

**Then there is me: blurring of the boundaries when  
care-experienced women become mothers**

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## **Abstract**

Care experienced mothers are more likely to experience state intervention in the care of their children than their non-care-experienced peers. In parallel, there is a public policy challenge of how to interrupt the cycle of intergenerational state intervention and for children to remain in the care of their parents.

It is recognised that care experienced young women need more support as they transition to become mothers, but what should that support look like? It is clear from research that support needs to reduce the impact of structural disadvantage. What is more elusive is how their emotional needs are understood and supported, at a time when it is recognised that maternal mental health is crucial for the long-term health and wellbeing for mothers and their children.

This group of young women become mothers in the shadow of public care and scrutiny. This study and prior research show that professionals are aware of young women's emotional struggles but find themselves challenged by what they experience as the tension between supporting the mother and safeguarding her baby. This is a psychosocial social work research study which uses an interview method informed by the Free Association Narrative Interview Method (FANIM), developed by Hollway and Jefferson (2013) to explore the experiences of four young women and four professionals. Through the theoretical concepts of Raphael-Leff (1996) and Ettinger (1997), the conscious and unconscious psychological experiences of young women who are mothers are theorised. This demonstrates the depth of their emotional experience and how it is connected to their parental past, their present and their future. It shows how, for them, they can feel like "objects" and different to other mothers with the focus being on their baby. The study considers how professionals experience a tension in their role and how this may originate in their and their organisations' defences against anxiety in the task. This study argues that more attention should be given to understanding and supporting young women emotionally as they become mothers and providing a practice environment where reflection is embedded enabling professionals to manage the task of thinking about the young woman and her baby both separately and together.

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## Chapter 1: Introduction

### 1.1 Introduction

What is evident from current research into the experiences of care-experienced mothers is that parenting takes place within a context in which there is some doubt on the part of professionals that parents who have experienced adverse childhood experiences will be 'good' mothers (Roberts, 2021). Furthermore, they are more likely than their peers to experience state intervention and their children to be permanently and compulsorily separated from them (Broadhurst *et al.*, 2015; Roberts *et al.* 2017; 2021). Roberts (2017, p.359) refers to this as the "intergenerational continuity of state intervention." MacAlister (2022, p.188), in the Independent Review of Children's Social Care, also identified how young people experience a feeling that there is an assumption they will not be good parents due to the stigma of having been in care as well as a lack of support. There is also evidence that it has been common practice – if not explicit policy – to undertake a pre-birth assessment under the Children Act 1989 when a care-experienced young woman becomes pregnant (Parsons, Schoon and Fitzsimmons, 2024; Roberts, 2021).

However, as Fraiberg, Adelson and Shapiro (1980) argue, it is too simplistic to assume that a difficult past can predict the future:

What is it that determines whether the conflicted past of the parent will be repeated with this child? Is morbidity in the parental history the prime determinant? This strikes us as too simple. Certainly we all know families in which a parental history of tragedy, cruelty, and sorrow have not been inflicted upon the children. The ghosts do not flood the nursery or erode the love bonds.

Then, too, we must reflect that if history predicted with fidelity, the human family itself would long ago have been drowned in its own oppressive past. (Fraiberg, Adelson and Shapiro, 1980, p.166)

It is clear from the themes in this research that there is a view that the parental past predicts future parental capacity and holds a particular place in the thoughts of young women and professionals alike. The findings of this study demonstrate that if more attention were given to understanding the emotional impact of past experience on transitioning to becoming a mother, it may inform what support they may need. Moreover, the study asserts that the nature of 'support' in this context is often used in a very generic way, referring to practical arrangements rather than considering what is needed by way of emotional support. The study additionally considers the role of the professionals who provide support and how they understand young women's experiences. It explores the relational dynamic between young women and professionals, and the impact of the organisational context on these relationships as professionals try not to 'blur the boundaries' of what they describe as their dual role of safeguarding/monitoring risk and providing support.

My interest and research position is informed by my background of over 30 years as a social worker and manager in Children's Services and, more recently, as a psychodynamic therapist and counsellor working with women in an NHS setting. I have worked with women of all ages and from many backgrounds. What I have come to learn is that those who have not previously reported or said they have experienced any psychological difficulties may find that in pregnancy, childbirth and becoming a mother, whilst the experience may bring great joy, it can also be unsettling. Additionally, it may arouse feelings and memories of their own childhood and familial relationships, many of which have been seemingly long forgotten. For

some women, they have affirming and warm memories; for others it may be that these recollections are disturbing and distressing. The need for perinatal mental health support has been increasingly recognised as important for both the parent/mother and the child's long-term mental health and wellbeing.

I have had a particular interest in the experiences of children and young people who are "looked after" by the state, or what is often referred to as 'out of home care', and how they can best be supported and given a more secure future. My experience in social work has also given me first-hand experience of how care-experienced young women are more likely to be involved with Children's Services when they become pregnant and, subsequently, parents, due to concerns about their parental capacity.

It is from both perspectives that I wanted to understand how young women who have often had turbulent experiences in care can be better supported so that they and their children have a secure start at a crucial time as they become mothers.

From a reflexive perspective, I am influenced by my professional and personal experiences as a daughter, mother and grandmother. As a psychodynamic practitioner, I am aware of how conscious and unconscious processes, thoughts and feelings that we may not be readily aware of can affect relationships and our view of the world. This is relevant to both my practice and how it has influenced me as a researcher and the methodology in this study. What I came to recognise as I undertook this study and took up the role of researcher, is how holding my professional roles brought with it my own ethical and professional tensions which I later came to think about as mirroring the tension that professionals described in their struggle with their 'dual role'.

Although there is limited data on the numbers of care-experienced young people who become pregnant and who are parents, the intergenerational disadvantage is well documented. Authors such as Botchway, Quigley and Gray. (2015), who researched pregnancy-associated outcomes in women who had spent time in care, found that outcome measures relating to pregnancy, such as smoking, symptoms of maternal depression and the initiation of breastfeeding, were poorer for this group of mothers. They further asserted that these mothers “carry disadvantage into motherhood” (Botchway, Quigley and Gray, 2015, p.2), arguing that their mental and physical health during pregnancy should be part of what they termed the “policy puzzle,” i.e., how policy should be thought about and structured (Botchway, Quigley and Gray, 2015, p.8). Bublitz *et al.* (2014) identified that mothers who had experience of state care were four times more likely to give birth prematurely (before 37 weeks). They cited the need for further research on the impacts of separation and trauma on women’s biopsychosocial regulation.

There is also limited research to draw upon that demonstrates what good support services look like for care-experienced parents (Roberts, 2021). Parsons, Schoon and Fitzsimmons (2024) also highlighted the mental wellbeing of care leavers and their children as an area requiring further research “to uncover the protective factors that will help minimise the impact poor mental health can have across all domains of life including economic activity, social participation and support good parenting practices” (p.54). The authors also contended that research should examine the processes enabling care-experience parents and their children to “overcome the psycho-social scarring to improve their mental health and escape the vicious cycle to lead a satisfactory and rewarding life after a problematic childhood” (p.54). What is evident from this study and prior research is that limited attention has been given to

the emotional experiences of care-experienced young women who are pregnant and mothers.

This is in the context of a growing body of work that recognises and explores the experiences of women as they transition to becoming parents, writers such as Ettinger (2010), Hollway (2015), Leese (2015) and Raphael-Leff (2018) have theorised on both the conscious and the unconscious psychological processes that women navigate as they become mothers. Leese (2016) reflects on the “bumpy road” to becoming a mother and how this can be a difficult time for a woman at any age but for teenage mothers it is particularly difficult: “A woman’s transition into motherhood is of central importance in her life, and the point when she ‘becomes’ a mother is significant because her identity changes” (p.521).

For young women who are care-experienced, this “bumpy road,” is particularly significant if they have existing struggles with mental health, which is prevalent in this group of young women (Barn and Mantovani, 2007).

This study makes an important contribution to this area of research, as it explores through in-depth interviews the emotional experiences of care-experienced mothers and the professionals who work with them. This research study goes some way to bridging that gap in existing research which suggests if, more were understood about their emotional experiences, it could help inform how to better support them.

This introduction sets out the policy context and outlines the key themes and issues relating to the area of research. It then introduces the central questions informing this study and the method of research. The chapter concludes with an overview of the structure of the thesis.

## **1.2 Background and policy context: leaving care legislation in England and Wales**

Legislation relating specifically to young people 'in' and 'leaving care' originated in the Children Act 1989, enhanced by the Children Leaving Care Act 2000. Prior to these Acts, children often left care aged 16 and were then eligible for public welfare and financial state benefits (Wade, 2008), but the introduction of the 2000 Act created new categories of care leavers and eligibility for support in line with a young person's age and period in state care. The Children and Families Act 2014 introduced the "Staying Put" provision to enable young people to remain living with their carers beyond the age of 18, although this is often based on a reduced amount of funding and with less support offered for both parties.

The Social Work and Children Act 2017, placed a new duty on local authorities to provide Personal Adviser (PA) support to all care leavers up to 25, if requested. The amended regulations refer to a number of scenarios when care leavers may return for support, including pregnancy and becoming a parent. However, the nature of the support is not specified. As Masson (2008) has asserted, "State parenting of these young people is often limited to financial support, accommodation and advice services" (p.68). She also argues that the state focuses on permanency for young children, and there is a reluctance to maintain responsibility for parenting older children and young people. The terminology referred to in this study as it relates to care-experienced young people in the legislation, policy and guidance is set out in Appendix 1.

### **1.3 Themes and issues from current research on the experiences of care-experienced young mothers: situating the study**

A review of the literature relating to care-experienced parents identified several themes and issues emerging from the perspectives of young people and coalescing broadly around research conducted by Roberts (2021) and Barnardo's (2022, p.7).

The key findings from the latter are summarised below:

1. Care-experienced parents do not receive good-quality support during pregnancy.
2. Care-experienced parents struggle to access an informal support community, similar to that which would be provided by an extended family.
3. Professionals supporting care-experienced parents can feel judgemental rather than supportive.
4. Care-experienced parents can feel stigmatised and discriminated against because of their care status.
5. Care-experienced parents struggle to access mental health and wellbeing services.

Aisling, a young woman who participated in this study, describes her own experience:

I wanted to be a good mum, I was doing what I wanted to do [...] I felt targeted, I felt confused [...] what is the big stigma of care children who are going to have kids, why do they have to go through this? It was hard and it was confusing, it stressed me out and made me want to rebel, they were judging me before I could show them.

The relationship between professionals and care-experienced young mothers has also been identified as a key theme when considering support for them (Dominelli *et al.*, 2005; Gill *et al.*, 2020; Montovani and Thomas, 2015; Roberts, 2006, 2021; Rutman, 2002). A significant finding from this and previous work is the challenge professionals face in terms of managing what has been described as the 'dual role' of providing support and safeguarding for young women and their children (Roberts, 2021, Rutman *et al.*, 2002). Dominelli *et al.* (2005), in their study of care-experienced mothers, discuss how professionals in this context act on behalf of the Local Authority (LA)/state within the legislation and practice guidance, and how they are the embodiment of the state as a 'corporate' parent. This organisational role, and the implications of associated responsibilities for vulnerable children and their parents, was explored by Ruch (2012), who recognised inherent conscious and unconscious conflicts. It is noteworthy that in the interviews with young women and professionals in this study, there is little sense of the Local Authority being thought about in a 'parental' or a 'grandparent' role.

It is evident from prior work and the findings from this study that the dynamic relationship between young women and professionals, and professionals and the organisation (LA) are significant dimensions in understanding how young women's experiences are understood and supported. These key considerations inform the following research questions and design.

#### **1.4 Research questions and design**

How are the experiences and emotional needs of care-experienced young women understood and supported during pregnancy and early parenting?

1. How do young women understand their feelings about pregnancy and parenting, and how may this relate to their own experiences of being parented?
2. What are the conscious and unconscious processes and identifications young women experience during pregnancy and parenting?
3. How do social workers and others in the network around young woman understand their experiences of being parented and the impact these may have on their thoughts and feelings about pregnancy and parenting?
4. What conscious and unconscious processes and dynamics influence these relationships?
5. What are the implications of more psychosocial informed policy and practice?

The theoretical approach and research design need to reflect the complexity of these questions, including eliciting the participants' feelings and what impacts these feelings and the social environment in which their relationships evolve. Frosh and Baraitser (2008) suggest that this is where the field of psychosocial studies can contribute to theory and enquiry, whilst Frost (2022) argues that this approach is particularly relevant to the field of social work research:

In practice fields such as social work, theory needs to be useful. It has work to do, and psychosocial theory, I will argue, seems to have the requisite breadth, depth, and ethical leanings to do it. Psychosocial thinking addresses people as constituted within social structures and personal internal landscapes. It also insists that the experiencing, relational human subject is placed at the centre of the analysis: the knower and the known in terms of knowledge construction; the worker and the service user in social work are both equally dynamically present and constitutive in all encounters, and this subjective interface is fundamental to the relationship. The human subject is at the core

of psychosocial understanding: a crucial position for social work. (Frost, 2022, p.776)

In the pursuit of understanding the experiences of care-experienced young women and the professionals who support them, the research method is informed by the Free Association Narrative Method developed by Hollway and Jefferson (2013), who theorise the research subject thus:

There is a relationship between people's ambiguous representations and their experiences [...] But, tracking this relationship relies on a particular view of the research subject: one whose inner world is not simply a reflection of the outer world, nor a cognitively driven rational accommodation to it. Rather, we intend to argue for the need to posit research subjects whose inner worlds cannot be understood without knowledge of the way in which their inner worlds allow them to experience the outer world. (Hollway and Jefferson, 2014, p.4)

Here, the research subject is engaged with and theorised as a psychosocial subject involved in dynamic relationships that are influenced by conscious and unconscious processes. This study is relevant, as it reveals the significance of the emotional and psychological transition to motherhood for this group of young women, which it achieves through theorists such as Ettinger (2010), Hollway (2015) and Raphael-Leff (1996). These authors' works are psychoanalytically informed and provide a conceptual framework which enables the emotional experiences of the young women to be examined and understood beyond the level of the surface narrative. Furthermore, the theoretical depth they offer takes account of the unconscious processes affecting the transition to becoming a mother, which – this study argues – is a time when mothers reflect on their relationships as well as their past, present and future. This involves complex dynamics, identifications and thoughts of

themselves as children, comparing and contrasting these thoughts with what they want for their own children and themselves.

The study further considers the role of professionals who support care-experienced mothers and what they describe as the 'dual role' of safeguarding and support (Roberts, 2021; Rutman *et al.*, 2002). Additionally, it explores how these professionals may be impacted by their own experiences of parenthood, the organisational context and the potential conflict and anxiety this may generate (Ruch, 2012). The study concludes that these complex dynamic relationships need to be understood from a psychosocial perspective in order to provide a policy and practice environment which takes account of the emotional needs of this group of young women and facilitates emotionally attuned professional practice.

### **1.5 Thesis structure**

This chapter has introduced the area of study, and the following Chapter 2 provides an overview of the literature relating to the area of research. It begins with a review of research literature relevant to the experiences of care-experienced young women who are mothers, and it is drawn together around key themes. It then considers the literature addressing psychosocial perspectives on maternal transitions, which can provide a framework within which to consider the emotional experience of becoming a mother. As this study is concerned with how the relational dynamics between young women and professionals influence both their experiences, the review then turns to relevant research from a psychosocial perspective. The chapter then reviews the literature providing an organisational perspective, which then enables the study to situate these relationships in the organisational context of state care.

Chapter 3 locates the research position and why a psychosocially informed methodology is relevant to this area of study and the research questions. The chapter sets out the research design and methods for analysing the data and how the themes were generated using the systematic reflexive thematic analysis method set out by Braun and Clarke (2022).

Chapters 4 and 5, respectively, set out the findings and themes from the data of the interviews with young women and professionals. The analysis of the findings demonstrates the depth of the understanding young women have of their situation and how professionals are aware of young women's struggles during pregnancy and early parenting.

Chapter 6 discusses the findings and themes to explore the research question and sub-questions: The chapter considers the symmetry and overlap in the themes from the findings, suggesting that there are points of connection and understanding, which demonstrate that professionals are aware of the depth of the emotional experiences of young women. It then goes on to discuss the findings and themes from the perspective of psychoanalytically informed theoretical concepts developed by Raphael-Leff (1996) and Ettinger (1997). These perspectives help to conceptualise young women's experiences and offer a way of understanding their experience and respond to the research question. The chapter then considers the experiences of professionals and discusses the findings and themes from the perspective of the conscious and unconscious processes that may affect their experience of their role and the dynamic of their relationship with the young women. The chapter concludes with a reflection on the implications for policy and practice.

Chapter 9 provides an overview and summary of the study and its findings, and considers the implications for future research.

## **Chapter 2: Literature Review**

### **2.1 Introduction**

This chapter undertakes a literature review which is informed by the research questions. First, the methodology for the review is outlined, followed by an introduction to the key psychoanalytic concepts referred to in the literature throughout this study. The chapter then sets out the relevant research, key themes and theoretical perspectives, and it concludes with an overview of how the literature informs the development of the study.

### **2.2 Literature review methodology**

A systematic approach was taken to this review. As Aveyard (2019, p. 17) describes, “the literature review process is a research methodology in its own right and should commence with the research question”. The research question and sub-questions therefore formed the basis for the search terms, and a systemic approach was chosen in order to add structure to the review. Two levels of analysis are applied to the literature search. The first is a review of the literature from the initial search, whilst the second is a more critical appraisal and identifies the literature’s quality and relevance to the research questions. This method not only provides a level of confidence in the findings, but it also recognises the limitations of the review, given the resources available to a single researcher.

#### **2.2.1 Search Strategy**

As the central research question for this study focuses on exploring and understanding the emotional experiences of care-experienced young mothers and how this may help inform policy and practice, there are three overarching strands to

the literature. The first relates to the literature on the experiences of care-experienced women who are mothers. The second strand relates to the literature exploring the emotional experience of becoming a mother. It includes theoretical perspectives on maternal transition related to pregnancy and early motherhood and the conscious and unconscious processes involved.

The third strand relates to research on how professionals understand the experiences of the young women they support. The search strategy concentrates on work considering conscious and unconscious processes and the emotional impact on professionals when working with parents, as well as literature addressing more specifically how to understand the impacts of the organisational context.

### **Inclusion and Exclusion Criteria**

- Primary and secondary research was accessed via electronic databases.
- The search strategy for literature relating to the experiences of care-experienced young women who are mothers included English language publications. Non-UK works established as seminal in the field were included. The search included literature published post-2000, as this was when the Leaving Care Act 2000 was implemented, and with it more specific responsibilities towards care-experienced young people leaving care, which makes it more relevant to this study.
- As the research questions are concerned particularly with the contribution of perspectives which consider the impact of conscious and unconscious processes in an understanding of emotional experiences of care-experienced young women who are mothers, the review was limited to research and theory that would contribute to this perspective.

- Literature on the emotional experiences of professionals working with mothers in child welfare services.

### **2.3 Key psychoanalytic concepts**

The literature cited in this study makes specific reference to concepts developed in psychoanalytic theory and clinical practice. The key concepts referred to in the literature and throughout this study are now outlined and defined.

#### ***2.3.1 The unconscious, preconscious and conscious – a topographical theory of the subsystems of the mind***

Freud (1900) developed his theories of the mind by referring to the unconscious, preconscious and conscious subsystems in a topographical model. According to Laplanche and Pontalis (2006), the conscious system relates to thoughts and mental processes that are readily available to be known. The pre-conscious system is understood as thoughts and mental processes that may not be readily available to be known but with some help and reflection can be accessed and brought to consciousness. In contrast, the unconscious system refers to the thoughts and mental processes that are not easily accessible to the conscious and preconscious mind without help, but nevertheless they have a dynamic influence on daily experience and emotions. Freud described not only how difficult thoughts and feelings enter the unconscious through a process of repression, but also how some very early experiences will remain unconscious.

#### ***2.3.2 Splitting and projective identification***

The concepts of splitting and projective identification, as theorised by Klein (1975), developed from clinical work and enabled a theoretical understanding of phenomena

that she and her colleagues experienced with their patients. The concepts of splitting and projective identification are psychological processes considered by Klein as the earliest defences against anxiety. Moreover, Klein suggested that from the earliest stage of development, a baby is capable of phantasy. Weiss (2017) describes how Klein employed the concept of 'phantasy' in her theoretical understanding of splitting and projective processes:

Klein understands phantasies as a structural function and organizer of mental life. From their very beginnings they involve object relations and gradually evolve from primitive body-near experiences to images and symbolic representations. With her concept of projective identification in particular, Klein anticipates the communicative function of unconscious phantasies. They are at the basis of processes of symbolisation but may also be put into the service of complex defensive operations. (Weiss, 2017, p.779)

Klein theorised that the baby unconsciously splits the object it associates with good experiences, thus protecting it from the part of the object it associates with bad experiences. Splitting and projective processes have been developed and conceptualised further by writers such as Ogden (1979), who synthesises contributions from a number of sources to describe the concept as "having to do with ridding of the self of unwanted aspects of self, the depositing of those unwanted 'parts' into another person: and finally, with the 'recovery' of a modified version" (p.357).

Splitting is an unconscious psychological process that develops in the earliest months of life, during which time a baby's infantile needs and anxieties relate to good and bad experiences, depending on how they are satisfied. The infantile mind manages these experiences by splitting them off and projecting them onto the caregiver, who is, or is not, able to satisfy the baby's needs. In turn, the baby is then

able to take in or introject the good experiences and begin to develop the capacity to manage or tolerate the bad experiences. According to Klein (1979), this is how the infant begins to form emotional relationships. Klein further posited that the process of splitting, as a mechanism of defence, continues throughout life in relation to experiences that provoke anxiety.

### **2.3.3 Identification**

The concept of identification in psychoanalytic theory can involve a number of processes, but in the context of this study, identification relates to the phantasy process of putting one's identity into or onto another or confusing one's identity with another. In sum, it involves thinking about another from the position of one's own experience. This may be a conscious or unconscious process (Rycroft, 1996), and it is distinct from the concept of projective identification referred to earlier.

### **2.3.4 Defences**

Freud (1926) described defences as all the techniques the ego may use to reduce internal conflict, or, as it can be experienced, anxiety. Laplanche and Pontalis offer the following summary of defences:

A group of operations aimed at the reduction or elimination of any change liable to threaten the integrity and stability of the bio-psychological individual [...] the defensive process is expressed concretely in mechanisms of defence which are more or less integrated into the ego. (Laplanche and Pontalis, 2006, pp.103-104)

### **2.3.5 Container-contained**

The container-contained concept was theorised by Bion (1962). Ogden (2004) described it as having its origins in Bion's revision of Klein's concept of projective

identification. Bion posits how the mother/carer and baby dyad, in the physicality of feeding and nurturing, can also be thought about as in an unconscious psychological process or exchange. As the baby projects onto mother its intolerable emotional experiences, the mother, in turn, if she is psychologically available to the infant, is able to understand the experience that is being communicated. If the mother/carer is able to tolerate the infant's distress, they give back to the infant an experience of being understood and the intolerable being tolerable. In this exchange, albeit unconscious, the infant can take this experience and, over time, develop the capacity to manage their own intolerable experiences, thereby making the intolerable tolerable. Ogden offers the following helpful description:

The '**container**' is not a thing but a process. It is the capacity for the unconscious psychological work of dreaming, operating in concert with the capacity for preconscious dreamlike thinking (reveries), and the capacity for more fully conscious secondary process thinking.

The '**contained**', like the container is not a static thing, but a living process that is continuously expanding and changing. The term refers to thoughts (in the broadest sense of the word) and feelings that are in the process of being derived from one's emotional lived experience. (Ogden, 2004, p.1357)

### ***2.3.6 Bion's theory of thinking***

Bion (1962) further describes these projective processes in a formulaic way, which he argues is the basis for his theory of how the capacity for thinking and thought is developed. He explains how the container/contained psychological processes described previously can be further conceptualised. The infant's unprocessed thoughts and emotions are defined as "beta-elements," which can be transformed to

“alpha elements” via the “alpha function,” which is the reverie of the mother and her “mental operations”. The transformed alpha elements are described as thoughts and experiences that can now be made sense of and linked through the processes of thinking, dreaming and remembering.

### **2.3.7 Transference and countertransference**

The concepts of transference and countertransference are fundamental to theory and psychoanalytically informed clinical practice. Whilst there are extensive works on the nature and manifestation of transference and countertransference (Olsner, 2013), Frosh (2002) offers a helpful description of the concepts for the purposes of this study.

**Transference:** “Referring to the various ways in which the past returns in the present of the analytic encounter. What are ‘transferred’ here are feelings which properly belong elsewhere, usually attached in some way to persons or situations of long ago never fully dealt with. In more radical language of the Kleinians, however, it is parts of the self that are transferred from patient to the analyst” (Frosh, 2002, p.88). Frosh, further explains that in the broadest sense, this process occurs in everyday life.

**Countertransference:** Frosh (2002, p. 90) writes that “Countertransference is an everyday experience augmented in the analytic situation [...]. One way to think about it is to consider the feelings one might have in another’s presence. Especially when these feelings seem inextricably strong – for example, excessive hostility to someone who one has never met before, or overwhelming tiredness in the presence of someone else – there must always be a suspicion that these feelings derive from one’s own unconscious.” The caution here is not to confuse one’s own transference towards another with one’s countertransference response. The intertwined

relationship of these two concepts is a dynamic one, as Heimann (1950) posits in her seminal paper, “The analyst's counter-transference is an instrument of research into the patient's unconscious.” (p.81). White (2006), in her exploration of the concepts in contemporary theory and practice, describes this entwinement as a matrix, “the crucible of the analytic relationship” (p132). This interrelationship is elaborated further by Ogden (1994) who describes the intersubjective nature of the analyst and patient co-creating the analytic third, a space for exploration and understanding.

## **2.4 Experiences of care-experienced young women who are mothers – key findings from the literature**

A review of the literature on the experiences of care-experienced young women who are mothers generated common themes, and so it is helpful to summarise what current research can contribute to policy and practice in this area. The main studies cited were qualitative primary research undertaken by researchers conducting interviews with care-experienced young women and professionals working with them. One literature review is referenced as it relates to current research which was used for a policy review.

### **2.4.1 Surveillance/Safeguarding or Support?**

Multiple studies (Callahan *et al.*, 2003; Chase *et al.*, 2006; Roberts, 2021) argue that mothers feel there is limited support for them in terms of preparing for parenthood and with the focus being on the practical aspects such as purchasing equipment and other items for the baby. Evidence from prior research reveals that it was assumed young people would find parenting difficult – the implication being that they would not be successful parents.

Callahan *et al.* (2003) stated that mothers felt that when they became parents, they were no longer seen as young people in care who may need support and assistance; rather, such support and assistance would be needed to ensure that their children were not neglected or abused. The research highlights how young women feel that they become subject to surveillance and scrutiny, as argued by Dominelli *et al.* (2005), who describe how the private act of parenting becomes parenting in “the public gaze” (p.1131). Callahan *et al.* (2003) further illustrate how mothers feel that they need to position themselves so that they can get help. They argue that the phrases “prevailing,” being “on the edge” and “on my own” (p. 255) capture these perceptions. Mothers in their research also expressed concern that asking for help was perceived as them being unable to care for their child. Dominelli *et al.* (2005) argue that a significant amount of resource is directed toward risk assessment, this is set in contrast to the limited resources given to working with and supporting mothers. Rutman *et al.* (2002) refer to the “technological surveillance” of social workers, and computer-based recording systems in what they describe as the ‘systemisation’ of the social work task. Chase *et al.* (2006) concluded that there is a need for “Positive presentation of the importance of assessment with a focus on affirmative action [...] the need for an independent advocate or neutral source of support for all young parents involved in child protection procedures” (p.23). The authors additionally suggested the need to develop specialist adviser roles for young parents.

#### **2.4.2 Structural inequalities and the policy context of ‘breaking the cycle’**

The literature highlights how the analysis of models of what constitutes good mothering and parenting do not always reflect structural inequalities and the intersectionality of race, gender and class. Furthermore, these perspectives are not

routinely embedded in research. Rutman *et al.* (2002), Dominelli *et al.* (2005) and Maxwell & Thomas (2015) raise the issue of structural inequalities and the impact of discrimination in what they assert is the prevailing policy context. Rutman *et al.* (2002), introduce the notion that those young mothers who appear to be “breaking the cycle” most closely resemble white, middle-class ideologies of motherhood. They further identify that there is a potential for conflict in the role of corporate parent and grandparent, suggesting that the standards applied to the parenting of children in the community are ones that the “state as parent” fails to deliver, and that the standards of state “parenting” falls short of their own expectations. The authors also describe the unpredictability and inconsistency in the system, as well as how policy is often changeable and dependent on individual practitioners to make it work.

Dominelli *et al.* (2005) contend that there is a notion of the idealised mother located within familial ideology that influences the perceptions and expectations of both children in care and care leavers who become parents. They additionally assert that social workers could play, if enabled to, a pivotal role in voicing the views of young mothers in dialogue with policymakers. Such dialogue could secure more resources and thus provide stable and flexible support. Moreover, “Social services would also have to become an easily accessible universal provision rather than a political football” (p.1141).

Montovani and Thomas’s (2015) research focused on two questions: the experiences of Black teenage mothers in state care, and how they experienced state parenting and/or corporate parenting. Their research highlighted the need for a more intersectional positioning in policy, citing that more understanding of resilience and strength “among African youth in Britain” requires “first acknowledging their

experience in Britain and recognising the continuing legacy of oppression and discrimination that affects many of them in their daily lives” (p.307).

### **2.4.3 Corporate parenting – the state as parent and grandparent**

The concept of the state as “corporate parent and grandparent” has been linked in the literature with the state policy role of “breaking the cycle” of intergenerational involvement with families, as referred to above (Callahan *et al.*, 2003; Dominelli, 2005; Montovani & Thomas, 2015). Masson (2008) explores how the role of the state as corporate parent in the UK emerged in the 1990s. The literature suggests that the state, although aiming to reduce the number of children in care and move the focus to early help, as in England and Wales, continually struggles to break the cycle of the need for intervention (Callahan *et al.*, 2003; Dominelli, 2005; Masson, 2008; Rutman, 2002). Masson also contends that in this capacity as corporate parent, the state is “a reluctant parent” (p. 52) with the expectation that care leavers will be independent and receive limited support. Montovani and Thomas (2015) also raise the issue of the state as “parent,” referring to it in terms of the “image of the absent parent” (p. 302).

Mendes (2009) conducted a literature review to identify key issues experienced by care-experienced young people going through pregnancy and parenthood, suggesting:

Significant supports and programs are needed to compensate care leavers for the disadvantages produced by their traumatic pre-care experiences, their lack of family support and, in some cases, their less than supportive substitute care experiences. At the very least, care authorities should aim to approximate the ongoing and holistic support that responsible parents in the community typically provide to their children after they leave home and until they reach 25 (Mendes, 2009, p.16).

#### **2.4.4 Relationships with professionals**

There are differing views in the literature about how the role of social workers and other professionals is a significant factor in the support of young mothers. Roberts (2016; 2021) suggests that the relationship with social workers is often seen by young women as negative and that there is a perception by professionals, which is experienced by young women, that their history is stigmatising and inhibits their chances of successful parenting. Rutman (2002) described how parents felt that a great deal depended on individual social workers for accessing services and how young parents wanted to position themselves as someone their social worker would care about. Montovani and Thomas (2015) explored the experiences of Black teenage mothers placed in foster care. The research considered how their current relationships were affected by prior experiences and frequent changes of social worker, which they found influenced their ability to access support. Furthermore, they found that the nature of the relationship between care providers and young women is central to supporting their sense of self-worth and related to this their capacity to accept support and care for their babies.

Gill *et al.* (2020) reviewed 23 articles published between January 1997 and December 2018 which referred to 18 studies on professionals' and/or foster care providers' experiences of working with young parents. The themes from the review highlighted a number of challenges for these young parents, with practitioners and foster care providers highlighting limited resources, how service provision can be complicated and that there can be role confusion amongst professionals exacerbated by insufficient development opportunities. The review concluded there was a need for comprehensive, strengths-based, age-appropriate services for young parents (within placements and after leaving care), and that professionals'

responsibilities needed to be clearly delineated. It also highlighted that “practitioners expressed that young parents in and exiting OoHC may not engage in support services due to a lack of trust” (Gill *et al.*, 2020, p.9).

The reviewed literature also cites professionals describing young parents as being motivated, resilient and committed to being parents. It suggested that practices emphasising young parents’ assets may better assist in developing their confidence and strengthening relationships with practitioners and foster care providers. Young parents in and exiting OoHC reported that relationships with caseworkers and foster care providers were felt to be more positive with those who they described as ‘supportive’.

The review further argued that the evidence indicated that policy in this area can often be shortsighted and there is a need to structure policy by acknowledging structural inequalities and the continuation of intergenerational disadvantage. It concluded that the literature demonstrated a high level of unmet need, including a lack of age-appropriate educational, employment and antenatal services, and a lack of emotional and mental health support. The challenges described for foster carers were the impacts of disjointed services, role ambiguity and financial constraints.

Rutman *et al.* (2002) researched the experiences of Canadian government-based social workers working with care-experienced young mothers. The findings from their focus group-based research indicated the prevalence of what they termed ‘middle class’ values affecting practice. For example, they referred to how pregnancy is ordinarily perceived as a positive event, rather than as was expressed in relation to the young women in the study – confirmation that they were “repeating the cycle” and thus reinforcing class/race stereotypes. Workers expressed “feeling like an

inadequate parent” in their practice with young women, and that they had failed in their “surrogate role” (p.152). The research also identified the theme ‘Dual roles; conflicted loyalties’, emphasising how workers struggled to bridge the supportive parental/guardian role with child protection responsibilities. They also spoke of feeling scrutinised and surveilled, in parallel with the experiences of young women, and expressed frustrations with what they viewed as prevailing policy positions, particularly highlighting a ‘vacuum’ in relation to support services. They also felt that the only way to access services was via the child protection process, which was also highlighted in this study. Other themes referred to the predominance of the risk assessment model and a focus on technological systems, and how the state can be a “circumscribed, time-limited parent and absentee grandparent.” This environment, they contended, had a psychological impact on workers, due, in part, to the inherent tension in “opposing and multiple roles” (p.153). For policy and practice to break this cycle, they argued, we must challenge assumptions and values and explicitly acknowledge the link between young women’s social and economic disadvantage and value mothering work through political commitment and interdepartmental coordination. Dominelli *et al.*, (2005) also noted:

The care system is driven by familialist responses administered through technologies of governmentality that fail young mothers, children and practitioners. The state as failed parent and grandparent replicates previous poor parenting experiences and neglects structural inequalities (Dominelli *et al.*, 2005, p.1142).

#### **2.4.5 Prior experiences**

The impact of prior experiences in childhood is a recurring theme, with descriptions of how unresolved personal needs from one’s past have an impact on the present. Roberts (2017) suggests that childhood experiences influence how confident young

mothers are in their own knowledge of parenting. This is echoed by Chase *et al.* (2006), who highlight the need to consider the emotional impact of experiences on young people both prior to and when in care. Maxwell *et al.* (2011) explored the concept of 'intergenerational abuse' from the perspective of the intra-psychic and the inter-personal dimensions. This was one of the limited number of studies exploring the impact of early trauma on participants' capacity to reflect on and process their own and, in turn, their child's experiences. This study provided some insight into what was described as the "dialectical positions" experienced by mothers in relation to themselves, their child and the external world, revealing some of the dynamic relationships and complex identifications that mothers need to navigate. One young woman was noted feeling that she was "[R]e-experiencing the trauma through the eyes of her daughter" (p.34). This emphasises the need to support young women in understanding their emotional experiences and the complexity of the emotions involved in becoming a mother.

#### **2.4.6 Positive experience of being a parent**

All the studies cited refer to mothers becoming parents as a positive and an affirming experience. Callahan *et al.* (2003) report mothers wanting to demonstrate that they can be good carers to their children, in contrast to what they feel is expected of them, "Having a child brought new focus to the lives of many, and was most often seen as a 'grounding' and highly positive event" (p.19).

Maxwell *et al.* (2011) found motherhood was experienced as positive and reparative, and they argued that this could enable the mother to build a more positive sense of herself and a relationship with another.

## 2.5 Summary

The literature on the experiences of care-experienced young women who become mothers reveals a complex policy context that does not consistently address the impact of their prior and care experiences (Callahan *et al.*, 2003; Dominelli *et al.*, 2005; Maxwell & Thomas, 2015). Their individual emotional experiences and external realities are therefore not always understood and valued. This study seeks to address the emotional impact of these experiences on young women as they transition to motherhood. Moreover, the authors have argued that the social and policy system does not pay particular attention to the structural inequalities they encounter. The studies also show how there is a lack of attention given to the intersectionality of race, gender and class, as well as how such structural inequalities and disadvantages are set within a context where western white middle class notions of parenting prevail. The common themes referred to across the research highlight the tension between the experience of feeling watched rather than being supported. The evidence is also that as a corporate parent and grandparent, the state is failing to 'break the cycle' of state intervention and does not foster an approach to support that considers their specific responsibilities as a 'surrogate parent'; rather, it appears to engender a sense of mistrust. The role of professionals is considered a significant factor in potential 'successful' parenting, although the studies do not fully explore the dynamic between the young women and the professionals who support them, or the impact of these relationships on young women's experiences of pregnancy and parenting (Callahan *et al.*, 2003; Roberts, 2021).

## 2.6 Psychosocial perspectives on maternal transition and identity

Young women may have multiple traumatic experiences, including abuse, neglect, exploitation and relationship breakdowns with significant people in their lives. As previously referred to, Chase *et al.* (2006) noted that the emotional impact on these young women both prior to and when in care needed to be considered in supporting them in pregnancy and early parenthood. Roberts (2017; 2021) also that childhood experiences can affect young mothers' confidence in their own knowledge of parenting. This was something reflected by young women in this study.

The literature also evidences the need for those who support them, and young women themselves, to understand better their prior experiences (Callahan *et al.* 2003; Chase *et al.*, 2006; Dominelli *et al.*, 2005; Mantovani and Thomas, 2015; Maxwell *et al.*, 2011; Roberts, 2021). Knowledge of young women's past experiences is often seen as an indication of the potential lack of capacity to parent, rather than of the emotional and psychological support they may need – and how this can shape their support.

Maxwell *et al.* (2011), explored how an adverse history may affect a mother's capacity to parent from the perspective of the inter-personal and the intra-psychic. They offered an insight into young women's experiences in terms of how they related to their own internal world, their child and the external world, and what was for them their ideal and the reality of motherhood. Their study further elucidated how they needed to navigate complex identifications and dynamic relationships, finding that care-experienced mothers can experience motherhood as positive and reparative, thus helping them develop a positive sense of self and others, which could in turn facilitate their emotional empathy with her child. The authors concluded that enabling

these women to understand their past could help support them in becoming a parent and that this was a significant factor in 'successful parenting', along with the social and contextual foreground.

The studies cited used qualitative narrative methods to identify the theme of prior experiences in their findings, but there is a paucity of research examining the depth of young women's emotional experiences of becoming a mother and how prior experiences are understood from the perspective of young women and how they feel about the impact on their transition to motherhood and the relationship with their child.

### **2.6.1 Impact of childhood trauma on the transition to parenthood**

Welldon (2019) and Foster (2019), writing from their extensive clinical experience of working with mothers who have harmed or who are considered at risk of harming their children, describe a repetition of state intervention. They argue that these women often have longstanding "unmet dependency needs" (Foster 2019, p.1) and histories of abuse and neglect, perpetuating cycles of neglect.

Christie *et al.* (2017, p. 3) conducted a literature review with the objective of synthesising the current evidence in order to understand "prospective and new parents' experiences in the transition to parenthood (pregnancy to two years post-birth) in the context of having a childhood maltreatment history". They used the works of Raphael-Leff (2001) and Stern and Bruschiweiler (1998) to provide a framework as "a-priori theoretical lens through which the literature could be screened and synthesised" (Christie *et al.*, 2017, p.3), in order to consider the psychological impacts of childhood trauma on pregnancy and early parenting. The review highlighted the complexity of the transition to parenthood and the potential negative

impact on parents with a history of maltreatment. It also argued that there is significant evidence to indicate that a mother's experiences during the transition to parenthood, and their parental identity, is an important factor in creating positive parenting relationships and bonding with their child. Christie concluded that parents and prospective parents would benefit from pathways that would also consider their emotional needs.

### **2.6.2 Ghosts from the past**

The theme of intergenerational trauma resonates in Fraiberg, Adelson and Shapiro's (1975) seminal work on the impact of parental trauma on parenting, which considers the experiences of mothers and their children through a psychoanalytic lens. They describe how a mother's own childhood memories of her own abuse and neglect undergo a defensive process of 'repression'. Furthermore, as the emotional affect is repressed, and not psychologically available to her, she may identify with the aggressor/abuser as a defence. They posit that, as these emotions are not available to her, this can result in her being unable to hear the distress of her child. They also suggest that a mother needs to have the capacity to access and re-experience her own childhood pain to hear her baby's distress. From case studies, they demonstrate how the mother's own internal conflicts, arising from her childhood, emerge as 'ghosts' in her baby's nursery, concluding that the mother needs to be aware of her own emotions to be receptive to those of her baby.

Hurley (2010) wrote about her clinical work with pregnant adolescents and parents who had experienced emotional deprivation, separation and disrupted care. She noted that, "For some young people, embarking on parenthood in adolescence is accompanied by the displaced attempt at repairing their own early relationships, as

an alternative to the painful work of mourning” (p.101). She framed their experiences from a psychoanalytic perspective located in Freud’s (1917) work “Mourning and Melancholia”, in which he described the internal impact of a failure to mourn the lost object/person, and Klein’s (1975) theories of mourning and reparation in the depressive position. Klein theorises that if a loss is not processed, splitting and projective processes, as well as idealisation of the lost object, are mobilised as a defence against the pain of loss, and loss is denied.

Hurley (2010) suggests that young women simultaneously experience the turmoil of transitioning to adulthood and the loss of childhood as well as the associated identifications and the emotional transformation brought about by pregnancy and parenting. Furthermore, where a young woman has not been able to work through or mourn her own loss, she is engaged in conscious and unconscious processes within which she wishes to repair her own neglected self/child and lost parent through the parenting of her own child:

For some young mothers, what is revived are painful experiences of maternal abandonment and neglect that prove difficult to disregard in their emerging relationships with their own infants, in the complicated and confused ways that psychically rarely leaves the infant static in the generation to which her or she belongs. (Hurley, 2010, p.116)

### **2.6.3 Placenta Paradigm**

Raphael-Leff (1996) has written extensively about women’s experiences of becoming pregnant and mothers. Her work provides a conceptual frame through which to consider the pre- and postnatal experience and locates it within a psychosocial context. Raphael-Leff (1996, p. 379) adopts the metaphor for the mother as “the procreative container, the mind-body receptacle”, and develops

Bion's (1987) concept of container/contained, in which he describes how the baby's emotional development is supported by maternal 'containment'. The mother/container, through the psychological work of processing, 'contains' the baby's conscious and unconscious thoughts and feelings. The 'placenta paradigm' can thus be theorised as the processes of physical and psychological exchanges, both real and fantasy, between mother and her yet-to-be-born infant. What Raphael-Leff (1996) also proposes is that a pregnant woman could be thought of as being positioned in a dyad with her baby: the dyad as a representation of herself as a mother, paired and contrasted with her archaic mother and herself, compared and contrasted with the fantasy baby. Raphael-Leff's placental paradigm posits that the experience of pregnancy is "paradoxical [...] at one and the same time primordial and universal yet intensely individual" (p.374).

Raphael-Leff's work explores the dynamic of the internal/external and the conscious and unconscious processes experienced during pregnancy. Her proposition is that three systems intertwine in a "triple-stranded bond formation between pregnant woman and the baby within her":

1. The physiological system – conceptualised as the "involuntary" bodily processes and symptoms that take on emotional significance in a bi-directional exchange of the conjoined bodies.
2. The psycho-historical system – described as "constituting a powerhouse of fantasies feeding the woman's representations, predetermining her psychological experience of pregnancy, and, by means of maternal transmission, taprooting the baby to emotional forebears and significant others in the expectant mother's inner world."

3. The sociocultural environment – the particular matrix of cultural beliefs and practices that defines the parameters of each woman's normative expectations and definitions of childbearing, childrearing and childcare in her society.

(Raphael-Leff, 1996, p.374)

Raphael-Leff further argues that this paradigm enables a structured approach to thinking and theorising how these systems interact dynamically and offers an understanding of how a woman experiences pregnancy and mothering.

#### **2.6.4 The Maternal Matrix and knowing mothers**

Ettinger (1997) theorises prenatal intersubjectivity in a challenge to what she posited is traditional psychoanalytical phallogocentric theorising about the maternal. She challenges traditional notions that the origins of psychic life are located in the postnatal experience, and how the mother is thought about as an object/subject in relation to a separate subject/baby. As Pollock (2009) sets out, Ettinger's 'matrix' theory is not a simplistic reference to the mother/womb:

This is not about cosy mothers and babies, symbiosis and fusion, nor fantasies of return to oceanic self-loss which are so common in phallic invocations of the maternal body as subjectless otherness and origin from which the subject must be separated to be a subject at all. It invokes a dimension of subjectivity, co-existing with, but shifting the phallic, in which the subject is fragile, susceptible, and compassionate to the unknown other who is, nonetheless, a partner in the situation, but a partner-in-difference (Pollock, 2009, p.5).

The proposition in 'matrix' theory is that it is a symbolic concept and subjectivity is encounter with severality, more than one but not many. This is a move away from

intersubjectivity of m/other/subject and yet-to-be baby/subject. Pollock further reflects:

Attending to intersubjectivity that acknowledges the subjectivity of the mother as well as that of the emerging child, Ettinger theorises a primordial encounter of the mutual but different, co-affecting but pre-maternal/prenatal severality, to which she gives the theoretical name 'Matrix' (Pollock, 2009, p.4).

The becoming-m/Other and the becoming infant, the yet-to-be baby is theorised in prenatal terms, i.e., the woman re-encountering, differently, with the subject-to-be, in the process of becoming a mother. Ettinger (2010) theorises the concept of self-fragilisation linked with compassion through which "the I contacts the vulnerability in the other, neighbour and stranger all throughout life." (p.2). Ettinger further theorises the reactivation of the becoming mother's memories of her own becoming, which she names the "transsubjective matrixial encounter," simultaneously "remembering, and at the same time, anticipatory and projective into living futures to come," a re-encountering (Pollock, 2009, p.9). It is therefore the existence of the prenatal that transforms a woman into the becoming mother. The matrix is a site of transformation, or what Ettinger terms the "Metamorphosis," namely the becoming is a threshold of borderlines and border links. She takes existing language and reshapes it to give a deeper understanding of maternal re-encountering.

Hollway (2015), in researching identity changes for first-time mothers, draws on the work of Ettinger as a way of exploring young mothers' experiences in an East London community. Hollway refers to "becoming" in thinking about the experiences of first-time mothers, arguing that the concept "builds bridges to affect theory and emphasises the interminable dynamic quality of being" (p.188). What Hollway articulates in her research is something of the uniqueness of the experience of

becoming a mother and the potential transformative experience. The linkages between the 'becoming' of the mother and how mothers can be 'known' recognises that dynamic relationship with the baby-to-be, as theorised by Ettinger, through becoming and knowing, mother and baby become to know themselves and are known to each other.

The notion of how one can 'know' another or understand another, as explored by Hollway, is pertinent to this research, as it is concerned with how the emotional experience of care-experienced young women may be understood by professionals, i.e., how can they be 'known' to them.

## **2.7 Summary**

The theoretical propositions discussed above offer a way of conceptualising and thinking about what young women may be experiencing both consciously and unconsciously as they transition to becoming mothers. It suggests a depth to their experiences that is not routinely thought about or understood. Moreover, it raises the question of how they can be 'known' or understood in the context of having lived in state care and not having had ready access to the support system of parents and the wider familial network available to their peers who are not care-experienced.

## **2.8 Perspectives on the emotional work of social care practice: conscious and unconscious dynamics**

The significance of the relationship between professionals and young women has been referred to in the literature above, but its dynamics are not a particular feature of prior work. Rutman *et al.* (2002) and Dominelli *et al.* (2005) highlighted the potential difficulties in workers' roles with dual responsibilities for support and what is

referred to as 'surveillance'. More recently, Roberts explored the experience of care-experienced mothers and professionals, concluding:

On the one hand, professionals may be key sources of support for young people, the individuals young people turn to in times of difficulty. Yet, on the other hand, professionals have obligations to the state or Local Authority, including remaining alert to risk and working alongside, as well as sharing information with, other professionals. The tension inherent in these dual roles has the potential to thwart or compromise relationships with young people. (Roberts, 2021, p.69)

Additionally, she commented, as others have done previously (Dominelli *et al.*, 2005, Rutman *et al.*, 2002), that professionals carry with them perceptions of young women informed by their own experiences, values and views, "Young people may be seen – consciously or unconsciously – as lacking or damaged because of the absence of 'good' parenting." (Roberts, 2021, p.58)

The notion of prior experiences informing current relationships and situations is explored by Seligman's (1994) who wrote about the concept of 'bureaucratic transference'. This refers to the process of transferring the experience of prior relationships with professionals onto current relationships with other professionals in similar situations. Seligman argues that although such relationships will carry conscious elements, much of what is "transferred" will be unconscious.

O'Conner (2020) conducted a thematic synthesis of the literature that considered how social workers use their emotions in practice. It evaluated the findings from a range of works analysed from a relational perspective and informed by Burkitt's (2014) concept of emotions as relational constructs and the psychosocial model suggested by Ruch *et al.* (2010), which considers both conscious and unconscious

processes in social work relationships. The findings identified how emotion can be conceptualised as a dynamic relations resource and as patterns of organisational and professional relationships, and further, the significance of the place of emotions in professionalism and identity. O’Conner (2020, p. 658) concluded that emotions are “both a dynamic relational resource and a paradoxical construction in professional practice.” Moreover, there is a “dissonance between relationship-based practice and how emotion, skills and knowledge are legitimised, conceptualised and used in organisational practice”.

This intersection between the individual experience and organisational context necessitates that any exploration of the conscious and unconscious dynamics in relationships between young women and professionals is considered through a theoretical lens that allows this perspective. Cooper (2018) has written extensively about the nature and context of social work practice. His recent work explores the “conjunctions” of social work, psychoanalysis and society, and he proposes a view of the role as having two primary tasks: one protecting children and a second, protecting society from the “everyday awareness of child maltreatment” (p.37). Cooper writes about the complexity of the task and the awareness of what lies, as he puts it, “below the surface.” Here, “below the surface” can be understood in a number of ways, namely the conscious and unconscious in individuals, organisations and society. He reflects on what is known, what can be known and what may never be made known, and he suggests a way of considering the social work task from different positions and relationships with families. Cooper also references how public organisations can succumb to economic and other pressures from internal and external performance regimes and the changing policy environment, “These external factors, which occasion organisational anxiety and defensiveness because they can

be experienced as a threat to organizational survival or credibility, often intersect with the anxieties arising from the primary task” (p.45).

Ruch (2010) also refers to the impact of organisational anxiety on professionals and how the introduction of performance regimes and other mechanisms can induce anxiety about professional failure and external judgement. Professionals in this study enact the ‘corporate parent’ role, and so any insight into how they perceive this role and how it may influence their understanding of young women needs to conceptualise these dynamics and theorise conscious and unconscious processes.

## **2.9 The organisation as a corporate parent: the emotional lives of professionals and organisations**

Researchers such as Masson (2008) have referred to the development of the role of the state as “corporate parent and grandparent,” emerging in the 1990s with the advent of the Children Act 1989 and the “Quality Protects” programme (1989-2001). The notion of ‘corporate parent’ and the role of elected members and partner agencies placed an emphasis on the responsibility to improve the life chances of ‘Looked-after children.’

The literature is limited on the question relating to how we might theoretically think about the conscious and unconscious processes that influence the organisational dynamics of the state and particularly the Local Authority, in which is vested the statutory responsibility of ‘corporate parent’ as it enacts its responsibilities. However, there is literature which considers conscious and unconscious processes in social and health care organisations.

Menzies Lyth’s (1959), in her seminal work, identified how social systems materialise as a defence against anxiety in public organisations and how this can influence

individual practice. Armstrong (2005) has written extensively about unconscious processes in organisations and put forward the proposition of the 'organisation-in-the-mind', which helps to conceptualise an organisation as having a cultural or an embedded memory. In the tradition of Systems Psychodynamics (Gould, 2001), Armstrong (2005) proposes that individuals have a sense of an organisation in their own mind, built on previous experiences, and that it can also be thought of as an 'object' in itself, having an emotional life that can in turn have an impact on individuals and groups, consequently inducing emotional responses in them. In this way, both the individual and the organisation can be conceptualised as an object. From this perspective, the dynamic relationship between the organisation and the individual can be thought of in relation to the potential impacts on the latter.

Ruch (2012) has written on the position of emotion in social work and its management in relation to the development of New Public Management (NPM) (Pollitt and Bouckaert, 2011), which she described as a driving force in the performance-led culture of public services. Ruch set out how NPM was seen as a way to both control and manage risk through the importation of private-sector management theory and practice in public services, and she suggested that within this culture of surveillance, regulation and inspection is embedded:

[...] an understanding of human behaviour that privileges cognition, rationality and predictability and pays less attention to the emotional, irrational and unpredictable dimensions of human beings. In contrast, a central tenet of social work is the importance of a holistic understanding of human beings that encompasses all of these dimensions of behaviour (Ruch, 2012, 1317).

Ruch (2012) further highlights the apparent "significant disjuncture between the emphasis on exhibiting a reflective practice stance at the level of the practitioner [...] and its almost complete absence in contemporary social work management"

(p.1317). This is in the context of, “Heightened anxiety for all involved service users and professionals alike – which has meant the capacity to think clearly, and action rationally can be seriously impaired” (p.1318).

In theorising the emotion involved in social work, Ruch considers social work and management tension from the perspective of ‘the task’ that needs to be undertaken, as well as the ‘dilemmas’ in this context, namely the political and the social. The author draws on Bion’s (1961) theoretical proposition of the role of work groups and basic assumption mentalities. Bion proposed that organisations operate through work groups, with staff working to complete a stated task, and simultaneously, individuals in work groups are affected by unconscious processes derived from their earlier relational experiences, i.e., their basic assumption mentalities. He also considers the ways in which individuals may relate in groups that may not seem specifically relevant or appropriate to the current situation or group, and how this way of relating is unconscious to the individual. This perspective proposes that basic assumption mentalities can be mobilised as defensive behaviours in situations that generate anxiety.

Ruch (2012, p. 678) further contends that an organisation can provide a containing “function,” a “collective context” from which to provide support to practitioners – of which supervision is an integral part. The process of reflection, where the difficult emotions, thoughts and anxieties that are alive in practice (the “contained”) can be thought about or processed (the “container” function) with the supervisor.

Ruch (2007, p.661) noted four modes of reflective practice: technical reflection, related to technical knowledge and rationality; practical reflection, related to knowledge gained from practice experiences; critical reflection, related to challenging

political, social and cultural conditions within which professional practice takes place and, lastly, process reflection, drawing on psychodynamic theories and concepts as they relate to the conscious and unconscious elements of practice and the impact of emotional interactions.

The literature suggests that organisations can be theorised as having an emotional life and that there is a bidirectional relationship with the emotional life of professionals, which in turn influences relationships with those they are there to support. As such, it can be argued that to ignore this dynamic would limit our understanding of the practice experience and the experience of young women.

## **2.10 Summary**

This literature review has identified an increasing breadth of research on the experiences of care-experienced young women who are mothers, but there are limited studies addressing their emotional experiences. The evidence from the literature review, I would argue, shows that to explore how the emotional experiences of these young women can be understood, it needs to take account of the nature of the dynamics between professionals, young women and the organisational context. The literature considering these dynamics is sparse, and there is no single theoretical concept or framework providing the depth required to explore the research questions. This review has identified that concepts and psychosocially informed frames can provide a range of linked – but distinct – theoretical perspectives for the task of understanding the individual in the social context.

First, this study will draw on the literature addressing and theorising the transition to becoming a mother, taking account of unconscious processes, thus offering a way

into thinking about young women's emotional experiences. Second, it will draw on theories that consider the experiences of professionals and the conscious and unconscious processes that influence the relational dynamics of their relationship with care-experienced young women in the context of their experience of working in social care organisations.

## Chapter 3: Research Position and Methodology

### 3.1 Introduction

As the literature review identified, there is limited research and theory offering insights into the specific emotional experiences of care-experienced young women who are mothers. There is, however, more broadly, an increasing body of work that explores their emotional and psychological experiences as women transition to motherhood. The aim of this study is to add to our knowledge of the emotional experiences of care-experienced young women who are mothers, and so it needs a method of enquiry that enables such an exploration. This chapter introduces psychosocial perspectives and locates them in relation to other theoretical ontologies and epistemologies that foreground my research position and methodology.

### 3.2 Paradigms and viewing positions

Paradigms of inquiry are world views that signal distinctive ontological (view of reality), epistemological (view of knowing and the relationship between knower and to-be-known), methodological (view of mode of inquiry), and axiological (view of what is valuable) positions. Paradigms of inquiry are best understood as viewing positions: ways, and places from which, to see (Sandelowski, 2000, p.248).

The notion of paradigms as viewing positions is a helpful way to conceptualise what informs the theoretical approach in this study and, in turn, the method of investigation. My viewing position is informed by my training and experience in social work and psychodynamic psychotherapy practice. My experience leads me to reflect on the traditional paradigms and methods of research and enquiry. As Edwards *et al.* (2014, p. 2) describes, these notions are based on, “Objectivist (positivist, deductive, and empiricist) approaches, which are typically aligned with quantitative methods,

and subjectivist (social constructionist, inductive, and interpretive) approaches, which are typically aligned with qualitative methods”.

There has been an increasing ‘turn’ in theory and enquiry towards a position that reflects the complex nature of the human experience, one that is more reflective of the world reality where the human subject has agency and the inner and the outer world interact in dynamic processes (Edwards *et al.*, 2014; Hollway, 2015). This position is marked by developments in psychosocial research and the generation of theory where the demarcation and dualism of the “inner and outer” of human experience is challenged, whilst a way to theorise them together can be explored (Frosh and Baraitser, 2008). In respect to the position of psychosocial perspectives as a theoretical context in social work, Frost (2022) writes that they are uniquely placed:

Psychosocial studies place the subjectivity of the individual – the individual forged intersectionally and carrying the scars from prejudice and oppression – and the unequal systems of power they inhabit at the centre of social work thinking. It also places the subjectivity of the worker in the frame, underlining the importance of reflection and self-knowledge in social work. This renders untenable an ‘expert working on a problem’ relationship and institutes that of two struggling people working together, though in that encounter one assumes the role of helper. With that role goes the responsibility of understanding what you are bringing to the under-the-surface dynamics that psychosocial studies recognise. Reflective practice groups, for example, address this. (Frost, 2022, p.781)

### **3.3 ‘Trans-disciplinary’ perspectives: implications for theory and psychosocial research methods**

Authors from different perspectives have discussed the movement towards a position in research that considers the internal or psychic life and the social as an

ontological and epistemological change in direction, including Wetherall's (2012) work on affect and embodiment and Hollway and Jefferson's (2013) development of a psychosocial approach to research. As Frosh and Baraitser (2008, p. 350) assert, psychosocial perspectives are trans-disciplinary and occupy a space that is "neither 'psycho' nor 'social', and is definitely not both, but is something else again". Saville Young (2022, p. 844) further argues that the challenge is "how to encapsulate this space with tools that are used to seeing them as distinct, including psychoanalysis".

Psychosocial theory and research, therefore, cannot be defined by a single paradigm or 'viewing position'; it takes up a research position that aims to consider the psychological and the social as Frosh, Vyrgioti and Walsh (2022, p. 5) posit that "Psychosocial studies is best thought of a 'transdisciplinary' area of work in which activity focuses on phenomena in the social sciences and humanities where the 'social' and the 'personal' are both in evidence."

From a psychosocial viewpoint, I am influenced by a number of distinct but interrelated perspectives that recognise the complex, the layered and the real in the human experience. As Symington (1986, p.17) suggests, "Truth is real; it exists. Positivistic thinking has had such a strong influence on our basic assumptions that we tend to identify the real with what we can touch, taste, feel, see or hear. We need to ditch the preconception if we are to think psychologically."

### **3.4 Psychoanalytic theory and psychosocial perspectives**

Since Freud's early writings, from 1886, his language and method have become synonymous with thinking about the 'unconscious' mind. His work introduced concepts such as repression, defences, transference and projection, along with his theory of the personality and psychosexual development. Furthermore, he offered a

theory setting out the landscape of the mind as the unconscious, preconscious and conscious. His work gave birth to an ever-developing body of theory that continues to be developed from clinical practice, much as his own work did. Stamnova and Hinshelwood (2018) reviewed research methods informed by psychoanalytic theory, noting that at its core is the idea that the researcher and the subject of the research have a dynamic unconscious connection that will influence communication and exploration. They write that in acknowledging this: “One of the important strategies for picking up the unconscious effects is to consider *process in the research* is activity in contrast to the thematic analysis of what appears on the surface.” (Stamnova and Hinshelwood, 2018, p.5).

This perspective aligns with the aims of this study, i.e., to look beyond what appears on the surface, to explore emotional experiences.

### **3.5 Psychosocial research: links with Complexity Theory and Critical Realism**

Psychosocial research recognises the complexity of the phenomena of research. Its transdisciplinary position is reflected by Byrne and Callagan (2014, p. 3), who claim that “Complexity theory represents an important challenge to the disciplinary silos of the twentieth-first-century academy”. This is a challenge to the traditional linear view of causal relationships that seek reductionist, predictable outcomes. In contrast, complexity theory considers phenomena as non-linear dynamic open systems, in which there are mechanisms for both negative and positive feedback loops that are capable of emergent behaviours and properties. Complex systems are self-organising and therefore adaptive (Wolf-Branigin, 2013). The notion of a complex adaptive system (CAS) opens up the possibility for different ways of thinking about individuals as open dynamic systems, with interactions between the internal and the

external and multiple dynamic systems or networks operating across different levels; the level of a society, an organisation, and the level of human relationships.

In this context, as Rose and Shulman (2018) posit, the human mind can be thought of as a non-linear system that through the process of the psychoanalytic encounter, over time, can reveal the anxieties and defences of the patient. Rustin (2002, p.5) also makes links with the application of complexity theory, chaos theory and the psychoanalytic method, postulating that the complexity paradigm of non-linearity and attention to emergence is reflected in the process of psychoanalysis of the mind. From this position, both conscious and unconscious dynamics can be thought of as complex systems with emergent elements and patterns of relating that can be the object of research, which in turn informs ontology and epistemology.

The links between complexity theory and critical realism are described by Bhaskar (2014, p.viii), who notes the “difference between the experimental natural and the social sciences is that social phenomena only ever operate in *open systems*, where events are determined by a multiplicity of mechanisms [...] characterized by both *complexity* and *emergence*.” He argues that it is ontology that leads to an epistemology that recognises the fluidity required in an approach to research that reflects the complexity of the world from empirical positions – the actual and the real. The critical realist position then aligns with complexity theory and psychoanalysis, in that it places the relationship between the researcher and the object of the research at the centre, thereby occupying a space within, whereby the process of knowing or researching is as significant as what is then claimed to be known. Hollway and Jefferson (2013, p.3) similarly argue, in reference to psychosocial research, that there is a link “between people’s ambiguous representations and their experiences. This position is sometimes called critical realism.”

Byrne and Callaghan (2014, p.8) also connect applied critical realism and complexity, referring to a framework for understanding where the ontological position synthesises “critical realism as a philosophical ontology, and complexity as a scientific ontology.” Cooper (2018, p. 215) also notes that “psycho-social phenomena are generated through complexity dynamics,” and that studies taking place over time, enable the dynamics of a system to display the emergent patterns and themes that the self-adapting system demonstrates.

Thus, human interaction and thought is complex and dynamic. In order to explore the impact of prior experiences and unconscious processes on young women as they become mothers, the research method needs to accommodate a less structured approach to interviewing that facilitates a richer texture in the relationship between the researcher and the researched. As Hollway (2015, p.29) observes, “the identity change when women become a mother for the first time is probably the one most inaccessible to language.”

By taking a psychosocial research position and utilising a psychosocially informed method and theories, it enables ways for thinking about and researching the real and unconscious in the human experience.

### **3.6 Psychoanalytically informed research design: opportunities and potential limitations**

There is a history of psychoanalytically informed observation and research in relation to organisations. The “systems psychodynamic” approach (Gould, 2001) utilises concepts from open systems theory, group relations training and psychoanalytic concepts. At its source is the work of Bick (1964) and her development of infant observation techniques. Clinical concepts are employed to give insights into the

unconscious processes, transference/countertransference and defences against anxiety, such as projective processes (Klein, 1975). Whilst arguing for the significance of the contribution that psychoanalytically informed research can bring to the field of psychosocial studies, it is also cautioned that this approach is more complex than extracting concepts from the consulting room and importing them into research settings.

Frosh and Baraitser (2008), in response to developments in psychoanalytically informed research, reason that psychoanalysis has more to contribute, in that it offers a way of thinking “psychosocially”. They cite the treatment of the discursive, stating that “talk is [...] primarily determined by relational dynamics and unconscious processes,” in which case psychoanalysis goes behind the text and the language to explore the texture of relationships and interactions beyond the conscious, asserting that other forms of analysis of the discursive are more constructionist (p.353). This theme is echoed by Sims-Schouten and Riley (2014), who determine that the previous focus on discourse analysis was reductionist. Stamenova and Hinselwood (2018, p. 2) also reflect on how the instrument of the mind can observe the unconscious. They refer to the dynamic unconscious, the internal world of the individual and what they term the “associative unconscious,” the individual in the context of “a matrix of relations in a social group”. They also state that in order to research the individual, both notions of the unconscious need to be held in the mind of the researcher.

Saville Young (2022) also considers the use of narrative and discursive research in psychosocial studies, and how psychoanalysis is employed along with qualitative research approaches. She identifies the potential challenges and enrichments in

what she describes as this “transdisciplinary space” (p. 842). First, she considers how the different schools of psychoanalysis lead to different approaches to data collection and analysis which may produce a particular meaning to the data. Second, she recognises that ethical dilemmas may result from using concepts developed in a clinical context for the purposes of producing knowledge in a different context. Third, how to “pin-down the concept of the unconscious in a way that is still considered reliable and valid research practice.” Fourth, she cautions about the potential to lose the “disruptive power of psychosocial studies, as an emphasis on the social context gives way to a more relational focus” (*ibid.*).

Saville Young further considers the ethical concerns raised following the use of therapeutic concepts in research but suggests that using such concepts in researchers’ reflexivity may help to address this issue. She also cautions that using such clinical concepts may result in the phenomena or the voices of the subjects becoming secondary to the method as the focus of investigation.

The dynamic relationship between the researcher and participant, and the implications for using therapeutic concepts to theorise this relationship, is discussed by Archard and O’Reilly (2022, p. 42), who explored the links between beneficence in social work research, psychoanalytically informed interviewing and notions of container/containment. Building on the work of Ruch (2013) and Hollway and Jefferson (2013), they reflect on the “containing presence” of the interviewer for the participant in the interviewing process. They explore this through Archard’s research, which used FANIM. They reference Bion (1962) and Waddell’s (1998) description of the process of containment in their work: one person becoming more able to tolerate difficult thoughts and feelings by having and experience of feeling the other is able to tolerate those thoughts and feelings. They offer an alternative perspective that rather

than readily accepts the comments made by participants about the experience of the interview process, they argue that the researcher needs to be curious about the unconscious alongside the conscious in interviews, and consider what emerges from the perspective of the defended subject/researcher. Crucially, they discuss how the researcher may be invested in wanting the participant to benefit from the experience. This is something I was aware of in my encounters with participants, as well as not wanting it to be a difficult experience for them.

### **3.6.1 Reflexivity**

Reflexivity is an attempt to recognise and use the inevitable participation of the researcher's subjectivity in the process of finding out. In qualitative research, it has opened the way for a research stance open to examination of blind spots and investments that risk rendering conclusions invalid (Hollway, 2016, p.1).

Recognising the limitations of research methods and the impact of the researcher's own subjectivity has been increasingly viewed as important to acknowledge. Bhasker (2008), emphasised that the process of knowing influences what can be known, while Sanelowski (2000) argues that whichever form and method a researcher utilises, for data collection and analytical techniques, it will be influenced by their "viewing position." It has been argued previously that it is in the area of reflexivity that psychoanalysis can make a significant contribution. Frosh and Baraitser (2008) posit that psychoanalysis applied to research can be best understood through reference to reflexivity, which is "part of the movement against objectivism" (p.358). Furthermore, they state that there can never be a truth that is separate from practices that give rise to it; therefore, the research process should be analysed as well as the intended objects. This idea aligns with the critical realist perception that knowledge can never be independent of the knower (Bhasker, 2008). As Hollway

and Jefferson (2013) argue, an exploration of the researcher's responses to material or data offers more than a perspective on gender, 'race' and 'class'; for example, the reflexive process can go behind the researcher's emotional responses to understand their meaning and use this experience as an instrument of investigation, thereby adding another layer to the study.

The concepts of transference and countertransference are embedded in the canon of psychoanalytic theory and practice. Hollway (2016, p.1), in reflecting on countertransference and reflexivity in research notes that, "the approach is summed up as emotional experience plus reflection". Holmes (2014) in a critical appraisal of countertransference in qualitative research, suggests that:

Using countertransference in research requires the researcher to think and feel reflexively that is to a) be able to observe behavioural and emotional changes in themselves and participants b) not necessarily to accept their own or the participants' words or feelings at face value, but be able to 'feel around' responses and c) an ability to examine potential links between observed changes in feeling states and other aspects of the research situation such as changes in dialogue. (Holmes, 2014, p.14)

However, Holmes also warns against a "simple mapping," (p. 179) as the clinical and research settings are distinct.

Some potential constraints and limitations in psychoanalytically informed methodology have been considered, but where there is some consensus is in researchers' reflexivity being an important component in a psychoanalytically informed research approach. As this is a psychosocial social work research study, in my role of researcher, I am not making clinical interpretations with participants, as I may do when engaged in a therapeutic alliance with a patient. There is still the scope to see emerging patterns and explore the possibilities of conscious/unconscious

communication and analyse the findings from the theoretical perspectives informed by psychosocial knowledge. What is also significant in a psychoanalytically informed method such as that developed by Hollway and Jefferson (2013) is the possibility for the defended subject to be more open to reflecting on their own experience in an unstructured interview.

### **3.7 Methodology**

As previously argued, an exploration of the emotional experiences of young women and professionals should be informed by theoretical perspectives and a research method that considers conscious and unconscious dynamics, as this provides insights into how they may feel as well as speak about their experiences. Having considered the value of psychosocially informed perspectives, the research method employed in this study which is informed by the Free Association Narrative Interview Method (FANIM) will be outlined. I have termed it this way because although I have used elements from the interview approach as set out by Hollway and Jefferson (2013), I have deviated from some of their structure and design. The most significant deviation is the absence of pen pictures of the participants. This reflects the wish for anonymity, particularly as the young women and professionals came from the same Local Authority.

#### **3.7.1 Free Association Narrative Interview Method (FANIM)**

Hollway and Jefferson (2013) write about the challenge for researchers faced with what they describe as 'top-down' interviewing and refer to a potentially thin version of experience and mental life that such processes produce. In their now seminal work "Doing Research Differently: A Psychosocial Approach", they set out how they developed the FANIM method in order to investigate the complexity of researching

the fear of crime. From their experience, they thought that the traditional method of semi-structured interviewing would not sufficiently enable them to elucidate the complex questions on this subject arguing that “For those interested in the complexities of unique lives in all their confusions, ambivalences and contradictions, social constructionism and interviewing methods were of little help” (p. xiv).

Hollway and Jefferson reason that other narrative approaches to research can lack the flexibility to take account of different individual meanings attached to language and that systems of coding can therefore lose the texture and experience that is being conveyed. Furthermore, they note that the psychosocial subject needs to be thought of in terms of understanding their internal world with the knowledge of their experience of the outer world and how they influence one another in a dynamic relationship. Hollway and Jefferson therefore propose that the way into researching the subject is through another subject, namely the researcher, with this intersubjectivity being the “instrument of knowing” (p. 4). Ogden’s (1994) work on the Analytic Third and Benjamin’s (1998) work on inter-subjectivity and gender in the clinical and social discourse similarly describe the two-person dynamic that emerges and creates something anew. In the context of research, the intersubjective is in the potential relationship between researcher and participant in terms of unconscious dynamics and the co-production of data. Hollway and Jefferson (2013) stress the importance of the mechanisms of communication in the research encounter, both conscious and unconscious, the transference and countertransference. They also recognise the potential role of the psychoanalytical concept of ‘containment’ in the research process, a notion that was explored earlier in the work of Archard and O’Reilly (2022). Referencing Bion’s work (1987), they liken the process of containment to the researcher’s capacity to contain the difficult feelings generated by

the participant, thereby enabling them to express difficult experiences in a way that other interview processes would not be able to access.

Hollway (2015) employed the method when researching maternal identity, arguing that reflexivity is central to understanding how women change their identity when becoming first-time mothers. Moreover, elements of psychoanalysis can assist in the reflexive process in ways that challenge the conscious and unconscious responses of the researcher to the material/data.

Hollway and Jefferson (2013, p.17) refer to the “defended subject” in research – a key concept that originates in the idea of self-mobilising unconscious defences against anxiety. The processes of splitting and projection, developed from clinical encounters, are some of the earliest mechanisms of defence (Klein 1975). These processes influence an individual’s behaviours and relationships, and so through reflexive interview practices, they can be noted and explored because they influence interviewees’ responses.

A further concept in FANIM is the idea of the “emergent Gestalt” (p.36). Jefferson and Hollway were influenced by the biographical-interpretive method developed by German sociologists, which aims to elicit both a historical story and the thematic pattern of life experience (Rosenthal, 1993).

It is argued that a particular strength of this method is that it provides more freedom to the participant. Central to the method is “free association,” originating from Freud’s (1912) clinical work, which was thought to enable the patient to bring to the surface unconscious thoughts and feelings, free of the analyst’s conscious communication.

Hollway and Jefferson (2013, p. 34) maintain that limiting the structure of the interview allows the participant to make their own responses and associations driven

by “unconscious logic [...] defined by emotional motivations” rather than conscious logic as in established narrative methods. Although the proposition of utilising concepts developed in clinical practice has been the subject of debate (Frosh and Baraitser, 2008; Saville Young, 2022; Archard and O’Reilly, 2022), the prevailing view is that the method holds new possibilities in researching from a psychosocial perspective, if the researcher maintains their curiosity about their own unconscious and conscious and that of the participants as defended subjects. Archard (2020, p.108) acknowledges why FANIM may attract the interest of psychodynamic-orientated practitioner-researchers such as myself, with an interest in looking below the surface. He also recognises the criticism that it needs to take account of the differences between both the clinical encounter and the research interview context, as well as the authoritative position of the researcher as an interpreter of the participants’ inner experiences. As a psychodynamic practitioner, I am acutely aware of the context of the clinical setting in contrast to other environments, in that the relationship and the specific dynamics that emerge in the clinical setting manifest differently to a research situation. Furthermore, the role of researcher is different, and what is co-created in the research setting is distinctly dissimilar to that which is created in the therapeutic relationship, particularly as the therapeutic relationship is developed over months and often years. I am therefore aware of the limits of interpretation and understanding the inner world of another in both settings. I held this tension throughout the study, feeling the responsibility to bear witness to and reflect the experiences of the young women and professionals. Unlike a clinical setting, there was no opportunity to explore my interpretations and understanding of what was being expressed with the participant. However, I was able to use

supervision and monthly group reflective sessions to review research material to assist with data analysis and reflexivity.

### **3.7.2 Participant recruitment**

Prior to beginning the research, the intention was to include four young women participants who were still in receipt of services in line with the Children Leaving Care Act 2000 and their lead or key worker from one Local Authority (LA). This approach, as Cooper (2018) proposes, offers a cross-case comparative methodology that enables a study of both the uniqueness of and connections in the encounters with participants. Byrne and Callaghan (2014) also take the view that cross-case comparisons enable what they term 'retroductivity' and the elucidation of differences and similarities within and between young women and professionals.

Discussions with the LA took place regarding the recruitment of participants to ensure the research experience would be appropriate. The objective had been to involve the lead professional, social worker or personal advisor for each young woman. As the set up process progressed, following discussions with the LA, we decided that young women would be recruited from a parent's group that had been established to support care-experienced parents, some who may no longer be considered 'care leavers' in terms of statutory responsibilities. It is noteworthy that the research study was designed and commenced during and shortly after the COVID pandemic, and therefore there were some limits to the forums that I could attend to outline the research and recruit participants. I attended a group session with young women remotely, by prior consent of the group. At the meeting, I provided details about the research questions, aims and process. I also informed them that they would have a named support person (agreed by them) who would

know they were taking part, and the time and the day of the interview. They could contact that person if they felt they needed to do so, both prior to and after the interviews. The young women were made aware from the outset that I would be meeting with professionals who may be known to them. It was made clear that they could choose to withdraw at any point during data collection and that they need not provide a reason for their decision.

The young women who participated were between the ages of 22 and 27 when they took part in the research. They had been in 'out of home' care for different lengths of time. The young women had between one and three children.

Here, in the information I have provided about the young women, as stated previously, I have deviated from the FANIM method. Hollway and Jefferson (2013) proposed that their use of a proforma with biographical detail, comments, themes and other information regarding participants to help to provide a sense of the "whole," i.e., a pen portrait that helped the participant to "come alive" for the reader. I also did not use a case study and instead took the decision to minimise the participants' details to maintain anonymity, especially as they were likely to know one another and would continue to have contact with one another and the professionals involved.

Indeed, one young woman said that it was this assurance of anonymity that enabled her to feel more comfortable in sharing her experiences. In reflecting back on the interview narratives, and how the young women expressed their feelings about trust and feeling the object of scrutiny, it gave some insight into why this felt so important for them. It raised questions about the dynamic of the relationship between researcher and participant and how there may be an unconscious and conscious

anxiety about how participants' very personal experiences would be understood and represented by me. I was anxious to ensure that I had understood and represented them when I was not in a position to test my understanding of their experience with them.

The young women who participated in the interviews were given a voucher in recognition of their time and contribution to the research. This was in line with the practice in the LA for recognising their participation in events such as consultations. They were also offered interview related expenses.

The recruitment of the professional participants was drawn from the Leaving Care Service and other professionals who had been involved in supporting young women as they became mothers. Again, this was initially done by virtual contact at a meeting. Some professionals were approached directly following their agreement and if they were still involved in supporting young women in some capacity who were pregnant or mothers. All participants were provided with an information sheet and the opportunity to discuss any issues further. Their roles varied from social worker, personal adviser and family support worker.

### **3.7.3 Ethics**

Holland (2009) reviewed the literature on the methodologies and theoretical approaches to researching the views of 'looked-after' children and found that although there was a lot of diversity in approaches, research designs were restrictive in terms of enabling "young people's individual constructs of their experiences to emerge" (p.230). She also found limited discussions on ethical issues, which she related to epistemological paradigms. She further noted that the young people involved were often viewed as problematic and pathologised; a sense of this would

emerge in the narratives of the professionals and was also reflected in how the young women themselves had internalised some of this narrative and descriptions of them, for example as 'chaotic'. Richards *et al.* (2015) suggested that children's and young people's agency and autonomy must be explicitly acknowledged and reflected in the research design and process. Again, this is where FANIM seemed to offer an approach to interviewing that could provide a more open environment. Although not exhaustive, the following informed the ethical framework in conducting the research.

1. A pre-research information sheet was provided for all prospective participants, both young people and staff members. This detailed the outline of the purpose of the research and contacts, thus reflecting the needs of individuals. Having had initial discussions with the Local Authority that expressed an interest in the research, I determined that the minimum age range for the participants would be 18 years.
2. Expectations regarding record keeping and confidentiality, and any situations that may necessitate a breach in confidentiality, were outlined for all participants and others involved in the research.
3. Consent forms were used (Appendix 2).
4. Information was retained and stored in line with GDPR legislation and guidance.
5. The Local Authority was asked to provide a liaison officer who would be the contact for any logistical issues relating to undertaking the research and act as the point of contact for any practice or safeguarding issues that may arise. A protocol was put in place to clarify the circumstances and process, if that need arose.
6. Space and place (Richardson *et al.*, 2015) for the interviews were informed by the participants' preferences.

7. A support person was identified by each young woman who would be available following the interviews.

8. Participants were advised that they could withdraw from the research process at any point during the interview process of data collection.

Ethics is central to the research process, researcher reflexivity and throughout the research process. I used the spaces of individual supervision and a peer group of researchers to reflect on my role as a researcher with my own conscious and unconscious and how this may influence the process of the research.

### **3.7.4 Interviews and data analysis**

The total experience of the researcher in interviews and in ongoing reflexive writing and discussions is equally considered as the data in psychosocially informed research, much like Klein (1975) considers the total experience of the analyst in clinical work. The research method incorporates two interview sessions, with the aim of restricting 'questions' to an open inductive structure, beginning with 'can you tell me...?' (Hollway and Jefferson 2013, p.35). Hollway and Jefferson emphasise the importance of process notes in interviews being as significant as recordings. These notes capture the interactions and emotional responses in the encounter, thus providing a depth that can be reflected on for unconscious communications of the transference and countertransference and reflexivity. They also advise psychoanalytically informed supervision to help explore the researcher's subjectivity. I used the reflective forums available throughout the research process as space for reflexive discussion that helped to elicit what may be taking place below the surface and the possibility of the unconscious processes, which may forge my and the participants' responses.

As this study was based on a research method that aims to give participants the space to respond to the opening question as freely as possible, what they spoke about was entirely for them to decide. The second interviews were different, though. From the outset, participants were asked if there was anything they specifically wanted to say, and I was also able to enquire further on what I noted from the first interviews. Although Hollway and Jefferson do not codify data in the more traditional sense of qualitative methods, they do incorporate pro forma with categories for biographical and thematic data they describe as the “whole reading” (p.65). Here I deviated from the specific approach to data analysis employed by Hollway and Jefferson. My approach reflects the absence of detailed pen portraits which would have provided a biography and history with which to link the analysis of the material from the interviews. Notwithstanding this, I undertook a thematic analysis as outlined by Braun and Clarke (2022), a method which could sit alongside a psychosocial approach. This reflexive approach to data analysis, as argued by Braun and Clarke, could intersect with my psychosocial theoretical positioning, the data set and my resources as a researcher.

Archard (2020) has argued that whilst some studies have only partially applied FANIM due to issues relating to data collection and the experience of the researcher, nonetheless, the centrality of the interviewee to FANIM interviews can add a richness to the data whichever method of analysis is employed. Morgan- Brett (2019) similarly discuss the value of combining free association interviewing and thematic coding in research.

Using this method, I hoped to help the participants find a means, other than “talk” at the surface, to communicate emotional experiences.

### **3.7.5 Setting up and conducting the interviews**

In approaching the interviews I was mindful of the boundary between my roles and the different setting for my work as a psychodynamic practitioner. Whilst I cannot set aside those experiences, I have tried to pay particular attention to the 'setting' of the research. This is not a clinical setting and I am neither in a therapist or social care role, but I do bring my experience and knowledge from both to the research. Early in the research process, whilst setting up the interviews, I became aware of how a psychosocial lens can add to the reflexive process.

Participants were offered the opportunity to meet in person or via a secure video link. Two of them decided to meet in person, while the other six participants met via video link. The audio recording was retained until it had been fully transcribed and the findings analysed. The interviews that were held in person took place in venues managed by a partner organisation of the Local Authority and at a location convenient for the participant.

When contact was made with the participants to arrange the interviews, they were advised that there was no specific time constraint and that we could discuss, when we met on the day, how much time they had available and that they could indicate if they needed a break or wanted to end the interview.

In setting up the interviews, I was reminded of the writings of Ogden (1992), who reflects on the transference and countertransference beginning before the first meeting. In the context of this study, I was mindful that I had conscious and unconscious experiences that I would be 'transferring' to the process, even before my first meeting with the young women. Similarly, they would be involved in unconscious transference to the situation of our interactions. This was particularly

noticeable in the early stages, as it was sometimes difficult to contact them and arrange an initial discussion and interview. In reflecting on this period, I found myself wondering about comments they would later make about their experiences with professionals and a theme that was generated, the 'blueprint' a theme that spoke to the way expectations and prior relationships with professionals may be transferred to their relationship with me - the 'bureaucratic transference' (Seligman, 1994) - and my countertransference responses. Were they feeling a need to 'cooperate' with me, thus agreeing to take part because they felt this was something they were expected to do? Similarly, in relation to my response to sometimes finding it difficult to organise the interviews with them, was my frustration a reflection of my prior experiences with young people in a previous role? Or was this perhaps related to my anxiety as a new researcher? I was also experiencing some anxiety about how they would experience the interview process. Were these reflections also saying something about the dynamic between professionals and young women that had played out in the past?

### **3.7.6 The interviews**

As referred to previously, the interviews took place in a way most suitable for the participant, either in person or remotely. Prior to the interview, we discussed how much time would be available to meet. I suggested that there was no fixed time but maybe we should allow around an hour for the initial interview and we could confirm on the day we met what time they had available. Whilst I would ensure I had the morning or afternoon available, I was aware that the participants would want an indication of the time frame. They were advised that we could have a break at their request, but no one required a break.

With the young women, interviews varied between one and two and a half hours. Two first interviews were longer than the second interviews, and two second interviews were longer than the first interviews. Interviews were often scheduled around school/nursery times.

With the professionals, the minimum interview time was 45 minutes and the longest was one and a half hours. They scheduled our interviews around other work commitments.

### **3.7.7 Interview process**

In the first interviews with the young women, I noticed that following my opening question, "*Can you tell me about your experience of being pregnant and becoming a mother?*" there was often a period of silence. I would follow up by saying, "*Maybe start with whatever comes to mind.*" During the interviews, if they spoke for a long period, any intervention I might make would be to ask if they could expand on a point, and I would be careful to try and use the words they had used, in order to minimise my interpretation of what I thought they had said.

Second interviews were conducted differently, in that I began by explaining that there may be some things I had noticed from our first interviews, but I first wondered if there was anything that they wanted to say or reflect upon from our discussion. What often happened is that the participants would lead the second interview and there was little need to pick up on anything specific from the initial meetings. Often, the participant expressed that they wanted to say more about a certain theme that they had spoken about in the previous interview.

Interviews were conducted similarly with professionals and began with the question, *“Can you tell me about your experience of working with young women who become pregnant and parents?”*

As with the interviews with the young women, the open nature of the question and the invitation to start with whatever came to mind would generate an initial silence. They would often begin with speaking about their career and experience in the work, almost contextualising how they positioned themselves professionally. When reflecting on the responses across the narratives, how they located their relationships with the young women, and their understanding of their role, it stirred in me memories and reflections of my own practice and relationships with young people, echoes of what they were describing at times feeling uncomfortable, a feeling that they may be initially experiencing when being asked about their practice and relationships.

### **3.7.8 Data analysis, using reflexive thematic analysis**

The interview narratives, i.e., the data, were analysed using the framework provided by Braun and Clarke (2022) and their method for reflexive thematic analysis. This method was used as the basis for the framework for coding the data and generating themes, and it involved identifying common phrases and then finding patterns in data segments. The data was grouped, and then through a continuous process of analysis themes were generated. Braun and Clarke refer to themes as “a pattern of shared meaning organised around a central concept” (p. 77). Reflexive themes are therefore patterns that can be identified across data, and as the data from the findings is analysed, themes are generated. The process for analysis is set out in the table below.

Stage 1. Become familiar with the data

Stage 2. Generate initial codes

Stage 3. Search for themes

Stage 4. Review the themes

Stage 5. Define the themes

Braun and Clarke describe two levels of themes, firstly the semantic, which is the surface or explicit meaning and secondly, the latent which looks “below the surface”, interpreting and explaining the themes, thinking about the assumptions and conceptualisations that influence and shape the theme.

Recorded interviews were transcribed within 48 hours. This felt important as I wanted to immerse myself in the narrative and reflect on the experience of the interview as close as possible to the event. In this process I noticed how it was, as if I was hearing some of the detail and the language anew. The emotional impact was also different and I found myself at times wanting to take a break.

Reflecting on the process, it was as if in the actual encounter, I was focused on listening to the narrative, hearing “words”. What resonated in the first interviews was how the participants, particularly the young women, spoke very calmly, at times almost like they were describing an experience that had happened to someone else. This brought to mind the notion of both our defences in the presence of what is difficult to speak about and hear and what may have been repressed.

This was in contrast to the second interviews when there seemed to be a more emotional tone to the narratives and in the presentation of the participants. The process of having two interviews seemed to provide a space for reflection on the material for researcher and participant.

Following the completion of the sixteen interviews (two for each participant), each transcript was reviewed at least three times, and the data coded. The young women's interviews were coded prior to the professionals. The coding process involved initially highlighting single words and phrases in each transcript, this generated the initial codes, and further analysis identified links in the codes and concepts which could be grouped forming themes. All the codes and themes reflected the language used by the participants. More initial themes were generated from the coded data from the young women than from professionals, which after further review, generated links that grouped around umbrella themes. As Braun and Clarke (2022) suggest, a theme may not necessarily be quantifiable in terms of the number of times a keyword or phrase appears but because it captures something significant to the research question. An example of keywords and linked concepts is how "fear," "scared" and "anxious," were used by the young women in sentences and phrases, particularly when speaking about pregnancy. When these were grouped together and further analysed, it generated the theme "**fearful beginnings**" because this seemed to capture the emotion of pregnancy and its early stages and the early months following birth.

The data for young women generated more initial themes and sub themes which could be linked creating umbrella themes, this contrasted with how the data from professionals produced more readily distinct themes. Reflecting on this process and the difference in theme generation, interviews with young women were longer producing more data. I had also noticed that professionals initially approached the interviews in a way that they might a work meeting and wondered how the lack of structure in the interview process may have added to their approach.

### **3.8 Summary**

This chapter has provided the context to the theoretical, ontological and epistemological considerations for the research methodology. The potential constraints and limitations of this approach to research have been discussed but it has been argued that in order to explore the emotional experience of care-experienced young women as they become mothers, a transdisciplinary approach is needed that can consider both their internal and external experience, and conscious and unconscious dynamics as they impact them and their relationships. The methodology, which is informed by FANIM has been outlined and the process for analysing the data and generating themes, the thematic analysis (Braun and Clarke, 2022) has been described. The following two chapters set out the findings and themes from the interviews firstly with the young women and then the professionals.

## Chapter 4: Young Women Findings and Themes

### 4.1 Introduction

This chapter considers the findings from the interviews with the young women, how from their own narratives they understood their experiences and feelings about pregnancy and becoming mothers.

Patterns and themes were identified from the interviews through reflexive thematic analysis (Braun and Clarke 2022). As these developed, they began to represent how the young women reflected on their experiences and how they made links with their feelings about their pregnancy and becoming a mother. What was particularly significant was how they related their own experience of becoming a mother to that of being parented. What became evident early in the thematic analysis was that they felt alone and fearful, and that the focus and concern was for their unborn baby and their capacity to parent, but not on them as individuals with their own needs. These thoughts seemed amplified by their lack of trust in professionals from different agencies, which often arose from a fear of sharing anything that may negatively influence how they were viewed. This in turn could inhibit them from sharing their concerns and accessing the help and support they needed. Significantly, they spoke about how they would *know* what a good experience of being parented would be like and how it would make them and their children *feel*. As Ayana stated, “I want to go above and beyond [...] make sure I am always there for my children even if they are in their 30s or 40s.” For Ayana, to feel you are well parented is to feel that your parent will always be there for you. This raises the question, what might this feel like when an element of your parenting comes from the state care system?

## 4.2 Themes

### 4.2.1 Fearful beginnings

I felt like I was treated differently. Scary, stressful and it was all unknown, what was going to happen, and I was constantly being told my baby was going to be taken off me and it happens to a lot of care people. I did have mental health problems, I had anxiety and depression from, obviously, from the trauma of my childhood and, yeah, I wanted to be a good mum. I was doing what I wanted to do, I wanted to be a good mum. I was excited, but they made it hard for me to be excited. Um, yeah, don't know, and when I gave birth, I got put into a foster placement and I basically had to be with this family. I had anxiety I was getting watched and judged. I wasn't getting the right support. Aisling

When I first found I was pregnant I was, I was excited. I had pictured myself that I would be on my own for the rest of my life, thought I was not going to be on my own anymore. But then, yeah, when Children's Services got involved, because of how concerned they were, I got very scared because they were constantly talking about my ability to parent and things. I remember just saying to them, like, not long after they got involved, I said, like, if they think I was going to be a bad parent, just tell me 'cause I don't want to bring a kid into the world just to mess them up [...]. But it was always just, like, they were always just focusing on my past, all my risk there, and, um, I was kind of, like, even though from the moment I had [...] I really wanted them, I kind of, like, I didn't know if to trust myself like, like, I didn't. I was like should, should I trust the professionals that I was going to be a bad parent, could I do this? Lyra

Aisling and Lyra's narratives capture how the young women were fearful of what would happen to them and their babies. Both excerpts are from the early part of their interviews but offer a summary of their experience. All the young women spoke about being in the process of moving out of, or having just left care when they became pregnant. For all of them, this was a critical time of change and transition;

their legal status of being “in care” or “Looked After” was changing to that of “Care leaver” simultaneously with their transition to becoming a mother with the emotional impact of pregnancy and post birth experience. As Lyra and Aisling described:

“People not understanding that you are almost ‘put off’ bonding, as you are worried that you will lose them; I was so full of fear.” Lyra

“It was scary, stressful and it was, like, unknown what was going to happen.”  
Aisling

All the young women had wanted to become parents. Those who had partners had spoken about their desire to have a baby together. They also spoke about how they had reflected on their situation and showed an acute insight into their own feelings and what others may think about them becoming mothers. These thoughts and feelings suggest a ‘state of mind’ that is present even before the pregnancy begins and a sense that it is difficult to convey the level of anxiety and fear that is ever present for them and remains long after the birth of their children.

Lyra further reflected on how “I really wanted this child but felt almost selfish for wanting a child; it was, like, ‘cause I was clearly gonna mess them up.” Kira also expressed her concern about having a child as a care leaver, “When we started trying, I was really excited, but at the same time I was like, ‘Hold on, how is this going to work out for me? I am a care leaver’.”

#### **4.2.1.1 Fearful beginnings: pregnant and feeling alone**

The young women spoke about their experiences with a sense of being on their own, with the focus being “on them” because they were pregnant and going to be the mother.

Ayana spoke about finding out about her pregnancy just as she was about to move out of foster care and wondering when she should tell her foster carer and social worker, as if keeping this information to herself would enable her to experience her pregnancy before the uncertainty to come.

They described feeling excited and “really” happy about their pregnancy, albeit with a constant feeling of fear throughout. When reflecting on their feelings prior to pregnancy, they spoke about the fear that they would ‘lose’ their baby. They had all known of care-experienced young women whose babies were now being cared for by others. This was a worrisome reality that influenced them from the very first knowledge of their pregnancy. They were also only too aware of the trauma of removal and separation and living with strangers, as they had experienced this themselves. This feeling of being alone in their experience was woven in different ways through a fear of who to trust, fear of being judged and the sense that they were treated differently, separated out and almost isolated by their experience of being pregnant and having been ‘in care’.

#### **4.2.1.2 Fearful beginnings: not everyone was happy**

“It was really hard to talk about the happiness of it.” Aisling

“No one talks about the happiness of it, [there’s] no time to be excited like other people’s pregnancies.” Kira

All the young women had planned to have a child, and their desire to do so had been occupying their thoughts for some time. Young women who had partners described how they had talked about and planned to have a child together. They spoke of their concerns around how others may respond to the news of their pregnancy, particularly Children’s Services. They relayed conversations that they had had with

professionals and carers in the past and their understanding that services would need to be involved if they became pregnant. The words 'fear' and 'frightening' dominated the interview narratives, and they described how finding out they were pregnant prompted feelings of not only happiness but also fear of what might happen to their babies and how others would respond to their news. They were very aware of how their history and status as care leavers would affect Children's Services and other responses to their news.

"Prior to pregnancy, they all knew I was trying to get pregnant; they were all trying to advise me not to, saying the child would be removed." Kira

For Aisling, who had more recently come into care, she initially was not worried, as she had friends who were not care-experienced but who were pregnant and had children, with no Children's Services involvement.

Lyra spoke about how, "For other people, it is celebrated," explaining that her pregnancy was not celebrated until late in her pregnancy and a baby shower was arranged for her. It was then that she felt, "Like it was like other people's pregnancies." Ayana said, "Not everyone was happy," including her own and her partner's family.

In their descriptions, it appeared as if there was no space for the potential enjoyment of pregnancy and becoming a mother, as well as a feeling that there was little understanding of their anxiety and how this may further influence their pregnancy at what can often be an already anxious time for many women.

"They look at your childhood as being a risk, but they don't think about how the person might be mentally feeling or the pregnancy or anything – it wasn't thought of." Lyra

#### 4.2.1.3 Fearful beginnings: not like “other people’s” pregnancies

“I did more than a normal person, everything.” Aisling

Each of the young women described how, from the beginning, they felt that their pregnancies were “not like other people’s”, not like those who were non-care-experienced. They described being told that having a child would be really hard, with Kira saying how it was “Paint[ed] like it was this horrible thing [...] no-one talked about the happiness.” They expressed feelings of anger at their experiences and what they felt they had to do to ‘keep’ their babies - feelings they did not want to have in their pregnancy. Aisling spoke about how “Nothing was explained to me. It was constant. It was just new people coming to make me do things, and I was just doing them.”

They each described experiencing pregnancy-related health issues and anxiety, and feeling like this was not being noticed or understood in relation to how it may influence their feelings and what they were expected to do.

They also spoke about the impact of assessment processes on their partners and partners’ families, who had had limited or no previous contact with Children’s Services. They talked about information being shared about their partners family members that had never been spoken about previously. They described the frustration of partners/fathers with having to be involved with services and how they would be judged if they objected. Many of these fearful feelings related to their knowledge of other young people having had their child removed from their care, and this continued throughout pregnancy and motherhood. Ayana reflected on how she was constantly concerned about social services – a feeling of fragility about her situation, even though she was in her mid-20s at the time of the interview.

#### 4.2.2 Feeling like an object

“All the way through my pregnancy, everything was on this baby I hadn’t met, and it kind of went on and I felt like a bit of an object.” Lyra

The young women felt that all the responsibility was on them, as the mother, feeling like an “object,” with the focus being primarily on their unborn baby, as if they, as a person and individual, were invisible. They described feeling that their health and welfare were thought of only in relation to the health and welfare of their unborn child. Furthermore, no-one was interested in them as individuals, and nobody asked about how they were feeling or about their relationships with their family and partners outside of “assessments” and beyond the question of who might be able to care for their child if they were not to remain in their care. Aisling expressed feelings of anger at her situation, as well as feeling alone with no one to talk to about what she was experiencing, “I wasn’t thought of, I didn’t feel I existed as a person.”

In reflecting on the first interviews, I noticed that the young women did not speak in detail about the physicality of their pregnancy and what it felt like to be pregnant, and I wondered about this and raised it in our second interviews. They all then talked about their experiences and described difficult pregnancies and births.

Lyra spoke about her severe morning sickness and no one asking her about that or her contact with her family:

That part I find quite difficult in terms of bringing up, like, memories from the past, and I really didn’t want to be sick. I think a lot of my pregnancy, it was quite, I um, I enjoyed having [baby]. I don’t think I thought of it so much [about the sickness] because I was dealing with social services and exams.

Throughout the beginning, well throughout, I was having a lot of contact with

my mum. No one really asked about it because it was all about me and the baby. No one spoke to me about my mum.

#### **4.2.2.1 Feeling like an object: everything is on this baby**

The young women said they felt that the main focus on them was as carers for their children. Those with partners described limited or no discussion about the possibility of their partners being involved in placements where they could live together during their assessments. These experiences added to their perception that they were on their own and the outcome was solely their responsibility. Aisling said, “They just focus on the mum, never on the man. All on me [...] I was the mum. [...] the men just work, don’t they? They are only bothered if he has a job”

They expressed that they believed they were treated differently to non-care-experienced young women. Kira described the situation as being, “Scary, stressful, and it was, like, unknown what was going to happen”. When speaking about becoming a mother, she noted, “I wanted to be a good mum. I was excited, but they made it hard for me to be excited”.

Two young women reflected on their experiences of being advised about visiting a pregnancy advisory clinic when they shared the news of their pregnancy with a social worker. This was a surprise for them, as they said they never hesitated in continuing with their pregnancies. One young woman went with her partner, she said she felt she had to go because she had been told; otherwise, it would be a problem.

These expressions reflect a sense that they were viewed as being secondary to their baby as Lyra described how she felt, “I hated how I felt myself, quite like, like angry that people cared so much about my pregnancy, but it just kind of felt that I didn’t exist as a person”.

The descriptions of their experiences evidence their awareness and understanding that their situation was uncertain and unsettling, and that they were thinking and reflecting on their feelings about their situation. Their narratives express a feeling that there was little space or recognition of their need to explore and understand their feelings, and they all felt scared or frightened about what may happen as well as uncertain about their and their baby's future.

The process of transitioning to becoming a mother is significant for any woman, but there is little evidence that these young women had a space to reflect on the experience of many first-time mothers, being worried about what to expect from pregnancy and parenting. For them, their narratives seemed to express how they felt as though they were viewed differently to other mothers and mothers to be, an experience of feeling othered.

#### **4.2.3 What is written**

What is written down and recorded – almost a 'public record' of a mother's life – was something to which all the young women referred. They described how, when meeting someone new for the first time, they were aware that they would have read about them and how this would have informed their view of them. This sense of 'what is written' about them going into care, being in care, leaving care and their life thereafter. It seemed that prior to their pregnancies they had not engaged with knowing what had been recorded, often avoiding it. Now what was recorded had taken on a new significance in relation to them and their babies' futures. Aisling commented, "I don't know what is written in my notes, what they say about me. Judgement from your file, even before they have met you." Lyra said, "They are scoring you, and they have never had a conversation with you, and I wish people

would acknowledge that now” and Ayana describing her experience, “When I go to hospital, it still has my foster carer as my next of kin. I have asked for it to be changed so many times.”

#### **4.2.3.1 What is written: their story/my story, the language of care**

Two young women said that when they had met social workers in relation to their pregnancy, they had been told they were not like they had been described. This resonates with their feelings of concern about what has been written about them. This concern about ‘what is written’ is something that they all addressed. The records of their lives had been summarised in reports; one young woman reflected on how reports were shared at meetings, and often circulated prior to the meetings in child protection processes:

I would get the reports of the meetings, and every report would have three pages of my, my history. It would always be like a bloody Friday. I would be angry and cry, I would not read the rest of it. I was just angry and would rip it up and throw it in the bin. Lyra

For the young women, what had been written, reported and set out as their life history did not reflect how they saw themselves now but belonged to another part of their life as Ayana reflected, “I am not going to lie, I was an awful problem teenager [...] going missing every month [...] but I am not that person now.”

They all used words such as “chaotic,” “high risk,” “problem teenager,” or “a challenging child” in reference to themselves before they became pregnant, and these terms seemed to affect how they had come to think about themselves. They were also aware of how others may have experienced some of their behaviours in the past, and how that influenced how they were seen. There was also a sense that no-one was interested in understanding why they might have behaved as they did:

Every kid in care has some kind of level of trauma, and they are categorised into one category and there is that stigma of the chaotic kid rather than thinking about what happened to them. Looking at an individual's circumstances context is so important. There are so many things that are on people's files that read very differently without context and just being more like aware of that every young person experiences and um, yeah. And also just being, like, asking about it, if there are any questions about something that happened, ask about it but give some time for the answer. Lyra

Whilst acknowledging she may need to talk about her life, Lyra is expressing that it is important to understand it will be difficult and that professionals need to take account of the context. Young women may also need time to respond to questions about painful past experiences which they have tried not to think about.

#### **4.2.3.2 What is written: "care leaver" – it's a label on my back**

Ayana spoke about her panic when taking her child to Accident and Emergency (A and E), and what would happen if they knew she had been in care. On another occasion, she described how she found herself asking if they needed to know she had been in care.

I thought that once I was 18 and I left care, it would follow me – and it did, and I was embarrassed about it [...] everybody knows [...] it is still on my health records now, that I have been in care [...] it is like you walk around with a label on your back: not that she is a mum but she is a care leaver. Ayana

They described the experience of everyone knowing they had been in care, and their own sense of themselves being a care leaver; an internalised label they had also come to identify with. Lyra spoke about the shame of being pregnant and a care leaver, because it was not thought of as something positive but just what people expected of her as a care leaver.

It sounds terrible. I felt scared and ashamed. There is quite a lot of stigma about being pregnant and a care leaver [...] no-one really mentions care leavers who have kids or there, you know, people would look at me and not really say anything [...] As my baby got older, there was less shame because they are so great and everyone loves them, when it was just me. I just felt shame about being pregnant [...] Shame about my childhood and terrified for the future.

This feeling seemed to be amplified and validated, as no-one other than these young women and their partners seemed pleased about the pregnancy.

They were also concerned about their children not being brought up “in care” and not carrying the ‘care’ label on public documents, health and school records. As Ayana described:

Years after my first child, I was pregnant again. I had the same thing – a letter that they had noticed I was pregnant and they were going to do an assessment. No involvement for two years and they were back because I was still a care leaver. Child was doing well, didn’t understand why [...] I was terrified, absolutely terrified. [...] I still feel embarrassed when people know I am a care leaver, and I don’t want it for them.

For Ayana, she wanted to be “seen” as a mum first and foremost, “The thing I take most pleasure in life is looking after my kids. I just want to change that difference in life. I want to be seen as a mum first.”

Those who took part in the research understood that a great deal would have been written about them and that this would be used to inform how they were viewed as parents. Only one young woman spoke about looking into her care history to try to make sense of her earlier life. They related experiences of the impact of their care status being recorded and their understanding that this information would follow them.

The themes highlight young women's sense of identity and wishing to be seen differently to how they have been viewed in the past, i.e., as mothers. What was noticeable was the attention they all gave to what is written and reported about them.

The challenge for professionals is understanding how a young woman's history is understood by the young women themselves and how it has influenced their experiences and thoughts about parenting. Further, the potential for young women's understanding and experience to be a resource and an help inform what may be required to support them now and in the future.

#### **4.2.4 My mum/myself, my baby/myself**

Being pregnant and becoming a mother aroused difficult feelings for the young women regarding their own experiences and questioning why they had been mistreated or neglected by their own parents/mothers. They all spoke of these feelings intensifying as they themselves gave birth to their children, but they were also acutely aware of how others may view their upbringing and their parents, and how this would be a reflection of how they would care for their own children and influence whether they would remain with them. Aisling said:

I wanted to do things differently, be a better parent, be happy, and not have any trauma, just be good and just to live life normally. [...] Gentle but strict, a fun, happy parent – all that in one. I want them to do great in life. I don't want them to not work, I want them to work to do something in life, have hobbies. I want them to be around good people. Not people who put you under pressure and make you do silly things.

#### 4.2.4.1 My mum/myself, my baby/myself: grieving for my childhood

“Looking at how my, like my past, and am I going to raise my child the same, and that was never going to happen – no, never going to happen.” Aisling

The young women spoke about how the experience of caring for their own child brought up difficult and confusing thoughts about their own care as children. For some, these thoughts and feelings left them wondering whether it had been something about them that had caused the lack of care. One mother recalled reflecting on the lack of care and neglect she experienced from her parents, how this was in contrast to the care she gave her baby and her overwhelming desire to protect her child. They all struggled to make sense of their own parents’ neglect of them and their safety.

Reflecting on your own experiences and looking at your child, it very much changes your perspective. As a kid, you blame yourself a lot. You see a kid at the age you were, and I wouldn’t say, yeah, definitely, like I think it is, yeah, parenting when you’re a care leaver is definitely, like, it’s like therapy. You are always learning stuff about yourself, like even, like, different things I have never really questioned about my childhood. Seeing things they do raises questions about you. You are always kind of reflecting. Lyra

The young women spoke about their own fears and others’ judgements that they would parent like their own parents, and questioned themselves, “I was scared I would be like my parents. Sometimes, I would get angry and I was, like, am I going to be like my parents?”

Along with difficult thoughts, they spoke of wanting to “do things differently” with their children, with their own childhood experiences almost acting as a frame for what they didn’t want their children to feel, as they themselves had not always known what being cared for could feel like.

Ayana described not wanting to do things like her mum and emphasised that for her she felt that your children are always your children – something she had not experienced herself, “I don’t want to do things like my mum has already done. I want to go above and beyond that and make sure I am always there for my children, even if I don’t feel the greatest.”

For some young women, reflecting on their own experiences increased their desire to become a mother. Kira, when speaking about wanting to have a baby, said:

The only way I can work it out in my head is that if I could be the mum that my mum wasn’t to me, my life would be so much more of a better experience [...] It would make me proud if I could be the mum that my mum was not for me.

In the absence of a good parental experience, the young women drew on their experiences of neglect and lack of care to help them understand how they could parent in a way that would not expose their own children to the feelings they had.

Lyra spoke about her and her baby living with a foster carer and her family. She recalled how, for her, she understood what it could be like living within a close and caring family, and how, “Until you experience it, you don’t know what you don’t know, and I didn’t know what I was missing from my childhood.” This different kind of parenthood evoked feelings and reflections on her own childhood and what she wanted to do differently for her child.

The feelings that were being described by the young women could also be thought of as reflecting a sense of loss. As Lyra described her experience, “I didn’t know what a ‘normal’ childhood was [...]. I kind of grieve for my childhood, and Children’s Services didn’t give that to me.”

Each young woman described a history beset with loss in terms of separation and moving from their families, which continued due to multiple placement moves.

Becoming a mother was, for them, a chance to be a different kind of mother for their children.

#### **4.2.4.2. My mum/myself, my baby myself: repairing through caring for your child**

Aisling spoke about how for her, having her baby, “It saved me, I was broken.” Kira said, “I had no life before. I had spent my whole life not being happy. It gave me a purpose.”

The young women described the challenges of caring for a baby as they grow and change, the physical and emotional demands, the roller-coaster of feelings, which nothing could have prepared them for. They spoke about the times when they felt exhausted and wanted a break but found it hard to be away from their child and were fearful of what others might think of their parenting. They shared how they sometimes felt relief when they had a break while their children were at school or nursery, but they also missed them when they were not close by.

All the young women spoke about doing what they understood to be the ‘best’ for their babies, but they were also anxious that they may not be allowed to care for them. The young women in the study breastfed their children, believing that this was best for their babies even when, for some, the physicality of the experience could feel difficult and complicated due to prior experiences and how they felt about their bodies.

Struggles with mental health was an issue raised by all the young women, but they spoke about having their children helping them focus on the future, someone to do

things for, to think about, to achieve for, wanting their children to be proud of them. Kira shared that it was easier to “care for my baby than care for myself.”

Two young women spoke about how it felt becoming a parent whilst simultaneously “inside, still feeling like a chaotic young person”.

Having a child provided some young women with new and different experiences of a childhood that was different to their own. They spoke of the enjoyment of going out with their children and the pleasure of arranging activities for them such as a birthday celebration, which, for one young woman was something she had never experienced in her own childhood.

#### **4.2.4.3 My mum/myself, my baby/ myself: memories of care**

Three of the young women described moving to a placement following the birth, and in each case they recalled that they had not visited the placement or met staff and carers beforehand. Placements included Mother and Baby units and foster settings. The specific legal arrangements around the placements were not discussed in detail but some were surprised and upset to find that their babies were already “Looked After Children” by virtue of the placement arrangement. They described how these moves revived memories of when they were in care.

Lyra described being in the car travelling to her “Mother and Baby” foster placement and “*trying not to cry.*” It reminded her of all the times she had moved to a placement she did not want to go to – and one that she had known nothing about until the day of the move. Two young women said that they remembered the anxiety of moving placements in the past and how they had initially stayed in their rooms, as they had done when they were in care, feeling anxious about how they would feel if they left the room, and equally anxious about how staying in their room would be viewed.

#### **4.2.5 Judgement and trust**

In the discourse with the young women, there was a constant sense of them feeling that they were being judged by those involved in the professional network around them, thereby instilling concerns about who could be trusted and what they should say and not say in their presence.

The range of feelings they experienced was at times confusing for them, as they felt they could not share their concerns or ask for help. As Lyra reflected, “Is it normal to feel you will go crazy if you don’t have a break, but won’t ask for one?”

This experience, they said, could add to their feelings of anxiety and discourage them from asking for help if they were struggling. For Aisling she also found the experience confusing, “When Children’s Services got involved, I found it confusing.”

##### **4.2.5.1 Judgement and trust: relationships with the professional network**

The young women described what were often difficult, but frequently supportive, relationships with professionals. The professional ‘network’ or ‘system’ can be thought of as including the range of people with particular roles involved with young women during pregnancy and following birth, including, depending on the young woman’s age and legal status, their social worker and personal adviser, midwife, family support workers, foster carers and others working with them.

They expressed that they felt they had to experience Children’s Services’ involvement because they had been in care and that there was a possibility that they would lose their child. They felt that they had already been judged because of their past histories, parents and previous relationships with social workers. For Lyra, “When social services got involved, they knew everything, and I didn’t know who to trust.” Other young women describe their experience:

In the parenting assessment, they would put questions in, but they thought I was going to parent just like I was [parented]. I feel that they may have put questions, and I answered them correctly, but no, she is going to parent just like her parents did. Aisling

Why am I being treated like this? It stressed me out and it was confusing. It was this big stigma of care children, it was confusing. It made me want to rebel. Judging me – judging me – before I could show them. Kira

I was very aware that everything I told anyone would go back to the social worker, so I very much bottled up everything at that time [...] didn't even want to cry. It was hard, didn't want them to think I was mentally unstable. Lyra

I was too scared to say I was struggling, because anything that I was worrying about they would use that against me. Ayana

The notion of fearful beginnings was manifested in young women, and this led to difficulties around trust and how others might see them, as well as how they might see themselves. Lyra wondered whether she could trust herself, reflecting on what she felt she had been told by professionals and how this influenced her:

Should I trust the professionals that say I'm going to be a bad parent? Could I do this? Thoughts that you were being scored and they haven't had a conversation with you and not feeling that there is an understanding about how they feel.

Asking for (and accepting) help was difficult, as they did not always understand that some of what they were feeling was no different to any pregnant woman, as one young woman said, "I was struggling most nights, now knowing more parents, I know now that that is normal to have a bad day in parenting [...] but I wasn't going to vent about it."

Young women also spoke about wanting to be seen for themselves, Ayana feeling, "You should see the parenting that comes out of the parent, not their parents." Lyra

also shared how, for her, “They just talk about you and your life, not what you have done and what other people have done to you.”

In their relationships with professionals, the young women struggled to recast new relationships with from those they had had previously experienced when they were in care themselves.

#### **4.2.5.2 Judgement and trust: doing the washing up**

The young women spoke about feeling that they needed to do what was asked of them in order to be seen to be “engaging.” Three of them mentioned comments made about the washing up not being done, which seemed to indicate not only an issue with the domestic care of their home, but also being seen to do the things expected of you, something that could be evaluated and measured. Their attendance at groups and other organised sessions, to be seen as not doing these things, as Ayana describes, was perceived as “not engaging:”

I think I became quite passive at the time. Do as you are asked, do as people ask you. If they want you to go out and buy baby stuff, go and buy baby stuff, if they want you to sit and fill in your questions, sit and fill in their questions.

This emphasis on the practical was a theme throughout the young women’s pre- and post-birth experiences. One mother described how she was asked, when she was just 13 weeks pregnant, what equipment she had bought in preparation for her baby. She believed this was “a bit silly,” as any other expectant mum would not be getting things at that stage.

It is a nasty thing to say, but you just have to do everything that social services tell you to do [...] it was like I couldn’t be myself. I lost part of myself because I had to become a person for social services. It has changed me, I

don't know how to explain, but it has changed me as a person, good and bad I suppose. Aisling

Kira said for her she felt, "You just do everything you are told to do." And for Lyra, "They just think about risk and keeping it down practically."

The young women were often fearful of sharing any concerns because they might be deemed as being unable to cope. One mother, who had been in abusive relationships with men, shared that she had been concerned about raising a male child but felt she could not express these concerns for fear of how they might be viewed in terms of her mothering abilities. She felt ashamed and resented that no-one had "thought of that being a thought in my head."

The young women talked about how they found it difficult to manage their feelings at times, with Lyra sharing how, "All my coping strategies that I had through life weren't healthy [...] I didn't know how to manage all this stuff; adult mental health were terrible." Kira explained how:

I have struggled with my mental health all my life. Like, the way I look at it, I feel like if everything is not perfect, I am going to lose something like a family member. It may seem really silly, but to me it is a lot.

The young women also said how they understood that they were expected to attend parent and baby groups but that they found this difficult as their lives were very different from other parents. One described what it was like for her, "I find it hard to make friends. At a group, they say, 'I am going to see my mum and dad this week, so when do you see yours?' And I am like, 'Never.' 'Oh, are they dead? 'No'."

Another mother spoke of how going to a parent and baby group increased her sense of being alone. She felt she could not talk about her current life and involvement with

Children's Services, and how she would be going home to her flat and would be alone.

#### **4.2.5.3 Judgement and trust: I can't do this on my own, I do need other people**

Whilst there were many descriptions of relationships with professionals when the young women felt they could not trust them or that they were being judged, all of them identified positive associations that had made a difference to them and how it had felt when those relationships ended during their pregnancy. They particularly believed this issue was not acknowledged or understood by those around them.

I was very scared when that came to an end, and I very much grieved that relationship after. I think it is something professionals don't think about or acknowledge [...] When you have never had a stable placement or anything, sometimes that lone professional can kind of feel like that. Lyra

Kira spoke about a social worker who left during her pregnancy: "I had a good social worker [...] it was very different for me because it was, like, you were the only part of my life that was sticking." Aisling reflected on a relationship with one social worker she did not get on with, but there was also another whom she described as "Amazing, more supportive, more understanding, doesn't just talk to me about my kid."

They also described positive and supportive relationships with midwives, leaving care personal advisers, foster carers and volunteers from whom they may have initially struggled to accept support. However, over time, they were a source of support and friendship. Lyra spoke about her fear that if a carer was no longer paid, she would not want to spend time with her. The young women described how they felt that for them, when things are seen to be going well, they are felt to "quickly step down" one

commented on having “everything, then nothing [...] no-one trusted me with this baby in pregnancy, now leaving me on my own.”

The young women’s awareness that what they said and did would inform assessments about their parenting was constantly on their minds and stopped them from asking for help. Kira speaking about feeling that her experience “makes me want to avoid telling them that I am struggling with my mental health.” The fear that they may be seen as being unable to cope if they discussed difficulties suggests that they were aware that mental health needs are deemed problematic. In essence, they felt that asking for support demonstrated vulnerability rather than self-awareness.

However, the young women’s narratives do show their awareness of their situation. They recognised how they may be viewed, and how this could make their situation fragile and influence how they experience their pregnancy, life with their children and relationships with professionals.

What was apparent from the interviews was how much of the young women’s narrative was focused on their experiences and feelings during pregnancy and the early months post-birth. Significantly, though, they also wanted to speak about their lives prior to pregnancy and about wanting a child. They had an awareness of the challenges they may encounter, as reflected by Kira, when wondering how it would work out for her, and Lyra, questioning if she was being “selfish” for wanting a child.

These young women consciously made connections with their own childhood and being parented, drawing on these experiences and wanting something different for their own children. They also understood that professionals would consider how the young women were parented, and how this may influence their parenting.

They also spoke about being told that placements were there to support them, but they were reticent to ask for help, feeling that they should do everything themselves for fear that they would be seen as not coping.

What also seemed significant was that they had not spoken about their physical health or birth until prompted following the second interview. I reflected on the possibility that this was mirror of how they felt about their previous experience, that no one had been interested in them for themselves as individuals the focus being on their baby's wellbeing.

### **4.3 Summary**

The findings from this study suggests that the young women feel, even before conception and at the beginning of pregnancy, that they are in a precarious situation. Uncertainty about their and their babies' futures at times meant that they struggled to feel any joy about becoming a mother. The themes that were generated from the analysis of their narratives indicated that their feelings and thoughts about pregnancy and parenting were impacted by an experience that is very different to their non-care-experienced peers. Their accounts evidenced that they felt judged and anxious about how they would be perceived by others who they felt would judge them by the failings of their own parents. What is particularly significant from this study is the extent to which the young women had begun to reflect on their earlier life experiences and their feelings about their own childhood. They described being asked to talk about their history with social workers as part of the assessment and how difficult this could sometimes be when they may have never spoken about it at any length, expressing that there seemed to be no understanding of what this might feel like for them. Furthermore, at times, they themselves would question their

capacity to parent because of their own childhood. What is clear is that whilst these young women were navigating becoming parents, they felt there was an absence of support and opportunity to express and process what they were thinking, feeling and experiencing. Most notably, they didn't feel thought of as individuals: as Lyra described, feeling like "an object," whilst Aisling observed that "everything was on this baby I had never met."

Two overarching notions thread through the findings and themes. Firstly, that their transition to becoming a mother is felt to be very different to that of non-care-experienced young women and it takes place in a more public space. For the women in this study, they are open to public service scrutiny, and what for most women is a private and very personal experience becomes a very public one that has consequences for how they navigate this transition. The nature of their transition then relates to the second overarching notion, namely the sense that from pregnancy and beyond birth, they are seen very differently to other mothers/mothers-to-be, and they are not seen as an individual with multiple identities, connected to, but also separate from, their baby/baby to be. For them, there is a sense that they experience being a '*mother as other*' at a time when as Ayana said "I just want to change, see the difference in my life. I want to be seen as a mum first."

## Chapter 5: Professionals Findings and Themes

### 5.1 Introduction

In this chapter, the findings and themes from the thematic analysis offer an insight into professionals' experiences of working with young women who are care-experienced and become mothers. Furthermore, it outlines how they think and feel about these young women may be influenced by their own experiences.

Professionals also describe how they sometimes struggle with providing support while maintaining a focus on the baby, and they recognise how the nature of their relationship and work pressures may influence whether a young woman accesses support. Mel reflected on how, in her experience, some professionals are able to support a young woman and can work alongside them when there is time and a clear plan:

If they are on a plan, we have to get from here to here [...] some social workers can do that bit in the middle, they can hold their hand and lead them through it, but you know time restraints and stuff.

Professionals in this context, as referred to previously, act as a 'corporate parent' on behalf of the Local Authority. Shona, early in her interview, reflected this notion of an organisation as parent, saying that, "We are not their family, we are an organisation." Whilst this statement may seem quite stark in contrast to how professionals feel about their commitment to caring for those they work with, what she is reflecting is the reality of the structure, legislative arrangements, and organisation of state care.

In speaking about the carers and others with whom the young women had positive relationships, these relationships, significantly, seemed disconnected from the Local Authority as an organisation. The findings and themes drawn from a thematic analysis of the interviews with professionals illustrate the complex nature of what

impacts and informs the dynamics of the relationship between them and young women and provide insights into how they may understand the experiences of these young women.

## **5.2 Themes**

### **5.2.1 “We are not their family, we are an organisation”**

I don't think we are family, I think it is really clear from our young people's experiences that we are different, we are an organisation and workers [...] So it does not matter how much, er, relationship, we have with the young person.  
Shona

Shona further commented: “A lot of care leavers, I would say, are defensive, not trusting, of Children's Services.” Shona's comments demonstrate that she is ever-conscious that she and others have a role and a job to do – and that this situation is understood by the young women. She indicated that there is an ever-present reality of the nature of the relationship. In expressing that young people can feel defensive and not trust Children's Services, she described how the relationship between professionals and young women is formed, from the outset, on a conflicting dynamic of young women needing support but not trusting services. When interviewing Shona for the first time, I experienced a feeling of distance and tension, and the language of the narrative seemed very factual rather than descriptive. This was in contrast to the second interview which felt more relaxed and Shona's language was more reflective, I experienced a more emotional presence with her. I later wondered if what she was unconsciously referring to when she spoke of the young women's “defence” was also saying something about her own defences, how being part of an organisation and having a “job to do” was representing something of her own defensive structure, how she was able to manage the tension in her role, the tension I had felt.

The professionals talked about how young women's past experiences in families and with professionals affected how they responded to professionals who became involved in their lives when they were pregnant and mothers. One suggested that past experience becomes the "*blueprint*" for current and future expectations surrounding these relationships.

### 5.2.2 The "blueprint"

Some have had very difficult relationships with social workers, and that is their blueprint [...]. They have had whole episodes of, of – how they see it – social workers interfering in their lives, putting them through the system, and so then another social worker comes back into their lives for their unborn baby. Mel They have no support and possibly a traumatic past and many dealings with social services throughout their lives [...]. They don't always see it has support, their history with social services has not always been pleasant. Chris

Chris and Mel referred to how young women may have had a long history of contact with professionals and may still have their own social worker and other support workers at the time of their pregnancy and in early motherhood. As new professionals become involved, establishing a different relationship to the "blueprint" becomes difficult. There is also a recognition of the impact of an increasing number of professionals in the lives of these young women.

In the end, the social worker has a job to do. They have got to protect this baby, and then you have got to see it from their side [young women]; it is very traumatic and intrusive for them, it is frightening, you know? She [young woman] said it spoilt her pregnancy [...] she felt every day she had to see somebody and because of all the people she had to engage with for her it was overwhelming. I must admit, it was overwhelming, I must admit that I tried to step back a bit.

I would like more time to do the nice bits [...]. It's really important, and I think it is a shame, because we hold such high caseloads sometimes, we haven't got time possibly to really, really explore things, but also the young people may not want to, cause they have so many professionals involved. It is very overwhelming. Chris

We don't always have time, the admin. We do advocate for them and challenge things, but I don't think we are parents. Shona

Shona is clearly describing how she distinguishes between how a parent may behave in this situation, compared to a professional 'corporate' parent. Chris is also describing how admin seems to take precedence over direct work when there are high caseloads. As Chris reflects, at times, multiple caseworkers can feel overwhelming for young women, but this may also be suggesting how, for her, at times this situation can also feel similarly overwhelming.

### **5.2.3 "Can't blur the boundaries"**

The notion of boundaries resonated with all the professionals. Mel spoke about it not always being viable for a social worker to do all that is involved and not to "blur the boundaries." Chris also spoke about how it can feel when your role is to support the young woman, but the focus is on the unborn/newborn baby: "I am not saying it doesn't have to be done, but I do struggle with it at times with my young people."

This gives a sense of tension that can arise in the support role for some of the professionals involved and for Mel, "This is an emotional job. I find it quite emotional, dealing with these young people. It is sad they have had such a sad life, and it is as if they can't seem to get out of this sadness."

Chris shared, "It's easier when there are obvious concerns, but it is all about safeguarding this baby", and Mel reflected:

I think, for a social worker, it is understanding and being able to manage that stuff, but also to be able to deal with the needs of our young mum on a day-to-day basis. It is not viable, it is too much if we are going to do the best we possibly can for our young people. Mel

#### **5.2.4 “Part of the gang”**

One professional spoke of how she felt about working with young women and their experience of Children’s Services’ processes, reflecting that the safety of the unborn/newly born baby needs to be central whilst also trying to consider the young woman.

Uncomfortable for them, sitting around this big table with people, maybe she has never met before [...]. We all have to vote [...] it is a difficult process for us as if, you like, we are meant to be their voice, their advocates [...] but it is all about safeguarding this baby. Mel

Professionals recognised the impact such processes can have on their relationships with young women and how they feel they are perceived to be part of the “gang.”

Chris referred to the “gang” of professionals involved:

The relationship can deteriorate sometimes, as you are part of the gang, really [...]. Thinking back to my last young woman, she did speak to me about feeling overwhelmed. I almost felt sometimes intrusive because, you know, Mental Health was on board, Housing, social worker everyone.

You sit around the table, discuss reports and all her history. It would be like us sitting at a table and all our business coming up [...] there may be a police officer there [...] a worker who they have never laid eyes on, and, you know, you must see it from their perspective. It must be very difficult and embarrassing. They are very young women. When you are older, you can take it on the chin, but when you are young, it is embarrassing. Chris

### 5.2.5 “They are always on the back foot”

Professionals spoke about how they tried to encourage young women to see the involvement of Children’s Services and others as an opportunity for support. One noted that it can sometimes seem that young women are, “Always on the back foot, it is difficult for them because of their past.” She understood how it might be difficult to engage with this assistance because of their previous experiences with Children’s Services.

Some professionals reflected on how they understood young people’s responses in this situation related to their past experiences and that this needed to be understood.

[Their] challenging behaviours to professionals [...] care-experienced young people going through the system when they are parents and having assessments or referrals – that is then taken as not engaging; ‘cause actually, it is not, it is just their way of dealing with the world. That is how they, they manage the world and how they have learnt to manage the world. Shona

Young people say, ‘Leave our past and start again’. They struggle with that, as they don’t want that to be part of their narrative now as they are a mum, but I say it helps to recognise what they have managed, what they have dealt with and what they have achieved. Mel

### 5.2.6 Their history follows them, it is “double-edged”

In the interviews, the professionals reflected on young people not wanting to focus on their past but on what they would be like as mothers. When Chris spoke about “Their history follows them all the time.” she expressed an understanding of what Mel also described as a young women’s “*double-edged*” history. Mel noted that sharing their history and having it shared with professionals could feel like a “*double-edged sword*”. She referred to young women expressing a feeling that people didn’t need to know anything about their past but rather to “Come out and see me with my baby

[...] because I am a mother.” Conversely, they would also sometimes acknowledge that if professionals knew something of their past, they would better understand how it might ‘trigger’ responses in their present situation.

The notion of the double-edged sword can also be thought of in the way young women access support:

If there are no concerns, they are on their own [...] their family have their own issues and they don’t recognise it [...]. They [the family] may feel guilty. If you have no concerns, they are on their own. Mel

Mel noted how, if there are no concerns about a young woman’s capacity to parent her child, they receive limited support.

Shona also referred to how, “It is sometimes an issue if the young person does not consent to a Child in Need Plan, it does not meet the threshold for CP (Child Protection), and they cannot get the support.”

The themes generated gave a sense that professionals working closely with young women are thoughtful about their emotional struggles during pregnancy and in early parenting. They are also aware of the issues faced in navigating access to support, which may be dependent of the level of professional concern rather than need for support.

### **5.2.7 Seeing it from their point of view; what is it like to be in their shoes**

Mel described her early years in social work and how she was very aware of the differences in her life compared to the young mothers with whom she worked. She shared how that experience stayed with her and informed her practice, in that she always considered what it would be like to “Step into their shoes. I can’t really know, but it has become kind of my mantra.”

This notion of trying to ‘put yourself in their shoes’ resonated across the interviews.

I put myself in their shoes really. Yeah, when you get to know them you can feel they are frightened a lot of the time and it is unknown what is going to happen and all these meetings and the, like, fear. Not ‘fear’, ‘anxiety’ of another meeting, and they tend to go over their history and they don’t know if the baby is going [...] and the rest of their lives go on, money problems, DV, family and housing problems – that does not stop, that all goes on as well.

Chris

At the beginning of our second interviews, the participants were invited to reflect on anything that may have come up for them following our first interview. Shona spoke about her reflections on the experiences of young women:

It is not just around how they are parenting, it’s how they will experience the challenges of their children, and of the world and of professionals.

So I think that is one thing that I have generally been reflecting on quite a bit since we last spoke. Shona

She then expanded on the importance of thinking about how these young mothers experience their world.

We have got to put ourselves in their shoes and what they have been through, and why they feel the way they do about Children’s Services [...] loads of placements and not being able to see family. They blame it on Children’s Services and social workers.

### **5.2.8 “Not a joyous occasion”**

Professionals acknowledged that for these young women, the news of their pregnancy was not always received with the same level joy that is expressed for other young women in the same situation:

They know they are going to have this assessment, they know instantly from that bit, it is not going to be a joyous occasion, it is a problematic occasion. Chris

For many people, it is an exciting time, even if you are a young mum, living with a family. Once people get over the shock of what you are going to do, they are still cared for and nurtured and seen through the process [...] From the minute they are pregnant, it is a problem [...] it is a problem in a number of ways [...] they are known to Children's Services. There is a whole surge of changes in their lives, a change of placement, and that is probably the last thing they need to change in their lives – not to get that level of support. So, for those young people, it is probably difficult from day one. Mel

It is difficult. I hope to see it from the other side [...] we have got to protect your baby, you know? It is difficult for them and frightening, what's ahead. Mel

When recalling one particular young woman she had worked with, Chris said:

She was quite traumatised by it really. She is quite bitter because it spoilt her pregnancy and was so looking forward to being pregnant and, you know, enjoying that lead up to the baby, and it completely spoiled it. She is now getting on fine.

During the interviews, the professionals expressed that they were aware this could be a frightening and difficult time for young women. Their experience was very different to many other young women who become pregnant and mothers, and in contrast to their own experience of pregnancy and motherhood.

### **5.2.9 “Her life to mine, being a mum myself”**

What became evident throughout the interviews was the professionals' reflections on the differences in their own experiences to those of the young women they worked with. Mel mentioned, “Her life to mine” when thinking of someone of a similar age to her: the opportunities she had and the difference in their life circumstances.

Professionals reflected on the difference in their own situation and experiences of becoming a mother and how frightening it would feel for these young women:

I suppose being a mum myself, it is important that you get that nurturing, because they have not had support, they are young and have been through a lot and possibly a traumatic past, and it is frightening what is ahead of them. Having us onboard, well, that is frightening, and as I said last week, they may have been dealing with social services throughout their lives. Chris

Reflecting on what we had when we had children, we could do anything with our children, you could do whatever [...] Step into their shoes. I can't really know what it is like, but it has become kind of my mantra [...]. I put myself in their shoes really, yeah. When you get to know them, you can feel they are frightened a lot of the time. Mel

What became evident was that when professionals thought of their own experiences and feelings, it gave them a different perspective on young women's experiences.

Shona, when speaking about what she went through during birth and early motherhood, contrasted the different expectations of care-experienced mothers with those she felt were placed on her when she was a first-time mother:

You can walk into anyone's house when they have had a new baby and it will have a dirty nappy, washing up. These need doing, but you would not bat an eye [...] but because they are a care leaver, they are criticised, as it is looked upon and added in with everything else.

I was quite poorly after birth, even like the Health Visitor visiting on day 10, it was like, 'Oh God, someone's coming round and [...] everything was like a big mission to go out [...] like climbing Everest, and I don't know how my care leavers would feel [...]. My perception of working with care leavers that are parents changed when I had my child. Shona

This extract is from Shona's second interview, as I previously reflected, her presentation felt more relaxed and open. It was as if in accessing something of her

feelings about her own experience she was able to connect with the young women's emotional experience.

The professionals were reflecting on the ways in which all new mothers, including themselves are 'seen and judged' in the care of their babies, as well as the domestic struggles they face, and how this contrasts with care-experienced mothers who come under additional scrutiny.

#### **5.2.10 "It is a struggle for them, it is like being in a fish bowl"**

"It is a struggle for them, I would imagine [...] they don't trust a lot of people."

Mel

There was a recognition that it can be a struggle for young women and that there may be issues around who they can trust and what sensitive information they may share:

When they have their children, it is scary and certainly difficult, and for young people who have had very chaotic lives, and have suffered all sorts of trauma [...] So their chaos, and I keep using that word 'chaos', because it always comes to mind, before in their lives. They need to have everything ready, everything clean, that stuff is a struggle [...] 'cause you have to deal not just with the emotional, but also with the practical. Mel

Chris further described how, in her experience, young women also struggle with anxiety and lack of confidence, and this can lead to them isolating themselves rather than seeking and taking up support, "Often, lack of confidence and anxiety can be seen as reluctance and not engaging. They can sometimes isolate themselves."

Helen reflected on the challenge it can be for these mothers to attend mother and baby groups and activities.

They are different instantly because they are care leavers, they don't feel they fit [...] they can't make friends easily, they can't talk to mums as easily as other mums can, so they are not as confident in walking in [...] showing their babies to other people.

Professionals spoke about how young women are also aware that attending groups and that how they present in these, and other, settings is part of the assessment process. As Shona commented, "They are, like, in a fish bowl."

This also resonated with Mel:

Any other person does not have to worry about that. They may have their birth plan, but what happens after that? The moment they have their baby, they feel they are watched, and for a lot of our young people, that is very difficult [...] their self-esteem, who they think they are, that role of changing from a teenager to being a mum.

This reflects the recognition of the nature of young women's personal transition to mothers takes place in a public space.

How a professional 'takes in' what is being observed and heard, how they may understand the experience from the perspective of the young woman, was cited by a number of professionals:

In thinking about some of the emotional stuff around, it is thinking how do we report it in an assessment? Because it is about being managed in an appropriate way. Chris

One young mum, really upset and angry with the social worker, asked the social worker to leave, which she did, and that was reported back, and it got reported back that she got very angry and was not engaging. That is not true. She was engaging with a lot of services, it was just that she was not relating to the social worker because the social worker was challenging her, maybe, whatever it was, in a way that she could not handle. Mel

Here, Mel shared her thoughts about how young women's responses can be interpreted and suggested that other factors may influence how they 'handle' a situation.

She talked particularly about the many people who are involved when the baby is born, observing how this may feel:

Not necessarily in a caring way but in a watchful way [...] I have talked to them about it, and said is it because of your experiences, because of how you have got to perform, because you have got to be the best mum you can be. It is hard for young people to answer it because they will say, 'Maybe, but I am afraid that they are going to take my baby away from me'.

#### **5.2.11 "A can of worms"**

All the professionals mentioned how the young women they had worked with would have thoughts about their own past and how they were parented and cared for, and that this may give rise to feelings about what kind of parent they would be.

As Shona suggested, the very thought of pregnancy and becoming a mother can open what she described as "cans of worms": thoughts, memories and feelings that may have remained shut away for a long time, and then suddenly the lid comes off:

So many cans of worms it opens up, and you don't realise that [...] I can see why she feels like that. I think it is natural, you love this baby, but hang on a minute, 'I was a baby to my mum', as she sees it, 'and my mum did not fight for us. She did not want us, my mum carried on with her lifestyle'. Shona

Some of the young people have said to me, once they have had their babies, they look at their baby and think, 'How could they do that to me, how could they let me go into care, how was I abused, how was I neglected?' And dealing with some of those emotions as a mum is really difficult. Mel

It triggered her mental health. She loved this child so much, so much, she was angry towards her mum [...]. She said, 'How could she leave us, let us go into care? How could she do that?' Because she had such overpowering love for this little baby it made her question her childhood [...]. Young people who have been in care, you know? Even if they can't cope, or even if they can, it is difficult. Chris

The professionals spoke of pregnancy and early motherhood as an emotional time that may generate difficulties for these young women. They noted that often, relationships with family can be particularly difficult for them to navigate. As Shona reflected, questions can arise about the care young women received from their parents and difficult family relationships, which had contributed to them entering care. Families may experience guilt which may compound existing difficulties. Additionally, Shona commented that the babies' fathers may, "Get stressed, as they have never been involved in Children's Services."

Shona highlighted how young fathers often felt marginalised by Children's Services, thus making it hard to become involved with their children's lives if their relationship with the mother of their child ends. Here, there is a recognition that family and partner relationships can come under additional strain at a time when they would be thought of as a source of support for other young women.

Professionals described a need for someone to take a particular role, not really defined, but to almost "Take them by the hand and walk alongside them" through pregnancy and early parenthood. The notion of someone somehow independent of the process was shared by all the professional participants. This was a theme running throughout the narratives, i.e., fulfilling a supporting role for the young woman whilst maintaining a focus on their baby – a sense that it needed to be done by another, even when the role was to support the young person.

### 5.2.12 “Taking them by the hand and walking alongside”

The need for young women to have support and someone who would be with them throughout pregnancy and early motherhood was captured by a perception of ‘walking alongside’ as Mel describes:

Often, we do an assessment about what is not good, what is not right. We need to build on what is really good [...] we need somebody working alongside them. Having someone not in the authority role that can help them to process what needs to be done. So it is about, this is what is going to be happening and this is what we need to be doing and this is what we need to focus on [...] being the best mum you can be.

There was also an understanding that they may not have the confidence to advocate for themselves or challenge what is being asked of them. The general perception was that these mothers need not only support and guidance, but also help in processing their experience:

They generally come into care for a number of reasons, if they don’t have a family network, they are 17 and 18 living independently on benefits. From experience, we need to consider what we expect them to do, going to family centres, it is different from what they have experienced before. Mel

I think that if a young person hasn’t got the confidence to challenge or ask for any support or an advocate [...], then I feel they can be quite, well, criticised because they are not doing it the way one person is wanting it to be done.

Shona

There seemed to be an explicit understanding that young women need a great deal of support, but every professional seemed to be clear that this could not be fulfilled by one person, i.e., the role was conflicted and that it should be split in some way to give a focus to the young woman. What was noticeable was the recognition of the need to have the capacity for time to reflect, which was evident from all the

participants. At the beginning of the second interviews, they were asked if they had any thoughts they wanted to share following the first interview. The following excerpts capture the how the professionals reflected on their interviews and what it raised for them:

It was a bit therapeutic for me in a way, and sort of reflecting on it and it, and it brought up quite a few feelings of sort of sadness, a bit of anger how it is sometimes done, um, and really making you think of what these young people go through, because, as I said. You do the process with them, you are so busy doing your other work and, you know, the reports the meetings [...] and then you don't really have time to reflect on it. So it was a, reflecting really. Maybe next time, really, really focus on the young woman's journey [...]. They will sometimes be angry or sad, so really focus on that. Mel

I am still shocked at the number of young people who leave care who are lonely. The numbers are so low [of] young people who are satisfied, who don't suffer anxiety. We have been looking after young people in care and we have never got it right. We still don't get it right – is it that we don't understand young people who are in care? I was at a seminar yesterday and the terminology we use about young people in foster homes and care homes and is that the wrong language? We continue to label young people when actually they are trying to tell us something. Chris

It is good to have these sorts of conversations and take time to reflect [...]. I am very much a doer, but it was good to stop and try to reflect [...] I made sure I had a bit more time and just sort of sat. I remember talking to [young woman], and I think because I did that and I don't remember how or why it started, the conversation. We had a conversation about something that we would probably have not talked about otherwise. Helen

### **5.3 Summary**

The findings illustrate professionals understanding of how pregnancy and parenting may open the metaphorical emotional 'can of worms' for young women, and how this

can ignite thoughts and feelings about their own childhood and relationships with their parents, which may expose many issues they have tried to repress for many years.

The professionals also articulated their thoughts about their role in the organisational context: 'we are not family we are an organisation'. This study demonstrates the struggle professionals have in terms of not 'blurring the boundaries' they feel exist in their responsibilities. This issue resonates in a number of ways for them. First, the boundaries are split in relation to their responsibilities towards mother and baby. Second, this study reveals the nature of the boundary between professionals in their role and their personal experiences including of parenting, as they compare and contrast with the experiences of these young women. This, it can be argued, is evidenced in the descriptions of this not being a 'joyous occasion,' and expressions of feeling part of a 'gang' and 'her life to mine.' Although recognising that the young women do need someone to 'take them by the hand and walk alongside them', the professionals believed this is not something they are fully able to do in their role.

The findings, I would argue, offer a challenge to practice, in how can these young women be better supported without addressing the tension professionals perceive in the role?

The following chapter draws together the findings generated from interviews with both young women and professionals and considers the themes from a more integrated perspective to address the research questions in relation to how young women's experiences are understood by themselves and others.

## Chapter 6: Discussion

### 6.1 Introduction

The findings from this study highlight the complexity of the individual and collective experiences of young women as they become mothers, but also the joy and their desire to be parents to their children. The findings also support prior research (Callahan *et al.*, 2003; Chase, 2006; Mantovani and Thomas, 2014; Maxwell *et al.*, 2011; Roberts, 2021; Rutman *et al.*, 2002), but significantly, this study draws attention to the understanding young women have of their situation and the depth of the young women's emotional experiences that can go unheard.

In parallel to the young women's experiences, the findings also show how professionals often struggle with managing their role of safeguarding and support, and that when given the opportunity to reflect on their own thoughts and emotions, as in the interviews, they find themselves reflecting on their own personal and professional experiences as they try to think about and understand young women's experiences. This is not a new situation for professionals in children's social care services, but there is a particular and unique dimension when there are responsibilities towards a mother who is care-experienced. For the young women, the transition to becoming a mother takes place in the context of more public scrutiny. Their history and lived experience can leave them feeling very different to their peers, a sense that they are '*mothers who are othered*'.

This study, through the findings and themes provides a clear description of what both young women and professionals experienced and how they reflect on those experiences. The themes generated from the interview analyses, as set out in the

previous chapters, capture the key issues expressed by the participants and offer an initial response to the questions posed by this study.

The central question for this study is, 'How are the emotional needs of care-experienced young women understood and supported during pregnancy and early parenting?' A number of sub-questions were asked as a way of exploring and analysing the findings to enable the central question to be addressed. One of the key issues from the research, and referred to at the beginning of the thesis, is what Roberts (2017, p.359) refers to as the "intergenerational continuity of state intervention" and further, the notion that both parental and a young woman's history are predictors of how they will parent in the future (Fraiberg, Adelson and Shapiro, 1975). This chapter begins with an overview of the findings and themes and how they address the research sub-questions, 1) How do young women understand their feelings about pregnancy and parenting and how may this relate to their own experiences of being parented? 2) How do professionals in the network around the young woman understand their experience of being parented and the impact those experiences may have on their thoughts and feelings about pregnancy and parenting?

This study further posited that in order to understand emotional experience, attention needs to be paid to both the conscious and unconscious processes experienced by young women and professionals. This chapter explores this proposition by addressing the sub questions, 3) What are the conscious and unconscious processes and identifications that young women experience during pregnancy and parenting? 4) What conscious and unconscious processes and dynamics influence these relationships. These questions are approached by employing psychoanalytically informed concepts to provide a psychosocial lens as a way of

theorising their emotional experience. The chapter then considers the implications of the study for policy and practice.

## **6.2 How do young women understand their feelings about pregnancy and parenting, and how may this relate to their own experiences of being parented?**

In introducing this question, as previously argued, it is important to locate the young women's experience. The findings and themes from the study demonstrate how their experience is in a context where they feel scrutinised and that they are immediately made to feel different to their non-care-experienced peers. The context in which they become mothers occurs in a more public sphere due to their parental history and being care-experienced. This question is one of two inter-related parts; firstly how do the young women understand their feelings about their pregnancy and parenting and secondly how does this understanding relate to their own parental past.

### **6.2.1 Parenting 'under the public gaze'**

Multiple studies (Callahan *et al.*, 2003; Chase, 2006; Roberts, 2021; Rutman, 2002) have highlighted themes centring on how care-experienced women feel they are both scrutinised and watched from the first moment their pregnancy becomes known. This is reinforced by the present study. Dominelli *et al.* (2005, p. 1131) identified that "parenting as a private activity becomes parenting under the public gaze". Chris, a professional working with young women, captured this notion when she described how young women may feel watched when their role is changing to becoming a mother.

The theme '**fearful beginnings**' and the sub themes '**pregnant and feeling alone**' reflect previous research arguing that care-experienced parents may feel subject to

surveillance rather than experience services as supportive (Callahan *et al.*, 2003; Chase *et al.*, 2006; Roberts, 2021). The fear of intervention from Children's Services was ever-present for the young women in this study.

Equally, assessments, both pre- and post-birth, were described as scary, and at times both confusing and unsupportive. This is echoed by Chase *et al.* (2006), who found that young women felt that due to their "history of being in care" they were watched more closely (Chase, 2006, p.17).

### **6.2.2 Mothers who are othered**

A sense of feeling different to non-care-experienced peers is characterised by young women's expressions of feeling alone and isolated, a feeling of invisibility which is evident in the sub theme '***pregnant and feeling alone***'.

Feeling alone and set apart from others are issues which are also highlighted in the theme '***judgement and trust***', a thread that runs throughout this and prior research (Callahan *et al.*, 2003; Chase *et al.*, 2006; Roberts, 2021). The feelings and experiences of difference, isolation and being viewed as not having a separate identity to your baby, as previously argued, can bring a sense of being a '***mother who is othered***', a phrase which seems to capture the number of ways in which the young women felt they were 'othered' in the process of becoming a parent. This is further illustrated by the themes '***not like other people's pregnancies***' and '***feeling like an object***', a feeling that no one was interested in how they were feeling physically or emotionally during their pregnancy.

These findings and themes resonate with the work of Callahan *et al.* (2003) in their studies into the differences in the experiences of young mothers in state care compared to those of their peers. They also echo Roberts (2021) research, which

describes parents as being ever fearful of intervention from services, and the findings of Schelbe and Greiger (2017), whose research concluded that the threat of system involvement significantly impacted young women's experience of motherhood and potentially the relationship with their children.

As Maxwell *et al.* (2011, p. 36) concluded in their research:

Despite both the need and desire for external support, all mothers also experienced aspects of the external world as intrusive and destabilising to their relationship with their child.

### **6.2.3 Experience, understanding and insight**

Set in the context of feeling scrutinised and othered by their experiences, the young women in this study articulated how they felt about their pregnancy and parenting, providing vivid descriptions of their experience and feelings. The findings and themes generated from the analyses of the interviews illustrate their insight and understanding and they evidence how, in thinking about their babies, they reflect on how they themselves were parented.

The theme '**fearful beginnings**' captures the fear and anxiety enveloping their own future and that of their children, and also how they and their partners may be the only ones who are happy about the pregnancy. They expressed their understanding of how their histories were stigmatising, and the label 'care leaver', followed them from their very first antenatal appointments. As previously argued, they were acutely aware that their pregnancy would be different from non-care-experienced young women in terms of how they would be watched and judged, reflected in the theme '**judgement and trust**', giving them a feeling of not knowing who they could trust to share their feelings and struggles with. This evidences how young women can

internalise feelings of being scrutinised and judged, which in turn can impact how confident they feel about asking for help when they are struggling, particularly with their mental health, equally it reflects their fear that their struggles may be used against them. Something which was also recognised by professionals who spoke of young women being defensive and not trusting Children's Services, and identified in previous studies (Roberts, 2021; Chase, 2006; Callahan *et al.*, 2003).

The theme, '**doing the washing up**,' captures the focus on the practical aspects of parenting as reflected in this study and prior research (Callahan *et al.*, 2002; Chase, 2006; Maxwell *et al.*, 2011; Roberts, 2021). This also relates to the notion of 'engaging' or not 'engaging' a description young women often referred back to. Their understanding was, that the most important thing for professionals was being seen to do the practical tasks of childcare and that their 'engagement' with professionals was judged on how they undertook these tasks.

Whilst young women feared judgement, what is significant in this research is their recognition of the need and desire to connect with others and have their support. This is reflected in the theme '**I can't do this on my own, I do need other people**'.

The young women were conscious of an ever-present written history of their lives, which was reported and recorded. The theme '**what is written**', captures their understanding that there is view of them in a record which may shape their future and that of their child. Roberts (2021), as referred to previously, noted that it is more likely to document concerning and negative events rather than achievements and the mundane, arguing "Moreover, the accuracy of the records may be disputed by the young people and the details may have little relevance to young people's current behaviours and demeanours", (p.67).

They spoke about how professionals should consider the context of their lives and although it would be upsetting and unsettling, they expressed a desire to be able to speak about their past to give their understanding of their experience. Roberts has noted how other parents in different circumstances would not have such in-depth records, questioning, “how representative they are of young people’s lives and histories” (2021, p. 67).

This notion of different perspectives is captured in the sub-theme ***‘their story, my story and the language of care’***. For young women, there are two views of events, their own and those of others who wrote about them. This theme also indicates how the language that is used to describe them can be taken up and internalised. This was evident in how all four young women referred to their *‘chaotic’* behaviour and being *‘high risk’* – language that was also used by professionals in describing them. Young women were conscious of how they may become stigmatised and unfairly treated because of their history and being known as care-experience. This is reflected in the sub theme ***‘care leaver, it’s a label on my back’***. This echoes Roberts who argued, young people – consciously or unconsciously – may be viewed as “lacking or damaged because of the absence of ‘good’ parenting” (Roberts, 2021, p.58).

This study demonstrates that the young women have a clear understanding of their situation and the challenges that they will experience as they transition to become mothers. They are aware that others will have a view of them that is formed by their history and their status as care-experienced. It is evident that their understanding impacts how they feel about sharing their fears and struggles and that in turn how they feel about accessing the support they may need. In speaking about their own

parental past, they are acutely aware of how others would assume it will adversely affect how they will care for their own children.

#### **6.2.4 Parental past, present and future**

In addressing the question, how they understand their feelings about pregnancy and parenting and how it may relate to their own experiences of being parented, the findings and themes are enmeshed with references to their own childhood experiences. Alongside feeling that their lack of stable care and parenting meant that others would think they would not be good parents, they had wondered themselves if they would also be like their parents. The theme '*my mum/myself, my baby/myself*' speaks of their own concerns about how their past may affect their parenting.

Paradoxically, the young women also spoke about how their reflections on their parental past helped them to think about how they would not want their child to have the same experiences. They also relayed how, during pregnancy, they became more curious about their past and wanting to understand their parents' behaviour towards them. They were very thoughtful about their past, present and future during pregnancy and early parenting, and they articulated their emotional turmoil. These findings suggest that more needs to be understood about the ways in which they process their thoughts and feelings and how they can be better supported in this. From their narratives, it felt to them that they had no-one to explore these feelings with, which then amplified their anxieties.

There is much that can be taken from the findings in this study that supports prior research, but what is significant is the depth of the reflection and awareness these young women have of their situation, and how they may be seen by others. The findings also demonstrate something of the internal struggle experienced in

becoming mothers. For the young women, becoming a mother is an experience that is transitional and temporal, where past, present and future converge. This is a time when they may be in need of more emotional support, but for them, they can feel more alone and holding feelings that current support does not routinely attend to.

### **6.3 How do professionals in the network around the young women understand their experiences of being parented and the impact those experiences may have on their thoughts and feelings about pregnancy and parenting?**







Central to thinking about how young women may be better supported during pregnancy and parenting is gaining an insight, as this question suggests, into how professionals, whose role it is to support them, understand young women's experiences of being parented and how those experiences may impact their thoughts and feelings about pregnancy and parenting. What was demonstrated by the findings and analyses of the interviews with professionals is that they clearly thought about what young women may be experiencing, how they may feel and that their parental past would have an impact on them as they become mothers. What was also evident is that they were conflicted in their perceived dual responsibility for safeguarding the baby and supporting the young woman. Dominelli *et al.* (2005) and Rutman *et al.* (2002) identified this dual responsibility and a potential conflict for professionals, while Roberts (2021) argues that there is an inherent tension for professionals that has the potential to impact relationships with young people.

The design of this study, i.e., interviewing both young women and the professionals involved in their lives, is an attempt to explore young women's experiences and how these are understood by the professionals who work with them. This study shows that for young women and professionals prior experiences affect current expectations and the dynamic of their relationship. Furthermore, it evidences that

young women have insight into their own situation and how others may think about them. Professionals, for their part, were clearly aware of the challenges faced by young women, but they also discussed how they can struggle to focus on the needs of both the young woman and her baby. What is particularly striking in this study were the similarities and connections across the themes generated by all the participants which indicates a level of shared understanding of young women's situation.

The table below graphically demonstrates the similarities and synergy in the themes and the following discussion explores these connections.

### Moments of connection

<u>Young women</u>		<u>Professionals</u>
<i>Not everyone was happy</i>		<i>Not a joyous occasion</i>
<i>Not like other people's pregnancies</i>		<i>Her life to mine: being a mum myself</i>
<i>'Care leaver': it's a label on my back</i>		<i>Double-edged sword</i>
<i>Judgement and trust</i>		<i>It's a struggle for them, like being in a fish bowl</i>
<i>Grieving for my childhood</i>		<i>Can of worms</i>
<i>I can't do this on my own</i>		<i>Taking them by the hand</i>

### **6.3.1 Not everyone was happy/Not a joyous occasion**

Professionals were aware that, for young women, this was '*not a joyous occasion*' and that it was often very different to the experiences of young women who had supportive family relationships. This was a feeling echoed by the young women, in that '*not everyone was happy*'. Mel talked about the many people involved when a baby is born, with one young woman commenting that this was not "necessarily in a caring way but in a watchful way."

### **6.3.2 Not like other people's pregnancies/Her life to mine**

The subthemes '*not like other people's pregnancies*' and '*her life to mine*' reflect how professionals related their own experience of being pregnant and becoming a mother to that of the young women. Their different experience of early motherhood, life circumstances and opportunities. Professionals' reflections on their own experiences helped them relate to how frightening the experience of becoming a mother may feel for young women.

### **6.3.3 'Care leaver': a label on my back/Double-edged sword**

Stigmatisation and assumptions about capacity to parent were identified by the young people and generated the theme '*care leaver*', *a label on my back*'. This connects with the professionals' sub-theme, '*double-edged sword*' or cutting both ways. The reference is to how professionals recognise that what is known about a young woman's history can be viewed as knowledge of their needs but also, conversely, what may impede their parenting capacity.

#### **6.3.4 Judgement and trust/It's a struggle for them, like being in a fish bowl**

The theme '**judgement and trust**' is an expression of how young women believe professionals are there to watch and judge, rather than to support. This notion is mirrored by the professionals' theme '**it's a struggle for them, like being in a fish bowl**'. Professionals were aware that young women feel scrutinised and that this may adversely influence them at a time when they already feel anxious, affecting how they feel about accessing support services. This feeling around the potential difficulties in accessing universal services was also referred to by Lyra when she spoke of the differences she felt between her life and the lives of non-care-experienced parents. For her, she sensed that in her placement she was there not only to receive support but also to be observed, which added to her feelings of loneliness.

#### **6.3.5 Grieving for my childhood/A can of worms**

The theme '**grieving for my childhood**' captures how the young women, through the process of becoming mothers and caring for their baby, may grieve for their own childhood and not having been brought up in a safe and caring environment. This theme links to '**a can of worms**' and professionals' awareness that in the process of becoming a mother, memories and feelings will be stirred, and that this is a particularly emotional time for them.

#### **6.3.6 I can't do this on my own/Taking them by the hand and walking alongside**

The theme '**I can't do this on my own**' reflects how young women do want support, with each describing a particularly important relationship that had a positive influence in their life. Recognition about the nature and need for support is reflected in the theme '**taking them by the hand and walking along side**'. The notion of a

professional 'walking with them' highlighted the professionals view that there was a need for someone to focus on supporting young women, but it seemed hard for them to describe how this could be achieved within their roles.

The evident similarities in the themes from the interviews with young women and professionals demonstrate a significant link between young women and professionals in understanding young women's experiences. It is also evident that professionals understand that a young woman's past experiences of being parented will influence her thoughts and feelings as she becomes a mother. This raises the question, why then is it such a challenge for professionals and services to translate this awareness into support that reflects the needs and concerns of the young women? Moreover, why is there limited progress in responding to the emotional needs of these young women? As previously argued, young women seem to have a sense of being a '*mother as other*', feeling ignored and different from other mothers who have not lived in state care, a feeling that can amplify their struggles and impede their ability to gain appropriate support.

#### **6.4 What are the conscious and unconscious processes and identifications young women experience during pregnancy and parenting?**

The previous questions examined firstly, how young women understand their feelings about pregnancy and parenting and how that understanding relates to their own experience of being parented and secondly, how professionals understand young women's experiences of being parented and how those experiences may impact on the young women's thoughts and feelings about parenting.

Whilst it is evident from this study is that professionals have some understanding of how young women's past experiences will have an emotional impact, but there is

limited evidence that these young women felt understood, rather they expressed feeling unheard and ignored.

Professionals spoke about the difficulties young women encountered, but what resonated particularly for them is their own challenge in navigating a role that requires simultaneously considering both the young women and their babies. Notably though, when the professionals reflected on their own professional and personal experiences, there was a tonal change, and they very thoughtfully compared and contrasted themselves with the young women. Central to this study is how emotions and experiences are understood both on a surface level, what is said, but also what can be understood below the surface, that which may be experienced, which is difficult to communicate and describe.

The analysis of the findings and themes have given some insight into the young women's emotional experiences and their impact, but as previously argued, exploring the data and themes from the interviews through psychosocial theory and concepts may offer a way into thinking about conscious and unconscious processes and dynamics. Furthermore, it may reveal how these dynamics are mobilised for young women and professionals at a time, as the findings suggest, of heightened anxiety for both.

All the young women interviewed for this study expressed their desire to be thought of as mothers rather than as care leavers at a time when their sense of self had started to shift. How then might their emotional experiences of becoming a mother be understood and made known to others, how might it feel to be 'seen' for themselves rather than feeling like an object, the focus being on their baby– as the theme '***feeling like an object: everything on this baby***' suggests?

#### 6.4.1 Maternal subjectivity and shifting identities

The works of Ettinger (1997), Hollway (2015) and Raphael-Leff (2018), referred to previously, sought to understand from a psychosocial perspective a woman's transition to becoming a mother. These perspectives provide a 'way in' to understanding the individual experience of women during pregnancy and motherhood, as well as the complexity and potential impacts of prior experiences on current thoughts and feelings, which are evident in the findings from this study. Other studies have referred to the emotional and psychological transition to becoming a mother and how this may relate to the mother's own experience of being parented. Barn and Mantovani (2007) refer to how, in thinking about themselves as mothers, they don't want to be like their own mother but instead like the mother they would have wanted. Work by Maxwell, Proctor and Hammond (2011) reflected on the intergenerational transition of maternal practices, arguing that young mothers who were care-experienced could begin to understand their child's experiences through their own experiences, as well as considering the complexity of the transition.

This study found these young women's experiences of motherhood to be dynamic, often moving between dialectical positions, notably: the ideal and the reality; motherhood as building positive views of self and other, but also highlighting vulnerability; identification with her child but also feeling taken over by her child" (Maxwell, Proctor and Hammond, 2011, p.37).

Prior work as also demonstrated how becoming a mother has the potential to be a restorative process (Bran and Mantovani, 2007; Chase *et al.*, 2008; Maxwell, Proctor and Hamond, 2011) finding, as with this study, that young women were newly motivated to work and pursue new opportunities so that their children can be proud of them, highlighted by the subtheme '**repairing through caring for your child**'.

What this study takes further is the exploration of young women's experience as they

become mothers and how this may be understood through conscious and unconscious processes.

#### **6.4.2 Conscious and unconscious exchanges in mind and body**

In order to conceptualise the unconscious and conscious experiences of the young women, the findings and themes from the analysis will be considered from the perspective of Raphael-Leff's paradigm, which provides a different perspective beyond what appears on the surface. Raphael-Leff's (2018, p. 379) metaphor, of the mother as "the procreative container, the mind body receptacle", builds on Bion's (1987) "container/contained" concept. As previously outlined, the mother is represented by the container, which holds the physical and psychological exchanges, both real and fantasy, with her yet-to-be-born infant. The dynamic processes are theorised as systems. First is the **physiological system** of 'involuntary' bodily processes and symptoms in a bi-directional exchange between mother and foetus, which also can be thought of as an emotional exchange. Second is the **psycho-historical system**, described as the fantasies feeding the woman's representations and impacting on her psychological experience of pregnancy, which in turn roots her and her baby to emotional forebears and significant others in the inner world of the mother. Third is the **sociocultural environment**, i.e., the complex matrix of cultural beliefs and practices that shape each woman's definitions of normative childbearing experienced in her society.

Raphael-Leff (2018) proposed that in pregnancy, this dyad can also represent multiple interconnected dyadic relationships: herself as mother, paired and contrasted with her archaic mother and her fantasy baby and herself. This perspective resonates with the narratives of the young women in this study when

speaking about their own parental past. They compare and contrast themselves with their mothers and their babies when describing how they want things to be different for their own child.

Adopting the perspective of Raphael-Leff's framework, the latent or unconscious meaning can be conceptualised offering a different insight into what may be being spoken about in the young women's narratives and themes they generated. This perspective can help to demonstrate how there may be more to what is being communicated than the words that are initially heard and understood by the researcher. By inference, this could also be what is experienced between young women and professionals, what is being communicated by the words on the surface could be missing something of the latent meaning, something that is difficult to put into words or express. As previously argued, the interpretations and hypothesis of what may be experienced unconsciously by young women has not been explored with them, nevertheless, theorising what may be taking place gives an opportunity to think differently about what is being said and offer new insights into what they may be experiencing and feeling.

### The physiological system

The notion of physiological system was evident when speaking about breast-feeding, all the young women in this study breast fed their babies. As one mother reflected, for her, this was something only she could do for her child, whatever the outcome, thus providing a unique connection with her baby. For some young women, this was a complicated issue, both emotionally and physically, due to previous experiences and feelings about physical intimacy. They revealed how they persevered with breastfeeding when it had been painful, and they felt uncomfortable feeding in front

of 'strangers' in their placements. Young women commented that feeding would be seen as caring for their baby and it was understood that they may feel more comfortable feeding privately, away from carers and others. For them, as they spoke about in the findings, it enabled them to have time away from everyone rather than seeming to avoid being with people which they felt would be perceived negatively. The act of feeding satisfied both physical and emotional needs for both mother and baby. It was as if they had not made a conscious connection between their physicality and emotional experiences of pregnancy and birth.

The theme, '***feeling like an object, everything on this baby***' captures the experience of not being thought about either emotionally or physically as separate to their baby, and how they may need space for themselves as well as time alone with their baby.

Lyra's interview further demonstrates how this theoretical lens can offer an insight into unconscious processes, and what her "words" could be revealing about her emotional experience below the surface and initial understanding of her language.

### **Lyra**

Lyra, in her interviews (p. 85), described being unwell throughout her pregnancy and having experienced severe morning sickness. She spoke about this in the context of how, at the time, she began to have thoughts about her childhood and parents.

Lyra spoke about not wanting to be sick, and how her pregnancy had brought up difficult memories from the past and how she hadn't really thought about her sickness at the time as she had been dealing with social services and her studies. She spoke about how she had a lot of contact with her mother during her pregnancy and that no one from social services had asked her about it. For her it felt that it was

all about her and her baby. She described how, when later telling her social worker about an incident relating to her family, she explained that she had not mentioned it previously because the social worker had not asked about her mum or any of her family relationships.

Reflecting on Lyra's description of how she was quite viscerally "bringing up" memories from the past and trying to keep them in, there is a sense that she was trying to contain them herself, in the same way that she was trying not to 'be [physically] sick'. No one asked about her feelings or her sickness, the physical and emotional experience of her pregnancy. In speaking about both her sickness and her emotional experience at the same time, she seemed to be making a link for herself between contact with her parent and memories from the past and trying to manage what needed to be 'contained' both emotionally and physically. As Raphael-Leff's (1996) conceptual framework would suggest, she needed someone to help her, as she was struggling with her capacity to 'contain or process' these thoughts alone; she had no external 'container.'

In theorising Lyra's experience from the perspective proposed by Raphael-Leff, it could be understood as part of Lyra's physiological system, involving the 'involuntary' bodily processes and symptoms; her feeling sick taking on an emotional significance, the 'bringing up' of memories from the past and wanting to expel difficult feelings for herself and her baby and struggling to do so. She had nobody to take in these feelings, a 'container' to digest and understand them enabling her to feel understood. In this absence of a 'container,' she struggled not to evacuate or expel them. This physiological system is also inferred in Lyra's comments when speaking about how it can be upsetting and unsettling to speak about difficult and traumatic experiences. She had urged, that professionals ask questions but to give sometime for the answer

(p.89). She wanted professionals not only to consider the context of her life, but also perhaps help her make sense of her understanding of events in her life and that are recorded, to allow her time to 'digest' and think about them before responding.

This discourse was from the second interview and I had noted that Lyra had seemed more comfortable in her posture than in the first interview, she had also not used a background filter (the interview was conducted remotely) and I was able to see her in her home environment. I initially had a feeling that I was being intrusive. At the beginning of the interview she said that she had thought about the last interview and that she decided she would say what she feels. At the end of the interview she said she felt it had been helpful and the first time she had shared "the whole thing".

#### The Psycho-historical system

The young women's understanding of their experience of pregnancy and becoming mothers is described and reflected through the themes that were generated from the interviews. However, it is critical to hold on to the individuality and the uniqueness of each in relation to their own history. Each young woman, in separate ways, spoke about trying to understand and make sense of becoming a mother in relation to their own childhood and thinking about their child. This process of thinking and remembering their own experience helped shape what they wanted to provide for their own child and form a picture of the mother they wanted to be.

This was evident in the theme '**my mum/myself, my baby/myself**', in that they articulated fears about how they would parent and what kind of parent they would be, questioning themselves if they would they be like their parents. They also understood how professionals may view the absence of good parenting experiences in their lives as a concern when assessing them as parents.

In the young women's narratives, as referred to previously, they expressed their feeling that there are two parallel stories to their lives. First is the one that is 'written' in the form of official documentation, providing a version of their history that follows a 'workflow' or 'pathway' as set out in the statutory framework. Then there is their story, the undocumented one, which is their lived experience, i.e., their own version that they look back on to make sense of their lives, and one that many care-experienced young women have never had an opportunity to speak about.

The theme '***their story, my story and the language of care***' reflects that. For young women, when others read or speak about their history, it is without the context of their perspective and understanding of their experience. How a young woman's personal and parental history affected perceptions of who they were in the past, present and would be in the future was ever present for young women, at a time when they felt they should be judged on how they parented their child.

Raphael-Leff offers a way of thinking about what the young women are experiencing, how the concerns professionals had about the young women's parents were projected on to them, and the concerns they had about the young women as children can be projected on to their children, even prior to birth.

Utilising Raphael-Leff's concept of comparing and contrasting self with baby self, and self with their mother, as reflected in the theme '***my mum/myself, my baby/myself***', helps to add depth to the analysis of the narrative and findings from the interviews with the young women. Here, the young women described how they utilised thoughts about their own childhood experiences with their mothers to think about how they felt about their child and what mothering they wanted for them. They employed their own experience as a reference point to help navigate motherhood, thereby suggesting

that more attention should be given to their experiences and feelings about childhood and parental relationships. This may consequently generate more understanding of how these relationships influence their feelings in pregnancy and as parents. Comparing and contrasting these experiences, and what they want for their child, could provide a way of thinking about their emotional needs and supporting as they become mothers.

### The sociocultural environment

Raphael-Leff (1996, p. 374) refers to the sociocultural environment as a “particular matrix of cultural beliefs and practices that defines the parameters of each woman’s normative expectations and definitions of childbearing, childrearing and childcare in her society”. From this perspective, we can consider what these normative expectations mean when a woman is care-experienced and is subject to the scrutiny of others and professionals.

The themes ‘**not like other people’s pregnancies**’ and ‘**judgement and trust**’ suggest that their pregnancies are perceived as being different because the reality of their situation is different to non-care-experienced mothers. The initial responses from all four young women to the opening question, “Can you tell me about your experience of being pregnant and becoming a mother?” as the findings evidenced, brought vivid descriptions of how they had felt and how fearful and scary it had been throughout their pregnancies and following the birth of their babies generating the theme ‘**fearful beginnings**’. Their feeling of being constantly judged, the focus on their past, with seemingly no recognition of their childhood trauma. They were left feeling anxious and experiencing mental health difficulties and feeling that they were not getting support and fearful of asking for it.

The young women shared their understanding that their pregnancy is seen by others as problematic and somehow not 'normal.' They feel 'scared' from the earliest stages of their pregnancy, and their feeling that things are not 'normal' is 'othering' from the beginning.

As referred to earlier, it is well-evidenced that care-experienced mothers feel that they are watched from the moment their pregnancy becomes known and that there is an assumption that it will be problematic (Roberts, 2021; Chase, 2006; Callahan *et al.*, 2003). Their comments suggest that they are aware of the 'sociocultural environment', in that they are seen differently to other young parents and are held to a set of expectations they may not fully understand, or feel, are made clear to them. Aisling, commenting how she felt nothing was explained to her and that she needed to do more than a 'normal' person. Callahan *et al.* (2003, p. 259) reflected on how young women who were seen to succeed in parenting "most closely resemble white middleclass ideologies of motherhood". The young women in this study all described fragmented family lives, traumatic experiences and multiple placements, all of which very much deviate from the ideologies of motherhood referred to by Callahan *et al.* This notion of how they feel 'othered' suggests that they may also internalise the feeling that they will not be good mothers and question their own capacity to care for their babies.

Raphael-Leff (1996) provides an insightful way of theorising the psychosocial experience of becoming a mother as well as the myriad identifications and unconscious impacts of those experiences. There is a sense of something very intimate but also very exposing in the experience. Feelings about themselves as mothers-to-be, who had been babies/infants themselves, and also thinking about

their baby, suggests an 'emotional shift' in how they are beginning to understand, from a different perspective, what they experienced in their own childhoods.

Writing from the perspective of an analyst in clinical practice, Raphael-Leff's paradigm is built on that experience, and she further extends the metaphor of the "placental" exchange to the therapeutic process, which she suggests is "metaphorically rooted not only in 'containment' but in the *rewarding reciprocal* ('placental') exchange within the therapeutic process itself" (Raphael-Leff, 1996 p.398). Whilst the relationship between professionals and care-experienced young women is not set within the same clinical context, it does inform the significance of creating an environment in which the relationship can offer a place to explore feelings and understand the impact of the perinatal experience, in terms of her sense of self and the mother she could be.

#### **6.4.3 Compassion for myself**

Raphael-Leff's work helps to provide an insight into the identifications and feelings aroused in pregnancy and becoming a mother, and how these can make it possible for a woman to reflect on her own past experiences and future. The notion of mothering as a time of great change and transition is also seen as a potentially restorative process. Bran and Mantovani (2007) and Maxwell, Proctor and Hamond (2011) found that the mothers they spoke with experienced mothering as restorative when reflecting on their enjoyment of their relationship with their child, with the internalisation of their child's positive experience feeling "as the mother's own" (Maxwell, Proctor and Hammond, 2011, p 37). This was evident in the findings of this study, Lyra commenting, for her, being a mother and experiencing things with her child was "like therapy."

Bran and Mantovani (2007) further described how young mothers reported that the experience of motherhood generated love and enjoyment, filled a void and produced a more positive view of life with a sense of purpose. As the young women in this study described themselves, becoming mothers brought about a feeling of wanting to achieve things for themselves, but mostly for their children, so they would have mothers they could be proud of. One young woman spoke of how having a child engendered a process of “grieving for my childhood” and for another, how having a child “saved me”.

The themes '*my mum/myself, my baby/myself: grieving for my childhood: repairing through caring*' and '*judgement and trust: I can't do this on my own, I do need other people*' demonstrate how the young women took a reflective position, both looking back and looking forward, not a static position and engaged in their own internal dynamic process.

These expressions of thoughts and feelings suggest the young women had begun to have a new and different understanding of their own childhood experiences and their hopes for the future. It was during these moments in the interviews, when speaking about their own childhood experiences and parental relationships, that they became the most noticeably emotionally affected, with some becoming tearful. It was also in such moments that I also became aware of my own emotional response. I experienced a feeling of sadness and a sense of helplessness. I later reflected on the possibility of an unconscious communication that was difficult to convey in words, being in the presence of young women who have not been enabled to explore or express their feelings.

There is something intangible about trying to capture what can be described as the 'emotional register' of pregnancy. In seeking to understand it further, the work of Ettinger (1997) offers a theoretical perspective on the perinatal experiences these young women are describing. Ettinger's concept of the "Maternal Matrix", can seem theoretically complex, but it is in its complexity, where a conceptual thinking space opens up and brings into view the maternal experience.

### Subjectivity as Encounter

The young women, in speaking about how they felt about their baby, in pregnancy and birth, began to recognise, and be in touch with, the feelings of pain associated with their own childhood experiences. In different ways they all described how the experience of pregnancy and parenting, enabled them to rethink and reframe their childhood, as if they had gained a new understanding. As previously discussed the theme, '**repairing through caring**' highlights how this and prior studies show parenting can be a restorative experience for care-experienced mothers (Bran and Mantovani, 2007; Maxwell, Proctor and Hamond, 2011). The descriptions provided by these young women suggest the beginnings of being less critical of themselves; they seemed to view themselves differently alongside their growing feelings for their babies, as if they were able to access their own difficult feelings from their past – and often buried experiences. The theme '**My mum/myself, my baby/myself: grieving for my childhood**' conveys that through the emotional experience of thinking about their babies and becoming a mother they are able to begin to challenge prior beliefs held about themselves – for some, that they were somehow responsible for what they had experienced as children. Now, reflecting on their own experiences and looking after their child, there is the possibility of a change in their perspective and they can begin to question their childhood and parental past.

Ettinger's "Matrix" enables the theorisation of what these themes are capturing about these young women's conscious and unconscious experience prior to birth and even conception. It is within this concept that Ettinger (1997) refers to her notion of effective **Com-passion**, explained as a feeling of primary effect compassion that proceeds birth and its anxiety, which she contrasts with affect compassion which is placed alongside the anxiety of birth. Hollway (2015) referred to the "Maternal Matrix" in order to explore the unconscious experiences of first-time mothers', experiences that were difficult to capture. Linked with com-passion is the notion of self-fragilisation, namely a vulnerability in the presence of another, as a mother is with an unborn child in pregnancy, the concept of 'I and non I'. Through affect compassion, Ettinger posits that the feelings for a baby's distress also create compassion along with anxiety. This is an emotional response to want to comfort and avoid distress for the baby, but also a way into feeling the distress experienced by self and others. What Ettinger theorises creates a way in which to reflect on how through pregnancy and birth these young women may develop compassion not only for their unborn baby and others, but also for themselves.

For Ettinger, in their compassion and their own fragilisation, a sense of being 'fragile' is almost a sensation of 'being', this gives some understanding of how Aisling felt when she spoke about being 'broken' before her baby was born, encompassed in the theme '***My mum/myself, my baby/myself***'. Further, this can give an insight into how becoming a mother, through the perinatal experience, and the feelings they were developing for their babies, they were able to access the difficult and painful feelings from their own childhood experience. Through comparing and contrasting what they felt for their child with how their parents may have felt about them could have brought about a new perspective on how they felt about themselves as a child, the

experience of self-fragilisation, i.e., their vulnerability in the presence of another, their baby, themselves as being vulnerable and not receiving the care that they should have. These conscious and unconscious processes enabling them to begin the process of grieving for their childhood as capture by the theme '***grieving for my childhood***'.

Thinking about the experiences of the young women through the theoretical concepts proposed by Raphael-Leff and Ettinger provides an insight into the complex range of emotions and the unconscious processes that may have influenced the experiences of the young women in this study. Moreover, an understanding of these processes enables a way of recognising that practitioners need a way to think about what may emerge for these young women as they become mothers – beyond that which appears on the surface and what young women may feel at an emotional level.

The perinatal period can be thought of as a critical time for the young women in this study, and an understanding of how they relate to their parental past could provide an opportunity to prepare for motherhood and to help them on their own reflective and restorative journey. Through orientating support to address their emotional experiences, it can be argued that this may enable the young women to understand themselves better as mothers and for others to do the same.

### **6.5 What conscious and unconscious processes and dynamics influence these relationships?**

How the emotional experiences of young women could be understood through psychosocial theoretical concepts and how conscious and unconscious processes can affect the experience of becoming a mother has been explored. Along with the complex experiences of young women, what arises from the thematic analysis and

findings also demonstrates the depth of nascent feelings professionals experience. Reflecting on the nature of their role, professionals shared their understanding of the organisational context of their relationships, and how this affects the dynamics of their relationships with the young women. The theme the '**blueprint**' captured how professionals feel that young women seemed to have developed a pattern of experiencing these relationships – a blueprint on which all other relationships with professionals were based. This discussion now explores how the role of professionals and the organisational context can create a dynamic which influences their relationship with young women. Further, it considers how reflecting on conscious and unconscious processes could give an insight into this dynamic and what it may mean for working with young women who are becoming mothers.

### **6.5.1 The 'blueprint'**

The theme of a '**blueprint**' represents professionals understanding that the young women's current relationships with professionals relates in some way to prior relationships and experiences. The way in which these prior relationships influence or can in some way be transferred to current relationships can be given a theoretical understanding through Seligman's (1994) proposition of "bureaucratic transference". This notion of "bureaucratic transference" suggests that young women and professionals may not be readily aware of how they may 'transfer' patterns of relating, expectations and feelings from similar relationships in similar contexts and how they may affect their current associations and relationships.

The professionals referred to how they felt prior relationships with them and services affected young women's responses and their capacity to take up these services. The sub-theme '**They are always on the back foot**' typifies this position, i.e., not

accessing services because of previous experiences. They also referred to how often young women's behaviour can be interpreted as 'not engaging' whilst recognising that the reality can be far more complex and other experiences may influence them. Professionals spoke about how they understood that they needed to think about the context of their lives and experience and there was a recognition that this can impact on how they take up support and services.

It would seem, then, that in thinking about the conscious and unconscious dynamics in these relationships, consideration needs to be given to individuals' prior experiences and the organisational context of bureaucratic transference.

This study has demonstrated how professionals might struggle at times to hold in mind both the young woman and the unborn/baby. This is reflected in the theme '**can't blur the boundaries**'. This struggle, and potential conflicts in the duality of what needs to be managed, is evident in previous research. Rutman *et al.* (2002), for example, referred to the conflicted responsibilities and the "dual" roles in balancing safeguarding and support, while more recently, Roberts (2021, p. 69) concluded that whilst professionals may be "key sources of support [...] Yet, on the other hand, [...] have obligations to the state or local authority". Further she refers to the tension in the dual roles which can cause difficulties in their relationship with young people.

This was particularly evident with professionals' descriptions of how uncomfortable meetings could be for young women and how difficult the process is for themselves when they are meant to be their advocate, represented in the theme '**part of the gang**'.

The sense of the uncomfortableness of holding conflict and tension, was something that resonated with my experience of, at times feeling a tension and conflict to both

bear witness to what young women were expressing, whilst ensuring that I represented their voice and did not misinterpret their experience thus maintaining the role of researcher.

The findings from this study demonstrate that there are multiple dimensions to the role of professionals and that these dimensions affect how professionals experience their role. This study has highlighted that professionals are impacted by their own prior experiences, demonstrated by the theme '*Her life to mine*', and the organisational context '*We are not family we are an organisation*'. It has also evidenced how the professionals can feel a conflict in their role.

### **6.5.2 Inherent tension or conflicted purpose? Understanding the role of professionals in the organisational context**

As previously discussed, the Local Authority and its role of corporate parent can be thought of from the perspective of an organisation with an emotional life (Armstrong, 2005; Menzies Lyth, 1960). Armstrong (2005, p.4) conceptualised the "organisation in-the-mind," thereby providing a theoretical perspective of an organisation as a dynamic open system with conscious and unconscious processes. The organisation and the individual interact and mobilise defences when faced with collective anxiety. These theoretical propositions provide a perspective from which to understand how professionals working with these young women can be influenced, unconsciously and consciously, by the organisations in which they work, and how professionals' own internal defensive processes affect the organisational dynamic.

From this position, the corporate parent/Local Authority, can be conceptualised as an organisation comprising multiple departments and teams, each with relational

dynamics, anxieties and defences. It is in this context that professionals carry out or enact the role of the corporate parent.

The literature has presented arguments on how professionals in social care bring their own emotional and life experiences to their role. O’Conner (2020, p. 656) argued that emotions could be seen as a resource, “having interactional and sense-making functions”. He raised the question of how emotions can be theorised and understood and how – what he termed “emotion skills and knowledge” (p. 658) – can be legitimised and conceptualised and used in practice within organisations.

Ruch *et al.* (2010) as referred to previously, theorised the position of emotion in social work and social work management. They reasoned that there is a culture of surveillance, regulation and inspection which sits in contrast to the emphasis on reflective practice for practitioners and can be absent in the management of social work. Ruch further argued the significance of child-care management looking “beneath the surface” and recognising the conscious and unconscious in intra and interpersonal dynamics which can explain defensive behaviours in an individual and the activities of an organisation. She further posits that this can help in understanding how “experiences become fragmented and aspects of the work [...] can be defended against and ‘cut off’ (Ruch, 2012, p.1322).

At the beginning of the second interviews, when the professionals were invited to give their reflections on their first interview, they each commented on how they had found it a time for reflection on how it left them feeling and how it had made them think more about what the young women had experienced. In the findings, professionals spoke about feeling so busy not having time to reflect on what young women may be experiencing and recognising the need to think about young people’s

behaviours and whether they may be a form of communication. These findings demonstrate what can be brought to practice when professionals have space to engage consciously with their own emotional experiences. It also shows the personal challenges in using one's own emotions as a resource when it is not legitimised by the organisation through normative reflective processes. As argued by Ruch (2012), reflective practice is seen as something to be promoted, but this is not routinely supported through management practices.

In theorising the emotional work involved in social work, Ruch also draws on Bion's (1961) theoretical proposition of unconscious processes operating in groups. She considers the tension within social work practice and the management of social work from the perspective of "the task" that needs to be undertaken, as well as the political and social "dilemmas" that exist in this context. Bion described work groups as having work or a task to carry out and being impacted by what he termed the "basic assumption mentalities" that also operate within groups. The basic assumption is that mentalities are the unconscious processes operating in groups and are based on group members' prior relationships and ways of relating. This theoretical proposition provides a way of thinking about what affects professionals, both consciously and unconsciously, in situations that have potentially high levels of anxiety.

When relating this concept to the dual task of professionals focusing on mother and baby, safeguarding/support, the primary task may be understood by professionals as the former, because the risk associated with this task generates higher anxiety for the organisation, which is then transferred to the individual professional. This is suggested in the theme '**can't blur the boundaries**' which articulates an understanding of being primarily for the baby.

Looking across the findings and themes, this organisational anxiety may also be evident in Mel's description of how young women can become overwhelmed, and the theme '**part of the gang**', possibly communicating something of professionals own unconscious feelings of being overwhelmed.

Ruch's (2012) theoretical position, describing how professionals may need to cut off these difficult feelings as a defence against the emotion and anxiety gives an insight into what professionals' may be experiencing. I later reflected on my own feelings about the tension that I seemed to be holding, not wanting to misinterpret or misrepresent the young women's and professionals' experience but also wanting to "look below the surface" to understand something of their emotional and unconscious experience. I also wondered if this tension represented my own defence in the face of their difficult and painful experiences, mirroring that of the professional's.

The level of anxiety and conflict in the role may also have been expressed by the professionals when they all commented that someone else needs to be involved with young women, someone who can be more independent represented by the theme '**taking them by the hand and walking alongside**'. The notion that somehow these 'dual' responsibilities need to be "split".

### **6.5.3 Managing anxieties: unconscious defensive processes**

The nature of managing the dual responsibilities of supporting and safeguarding is highlighted in this study as well as previous research cited here (Dominelli *et al.*, 2005; Rutman *et al.*, 2002; Roberts, 2021). What is noteworthy when further distilling the themes from this study is how the language of duality repeatedly came through.

This can also be seen in the language of connectedness and separateness and the fear of 'blurring the boundaries' for example the themes:

- *Can't blur the boundaries*
- *Double-edged sword*
- *Her life to mine*

The idea of not blurring boundaries and splitting roles resonates with the concept of "splitting" in psychoanalytic theory, as theorised by Klein (1975), who saw it as one of the earliest defences against psychic pain, such as anxiety. From a theoretical perspective, the desire to not blur boundaries and split roles could represent a conscious and unconscious need to split the task of holding in mind the young woman and baby. This split would ultimately make the task feel more manageable for professionals and reduce anxiety.

If the primary task, as described by professionals, is considered safeguarding the baby, it could be argued that this is where the potential for organisational and individual anxiety is located. Cooper (2018) wrote extensively about the organisational and professional anxiety in children's social care and organisational responses when a child suffers serious harm or dies when they have been known to services.

This theoretical context provides insights into both the conscious and unconscious processes that foreground the themes generated from the analyses of the interviews. The challenge for professionals seems to be one of containing anxieties alive in the organisation whilst also considering the needs of young women and their babies. This would further suggest that in order to defend against the anxiety around the primary task of safeguarding the needs of the baby, the needs of the young

woman/mother may be split off, not readily thought of, as expressed through the notion of duality and the split implied by some of the themes. For the young women, this may add to their experience of feeling othered or being split off. It is difficult to envisage how any role would be able to navigate the dual responsibility for support and safeguarding in the organisational context. The challenge then is determining how to support the role so that multiple tasks can be balanced.

What is also evident from this study is that when professionals are given an opportunity to explore their experience and make a space for reflection, as created in the form of the FANIM interview, it facilitates a focus on both the emotional awareness of young women and their own emotional responses to their role and task.

The findings of this study demonstrate how there is a need for a practice environment in which organisational and practice associated anxieties can be recognised and understood. This in turn would enable professionals to understand how such anxieties may affect the dynamic of their relationships with young women.

#### **6.5.4 Supervision and reflection: supervision as containment**

Frost (2022) argued that the role of a helper has “the responsibility of understanding what you are bringing to the under-the-surface dynamics” (2022, p.781) and that reflective practice is an example of how this can be addressed.

The need for reflective practice has been increasingly referred to in the literature on social work practice (Ruch, 2012; Cooper 2017). Indeed, Social Work England (2024), the registering body for social work in England, requires that practitioners reflect on their learning and practice. Ruch (2007), in writing about reflective practice, draws on Bion’s (1962) notion of the container/contained, as referred to previously.

She argues that an organisation can provide a containing “function,” a “collective context” from which to provide support to practitioners (Ruch, 2012, p.678) and of which supervision is an integral part. Through reflective practice, difficult emotions, thoughts and anxieties that are alive in practice (what needs to be ‘contained’) can be thought of and processed with a supervisor (the ‘container’ function).

Ruch (2007, p. 661) as previously referred to, noted four modes of reflection: technical reflection; practical reflection; critical reflection and process reflection, the later which draws on psychodynamic theories and concepts as they relate to the conscious and unconscious elements of practice and the impact of emotional interactions. Thus, reflective supervision could provide a space of containment, where thoughts and feelings can be processed and the dual responsibilities can be held.

## **6.6 Implications for practice**

The fifth sub-question in this study is ‘What are the implications of a more psychosocial informed policy and practice?’ As this study has demonstrated, becoming a mother is a significant time of change and can be emotionally unsettling for any woman but there are particular challenges for care-experienced young women which should be acknowledged by the services that are there to support them. The findings from this study demonstrate that young women need to have access to services which enable them to share their fears, struggles and aspirations as mothers and as individuals. Furthermore the study has shown that support needs to reflect the way in which pregnancy, birth and early parenting can be a time that resurrects thoughts and feelings from the past, that if acknowledged and spoken about, could help young women understand their feelings.

It is evident from this study that attention needs to be given to their specific needs and circumstances and support should reflect their individual and unique history. This could help to ensure they feel understood and are not fearful of being judged and are able to speak about their difficult and troublesome feelings. Whilst the focus of this study is not to make recommendations, specific areas for development have been identified.

Firstly, the findings from this study suggest that services working with this group of young women need to create the capacity for a more psychosocial approach which should include the provision of more emotional support for young women during the perinatal period and beyond. As the findings of this study have demonstrated, they do not feel that they can be heard and understood or that services take account of the need for young women to build trust. If incorporated into practice, this approach could support the development of their capacity as a mother.

Secondly, professionals have shown how they can be attuned to the emotional experiences of young women and to their own feelings and anxieties. Rather than '**blurring the boundaries**', being emotionally attuned and reflective, can be thought of as a resource as opposed to an impediment to practice. It has also been argued that reflective practice can provide the space and conditions within which the different dimensions of the work, including the emotional work, can be thought of and attended to. Such a practice environment could support professionals in their understanding or 'containment' of the emotional needs of both the young woman and her baby. This is, essentially, the ability to consider – as Ettinger (1997) theorises – mother and baby simultaneously, both at once, connected but also separate. This would also go some way to addressing what has been argued as being the defensive mechanism of also 'splitting' role and task.

Thirdly, this study has considered the cycle of intergenerational state intervention experienced by these young women. This is in the context of the policy aim of reducing the number of children in care, with the focus moving to early help. The support care-experienced parents should expect to receive needs to be clearly set out in legislation and statutory guidance.

## **6.7 Summary**

This chapter has discussed how bringing together the experiences of both young women and professionals, as this study does, demonstrates how both groups are influenced by conscious and unconscious processes. For the young women, the feeling that their perinatal experience was different to that of their peers and subject to more scrutiny was evidenced, creating a sense that they are 'mothers who are othered' and parents 'under the public gaze'.

The themes show that young women reflect on their situation and feelings and think about how their own parental past impacts them and their children now and in the future. The findings demonstrate the links between the themes generated from the interviews with young women and professionals. This supports the argument that professionals have some understanding of young women's experiences but there is limited evidence that they reflect on how young women may think and feel about their parental past. The findings show that whilst young women and professionals reflect on the parental past they can view it differently. Young women may draw on it to try to give their child a different experience to their own, whilst professionals may see a young woman's childhood and parental past as predicting the potential limits of young women's parental capacity.

The theoretical perspectives of Raphael- Leff (the Placenta Paradigm) and Ettinger (the Maternal Matrix) offered a way of conceptualising the depth and complexity of young women's emotional experiences and how the past resonates in the present and feelings about future. Significantly what has been argued is that much of what is communicated may be lost to words and the unconscious. The findings suggest that given the space to explore their thoughts and feelings, they may be enabled to feel heard and understood, or 'contained' (Raphael-Leff,1996).

In parallel, an exploration of the conscious and unconscious processes that affect professionals working with young women evidences the nature of their role and the impact of the organisational context. Both young women and professionals can be thought of as engaged in internal and external struggles. The young women worry about sharing concerns and fears, while professionals feel they are balancing responsibilities, which they see as inherently conflicted. How the perception of a dual conflicted role can be 'split' as a defence against the anxiety held by the organisation and experienced by professionals was explored. It was further argued that to hold this duality in role, the professionals' thoughts and anxieties also need to be 'contained' through embedding reflective practice. The chapter concludes by outlining the implications for practice.

## Chapter 7: Conclusion

In general, they don't think about how this process brings up a lot, since the process of just being on CP (child protection), it kind of, like, has been two years of reflecting on me coming into care [...] or even just how pregnancy affects you. Lyra

Lyra's insightful reflection captures much of what this study has been about. It has its origins in the question, "*How are the emotional needs of care-experienced young women understood and supported during pregnancy and early parenting?*" This question was shaped in a context in which there is a high prevalence of care-experienced parents experiencing state intervention and whose children live temporarily or permanently away from their care. Studies have also revealed the impact of intergenerational disadvantage and high levels of poor mental health of care-experienced parents and their children (Parsons, Schoon and Fitzsimmons, 2024). Many of the findings from this study resonated with the findings from a significant number of other studies which have been cited. Whilst there is a body of work that demonstrates the complexity of their experiences and the challenges they face, there are limited studies that consider in depth both social and emotional factors, such as their needs during pregnancy and the early years of parenting. This study contributes to filling this gap in the research and demonstrates how, if more attention is paid to understanding young women's emotional experience, it could inform how they can be better supported emotionally and helped as they become mothers.

## **Psychosocial research in social work**

The study has utilised a conceptual framework and theories that enabled this enquiry. In turn a research method was used that reflects the psychological and social contexts of these young women's lives. This is a psychosocial social work study which has used a FANIM-informed method, as outlined, which aimed to enable participants to respond to research questions more freely and not be constrained by the researcher's conscious occupation with preconceived questions.

This study focused on understanding the experiences of care-experienced young women in pregnancy and early parenting, not only from their perspective, but also from the professionals working with them. In this way, it was intended that the perspectives of both could be considered and compared in order to elicit what is understood about the social and psychological experience of becoming a mother, and how young women are known and understood by professionals.

What I also experienced in my development as a researcher was how paying attention to my own responses in interviews and when reviewing the data, can give a deeper understanding of what is being communicated and clues to what may be happening below the surface. Further it supports, what was previously argued, that reflection and reflexivity used in the same way can be translated to practice.

### **Limitations of the study**

This is a small-scale study and its participants came from a single local authority area. It was intended that the research method and limited interview structure would enable the participants to "associate" more freely with the introductory question and relate their experiences. The potential limitations with a psychosocially informed research approach have been explored here previously, but as Bhasker (2014)

argued, the choice of method should reflect the area to be investigated. In this study, emotional experience was central to what was being investigated and this fitted with the ontological and epistemological position set out. The findings may be from a limited study, but they provide evidence for further consideration in practice and research.

### **Contribution to knowledge**

#### Young women's emotional experiences during pregnancy

As this study developed, it found that young women have a myriad of thoughts and emotions as they become mothers, most of which – they feel – are not known to or understood by professionals working with them. Rather than talking about their feelings, they may fear sharing them as they may be judged negatively. The '**blueprint**' theme captures the conscious and unconscious nature of the dynamic between professionals and young women and how they may transfer elements of previous relationships in similar situations to the current one. The themes that were generated from the findings show how both groups view young women's past as problematic, as it affects the perception of their capacity to be good parents. However, professionals demonstrate that they do understand this as being a difficult time which can open an emotional '**can of worms**' for the young women.

The study illustrated how young women feel alone but also that they feel differently to their non-care-experienced peers, and that they have fears regarding an uncertain future for them and their babies, exemplified through the theme '**fearful beginnings**.' Significantly, they also expressed that they felt marginalised, '**feeling like an object**'. Their feelings of being an object and different suggest an experience of being

'othered'. This does not allow for them to be thought of together with, but also separate from, their baby.

The theoretical concepts of Raphael–Leff (1982) and Ettinger (1997) provide a way to conceptualise the nature of their emotional experiences, how conscious and unconscious processes can mobilise feelings from the past which resonate in the present and thoughts for the future. Raphael-Leff's conceptual frame the "Placenta Paradigm", provided a way to theorise the unspoken and unconscious experience and the struggle for these young women. It extended an understanding of the themes '**my mum/myself, my baby/myself**', demonstrating the complexity of identifications that a young woman may be experiencing and theorised how the young women feel the impact of others' expectations and projections. Their fear is that they will not be judged as able mothers and their experience will be '**not like other people's pregnancies**'.

The prebirth experience and how conscious and unconscious identifications with temporal self, baby/self, baby and mother have further been explored through the work of Ettinger (1982). This perspective of the intersubjectivity of the becoming baby and the becoming mother helps to conceptualise the transition to becoming a mother. Ettinger's concepts of com-passion and self-fragilisation helped to show how the presence of the baby/baby-to-be, the '*I - non I*' prebirth, can bring a new and different understanding to their own past enabling them to develop compassion for themselves.

The study demonstrates how recognising and understanding perinatal conscious and unconscious processes could open up the possibility of working differently to support their emotional and practical needs as they transition to becoming mothers.

### Organisational context and professionals' experiences

Previous research (Callahan *et al.*, 2003; Chase, 2006; Roberts, 2021) has considered the role of professionals and demonstrated the challenges of working within a complex policy environment and how they perceive the duality of their role to provide safeguarding and support. Through the analysis of the findings from this study, the evidence shows how the organisational context is a significant factor impacting professionals and how they see their role; as the theme, "**We are not family, we are an organisation**" demonstrates. Armstrong's (2005) proposition of the "organisation-in-the-mind" offers a theoretical framework to help understand the conscious and unconscious dynamics in organisations and how this can affect the relationships between professionals and the young women. Considering the findings from this theoretical perspective showed how organisational anxiety can affect professionals and how it may shape their understanding of safeguarding as their primary task in their role with young women.

This sense of a primary task (Ruch, 2012), also shows how the perceived duality of the role, holding safeguarding and support, can be fraught with anxiety. This is captured in how the professionals in this research felt that they could not 'blur the boundaries', i.e., between tasks, relationships and the internal and external of their own experiences.

### When boundaries are blurred

The study considers how this notion of duality and symmetry permeated across the interviews. A comparison of the themes showed both commonality and separation between the young women and professionals. It also highlighted that when professionals drew on their own emotional experiences, they could bring a different

and deeper understanding to young women's experiences. This separation, or split, implied by the theme '*can't blur the boundaries*' is considered through the psychoanalytic concept of splitting (Klein, 1975), which provides a theoretical position from which to explore why professionals may have a sense of duality, a need to think of safeguarding and support as critically separate. It has been argued that splitting the task or seeing two separate roles serves to hold the baby and mother as quite distinct and can be thought of as a defensive process that renders anxiety and work manageable and maintains the boundaries seen as essential to the task.

To challenge this perspective requires, as previous authors have argued (Ruch, 2007; Cooper, 2018; Frost, 2022 and O'Conner; 2020), a view of emotion as a resource rather than as something that needs to be feared because it may '*blur boundaries*' and harm professionalism.

### **Concluding remarks**

Whilst this study has begun to open up a way of thinking about what young women may experience, it raises further questions for research as to what support would need to look like to challenge the current intergenerational cycle of intervention in the lives of care-experienced mothers and their children.

This study has extended the discourse on care-experienced young women who become mothers. The findings from this study demonstrate that young women need to have access to services which enable them to share their fears, struggles and aspirations as mothers/mothers-to-be and as individuals. The practice implications of this study have been outlined which support the development of services for young women with a focus on more emotional support during the perinatal period. In

parallel, professionals working with young women in the perinatal period should have access to reflective practice supervision, this would create an environment which supports more relational practice and reflection.

Further research needs to extend the understanding of the impact of prior care experience on the transition to motherhood. Equally there is limited research on the access to and impact of current services providing therapeutic and emotional support for care-experienced young women, which needs to be addressed. Critically, these young women need to be involved in research and service evaluation, informing what would work for them and how services can be shaped to be more flexible and responsive to their needs as they become mothers.

## Bibliography

Archard, P.J. (2020) 'Reflections on the completion of a psychoanalytically informed interview study involving children's services professionals', *Social Work and Social Sciences Review*, 21(3), pp. 107-126.

Archard, P.J. and O'Reilly, M. (2022) 'Containment and beneficence in psychoanalytically informed social work research', *Social Work and Social Sciences Review*, 22(3), pp. 28-47.

Armstrong, D. (2004) Emotions in organizations: Disturbance or intelligence? In: C. Huffington, D. Armstrong, W. Halton, L. Hoyle, & J. Pooley (Eds.), *Working below the surface: The emotional life of contemporary organisations* p.1127. London: Karnac.

Armstrong, D. (2005) *Organisation In The Mind: Psychoanalysis, Group Relations and Organizational Consultancy*. London: Karnac.

Aparicio, E., Pecukonis, E.V. and O'Neal, S. (2015) "The love that I was missing": exploring the lived experience of motherhood among teen mothers in foster care', *Children and Youth Services Review*, 51, pp. 44-54.

Baraitser, L. and Frosh, S. (2007) 'Affect and Encounter in Psychoanalysis', *Critical Psychology*, 21, pp. 76–93.

Baraitser, L. (2009) *Maternal Encounters: The Ethics of Interruption*. London: Routledge.

Barn, R. and Mantovani, N. (2007) 'Young Mothers and the Care System: Contextualizing Risk and Vulnerability', *British Journal of Social Work*, 37(2), pp. 225-243.

Barnardo's. (2022) *Care Experienced Parents Unite for Change: Peer researchers project exploring the experience of becoming a parent*. London: Barnardo's

Brett, B. M. (2019) *A Psychosocial Approach to Analysing Interviews: Combining Free Association and Thematic Coding*. London: Sage

Bekaert, S. and Bradly, J. (2019) 'The Increasingly Leaky Stigma of the 'Pregnant Teen': When Does 'Young Motherhood' Cease to be Problematic?', *Studies in the Maternal*, 11(1), pp. 1–8. DOI: [https:// doi.org/10.16995/sim.267](https://doi.org/10.16995/sim.267)

Benjamin, J. (1998) *Shadow of the Other: Intersubjectivity and Gender in Psychoanalysis*. Oxon: Routledge.

Bhasker, R. (2008) *The Realist Theory of Social Science* (4th edn). London: Routledge.

Bhasker in Edwards, P.K. O'Mahoney, J. and Vincent, S. (2014) *Studying organisations using critical realism*. Oxford University Press

Braun, V and Clarke, V. (2022) *Thematic Analysis: A Practical Guide*. London: Sage

Bublitz, M. H., Rodriguez, D., Gobin, A. P., Waldemore, M., Magee, S., and Stroud, L.R. (2014) 'Maternal history of adoption or foster care placement in childhood: A risk factor for preterm birth', *American Journal of Obstetrics and Gynecology*, 211(4), 397.e1– 397.e6.

Burkitt, I. (2014) *Emotions and Social Relations*. London: SAGE.

Callahan, M., Dominelli, L., Rutman, D., & Strega, S. (2003) 'Undeserving mothers: Lived experiences of young mothers in or from government care', in K. Kufeldt and B. McKenzie (eds.), *Child Welfare: Connecting Research, Policy, and Practice*. Ontario: Wilfrid Laurier University Press, pp. 269-260.

Chase, E., Maxwell, C., Knight, A., and Aggleton, P. (2006) 'Pregnancy and parenthood among young people in and leaving care: what are the influencing factors, and what makes the difference in providing support', *Journal of Adolescence*, 29(3), pp. 437-451.

Chase, E., Warwick, I., Knight, A., and Aggleton, P. (2009) *Supporting Young Parents: Pregnancy and parenthood among young people from care*. London: Jessica Kingsley.

Cooper, A. (2018) *Conjunctions: Social Work, Psychoanalysis, and Society*. London: Routledge.

Dixon, J. (2008) 'Young people leaving care: Health, well-being and outcomes', *Child and Family Social Work* 13(2), pp. 207–217.

Dominelli, L. Strega, S. Callahan, M. Rutman, D (2005) 'Endangered children: Experiencing and surviving the state as failed parent and grandparent', *British Journal of Social Work*, 35(7), pp. 1123-1144.

Driscoll, J. (2013) 'Supporting care leavers to fulfill their educational aspirations: Resilience, relationships and resistance to help', *Children & Society*, 27(2), pp. 139–149.

Edwards, P.K. O'Mahoney, J. and Vincent, S. (2014) *Studying organisations using critical realism*. Oxford University Press.

Ettinger, B.L. (2010) '(M)Other Re-spect: Maternal subjectivity, the ready-made mother-monster and the ethics of respecting', *Studies in the Maternal* 2(1), pp. 1-24. Available at: <https://doi.org/10.16995/sim.150>

Ettinger, B.L. (1997) 'The feminine/prenatal weaving in Matrixial Subjectivity-as-Encounter', *Psychoanalytic Dialogues*, 7(3), pp. 367-405 Available at: <https://doi.org/10.1080/10481889709539191>

- Felman, M. (1991) 'Splitting and projective identification', in A. Anderson, (ed.), *Clinical Lectures on Klein and Bion*. London: Routledge.
- Fraiberg, S., Adelson, E. and Shapiro, V in Fraiberg, S. (ed.), (1980) *Clinical Studies in infant mental health: The First year of Life*. London: Taylor & Francis Ltd
- Foster, A.(ed) (2019) *Mothers Accused and Abused: Addressing Complex Psychological Needs*. London: Routledge.
- Freud, S. (1900) 'The Interpretation of Dreams' (1) (2001) *The standard edition of the complete psychological works of Sigmund Freud*. Volume 14. London: Hogarth.
- Freud, S. (1917) 'Mourning and Melancholia' (2001) *The standard edition of the complete psychological works of Sigmund Freud*. Volume 14. London: Hogarth.
- Freud, S. (1916-1917) 'Introductory Lectures on Psycho-Analysis' (2001) *The standard edition of the complete psychological works of Sigmund Freud*. Volume 15-16. London: The Hogarth Press.
- Freud, S. (2001) *The standard edition of the complete psychological works of Sigmund Freud*. London, Hogarth Press.
- Frosh, S. (2003) *Key Concepts in Psychoanalysis*. New York University Press.
- Frosh, S. (2008) 'On Negative Critique: A Reply', *Journal for the Psychoanalysis, Culture and Society*, 13(4), pp. 416-422.
- Frosh, S., Vyrigioti, M., Walsh, J. (eds.) (2022) *The Palgrave Handbook of Psychosocial Studies*. Palgrave Macmillan, Cham.
- Frost, L. (2022) 'Psychosocial Theory for Social Work: The Example of Shame', in: Frosh, S., Vyrigioti, M., Walsh, J. (eds.) *The Palgrave Handbook of Psychosocial Studies*. Palgrave Macmillan, Cham.
- Gill, A., Grace, R., Waniganayake, M., and Hadley, F. (2020) 'Practitioner and foster carer perceptions of the support needs of young parents in and exiting out-of-home care: A systematic review', *Children and Youth Services Review*, 108. Available at: <https://doi.org/10.1016/j.childyouth.2019.104512>
- Halton, W. (2014) 'Obsessional-punitive defences in care systems: Menzies Lyth revisited', in D. Armstrong and M. Rustin (eds) *Social Defences Against Anxiety*. London: Karnac.
- Hinshelwood, R.D. (1994) *A dictionary of Kleinian thought*. London: Free Association Books.
- Hinshelwood, R.D. and Skogstad, W. (2000) *Observing Organisations: Anxiety, defence and culture in health care*. London: Routledge.

Hollway, W. (2015) *Knowing Mothers: Researching Maternal Identity Change*. London: Palgrave MacMillan.

Hollway, W. (2016) 'Emotional experience plus reflection: countertransference and reflexivity in research, special issue, The creative use of self in research: explorations of reflexivity and research relationships in psychotherapy.' *The Psychotherapist*, 62 (Spring), pp.19-21.

Hollway, W. (2020) 'Gender and Maternal Identities', *Studies in the Maternal*, 13(1), p. 4. Available at: <https://doi.org/10.16995/sim.282>

Hollway, W and Jefferson, T. (2008) 'The free association narrative interview method', in L. M. Given (ed.) *The SAGE Encyclopaedia of Qualitative Research Methods*. Sevenoaks, California: Sage, pp. 296–315.

Hollway, W. and Jefferson, T. (2013) *Doing Qualitative Research Differently: A Psychosocial Approach*. London: Sage.

Holland, S. (2009) 'Listening to Children in Care: A Review of Methodological and Theoretical Approaches to Understanding Looked after Children's Perspectives', *Children & Society*, 23(3), pp. 226–235.

Holmes, J. (2014) 'Countertransference in qualitative research: a critical appraisal', *Qualitative Research*, 14(2), pp. 166–183

Hurley, A. (2010) 'Reparation by proxy: Experiences of working with pregnant teenagers and adolescent mothers', *Journal of Child Psychotherapy*, 36(2), pp.101-118.

Klein, M. (1975) *Collected Writings of Melanie Klein - "Love, Guilt and Reparation" and Other Works 1921-1945. Vol 1*. London: Hogarth.

Leese, M. (2016) 'The bumpy road to 'becoming': Capturing the stories that teenage mothers told about their journey into motherhood', *Child and Family Social Work*, 21(4), pp, 521-529.

Lochmiller, C. R. (2021) 'Conducting Thematic Analysis with Qualitative Data' *The Qualitative Report*, 26(6), pp. 2029-2044. Available at: <https://doi.org/10.46743/2160-3715/2021.5008>

MacAlister, J. (2021) *The Independent Review of Children's Social Care*. Available at: <https://www.gov.uk/government/groups/independent-review-of-childrens-social-care>

Mandelbaum, B. (2024) 'Psychoanalysis as a Psycho-Social Hyphen in History: Approaching Freud and Walter Benjamin', in S, Frosh, M. Vyrgioti and J. Walsh, (eds.) *The Palgrave Handbook of Psychosocial Studies*. Palgrave Macmillan, Cham.

- Mantovani, N, and Thomas, H. (2015) 'Resilience and Survival: Black teenage mothers 'looked after' by the state tell their stories about their experience of care', *Children and Society*, 29(4), pp. 299-309.
- Masson, J. (2008) 'The State as Parent: The reluctant parent? The problems of parents of last resort', *The Journal of Law and Society*, 35(1), pp. 52-74.
- Meakings, S., Ottaway H., Coffey, A., Palmer, C., Doughty, J., and Shelton, K. (2018) 'The support needs and experiences of newly formed adoptive families: findings from the Wales Adoption Study', *Adoption and Fostering*, 42(1), pp. 58-75.
- Mendes, P. (2009) 'Improving outcomes for teenage pregnancy and early parenthood for young people in out-of-home care: A review of the literature', *Youth Studies Australia*, 28(4), pp. 11-18.
- McGhee, J. and Waterhouse, L. (2017) 'The Lady and the Pram: Women in Child Protection', *British Journal of Social Work*, 47(6), pp.1652-1668.
- Murray, S. and Goddard, J. (2014) 'Life after Growing Up in Care: Informing policy and practice through research', *Australian Social Work*, 67(1), pp. 102–117.
- O'Conner, L. (2020) 'How social workers understand and use their emotions in practice: A thematic synthesis literature review', *Qualitative Social Work*, 19(4), pp. 645–662.
- Oelsner, R. (ed.) (2013) *Transference and Countertransference Today*. London: Routledge.
- Ogden, T.H. (1992). 'Comments on transference and countertransference in the initial analytic meeting', *Psychoanalytic Inquiry*, 12(2), pp. 225–247.
- Ogden, T. H. (1994) 'The Analytical Third: Working with intersubjective clinical facts', *International Journal of Psychoanalysis*, 75(1), pp. 3-19.
- Ogden, TH. (2004) 'On holding and containing, being and dreaming', *The International Journal of Psychoanalysis*, 85(6), pp. 1349-1364,. Available at: [10.1516/T41H-DGUX-9JY4-GQC7](https://doi.org/10.1516/T41H-DGUX-9JY4-GQC7)
- Parsons, S., Schoon, I. and Fitzsimmons, E. (2024) *Long-term outcomes for care leavers who became parents and the experiences of their children: Evidence on the intergenerational transmission of disadvantage in two British cohort studies*. London: UCL Centre for Longitudinal Studies.
- Palaganas, E.C., Sanchez, M.C., Molintas, M.P., and Caricativo, R.D. (2017) 'Reflexivity in Qualitative Research: A Journey of Learning', *The Qualitative Report*, 22(2), pp. 426-438.
- Pollitt, C. and Bouckaert, G. (2011) *Public Management Reform: A Comparative Analysis – New Public Management, Governance, and the Neo-Weberian State*. Oxford: Oxford University Press (Third Edition).

Pollock, G. (2009) 'Mother Trouble', *Studies in the Maternal*, 1(1), pp.1-31. Available at: <https://doi.org/10.16995/sim.114>

Raphael-Leff, J. (1996) 'Pregnancy-procreative process, the "placental paradigm," and perinatal therapy', *Journal of the American Psychoanalytic Association*, 44S, pp. 373-399.

Raphael-Leff, J. (2009) 'Healthy Maternal Ambivalence', *Studies in the Maternal*, 2(1), pp. 1-15. Available at: [www.mamsie.bbk.ac.uk](http://www.mamsie.bbk.ac.uk)

Raphael-Leff, J. (2018) *Pregnancy: The Inside Story*. London: Routledge.

Raphael-Leff, J. (2020) 'Dark Wombs and Broken Pledges', *Studies in the Maternal* 13(1), p.7. Available at: <https://doi.org/10.16995/sim.275>

Reynolds, T. (2020) 'Studies of the Maternal: Black Mothering 10 Years On', *Studies in the Maternal*, 13(1), p.8. Available at: <https://doi.org/10.16995/sim.290>

Richards, S., Clark, J. and Boggis, A. (2015) *Ethical Research with Children: Untold Narratives and Taboos*. London: Palgrave.

Roberts, L. (2016) 'A small-scale qualitative scoping study into the experiences of looked after children and care leavers who are parents in Wales', *Child and Family Social Work*, 22(3), pp. 1274-1282.

Roberts, L., Meakings, S., Smith, A., Forrester, D., and Shelton, K. (2017) 'Care-leavers and their children placed for adoption', *Children and Youth Services Review*, 79, pp. 355-361.

Roberts, L. (2021). *The Children of Looked After Children: Outcomes, Experiences and Ensuring Meaningful Support to Young Parents In and Leaving Care*. Bristol: Bristol University Press.

Rose, J. and Shulman, G. (eds) (2018) *The Non-Linear Mind: Psychoanalysis of Complexity in Psychic Life*. London: Routledge.

Rosenthal, G. (1993) 'Reconstruction of life stories: Principles of selection in generating stories for narrative biographical interviews', in J. R. Lieblich. (ed.) *The Narrative Study of Lives*. London: Sage, pp. 59-91.

Ruch, G. (2005) 'Relationship-based practice and reflective practice: Holistic approaches to contemporary child care social work', *Child and Family Social Work*, 10(2), pp. 111-123.

Ruch, G. (2007) 'Reflective practice in Contemporary Child-care social work: the role of containment', *British Journal of Social Work*, 37(4), pp. 659 – 680.

Ruch, G. (2007) 'Thoughtful' practice: child care social work and the role of case discussion', *Child and Family Social Work*, 12(4), pp. 370-379.

Ruch, G. (2012) 'Where have all the feelings gone? Developing reflective and relationship based management in child-care social work', *British Journal of Social Work*, 42(7), pp.1315–1332.

Ruch, G. Turney, D. and Ward, A. (2010) *Relationship-Based Social Work: Getting to the Heart of Practice*. London: Jessica Kingsley Publishers.

Rustin, M. (2002) 'Looking in the right place: complexity theory, psychoanalysis and infant observation', *Infant Observation*, 5(1), pp. 122 -144.

Rutman, D., Strega., S., Callahan, M., and Dominelli, L. (2002) 'Undeserving' mothers? Practitioners' experiences working with young mothers in / from care. *Child and Family Social Work* 7, pp. 149-159.

Sandelowski, M. (2000) 'Focus on research methods: combining qualitative and quantitative sampling, data collection, and analysis techniques in mixed-method studies', *Research in Nursing & Health*, 23, pp. 246–255.

Saville Young, L. (2022) 'Narrative and Discursive Research', in S. Frosh, M. Vyrgioti and J. Walsh, (eds.), *The Palgrave Handbook of Psychosocial Studies*. Palgrave Macmillan, Cham.

Schelbe, L. and Geiger, J.M. (2017) 'Parenting under pressure: experiences of parenting while aging out of foster care', *Child Adolescent Social Work Journal*, 34(1), pp. 51–64.

Seligman, S. (1994) 'Applying psychoanalysis in an unconventional context. Adapting infant-parent psychotherapy to a changing population', *Psychoanalytic Study of the Child*, 49, pp. 481-500.

Segal, L. (1983) *What is to be done about the family?* Harmondsworth: Penguin.

Spillius, E.B. (2001) 'Freud and Klein on the concept of phantasy', *International Journal of Psychoanalysis*, 82(2), pp. 361-73.

Stamenova, K. and Hinshelwood, R. (eds) (2018) *Methods of Researching into the Unconscious*. Oxford: Routledge.

Stenner, P.(2022) 'What is Called "Process Thought": A Transdisciplinary Process Ontology for Psychosocial Studies', in, S. Frosh, M. Vyrgioti, J. Walsh (eds) *The Handbook of Psychosocial Studies*. Palgrave Macmillan, Cham.

Stein, M. (2008) 'Resilience and young people leaving care', *Child Care in Practice*, 14(1), pp. 35–44.

Stein, M. (2012) *Young people leaving care: Supporting pathways to adulthood*. London: Jessica Kingsley Publications.

Symington, N. (1986) *The Analytic Experience: Lectures from the Tavistock*. London: Free Association Books.

Thomson, R. (2009) 'Thinking Intergenerationally about Motherhood', *Studies in the Maternal*, 1(1), pp.1-24.

Waddell, M. (1998) *Inside lives: Psychoanalysis and the growth of the personality*. London: Routledge.

Weiss, H. (2017) 'Unconscious phantasy as a structural principle and organizer of mental life: The evolution of a concept from Freud to Klein and some of her successors', *International Journal of Psychoanalysis*, 98(3), pp.799-819.

Welldon, E. (2019) Mother, madonna, whore: understanding perverse mothering: Reflections on a ground-breaking book in Foster, A. (ed) (2019) *Mothers Accused and Abused: Addressing Complex Psychological Needs*. London: Routledge

White, J. (2006) *Generation: Preoccupations and Conflicts in Contemporary Psychoanalysis* London: Routledge

Wolf-Branigin, M. (2013) *Using Complexity Theory for Research and Evaluation*. Oxford University Press.

## **Appendix 1: Notes on terminology**

### ***1.5.1 Care-experienced children and young people***

Children and young people in the care of the UK state are referred to as 'looked-after' children in legislation, regulation and guidance. Children who have ceased to be looked-after are referred to as 'care leavers'. In other jurisdictions, different terms are employed. Children and young people's representative groups often use the preferred term 'care-experienced', and it is increasingly used in research documents. For the purposes of this study, when referring to specific research, the term used in that research will be employed; otherwise, 'care-experienced' will be used.

### ***1.5.2 Out of Home Care (OoHC)***

This term is used to refer to children and young people living away from home but still in state care. It is applied mainly in Australia and the United States.

### ***1.5.3 Parent and child foster placements***

There are three sets of regulatory arrangements where children and parents may be placed in fostering arrangements, each with different implications, depending on the regulations that apply.

#### **1. Parent Looked-After and Child Looked-After**

The parent is under 18 and is looked after by the LA, and the child is also looked after by the LA. Each is subject to all the requirements set out in:

- Care Planning, Placement and Case Review (England) Regulations 2010
- The Fostering Services (England) Regulations 2011.

#### **2. Parent Looked-After, Child not Looked-After**

Child of a Looked After parent under the age of 18 is [placed with them,] in a foster placement, under the Care Planning, Placement and Case Review (England) Regulations 2010 (Placement of child in care with parent).

- The requirement of the 2010 Care Planning Regulations applies to both the parent and the child.
- The 2011 Fostering Regulations apply only to the parent.

### 3. Parent not Looked-After, Child Looked-After

The parent may be either under or over the age of 18, and only the child will be subject to all the requirements of the 2010 Care Planning and 2011 Fostering Regulations. The regulations in relation to placement with parents will not apply, and the parent will be considered as part of the fostering household.

#### **1.5.4 Residential placement**

Parents and children can be placed in a residential family centre. A residential family centre is any establishment where:

- Accommodation is provided for children and their parents (including those under the age of 18).
- A parent's capacity to respond to children's needs and to safeguard their welfare is monitored or assessed.
- Parents are given advice, guidance or counselling, as necessary.

They are covered by the Residential Family Centres Regulations 2002.

**Appendix 2: Consent form to take part in the research project**

**Name of Researcher: Debbie Haith**

I am a Professional Doctorate student at the Tavistock NHS Foundation Trust and University of Essex. I am currently undertaking research on care experienced young women’s experience of pregnancy and early parenting and also the experiences of the workers who support them.

**Title of Project:** *Becoming mothers: An exploration of the experiences of care experienced young women who are mothers.*

Please tick appropriate boxes:

- I agree to take part in an interview.
- I have read the information sheet for the research and I understand the contents of this.
- I have had the opportunity to consider the information, ask questions and I am satisfied with the answers.
- I have read the information sheet, version 2 04.01.2022, for the research and I understand the contents of this.
- I understand that my participation is voluntary and that I am free to withdraw my consent at any time and do not need to provide a reason.
- I agree that research interviews can be audio recorded.
- I understand that any information given by me may be used in future reports, publications, or presentations by the researcher.
- I understand that my name will not appear in any reports, publications, or presentations.
- I understand that confidentiality may be breached is if there is a disclosure of imminent harm to myself or others. Where this is necessary, this would be discussed with me first unless to do so could cause harm to me or someone else.

Name of Participant	Date	Signature
Name of Researcher	Date	Signature

### **Appendix 3: Information for participants**

My name is Debbie Haith and I am a Professional Doctorate student at the Tavistock NHS Foundation Trust and University of Essex. I am currently undertaking research on care experienced young women's experience of pregnancy and early parenting and also the experiences of the workers who support them.

The working title of the research is:

*Becoming mothers: An exploration of the experiences of care experienced young women who are mothers.*

The main research question that I will answer is:

"How are the experiences and emotional needs of care experienced young women understood and supported during pregnancy and early parenting?"

#### **What will you need to do?**

The research will be through interviews.

If you would like to take part in the interviews, you would need to agree to take part in two interviews with me that should be about two weeks apart. These can be any length of time depending on how much information you want to share with me how much time you may have available which we can discuss before the interviews take place. The interview will involve a few open questions which will be for you to respond to as you feel comfortable.

#### **What will I do with the information you provide?**

Interviews will be recorded by me and stored within the University of Essex of Onedrive. This is a secure, password-protected electronic storage which can only be accessed by myself and my two research supervisors. Interviews will be transcribed using a pseudonym/other name instead of your real name, to protect your anonymity, and stored within the University Onedrive.

All written notes will use pseudonyms/other names instead of your real name to protect your anonymity. Written notes will be kept securely in my home. Any electronic recordings will be deleted as soon as they have been transcribed. Recordings, transcripts and notes are known as the data that will be involved in the research.

I will be attending seminars with other researchers where this data will be discussed to help the development of the research. These discussions are confidential I will not share any of your personal information and pseudonyms/other names will be used instead of your real name.

The only reasons why confidentiality will ever be breached is if there is a disclosure of imminent harm to yourself or others. Where this is necessary, this would be discussed with you first unless to do so could cause harm to you or someone else.

The research data will be kept for a maximum of 10 years in accordance with the Trusts Data Protection Policies which you can find here: [Trusts 's Data Protection and handling Policies](#).

### **What if I no longer want to take part in the research?**

You can withdraw from the research at any time. You do not need to give a reason. If you choose to withdraw, all data I hold in relation to your involvement in the research will be deleted confidentially as soon as possible.

### **How will the research be disseminated and shared with other people?**

When the research is completed, the findings will be shared with you and there will be a process for you to ask questions and give your reflections on both the findings and your experience of the research process. The research will be written up in a thesis, which will be available on the British Library website. Articles may be published in social work journals, or other publications, using the findings from the research. Your anonymity will be protected using pseudonyms/other names and any other identifiable information will not be included.

### **Who is supervising me?**

Dr A Harvey is my first supervisor, also from the Tavistock and Portman NHS Foundation Trust. *Contact details were provided.*

Professor Andrew Cooper is my second supervisor, also from the Tavistock and Portman Foundation Trust. *Contact details were provided.*

### **What if you feel upset or distressed when taking part in the research?**

If at any time during the research taking place you do not feel comfortable, you can tell me, or if I notice anything that indicates that you may feel uncomfortable, I will ask if you want to continue with the interview. If, at any time, you do not want to continue, the interview will be terminated. During the interview you can take breaks whenever you need them.

If you agree to take part in the research and interviews, a support person will be identified with you before you take part in the interviews. Your support person will know when your interviews will be and be available for you to contact them if you need to.

### **Ethics**

*Details of who should be contacted in the Local Authority and Tavistock and Portman NHS Foundation Trust if there were any concerns about the conduct of any part of the research process were provided.*

**Tavistock and Portman Trust Research Ethics Committee (TREC)****APPLICATION FOR ETHICAL REVIEW OF STUDENT RESEARCH PROJECTS**

**This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.**

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram ([academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk))

**FOR ALL APPLICANTS**

**If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters. You need only complete sections of the TREC form which are NOT covered in your existing approval**

Is your project considered as 'research' according to the HRA tool? ( <a href="http://www.hra-decisiontools.org.uk/research/index.html">http://www.hra-decisiontools.org.uk/research/index.html</a> )	Yes/
Will your project involve participants who are under 18 or who are classed as vulnerable? (see section 7)	No
Will your project include data collection outside of the UK?	No

**SECTION A: PROJECT DETAILS**

<b>Project title</b>	<i>Becoming mothers: A psychosocial study of the experiences of care experienced young women who are mothers.</i>
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<b>Proposed project start date</b>	October 2021	<b>Anticipated project end date</b>	July 2023
<b>Principle Investigator (normally your Research Supervisor): Anna Harvey</b>			
<b>Please note: TREC approval will only be given for the length of the project as stated above up to a maximum of 6 years. Projects exceeding these timeframes will need additional ethical approval</b>			
<b>Has NHS or other approval been sought for this research including through submission via Research Application System (IRAS) or to the Health Research Authority (HRA)?</b>	<b>YES (NRES approval)</b>	<input type="checkbox"/>	
	<b>YES (HRA approval)</b>	<input type="checkbox"/>	
	<b>Other</b>	<input type="checkbox"/>	
	<b>NO</b>	<input checked="" type="checkbox"/>	
<b>If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters.</b>			

### **SECTION B: APPLICANT DETAILS**

<b>Name of Researcher</b>	Debbie Haith
<b>Programme of Study and Target Award</b>	Professional doctorate in advanced practice and research: social work and social care
<b>Email address</b>	
<b>Contact telephone number</b>	

### **SECTION C: CONFLICTS OF INTEREST**

**Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research?**

**YES  NO**

If <b>YES</b> , please detail below:	
Is there any further possibility for conflict of interest? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Are you proposing to conduct this work in a location where you work or have a placement?	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> x	
If <b>YES</b> , please detail below outline how you will avoid issues arising around colleagues being involved in this project:	
Is your project being commissioned by and/or carried out on behalf of a body external to the Trust? (for example; commissioned by a local authority, school, care home, other NHS Trust or other organisation).	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> x
<small>*Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)</small>	
If <b>YES</b> , please add details here:	
Will you be required to get further ethical approval after receiving TREC approval?	NO <input type="checkbox"/>
If <b>YES</b> , please supply details of the ethical approval bodies below AND include any letters of approval from the ethical approval bodies (letters received after receiving TREC approval should be submitted to complete your record):	
I am seeking approval from a local authority which will be the location of my research. I understand that the local authority requires ethical approval from the university.	
If your project is being undertaken with one or more clinical services or organisations external to the Trust, please provide details of these:	

If you still need to agree these arrangements or if you can only approach organisations after you have ethical approval, please identify the types of organisations (eg. schools or clinical services) you wish to approach:	
Children's Services Department of a Local Authority	
Do you have approval from the organisations detailed above? (this includes R&D approval where relevant)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Please attach approval letters to this application. Any approval letters received after TREC approval has been granted MUST be submitted to be appended to your record	

#### **SECTION D: SIGNATURES AND DECLARATIONS**

<b>APPLICANT DECLARATION</b>	
I confirm that:	
<ul style="list-style-type: none"> <li>• The information contained in this application is, to the best of my knowledge, correct and up to date.</li> <li>• I have attempted to identify all risks related to the research.</li> <li>• I acknowledge my obligations and commitment to upholding ethical principles and to keep my supervisor updated with the progress of my research</li> <li>• I am aware that for cases of proven misconduct, it may result in formal disciplinary proceedings and/or the cancellation of the proposed research.</li> <li>• I understand that if my project design, methodology or method of data collection changes I must seek an amendment to my ethical approvals as failure to do so, may result in a report of academic and/or research misconduct.</li> </ul>	
<b>Applicant (print name)</b>	Debbie Haith
<b>Signed</b>	Debbie Haith
<b>Date</b>	16 <sup>th</sup> October 2021

**FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY**

<b>Name of Supervisor/Principal Investigator</b>	
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<b>Supervisor –</b>	
<ul style="list-style-type: none"> <li>• Does the student have the necessary skills to carry out the research? <b>YES</b> <input type="checkbox"/> <input type="checkbox"/></li> <li>▪ Is the participant information sheet, consent form and any other documentation appropriate? <b>YES</b> <input type="checkbox"/> <input type="checkbox"/></li> <li>▪ Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient? <b>YES</b> <input type="checkbox"/> <input type="checkbox"/></li> <li>▪ Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance? <b>YES</b> <input type="checkbox"/> <input type="checkbox"/></li> </ul>	
<b>Signed</b>	
<b>Date</b>	

<b>COURSE LEAD/RESEARCH LEAD</b>	
Does the proposed research as detailed herein have your support to proceed? YES <input type="checkbox"/>	
<b>Signed</b>	
<b>Date</b>	

**SECTION E: DETAILS OF THE PROPOSED RESEARCH**

- |  |
|--|
| <p>1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific</p> |
|--|

**terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)**

The aim of this research is to explore the experiences of care experienced young women who become pregnant and parents to understand how their prior experience and its emotional impact is understood and considered in supporting them as they transition to becoming parents, and the identifications that they may make with themselves as children, their parents, and their child. Further, the research will explore how the relationship with their social workers and other professionals impacts on their experiences. My research methods will be informed by a psychosocial approach (Hollway and Jefferson 2013). This approach will enable me to explore the unconscious dynamics and processes which affect the young women, their workers and the relationship between them.

Participants will be recruited from one local authority (LA). Four young women will be recruited who have had a child/children and are still in receipt of services in line with the Children Leaving Care Act 2000. Careful discussion with the LA will take place regarding selection of participants to ensure the research experience will be appropriate. The lead professional, social workers or Personal Advisor for each young woman will be recruited to participate in the research, eight participants in total. Potential participants will be provided with information to help inform their decision to take part in the research. Participants will undertake two interviews, the length of which will be determined by how much information they wish to share and the number of breaks they may require. I will be the sole interviewer and transcriber of the data which will be anonymised to protect the confidentiality of participants. The data generated will provide a narrative of the young women's lived experience and will also enable some thematic analysis.

**2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)**

This research project is informed by psychosocial perspectives and will use qualitative and narrative methods to explore the experiences of care experienced young women who are parents and consider the impact of prior experiences on their experience of becoming pregnant and becoming a parent. Additionally, I will explore the impact of the relationship with their social worker/personal advisor/lead professional. My research is concerned with both the conscious and unconscious processes which affect both the young women and their workers and on the relationship between them. The aim of the research is to contribute to the understanding of how these individual experiences and unconscious dynamics impact on these young women's experiences and considers the implications for policy and practice.

The working title for the research is:

*Becoming mothers: An exploration of the experiences of care experienced young women who are mothers.*

My research question is:

*"How are the experiences and emotional needs of care experienced young women understood and supported during pregnancy and early parenting?"*

Secondary questions are:

1. How do young women understand their feelings about pregnancy and parenting and how this may relate to their own experiences of being parented?
2. What are the conscious and unconscious processes and identifications young women experience during pregnancy and parenting?

3. How do social workers and others in the network around the young woman understand the young woman's experiences of being parented and the impact those experiences may have on her thoughts and feelings about pregnancy and parenting?
4. What conscious and unconscious processes and dynamics impact on these relationships?
5. What are the implications for a more psychosocial informed policy and practice approach?

Objectives:

1. To understand the extent to which the prior experiences of young women are understood and considered in supporting them during pregnancy and early parenting.
2. To consider the conscious and unconscious dynamics of the relationship between social workers and the network around the young woman, and how these impact on the young women's experiences and feelings about pregnancy and parenting.
3. To consider these experiences in the current policy and practice context.

The current evidence suggests that there is limited investigation or understanding of the impact of the emotional needs of young women as they become mothers and that the support for them is focused on the practical aspect of preparing for the baby with limited attention on the emotional support they may need as they transition to becoming parents. The research will contribute to this existing body of knowledge and the policy and practice context where there is an increasing interest in the theme of intergenerational involvement in children's services and the family justice system. This theme has also been recently identified in the interim report from the independent review of children's social care "Case for Change" (Department for Education, 2021).

**3. Provide an outline of the methodology for the proposed research, including proposed method of data collection, tasks assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)**

I am taking up a research position that is informed by critical realism as a theoretical direction, which can encompass the concepts of complexity theory and psychoanalysis as ways for thinking about and researching the real and unconscious in the human experience. In order to explore the impact of prior experiences and the unconscious processes which impact young women's identities as they become mothers, the research method needs to accommodate a less structured approach to interviewing which facilitates a more in depth understanding of the relationship between the researcher and the researched and its impact on the findings.

My research will use the Free Association Narrative Interview Method (FANI) as developed by

Hollway and Jefferson (2013) who developed the FANI method. This allows for an exploration of the psychosocial subject with attention to understanding their internal world with knowledge of their experience of the outer world and how they influence one another in a dynamic relationship. There is also an emphasis on consideration of the role of the researcher and the intersubjectivity of the potential relationship between researcher and participant in terms of unconscious dynamics and co-production of data.

This method incorporates two interview sessions, preferably two weeks apart. Central to the method is the notion of "free association" therefore the first interview will be limited in structure allowing the participant to make their own responses and associations both conscious and unconscious. Both sessions have some structure,

but the aim is to restrict “questions” to an open inductive style. The emphasis is on the importance of the process notes of interviews being as significant as recordings of the interviews. This approach should help facilitate capturing the interactions and emotional responses in the encounter with the participant and the researcher giving a depth, which can be reflected on for unconscious processes.

The second sessions are also an opportunity to reflect with the participant on some of what they had said and elicit a deeper understanding of the meaning. Using this method, I hope to enable participants to find a language other than just talk to communicate emotional experiences. It is argued that this method gives a more freeing space for the participant.

Data collection will take place over six months. When the data is transcribed, it will be systematically analysed as follows:

1. The researcher’s reflexivity and reflexive processes is central to the project and emergent data which challenges the conscious and unconscious responses of the researcher to the material/data. The research process will include a
  - a) reflexive diary which will be kept throughout the project,
  - b) individual supervision
  - c) the seminar group to reflect on my responses to the data.
2. Psychoanalytically informed analysis of the interview transcripts utilising the FANI method (Hollway and Jefferson 2013) will be utilised to elicit both the biographical narrative and the emotional experiences of the researcher’s countertransference.

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#### **SECTION F: PARTICIPANT DETAILS**

- 4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why these criteria are in place. (Do not exceed 500 words)**

The research will be conducted within one Local Authority Children's Services Department Care Leavers Service whose work is governed by the Children Act (1989) and associated national regulations and guidance and local policy and procedures. Permission to undertake the research has been sought via a director in the department. The participants will be from young women who are currently entitled to services under the legislation and the criteria for selection will be agreed with the local authority.

A pre research information sheet will be provided for all perspective participants, both young people and staff members as agreed with the local authority.

The information sheet will detail the outline of the purpose of the research and contacts. The information will be piloted with a group of care leavers who are part of the local authorities' governance arrangements. Having had initial discussions with the local authority that has expressed an interest in the research, I have determined that the minimum age range for the participants will be eighteen years. There will be a minimum of four young women and their relevant lead worker, eight participants in total. In addition, each young woman will have an

identified person whom they can speak with following the interviews to ensure they can be supported should the need arise.

The local authority will be asked to provide a liaison role for the research who will be the contact for any logistical issues relating to undertaking the research and the point of contact for any practice or safeguarding issues that may arise. A protocol will be put in place, which clarifies the circumstances and process if the need arises.

Selection criteria will be agreed with the Local Authority which will take account of any particular circumstances or issues relating to their health and wellbeing which may need to be taken into consideration with regard their participation in the research for example their involvement in any current care proceedings.

**5. Please state the location(s) of the proposed research including the location of any interviews. Please provide a Risk Assessment if required. Consideration should be given to lone working, visiting private residences, conducting research outside working hours or any other non-standard arrangements.**

The research will be conducted on Local Authority premises it is anticipated that staff members will be interviewed during working hours. Interviews for young women will be arranged at times which are suitable for them.

**If any data collection is to be done online, please identify the platforms to be used. NA**

**6. Will the participants be from any of the following groups?(Tick as appropriate)**

- Students or Staff of the Trust or Partner delivering your programme.
- x Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
- Children or legal minors (anyone under the age of 16 years)<sup>1</sup>
- Adults who are unconscious, severely ill or have a terminal illness.

- Adults who may lose mental capacity to consent during the course of the research.
- Adults in emergency situations.
- Adults<sup>2</sup> with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
- Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
- Prisoners, where ethical approval may be required from the National Offender Management Service (NOMS).
- Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
- Healthy volunteers (in high risk intervention studies).
- Participants who may be considered to have a pre-existing and potentially dependent<sup>3</sup> relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
- Other vulnerable groups (see Question 6).
- Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
- Participants who are members of the Armed Forces.

<sup>1</sup>If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability<sup>3</sup>, any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.

<sup>2</sup> 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)

<sup>3</sup> Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

**7. Will the study involve participants who are vulnerable? YES  x NO**

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from:

- the participant's personal characteristics (e.g. mental or physical impairment)
- their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness).
- where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable
- children are automatically presumed to be vulnerable.

**7.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?**

1. Consent forms for participants are attached.

2. A support person will be identified for each participant who will be available following each interview should the need arise.

3. Selection criteria will be agreed with the Local Authority which will take account of any particular circumstances or issues relating to their health and wellbeing which may need to be taken into consideration with regard to their participation in the research for example their involvement in any current care proceedings.

4. I am an experienced social worker having worked in the field of children's social care for 35 years and I am a registered Psychodynamic Psychotherapist and Counsellor employed to work with adults at an NHS Hospital Trust.

**If YES**, a Disclosure and Barring Service (DBS) check **within the last three years** is required.

Please provide details of the "clear disclosure":

Date of disclosure:
Type of disclosure:
Organisation that requested disclosure:
DBS certificate number:

*(NOTE: information concerning activities which require DBS checks can be found via <https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance>). Please **do not** include a copy of your DBS certificate with your application*

**8. Do you propose to make any form of payment or incentive available to participants of the research?**  
**YES**  **NO**

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to

research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

Agreement will be reached with the local authority about the remuneration of expenses including transport and any childcare cost which may be incurred by the young women. Additionally, there may be the use of vouchers for the young women participants in line with the current practice of the local authority in recognition of the time and contribution the young people are making to the research study.

**9. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)**

To ensure that the research is fully inclusive. Participants individual needs will be taken into account and arrangements will be made to ensure that any written material is provided in appropriate languages and adapted for participants who may have special communication needs. There will also be an opportunity for participants to go through the written material with the researcher in order to ensure they are able to ask questions about the research and what they are agreeing to in taking part in the research.

**SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT**

**10. Does the proposed research involve any of the following? (Tick as appropriate)**

- use of a questionnaire, self-completion survey or data-collection instrument (attach copy)
- use of emails or the internet as a means of data collection
- use of written or computerised tests
- interviews (attach interview questions)
- diaries (attach diary record form)
- participant observation
- participant observation (in a non-public place) without their knowledge / covert research
- audio-recording interviewees or events
- video-recording interviewees or events
- access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes
- administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process
- performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfort, regret or any other adverse emotional or psychological reaction
- Themes around extremism or radicalisation
- investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)
- procedures that involve the deception of participants
- administration of any substance or agent
- use of non-treatment of placebo control conditions
- participation in a clinical trial
- research undertaken at an off-campus location (risk assessment attached)
- research overseas (please ensure Section G is complete)

**11. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life?**

YES  NO  x

If YES, please describe below including details of precautionary measures.

**12. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.**

Although I have not conducted research using these methods I am an experienced social worker and counsellor/psychotherapist working in the field of women's health.

**13. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)**

**NOTE:** Where the proposed research involves students, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

The research project will provide a space for young women to speak about their experiences of becoming pregnant and parents, the nature of the "free association" interview style aims to facilitate a process of dialogue which supports their conscious selection of what they wish to disclose to the researcher. Similarly, the staff will determine what they speak about consciously to me in interviews. The opportunity to be listened to and the potential for an understanding of their emotional experience will be a benefit to the individual participants and an opportunity for their experiences to be reflected upon by the local authority and influence policy and practice locally.

When the research is completed, it will be shared with all participants and there will be a process for them to ask questions and give their reflections on both the findings and their experience of the research process.

**14. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)**

I am a social worker and psychodynamic psychotherapist and counsellor therefore I am aware that the nature of the interview and the material that may emerge could

be emotionally distressing and challenging for the young people and the staff who participate in the research. The selection criteria will be agreed with the Local Authority to ensure it safeguards the participants. Prior to the participants engaging with the research project, they will be given information sheets about the research and consent forms which should enable them to have some understanding of what will be discussed and explored. I will also ensure that myself and the liaison staff member from the local authority will be available to respond to any questions that may arise prior to and between interview sessions as they relate to the process and conduct of the research. Due to the nature of the interview and the limited structure, they will be consciously and unconsciously involved in generating the material which will be unique to them and their interview. A support person will be identified for each young person who will be available following each interview should the need arise. A protocol will be put in place agreed with the local authority and shared with participants regarding confidentiality and escalation and responses to anything which arises during the research project which is a concern regarding the safety and welfare of participants and any practice issues.

I am conscious of the power dynamic and my position as researcher in respect of both young women and staff and how this may emerge in the research and encounters with participants. I will endeavour to maintain my role as researcher and clarify my position with participants and reflect on this when analysing data and in reflexive processes. Participants will be informed that they can withdraw from the research and anytime and that they can terminate interviews. They will also be informed that it is for them to decide what they wish to share of themselves and their experiences.

**15. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants.**

Both staff and young women will be discussing experiences which may be distressing and evoke painful memories and give rise to anxieties. The interview will be conducted to ensure that there is space for reflection and for participants to ask questions. I will be available to respond to any questions and queries during the research project but this will be in line with a clear set of expectations which will be included within the participant information available at the commencement of the project to ensure role boundaries are maintained.

Each young person will identify a support person who is aware of the project. The liaison officer and I will be available to offer support to the young people's support worker.

Each staff member who participates will have an identified contact person at the commencement of the research project who they can contact if they need to debrief. This may be a supervisor or another role such as the liaison staff member.

**16. Please provide the names and nature of any external support or counselling organizations that will be suggested to participants if participation in the research has potential to raise specific issues for participants.**

Prior to the commencement of the project, I will establish with the manager of the looked after children's CAMHs service arrangements for additional support should the need arise.

**17. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)**

18. Does the proposed research involve travel outside of the UK?

YES  NO

If YES, please confirm:

I have consulted the Foreign and Commonwealth Office website for guidance/travel advice? <http://www.fco.gov.uk/en/travel-and-living-abroad/>

I have completed a RISK Assessment covering all aspects of the project including consideration of the location of the data collection and risks to participants.

All overseas project data collection will need approval from the Deputy Director of Education and Training or their nominee. Normally this will be done based on the information provided in this form. All projects approved through the TREC process will be indemnified by the Trust against claims made by third parties.

If you have any queries regarding research outside the UK, please contact [academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk):

Students are required to arrange their own travel and medical insurance to cover project work outside of the UK. Please indicate what insurance cover you have or will have in place.

19. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place. Please also clarify how the requirements will be met:

## **SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL**

20. Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.

YES  NO

If NO, please indicate what alternative arrangements are in place below:

**21. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.**

YES  x NO

If **NO**, please indicate what alternative arrangements are in place below:

**22. The following is a participant information sheet checklist covering the various points that should be included in this document.**

Clear identification of the Trust as the sponsor for the research, the project title, the Researcher and Principal Investigator (your Research Supervisor) and other researchers along with relevant contact details.

Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.

A statement confirming that the research has received formal approval from TREC or other ethics body.

If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.

A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.

Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.

Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.

A statement that the data generated in the course of the research will be retained in accordance with the [Trusts' s Data Protection and handling Policies.](https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/):  
<https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/>

Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance ([academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk))

Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

**23. The following is a consent form checklist covering the various points that should be included in this document.**

- Trust letterhead or logo.
- Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.
- Confirmation that the research project is part of a degree
- Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.
- Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.
- If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.
- The proposed method of publication or dissemination of the research findings.
- Details of any external contractors or partner institutions involved in the research.
- Details of any funding bodies or research councils supporting the research.
- Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

**SECTION H: CONFIDENTIALITY AND ANONYMITY**

**24. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.**

- Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?
- The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with no record retained of how the code relates to the identifiers).
- The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers are able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).
- Participants have the option of being identified in a publication that will arise from the research.
- Participants will be pseudo-anonymised in a publication that will arise from the research. (i.e. the researcher will endeavour to remove or alter details that would identify the participant.)
- The proposed research will make use of personal sensitive data.

Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

**25. Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.**

YES x NO

If **NO**, please indicate why this is the case below:

Due to the sample size and the nature of the data the participants will be known to the researcher but they will be given a code/pseudonym for the purposes of data and thematic analysis.

**NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.**

## **SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT**

**26. Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES x NO**

If **NO**, please indicate what alternative arrangements are in place below:

**27. In line with the 5<sup>th</sup> principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.**

1-2 years  3-5 years  6-10 years  10> years

**NOTE: In line with** Research Councils UK (RCUK) guidance, doctoral project data should normally be stored for 10 years and Masters level data for up to 2 years

**28. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.**

Research data, codes and all identifying information to be kept in separate locked filing cabinets.

Research data will only be stored in the University of Essex OneDrive system and no other cloud storage location.

Access to computer files to be available to research team by password only.

Access to computer files to be available to individuals outside the research team by password only (See **23.1**).

Research data will be encrypted and transferred electronically within the UK.

Research data will be encrypted and transferred electronically outside of the UK.

**NOTE:** Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).

Essex students also have access the 'Box' service for file transfer:

<https://www.essex.ac.uk/student/it-services/box>

Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.

Collection and storage of personal sensitive data (e.g. racial or ethnic origin, political or religious beliefs or physical or mental health or condition).

Use of personal data in the form of audio or video recordings.

Primary data gathered on encrypted mobile devices (i.e. laptops).

**NOTE:** This should be transferred to secure University of Essex OneDrive at the first opportunity.

All electronic data will undergo secure disposal.

**NOTE:** For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.

All hardcopy data will undergo secure disposal.

**NOTE:** For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

**29. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.**

**30. Please provide details on the regions and territories where research data will be electronically transferred that are external to the UK:**

## **SECTION J: PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS**

**30. How will the results of the research be reported and disseminated? (Select all that apply)**

- Peer reviewed journal
- Non-peer reviewed journal
- Peer reviewed books
- Publication in media, social media or website (including Podcasts and online videos)
- Conference presentation
- Internal report
- Promotional report and materials
- Reports compiled for or on behalf of external organisations
- x Dissertation/Thesis
- x Other publication
- x Written feedback to research participants
- x Presentation to participants or relevant community groups
- Other (Please specify below)

**SECTION K: OTHER ETHICAL ISSUES****31. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?**

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**SECTION L: CHECKLIST FOR ATTACHED DOCUMENTS****32. Please check that the following documents are attached to your application.**

- x Letters of approval from any external ethical approval bodies (where relevant)
- Recruitment advertisement
- x Participant information sheets (including easy-read where relevant)
- x Consent forms (including easy-read where relevant)
- Assent form for children (where relevant)

