How has having a child changed you? (PDI)

Ending Questions

Is there anything else you would like me to know / you've thought of that you like me to know?

Do you have any questions?

That's it! Thank you very much for taking part.

*Questions taken from the PDI (Slade et al., 2004).



Information sheet

Are you a young mum?

If you are, I would like to hear about what you think and feel about being a parent, and your experiences with your child.

Who am I?

My name is Chantell Douglas and I am training to be a Clinical Psychologist at Canterbury Christ Church University. I am doing this research as part of my training.

What is this study about?

Becoming a parent can be enjoyable and challenging. If you are a young mum, I would really like to hear what it has been like for you, and about some of the memorable experiences that you have had with your child.

Why do I want to do this study?

Most research about young mothers has been from the viewpoint of professionals. There isn't much on what the young mothers themselves think, particularly about their relationship with their child.

Who will be involved in the study?

I would like to talk with young mothers between 16-20 years old, who were a teenager when their child was born, and have been in the British care system. They need to have a child currently between 0-3 years of age.

How to contact me?

If you would like to talk to me you can contact me in the following ways:

- Tell your social worker and they will give me your phone number. I will then call you to organise a convenient time and place to meet.
- Contact me directly on the email address or telephone number below (please leave a message if I don't answer straight away). I will then call you and organise a convenient

time and place to meet. If you are happy for me to do so, I will also contact your social worker and let them know you are meeting me.

Some questions you may have...

“Ok, so I want to be involved in this research. What will happen next?”

I would like to have two meetings with you:



The **first meeting** will just be a chance for us to meet together, to talk about the project, and answer any questions that you may have.

The **second meeting** will be about 2 weeks later. In this meeting we will talk for about 1-1½ hours about your experiences. I would like to tape-record our discussion so I can remember what was said. I will also take notes following the interview. After I have interviewed a number of young mothers (about 6) I will write up the results. If you would like, I can send you a copy of these results.



“If I start taking part in the research, can I change my mind later?” Yes – you can withdraw at any time and your data will not be used.

“Can the information about my child or myself be identified or shared with anyone?”

No – all information will be confidential, anonymous, and will not be shared with anyone who is not directly involved in this research. Only my project supervisors and myself will be able to see it. All tape recordings will be destroyed once transcribed. Transcripts will be stored in a locked cabinet for 10 years. However, if anything comes up in my meeting with you that makes me worried about you or your child's safety, I do have a legal obligation to tell someone. Should this happen, I will try to discuss this with you first and let you know who I will speak to about it.

“Will I be rewarded for taking part?” Yes – you will be given a **£10 gift voucher**. Please remember that taking part is voluntary. You can stop being part of the study at any time, without having to explain why, and you will still receive the gift voucher.

Sometimes, people can get upset when talking about their experiences. If this happens, we can take a short break if necessary. We can also discuss if you would like me to contact someone to support you after the interview. I will also do my best to make sure you do not leave the interview distressed.

Your taking part will not affect the care you receive from social services or any other service.

If you have any questions, or are interested in participating in this study please contact me, Chantell Douglas, on:
Email: c.douglas253@canterbury.ac.uk
Phone: 07980108133

Supervised by:
Julie Proctor (Clinical Psychologist)

Linda Hammond (Clinical Psychologist)

julie.proctor@oxleas.nhs.uk

linda.hammond@canterbury.ac.uk

If you wish to complain about any aspect of the way you have been approached or treated during the course of the study, please contact Chantell Douglas on 07980108133. Otherwise, you can contact Dr Paul Camic, Clinical Research Director, Salomons Campus, Canterbury Christ Church University, on 01892 515 152

Appendix 9. Consent Form



Consent Form

Are you a young mum?

If you are, I would like to hear about what you think and feel about being a parent, and your experiences with your child.

This form is to be filled in to show that you have read and understood the **Participant Information Sheet** and that you have agreed to take part in this study. Please tick the box to say if you agree.

	Please Tick	
Chantell has explained to me what this study is about, I have read and understood the information sheet, and I have had the opportunity to ask questions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have been given a copy of the information sheet to keep.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand that my participation is voluntary and that I can chose to not be part of this study at any point, without giving any reason, and without my care from any other professionals / services being affected.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree to take part in a confidential interview with Chantell about my experiences of being a parent and my relationship with my child, and that any information I say about my child or me will be anonymous.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree for this interview to be audiotaped. These tapes will be destroyed once they have been transcribed. Transcripts will be stored securely for ten years.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree for any quotes taken from the interviews (which will be anonymous) to be used in: <ul style="list-style-type: none"> • Chantell's dissertation • In a presentation about the study • In any publication of the study • A future research study 	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO
Name of mother	Date	Signature
.....

Name of researcher	Date	Signature
.....

You will be given a copy of this consent form to keep.

Appendix 10. Early Theoretical Memos / Diagramming Examples

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Appendix 11. Theoretical Memos / Diagramming Examples from Second-stage of Analysis

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Appendix 12. Summary of Findings for Participants

What was this study about?

Becoming a parent can be enjoyable and challenging. This study aimed to find out about parents' everyday experiences and interactions with their child.

Who was involved in this study?

13 young mums, aged 18-20 years old, who were a teenager when their child was born, and had been in care, took part in this study. The mothers' children were aged between 8 months and 3 years old. Some mums had been in care for a long time, others for just a few years.

What did I do?

I talked to the young mothers about the enjoyable times that they had with their child, and the times that had been more difficult, such as how the mothers felt about their child having to separate from them, and what level of social support they had. I also talked to the young mothers about what being a mother meant to them, and about their own feelings, such as times when they felt angry or guilty as a parent. I recorded all the interviews. After the interviews, I typed them up. I then spent a lot of time reading and thinking about what everyone had said. I looked for common themes or important things that the young mums had talked about. I then put all of these together to understand their experiences of motherhood and of their children.

What did I find?

I found lots of themes or 'categories' that show the experiences of the young mums interviewed. Not all of these themes apply to every mum.

This is a list of the main categories:

1. Meaning of motherhood as bonding with child.

The young mums talked about bonding and connecting with their child. This was very important to the mums, as in the past they had previously experienced feeling alone, or people leaving or abandoning them.

2. Motherhood providing opportunity:

- To positively change their lives. Many mums talked about how being a mum had made them feel motivated to study, work, and no longer get into trouble.
- To be different parents to their own. All mums talked how they wanted to be different to their own parents, and to give their child a different experience to their own.
- To repair. Many mums talked about how having a child made them feel needed by someone and loved. They also talked about how they felt they needed and loved their child. Some mums talked about it being important to them to have someone that was theirs and would not leave them.

3. Emotional experiences.

Some mums talked about how having a child meant that they did not feel as much pain and sadness as they once did. Many mums continued to feel some sadness or anger from their experiences of the past.

4. Self-concept.

Most mums talked about how they often felt like 'good parents.' They often felt like this when their child smiled or listened to them. Sometimes they felt like 'inadequate parents' and not very good about themselves. Sometimes their experience of being judged by others made them feel like this.

5. Connecting the past to the present experiences.

For example, some mums talked about how their experience of being badly treated by adults made it difficult for them to trust adults to look after their child.

6. External world threatening.

All mums talked about how they did not feel that they had enough social support to help them. Many experienced social care as being unhelpful, and did not like that social care continued to be involved in their lives. Some mums said they thought that they needed more support from social care, as they felt isolated.

7. Influence of social support.

A few mums thought that the support that they had from their foster carer, partner, or birth families was really important in helping them to cope with some of the everyday challenges of being a parent.

8/9. These themes (above) seemed to influence how the young mums **experienced** and **interacted** with their children, such as:

- Experiencing joy and pride from being a parent.
- Finding separating from their child difficult.
- Feeling overwhelming emotions when having to manage their child's challenging behaviour.

Summary

These findings are really important as they tell us about what it is like for young mums. It tells us that there are lots of positive experiences about being a parent, but that there are also some things that are more difficult. These findings will help professionals working with young mums that have been in care to think about the most helpful ways to support them. These findings will be sent to a journal to be published. As we discussed, the findings will be written anonymously so no one will know who took part.

Chantell Douglas
Trainee Clinical Psychologist
Canterbury Christ Church University

Appendix 13. Quality Assurance Guidelines

Yardley (2008) outlines the following essential qualities of qualitative research:

- **Sensitivity to Context.** Allow patterns and meaning to emerge through the analytic process. Draw on theory or relevant research in relation to the findings. Demonstrate sensitivity to participants' socio-cultural context. Draw out participants' perspectives, and consider ethical implications in one's engagement with participants.
- **Commitment and Rigour.** Demonstrate depth/breadth of analysis to deliver insight into the studied population or topic. Demonstrate in-depth engagement with the topic and skilful application of the analytic method.
- **Coherence and Transparency.** Make the study a coherent whole through the clarity and power of the argument for carrying out the study. Demonstrate a solid grounding in the research methodology, and present findings in a way that fits to the chosen methodology. Be transparent about methods used and demonstrate reflexivity.
- **Impact and Importance.** Study should aim to make a contribution to the research literature, and clinical practice, or policy or the community. It should have the potential to make some change in the thinking around the topic or population.

Appendix 14. Extract from Bracketing Interview

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Appendix 15. Extracts from Reflective Diary

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**Appendix 16. Grounded Theory Main Categories, Sub-categories, Focused
Codes and Additional Coded Data Examples**

	Category	Sub-category	Focused Codes
Internal Influences	Meaning of Motherhood	Bonding to child	Having a strong bond / connection
	Motherhood Providing Opportunity	Opportunity for change	Experiencing motherhood as an opportunity for change
		Opportunity to repair	Belonging / something of one's own
			Feeling loved / loving another
			Experiencing closeness
			Needing / being needed
		Opportunity to parent differently	Doing it differently to own parents
			Wanting child to have a different experience
			Experiencing / witnessing poor parenting models
	Emotional Experiences	Dynamic emotional experiences	Changing / dynamic emotional experiences
	Self-concept	Adequate parent	Feeling adequate as a parent
		Inadequate parent	Feeling inadequate as a parent
		View of self	Internalised perception of self
	Connecting Past to Present	Connecting past to present in relation to child	Thinking about past repeating in relation to their child
External Influences	Destabilising Social World	Being judged	Feeling judged by others
		Threatening social world	Feeling powerless
			Feeling anger towards others
			Feeling let down
			Feeling scrutinised by social care
		Lacking social support	Feeling alone / isolated
			Feeling unsupported
		Influence of social support	Experiencing social support as essential to parent
			Social support making a difference to parenting
	Experiences with child	Positively experiencing child	Feeling joy

			Feeling love
			Experiencing pride
			Experiencing pleasure
		Experiencing guilt	Feeling guilty
		Experiencing anger	Feeling angry
		High levels of stress	Experiencing parenting as hard, overwhelming, stressful
		Interpreting child's behaviour as rejecting / punishing / punishing	Experiencing / anticipating rejection
			Perceiving child's behaviour as punishing / purposeful
		Difficulty reflecting on child's experience	Experiencing reflecting on child's behaviour as difficult
		Experiencing comfort / soothing from child	Experiencing comfort / care / soothing from child
			Experiencing child as attuned to their emotional experience
		Perceiving child as identical	Perceiving child as identical
	Interactions with child	Growing up	Not wanting child to grow up
		Separation	Difficulty separating from child
		Managing challenging behaviour	Difficulty managing challenging behaviour
			Arousing strong emotions in response to child
			Trying to find ways to cope / manage
		Protectiveness	Feeling protective towards child
		Difficulty interacting with outside world / isolating	Difficulty interacting with outside world
			Isolating self and child
		Meaning of providing material things for child	Wanting to provide material things for child ("spoiling")

Additional data examples to further support sub-categories (listed above):

This has been removed from the electronic copy.

Appendix 17. End of Study Summary Report for Social Care Research Ethics

Committee and Social Workers

Background

A small body of research has portrayed a rather complex picture of these mothers' experiences. For example, Pryce and Samuels (2010) and Maxwell, Proctor and Hammond (2011) contend that motherhood for adolescent mothers in care can facilitate positive change but also presents risks to parent and child mental health.

Research has long suggested intergenerational cycles of parenting, where past patterns of relationships can re-emerge in an individual's present relationships with their children (Fraiberg, Adelson, & Shapiro, 1975), and family scripts can become repeated, particularly when under stress (Byng-Hall, 1995; 2008). Fonagy (2000) argues that mentalisation - an individual's capacity to ascribe meaning to the experiences of others and themselves – mediates intergenerational transmission. Children acquire this capacity from parental mentalising, which in turn affects attachment security (Sharp & Fonagy, 2008). Fonagy (2000) suggests that mentalisation is inhibited in individuals who have experienced early maltreatment, particularly at times of heightened arousal / stress. Therefore this may play a role in how these adolescent mothers' experience and relate to their children.

However, little is known about how these young mothers' experiences of motherhood influence their experiences and relationship with their children. No study has developed a conceptual framework linking this together. This study aims to build on Maxwell et al.'s (2011) findings.

Research Aims

This study intended to explore the processes influencing how adolescent mothers in care experience and interact with their child, and examine how these processes link to their past experiences of trauma and adversity.

Method

The sample consisted of 13 adolescent mothers that had been in care, that had been a teenager when their child was born, and had a child aged between 8 months and 3 years old. Grounded theory analysis and semi-structured open-ended interview questionnaire to facilitate rich narrative data was used (Charmaz, 2006).

Findings

Nine major categories and a theoretical model were suggested. These were: *'Meaning of motherhood as bonding with child,' 'Motherhood providing opportunity (to change, parent differently to their own, and repair unmet psychological needs), 'emotional experiences' (that fluctuated between overwhelming emotions and feeling more able to manage their emotional experiences), 'self-concept' (fluctuating between feeling like an adequate and inadequate parent and having more negative internalised*

beliefs about self), and ‘*connecting past and present experiences.*’ ‘*Destablising social world,*’ ‘*Influence of Social Support,*’ ‘*Experiences with Child*’ and ‘*Interactions with Child*’ made up the remaining categories.

These categories depict the ‘internal’ and fluctuating emotional experiences of these mothers and highlight areas of vulnerability and risk to the mothers and their children. It also highlights the positive aspects of parenthood and the opportunity it provides them to positively change their life and facilitate alternative identities. The mothers’ experience of their social world highlighted their perceptions of it as threatening and that they do not feel like they have sufficient support. The ‘external’ influences were experienced as destabilising, undermining their internal experiences and challenging their experiences and interactions with their child. Social support seemed to lessen but did not eradicate the impact of this. These internal and external processes were suggested to mediate the link between their past and present experience, and their relationship and interaction with their children.

Clinical Implications

This study highlighted positive aspects of parenting for these young mothers, but also indicators of risk and vulnerability. These mothers are likely to need interventions to support their underlying emotional needs. Behavioural parenting interventions are unlikely to be sufficient. Individual, parent-child, or group based therapeutic approaches that address emotion-regulation, attachment, and representations of self and child to allow the mothers to work through their experiences of the past, is likely to be highly valuable. Professionals should also work to strengthen existing resilience in these mothers as well as address risk. Social support should also be attended to.

Chantell Douglas
Trainee Clinical Psychologist
Canterbury Christ Church University

References:

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relationships. *Journal of the American Academy of Child Psychiatry*, 14, 387-421.

Maxwell, A., Proctor, J., & Hammond, L. (2011). 'Me and my child': Parenting experiences of young mothers leaving care. *Adoption & Fostering*, 35, 29-40.

Sharp, C., & Fonagy, P. (2008). The parent's capacity to treat the child as a psychological agent: constructs, measures, and implications for developmental psychology. *Social development*, 17, 738-754.

Appendix 18. Journal Submission Guidelines

Manuscript Submission Guidelines

Adoption & Fostering



Adoption & Fostering is the only quarterly UK peer reviewed journal dedicated to adoption and fostering issues. It also focuses on wider developments in childcare practice and research, providing an international, inter-disciplinary forum for academics and practitioners in social work, psychology, law, medicine, education, training and caring for children and young children.

1. Peer review policy

Adoption & Fostering operates a strictly anonymous peer review process in which the reviewer's name is withheld from the author and the author's name from the reviewer. The reviewer may at their own discretion opt to reveal their name to the author in their review but our standard policy practice is for both identities to remain

concealed. Each manuscript is reviewed by at least two referees. All manuscripts are reviewed as rapidly as possible, and an editorial decision is generally reached within 6-8 weeks of submission.

2. Article types

Articles may cover any of the following: analyses of policies or the law; accounts of practice innovations and developments; findings of research and evaluations; discussions of issues relevant to fostering and adoption; critical reviews of relevant literature, theories or concepts; case studies.

All research-based articles should include brief accounts of the design, sample characteristics and data-gathering methods. Any article should clearly identify its sources and refer to previous writings where relevant. The preferred length of articles is 5,000-7,000 words excluding references.

Contributions should be both authoritative and readable. Please avoid excessive use of technical terms and explain any key words that may not be familiar to most readers.

Letters to the Editor. Readers' letters should address issues raised by published articles or should report significant new findings that merit rapid dissemination. The decision to publish is made by the Editor, in order to ensure a timely appearance in print.

3. How to submit your manuscript

Manuscripts should be submitted to the editor by e-mail attachment to:

Miranda Davies BAAF Saffron House 6–10 Kirby Street London EC1N

8TS Telephone and Fax: +44 (0)20 7421 2608 Email:

miranda.davies@baaf.org.uk

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For more information please visit the [SAGE Journal Author Gateway](#).

6. Other conventions

None applicable.

7. Acknowledgements

Any acknowledgements should appear first at the end of your article prior to your Declaration of Conflicting Interests (if applicable), any notes and your References.

All contributors who do not meet the criteria for authorship should be listed in an 'Acknowledgements' section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance.

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9. Manuscript style

9.1 File types

Only electronic files conforming to the journal's guidelines will be accepted. The preferred format for the text and tables of your manuscript are Word DOC, RTF, XLS. Please also refer to additional guidelines on submitting artwork [and supplemental files] below.

9.2 Journal Style

Adoption & Fostering conforms to the SAGE house style. [Click here](#) to review guidelines on SAGE UK House Style

9.3 Reference Style

Adoption & Fostering adheres to the SAGE Harvard reference style. [Click here](#) to review the guidelines on SAGE Harvard to ensure your manuscript conforms to this reference style.

If you use [EndNote](#) to manage references, download the SAGE Harvard output style by following [this link](#) and save to the appropriate folder (normally for Windows C:\Program Files\EndNote\Styles and for Mac OS X Harddrive:Applications:EndNote:Styles). Once you've done this, open EndNote and

choose “Select Another Style...” from the dropdown menu in the menu bar; locate and choose this new style from the following screen.

9.4. Manuscript Preparation

The text should be double-spaced throughout and with a minimum of 3cm for left and right hand margins and 5cm at head and foot. Text should be standard 10 or 12 point.

9.4.1 Keywords and Abstracts: Helping readers find your article online

The title, keywords and abstract are key to ensuring readers find your article online through online search engines such as Google. Please refer to the information and guidance on how best to title your article, write your abstract and select your keywords by visiting SAGE’s Journal Author Gateway Guidelines on [How to Help Readers Find Your Article Online](#).

9.4.2 Corresponding Author Contact details

Provide full contact details for the corresponding author including email, mailing address and telephone numbers. Academic affiliations are required for all co-authors. These details should be presented separately to the main text of the article to facilitate anonymous peer review.

9.4.3 Guidelines for submitting artwork, figures and other graphics

For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit SAGE’s [Manuscript Submission Guidelines](#). Figures supplied in colour will appear in colour online regardless of whether or not these illustrations are reproduced in colour in the printed version. For specifically requested colour reproduction in print, you will receive information regarding the costs from SAGE after receipt of your accepted article.

Avoid confusion between ambiguous characters and take care to ensure that subscripts and superscripts are clear. Numbers below 11 should be written out in the text unless used in conjunction with units (e.g. three apples, 4 kg). Full points (not commas) should be used for decimals. For numbers less than one, a nought should be inserted before the decimal point. Use commas within numbers (e.g. 10,000).

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We will email a PDF of the proofs to the corresponding author.

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11. Further information

Any correspondence, queries or additional requests for information on the manuscript submission process should be sent to the Miranda Davies, Managing Editor, at miranda.davies@baaf.org.uk.

Appendix 19. Coded Transcript (Focused Coding)