



Institute of Child Protection Studies

Experiences and Aspirations of Younger Mothers

Report for the Department of Families,
Housing, Community Services and
Indigenous Affairs

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Report by:

Kate Butler

Gail Winkworth

Morag McArthur

Judith Smyth

Research Team: Kate Butler, Renee Crowe, Morag McArthur, Judith Smyth, Bronwyn Thomson, Gail Winkworth

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Institute of Child Protection Studies

Canberra Campus

Australian Catholic University

PO Box 256

DICKSON ACT 2602

icps@signadou.acu.edu.au

Phone: 02 6209 1225

Fax: 02 6209 1216

<http://www.acu.edu.au/icps/>

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EXECUTIVE SUMMARY

The social context for both young people and motherhood is changing and there is a clear need to identify the experiences and needs of younger mothers (aged under 25 years at the birth of their first child) to inform the development of policy and service responses. The current discourse on younger mothers tends to problematise this group, and is partially based on quantitative research evidence which highlights the adverse health and socio-economic outcomes that are associated with 'early' childbearing. Qualitative research which explores the views and perspectives of younger mothers on early pregnancy and childbearing is important for understanding their experiences and how they think about their future.

To explore these issues, semi-structured telephone interviews were conducted with 35 younger mothers on income support who live in Alice Springs, Mount Druitt, Redfern and a small town on the south coast, NSW. In addition 3 focus groups were held in Canberra. Participants recruited to the study had their first child before the age of 25 years.

In constructing their experiences of motherhood, younger mothers reflected on the positive effects that becoming a mother had on them. They viewed motherhood as a valued and worthwhile endeavour, and were keen to emphasise their mothering abilities. In particular, doing everything they could to meet their children's needs. Many participants felt that the arrival of children had given their lives an added depth of meaning and sense of purpose. Several younger mothers highlighted how their role as mothers provided them with a great source of pride and achievement.

Younger mothers in the study felt stigmatised and judged on their mothering abilities. Investing in motherhood as a valued identity was one mechanism used by younger mothers for dealing with widespread negative and hostile reactions from a range of social sites, which included community settings, within families, services and government policies.

Almost all of the participants in this study, including those who had experienced significant disadvantage, expressed high hopes and dreams for the future. These aspirations were pivoted on their desires to create safe and secure futures for their children and finding a

really good steady job. However, like many young people they had little understanding of pathways to achieving their aspirations or how they could overcome the multiple barriers that stood in their way.

The findings support other international research which indicates that it is not the factor of age itself which necessarily leads to vulnerability and poor outcomes, such as the long term reliance on income support (Geronimus, 1991; Graham & McDermott, 2005). For many, the key factors determining their futures included their level of disadvantage prior to becoming pregnant, compounded by their subsequent lack of opportunities in many life domains. These included their inability to access programs which would enable them to complete their schooling or to undertake tertiary study; their lack of access to affordable child care and housing; and the stigma and shame which accompanies their status as younger mothers leading to a general reluctance to engage with mainstream services and other opportunities in their local communities.

IMPLICATIONS FOR THE FAMILY SUPPORT PROGRAM

REDUCE STIGMA AND RECOGNISE THE IMPORTANCE OF CARING FOR YOUNG CHILDREN

Currently there are significant tensions and contradictions in policy discourses. One discourse is about the critical need for children to have strong attachments to carers and to have the best start they can in terms of health and wellbeing (for example: The Early Childhood Reform Agenda). There is an equally strong discourse, sometimes experienced as punitive about the need for younger mothers, particularly mothers raising children on their own, to engage in education and employment; a discourse that reflects a commonly held stereotype that younger mothers are consciously resisting the pursuit of these goals. The findings from this study refute this stereotype and provide a more nuanced understanding of the barriers that stand in the way of younger mothers achieving their hopes and dreams.

Policy and service responses should be cautious about future directions which further stigmatise younger mothers as an identified population group in our society; to do so clearly undermines their willingness to engage with the formal and informal support systems which could otherwise assist them. Instead, consideration should focus on how to provide the kind

of tailored support and encouragement that health services have successfully delivered to younger mothers in recent years.

LEVERAGE CHILD HEALTH AND WELLBEING SERVICES TO REACH YOUNGER PARENTS

A key message from the reported positive experiences in health settings was the tendency for younger mothers to access services if they could see a clear reason to do so which was linked to their children's health and wellbeing. Playgroups, parenting education and other activities designed to assist younger parents will have a higher take-up rate if located in universal settings.

Messages from younger parents about the kinds of service interventions that worked for them predominantly focused on the nature of the relationship with individual service providers rather than what the service or program actually provided.

MAKE IT EASY FOR YOUNGER MOTHERS TO ACCESS A RANGE OF SERVICES THROUGH SERVICE HUBS AND OUTREACH

Getting to services and paying for services is prohibitive for many younger mothers living on low incomes and no car. Participants' suggestions for improving the accessibility of services included the following: placing services together, services contacting them by telephone or home visiting, and a greater use of online information. Appropriate and relevant service delivery models are child and family centres and early childhood centres with dedicated outreach workers, as well as supportive educational environments that provide practical assistance with transport, on-site access to multidisciplinary service providers and child care.

PRIORITISE RELATIONSHIP ASSISTANCE TO YOUNGER PARENTS

Over the past 5 years the Australian Government has invested strongly in family relationship services. Very few younger mothers knew about or accessed family relationship services, although one or two had tried but had been unable to due to long waiting lists. Messages for younger mothers need to highlight the normalcy of seeking help and information; the depiction of solutions, not simply problems, and how common relationship issues are in family life.

OFFER VOLUNTARY, INDIVIDUALISED 'FUTURES PLANNING'

Almost all younger mothers had future aspirations for themselves and their children. This study showed that younger mothers are a heterogeneous group with some giving primacy to their relationships with their children and their identity as 'the good mother'. Others clearly wanted to initiate further training and employment as soon as possible and were already well underway with plans to do so. A number of the young women in this study, having left school early, with little or no employment experience and/or having suffered significant childhood adversity prior to giving birth, lacked the confidence, knowledge and skills they needed to begin preparing for a future involving study and work.

Many would benefit from voluntary, non-stigmatising planning and support that would respond to their individual circumstances. This 'futures planner/consultant' would travel with them along the journey of early parenting, assist them with skilled guidance and advice when needed and connect them to external resources required for future study and work. The voluntary, 'upbeat' badging of such an opportunity is critical if it is to appeal to this group of young people who have made it plain that choice is critical; that they prefer to talk to other young people, and that they will not accept any service offer if in doing so there is a suggestion that they require parenting and other advice because they are young.

WHAT WE STILL NEED TO KNOW ABOUT YOUNGER MOTHERS

There are some significant gaps in what we know about younger mothers in the Australian context. In particular, the medium and longer-term effects of relatively early motherhood and how young women have negotiated the challenges of meeting their children's needs and fulfilling their own aspirations. Also there are knowledge deficits relating to the experiences and aspirations of Indigenous younger mothers and those of young women from cultural and linguistically diverse groups.

INTRODUCTION

This study aims to develop a deeper understanding of early motherhood in contemporary Australia. The social context for both young people and motherhood is changing and there is a clear need to identify the experiences and needs of younger mothers (aged under 25 years at the birth of their first child) to inform the development of policy and service responses.

Longitudinal and other quantitative studies indicate that younger mothers and their children may be at a higher risk of being socially excluded than women who have their children at a later age. Social exclusion has been linked with poorer access to health, housing, education and employment services (Lee & Gramotnev, 2006; Bradbury, 2006; Berthoud & Robson, 2001; Boden et al, 2007; Hofferth et al, 2001; Keegan & Corliss, 2008). Qualitative research which explores the perspectives of younger mothers is important for understanding the experiences of younger mothers and how they think about their futures. This understanding is essential for the development of effective policy and program responses.

To strengthen what we know about younger mothers' lives, the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) commissioned the Institute of Child Protection Studies at Australian Catholic University to carry out a qualitative research project.

The research addresses the following key questions:

- What are younger mothers' perceptions and experiences of early motherhood?
- What are younger mothers' aspirations and perceptions of life choices? Did these change with the birth of their children? If so, how?
- What formal and informal supports do younger mothers draw on?
- What have been their experiences of support that they did access and receive?
- How do they feel the services and support they receive could be improved?

This group of mothers is often called ‘teenage mothers’ or young mothers. We have chosen to refer to the participants in this study as younger mothers.

POLICY CONTEXT

In recent years the Australian Government has actively pursued social inclusion as the central organising principle for building a stronger, fairer nation; one in which all Australians have the opportunity and support to fully participate in social and economic life. Central also to this vision is for all Australians to develop their own potential and be treated with dignity and respect (Commonwealth of Australia, 2009). The social inclusion agenda recognises indicators of social exclusion which are of relevance to this study: poverty, income and income equality; access to the job market; educational outcomes; health and wellbeing; social supports and networks; and services (pp. 5-9).

The National Framework For Protecting Australia’s Children 2009-2020 (Council of Australian Governments, 2009) seeks to build capacity and strength in families and communities across the nation (p. 6) and to ensure that children live in safe and supportive families and communities (p. 11). The National Framework acknowledges that the safety and wellbeing of children is the responsibility of all levels of government. It specifically aims to deliver a more integrated response which does not change the responsibilities of governments but focuses efforts on working together better, particularly in the delivery of services to vulnerable families.

Also of direct relevance is *The Early Childhood Reform Agenda, The National Quality Framework for Early Childhood Education and Care*, (Department of Education, Employment and Workplace Relations, 2009a). In July 2009, the Council of Australian Governments (COAG) endorsed the *National Early Childhood Development Strategy- Investing in the Early Years* which signifies a commitment by all levels of government to build a more effective and better coordinated national early childhood development system. One of the key outcomes of the strategy is that young children are nurtured and safe in stable home environments. To this end, parents and other primary carers are recognised as having the main responsibility for, and influence on, their children’s wellbeing, learning and development. To provide the best for children, parents and other primary carers need to

have parenting 'know-how', good mental and physical health themselves, time to spend with children, financial resources to meet children's need for food, shelter and learning, and good social support networks. They also need to be able to balance their participation in the workforce with their parenting roles (Department of Education, Employment and Workplace Relations, 2009b, p. 11).

These, and other relevant policy reforms such as *Closing the Gap on Indigenous Disadvantage: The Challenge for Australia*, (Department of Families, Housing, Community Services and Indigenous Affairs, 2009) and the *Compact with Young Australians* (Department of Education, Employment and Workplace Relations, 2010) provide a framework for this research which seeks to understand how younger parents, who are in receipt of income support, can be supported in their nurturing roles as parents and assisted to fully participate in the social and economic life of their communities.

KEY MESSAGES FROM THE LITERATURE

This section provides a brief overview of the existing literature concerning younger mothers. It examines current and changing young women's fertility rates. It then reviews some of the adverse impacts of 'early' motherhood depicted in quantitative research and the distribution of these. This is followed by a summary of the views of younger mothers represented in a growing body of qualitative research. In particular, in the context of differentiated youth transition trajectories and cultural constructions of motherhood, how younger mothers uphold the primacy of their relationships with their children and the resilient mothering practices they draw on.

Two concerns about the appropriate age of motherhood exist within contemporary social and political discourse. On the one hand, increasing numbers of women are deferring motherhood until they have acquired qualifications, established themselves in the workplace and are financially independent. This may result in these women being unable biologically to bear children. On the other hand, there is widespread concern that 'early' motherhood creates significant socio-economic disadvantage for both young women and their children (Lee & Gramotnev, 2006).

FERTILITY RATES

The profile of fertility in Australia is changing. At an international level, Australia's teenage birth rate in 2002 was slightly higher than the OECD average, with an overall ranking at 20 out of 30 OECD countries (Australian Institute of Health and Welfare, 2009). Australian teenage fertility rates peaked in 1971 (55.5 births per 1000) and have since declined significantly to 17 births per 1000 (Australian Bureau of Statistics, 2007).

During recent years in Australia, women of all child-bearing ages have experienced higher fertility rates, with a peak in 2008 of 296,600 (Australian Bureau of Statistics, 2010). Fertility rates increased for women in all age groups with the highest increase occurring in the 30 to 39 age group (127.8 births per 1,000 women). For women aged 20 to 24 years the fertility rate increased to 57.1 births per 1,000 women, and for teenagers, the fertility rate was 17.3 births per 1,000 women (Australian Bureau of Statistics, 2009). It should be noted that in

Australia there are few births to mothers under the age of 15 years (Australian Institute of Health and Welfare, 2009).

Indigenous women's fertility rates in 2008 were highest in the 20 to 24 years age group (147 births per 1,000) compared to women aged 30 – 34 years in the broader population (128 births per 1,000). During the same period, teenage Indigenous women's births accounted for one fifth of all births to all Indigenous women: the fertility rate of teenage Indigenous women (75 births per 1000 women) was more than four times the rate for all teenagers (Australian Bureau of Statistics, 2009).

NEGATIVE IMPACTS OF 'EARLY' MOTHERHOOD

Policy debates and the construction of ideas around 'early' motherhood have labelled younger mothers as an 'at risk' group, and simultaneously, have tended to depict younger mothers as problematic, or in extreme instances, as pathological (Arai, 2003; Breheny & Stephens, 2007a). This discourse of problematising younger mothers is partially based on quantitative research evidence highlighting the adverse health and socio-economic outcomes that are associated with early childbearing. The media and public opinion also contribute to the problematising of younger mothers.

International and Australian research indicates that negative outcomes include lower educational attainment, poorer health (including mental health) and occupational outcomes, and an increased likelihood of living in poverty (Berthoud & Robson, 2001; Boden et al, 2007; Hofferth et al, 2001; Keegan & Corliss, 2008; Quinlivan et al, 2004). Findings from the Australian Longitudinal Study on Women's Health indicate that younger mothers are more likely to live in rural areas, be unemployed and have few educational qualifications (Lee & Gramotnev, 2006). This is particularly evident for Indigenous younger mothers who may experience all of the above poor outcomes (Larkins et al, 2009).

A gradient of disadvantage is also apparent with younger mothers in their early twenties experiencing some degree of disadvantage compared to older mothers, but not to the extent of that confronting teenage mothers (Lee & Gramotnev, 2006; Boden et al, 2007; Shipley & Blakemore 2009).

Bradbury (2006) asserts that younger mothers, including those aged in their early twenties, are one of the most impoverished groups in Australia. For teenage mothers in particular, the extent of this disadvantage has intensified during the last two decades; this may be related to greater participation of women generally in the workforce. His analysis highlights that roughly 90 percent of teenage mothers and over two thirds of mothers in their early twenties are dependent on income support, with nearly the same proportion of teenage mothers in receipt of this welfare benefit seven years later, albeit on an intermittent basis (Bradbury, 2006).

There is a growing consensus that these adverse outcomes are closely linked to poverty, social disadvantage and associated lack of opportunities (Geronimus, 1991; McLeod et al, 2006; Graham & McDermott, 2005; Bradbury, 2006). As Shaw and colleagues (2006) suggest, becoming a younger mother does not in itself lead to these adverse outcomes; the trajectory associated with disadvantage persists regardless of motherhood status.

Place-based patterns of teenage fertility mirror socio-economic characteristics such as unemployment and poverty. Younger mothers who are teenagers or 20 to 24 years of age are more likely to live in non-metropolitan areas (Weston et al, 2006). One analysis of teenage pregnancy spatial trends in Australia indicates that higher teenage fertility rates exist in rural, remote and coastal regions in NSW (Evans, 2003). Similarly, in the UK (Bradshaw & Finch, 2001) and New Zealand (Wilson et al, 1996), a positive correlation exists between teenage pregnancies and locality based disadvantage.

OUTCOMES FOR CHILDREN

The children of teenage mothers have been reported as experiencing more adverse health outcomes (for example, low birth weight, prematurity and neonatal mortality) compared to older mothers' children. As well, this group of children are at risk of social-emotional problems, intellectual disabilities (Sommer et al, 2000), behavioural problems (Coley & Chase-Lansdale, 1998) and higher rates of abuse and neglect (Stevens-Simon et al, 2001). However, it is not clear that poorer outcomes for children are necessarily associated with the age of their mothers.

One longitudinal Australian study (Shaw et al, 2006) found that although the majority of 14 year old children of teenage mothers were on a level pegging with adolescents of older mothers, a minority of 14 year olds in the study had worse psychological, cognitive and behavioural outcomes. However, with the exception of lower cognitive ability, these outcomes were associated with socio-economic disadvantage and maternal depression, and not maternal age.

Several authors argue that an emphasis by research and policies on adverse outcomes for younger mothers is likely to increase the risk of stigmatising all parents and their children in this group and inadvertently contributing to their negative life experiences (Shaw et al, 2006; Yardley, 2008).

CULTURAL CONSTRUCTIONS OF MOTHERHOOD

The notion of 'early' motherhood is culturally constructed, in that views about the appropriate and right age to have children change temporally depending on the economic, cultural and social contexts at that time (Berthoud & Robson, 2001; Lawlor & Shaw, 2002). Whitley and Kirmayer (2008) observe that changing fertility patterns and the dominant discourse about 'normal' and 'deviant' age of motherhood is intertwined. This is evident in Australia in changing opinions about 'early' motherhood during the last forty years whereby the median age for having a first newborn was 24 years in 1971, which rose to 30 years in 2001 (Lee & Gramotnev, 2006). The current normative age for having a first child is between 25 and 34 years of age (Weston et al, 2006).

Wilson and Huntington (2005) observe that younger mothers do not conform to the archetypal life trajectory of middle class women involving the delay of childbearing to participate in higher education and hold down a career. This pattern has essentially "normalised the female career path and rendered problematic the lives of stay-at-home (young) mothers, particularly those on welfare" (Wilson & Huntington, 2005: p. 67). In other words, the parameters of social inclusion have largely been defined by "middle class aspirations for well-paid professional jobs" (Wilson & Huntington, 2005: p. 69). Arai (2003) comments that the language of social exclusion is often used to describe the experiences and impacts of 'early' motherhood, which in reality is often a cloak for problematic or

pathological depictions of this issue. As an example, welfare dependent mothers are seen as transmitters of long-term social disadvantage with no recognition or valuing of the work that mothering entails (Breheny & Stephens, 2009).

‘FAST AND SLOW’ LANES TO ADULTHOOD

Parallel to the deferment of childbearing until women are aged in their thirties is increasing polarisation in the ways in which young people make transitions to adulthood. These changes to the transitions that young people make have been painted as ‘fast and slow lanes’ to adulthood (Graham & McDermott, 2005; Jones, 2002). Young people in the ‘slow lane’ have more affluent parents, spend several years in education and training acquiring the qualifications needed to get work, and postpone marriage or living with a partner until the foundations of their career are secured. Plans for having children may materialise when living with a partner. A defining feature of this ‘slow’ lane is its linearity, and although it takes longer than in previous decades, it essentially mirrors youth trajectories of half a century ago (Graham & McDermott, 2005).

In contrast, the ‘fast lane’ is worked out by young people from lower socioeconomic backgrounds. The linear transition of moving from school to work has changed. Young people’s reality is one of fragmented work opportunities and a lack of employment security. Many young people move from periods of unemployment to training, to casual, low paid work, and frequently back to unemployment, followed by further training. They are more likely to remain in low paid work during their working lives (Graham & McDermott, 2005).

The notion of “accelerated life course” is also used by Arai (2003: p. 211) to describe young women who, in living in adverse environments and experiencing major life events in a relatively short time frame, are compelled by necessity to mature early. Arai suggests that for young women who have experienced significant early life adversity, having a child is perceived as “relatively ordinary behaviour” (2003: p. 211).

HOW YOUNGER MOTHERS VIEW THEIR LIVES

Much quantitative research on younger mothers has tended to emphasise the adverse impacts that earlier child-bearing can have on this group of mothers and their children. The views and perspectives of younger mothers themselves on early pregnancy and childbearing

are not often represented in the literature (Arai, 2003; Jewell et al, 2000). An expanding collection of qualitative research in addition to discussing the mediating factors of social and material disadvantage reveals that young women are generally more positive about their lives. Becoming a mother is a transforming event and can act as a catalyst to reinvent oneself and cease using drugs and alcohol and/or find secure accommodation if homeless (Hanna, 2001; King et al, 2009). A metasynthesis of six qualitative studies (Meadows-Oliver, 2006: p. 345) highlighted how homeless young mothers constructed pregnancy and childbirth as opportunities for “recreating self” and “seeking a better life”.

Findings from other qualitative studies have explored how motherhood is an opportunity for some young women to reconnect with family members (Arenson, 1994), have a more enriched life and sense of pride (Kirkman et al, 2001; Seamark & Lings, 2004), and develop a sense purpose and direction in life (Hanna, 2001; Seamark & Lings, 2004).

‘PUSHING, PRODDING AND JUDGING’

A body of research (Kirkman et al, 2001; Hanna, 2001; Seamark & Lings, 2004; Yardley, 2008) has demonstrated the extent to which younger mothers systematically endure stigma, in a variety of forms, from the community, the media and service providers, particularly health professionals. Stigmatisation can extend to mothers aged in their early twenties from Anglophone European backgrounds (Whitley & Kirmayer, 2008). Research evidence highlights how the stigma associated with ‘early’ motherhood can prevent young women from seeking assistance for their children (Phoenix, 1991; Yardley, 2008) or participating in mixed age parents’ groups (Keys, 2008). De Jonge (2001) comments that service providers have diminished opportunities to diagnose and treat depression experienced by younger mothers due to the surveillance young mothers feel they will receive if they use services coupled with fear that they will be seen to be not coping as mothers.

Breheny and Stephens (2007b) present health professionals’ constructions of younger mothers as drawing on both the motherhood discourse of ‘good’ and ‘bad’ mothers and the developmental discourse. The combination of being an ‘adolescent’ and a mother leads to health professional perceptions that this group are generally ‘bad’ mothers because “the

subject positions of 'adolescent' and 'bad' are generally compatible" (2007b: p. 122). They suggest that the social constructions of younger mothers may negatively impact on the quality of relationships between health professionals and younger mothers. If younger mothers are perceived as deficient through the judgemental behaviour of health professionals, they are more likely to boycott health services.

One study (Yardley, 2008) highlights how the effects of stigma amongst teenage mothers vary according to pre-existing values about motherhood. Young women who aspire to engage in education and work and be financially independent, experience more adverse effects. This group is also more likely to disidentify and distance themselves from other teenage mothers and espouse judgemental attitudes about them. This is in contrast to the group who view motherhood as a normative youth transition in their family circles; this group reported fewer negative effects (Yardley, 2008).

RESILIENT MOTHERING PRACTICES

A systematic review, using meta-ethnography techniques (McDermott & Graham, 2005) of ten qualitative studies on younger mothers' (aged under 20 years) experiences in the UK highlights the impoverished circumstances facing the majority of young women, and the resilient mothering practices that women had developed in response to these constraints. The majority of younger mothers in these studies had few employment opportunities, and where they existed, were low paid and part-time jobs. McDermott and Graham (2005) note that regardless of younger mothers' ambitions to engage in education and employment, their aspirations were generally dampened by mediating social and economic conditions. An added layer of difficulty is their stigmatisation as 'unfit' mothers, as discussed above. In response, these authors suggest that younger mothers draw on "the only two resources to which they have access: their families and their own personal capacities" (McDermott & Graham, 2005: p. 70).

By asserting their strengths and competencies as mothers and the advantages they hold over older mothers, younger mothers create a positive identity for themselves. Central to this 'good' mother identity is "a belief in one's moral worth as a mother" (Graham & McDermott, 2005). This identity borrows heavily from widespread cultural values relating to

the primary responsibility of caring mothers of 'putting their children first'. In emphasising their maternal capabilities and constructing and investing in the 'good' mother identity, younger mothers are able to create an emotional dam which provides some protection from stigmatisation. As McDermott and Graham comment:

The heavy investment in the good mother identity is a strategy of resilience in which the young women are able to maintain a positive sense of self and social legitimacy within impoverished social spaces. (2005: p. 72)

The authors of the synthesis illuminate the quandary that making an investment in motherhood can bring about. Whilst it may protect younger mothers against stigmatisation, it does leave them vulnerable to criticisms of 'bludging'. At the same time though, if younger mothers manage to secure viable employment and improve their families' living standards, their 'good' mother identity is compromised.

The second, related resilient mothering practice relates to younger mothers drawing on and being sustained by family supports. Families provide various types of financial, practical and emotional support on an on-going basis. The provision of money, food, clothes, baby equipment, and somewhere to live in the parental home, alongside parenting and budgeting advice, and child care were viewed as vital supports. Families also provided "safe spaces" free from the condemnation and judgemental attitudes of the outside world. As such, McDermott and Graham suggest that this space enabled young women to "produce their selves as 'good mothers' by mothering practices that are made possible, partially through family support" (2005: p. 73).

Contrary to assumptions about the social exclusion of young mothers, Graham and McDermott's synthesis (2005) reveals that early motherhood, in some contexts, can be a route to social inclusion. However, for those younger mothers in the synthesis studies whose family ties had weakened or collapsed, it was much harder to survive being young and confronted with material hardship.

EDUCATION AND EMPLOYMENT

Becoming a mother at a young age can disrupt women's participation in education and employment, however as Arai (2003) notes, these types of negative outcomes may already be in place. In Arai's study, young women reported not being fully engaged at school and

many were employed in low paid, casual jobs. Arai observes that for working class women, becoming a mother is seen as a “rational and meaningful life option” (2003: p. 210). The reasons for this were varied and related to previous life experiences. Those women who had experienced intense levels of early life adversity (for example, family violence or experiences in the care system) expressed strong desires to have children, coupled with a strong motivation to give them a better life than they had. For those working class women who had experienced much less adversity, having a child represented an “alternative vocation” in that most were in low paid work before becoming pregnant or at school with no ambitions to continue studying.

Younger mothers’ aspirations to return to education and work and be economically independent have been documented in a few other qualitative studies (Yardley, 2008; Hanna 2001; Seamark & Lings, 2004). In one study, employment together with getting married/having a partner and having more children was seen as an escape route out of poverty. The young women in this study “all planned to be poverty-free by the time the children went to school” (Hanna, 2001: p. 461). This theme is echoed in another study (Seamark & Lings, 2004) with participants displaying optimistic and realistic attitudes: some younger mothers had decided that full-time motherhood was critical until their children were older, whereas others had started to put long-term career plans in place. These participants did not feel as though ‘their lives were over’, only that plans for developing work opportunities had to be staged so that they could enact their responsibilities as mothers.

For some groups of young people, particularly those living in regional and rural areas of Australia, the flimsy, flexible and transient nature of employment is now a permanent feature of the labour market. These changing economic conditions necessitate the creation of opportunities for young people to regularly learn new skills and hold down various jobs if they are to survive (Wyn, 2009). The current age-based school system generally excludes the re-entry of young people, including parents, who leave school early. For younger mothers wishing to ‘go back to school’ once they have settled into caring for their children, denial of completing their formal education is commonplace (Wyn, 2009).

At the same time, younger mothers' ability to blend other forms of education/training and motherhood is diminished by the costs of studying and child care. For this group of young people, their differentiated learning needs, if not met, are likely to perpetuate existing patterns of inequality. Similarly, opportunities for young women to combine paid work and motherhood are hampered by the lack of affordable and available child care and a notable absence of family-friendly employment practices in many sectors in Australia (Lee & Gramotnev, 2006).

GAPS IN THE LITERATURE

There are some significant gaps with an Australian flavour in the research literature, which include:

- The medium and longer-term effects of relatively early motherhood and how young women have negotiated the challenges of meeting their children's needs and fulfilling their own aspirations;
- The experiences and aspirations of Indigenous younger mothers using an appropriate methodology to effectively recruit;
- The experiences of young women from cultural and linguistically diverse groups;
- The experiences and social inclusion outcomes for young fathers; and,
- Comprehensive and systematic evaluations of programs for younger mothers that aim to improve their social, health, educational and employment trajectories including the effectiveness of social supports on outcomes for children and adolescents of younger mothers.

To conclude, motherhood, regardless of age and socio-economic status, is demanding and requires support from families, communities and government (Breheny & Stephens, 2007b). Both internationally and in Australia, social inclusion policy mechanisms of education and workforce participation are being utilised increasingly, which has particular implications for younger mothers. They are a heterogeneous group with some giving primacy to the mother/child relationship and in valuing their good mother identity, postpone engaging in training and employment until their children are older, whereas others want to initiate this process whilst their children are still young (Yardley, 2008). Pathways to early motherhood

should not exclude opportunities later in life for women to re-enter education, training and employment when their child rearing obligations have diminished (Arai, 2003).

PROJECT METHODOLOGY

THE RESEARCH APPROACH

This study used a qualitative methodology to develop an understanding of younger women's experiences of motherhood and their aspirations for the future. As discussed above, Australian research about younger mothers is primarily quantitative in nature. Understanding how younger mothers themselves make sense of their experiences and aspirations has had limited attention from researchers. Focusing on how individuals and groups view and understand the world and construct meaning out of their experiences, a qualitative approach aims to appreciate complex, interrelated and/or changing phenomena by seeking to gain a deeper knowledge of lived experiences.

Our approach is also informed by the work of McDermott and Graham (2005), and their theoretical framework of resilient mothering practices pivoted on investment in the 'good' mother identity. This theoretical framework delineates two main types of resources young mothers utilise in the face of being financially poor and enduring poor material conditions: their own capabilities as mothers and the range of social supports derived from family members.

In recognition of the importance of resources needed to increase life opportunities, the study and its analysis is also informed by the organising concepts of social, cultural/human, and financial capital. In other words: how the existence or otherwise of networks, knowledge, skills and material resources shape the experiences of younger mothers (Ferguson, 2006; Putnam, 2000; Whittaker & Garbarino, 1983; Woolcock & Narayan, 2000). Finally we have used a broader idea of social support to include connectedness to community and services. Governments in Australia have focused on ways to enable and link families to the social supports that could make a positive difference for them and their children. Previous research indicates that the optimal solution is for services to work alongside informal networks to provide appropriate support to parents in need (Katz & La Placa, 2007). Understanding the experiences and views of relatively young mothers about their informal networks and their use of services will assist those who make policy and

develop services to understand how better to support the development of social capital for this group of mothers.

METHODS

This study used in-depth telephone interviews and focus groups as the methods for data collection. These methods are particularly well suited to exploring questions that relate to the meaning of experiences and to deciphering the complexity and contradictions of human behaviour (Darlington & Scott, 2002).

ETHICS APPROVAL

The project was designed to safeguard the rights of all who were involved and was conducted with the approval of Australian Catholic University's Human Research Ethics Committee. Special attention was given to the potential risk that participants may feel under pressure to participate because of the formal statutory relationship they had with Centrelink. Steps to reduce this risk included the participation of social workers from Centrelink who sought permission from potential participants for their phone number to be given to researchers from Australian Catholic University. The researchers then phoned younger parents explaining carefully the voluntary nature of the project and assuring them that no identifying information would be available to Centrelink, including whether or not they chose to participate in the phone interview. All participants were provided with information on the ethics process and confidentiality.

YOUNG MOTHERS' REFERENCE GROUP

A critical component of this study was the formation of a reference group made up of younger mothers that were recruited from a local child and family service. The aim was to provide the research team with a better understanding of how young women wanted to be asked about their experiences of motherhood and their aspirations for the future, and to provide feedback on the interview schedule. During this process, members of the reference group provided the research team with valuable insights in understanding young women's views on these topics. A total of six young mothers participated in the reference group.

The research team met with the reference group on two occasions. At the first session, reference group members were asked to highlight some of the critical issues they thought should be explored in the research. During this discussion they were also asked to identify potentially sensitive language and topics, together with suggestions as to how the research team might deal with these issues. Younger Aboriginal mothers observed that one of the pitfalls of the research design was the use of telephone interviews, in that young people, particularly Aboriginal and Torres Strait Islander mothers, are more likely to prefer doing face-to-face interviews. Unfortunately the research team could not act on this suggestion due to the resource constraints of the project.

The interview schedule was then piloted with several members of the reference group, and modified in line with their feedback. At the second reference group meeting, the major research findings were presented. Participants' contributions to refining the findings and suggestions on the language used to describe younger mothers' experiences and ideas were incorporated in this report.

RECRUITING YOUNGER MOTHERS

Younger mothers, particularly teenage mothers, have been identified by researchers as a group that they find hard to reach (Arai, 2003). A partnership was established with Centrelink to assist with the recruitment of potential participants primarily because it is the only agency in contact with all parents in receipt of income support. This recruitment strategy has been successfully used in previous research undertaken by the Institute of Child Protection Studies (the Institute). Potential participants who received Parenting Payment Single or Parenting Payment Partnered and who had their first child before the age of 25 years were phoned by Centrelink social workers to seek permission to pass on their details to researchers at the Institute.

Centrelink social workers were able to make contact with 56 young parents and of these, 45 agreed for their contact details to be given to researchers. Parents were offered a small gift voucher in recognition of the time involved and their contribution to the research, as well as to increase the levels of participation.

Some of the reasons given by people who chose not to be contacted by researchers were:

- Too busy looking after children or working;
- Too busy with children in care;
- Not interested in the research topic; and,
- Ill health and/or in hospital.

INTERVIEWS

Semi-structured telephone interviews were conducted with 35 young mothers who lived in Alice Springs, Mount Druitt, Redfern and a small town¹ on the NSW south coast, during June and July 2010. Participants recruited to the study had their first child before the age of 25 years and were currently in receipt of parenting payments (single or partnered).

In some instances, interviews were conducted over more than one session as several women had their babies or toddlers with them at the time of the interview. This flexibility allowed women to participate in the interviews at their own pace and without the distractions of attending to the needs of their children. The length of interviews ranged from 40 to 80 minutes. All interviews were audio taped and transcribed verbatim, and notes were taken by interviewers to document initial impressions of each interview.

The limitations of using phone interviews with some groups of young mothers were correctly identified by the young mothers' reference group, in that the response rate from Aboriginal and Torres Strait Islander mothers was low.

INTERVIEW QUESTIONS

An outline interview schedule was used to provide some structure to telephone interviews (see Appendix 1) and topics that arose spontaneously were followed up in more depth by interviewers. The following areas were explored in each interview:

- Background demographic details;
- Life before becoming a mother;
- Experiences of pregnancy, birth and initial period of motherhood;

¹ We have not named the town as it is very small and there is a risk parents might be identifiable.

- Rewards and challenges of motherhood;
- Nature, type and usefulness of informal supports and formal services used;
- How services and access to these could be improved; and,
- Aspirations for the future and enablers to achieving these.

FOCUS GROUPS

Two focus groups with 14 younger mothers explored several emerging thematic insights. These related to the stigmatisation experienced by younger mothers, barriers younger mothers encounter in using formal services and suggestions for making services more youth friendly.

Focus group participants were recruited from local services including the CC Cares at Canberra College for pregnant and parenting students. These groups were facilitated in Canberra between June and August 2010. All focus group discussions were audio taped and detailed notes were also taken by a researcher at the same time.

DATA ANALYSIS

Interview and focus group data were coded using NVivo (a qualitative research software package). In the coding process, researchers partially drew on the theoretical concepts of identity, resilience, social, human and financial capital and social support as discussed in this report.

The data were then re-analysed for further categories and concepts using constant comparative techniques. The coherence of emerging themes was maintained through the use of four researchers doing the data analysis and regular research team discussions.

PROFILE OF PARTICIPANTS

Thirty-five younger mothers were interviewed in the study. The majority of younger mothers were not in paid employment and lived on a low income. Single parents made up 63 percent (n=22) of the sample, and 37 percent (n=13) had partners.

All participants had their first child before the age of 25 years, and at the time of interview were in receipt of income support (parenting payment single and partnered). The average age of participants was 21.7 years: five mothers were aged 17 - 19 years; seventeen were 20 - 22 years old and thirteen were 23 - 28 years old. Sixty-six percent of mothers (n = 23) had their first child between the ages of 17 - 19, 26 percent of mothers (n = 9) were 20 - 24 years old and 9 percent (n=3) were 14 – 16 years old when their first child was born.

The majority of younger mothers (60%) interviewed had one child and 34 percent had two children. One younger mother had three children and another had five children. Children's ages ranged from 2 months to 7 years, with an average age of 2.3 years.

HOUSEHOLD ARRANGEMENTS

Forty percent of younger mothers were living alone raising children. A greater proportion of this group (79%) had their first child at a young age (i.e. aged less than 20 years of age). Another 40 percent of participants were living with their partners, 17 percent lived with their parents and one participant lived with another relative.

CULTURAL IDENTITY

A total of three participants identified as Aboriginal. Just under a fifth of younger mothers (17%) identified with a culture other than Australian, including Spanish, Hungarian, French, Maori, Indian and Sri Lankan.

EDUCATION

Most participants (74%) had completed their education at Year 10 or lower. Seven younger mothers completed Year 12 and a further two had gained a vocational or TAFE certificate or diploma. At the time of interview, seven participants were engaged in some form of study either on a full-time or part-time basis.

EMPLOYMENT

Three quarters of participants defined themselves as full-time parents. Two younger mothers were working part-time and two were currently seeking employment. Another two participants were full-time students. Of those participants that had partners, four were in full-time work, two were unemployed and four were full-time carers.

Nearly half of younger mothers defined themselves as the primary income earner in their households and just over a third nominated their partners as the major breadwinner. For the remaining participants, younger mothers identified their parents as the primary income earner.

HOUSING

Almost half of participants (46%) lived in private rented accommodation. Seventeen percent of younger mothers lived in public housing, 11 percent were paying board and another 11 percent were living in their parents' or relatives' houses. A small proportion lived in community housing, supported accommodation or were home owners.

Appendix 2 provides more details about the demographic characteristics of younger mothers participating in the study.

LIFE BEFORE MOTHERHOOD

Young women who took part in this study had a diverse set of life experiences before becoming mothers. Some young women relayed accounts of significant childhood and adolescent adversity whereas others talked about doing the 'usual teenage stuff' and 'hanging out with friends', or the type of work they had at that time.

Of the total study sample, a small number of young women had difficult lives splattered with serious ongoing and harmful experiences. They were primarily living with families unable to provide a safe and secure environment or where family conflict and violence made living at home untenable. Within this group, two participants had been sexually abused as children. Living in some type of out-of-home-care setting for several years was typical for these young women. Serious mental health issues and problematic drug and alcohol use were also prevalent.

In addition to this group, two participants had experienced serious traumatic events in their early teenage years, the details of which have not been disclosed to protect their identities. Four young women were also confronted with significant life challenges in their early teenage years; for example, caring for a chronically sick mother since the death of a father when relatively young.

Roughly a fifth of participants were still at school and a similar proportion were undertaking various courses at TAFE prior to getting pregnant. Nearly two thirds of young women were working in casual, part-time or full-time jobs.

EXPERIENCES AND PERCEPTIONS OF EARLIER MOTHERHOOD

BECOMING A MOTHER

The majority of younger mothers contributing to the study had not consciously planned the pregnancy of their first child. Of the few who said they had made a clear decision to become pregnant, the primary reason given for this concerned individual or family related fertility problems. On discovering they were pregnant, roughly a fifth of participants spoke about feeling apprehensive in telling their family, in addition to the prospect of becoming mothers for the first time, and how this would bring fundamental changes to their lives.

BEING PREGNANT

Over half of interviewees reported having a relatively smooth pregnancy with no significant health problems or complications. The thrill and excitement of creating a new life was frequently spoken about:

I loved the pregnancy. But I just thought it was amazing that a child could grow inside a person. Just having the different ultrasounds and things, you're getting bigger and developing all their facial features going from this tiny little egg to an actual baby. It was just amazing. (RC20)

It was the fact that I was producing something that not a lot of women can do now days because of the fact that they are either starting too late, or they're not, they're infertile or their partners are infertile. And I was able to have this beautiful, give birth to a beautiful baby, may have been a boy or a girl, but it's just the whole thing. (GW1)

More difficult pregnancies were experienced by approximately a quarter of younger mothers. These negative experiences involved chronic sickness and back pain, high blood pressure, and severe tiredness exacerbated by looking after young children. A few participants had to deal with the emotional toll of separating from their partners with the news of their pregnancy. One young woman who had struggled with abuse, mental health problems and substance use, attempted suicide on finding out she was pregnant. Another participant had to make monthly flights to a medical specialist in a different State for monitoring and tests during her pregnancy as her baby had a serious congenital condition.

MOTHERHOOD AS A VALUED IDENTITY

In constructing their experiences of motherhood, younger mothers reflected on the positive effects that becoming a mother had on them. The majority of participants viewed motherhood as a valued and worthwhile endeavour, and were keen to emphasise their mothering abilities. In particular, doing everything they could to meet their children's needs. Many participants felt that the arrival of children had given their lives an added depth of meaning and sense of purpose. Several younger mothers highlighted how their role as mothers provided them with a great source of pride and achievement.

A prevailing theme was the significance of having a loving relationship with their children and the satisfaction in helping and watching them develop.

You sit there and look at your new, little baby and are amazed at how much you could love something so much. Do you know what I mean? Before you get given a baby it just changes your life, you feel like the happiest person. If someone knocked you over with a stick, you'd probably just laugh. I just felt content it was just the nicest feeling and it still is. (RC18)

Teaching him something new and when he finally gets it you're like oh wow I helped him do that and learn that and I think it's really rewarding and more rewarding than any other job you could ever have. (BT3)

The drive and determination to nurture and protect their children often meant prioritising the needs of children over and above everything else, as this younger mother explains:

Especially when it comes to Murphy I will fight tooth and nail especially with the hospital. They do not always know the best thing for a child. I have butted heads with quite a few asthma doctors over it because I know my child better than anybody with a stethoscope and I don't care how long they studied at uni. (RC6)

A number of participants spoke about how having children can also lead to a shift in personal attitudes and priorities. This participant explains what putting her child first means for her:

I have someone to protect now, I have someone to think of now. Like she's my life now, she's my priority and everything I'll do is for her. Like it's a different feeling from before I had her, yeah because before it's like it's just about me but now it's about her now. (GW2)

Other young women also talked about their changing priorities and commitment to their children's well being:

Now I want to raise healthy, well-mannered, respectful children you know. I want them to have everything they could possibly want, without being spoilt, if you know what I mean. Now it's not

about me, it's about my children to me. Do you know what I mean? My family, making a happy, healthy environment I guess. Things that money can't buy. (RC18)

And not even that but I find a lot of the young mums I know, they'll go without themselves to provide their children with what they need. It's only just come onto winter and I know a lot of women, I bet you there's some of us sitting in here that have hardly any winter clothes but yet we've gone and got all our kids their winter stuff, all of that. (focus group participant)

Some younger mothers felt that caring for children took priority over their own immediate training needs or future employment. One younger mother put it this way:

I just love being with the kids. I don't regret having them at all, and even though I had them while I was young I still love them to bits and it has put my life on hold for a while but I'll get there. I'm going to make sure my kids are okay before I start doing anything, going to TAFE or anything. (KB10)

Having a strong, long term sense of responsibility was also viewed as an essential ingredient in mothering.

You have to step up and be a mum and look after that baby for the rest of your life. Do you know what I mean? Even when they're grown up, you're still a mum. (focus group participant)

For some younger mothers who had struggled with substance use and/or mental health issues, becoming pregnant and having children represented a 'turning point' in their lives. They spoke about the 'need to grow up fast' and the changes they made to be 'good' mothers.

As the literature indicated a number of younger mothers who had suffered earlier adversity found new meaning in their lives with the birth of their first child. These younger mothers spoke with great conviction about the need to protect their babies. One participant with a history of childhood sexual abuse and who had lived in a refuge from the age of 13 years, explains why she stopped using drugs and alcohol:

When I had my first ultrasound, I had this little life growing inside me.... I didn't know if it was a boy or a girl, but I didn't want to hurt him. (GW4)

Many younger mothers felt that the arrival of children had given their lives an added depth of meaning and sense of purpose.

It's hard to explain, with my kids I feel needed and I don't feel lonely when my kids are around. When I don't have the kids with me I just really don't know what to do with myself. It's just a little bit much lost without them really. So my kids have become my life. (MM3)

All I'd ever wanted to do with my life was be a mum and luckily everything that happened was just wow. (BT3)

One younger mother, who had grown up in foster care and faced further adversity as a teenager, explains how having a child gave her more direction in her life:

When my son was born I settled down a lot and I felt happy for the first time in my life, I suppose. I felt like I had a family and I had a purpose in life and it gave me incentive to get organised and achieve things, whereas before that I felt very lost. (BT9)

In the course of caring for their children, it is clear that several younger mothers had developed a stronger sense of self worth and achievement.

Yeah, it's like I have more pride now. (GW2)

Watching them grow to like how they are today. They're really good kids. They're never naughty so that's pretty good. (RC23)

'SHE'S JUST A STEREOTYPE'

The majority of younger mothers in the study felt stigmatised and judged on their mothering abilities. Participants articulated the various interlinked dimensions and features of the contemporary stereotype of young mothers, typically teenagers but also inclusive of women aged in their early twenties that currently exists in Australian culture. As with all stereotypes that are underpinned by exaggerated images, the negative representations of young mothers recounted by participants included:

- Being irresponsible and immature;
- Only becoming pregnant to obtain welfare payments such as the baby bonus;
- Languishing on Centrelink payments for a life-time; and,
- Being ignorant about how to raise children and incompetent as mothers.

Descriptions of this stereotypical image of young mothers were given by a number of participants:

See, like some of us are doing a better job than the older ones anyway, but we just get that stereotype because we're young mums and we just don't know any better because we're so young: that's what people think. They just don't know. Because we're obviously young, so we're just stupid and we don't know. (focus group participant)

Just stereotype of a young mother is some deadbeat who's going to be on Centrelink for the rest of their lives, not being able to do anything. (focus group participant)

Goes out partying every night. (focus group participant)

The label of 'young mother' was seen as particularly unhelpful in this context:

No, it's just that word attached with the mum kind of gives us a really bad reputation, because you think of young people and you think of crimes and shoplifting and car theft and crap like that, and then you add mum onto it and it sounds, to me, it just sounds negligent. But in reality, we are young mums. We can't escape from that. (focus group participant)

A few focus group participants thought that the stereotype had been somewhat diluted in recent years due to the visible presence of 'good' younger mothers and that community attitudes are now more accepting of this group of mothers. Participants in this focus group had opportunities to continue their education at Canberra College that provides comprehensive, holistic support to parents and their children.

A few years ago you would have seen that there was a very strong stereotype around young mothers because it was, the main young mother that you saw was young and silly and ended up in a bad situation with a baby and didn't know how to take care of it, and nowadays there are a lot of young mothers and there's more actually standing up and taking care of their children and looking at their future. So I think the stereotype has kind of gone away now. (focus group participant)

We're proving to everyone that you can be a young mum and you still can go out and get everything you need to do, done. You can still go to school, you can still study for a career, you can still go and enter a career. (focus group participant)

However, for the majority of participants this perception is contested given the range of settings in which younger mothers have been criticised and judged, and the detrimental effects that such attitudes and behaviour can have. Many examples of judgemental attitudes and behaviour were given by participants, and ranged from 'dirty looks', being given unsolicited 'lectures' on parenting, receiving verbal abuse to being barred from shops and subjected to pram searches. Younger mothers participating in this study cited many examples of negative and hostile reactions occurring in a range of social settings which included community settings, within families, services and government policies.

Examples of the types of hostility experienced by participants are given below:

You just do the best that you can and it's especially difficult when even strangers in the street, I was almost reduced to tears one day because I was feeding my son hot chips from McDonalds. And it was the first time he'd ever had hot chips and I usually feed him really healthy food, but it was a one-time special treat and this old lady came up and gave me a dirty look and abused me about not feeding my son properly and how he was going to end up not healthy and basically that I was abusing my son by giving him a packet of chips. And I thought for God's sake, it's only a one-time thing, but because I'm a young mother they think you don't know how to feed your child properly, you don't know how to discipline them, you don't have a proper structure and a routine. That was really horrible. (BT9)

From randoms off the street, yeah. I've been kicked out of shops because I've been accused of shoplifting when I've been pushing my child in a pram. I've had coppers come up to me in the middle

of Civic and pull my child out of the pram to search it, just because I'm a single, young mum. It's just the fact that we've been labeled as young mums. (focus group participant)

One parent describes her experiences of judgemental attitudes whilst in hospital giving birth to her son:

When I was leaving the hospital with my son, he was only three days old at that point and there was a couple of nurses that had been quite abusive towards me while I was in labour and when we left the hospital they said to me, you know what, you're actually not as bad a mother as we thought you'd be, you're doing all right and I thought I can stand here and be offended or I can take it as a compliment because they expected me to fail and I'm already doing a lot better than they thought I would, but it did make me really angry that they would say that because you'd never say that to a married woman in her 30s when she's leaving a labour ward. That's something that they reserve for people that they think they can pick on. (BT9)

Another participant felt that changes to income management for parents under 25 years of age would only serve to perpetuate the stereotype that all young people are 'bad' parents.

This new thing that someone's bringing in, all young mums up until 25, I think it is, are going to be given their bonuses as vouchers. What? Are we not capable of organising money ourselves? (focus group participant)

EFFECTS OF STIGMA

Many younger mothers talked about the negative effects that can occur when stigmatisation takes place. Feeling humiliated and having their authority as parents undermined when being judged by strangers or service providers was commonly reported by participants.

Just that I'm young and they just look at me and I feel like I'm only the size of an ant. Like, they don't know my story. (GW4)

A few younger mothers felt that they had to make a great effort and work much harder as parents than their older counterparts, and that dealing with this pressure can be stressful. Discussion by participants in one focus group revealed that they felt they are under increased surveillance by child protection agencies because of their status. This can lead to younger mothers feeling fearful and distrusting of these agencies and engender a reluctance to seek help when needed.

Because everyone associates DoCS with 'Oh, they're going to take my kids.' It's the name. (focus group participant)

You hear so many stories of people that swear they're doing the right thing and yet their kids are taken from them. (focus group participant)

Like they don't like the idea that we're all having children young, out of wedlock, all that sort of stuff, so they try and do everything in their power to stop it from happening, where if anything they just pushing people away from wanting to go and get help from those agencies. They're making us all dislike them instead of wanting them to help us out. (focus group participant)

Stigma not only affects help-seeking behaviours, it can also weaken friendship and support networks.

I only have one friend that is my age anyway because my other friends kind of just stopped talking to me after I got pregnant. Like I had disease or something. (KB9)

But I had one lady one day shake her head at me and tell me I was disgusting. That really has turned me off the experience of really wanting to go out there and meet other people. I don't like being judged and I don't want to judge other people. I just never wanted to put myself in that situation. (MM3)

Several participants felt excluded from using playgroups. The pervasiveness of cultural norms about motherhood leads to some participants feeling as if they are the 'other' and somehow do not 'fit in' with parent support activities such as mothers groups and playgroups. One participant explained why she would not attend such activities:

They're all older as well, which I always felt like maybe they will look down on me. (KB9)

Another younger mother highlights her experiences of mixing with older mothers:

Finding other mothers who were of a similar age, from a similar background, who could relate to me because in the beginning there was a lot of mothers' groups that I got referred to and the mothers, like I said, they were older mothers, they were married, they were from a different social background and they tended to kind of look down their nose at me when I'd go there and I just didn't feel like them. I can't relate to these people. They don't understand my situation and they're judging me before I've even opened my mouth, so it was really important that I was able to find a young mothers' group and the people that ran that group were really good and supportive as well. (BT9)

This same participant recognised that children can, in effect, become contaminated by the stigma experienced by younger mothers:

I suppose these older mums look at us and I don't really know what they think, but I suppose it's just when people look at my son with that pity on their face and they think, oh, you poor child, you started behind every other child your own age and I think, no, he hasn't really. You can't say that they're going to be better or worse. (BT9)

DEALING WITH STIGMA

Mechanisms used by some younger mothers to resist and cope with overt and covert hostility were varied and included: 'toughing it out', valuing themselves as 'good' mothers and drawing strength from this identity, and locating the problem with the source or propagator of this hostility.

Having a solid self belief in their maternal abilities and a sense of achievement were viewed as useful shields, particularly when children were very young.

But you know I just ignore it. I mean it doesn't bother me because I know what my situation is. I know that I'm bringing up my kids. I know that I work. Because like I said I only work three days a week. But even if I didn't that would be my choice. (BT5)

So like I used to get stares at the shops, like people look at me saying, they look at me in a way like is that her baby, but I'm actually proud of myself. (GW2)

Yeah, the way old ladies look at you and stuff like at the start, but then I don't really care because I'm happy, I don't care about their negativity, it's their opinion not mine. If I want to be a young mum, and the doctor said to me that it's good to start young being a mum, because you'll be able to run around with them when you're older. It makes sense. I enjoy being a mum, I do, I love it. (KB7)

Several participants thought the onus to change should be on the source of judgemental attitudes and behaviour, rather than on themselves as mothers who are expected to endure such hostility and prove themselves. In particular, the attitudes of service providers and members of the public were identified as something that should change. The benefits of less scorn and hostility were highlighted by this younger mother:

I just think it would make them less insecure in themselves as mothers and give them confidence to parent the way that they see fit and there's nothing wrong with that. (BT5)

It's hard enough to raise a child without feeling like the whole world is watching you and judging you and people don't tend to censor their judgments for young parents, whereas for older parents, they're probably still judgemental, but they wouldn't come up and say something and if you see a young parent, they seem to think it's all right to come up and give you a lecture and tell you how to do your job and basically undermine your authority and make you feel inadequate as a parent which is sad. (BT9)

MAJOR CHANGES DUE TO MOTHERHOOD

In reflecting on the transformative changes that motherhood brings about, several participants spoke about the social and economic costs of relatively early motherhood. A lack of freedom, not being able to go out and have fun with friends, missed opportunities to travel, and not having the time to pursue sporting activities and other hobbies were pinpointed as some aspects of their 'previous' lives that they missed.

It definitely was accepting the fact I just couldn't go out to do what I wanted to do. It pretty much got to a point where Mum said you can't keep doing this you're a mother now. I'm not going to raise your baby for you. So it was very hard to accept the fact that yes I had to give everything up. (MM3)

I would have done it when I was 25 or something, just not as young as what I am because I know that pretty much live your dream and stuff, but having a kid at a young age you can't do that, you've got to put your whole life on hold so it is quite hard. Like I wanted to travel and I've had to put that on hold because now I'm raising a kid and being so young it's just a bit hard. (RC2)

It was shocking at first because I was always the sporty person doing athletics and stuff like that, and then I fell pregnant with my son and I was like, 'Okay I'm just going to have to live with this.' I was excited though, I was thinking like I was happy but I was sad. I don't know, it was just mixed. (RC13)

A few participants expressed uncertainty about their decisions to have children at a young age and spoke in hindsight about how they should have deferred having children until a later stage in their lives when they were in a position to provide more optimal environments to raise children. This participant, who has a refugee background, offers the following advice to other young women:

Have a good partner, try to work and save some money so you can take care of your baby. (focus group participant)

Another younger mother stresses the importance of being financially secure:

Just try and have money behind you all the time, like saving as much as you can, like try and live your life a bit more before you start having kids, because it does take a lot out of you, and especially when you're so young as well, it just gets really hard there goes all your jobs, and pretty much there goes your life. (RC1)

MOTHERING CHALLENGES

The majority of younger mothers raised a number of mothering challenges they had experienced that are common to all women who are child bearing and rearing. These pragmatic concerns about mothering covered a broad range issues and ranged from feeling unprepared about what giving birth actually involves to adapting to the 'shock of the new' as well as coping with the sleepless nights and hard grind of looking after babies and very young children. The most common mothering challenges raised by participants were:

- Feeling tired or exhausted due to sleepless nights;
- Feeling unprepared, unconfident or overwhelmed about how to look after a baby (e.g. understanding babies' cries, settling babies);
- Having no time for one's self or opportunities to have a break;
- Getting into a routine with feeding, bathing and sleeping;
- Being isolated at home and coping with mothering by one's self, especially if a single parent;
- Having difficulties with breastfeeding; and,
- Being mobile and able to go out of the home with a child or children especially if dependent on public transport.

These challenges were enhanced when younger mothers are social isolated and 'doing it alone'. This is discussed further in the section on social support.

In response to being asked how they deal with these challenges, younger mothers identified a range of coping strategies that they use, which are listed below.

Tips for Younger Mothers from Participants

- Take a break, give yourself some headspace, leave the room and have a cup of tea for a few minutes if you feel you are losing it;
- Keep busy, cook cupcakes and play some music if feeling down;
- Find ways of relaxing if feeling stressed – take time out for you;
- Meet up or phone a friend and talk, talk, talk;
- Share the baby minding with a friend so each of you gets a break;
- Ask family members to babysit so you can have a break;
- Share the night feeds with your partner;
- Involve your partner in the day to day care of the children;
- Always ask for help (from your partner, family and friends, services) if you feel lost or overwhelmed – it is not a sign of not coping or failing;
- If you think you have postnatal depression, go and see your GP;
- Knowing that women have been raising children for centuries; and,
- Remembering it is all about making a better future for your children.

MENTAL HEALTH ISSUES

Although we did not specifically ask about mental health issues many participants spoke about having mental health problems either currently or at some point in the past. Some younger mothers described having postnatal depression and others relayed their experiences of depression and anxiety which in some instances had occurred over a considerable time.

One younger mother talks about how she felt post birth looking after her baby with minimal 'hands on' support at that stage:

The first two/three weeks after my pregnancy I was going through postnatal depression. I was at that point where I could've killed my child. It was something new for me and I couldn't sleep and he was always crying and always wanting me and I was breastfeeding. At that time, everything was going through my mind like what is going to happen now? My life is practically over. I'm never going to get that freedom back and I'm always going to be with the child. But then my mum was saying to me that it has to happen and one day this little boy will be there with me. So I had to let that go and get on with life. So far it's okay. It's not the best. I have my mum and both of my parents to support me, so it's alright in that way. (RC11)

Another participant suggested that more emphasis needs to be given by midwives during prenatal care about the harsh realities of caring for small babies. Younger mothers could be given information on normal responses such as crying and 'permission' to get support.

Yeah, I think you need to be told [when] you have your baby not afterwards, when you've already started stressing out and at one stage there I was, like I don't want to tell anyone that I'm not coping very well because I didn't want to be seen as failing but knowing beforehand that that was normal I would have been more inclined to say something. (BT3)

For a number of young women in the study, experiences of depression and anxiety accompanied multiple and complex issues in their lives.

FINANCIAL STRUGGLES

All participants in the study lived on low incomes. The majority of younger mothers interviewed indicated that there were times when they experienced financial stress. Aside from routine expenses such as food and rent which can stretch family budgets, unexpected bills relating to sick children or car maintenance significantly added to this financial stress. Many participants spoke about their reliance on family members or ex-partners to assist them in meeting child related expenses.

It's very, very hard. I had him very early and if I'd known any newlywed couples who are thinking of having a child my advice would be to at least collect a savings and think everything through because having a child is very costly. It turns things upside down and if you're a studying person, finish all your studies before a child because they get in the way. At least have a good savings set aside for your child and your child's every needs. Thankfully I have my mum around. She gave me the baby cot and everything, so I didn't have to buy any of the big things. Basically in a week I end up spending more than \$200.00 just on him, nappies, wipes, his food, his things. I don't get anything for myself. (RC11)

In the face of financial hardship, several younger mothers emphasised how important it was that their children did not 'go without' or suffer and that meeting their needs took priority. Participants in one focus group discussion made these comments:

(P1) And not even that but I find a lot of the young mums I know, they'll go without themselves to provide their children with what they need. It's only just come onto winter and I know a lot of

women, I bet you there's some of us sitting in here that have hardly any winter clothes but yet we've gone and got all our kids their winter stuff, all of that.

(P2) This isn't even mine. (pointing to her coat)

(P1) Yeah, we get that feeling, we go 'Oh, okay we need this but the kids are more needy.' We like to make them look well presented and well cared after and all of that.

(P2) We all have bigger dreams and hopes of how we want to raise our kids and what we want to give them. But that doesn't matter, as long as they're happy.

However the consequences of financial stress can exclude younger parents from obtaining vital services for their children. One single parent who has experienced significant adversity throughout her life and lives with her two children talked about needing help with managing her youngest child's behaviour, as she doesn't know how to effectively deal and respond to him.

I think the most beneficial thing for me right about now would be to go to Tresillian or a similar service but I like Tresillian, it's close to me. But I just simply can't afford it. (RC15)

A few parents had also resorted to using charities to obtain vital necessities such as food or assistance with utility bills, as well as big ticket items such as furniture.

For some couples living on a low income, the baby bonus was seen as critical in enabling one parent to spend time at home caring for very young children.

The baby bonus is great. It means that I can have at least six months off work and possibly a little bit longer. My husband is not a high income earner so that really helps. It's funny how we went from saving money, but not having that much extra money from two wages, because we were away all the time, but we've learnt to cope. The baby bonus is really good. It helps and I will probably have to start looking for work once that finishes, but it means that I can spend at least the first six months at home with her. (RC19)

UNSTABLE AND INADEQUATE HOUSING

Several younger mothers spoke about times, either currently or in the recent past including during pregnancy, when they were homeless or living in less than optimal housing conditions. Most participants in this group were single parents based in all four study locations. Several younger mothers had been homeless for significant periods of time. A few mothers had experiences of being offered public housing in towns where they did not know anyone and had no support networks. One younger mother who was homeless when given this offer of housing explains what this would have meant for her:

Then I went to Housing Commission and they were going to put me and my son in [name of town], I had no money, no support, I was under a lot of stress, I didn't know no-one in [name of town.] They said for me to stay there for a week and then come back to get an extension for another week down there and I couldn't do that, I needed support around, someone that I knew was close, I didn't know my way around there and it would have just made everything a lot more stressier towards everything. (RC9)

Some participants were living with their parents or other family members at the time of the interview. In some instances this was due to having an inadequate income that did not cover accommodation costs in an expensive housing market. These shared living arrangements were seen as deficient due to overcrowded or cramped conditions and the resulting lack of privacy. The high cost and shortage of suitable private rental accommodation, together with long waiting lists for public housing serve as insurmountable barriers to acquiring acceptable housing.

One younger mother who has 2 children (2 months old and 2 years old) and is temporarily staying with her father says:

I've been looking for a house for the last, well, since I've been back in Alice Springs and it's just so hard plus with the kids, I've been in and out of motels. (RC5)

She goes onto say:

The hard things were not getting sleep. Pretty much because I don't have my own space, because the house is so jam packed with my dad and his wife and stuff, you don't get enough room to bathe the kids and feed the kids because everyone's just everywhere. (RC5)

Age can also serve as a barrier to acquiring private rental accommodation.

This year itself I have applied for 15 houses and been knocked back. I think it's because I have never rented before and don't have a history thing about it. (RC23)

GENERATIONAL DIFFERENCES IN PARENTING

Participants were asked how (if at all) younger mothers differ in how they parent compared with older mothers. The pros and cons of having children at different life stages were recognised by many participants. At the same time there were a variety of perceptions about differences in parenting styles between generations of mothers.

Several participants made the observation that younger mothers are often unfairly perceived as being inadequate parents by older mothers and there are benefits of a different nature for both younger and older mothers. The benefits of having children at a

relatively young age relate to having more energy and being more physically fit as well as being able to remember what it is like to be a young child, all of which were seen as contributing to richer and more rewarding relationships with their children.

Greater financial security experienced by older mothers was identified as a significant advantage for this group by some participants. One younger mother makes this comment:

I suppose older mothers have got a lot more stability or most of them they might own their own homes, they've had good jobs, they've got savings which in a way is very important [for] the stability for your kids. (MM3)

PARENTING STYLES

Although younger mothers in this study generally perceived themselves as being as competent as older mothers in their maternal abilities, several recognised that older mothers have the advantage of being able to draw on life experiences and use these in their parenting approaches. A few participants thought that older mothers invested more in their children in the form of daily care responsibilities. One participant makes this comment:

I just had a big discussion the other day on Facebook about this. To me older mums they know what they're doing. They just sit down and they take the time out to listen to their kids and that, whereas these young mums, they just walk around like they don't even have kids really. (RC23)

A number of participants were keen to distance themselves from some younger mothers, particularly those in their mid teenage years, who they perceived as not always doing the right thing by their children. In their view, this group of mothers was not yet ready to change their lifestyles and make the commitment to raise their children in contrast to older mothers. One participant explains:

They're more organised and more settled in life, whereas young mums and this isn't myself, other mums from what I've see, you know, they dump their babies off at the grandparents. The grandparents basically raise the children. (RC18)

In contrast, some participants did not perceive any differences in parenting styles between younger and older mothers. Feeling unconfident in dealing with the unknown and drawing on similar informal supports were seen as common to all new mothers. Differences in the quality of parenting between the two groups are also viewed as negligible.

HOPES AND DREAMS – THE ASPIRATIONS OF YOUNG PARENTS

There are enduring concerns in Australia, USA and Europe that early motherhood limits educational and employment opportunities and results in long term welfare dependence. Changes in Australian society, consistent with overseas experience, include increased educational levels required for mainstream employment and increased costs of education (Lee & Gramotnev, 2006). These factors together with the availability of affordable child care and the extent to which employment policies are child friendly are known to affect the likelihood of younger mothers successfully navigating and finding a place in vocational and employment systems (Summers, 2003). With the quantitative data clearly indicating poor employment outcomes for many younger mothers (Bradbury, 2006), it is interesting that almost all of the participants in this study, including those who had experienced significant disadvantage, expressed high hopes and dreams for the future. However, like many young people they had little understanding of pathways to achieving their aspirations or how they could overcome the multiple barriers that stood in their way.

HOPES AND DREAMS BEFORE PREGNANCY

UNABLE TO ARTICULATE HOPES AND DREAMS

Only a few young mothers were unable to articulate any aspirations for study and/or work before they became pregnant. All of these parents had experienced significant childhood adversity and all had unplanned pregnancies during their teenage years.

I had very small dreams and I didn't really plan much for the future because I never knew where I'd be or what I'd be doing. (BT9)

I had dreamt that I'd still be alive by the time I hit 18. (GW4)

TO HAVE A VOCATION/PROFESSION

Many participants were able to identify a specific vocation or profession they had aspired to (for example, becoming a vet, an accountant, a teacher, a lawyer, a hairdresser, a doctor or nurse, or being in the army or navy). For many, these dreams were still alive.

Yeah I've dreamed all my life to be a hairdresser, ever since I was a little girl...but yeah I can still do that some day. (KB7)

I really wanted to be a doctor or a nurse and I still think about it to this day about what I wanted to do as a younger person, I hope that one day I will be able to fulfill that dream. (MM3)

Some participants spoke about people who had influenced them along the way, especially at critical times, and how they had felt that they too could do these jobs.

I always wanted to become a counsellor with young teenage girls. (KB8)

FINISHING STUDY

Many of the young women became pregnant while they were at school, TAFE or university. Their intention had been to continue their education and training which was unexpectedly cut short.

I wanted to go back to school and finish my school and do courses and stuff but yeah no I didn't get very far. (RC1)

I actually did a year of a commerce degree because I wanted to be an accountant. (MM2)

I wanted to finish my apprenticeship. (RC18)

I wanted to study at NIDA and break into the acting industry. (RC20)

JUST GO ON WORKING STEADILY AT WHAT I WAS DOING

Several young women spoke about enjoying their jobs (for example as a teacher's aide, a butcher, a jockey) and that they planned to continue progressing their careers and "getting ahead".

I suppose just to keep going in what I was doing, just working and paying off a house and possibly owning... another one. (BT5)

...working really hard and earning really good money. (RC6)

HOPES AND DREAMS NOW

Two main themes emerged when participants were asked about their hopes and dreams for the future. Almost universally participants spoke of 1) the wish to create a safe and secure future for their children and/or 2) the desire to find a really good steady job.

A SAFE AND SECURE FAMILY LIFE

Most participants wished first to provide safe and happy environments for their children, which were both emotionally and financially secure. Many parents specifically stated that

their children came first and that only after they had secured the right environment for their children could they begin to pursue personal aspirations through study and work.

What it comes down to is my kids come first and I look out for my kids' wellbeing before I look out for anyone else's... (KB10)

The stated conviction that “children come first” was particularly strong among those young women who had suffered significant adversity in their own lives.

Had to focus on me and the kids getting through it and then dealing with everything else as it came. (GW2)

One young woman, whose first baby died of SIDS, wanted things to be right for her daughter first before she turned her attention back on herself.

And when she starts going to school I can start studying properly or get a job, like just focus on me again. (GW2)

A young Aboriginal woman who had managed to extricate herself from a very violent and abusive relationship spoke about how difficult it had been to establish a safe, emotionally stable environment for her son.

It's been tough but I've got to be strong for my little man... I was there and it was good because then I was building that bond with my own baby, having him all day every day... I enjoy being a mum, I love it now... I think it's only fair just concentrate on him and give him what he deserves. (RC9)

Part of the determination to be a good mother and devote time to their young children sprang from the desire to give their children a better chance than what they believed they had experienced.

I don't drink, I don't smoke, I don't go out, I'm doing parenting courses, I'm waiting to go to uni to do my degree, everything's changed... But I want him to see a positive influence. I want him to have a good strong work ethic and when I grew up my mum dealt drugs and everything and she worked as a prostitute or a barmaid, that was the extent of her professional experience and she was a very intelligent woman and it doesn't really instil a whole lot of passion in a child to see I don't need to work, I can just bludge off Centrelink. I don't really want my son to learn those kinds of ideals. (RC9)

Others also made the point that a strong and secure family life meant making more money and being a better provider to their children. High on their list of priorities was getting to an imagined place where they could earn an independent income. For this group, the desire to earn was not so much about realising a career ambition as it was getting any job so long as it improved their precarious financial situations.

...earning my own money instead of sitting at home and getting money from like the government... (RC1)

Yeah, they've got this stupid rule that you don't have to look for work until your child's seven... I legitimately wanted a job and it was difficult to get on the system... (RC18)

Just want to get off Centrelink... just want her to know you don't have to rely on Centrelink. (MM4)

Many of the participants were renting and moving around to find housing arrangements independent of their families. Some participants specifically identified housing security as an important goal for the future.

I'd like to own my own house... I would just love to have my own house I can do whatever to it, just have it my way. (RC1)

I don't want to be renting for the rest of my life. (RC16)

A REALLY GOOD, STEADY JOB

Almost all participants envisaged future careers for themselves. Many young women spoke about their desire to return to school or further study so that they could begin to realise their earlier or newly found career aspirations. Their answers to the questions about aspirations, despite the long road obviously before them, were full of hope.

I want to do Year 11 and 12, like Year 11 again and then Year 12, and then I'm going to do a Veterinarian course after that. (RC12)

I'd love to get a decent education under my belt. I'd love to go back to school and maybe even do my HSC. (BT9)

Yeah I've taken the first step, like actually studying. Yeah that's my first step. And then my next step is actually finishing it. And then the next step is look for a job, which is hard, and yeah, get a job so I can support, I can also support my family. (GW2)

More than half were clear about the type of career they wanted to pursue. Although some still wanted the job they dreamed of before they were pregnant, overall the profile of aspirations had become more feminised and reflected experiences with professional groups they had encountered in recent years, including (but not limited to): being a nurse, a midwife, working in a doctor's surgery, a counsellor, a psychologist, and identified by several participants, working in child care.

I still want to finish my child care thing because I'm three quarters of the way through it... but then I would like to go into some kind of nursing or midwifery. (KB9)

Other occupations reflected a desire to find careers or ways to earn a living that could be balanced with the practical constraints of parenting young children, particularly when they

were on their own. This category included occupations such as beauty therapist, 'running my own business', working in a doctor's surgery, and being a teacher, for example.

When the kids get older I'd like to maybe go to TAFE and University and get some qualifications so that I can start somewhere in a hospital or a doctor's surgery. (MM3)

MAKING HOPES AND DREAMS COME TRUE – ENABLERS AND BARRIERS

A benefit of qualitative research is the flexible way it allows data and theory to interact with each other (Neuman, 2006). In the discussion of enablers and barriers to younger mothers' 'hopes and dreams' three organising concepts are used to frame the findings and the analysis: identity; capital (social, cultural/human, financial and social) and social support.

IDENTITY AND ASPIRATIONS

Participants seemed aware of the precariousness of their status as mothers and workers and what they repeatedly referred to as the negative stereotypes about the motivation and lifestyles of younger mothers. In their answers to questions about hopes and dreams many emphasised their strength in overcoming adversity, their desire for independence, and their wish to be regarded as resilient and successful. As discussed earlier, motherhood as a positive identity was a strong theme in this research. Almost all participants made statements about the good job they did as mothers; and that the 'good mothering' of young children was an important contribution to society. It is interesting that many mothers interviewed (all of whom are in receipt of income support) described themselves as the 'primary income earner' in their families. In their estimation the 'good mothering' of young children is a job; and a worthy job at that.

For some who had suffered previous adversity in their own young lives, becoming a mother gave them intense pleasure and satisfaction for the first time. While the experience of mothering young children was on occasions stressful, some participants claimed that caring for their babies improved their mental health and provided them with a great source of pride and achievement.

Because I never finished school or nothing, every time someone sees her they're like 'oh my God she's so beautiful, she just makes me so proud, something to be proud of and loved. (KB7)

You might think about how life might be more free without them then you think that you have a friend for life, someone who you're going to mentor - someone who is going to grow up to be a doctor, cure cancer... (BT11)

Some clearly felt unable at this stage to look beyond the immediacy of the mothering role and its great rewards.

Q. That's great and what do you think would help you achieve those goals or those plans? Are there opportunities out there do you think for you that you could grab onto to do that?

A. Yeah probably I've just got to look in the right spot, but I'm in no rush at the moment I prefer staying at home and look after my kids, by the time they go to school I probably won't even want them to go to school, I'll home school them myself, but no... (RC1)

In addition to the desire to prolong the sense of achievement in mothering was sensitivity to perceived criticism. As highlighted in a previous section, stigma associated with young parenthood affected their willingness at times to engage with mainstream agencies or activities which could begin to provide the networks, preparation and support for future study or employment.

Yeah, I've always had this thing about people judging me so I'm a bit weird about people judging me all the time. Like I get changed 10 times in the morning because I think, "Oh, no this person will say something about that." I just don't like the way people look at me and stuff even if they are not looking at me, I still think they are. So, yeah, I'm not a very confident person. (KB9)

Yeah. I don't think I'm interested. I don't want to feel as though I'm being judged, I don't want to think that someone's better than me or worse than me: I just don't really to be put in that position really. I like things the way they are and how they're going at the moment. (MM3)

HAVING THE MEANS – THE SOCIAL, FINANCIAL AND HUMAN CAPITAL

There is a high level of agreement in the literature that social capital generally refers to the norms and networks that enable people to work collectively to resolve problems and achieve common goals. This ranges from providing support and looking out for each other to working together to access important social resources such as employment, training and economic resources (Cox, 1995, 1997; Putnam, 2000; Woolcock & Narayan, 2000). Many of the younger mothers in this research indicated high levels of support from family and friends (discussed in more detail in the next section). However, absent for many was the kind of social capital referred to by Woolcock and Narayan (2000), which provides a bridge to new networks and opportunities, especially those required for knowing how to access further study and employment.

No but I do look on the 'net and in the local papers and I've applied that many times for so many jobs and not one person has even bothered calling back. (RC23)

For others it was the unavailability of networks to mind children while they applied for jobs, or to assist them with study that made them despondent about realising future hopes and dreams.

Just to have help from people, maybe a good preschool or people that I can rely on to babysit and a good teacher [for me]... someone to help me wherever I am studying. (KB9)

The absence of financial capital (to pay for formal child care, to run a car or even to learn to drive a car) was a major barrier to further study and employment.

It's just because one's, I don't know, because I've only got my Ls and having two kids it's just, I can't cart them – not cart them around, but one's walking and one's in a pram and yeah... (RC13)

Yeah I'd do a lot of things if I had a licence instead of just sitting at home. (RC1)

...At the moment he's not in day care full-time. I couldn't possibly afford that, so I'll have to wait until he's a bit older and goes to school and then I can focus on studying full-time. (RC9)

Trying to find accommodation, trying to get day care and get a job, the fact of having them constantly 24/7 gets on you because they say you can get depression very easily with kids, but I had it before I had my kids. It makes it a bit harder for me. (RC5)

So just child care minding facilities at the TAFEs and what not would be a really big help, and I think you'd find a lot more single mothers would find it easier to go to the TAFE as well. (MM1)

Many participants specifically identified the lack of affordability or availability of child care as a barrier to employment or study. Some could not envisage how they could go back to school or TAFE or university without child care. In contrast, the younger mothers at the Canberra College spoke with great enthusiasm about the program and how the flexible study arrangements combined with on-site child care transformed their capacity to complete their Year 12 certificates.

At the start of the term when I first enrolled here because I fell pregnant in my Year 10 after formal party and I tried so hard to get back into school and everything and no one was willing to take me on, none of the colleges, they were like 'No, you have to work out day care and if you work out day care then come back and see us', and then I found out about this school and then I enrolled and then actually realised how much there is out there for us... (focus group participant)

The following focus group comments highlight the critical importance of child care extending to TAFE and university for young mothers in receipt of income support and parenting on their own.

I went to another talk like this and I was saying that it would be good to have another program like here in CIT [TAFE] because I know it's all good and well and I'm going to get my Year 12 here but I don't know what I'm going to do next. Once again that's another issue with child care... (focus group participant)

Now I have to pay \$77 a day for child care for each child, I've got two, uni fees plus child care, there goes my dream. So sometimes you think there's really no point. (focus group participant)

Although almost all the participants could identify aspirations for the distant future, many struggled to know *how* they would reach their goals. This capacity of individuals to work towards important goals, sometimes referred to as human capital (Australian Bureau of Statistics, 1999; Cox, 1997; Black & Hughes, 2001) is dependent on a number of attributes, including skills and knowledge, capacity to adjust to changing circumstances and overall levels of health (Black & Hughes, 2001). Having left school early and without the experience of work prior to giving birth, a number of participants clearly lacked the confidence, knowledge, and skills to begin to prepare for their futures in study and/or work.

I don't know, probably my mum's fault or my fault, I just don't know what I want to do and I don't have any interests, I play computer games but no one's going to pay me to play computer games, unless I actually know how to change the graphics and all the actual computer bits and stuff which I don't. (BT11)

I want to study. I'm just not sure what I want to study yet. There are a few things. (KB1)

Several also spoke of their very basic lack of skills, such as preparing CVs or knowing how to find employment, and that job agencies did not provide them with the individual assistance tailored to their circumstances that they required.

There was no one-on-one [job agency], except for your initial interview. Instead of having to talk to a person face-to-face, someone who could help you, it was a hassle for me to get them to update my CV, little things like that and to help me write it out so there was an opinion on it and better quality written. You'd come in and all they'd do is tick your name off, as long as you turned up, they didn't care. It's designed for lazy people; it's not designed for people who actually want to look for work. They weren't helpful in the sense, I had questions I needed to ask and they'd say get on the Internet, or look in the newspapers. You get fobbed off. (RC18)

With many young women in this study volunteering information to the interviewers about histories of anxiety and depression, some have worked hard to overcome what most people would regard as insurmountable difficulties to prepare themselves for future employment. The story given below is one such example.

Chloe had a very difficult childhood including sexual abuse within her family for a number of years and domestic violence in her subsequent relationships, resulting in multiple contacts with health and welfare systems. She left home at 14 while at the time living with her mother who had a long term drug (narcotics) habit. She is now 22 years old with two children (aged 6 and 2) and is currently living on her own. She is a very open and honest young woman who has battled depression and is currently receiving treatment from her GP. The most difficult challenge now is finding help in managing her young son's very difficult behaviour, but she is financially unable to afford the only service she believes that can help her (Tresillian, NSW). Despite not having any idea about what she wanted to do with her life over the past few years she is now finishing a nursing qualification at TAFE. It has been a great battle for her at every point; she remains isolated and the battle is a long way from over. (RC15)

EXTENT AND NATURE OF SUPPORT

ROLE OF SOCIAL SUPPORT

The role of social support, from informal sources such as family and friends or community organisations and from formal services, is well known to have a mediating effect on the isolation and stress that may be experienced by vulnerable parents (Cattell, 2001; Forrest & Kearns, 2001; Fram, 2003; Whittaker & Garbarino, 1983; Woolcock & Narayan, 2000).

Understanding the experiences and views of relatively young mothers about their informal networks and their use of services will assist those who make policy and develop services to understand how better to support the development of social capital for this group of mothers.

Building social connectedness or social capital to assist parents to cope with the stresses and demands of raising young children can occur in different ways. For example, at the individual and family level by increasing opportunities to strengthen the bonds between family and friends (e.g. improving partnered and other relationships). Also at the community level, by increasing the existence of new networks (e.g. through involvement in playgroups and other community activities) which have the potential to link parents to education, employment and other forms of social participation. Finally, social capital can be increased by finding ways to enable parents to have a say in how institutions such as statutory agencies and non-government sector institutions develop and implement policy and services (Woolcock & Narayan, 2000).

INFORMAL SUPPORTS

Participants were asked who the most helpful or important person was to them in being a mother. We expected from previous research (McArthur et al, 2009; McDermott & Graham, 2005) that participants would identify partners, families and friends as the major source of support so it was not surprising that these were the people who were most important to the mothers in this study.

Most participants were able to identify key people in their lives that provided a range of supports. There were however, as discussed previously, a number of mothers who had

experienced considerable adversity. Some of these women had been able to make connections while others remained isolated from informal and formal sources of support.

One young mother made the very important point about the role of support in the lives of new mothers and babies – for everyone:

I'd say the first three months are hard, but it's the time that you form that close bond with your baby and it's important to have a good support network because you can't do it by yourself and every time I've tried, I've failed. You can't raise a baby on your own. You need to have people that you can depend on to come and help you and simple things like I was just so exhausted, my foster parents were coming over and bringing home cooked meals. (BT9)

MOST IMPORTANT SUPPORT - MOTHER

Many in this study identified their own mothers (and sometimes both their parents) as their most important support. Mothers made it possible to cope in a deep way. Struggling with coming to terms with their new role, they appreciated how their parents supported them through this transition. The overwhelming reaction was gratitude for love, support and encouragement they gave to their daughters.

It's like jumping off a cliff and hoping that your parachute is going to open. It is worse than that it's jumping out of an aeroplane hoping that your parachute is going to open. Yes, mum is awesome. She was my parachute. (RC6)

It has been very, very significant [the help]. If it hadn't been for my mum I don't know how I really would've got through some of these hard times and things like that. She's very understanding and supportive. (MM3)

One young woman identified her foster parents as a critical source of ongoing support both to her and to her ex-partner:

The foster parents looked after me when I was younger, they were very keen to be involved in my child's life and it brought them closer to both of us and even now, I've been separated from R's father for a while now, but my foster parents still support me and they still support my ex-partner as well, so it's been really good that even though our relationship broke down, we've remained really good friends and we've both kept what we perceive to be our little family circle, it's stayed intact and I think that's very important as well. It's important for our son, but it's nice for both of us because neither one of us could go to our parents for help which means that my son doesn't know any of his grandparents and so I think it is a really good thing because it boosted my ex-partner's confidence. He felt like he was a better person and it helped bring us closer together as a family network I suppose. (BT9)

Others had family but felt they were not able to offer much support due to experiencing their own issues. A number of young women lived away from their families or had lost

contact with them so they were not able to access the hands-on support they sometimes needed.

That's like me. My family's scattered all across Australia, like, I've got my mum down in Melbourne, I've got my dad up in (country town), and I've got uncles and aunts just everywhere else. It's just me here. (focus group participant)

It's hard being a single mum with no help. Do you know? Like, it's really hard being a young mum, but let alone with no help, doing it by yourself and no support, because you don't know where to go for support sometimes. Then when you do ask for support or ask for help you get, end up in more trouble kind of thing sometimes. You can see that kind of happen sometimes. Do you know what I mean? You've got to ask for help and, "Okay, we'll help you. We'll take your kids because you can't cope." (focus group participant)

PARTNERS AND EX-PARTNERS

One third of the interview participants lived with a partner and one mother had a shared care arrangement with the father of her child. Half the younger mothers commented favorably upon partners' support. Some partners continued to be the greatest source of support although they had since separated.

The type of support provided was mainly identified as: concrete care of the child or children, 'being very hands-on', giving mothers a rest when children had been sick and providing emotional and financial support.

For some mothers there was a strengthening of relationships with the birth of the baby even when some relationships were relatively new. This young mother identified how it took some time to adjust to the parenting role:

It did affect us a little bit, like always fighting. Because I just felt like I was the only one doing stuff. Like one of my other friends explained to me, it's new to them too, we have a mother instinct like that, but they have to warm themselves up into it, they don't have a mother instinct, they have to watch and learn. (KB7)

Some mothers talked about how important it was to have a partner who took an active role in parenting with enthusiasm and responsibility.

One younger mother put it this way:

He's a lot more supportive. He's very hands-on with all of the kids he always has been. So it's made it a lot easier on me especially with my depression and things like that. G [partner] has been very supportive very understanding. So I think that having a loving and supportive partner makes it a lot easier, a lot easier, to get through everything than doing it on your own because with L [first child] it was very, very hard being alone. (MM3)

However, for others, the often fragile and fraught relationships were put under significant strain which often ended soon after the baby's birth. Some fathers, although separated from the mother continued to have a relationship with the child, and provide a range of support (e.g. emotional, practical and financial).

[he] helps with nappies, bathing, cooking, cleaning, all that sort of stuff with O [son] while we were still living together, and after that when we separated but we were still living on the same property, just in different houses, so like he was still chopping firewood for me while I was pregnant with B and would take O for me if I needed a break or whatever. If something happens like he still fixes my car for me and stuff like that. Yeah, we've actually swapped cars at the moment. I'm driving his at the moment while he fixes mine. Yeah, so stuff like that. (MM2)

He really I guess to an outsider I think you'd be forgiven for thinking we were still together, he comes around every day, he pays maintenance but there's been a few times when I'm like I can't afford blah, blah, blah this week and he'll go that's alright I'll go and get it for you. (BT3)

A small group of mothers had made decisions to cease contact with the fathers due to continued issues, such as the fathers' alcohol or drug use or the level of conflict or violence.

He didn't really change all that much [after the birth of the baby], I mean like I said it was an abusive relationship, so it never could improve, he was hardly ever there, when he was it wasn't the best thing, I'd have to always be taking my daughter to his parents because we still lived with them, and there wasn't all that much improvement there wasn't all that much change, because he didn't step into that fathering parent role. (MM1)

A [ex partner] got issues as well, that's why I split with him, he's got alcohol issues and other issues and I don't want my kids seeing that. He's getting help for it, but that's why we're not together now, he's not living with me, but he does come over quite a bit and I try and be there for him as a friend as much as I can. But sometimes I've really got to put my foot down because sometimes he gets the wrong idea like we're back together so I've got to be strong in that sense as well. (KB10)

Others described few informal supports but seemed to have contact with a broad range of formal services. These are identified and discussed in the next section. However, even being linked to formal services is not a substitute for close family and friends. One young woman talked about her turbulent childhood and subsequent mental health and drug and alcohol issues. Although she has had significant contact with health and welfare services she has limited informal support. She believes she has lost contact with her family due to a past drug history and having children very young.

FRIENDS

For some participants, friends played an important role in providing emotional and practical support in their new role as mother. Most mothers preferred to take part in informal groups of friends their own age or create their own groups with people who they felt comfortable.

The majority of younger mothers interviewed said they were members of informal groups of friends who met regularly.

One of my closest friends, she's got three kids now... And like we always see each other and we'd always have big talks, like long talks and yeah she was the one I talked to about my feelings like when I'm feeling down mainly. (GW2)

I've got a couple of friends, older friends that have got babies and kids and stuff like that and we go out once a week or something to catch up for a coffee and stuff like that. (KB1)

Many found that friends were a great support during pregnancy and after.

No matter what, she'll tell me I'm doing a good job even though I'm not. If I'm having a bad day she knows what to say. (KB1)

There was sometimes the need to make new friends who better understood the new role. Most participants had contact with other younger mothers and they found this connection very helpful.

I have a couple of friends who were young mums around a similar time and they've basically become our entire social network because all my friends who aren't parents, they just don't understand it. It's like a completely different world and trying to fit in with other young people who aren't parents, it doesn't really work and it's difficult when everyone else is talking about - I'm talking about sleeping patterns and teething patterns and my son's learning to use the toilet and they're looking at me going I don't understand that at all, that's not my world. It becomes hard to fit in with people who aren't parents, I suppose and that can be very isolating. A lot of the young parents around me are not necessarily people that I'd want to hang around and not people that I'd want my son around either. (BT3)

With parenthood, many mothers indicated that the nature and extent of their previous friendships changed. Having a child at a young age sometimes meant friendships either drifted away because that group were going out and having fun in ways participants couldn't engage in, or because they were doing things that mothers didn't think were 'right' for someone who has a young child. The young women often felt different to their peers and this sometimes led to a loss of friendship networks.

Yeah because most of them are just going to hurt you, if they're like in school, they're just too young to understand like why you're putting the child's needs above your own and some people would just rather you go oh no let's get a babysitter and you come this whole week or whatever, go out drinking or whatever. (BT11)

I've lost a lot of my friends, not lost them, but just lost contact and don't talk much, because they've got kids too, and a lot of my friends have kids as well, but we've just lost contact, not lost contact but we just don't talk that much, because of our babies. It's weird. (KB7)

ONLINE SUPPORT

Several participants used Facebook to keep in contact with family and friends.

I talk to my aunties and stuff, so they just give me a lot of positive feedback on things I might say. Like if I say in my status that I'm not having a very good day or something they tell me to cheer up and say some nice things to me. It's mostly family that I only talk to on Facebook. (KB9)

One found that being able to reach out to friends via the Internet supported her through a very bad time.

I was just by myself because everybody was at work so I would just do it by myself, I would go on the Internet and talk on the Internet to all my friends, so I could just try and get my mind off things, and yeah eventually a couple of weeks after that I come through and I was okay. (RC1)

LACK OF INFORMAL SUPPORT

Those who did not have the support of family and friends felt very isolated.

My ex has just gone completely and utterly nuts, so I can't ask him to take my kids. I haven't had time off since Christmas two years ago. It's really hard, because I don't have any support either. I don't have family involved. I don't have anyone involved to kind of steer me in the right direction. I've just got to sit there and deal with it, day after day. (focus group participant)

Some indicated that they felt alone and socially isolated – having to do it all alone.

Yeah, well, the way I also found it is when I wanted the support, it wasn't there. I couldn't get that support and now that pretty much I'm in the shit and there's no way of getting out of it, where's the support when it's too late. I can't do nothing with that support now. (focus group participant)

SERVICE USE BY YOUNGER MOTHERS

To assess what formal supports younger mothers draw on, they were asked about what services they used. This included questions about universal services (e.g. medical, Centrelink), ‘targeted’ services (such as counselling, family support) and intensive services (e.g. child protection, police). It is clear that the everyday universal services such as medical services and Centrelink are where the younger mothers in this study made initial contact with the service system outside of their family and friends.

A substantial number of mothers said they didn’t think they needed to use any services other than doctors and midwives. This was often because they felt their needs were met by their partner or family or they were ‘too proud’ to ask for help.

I didn’t need help. No, I didn’t use any services apart from Centrelink, I didn’t go to any other services apart from that. (MM2)

I don’t know really... The reason that I haven’t used a lot of the services is because I’m a bit too proud as well. You don’t want to think you need to have to use any type of service, it’s a pride thing I think for me. I can do this on my own, I’ve done this and this is how it is and I can do it. Do you know what I mean? (RC18)

UNIVERSAL SERVICES

MEDICAL SERVICES

In contrast with the literature, which indicates that younger mothers find health services judgemental and stigmatising, many participants in this study expressed very positive views about the service they received from health services, particularly services involved when they had their babies.

Yeah they were really nice... they’re actually nice the way they talk to you and they try to help you out as much as they like, as they can yeah. (GW2)

Doctors were praised by the mothers, who they saw as helpful and non-judgemental, with the health and wellbeing of mother and child their primary concern. Doctors were commonly the initial providers who referred the mothers to other support services. The word ‘trust’ was used by many of the mothers.

My doctor, my GP, yeah she helped me quite a bit... I trusted her. (KB9)

Nurses and midwives were also seen as caring and also often gained the trust of the mothers. Many participants told of times when midwives had gone out of their way to provide extra support.

She [midwife] always tries to make sure that I'm okay. And I know that I've always got her to talk to if anything goes on, and she'll do anything that she can to help me. (KB10)

One mother described her interaction with the maternal and child nurse:

..she would say if you have anything to ask just ask, just little things like how he's not sleeping and she'd just give really good advice which I'd follow, and she was very good but she was about the only person that I could ask. My mum's got experience too, but she's [the midwife] a midwife she's had experience with lots of kids, so she was just very good. (KB5)

Medical centres and clinics were also seen as good places to go for advice and reassurance.

Yes, they're [medical centre] really cool, they're really nice staff. They don't judge you which is really good. I've found a lot of people that judge me. You ask them any type of question and they'll answer it no matter what it is. They're very nice people and they're always happy. They don't have bad days. (RC5)

Almost all the mothers had experienced positive experiences from the health system generally and saw the professionals in this sector as a place they could get information and help. The family doctor was the most likely person for them to turn to if they need extra help.

CENTRELINK

As all of the participants in this study were in receipt of income support they all had contact with Centrelink. Most of the younger mothers were generally positive about their interaction with Centrelink, finding staff professional and friendly.

They're really good and friendly and stuff. Yeah well I went in there yesterday and one of the ladies from when I was pregnant came up and goes "He's grown big" and yeah like she knows his name and stuff. (RC16)

I had to take in a rent certificate and she just happened to be the lady that served me and she said take it home, fill it out, she said I'm always at this desk don't worry about lining up in line just come down, drop it on my desk once you've filled it in and I'll file it for you straight away, and so once I filled it I took it back there, went straight over to her desk and she's like oh how you going, had a big old chat about life and they happened to be having a sausage sizzle that day and she's like oh come on we'll go and get you and your kids a sausage each, she was just genuinely a really nice person and she's like if you ever need anything you know where my desk is just come up and ask don't worry about waiting in line, so that was really good just being a little bit more personal I guess rather than just you're another number. (BT3)

However, a number of mothers found the service at Centrelink frustrating. Most of the criticism stemmed from the time it took to get their payments processed or being provided with wrong information or wrong payments meaning their income was cut or stopped.

Frustrating, it's just form after form after form after form and it's like now I'm quickly running out of money and I need something soon and they're like oh yeah it will take six weeks and it's like Jesus Christ.... Centrelink takes so long. (BT3)

Yeah, then they cut your payment off and they want you to attend appointments but I can't go all the time. We only have the one car and my husband takes it to work and Centrelink, from where I live, is far. I'm not going to pay taxi money just to get to Centrelink. (RC11)

A number of participants were very relieved to receive the baby bonus, which helped with the expenses of a new baby. There was also the recognition that they were able to spend time with their children because Centrelink provided them with an income.

Even though I can't stand being on Centrelink, if it wasn't for them I would have had to put her in day care five days a week to go and get a job and not be able to spend as much time with her as I possibly could. So now she's going to school next year, I'm doing a course this year and then I'll be able to get a good job and get off Centrelink and not have to worry about not spending time with her. (MM4)

With the financial support, yeah they've [Centrelink] been really helpful. (GW2)

There were also specific concerns raised about the atmosphere in a particular Centrelink office where there were high levels of aggression and frustrated behaviour by other customers.

A number of the participants mentioned how they valued the alternative ways of dealing with Centrelink such as outreach or online. Centrelink assisted one young woman to commence payments when they visited her refuge.

SCHOOLS

The majority of younger mothers were working prior to the birth of their child, but others became pregnant before finishing high school or college. Some found it too difficult to complete school, while others had the support of teachers to help them complete their schooling.

It was just little things like on the days if she was sick and I couldn't come to school because I genuinely couldn't get anyone to look after her and she couldn't go to child care if I'd had exams on a particular day or if there was something that was particularly important for an exam the teachers would make sure that the information got to me and that I wasn't disadvantaged in any way. (RC20)

Participants who attended the program at Canberra College were positive about the program. The program enables parents to attend school and provides onsite child care. A valuable outcome of the program is the peer support from the other young parents attending the College. This type of support is very important to younger mothers.

Yeah, like I know a lot of the young mums that have come here and they've thought they're the only young mum in Canberra that's at that age having a child whereas they come here, they walk in the door and they take a look around and go 'Phew I'm not the only one, now I have people to relate with,' and I think that's what we needed. (focus group participant)

YOUNG PARENTS' GROUPS

There were mixed reviews about parents' groups. A group of younger mothers reported that as they are coping well they don't need to be part of a mothers' group. There was the idea that only those that weren't coping needed this type of support. For example:

Yeah there's a thing around the corner for young mums, it's like a young mum's group and bring your children in and they help you and stuff but I don't really need that. I think I'm actually coping pretty good. (RC12)

Several younger mothers are currently attending young mothers' groups, but many who had tried these groups expressed dissatisfaction with mixed aged groups.

Because I was the youngest there I felt really uncomfortable, because everybody else was in their 30s and 40s, and I was only 18, so I felt completely uncomfortable... So I ended up going to the Young Mum's group out in X Community Health Centre... It went for about two years. That ended the year before last unfortunately, because they didn't get the funding. (GW1)

A few parents belonged to mothers' groups via Facebook, and one belonged to an Internet mothers' group.

On Facebook there's this group called Circle of Mums and you can talk about your kids and any milestones they've done or there's another blog about SIDS and you can just chat there. (GW2)

PLAYGROUPS

Very few young mums currently attended playgroups, but several said they were thinking of attending but had not got around to going.

I think playgroups for me is like a release... I'm doing a course through the (Child & Family Service) they take the kids off and look after them while we do the course. Yeah, just having adult stimulation. (focus group participant)

Most of the mothers chose not to attend playgroups and a few left because they didn't feel that they fitted in with the other mothers.

Not so many young mums, I wouldn't say young mums. I think that's why I steer clear of the playgroups in town because I had heard a lot from other people in general conversation that a lot of them were older you know, having their first child at forty and things like that. Judgemental, breast feeding two-year-olds, it wasn't my cup of tea. I steered clear and that was just going word of mouth. (RC18)

Some young mothers would have liked to attend groups but transport was an issue for them.

I was offered to go to quite a few of them but the trouble is they say oh yeah there's a playgroup here it's about 10k from your house and there's no way to get there and it's like well that's a bit useless don't you think. (BT3)

I haven't got a license so I can't go anywhere. (RC1)

TELEPHONE AND ONLINE SERVICES

A small proportion of the mothers identified health helplines as a useful source of information and support. However one mother who was from Fiji said she would have called a helpline but was living with a mother-in-law who did not approve of going outside the family for help. Most women felt they did not need to use a helpline and some felt that it was unnecessary when you have family to ask for help. The following idea was suggested as something that would be helpful to younger mothers.

A twenty-four [hour] helpline which I already use one anyway, just someone you can call and I mean I even rang ParentLine a couple of times and just hearing the other person on the end of line going it's okay, 100% better already. (BT3)

The majority of participants interviewed used the Internet for information about their children's development, current trends in parenting and social support. Most of the mothers used Google as a search tool to find information on parenting and health and identified useful websites such as www.essentialbaby.com.

TARGETED SERVICES

AND MEDIATION SERVICES

Most of the younger mothers preferred to go to friends and family for advice and support rather than see a counsellor. However, those who did seek counselling preferred to see someone young or who understood their position. The majority did not feel they needed or wanted counselling. The women who did go to counselling were being counselled for issues such as domestic violence, drug and alcohol abuse or mental health problems.

While younger mothers generally did not refer to family relationship and mediation services, in one instance a vulnerable younger mother who had grown up in out-of-home-care mentioned her difficulties accessing these services when she really needed to:

Communication has broken down and it's been really hard to find someone who we can sit down with and mediate. We did contact - what are they called? It's a government centre and it's in the city. I can't remember what it's called, but they do mediation between separated couples and we went on the waiting list. We waited seven months for an appointment to come up and by the time the appointment came up we were getting along very well and I was advised that we shouldn't come in because they didn't want us to waste their time so that wasn't very good because shortly afterwards communications broke down again. (BT9)

FAMILY SUPPORT SERVICES

Some younger mothers spoke of smaller targeted services that were supportive; these services took a holistic approach to the assistance they gave, earning trust from the young women:

I think without their family support services I really don't know how I would've gotten through the last couple of months. They've given us lots of good advice. They've written referrals for Lifeline, for the mental health workers, they've made positions in day care for the three younger kids yeah they've been great (funded through New South Wales Community Services). (MM3)

Crisis services, provided by charities and other non-government organisations, were used by several respondents. They used the services mainly to access food vouchers or to pay bills when money was extra tight.

Well they, because you have a bond and everything so I was running really low on money and so they gave me vouchers to buy more formula, two lots of formula and like gave me heaps of food and stuff, asked what else I need, if there was any furniture and offering more vouchers and stuff, which I didn't need. (RC16)

Other targeted services contacted the mothers to offer assistance directly, and this was greatly appreciated.

[charity]...rang me one day and asked if I would be interested in going back to study because I was seeing them before I was pregnant trying to find a job and then, yeah, so they called me up a few weeks ago and asked if I was interested in studying again and I said, yeah. (KB9)

INTENSIVE SERVICES FOR TOUGH ISSUES

CHILD PROTECTION SERVICES

Several younger mothers who were interviewed indicated that they had been visited by state government child protection or other statutory services. Some mothers reported the

outcomes of these interventions to be positive. For a few with serious drug and alcohol problems, the contact was regarded as a 'wake up call' which provided the impetus to receive the support they needed and to require them to think about their futures. One young woman whose children were removed for 7 months described what happened:

Yes and I had to move into a refuge. I completed two parenting courses, I went to a young mums group, I did dancing and singing for the little kids. I've been doing a DV course for a year, two different ones, and I'm waiting to start TAFE, I've got at least ten years of studying, six to eight in uni so it woke me up a lot. Like I said to DoCS I said it's a bad thing that you're involved but it's also a good thing because I'd probably still be smoking, probably still be putting up with crap from men, you know what I mean and it woke me up a lot. (RC9)

For most of these younger mothers the value of these interventions were the linkages made with intensive early intervention programs such as Brighter Futures and Tresillian where they gained the support they needed. They really appreciated the holistic approach taken.

I used the Brighter Futures program, and my case worker, she's great, she helps me, she talks to me, she does home visits and everything and I connected up with them after I had my son because of the situation that I was in. But the midwife came and done a home visit and she seen what I was going through with him, so she saw firsthand, so she referred me on to somebody from Brighter Futures and thought they might be able to help me. And she has, because my car is broken down now, she'll do things, she'll take me places that I need to go, she'll take me shopping, she comes in and says hi to the kids, plays with the kids. She's always asking how I am. She always tries to make sure that I'm okay. (KB10)

Some younger mothers were linked to young mothers' groups or other services. One young woman possibly experiencing postnatal depression said:

My partner at the time, the father of my son, he was worried so he ended up calling DOCS because he was worried, he was really worried about me and he thought I need to get help, because I was just so upset all the time and I think he thought I may have postnatal depression, I don't know. I ended up getting DOCS involved which helped me go, to a young mums group that used to run. (GW1)

In contrast, some receiving visits from child protection services, where the orientation of the visit was perceived to be investigatory rather than supportive, were afraid that their children would be removed and were defensive.

Yeah, they're rotten. And even if they are there to help you you're too scared to go and ask for help; because the stories you hear and the things that you hear about them you wouldn't want to go to them for help because you're scared. (focus group participant)

REFERRALS TO SERVICES

Most referrals to support services came through hospitals, doctors, midwives, social workers at hospitals and DoCS. Some referrals came through schools, either participants' own, or in one instance, the school the mother's child was attending. Although all the younger mothers had contact with Centrelink, it was mentioned in reference to referrals only a few times.

Previous research indicates that the use of 'supportive linking' (Winkworth & McArthur, 2007) increases the chances that younger mothers (and other parents) will more successfully connect to the services they have been referred to. Although pamphlets and lists of phone numbers might be helpful to some young mothers they are unlikely to connect the more vulnerable younger mother to services.

I went there [Centrelink] before DoCS were involved and I had nowhere to live if they could help me with a refuge or something and they gave me a whole list of numbers I had to ring up. (RC9)

Yeah, and trust is one of the biggest things when you do call up to get help from an agency. You don't know whether you can trust them in saying certain things, like it's meant to be that you're meant to be able to ring up and be completely honest and talk to them about whatever. (focus group participant)

IMPROVING SERVICES

Participants were asked what improvements could be made in the services they had accessed. Suggestions for improvements included a number of themes: a positive relationship with workers, the importance of offering services in a range of ways, the importance of choice and the voluntary nature of family support.

THE RELATIONSHIP WITH SERVICE PROVIDERS

The relationship established between staff and service users is critical to engagement. Developing a sense of trust, a theme repeated throughout the interviews, was largely based on the attitude that workers conveyed to younger mothers. Having a non-judgemental attitude, acknowledging that being a mother was a learning curve for mothers of all ages, and focusing on what was going well rather than what wasn't - generally taking a strengths-based approach – were regarded as important elements of a successful relationship. One focus group participant made this point strongly:

Well, how about, instead of telling me what I'm not doing, how about you tell me what I am doing that's right? Tell me what you want me to do. Tell me what I should have been doing. Don't just sit there and go, 'Well, it's not good enough. You've got to get this, this and this done.' Tell me what I should be doing about it. Try to explain how to do it, how I go about it, if I don't understand what to do. (focus group participant)

Feeling judged by services also affected the willingness to engage with other services in the future.

I think that it's really important that the people who run these services, they need to be aware of how sensitive young mums are to judgment and the perception that this person is looking down their nose at me. When you first become a mum, it's really overwhelming and it's really easy to doubt yourself and you don't necessarily need other people to doubt you either so I just think that if they could be a bit less condescending, a bit less judgemental, that would really make it easier for young women to accept help without feeling bad. (BT9)

What younger mothers also appreciated in their service interactions was that workers were able to convey that they understood their particular circumstances. A worker's credibility was often further enhanced by the worker being young or even being a younger mother themselves. The key point is that understanding the circumstances of the younger mother is demonstrated. One put it simply:

She listens. She's always got a wide variety of ideas and thoughts that I can do. (GW4)

ACCESSING SERVICES – THE IMPORTANCE OF OUTREACH

Participants identified a range of different ways they could access assistance or services. A number of mothers, many of whom did not have access to a car or transport, talked about the benefit of services coming to their homes. This may have been in the form of maternal and child nurse doing home visits, Centrelink outreaching through another service or services ringing them to see if they needed help. One woman said:

Well maybe sometimes mothers are too tired to go and... well they could go around to homes to tell them they're a really good service and go to the homes and pick them up. (RC7)

CHOICE AND VOLUNTARY NATURE OF SERVICES

Younger mothers often felt judged by services – the idea of having choice about what was being offered was very positively viewed. This point was made strongly by young women who had interactions with the child protection system. They clearly felt enthusiastic about the voluntary nature of early intervention programs such as Brighter Futures in NSW and motivated to take advantage of the services offered.

Just that they always mentioned that it (Brighter Futures) was voluntary, and I could exit it any time and when I did exit it, it was friendly and happy, it was like if you do need more support just give us a call, it was a nice ending to a nice couple of months that they helped me. (BT11)

KNOWING WHAT IS THERE TO HELP

A number of young women suggested that there should be better and more comprehensive marketing of the services and organisations available to help mothers, particularly when there is a crisis or there is no family to play this role.

Just more advertising, because you don't know, where do you find these services? You don't even know where to start if you need someone to talk to or something like that. I remember I called Lifeline one day. Do you know what I mean? When I was still with my ex, and just needed someone to talk to, because there was a bit of mental head screwing going on. (focus group participant)

I think if they've already got information packs for young mums, it would really help to put in things about mothers' groups and other support services that they can access, just put it in there that your local community centre might be running a mothers' group or if you contact this particular agency, they might be able to help you with donations or they might be able to help you find a course or a job or an outlet for yourself. I just think that information needs to be put in places where young mums will find it. (BT10)

Word of mouth was also regarded as a critical element in seeking out services or organisations.

If they have positive experiences, then they'll tell their friends and their friends will tell their friends and that will help. I think word of mouth is the strongest key. It's only going to take a few people's positive experiences to open other people up, but in my experience a lot of young mums have had negative experiences and we sit around and talk about that. (BT10)

A number of participants wanted to go to playgroups but either didn't know about them or they thought there might be older mothers there which they didn't like the idea of.

They need to put more advertising out there. There's not enough advertising for playgroups and stuff like that – all you hear about really is day care, and not much about playgroups and young mums. They will tell you that when you first have the baby, but you never hear much of it really, until today. (KB7)

Having younger mothers' groups was also regarded as important.

I think more support groups for young mums are needed. Because a lot of young mums are getting younger, and they may have their parents' support but they don't have other mums their age support, which is hard. Young mums need mums their own age to talk to about all the problems that they're going to be facing. (GW1)

GETTING A BREAK

A number of young women who didn't have a partner or family to provide them with a break from parenting felt there should be more opportunities through child care or other respite services. Some had managed to access child care for this purpose and it was highly valued, but thought that occasional care would be very useful.

No, because for me all I need is like at least two days alone and the day care is already doing that for me. But maybe a babysitting for at least one day, yeah, yeah not really free but at least they can just come in and then leave their child for a couple of hours and like they don't have to enrol, because if you enrol you have to stay there. (GW2)

Although one young mother would have liked to have this type of help she was worried that it would be seen as if she wasn't coping.

Whereas you look at these services for instance, they give you a pamphlet. I think it was for people to come and give you a break, as such there is a service available for any mum to have someone come in to your home for an hour or two once a week to give you a break, watch the baby while you have a sleep. But I think they're a bit intimidating and people might not be comfortable, especially young women with that. Do you know what I mean? If you use the service, you would probably would feel like people would think you weren't coping. (RC18)

WORKERS HANGING IN THERE

As described in earlier sections, there was a group of young women in the sample who had faced significant adversity in their lives. These women continued to be vulnerable because of earlier experiences. A critical element identified by them was when workers with whom

they developed a relationship continued to keep contact with them even when the young person or worker left the service. For example, a young woman established a close relationship with a social worker at a refuge who provided support for the first few weeks after the birth and continues to ring her to see how she is going years later.

The refuge worker who I was particularly close to - she was my social worker who I have my weekly meetings with. She was amazing with just helping me get through all the first few weeks that were a bit hard adjusting and that sort of thing... I do talk to her every now and again she's changed jobs now. It's hard to regularly keep in contact because of private confidentiality, I can't have access to her private mobile number and she can't give me her work number. So she keeps in contact with me and calls me and checks up on how I'm going and stuff. (RC20)

Another young woman talked about how a child protection worker was the key person she would talk to if she needed support or advice:

She has changed departments. She's more just a friend at the moment rather than a caseworker. (GW4)

IMPLICATIONS AND KEY MESSAGES FROM THE STUDY

This study aimed to explore the experiences and aspirations of a group of younger mothers. As a qualitative study it was designed to gain a deeper understanding of the young women's lives and to use this understanding to inform more supportive and responsive policy and service.

The findings highlight the similarities and differences between younger mothers and all other mothers. What these younger mothers have in common with all mothers is the major impact having a child has on one's life. All mothers will report a range of different experiences to pregnancy, to the early days and weeks after the birth and the months and years that follow. The analysis of younger mothers' lived experiences also shows a diversity of circumstances; some young women are surrounded by strong informal support networks that assist them to be parents and will support them on their pathway to education and work.

Almost all of the participants in this study, including those who had experienced significant disadvantage, expressed high hopes and dreams for the future. When talking about their hopes and dreams, many emphasised their strength in overcoming adversity, their desire for independence, and their wish to be regarded as resilient and successful. Younger mothers' aspirations were pivoted on their desires to create safe and secure futures for their children and finding a really good steady job.

The findings support other international research which indicates that it is not the factor of age itself which necessarily leads to vulnerability and poor outcomes, such as the long term reliance on income support (Geronimus, 1991; Graham & McDermott, 2005). For many, the key factors determining their futures included their level of disadvantage prior to becoming pregnant, compounded by their subsequent lack of opportunities in many life domains. These included their inability to access programs which would enable them to complete their schooling or to undertake tertiary study; their lack of access to affordable child care and housing; and the stigma and shame which accompanies their status as younger mothers leading to a general reluctance to engage with mainstream services and other opportunities

in their local communities. This final section uses the findings to identify the implications and key messages for policy makers and practitioners.

REDUCE STIGMA AND RECOGNISE THE IMPORTANCE OF CARING FOR YOUNG CHILDREN

Currently there are significant tensions and contradictions in the policy discourses. One discourse is about the critical need for children to have strong attachments to carers and to have the best start they can in terms of health and wellbeing (for example: The Early Childhood Reform Agenda). There is an equally strong discourse, sometimes experienced as punitive about the need for younger mothers, particularly mothers raising children on their own, to engage in education and employment; a discourse that reflects a commonly held stereotype that younger mothers are consciously resisting the pursuit of these goals. The findings from this study refute this stereotype and provide a more nuanced understanding of the barriers that stand in the way of younger mothers achieving their hopes and dreams.

Like mothers of all ages, almost all younger women in this sample had aspirations and dreams centred on their children and the desire to be the best mother they could be. Many spoke often of the high level of stigma they felt in their communities because of their relatively early motherhood. This stigma and disapproval is shown here to have a detrimental effect on their willingness and readiness to access services and other opportunities which might assist them on pathways to greater economic security.

Policy and service responses should be cautious about future directions which further stigmatise younger mothers as an identified population group in our society; to do so clearly undermines their willingness to engage with the formal and informal support systems which could otherwise assist them. Instead, consideration should focus on how to provide the kind of tailored support and encouragement that health services have successfully delivered to younger mothers in recent years. Health settings have been able to engage younger mothers by celebrating their courage against the odds, their devotion to their children in the early years, and their achievements as mothers. They convey an effective message to younger mothers that the special attention they receive at critical times is voluntary, normal and well deserved. These messages should be consciously applied to other policy and service delivery settings, for example: in the training of staff, the way programs and services

are described and in all forms of communication (pamphlets, websites and other online initiatives designed to target younger parents).

The kinds of policy and service delivery responses that are least helpful to younger mothers and their children are those which identify them as requiring extra help because of deficits in their parenting by virtue of their age and income status.

LEVERAGE CHILD HEALTH AND WELLBEING SERVICES TO REACH YOUNGER PARENTS

A key message from the reported positive experiences in health settings was the tendency for younger mothers to access services if they could see a clear reason to do so which was linked to their children's health and wellbeing. As with previous research (McArthur et al, 2009) hospitals, GPs, health services and other universal services such as schools, preschools and early childhood environments have the greatest potential to reach vulnerable younger parents. Playgroups, parenting education and other activities designed to assist younger parents will have a higher take-up rate from these settings.

Messages from younger parents about the kinds of service interventions that worked for them predominantly focused on the nature of the relationship with individual service providers rather than what the service or program actually provided. Whether talking about universally available services such as in medical settings (doctors, hospitals and midwives), or more targeted and intensive services such as those for drug and alcohol addiction, domestic violence, mental health, child protection and out-of-home-care, the critical successful elements of engagement were:

- Active outreach (including home visiting and telephoning parents at home to see how they are going);
- Supported referral (making a call together with people, staying with them to ensure that they are successfully connected with another service and following up);
- The importance of choice and voluntary involvement;
- Relationships that are non-judgemental and credible; and,
- Hanging in with the most vulnerable younger mothers – keeping in contact.

MAKE IT EASY FOR YOUNGER MOTHERS TO ACCESS A RANGE OF SERVICES THROUGH SERVICE HUBS AND OUTREACH

Getting around is particularly difficult for younger parents with limited financial resources. Many younger mothers in this study did not have a driver's license and in any case could not afford to buy or run a car. Getting to services and paying for services is prohibitive for many. The participants made a number of helpful suggestions about how services could be more accessible, including: placing services together, services contacting them by telephone or home visiting, and a greater use of online information. Existing models, such as child and family centres, early childhood schools with dedicated outreach workers and programs such as the Canberra College program bring information and/or services together and transport younger mothers and their children to school every day. These programs are good examples of service delivery models which increase accessibility of services, and information, informal social networks and social support. Virtual hubs are other ways of delivering information and increasing social connectedness, which clearly appeal to younger mothers.

PRIORITISE RELATIONSHIP ASSISTANCE TO YOUNGER PARENTS

Most of the participants had not planned to have a baby and some of them found themselves in tenuous partnered relationships. Over the past 5 years the Australian Government has invested strongly in family relationship services. These service models are based on research that highlights some key intervention points related to family development and transition, when access to family relationship assistance could be most useful. Very few younger mothers knew about or accessed family relationship services, although one or two had tried but had been unable to due to long waiting lists.

At the time of the interviews many younger mothers indicated that their partner or ex-partner was the major source of support to their parenting. These relationships may require support to maintain them into the future. Even if relationships end couples clearly need support to manage the shared parenting that may continue. Messages for younger mothers (and other groups of parents) need to highlight the normalcy of seeking help and information; the depiction of solutions, not simply problems, and how common relationship issues are in family life.

OFFER VOLUNTARY, INDIVIDUALISED ‘FUTURES PLANNING’

This study showed that younger mothers are a heterogeneous group with some giving primacy to their relationships with their children and their identity as ‘the good mother’. Others clearly wanted to initiate further training and employment as soon as possible and were already well underway with plans to do so. These differences are driven by many factors, in particular, whether or not they had the support of their partners and families and access to flexible and affordable child care. However, a number of the young women in this study, having left school early, with little or no employment experience and/or having suffered significant childhood adversity prior to giving birth, lacked the confidence, knowledge and skills they needed to begin preparing for a future involving study and work. They were frustrated by their experiences with job agencies and daunted by the number of hurdles they needed to overcome before they could pursue the future aspirations for themselves and their children, which they were almost all able to identify.

Many would benefit from voluntary, non-stigmatising planning and support that would respond to their individual circumstances. This ‘futures planner/consultant’ would travel with them along the journey of early parenting, assist them with skilled guidance and advice when needed and connect them to external resources required for future study and work. The voluntary, ‘upbeat’ badging of such an opportunity is critical if it is to appeal to this group of young people who have made plain that choice is critical. They prefer to talk to other young people, and they will not accept any service offer if in doing so there is a suggestion that they require parenting and other advice because they are young. The kind of approach that would be most successful would be one which proposes to younger mothers an opportunity to plan for their children’s futures (including their financial futures). Centrelink, with whom most of the younger mothers in this study appear to have reasonably positive existing relationships, would be a good setting to deliver the offer of ‘futures planning’ (this is also offered to people at other important life transitions such as after retirement and is non stigmatising).

WHAT WE STILL NEED TO KNOW ABOUT YOUNGER MOTHERS

As identified in the review of the literature, there are still some significant gaps in what we know about younger mothers in the Australian context. These include:

- The medium and longer-term effects of relatively early motherhood and how young women have negotiated the challenges of meeting their children's needs and fulfilling their own aspirations;
- The experiences and aspirations of Indigenous younger mothers using an appropriate methodology to effectively recruit;
- The experiences and aspirations of young women from cultural and linguistically diverse groups;
- The experiences, aspirations and social inclusion outcomes for young fathers; and,
- Comprehensive and systematic evaluations of programs for younger mothers that aim to improve their social, health, educational and employment trajectories including the effectiveness of social supports on outcomes for children and adolescents of younger mothers.

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APPENDICES

APPENDIX 1

TELEPHONE INTERVIEW SCHEDULE

INTRODUCTION AND INFORMATION

- ☐ Introduce self and refer back to earlier contact when the interview time was made.
- ☐ GIVE REMINDER OF PROJECT AS REQUIRED.
 - Words like: *This is a project commissioned by FaHCSIA to gain a better understanding of how young mothers see their lives and future opportunities, the kinds of support young mothers receive from both family and friends, and from formal services. It also aims to find out what might make it hard for young mums to use services and how this can be improved.*
- ☐ Read information letter.
- ☐ Voucher (\$30 for phone interview) – will get details of where to send that at the end of interview.
- ☐ Check that participant understands and is happy to proceed, answer any questions or concerns.
- ☐ Complete consent form.

Notes to interviewers: The purpose of this interview is to deepen our understanding of young women's experiences of motherhood. We are hoping that in the interview, young mums will provide a narrative account of their lives at particular points in time – pregnancy, birth, post birth and now (in Sections 2 and 3).

The nature and type of informal supports and formal services that young women may have used at these different stages and the barriers to accessing these supports will be explored. From this, we hope to get a better idea of the range of promising approaches to supporting young mothers. Section 4 has questions on the ways young women think services, and access to these could be improved. The last section looks at how their aspirations may have changed since having a child/ren and what sorts of barriers are in the way to realising their dreams.

IDENTIFIER #:

Section 1: Demographic information

Notes to interviewers: Section 1 is looking for factual information, but hopefully the style of obtaining it can be as conversational as possible, bearing in mind that the entire interview will be transcribed and analysed, including this factual material.

Words like: *In the first part of the interview we ask some questions about you and your household, and then we go on to talk about your experience of being a mum, where you get support from or not, how useful you found this support, what services you have used, what improvements to services you would like to see and your hopes and dreams for the future. We do have a fair bit to get through in one hour and sometimes I may move the discussion forward in order to achieve this.*

1. How many children do you have living in the household (children who live in the household at least 50% of the time)?

- ☐ a) Child 1 age _____
- ☐ b) Child 2 age _____
- ☐ c) Child 3 age _____
- ☐ d) Child 4 age _____

2. Which of the following best describes the composition of your household?

- ☐ a) I live on my own raising children
- ☐ b) I live with my partner raising children
- ☐ c) I live with my parents raising children
- ☐ d) I live with members of my family (e.g. sister, auntie) raising children
- ☐ e) I live with friends raising children
- ☐ f) I have a shared care arrangement (wholly responsible for care of children some of the time)
- ☐ g) I am living alone
- ☐ h) Other (please specify) _____

3. Do you identify as Aboriginal or Torres Strait Islander?

- ☐ a) Aboriginal (if yes, go to Q. 5)
- ☐ b) Torres Strait Islander (if yes, go to Q. 5)
- ☐ c) Both Aboriginal and Torres Strait Islander (if yes, go to Q. 5)
- ☐ d) No

4. Do you identify with a culture other than Australian?

- ☐ a) Yes (please specify) _____
- ☐ b) No

5. What language do you speak at home?

- ☐ a) English
- ☐ b) Other (please specify) _____

6. What type of housing are you in?

- ☐ a) Private rental
- ☐ b) Public housing (housing trust)
- ☐ c) Home owner
- ☐ d) Parents or other family member's house (not paying board)
- ☐ e) Temporary accommodation
- ☐ f) Paying board
- ☐ g) Caravan park
- ☐ h) Other (please specify) _____

7. Your highest level of formal education completed:

- ☐ a) Still at school (go to Q. 9)
- ☐ b) Year 9 or below
- ☐ c) Secondary school (Year 10)
- ☐ d) Secondary school (Year 12)
- ☐ e) Trade/Vocational/TAFE Certificate/Diploma
- ☐ f) University degree (includes Bachelor degree and post grad qualifications)
- ☐ g) Other (please give details)_____

8. Are you currently studying?

- ☐ a) Yes
- ☐ b) No

If yes, what course are you doing? _____

9. Would you mind telling me your age? _____ (enter in years)

10. How old were you at the birth of your first child?

- ☐ a) < 14 years
- ☐ b) 14 – 16 years
- ☐ c) 17 – 19 years
- ☐ d) 20 – 24 years
- ☐ e) 25 – 30 years
- ☐ f) 31 – 39 years
- ☐ g) 40 years and over

11. How old was your mother when she had her first baby?

- ☐ a) < 14 years
- ☐ b) 14 – 16 years
- ☐ c) 17 – 19 years
- ☐ d) 20 – 24 years
- ☐ e) 25 – 30 years
- ☐ f) 31 – 39 years
- ☐ g) 40 years and over

12. Who is the main income earner in your household?

- ☐ a) Myself
- ☐ b) My partner
- ☐ c) Parent
- ☐ d) Other family member
- ☐ e) Other (*Please specify*) _____

13. What is your employment status?

- ☐ a) Full-time carer/parent
- ☐ b) Not in the labour force
- ☐ c) Unemployed – looking for work

- ☐ d) Employed part-time
- ☐ e) Employed full-time
- ☐ f) Employed part-time and looking for full-time work
- ☐ g) Other (please state) _____

14. What is your partner's employment status?

- ☐ a) Full-time carer/parent
- ☐ b) Not in the labour force
- ☐ c) Unemployed – looking for work
- ☐ d) Employed part-time
- ☐ e) Employed full-time
- ☐ f) Employed part-time and looking for full-time work
- ☐ g) Other (please state) _____

Section 2: Perceptions and Experiences of Motherhood

Notes to interviewers: Section 2 is looking for the story or a narrative about the young woman's life that will cover the different phases of pre pregnancy, pregnancy, birth, post birth and now. The story may come out in a different order but we would be expecting they have a story to tell that is relatively chronological. The questions are here only if the participant doesn't specifically talk about stages.

In these next few questions we are trying to get an appreciation of some of the experiences young mothers have so that other young mothers in the future might have the right kind of support.

15. First we'd like to hear about what your life was like before you were pregnant.

Notes to interviewers: we are interested in hearing about where they were living, whether they were at school, work or training, or doing something else.

16. Lots of mothers, young and old, don't plan to be pregnant. It just happens. Can I ask if your pregnancy was intended/planned or a surprise?

17. Can you tell us about the pregnancy?

Prompts: what was good/positive about being pregnant? What was tough with being pregnant?

18. What was the birth like?

Prompts: what was good/positive about the birth: What was tough about the birth?

19. What was your life like when you took your baby home?

Prompts: what were some of the good things about being a new mum? What did you find tough?

20. How are you finding life now as a mother?

Prompts: what are the joys of being a mother? What do you find tough? How has being a mother affected your relationships with your partner, family and friends?

21. If you were talking to another young woman who was about to have their first baby what would you tell them about the best things to expect?

22. What would you tell them about some of the toughest things to expect?

23. How do you deal/cope with some of these challenges?

Section 3: Supports and Services Used by Young Mothers

Notes to Interviewers: the purpose here is to get a picture of who helped the young woman at different points over time. So you might try and get a sense of this at the different stages - by asking about pregnancy, birth, post birth and now.

24. Thinking over the time from when you became pregnant (with your first child) until now, who was the **most helpful or important person** to you being a mother?

Prompts: partner; family members; friends; neighbours

25. Were there any services or professional people that helped you?

Prompts:

- What about the everyday common services like GPs, health centre, midwife, maternal and child health nurse, playgroups, telephone helplines (parentline), websites, Facebook, Centrelink, housing, school counsellor?

- What about services when you might need help with a specific issue for example, legal issues, , family support services, family relationships , organisations which offer practical help like St Vincent de Paul?
What about those services where things are getting really tough for example, drug and alcohol, domestic violence services, child protection services, mental health services?

26. Now you mentioned (your mum, GP, breast feeding association- whoever they have mentioned).

Notes to interviewers: we are trying to elicit information about the different types of support different people give to the parent.

What kind of support did/do you get?

Prompts: emotional support, practical/material including financial support, provision of information and advice.

27. Who was the least helpful? How was that?

28. Which professional worker or service has been your **best** support?

Prompts:

- What made it good?
- How did you connect with this service in the first place?
- What made you keep going back?

29. Was there a time when you needed help or assistance but didn't get it? Can you tell me what happened? (e.g. didn't have anywhere to live, didn't have any money, no day-to-day help with the baby, no one to talk to or give you emotional support, no after hours help)

30. Did you have any opportunities to meet up with other young mums?

Prompts:

- When was this – how old was your baby at the time?
- How did you get connected with them? (just turned up, through a friend, referral by service, through a website)

31. Did you have any times where you tried to meet with other mums but it just didn't work out?

32. In what ways, if any, do young mums differ in how they parent compared with older mums?

Section 4: Improving Services

33. How do you think services for young mums could be improved?

Prompts:

- Access to services: websites, telephone lines
- What needs to change so that young mums will use services?

34. If you could have any kind of support for yourself and your family, what would it be?

Section 5: Dreams and Hopes

Note to interviewers: In this section we are trying to explore young women's aspirations – did they have particular ones that have changed due to having children? We also want to understand more about their current goals and what might be standing in the way of these.

35. Can you tell me what your dreams and hopes were before you had your child/ren?

Prompts: what did you want to do with your life? Where you live, who you live with, money, etc.

36. Have these changed with the birth of your child/ren? If so, how?

37. Do you have any goals/plans on what you would like to do when your kids are older?

Prompts: short-term, long-term goals/plans.

38. What would help you achieve these goals/plans?

Prompts: are there opportunities out there for you so you can achieve your goals?

APPENDIX 2

Table 1: Mother's Age at Birth of First Child

Mother's Age at Birth of First Child	Count	Percentage
14-16 years	3	9%
17-19 years	23	66%
20-24 years	9	26%
Total	35	100%

Table 2: Number of Children

Number of Children	Under 20 years at birth of first child	20 years or over at birth of first child	Total
1	14 (54%)	7 (78%)	21 (60%)
2	10 (38%)	2 (22%)	12 (34%)
3	1 (4%)	0	1 (3%)
5	1 (4%)	0	1 (3%)
Total	26	9	35

Table 3: Cultural Background

Cultural Background	Under 20 years at birth of first child	20 years or over at birth of first child	Total
Aboriginal	2 (8%)	1 (11%)	3(9%)
Culture Other than Australian	4 (15%)	3 (33%)	7 (20%)
Australian	20 (77%)	5 (56%)	25 (71%)
Total	26	9	35

Table 4: Household Composition

Household Composition	Under 20 years at birth of first child (n=26)	20 years or over at birth of first child (n=9)	Total N=35
I live on my own raising children	11 (42%)	3 (33%)	14 (40%)
I live with my partner raising children	9 (35%)	5 (56%)	14 (40%)
I live with my parents raising children	5 (19%)	1 (11%)	6 (17%)
I live with member of my family raising children	1 (4%)	0 (0%)	1 (3%)
Total	26	9	35

Table 5: Housing Type

Housing Type	Under 20 years at birth of first child (n=26)	20 years or over at birth of first child (n=9)	Total N=35
Private rental	12 (46%)	4 (44%)	16 (46%)
Public housing	5 (19%)	1 (11%)	6 (17%)
Home owner	1 (4%)	1 (11%)	2 (6%)
Parents or other family member's house	4 (15%)	0 (0%)	4 (11%)
Paying Board	3 (12%)	1 (11%)	4 (11%)
Community Housing	1 (4%)	0 (0%)	1 (3%)
Supported Accommodation	0 (0%)	1 (11%)	1 (3%)
Not Specified	0 (0%)	1 (11%)	1 (3%)
Total	26	9	35

² Some percentage totals may not sum to 100 due to rounding.

Table 6: Education

Highest Level of Education	Under 20 years at birth of first child (n=26)	20 years or over at birth of first child (n=9)	Total N=35
Year 9 or below	6 (23%)	0 (0%)	6 (17%)
Secondary School (10)	14 (54%)	6 (67%)	20 (57%)
Secondary School (12)	5 (19%)	2 (22%)	7 (20%)
Trade/Vocational/TAFE Cert/Diploma	1 (4%)	1 (11%)	2 (6%)
University Degree	0 (0%)	0 (0%)	0 (0%)
Total	26	9	35

Table 7: Primary Income Earner in Household

Primary Income Earner	Under 20 years at birth of first child (n=26)	20 years or over at birth of first child (n=9)	Total N=35
Myself	12 (46%)	4 (44%)	16 (46%)
My Partner	7 (27 %)	5 (56%)	12 (34%)
Parent	5 (19%)	0 (0%)	5 (14%)
Other	2 (8%)	0 (0%)	2 (6%)
Total	26	9	35

Table 8: Employment Status

Employment Status	Under 20 years at birth of first child (n=26)	20 years or over at birth of first child (n=9)	Total N=35
Full-time carer/parent	21 (81%)	5 (56%)	26 (74%)
Not in labour force	0 (0%)	1 (11%)	1 (3%)
Unemployed-looking for work	1 (4%)	1 (11%)	2 (6%)
Employed part-time	2 (8%)	2 (22%)	4 (11%)
Full-time student	2 (8%)	0 (0%)	2 (6%)
Total	26	9	35

Table 9: Partner Employment Status*

Partner Employment Status	Under 20 years at birth of first child	20 years or over at birth of first child	Total
Full-time carer/parent	3 (27%)	1 (20%)	4 (25%)
Not in labour force	1 (9%)	0 (0%)	1 (6%)
Unemployed-looking for work	2 (18%)	0 (0%)	2 (13%)
Employed full-time	5 (45%)	4 (80%)	9 (56%)
Total	11	5	16

*Not all participants had partners, therefore the totals are smaller than for the sample as a whole.

Table 10: Participant's Mother's Age at Birth of First Child

Mother's Age at Birth of First Child	Under 20 years at birth of first child	20 years or over at birth of first child	Total
14-16 years	4 (15%)	0 (0%)	4 (11%)
17-19 years	9 (35%)	2 (22%)	11 (31%)
20-24 years	7 (27%)	2 (22%)	9 (26%)
25-30 years	3 (12%)	3 (33%)	6 (17%)
31-39 years	0 (0%)	2 (22%)	2 (6%)
Not Sure	3 (12%)	0 (0%)	3 (9%)
Total	26	9	35