Mothering On The Edge

A critical examination of mothering within
child protection systems

Edited by
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Contents

9.
Systemic Unmothering: Mothers, Their Children,
and Families at the Intersection of the Child Welfare
and the Carceral Systems
Lauren Hawthorne and Brooke Richardson

10.
Coda
Brooke Richardson

Notes on Contributors

A Window into the System: A Feminist Analysis of the Construction of Teenage Mothers in Serious Case Reviews in the United Kingdom

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Introduction

This chapter examines serious case reviews (SCRs) of child protection cases in the United Kingdom (UK) involving teenage mothers. It explores whether child protection workers, professionals, and systems respond differently to teenage mothers compared to older mothers in a safeguarding and child protection context. Safeguarding is understood here as the professional and organizational activities to identify and prevent harm before it occurs, whereas child protection refers to the legislative and organizational systems, and practitioners therein, that respond to children identified as experiencing harm. Both concepts are indicative of the risk paradigm in child protection, which is future oriented, precautionary, and understood to be objectifiable through forensic measures (Parton 6). This chapter is part of a wider exploration of the contemporaneous

positioning of teenage mothers in society and how teenage mothers fare in this context (Bekaert; Bekaert and Bradly; Bekaert and SmithBattle).

SCRs are multidisciplinary reviews (operating outside of the criminal justice system) that are conducted when a child who has been involved in child protective services has died or been seriously injured in the UK. The aim of SCRs—which are housed in the publicly accessible National Society for the Prevention of Cruelty to Children (NSPCC) database—is to facilitate transparency and establish what lessons can be learned in relation to how practitioners and systems work to protect children. The UK government sets out its duty to protect children from harm and abuse through the Children Act of 1989 and 2004. When these protective systems fail and a child is seriously injured or dies, there is an inquiry to draw together the chronology of events prior to the death/injury of the child with the goal of learning from the incident and preventing such occurrences in the future. In 2011, professor Eileen Munro from the London School of Economics and Political Science was commissioned by the UK Department of Education to write a report answering the following question: "What helps professionals make the best judgments they can to protect a vulnerable child?" (6). In this report, Munro notes that practice recommendations identified in SCRs "tend to take the form of admonishments to professionals of what they 'should,' 'need, or 'must' do in specific situations in the future," which reinforces "a prescriptive approach towards practice" (60). Building upon this insight, a review of the SCRs by Peter Sidebotham highlights communication, lack of professional confidence, and inadequate professional support as recurring themes (190). What SCRs appear to not have instantiated, and the Munro Report calls for, is "moving from a system that has become over-bureaucratized and focused on compliance to one that values and develops professional expertise" (6). In this chapter, we take a closer look at how teenage mothers and professionals are implicated in existing SCRs. We also look beyond the family-professional relationship, which is repeatedly evidenced in the SCRs, and we begin to consider how the child protection system, contrary to its stated aims, often compromises effective support for teenage mothers by professionals.

Sociopolitical and Cultural Context: Teenage Parenthood in the UK

In the UK, the Children Act 1989 and 2004 conceptualize young people as children until the age of eighteen. Young people are legally obliged to be in education or training until that age. Compared to a generation ago, an increasing number of young people delay full-time employment to attend college or university. In this way, becoming a teenage mother catapults young women into an adult world that, socioculturally speaking, they are not supposed to be entering. Stable employment and economic self-sufficiency are the assumed pre-requisites for starting a family (Bekaert and Bradly 4). Ironically, such social and economic norms are at odds with the biological reality that the late teens and early twenties are prime childbearing years for women.

There has been a dramatic reduction in teenage parenthood over recent decades in the UK. Evidence suggests that this is in part due to the multifaceted and sustained approach of the Teenage Pregnancy Strategy 1999–2010 (SEU), which saw the teenage conception rate drop by 51 per cent (Hadley, Ingham and Venkatramen 1). Although this policy has resulted in fewer teenage parents, those that do exist are consequently more likely to be culturally constructed as "other" and to be perceived as less fit to parent (Aldred 85). Not surprisingly, teenage mothers are less likely to engage with antenatal care, are more likely to live in poverty (Whitworth and Cockerill 323), and are dispro-portionately diagnosed with postnatal depression (Hall and Williams 11). In this chapter, we explore how teenage mothers—who are already under the suspicious moral gaze of society for being a young mother—are positioned by the child protection system in the UK, which is en-trenched in a risk paradigm (Connolley; Parton; Parton et al.).

Theory and Method: Feminist Discourse Analysis

This study is rooted in a feminist theoretical framework, as we attempt to "view the world in more complex, context-based ways" (White et al. 267). We embrace the idea that good care is a social responsibility, whereby its gendered and undervalued nature is problematic and indicative of hegemonic power relations (Tronto). In doing this

research, we aim to create space for a gendered understanding of social phenomena and use these insights to advocate for social change (Wilkinson 1; Wilkinson 493).

Another key premise of this project is that gendered, hegemonic power relations play out at both the discursive and material level and that identifying when and/or where this occurs is necessary to make resistance and change possible (Lazar). In this chapter, we identify the discursive construction of hegemonic power relations in relation to teenage mothers involved in SCRs in the UK. Building on this, we explore new, more equitable ways of thinking about teenage mothers, child protection workers, and the broader systems in which they are located.

Practically guiding our analysis is the listening guide developed by Andrea Doucet and Natasha Mauthner. Although this guide was originally developed for the purpose of analyzing interview data, we have adapted its principles and process to a feminist discourse analysis of SCRs. The listening guide requires four readings of the data. The initial reading is for the plot, or the overall story. The second reading takes a closer look at the subjectivity of the "I" in the story. The third observes key relations and/or networks in which the subject exists (i.e., how she is positioned in relation to her parents, her partner, and more formal relations with professionals). Finally, the fourth reading examines the wider social structures and cultural contexts relevant to the subject.

It is important to point out that even though SCRs are an official review of the facts, they are written by a person, who likely occupies a position of authority and/or privilege. In this way, it is interesting to note a marked absence of "I" in the SCRs. With no assertion of "I," SCRs take on an objective, forensic tone, when the reality is that the SCR will inevitably reflect the reviewer's perspective/subjective understanding to some degree. Instead of positioning the writer as a subjective actor in a position of privilege, SCRs frequently paraphrase the voices of the professionals who were involved in the case to make their points. Such an approach tends towards downloading responsibility for supposed error to individual workers rather than providing a critical reflection on system-level processes.

Although most SCRs state the importance of including the family members' voices as part of the review, they were notably absent in the

SCRs reviewed, particularly mothers (which is consistent with Lucy Baldwin's findings). The voices of children in senior school (between eleven and sixteen years old) were occasionally included, whereas younger children's views were absent in all the documents reviewed. In some cases, legal frameworks formally prohibited the inclusion of mothers' voices. For instance, if there was an ongoing criminal investigation mothers could not be interviewed. Even though it is standard practice to invite mothers to give their account of events, our analysis revealed that few took up this offer, which is likely due to a sense of disempowerment throughout their engagement with the child protection system. Existing literature suggests that mothers feel that what they say will not make a difference and ultimately cannot change the outcome for them and their children (Cameron and Hoy). In a case where their child has been seriously injured or died, there is likely even less motivation to reengage with child protection processes.

We are also mindful that it is not simply the content of the SCRs but the actual existence of these documents that is worthy of analysis. A SCR enters the field as an agent in its own right and within a wider hegemonic social system. Lindsay Prior suggests that documents represent a set of discursive practices that exist beyond the document (3). In this instance, SCRs are part of an evolving systemic and multi-disciplinary risk focus and are recruited as allies for wider hegemonic child protection discourses. Formal documents function not merely as simple repositories of facts and detail about subjects; they also actively construct the publicly available subjectivities of those involved, often without their consent or participation (Prior 91).

Data Collection

The support of the curators of the NSPCC was elicited to search the database with the following keywords and phrases: teen pregnancy, teenage parenthood, and young parenthood. Fifty-two cases were identified that were relevant to teenage parenthood—ranging in publication years from 2011 to 2017. Of the fifty-two cases reviewed, the reasons stated for the review included death (twenty-three), injuries (seventeen), neglect (two), and specific conditions (two: sudden infant death and a congenital neurological condition). In eight cases, the specific reason for the review was not stated. The high incidence of

death and injury is notable, with acute events leading to death being more common than neglect. In the majority of the death cases, the child was less than one year old.

One of the key stated purposes of the SCR is to identify what the system could have done better rather than a forensic search for culpability. Yet most SCRs do clearly identify a perpetrator. The SCRs concluded that the perpetrator was the mother in three cases, the father in twelve, a partner in two, and an "other" (e.g., an uncle or a friend) in a further three cases. The parenting unit was identified as jointly responsible in eleven cases. In twenty-one cases, no perpetrator was identified. The reviews show that child death or serious injuries are rarely a result of one act done by one person at one point in time. It is almost always the complex intersection of several factors at the micro, meso, and macro level that cumulate across time, including the mother's (who is often still legally a child herself) own childhood experiences.

Thematic Findings and Analysis

Five themes were identified from the data: 1) young maternal age being viewed as an objective risk factor; 2) the mothers' overwhelming histories of hardship positioned as risk; 3) infantcentric professional practice, in which the infant's needs were seen as separate from and more important that the mother's needs; 4) mother-blaming; and 5) blaming individual child protection workers.

Theme One: Youth as a Risk Factor

It quickly became clear that being young was viewed by professionals as a risk factor. Frequently, the mothers and/or fathers were referred to as "vulnerable young parents" (Child M, Dorset) often without further qualification. Being young was noted first, followed by a list of other risk factors in their lives. For example, one SCR read: "They were teenage parents with a complex history, had missed appointments, there was some drug use, there were some concerns about housing conditions and father's mental health and domestic violence" (Child J, Oxfordshire). Being a teenage parent appeared to hold a common sense understanding of vulnerabilty and risk. Yet the evidence listed suggests, the contrary, that it is not being a teenager itself that is a

concern but rather a history of complex, traumatic life events that have accumulated across many of these young parents' lives. This tension was noted, albeit without resolution, in one review specifically referring to teenage mothers: "There has been considerable debate over whether poor outcomes for teenage mothers and their babies are a consequence of the mother's age, or of her often disadvantaged circumstances" (Children R, S, and W, Lewisham).

Observations of the teenage mothers were frequently linked to what was viewed as typical adolescent behaviour. In one case, "adolescent ambivalence" in engagement with professionals (Child G, West Sussex) was cited as a key problem within the mother rather than something professionals had a responsibility to address. Another report claimed that the "mother's lack of compliance [with social workers and community supports] was mainly as a product of her youth," and later concluded "adolescents are often difficult to engage" (Child G, West Sussex). In one case, the mother was described as self-absorbed and not interested in her newborn, demonstrating "typical" adolescent behaviour: "She spent her time texting on the phone. She did not attend to his needs, she did not talk or try and reassure him" (Baby M, Buckinghamshire).

In some cases, SCRs acknowledged a need for critical reflection on the implicit assumption that age is a risk factor. In the case of Charlie and Charlotte (Durham), the reviewer expressed concern that the "Parents [were] seen as manipulative with no reflection on why." Challenging the idea that young parents are ontologically deficient, other SCRs explicitly noted that childhood trauma and/or lack of positive parenting experiences in these parents' lives is a greater consideration than age itself. It was the "effect of childhood experience on their own development and hence their parenting capacity" (Child C and N, Tyneside). Despite some SCRs noting the limitations of the deficient teenage parent (typically the mother) discourse, the matter was left without resolution, whereby being young appeared to somehow explain the serious occurrence.

One observation that was particularly troubling in relation to this youth-as-risk discourse was how despite an almost universal assumption of risk by dint of age, responsibility for preventing the occurrence was placed almost entirely on mothers. Words and phrases, such as "manipulation" and "lack of compliance" placed the responsibility for

constructive engagement with the system solely on the teenage mother (and occasional father) rather than acknowledging that practitioners have a professional responsibility to tailor their practice in a way that builds trust and engagement. As noted above, mothers were sometimes described as "selfish," behaving like "typical teenagers." Such a description of mothers let child protection workers and other professionals off the hook in terms of persisting in their work with the mother. As one social worker is quoted, she was "sick of trying to sort her [the mother] out" (Sibling 1, 2 and Baby G, Lincoln). In another case, lack of engagement on the part of the teenage mother led to the case being closed rather than exploring more meaningful ways of engaging.

Ironically, child protection workers failing to meaningfully engage with young mothers mirrors how professionals describe the behaviour of teenage mothers—that is, they are criticized for failing to engage with their infants. In both cases, the person in the position of caregiver disengages. A double standard is created whereby young parents are positioned as being inadequate and hurtful in relation to their infant, but professionals are simply able to close the case with few to no consequences. Furthermore, it appears justifiable to understand the mother's lack of engagement as rationale for doing so, despite their often complicated family situations and the professional's duty to protect. However, we are mindful that we must not simply shift the blame from the mother to the professional. Perhaps most interestingly of all, in both cases, the reviews rarely consider how the structural conditions in place (or the lack of structural conditions in place) meet the needs of the mothers and/or professionals. The lack of supportive social infrastructure—not just within child protection services but increasingly skeletal social services such as housing, childcare, mental health services—is left unproblematized.

Theme Two: Overwhelming Histories of Hardship Positioned as Risk

It became apparent in reading the SCRs that the teenage parents involved in these cases had histories of trauma and struggle in their lives. One fifth (21 per cent) had been or were (at the time of the SCR) in state care themselves. The SCRs demonstrated that workers were mindful that many of the young parents' role models had been poor,

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often referring to a lack of a "parenting compass" (Child D, Haringey). However, a lack of positive parenting figures was still positioned as an individual risk factor, again situating the problem within the individuals rather than the complex social situations these young parents were navigating. Identifying and alerting professionals to a need for support through recognizing a lack of a parenting compass is only helpful if there is immediate access to supportive services. Without this, a lack of a parenting compass just becomes yet another risk factor for the already vulnerable mother who has likely already experienced trauma. And even in cases where services are required as a result of compounding risk factors, access to these services can also become problematic if it leads to increased scrutiny of their mothering. This review suggests that services are rarely offered as a result of the mother's expressed needs. Rather these services are imposed on her through standard checklists, risk assessments, and preconceived professional cultural understandings of risk. In addition, the offered services are then withdrawn when there is a perceived lack of engagement with the prescribed support.

The life circumstances of the young mothers also reflected other major hardships. Homelessness was experienced by 11 per cent of parents and intimate partner violence (IPV) by 34 per cent. Eight per cent of the young mothers were parenting with a partner who was significantly older; for four of the couples, the male partner's age was between eight and seventeen years older, increasing the likelihood of a power imbalance in the relationship (Oudekerk, Guarnera, and Reppucci 1242). In this way, an overall lack of basic stability in these young parents' lives, alongside possible power differentials between parents, may go further in explaining their challenges than dismissing them as "typical teenagers". There was also a high prevalence of learning disability in the young parent population: 10 per cent of the young mothers and 15 per cent of the fathers identified as having, or were diagnosed as having, a learning difficulty, such as autism, attention deficit hyperactivity disorder, attention deficit disorder and dyslexia. Fifteen per cent of mothers and 6% per cent of fathers or partners were noted to have engaged poorly with school or to have been excluded from school. Mental health concerns—such as depression, self-harm, and anxiety—were noted in 26 per cent of mothers and 15 per cent of fathers/male partners. Drugs and alcohol were identified as

a problem for 11 per cent of mothers and 30 per cent of fathers/male partners. Violence was perpetrated by 8 per cent of mothers and 22 per cent of fathers/male partners, and crime was noted for 2 per cent of mothers and 17 per cent of fathers/male partners. Again, these complex challenges, often rooted in systemic oppression, were presented as deficits solely of the individual parent rather than systemic problems in need of social policy solutions.

Certain events were notable around the pregnancy and birth of their children, particularly not seeking medical care (see Berrouard and Richardson, this volume). Eleven per cent of young mothers self-discharged from antenatal and/or postnatal care, and 10 per cent presented late for antenatal care or concealed their pregnancy, a few doing so until birth. Although SCRs tended to label avoidance of medical systems as "irresponsible teenage behaviour," it is much more likely that these behaviours reflect the mothers' justified fear of state-sanctioned systems in a society that disapproves of teenage parenthood. A fear of systems is likely more pronounced for the youth who themselves were in state care at the time of the injury or death of their child. Furthermore, medical and social systems tend to pathologize normal human responses within abnormal, extremely complex life circumstances—particularly for groups that do not adhere to dominant, sociocultural norms and values (see Choate and Lindstrom this volume). When this occurs, human beings are objectified, which is a terrible dehumanizing feeling for anyone and something feminism has long sought to address. Instead of pathologizing and blaming young mothers for their trepidation in seeking medical care and social support, it may be more useful to ask how these systems can become safer spaces for young mothers.

The family situations described in the SCRs reflect findings within the broader literature, which reveal that the intersection of poverty, young age, disability, and being a former ward of the state is consistently linked to earlier parenthood (Smith Battle 30; Arai 21; Fallon and Broadhurst 14). Even though this fact is generally known by child protection workers and systems (which is visible in young parents' automatic inclusion in many risk assessments by dint of age alone), in no SCR was there any evidence that the traumatic history of young mothers was honoured and/or given space to be explored. A trauma history tended to be noted in relation to assessing risk for the mother's

child rather than meeting the needs of the family unit.

Theme Three: Infantcentric Professional Practice

Perhaps most troubling in the analysis was the lack of recognition of teenage parents as a unique and worthy group of humans in their own right. There appeared to be little acknowledgment that the teenage mother is often still legally a child with unique needs, and in some cases, the mother herself is/was a ward of the state. Indeed, contemporary understandings of adolescence recognize that biological and social development occur well into the mid-twenties (Sawyer et al.). The tension between supporting the teenage parent as adolescent *and* protecting their child was only noted by a few of the reviews. For example, one SCR called for "the need to consider young people under 17 as a child in their own right, and to include an assessment of their own needs as well as those of the unborn child" (Sibling 1, 2, and Baby G, Lincoln). Only the police (who tend to operate within a more established, formal, and legal framework) were identified as recognizing teenage parents as children in their assessment of capacity. One SCR (Baby H, Lancashire) stated: "The police gave formal consideration to the age of mother and her partner when interviewing them following the death of baby H ... deciding whether either was vulnerable within the meaning of legislation or required an appropriate adult."

Across the reviews, it was notable that even when teenage parents were recognized as children themselves, it did not appear to influence the practice of child protection workers. One review observed that there was "no assessment despite mother's age and father's disability" and called for "professional rigour regarding teenage parents [who are] young and potentially vulnerable." (Nolan and family, Bedfordshire). In reviewing the SCRs, we observed a tension between the child protection worker's acknowledgment of the legal status of the child as parent and the expectations for them to take up the adult responsibilities of parenthood. This tension tended to result in infantcentric practices to the exclusion of the young mother's needs. This appeared to arise from established ways of practicing within a risk framework that renders the mothers, whatever their age, solely responsible for the protection of their child. Such an approach dichotomizes the needs of a mother and her child, precluding the possibility that a young mother's needs are perhaps not all that different and/or separate from her child.

187

Theme Four: Mother-Blaming

Young mothers were held disproportionately responsible for abuse/neglect in the SCRs reviewed. Even though fathers were often present and in many cases were the perpetrators of abuse and neglect, an analysis of the SCRs revealed that the overwhelming focus of child protection workers was on the mothers' parenting. For example, in a case where the father was actively involved, one SCR stated, "Mother missed Nolan's paediatric review" (Nolan and family, Bedfordshire). In relation to IPV, another SCR noted: "The mother knew enough of the father's aggressive or volatile behaviour to have been able to make a reasonable judgement that he was not a safe, sole carer for her new-born baby, and hence she did not act with levels of protection deemed reasonable for a mother" (Liam, Brighton and Hove).

The teenage mother's subjective experiences, including fear of both her partner (if relevant) and the child protection authorities, was never mentioned in SCRs. There was occasional acknowledgment of the difficult situation the young mother was in due to stressful and traumatic life events, yet the mother-as-protector expectation stood firm: "Child D's mother did not harm her, but she was less able to protect the baby because of her troubled background and LD [learning difficulty]" (Child D, Luton). In one case, this expectation could even result in formal charges: "Mother was charged with causing or allowing a child to be harmed" (child LC, Lancashire).

Nigel Parton, David Thorpe, and Corrine Wattam have noted that child protection workers may take an approach of working with mothers to fulfil their responsibilities or blame them for their failure (120). This study reinforces the latter approach. Gendered practice prevailed, placing undue responsibility and sanctions on the teenage mother for the protection of the child from a male perpetrator. This approach allows men's violence to be ignored and go unchallenged. The bottom line is that the mother is positioned as the primary caregiver, who may now have the added responsibility of convincing authorities that the risks to the infant or child do not meet the threshold of intervention.

Theme Five: Blaming Child Protection Workers

The other group sometimes positioned as risky in our review of SCRs, particularly in relation to young mothers with complex trauma

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histories, was the child protection workers themselves. "Naïve optimism" on the part of child protection workers was cited in several cases. Some child protection workers in the SCRs were described as wanting to support young parents with positive goals of starting again. Indeed, empirical research does suggest that the birth of a child can provide an impetus for a fresh start for young mothers (e.g., family reconciliation and returning to education) (Herrman 249; SmithBattle 531). The SCR reviewers, with the benefit of hindsight, pathologized this optimism and called it "start again syndrome." A syndrome is by definition "a group of signs and symptoms that occur together and characterize a particular abnormality or condition" (Merriam-Webster). Professional optimism is not an abnormality or disorder; it is a strengths-based approach to practice that could be considered an act of resisting from within a liability-focused system. However, embracing optimism for a youth who is in the state care system, or a homeless mother, or for a mother who self-harms must be balanced with appropriate systemic supports to ensure young parents/mothers have their needs met. In this way, a strengths-based approach to practice remains rhetorical unless there is immediate access to material and emotional support. Responsibility here lies in ensuring all citizens have access to what they need to have the opportunity to be well (e.g., respite care, counselling, and decent work). Instead of diagnosing child protection workers with start again syndrome, it is necessary to ask them whether they have the tools and resources they need to work positively and meaningfully with young mothers. And of course, the mothers themselves must be given the time, space and voice to identify and express needs.

Conclusion

An analysis of the SCRs revealed that teenage motherhood is overwhelmingly associated with risk and vulnerability, whereby there is little to no space to see or understand teenage mothers as anything other than inadequate. Although there was occasionally an acknowledgment in the SCRs of the unique position of teenage mothers regarding their own development and legal status, it became apparent that this acknowledgment rarely influenced practice. Given the deeply entrenched risk paradigm in child protection—and the stated purpose

of the SCRs to learn from these cases to prevent future harm—the language used in the SCRs indicated a surveillance, rather than support, approach to engaging young mothers. For example, the reports often referred to the mothers as being non-compliant and described their behaviour as resistant or manipulative. In cases where teenage parents voiced a desire to improve circumstances, and child protection workers took that at face value, the practical, community-based supports necessary to work towards these goals were notably absent. Even worse, workers were construed as pathological in their optimism (i.e., 'start again syndrome') and blamed (alongside parents) for the harm brought to the child.

It was also not uncommon for mothers' situations to be constructed as individual "choices" rather than the inevitable effect of ongoing, systemic trauma and/or oppression. This observation held true even for teenage parents who themselves were current or former wards of the state. This reflects a tension for health and social care professionals positioned as both advocates for communities and client-centered care while at the same time implementers of policy that denies these values and positions them as the "border police" of who is fit to parent. It is difficult, if not impossible, for any mother to feel cared for by the systems and people who are assessing her parenting and backed by the legal authority to take away her child. Similarly, it is difficult for child protection workers to care for a mother they feel is fundamentally making "choices" that put her child at risk of harm.

What has become very clear in this analysis of SCRs, and has been indicated elsewhere (e.g., Baldwin 2015) is that young mothers appear to be denied their voice, subjectivity and therefore the opportunity to define their needs. No SCR asked how social or healthcare systems could have been more accommodating for teenage mothers. Our findings reveal that the child protection process tends to offer services on a "take it or leave it", all or nothing, basis which does not adequately recognize or honour the complexities of these young mothers' lives (Parton, Thorpe, and Wattam 171). It is not unreasonable that young mothers should have access to a safe place to live and responsive, consistent, equitable relationships where their subjective experience is honoured. This would likely go a long way to ensuring her child is well cared for. To not put the social infrastructure in place to enable this, and instead allocate resources to micro-managing and/or surveying

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these young mothers' lives, perpetuates the hegemonic social order whereby she is likely to adopt an understanding of herself as unimportant, troublesome, hopeless, and irresponsible. SCRs appear to reinforce a mother-blaming narrative. It is no wonder she is unlikely to want to participate in a process (the SCR) whereby there is a vested interest in holding her responsible.

Our review of SCRs may provide more questions than answers. We can clearly see that young mothers involved in SCRs are resistant to social and/or medical services and that this may have fatal consequences for their children. What is left unexplored is a critical examination of why. It is possible that she feels the supports provided are meaningless, externally prescribed interventions. In this way, her lack of engagement is not evidence of the young mother's hopelessness/irresponsibility, but illustrative of her determination to define her own needs and life course.

None of this was given adequate weight in the SCRs reviewed. Mothers were ontologically positioned as inadequate by virtue of their age, and their trauma and struggle was equated with risk. They were directly or indirectly blamed for not meeting the needs of their child with no acknowledgment of their own complex needs. This is particularly surprising given many of the mothers in the SCRs were still legally children themselves.

It should not be this way. Rather than pinpointing individual decisions that, in retrospect, lead to a serious occurrence, this analysis of SCRs suggests that a systemic approach that prioritizes need over risk may go further in ensuring children, and children's children's, needs are met. Young mothers may feel more motivated if they felt their lives, and not just their children's lives, mattered. Similarly, they are worthy of having practical, material and emotional resources that provide them with real options (e.g., returning to school, decent work, and respite care). Having one's worth equated with adherence to compliance-based measures, some of which are next to impossible (for example, protecting their child from an abusive partner) is dehumanizing. Rather than blaming mothers and/or looking to individual workers to make better decisions amidst impossible conditions of scarcity and suffering, there is a systemic responsibility to ensure young mothers, and therefore their children, have access to tangible support, offered without condition or judgement. This responsibility

lies with all of us, though government and/or political/policy is necessary.

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