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# **Engaging on the ‘front-line’:** Exploring how family support teams construct meaning in their work with young mothers.

## **Abstract**

This paper explores the provision of family support services for young mothers within a Sure Start Children’s Centre, drawing on data collected within a larger study. It identifies how the family support team attempted to build supportive relationships with young mothers between the ages of 16-19 years. The findings presented here draw on narrative interviews (n=10) and focus group interviews (n=2) with the family support team that included early years workers, family support workers and their managers. The findings captured how the participants actively resisted the stigma (Goffman 1963) of teenage motherhood in order to support young mothers in gaining the necessary skills and knowledge to care for their child. Drawing on the findings, this paper argues that the building of a supportive relationship enables a young mother to construct positive counter-narratives about her parenting experience. This suggests that the family support team are in a unique position to offer informal early support to young mothers who are at risk of more formal intervention. However, the complexity of this task should not be underestimated because in doing this, the family support team must at all times ensure the well-being and safety of the child.

**Keywords:** Mothering, Family Support, Child Care, Safeguarding

## **Introduction**

The role of mothers has become an increasing public concern within the media and social policy because it is directly linked with the “social and emotional well-being of children” (MacNeill 2009, p.660). Young mothers are often viewed as being deviant and dependent on state welfare (Arai 2009; Allen & Osgood 2009; Macvarish 2010), particularly when there is any history of criminal behaviour or drug/alcohol dependency (Read *et al.* 2012). It can be difficult for young mothers to resist the negative labelling associated with teenage pregnancy (Walkerdine *et al.* 2001), this could be linked to what Goffman (1963) described as ‘stigma’.

Goffman (1963) suggested that when we meet someone, we ‘anticipate’ that person’s social identity, this then leads to assumptions about the person’s character and attributes. The ‘stigma’ of teenage motherhood can result in young mothers being exposed to a greater level of surveillance (Broadhurst *et al.* 2007). Workers who are engaging on the ‘front-line’ of family support need to understand the power of the professional dialogue to ensure that it does not act as an active agent in the construction of what White (2002) described as ‘problematic parenting’. Taking a deficit approach to family support can lead to a focus on “*curing* individual deficiencies rather than *taking care* of families and the context in which they live” (Geens & Vandebroek 2014, p.496).

Early intervention is designed to support young mothers in caring for their child (Macvarish 2010) and family support services offered by Sure Start Children's Centre's are an integral element of the support available. This service can include individual support in the home, group activities in a children's centre and parenting classes (Gray & Francis 2007; Apps *et al.* 2007). The first stage in engaging families in family support services often takes place in the home (Frost *et al.* 2015) and working in these informal settings requires workers to negotiate a supportive relationship with mothers, by offering both emotional and practical support (Hall & Slembrouck 2009). Building positive relationships is the key to understanding the individual needs of the family and represents an essential starting point in achieving the best outcomes for the child (Mason 2011). In order to sustain these supportive relationships with parents over a period of time, it is important that workers assess the families needs and identify well-planned and detailed solutions (Boag-Munroe & Evangelou 2012). In their study, Taylor *et al.* (2009) found that, while workers had a clear sense of what constituted good parenting, there was far less consistency in identifying areas of concern. This lack of consistency in assessment was also discussed by Choate & Engstrom (2014), in their research they found that for a variety of reasons, the assessment of support needs varied from one worker to another. Therefore, to ensure the right decisions are made, assessments need to be evidence-based to avoid simply relying on workers' personal experience (Ward & Brown 2014).

The provision of family support services for young mothers is a complex task that should not be underestimated because a families' needs will often be multi-faceted, requiring intensive periods of support (Van Houte *et al.* 2015). Family support workers can find themselves in the dual role of supporting young mothers, while making reliable judgments about the quality of the care given to the child. This dual role can impact negatively on the relationship between the worker and the mother and has the potential to become a barrier to engagement (Barnard & Bain 2015). The complexity of the family support relationship increases when a family, for various reasons, fails to access the available services (Boag-Munroe & Evangelou 2012). Refusal to engage with services can leave young mothers open to criticism (Arai 2009), leading to a situation where they actively resist any support (Kirkman *et al.* 2001; Hey & Bradford 2006). Family support teams need to navigate any resistance by understanding the complexity of each families' individual context and by listening to the stories that mothers tell of their mothering experiences (Davies *et al.* 2007). Professionals working in this area need to be aware of the myths and stereotypes that exist in order to help young mothers to 're-story' negative experiences, reduce stigma and build resilience.

Research studies have suggested that a family's reluctance to engage could be due to a disjuncture between what they perceive to be their needs, and the support that is offered to them (Hey & Bradford 2006; Barnes *et al.* 2006; Avis *et al.* 2007). This disjuncture can come into sharp focus when there are safeguarding concerns about a child. Workers need to be honest with families about their assessment and clear about any concerns that they have, as the crucial first step in building a supportive relationship (Kelleher *et al.* 2012; Morris 2013; Healy *et al.* 2015). When there are safeguarding concerns about a child it can impact negatively on a mother's willingness to talk about her experience, and this can impact on any assessment of need (Davies *et al.* 2007; Gregson 2009; Waterhouse & McGhee 2015). Assessments should be holistic and identify strengths alongside any areas of concern because despite mothers struggling in some areas of their life, they can still understand their role in protecting and providing for the child's needs (Reid *et al.* 2008).

## **The study**

This paper draws on data collected during individual narrative interviews (n=10) and focus group interviews (n=2) with early years practitioners, family support workers and their managers, in a large Sure Start Children's Centre in the Midlands. The participants were all female and they all identified as white British, with between three months' experience (a crèche worker), to over twenty years' experience (a family support worker). The participants were asked to focus on their experience of supporting the young women who were attending the teenage mother support group at the children's centre. All the young mothers in the support group identified as white British, were between the ages of 16-19 years and had all given birth during their teenage years. The young mothers came from varied backgrounds and apart from one, had not been employed prior to or after having their baby. In addition, some had been involved in criminal behaviour, while others had a partner that was, or had been, in prison. The young mothers faced other challenges including, drug and alcohol addictions, long-standing mental health issues and homelessness. The majority of them did not have any involvement from Children's Social Care, but one mother had experienced the removal of an older child because of concerns about neglect.

Narrative interviews and focus groups were used to provide the participants space to talk freely about their lived experiences of supporting young mothers (Bleakley 2005; Blaufuss 2007). Issues of reliability and validity were considered and theoretical triangulation was used in an attempt to validate the data by considering how it related to other studies in this area (Crang & Cook 2007). All interviews and focus groups were digitally recorded with the consent of the participants and the recordings were transcribed in full. The names used in this paper are all pseudonyms. The data was analysed using thematic analysis and coded into broad themes, and notes were taken to explain how each theme was defined (Gomm 2008). Data was subjected to three stages of analysis as discussed by Creswell (2007), moving from describing what is happening through to an analysis of the data and its

interpretation. The data analysis used a conceptual framework based on the suggestion that cultural narratives normalise certain behaviours within society (Bamberg 2004) and Goffman's (1963) proposal that if a person steps outside of what is expected of them, they can be stigmatized. The analysis also utilized the concept of 'impression management', a term used by (Goffman 1959) to describe how people will only present the image on their 'front stage' that fits with the way they want to be perceived by others. This was a useful concept to understand how over time, the workers attempted to engage with unseen issues that were being played out in the young mothers 'back stage' (Kivisto & Pittman 2005; Kristiansen 2009).

## **Findings**

### **Challenging the negative construct of early motherhood**

The participants in the study described how the negative constructs that define teenage motherhood as problematic can be a barrier to engaging young mothers in support. There was a clear consensus among the participants that as part of their role they needed to challenge this negative construct by identifying the young mother's strengths.

**Alice (Family Support Manager):** They think that we will view them as weak if they are asking for help... we don't label them... it's just a lack of information, not a reflection on their ability.

The participants also identified that the young mothers frequently discussed their fear of having their child removed by 'social services', even when there was no family involvement with Children's Social Care.

**Lizzie (Early Years Worker):** The thing is, they just don't understand that you can still be in control even if you are getting support. They are scared of social services taking their kids away... that is what some older people in the estate tell them.

The stories that were told within the community represented a cultural narrative that defined both young motherhood and family support negatively. There was an assumption that any request for support would be viewed as an admission that the young mother was unable to care for her child. This fear was compounded by concern that they could lose their child and this impacted on their willingness to accept support. The family support workers discussed how the negative construct of young motherhood can be reinforced within professional discourses that inadvertently present an idealistic expectation of mothering practice, that some young mothers find difficult to reach.

**Ruth (Family Support Worker):** Some of them [other professionals] do not know where the parents are coming from - we consider what choices parents are making and as long as it is not harming the children, it is their choice...not ours. An example of this is when children are eating while walking around the living room, well that's the parents' decision, but some professionals say it is poor parenting.

**Kath (Family Support Worker):** It is different for us – the professionals drive into the community in the morning, so they don't always understand the context. We live here and we know what challenges they face.

This can be linked to Geens & Vandebroek (2014) that called for a move away from a deficit approach to a more holistic model that seeks to understand the needs of individual families. Within the workers' narratives there was a sense that because they lived in the local area and understood the community context, they were in a better position to understand the mothers' experiences. Interestingly here, both Ruth and Kath distanced themselves from 'other professionals' and made a distinction between the work they did, and the role of professionals such as social workers and health visitors.

Listening and spending time with their children was identified as an essential element in the

care of the child, but participants acknowledged that for many young mothers this was a challenge. The participants below discussed how small changes within the family can have a positive impact on a child.

**Lizzie (Early Years Worker):** They need to listen [to their children] ...that can make all the difference. Money is not important but listening is crucial... even fifteen minutes of quality time playing with their child is good.

**Kerry (Family Support Worker):** Parents need to make time for their children... so they feel valued and have a sense of belonging.

The workers resisted the idea that mothers simply need to attend to the needs of their children because this over-simplification does not take into account the challenges that some young mothers face. Participants noted that these challenges can include poverty, poor housing, previous childhood abuse, depression and debt, and they proposed that there needs to be some recognition that these factors can impact on a mother's ability to engage positively with her child. Despite the workers attempts to celebrate the positive steps a mother makes, many of the young women remained under pressure from their family to care for their child without professional support.

The cultural narrative that promotes the importance of independent parenting influenced the family support team's attempts to engage with young mothers. Participants reported that young mother's often struggled to meet this expectation and would therefore initially refuse support, concerned that they would be stigmatized and labelled as a 'bad' mother.

**Alison (Family Support Worker):** You need to have a life of your own and think about your own needs, but many of our mums are frightened to think about their needs... they want to be selfless and that is not healthy.

This reluctance to ask for help raised concern within the family support team because in the past young mothers had ignored symptoms of depression or physical illness, in an attempt to



meet the high standards they set for themselves.

**Anne (Family Support Worker):** We try and tell the young mums to think about what they need, but they will only talk about the baby, avoiding any discussion about how they feel or what they need.

The participants reported that in the early interactions with young mothers they were very reluctant to seek support for them self, preferring to focus on baby routines such as feeding and sleeping. Participants described their frustrations when, despite their best efforts, they struggled to build positive relationships because of the influence of cultural narratives. They suggested that this, compounded with the negative construction and stigmatisation of teenage mothers can potentially become a barrier to engagement. The workers raised concern that the picture they were being presented with was only a partial view of the situation. The mothers worked hard to present a positive image on their 'front stage' while frequently struggling with issues in their 'back stage' (Goffman 1959), raising concern about possible risk to the child.

### **Engaging in the 'back stage' of family life**

Over time the participants were able to build supportive relationships with the young mothers and this enabled them to gain a more holistic view of the family's needs. Frequently these needs focused around parenting skills including the need for boundaries, positive reinforcement and the use of language. The participants explained that mothers could be offered a place on a parenting course for a range of reasons, including a lack of parenting skills, children's behaviour and/or concerns about their children's development.

**Lizzie (Early Years Worker):** For some families, they may have a lack of parenting skills and when there is a family crisis things go wrong. They need a set of principles or tools that they can call on when things get difficult at home... they then see things differently.

It was common practice within the children's centre to encourage the young mothers to

complete a parenting course to gain the required skills, but they were often reluctant to attend. The participants proposed that this reluctance was due to the young mother's refusal to accept any responsibility for their child's negative behaviour or lack of development.

**Kath (Family Support Worker):** Some mothers think that they have been landed with an awful child and they don't want to see the real problem. They find it difficult when their children are good at nursery and naughty at home, so it's down to their parenting skills.

The participants proposed that in the majority of cases the child's behaviour or their lack of development was directly linked to the home environment and to the mothers' parenting skills. The ability of the young mother's ability to be consistent was viewed as an essential first step in improving the quality of the care given.

**Alice (Family Support Manager):** Children are left to their own devices perhaps too much and there's not that stimulation and interaction for them... they have behavioural difficulties if they haven't got that consistency from parents.

Participants acknowledged that achieving consistency can be challenging because many of the young mothers were living in chaotic and challenging home environments. With this in mind they proposed that parenting courses can promote a deficit approach, because they fail to understand how the young mother's context influences her ability to parent successfully. Participants raised concerns that attending parenting classes can lead to young mothers feeling labelled and stigmatized, especially when parenting courses are used when there are safeguarding concerns.

**Jenny (Family Support Manager):** We want them to view it as a positive experience; we don't want it to be seen as punishment... who knows how the others find out but they always seem to... it can be difficult.

**Alice (Family Support Manager):** If some of them are on it [the parenting course] because of child protection concerns, it can impact on the whole group. At times the other parents can be very quick to judge.

Participants discussed how they attempt to ensure a ‘good mix’ of mothers attending the parenting class, but they acknowledge that this was not always possible. Many of the young mothers were dealing with the same issues such as, depression, drug dependency and domestic violence and because of this level of complexity, parenting classes can reinforce and normalise negative behaviour within the group. Another challenge that was highlighted by the participants was how the young mothers would be quick to identify what they viewed as ‘poor parenting’ in another member of the class.

**Alison (Family Support Worker):** You should hear them... they all think they are ‘Super-Nanny’... they forget that their child was playing up yesterday.

Despite these difficulties the participants acknowledged that the parenting course did offer an opportunity for them to ‘scratch below the surface’ and identify any issues and concerns that were not visible. The participants discussed how they frequently had to adapt the teaching on the course to reflect the specific needs of the mothers in order to bring about positive change. They proposed that if parenting courses are delivered sensitively, young mothers could potentially share the reality of their ‘back stage’, without concern that they would be viewed negatively.

**Jenny (Family Support Manager):** They turn up late for a session and when you speak to them they can be very agitated, tearful or angry...but they rarely want to tell anyone the reason. In these circumstances they often drop their guard and you start to see a clearer reflection of the child’s experience and that can raise concerns.

The acknowledgement that the family support team only have a small glimpse of the young

mothers lived experience can be linked to Goffman's (1959) discussion of 'impression management'. They were aware that at any one time they had only a partial view of family life so they needed to be aware of any changes in the mother's behaviour that could signal a crisis or concern that warranted further investigation. The findings suggest that when relationships are built, family support workers are able to engage in the 'back stage' of the young mothers' lives, but this brings with it a range of other challenges. While accepting the difficulties that some mothers faced, there was an agreement that the crucial factor was the well-being of the child and in many cases there were some safeguarding concerns. The participants all agreed that the fragility of the young mother's lives meant that despite some progress being made, when negative life events occur, young mothers frequently go back to where they started. This regression impacts on the relationship between the worker and the mother and can have negative implications for the child.

### **Safeguarding children**

Despite the workers' commitment to interact positively with the young mothers, the needs of the child remained central to the work of the family support team. The participants highlighted the challenge of engaging young mothers in meaningful support during periods of crisis when parenting can be difficult and they noted that in order to overcome this, they focused on giving key messages that were achievable. One key message that was discussed by a number of participants was the need for the young mothers to be 'attentive' to their child's needs, and be willing to spend time with them. The participants all agreed that this was at the core of the mother/child relationship and despite the mother's current situation this was seen as essential.

**Alice (Family Support Manager):** They [the mothers] need to just stop and decide that they will do what needs to be done, and they need to keep the promises that they have made.

Alice was aware that this was not a simple choice for young mothers to make, because of the

challenges that they face, however despite this, she experienced frustration when support plans failed. This frustration was echoed in a number of the narratives and the participants recalled times where they had worked intensely with a family, but despite their best efforts, the children had been removed. In the focus group, participants noted that plans can still fail even when they seem to be straightforward, because some families find any targets a real challenge. They identified the importance of having plans that are achievable, within the context of the individual family, because unrealistic plans can set young mothers up to fail.

The fundamental building block of these plans were based on the ability of the worker to maintain a supportive relationship with the young mothers. As discussed earlier, these relationships require honesty from both sides, but the participants suggested that this often proved to be difficult, because young mothers were not always honest about their struggles. In addition, the workers described their reluctance to discuss any concerns about the home situation, because they feared this would impact negatively on their relationship with the mother. The participants noted how engaging mothers in support is complex, especially when there are concerns about the ability of the mother to meet her child's needs. The participants were treading a fine line between ensuring that mothers were supported, while being very clear about what needed to happen.

**Kerry (Family Support Worker):** We want the best for them [the mothers] but we also need to consider the level of risk in any situation... because this can change frequently, so you have to keep your eye on the ball.

Assessing risk and deciding when to refer families to Children's Social Care was a difficult balance for some of the participants, they reported that at times, they had delayed making a referral to social care because of concerns that would lead to the breakdown of the supportive relationship. When this relationship becomes strained, participants can be left feeling that they had in some way 'failed' the family, because they had 'gone off the radar' when safeguarding concerns were discussed.

**Lisa (Family Support Worker):** You do get some families that are harder work than others, and others move out of the area so you don't know where they are, that is always a concern because some families move to avoid intervention.

These concerns had at times contributed to workers withholding information from their managers and the wider team, in an effort to give the mother an opportunity to 'do the right thing'. The participants that had withheld information from their managers described their own fears of becoming embroiled in a high-profile child protection case, and for some this had resulted in work-related stress. The participants described how they had to continuously assess the level of risk in the family, while acknowledging that they only ever had a partial view of the home environment. They highlighted how young mothers can go to great lengths to present their mothering practices in a positive light, which can be linked to Goffman's (1959) discussion of impression management, where the workers only had access to the performance played out on the 'front stage'.

**Alice (Family Support Manager):** They tell us only what they want us to hear. You only ever get a glimpse of what is happening in their world... sometimes they think, if we know how bad things are we will be concerned about the child.

**Lisa (Family Support Worker):** Because they don't want to ask for help they tend to contact us [only] in a crisis... it is difficult for them to get the services that they need.

All the participants discussed the importance of mothers being open and honest about the issues in their lives but despite this, they understood why the young mothers would attempt to tell a positive or more optimistic 'story'. The less experienced workers recalled their concern when a mother 'told' and then 're-told' her story, seeing this as an overt attempt to hide the reality of her situation. In contrast, the more experienced workers were able to select carefully from the different 'stories', in order to build a picture of the family situation.

**Faye (Family Support Worker):** I try and fit in with them because I know what it's like... I would be a bit scared about people coming in, so I try to feel what the atmosphere is like and listen very carefully to what they are telling me before I actually say anything.

In some circumstances young mothers need intensive family support in order to meet the minimum standard of care for their child, requiring workers to navigate the juxtaposed roles of supporting the mother, while at the same time, continually assessing her ability to meet the child's needs.

**Ruth (Family Support Worker):** Some families would have to be given intensive support to change the way they parent... and we have to accept that there is another pocket of parents that are just 'not ready' to make changes... you have to stick with it because they still need a lot of nurturing... for these families, it is easy to slip back.

The participants proposed that working with families where there are safeguarding concerns can lead to a more 'directive' approach, changing the nature of the supportive relationship. In these cases, the participants all agreed that the most important thing is to be honest with a family in the early stages, to ensure that the mothers understand that they have a duty to ensure that the child is receiving appropriate care.

**Kerry (Family Support Worker):** I had to remind a parent that although we support them... actually we are charged with ensuring the child is not 'at risk'.

**Jenny (Family Support Manager):** With some families we have been giving intense support but we are not making much headway... so we refer back to social services so they can take a stronger line.

The impact of continuously assessing the level of risk was viewed by many participants as stressful because raising the alarm too early could damage the relationship between them and

the mother, but by not raising concern they could potentially be putting the child at risk. The level of support that workers were providing often increased over time and the workers were reluctant to set a limit on what was appropriate, for fear that this could lead to a crisis.

**Lisa (Family Support Worker):** There was one family where the mother was on a lot of heroin but she managed her habit for a long time but it just seemed to get worse suddenly and the children were removed.

**Alison (Family Support Worker):** ...it was fine when I was there ringing every day and even when I was picking her up and taking her to college... unless someone was with her things would go wrong.

Lisa and Alison discussed how, over time, the level of support that they were giving some families had become unrealistic, visiting them before and after work. By going beyond the boundaries of their role they were aware that their practice to be viewed negatively. To some extent the family support workers were also engaging in what Goffman (1959) described as 'impression management' in their effort to 'hide' the reality of the situation. This practice of visiting families outside of the working day resulted in what could be referred to as unreported and unsupported risk taking. Therefore, the importance of good supervision appears to be crucial, giving the workers a space where they can be honest about their concerns. Participants suggested that during supervision sessions they often realised, for the first time, that they were doing too much and that the young mother was not making any effort to improve the 'home' situation. Having the ability to step back from the everyday practice was identified as crucial, workers needed time to reflect on their practice, ensuring that the needs of the child at the forefront of their mind.

## **Discussion**

With the increased focus on parenting and the perceived link between parenting skills and children's behaviour, young mothers are subjected to an increased level of surveillance and



this has in many ways increased the stigma attached to teenage pregnancy. Drawing on the data from the narrative interviews and the focus group discussions, a number of themes were identified. The participants were all aware of the negative constructs of teenage motherhood and the associated stigma. From the data it was clear that the participants rejected the cultural narrative that defines teenage motherhood as ‘problematic’ (Allen & Osgood 2009), and they worked hard to reconstruct young motherhood in a more positive light. In their everyday work they continually strived to dispel this negative image by identifying strengths and building on these, to bring about any changes that were needed. By acknowledging the cultural narratives that surrounds young motherhood it is possible to re-imagine it in a more positive light.

Working closely with the young mothers the participants were able to co-construct counter-narratives that capture the positive impact that young motherhood had had on their life. The findings identify that all professionals should be open to varying forms of mothering practice, because young mothers need time and the opportunity to develop the necessary skills required to care for their child. Through the development of supportive relationships, the family support team were successful in engaging young mothers in a range of services, preventing referral to Children’s Social Care. The participants identified how professional discourses can feed into the negative image of teenage motherhood, ostracising young mothers. The family support team viewed themselves as a bridge between the young mothers and the ‘professionals’, including social workers and health visitors. By spending extended periods of time with the family, the participants were able to build a supportive relationship with the mother, the key to the family accessing appropriate support.

The provision of parenting programmes within Sure Start Children’s Centres appear to support young mothers in gaining the required skills, but the participants in this study raised some important considerations. Parenting classes were one way that the family support team attempted to engage positively with young mothers, by giving them a set of tools to support their parenting skills. Although successful for some, parenting classes posed a number of

challenges, including the reinforcement of negative child care practices, increased stigma and labelling, and a failure to really engage with the challenges of the mother's everyday lives. The findings highlight the many challenges that young mothers face and identifies that at times of crisis there can be a breakdown in the family support relationship. This breakdown can often be linked to safeguarding concerns raised during these periods, and this can impact negatively on the workers' ability to engage young mothers in support. Participants were committed to safeguarding the child while supporting the mother to gain the necessary skills she needed, by giving one clear message about what changes were required.

The participants identified how young mothers would often only tell them the positive details of their life that they had carefully selected, in their effort to project a positive image of them self. This attempt to present themselves in a positive way can be linked to Goffman's (1959) discussion of 'impression management' where the person only has access to the 'front stage'. Where there were safeguarding concerns some of the workers viewed the mother's reluctance to discuss things openly as some form of manipulation, while others were able to negotiate this and build a more comprehensive assessment of the current family situation. The findings demonstrate that over time it was possible for the workers to gain some insight into the reality of a young mother's lived experience by engaging in the reality of her 'back stage' (Goffman 1959). The young mothers' attempts to always represent themselves in a positive light resulted in them failing to discuss areas of concern, therefore where support needs are identified, any resistance to accessing it warrants further assessment.

While acknowledging the difficulty that young mother's can face, workers need to remain focused on achieving the plans that have been agreed. This changes the dynamics of the supportive relationship because it goes from being a 'shared activity', that is negotiated and agreed around the needs of individual families, to a more directive approach. The findings highlight the importance of having targets that are achievable and easy for the mother to understand and promote a co-operative relationship between the worker and the mother. Where this is unsuccessful the participants identified the tensions that exists when they

consider making a referral to Children's Social Care because it leads to a sense of failure. In addition, participants discussed their concern that things would escalate after a referral was made or in some cases, the family would simply 'disappear'. At times workers were reluctant to discuss their concerns about a family with managers, perhaps suggesting that they were engaging in their own form of 'impression management' (Goffman 1959). This practice often led to high levels of stress due to the complexity of their juxtaposed roles in supporting young mothers, protecting children from harm and acting as a bridge to other professional services. The complexity of the task increased because in order to keep families together, the workers frequently failed to maintain professional boundaries and this left them open to criticism.

The findings of this study support the notion that family support workers in children's centres are in a unique position to engage positively with young mothers over a period of time. The participants understood the local community and therefore were aware of the local cultural narrative that reinforced an expectation on young mothers to care for their child without professional support. This study has identified how family support workers engage with very complex situations that change rapidly and therefore they require a good standard of supervision. The work of family support teams has the potential to prevent families needing statutory interventions, but as these findings have highlighted they can at times feel 'pulled' between the needs of the young mother and her child. More research is needed to explore how workers engage with the reality of the young mothers lived experiences and to understand the support needs of these highly skilled workers.

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