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Making sense of 'best start': exploring the early experiences of mothers in low-socioeconomic areas

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Author's declaration

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Abstract

The central concern of this thesis is to better understand how mothers in low-socioeconomic areas, in a city in the north of England experience early mothering. It is particularly interested in broadening understandings of how these lived experiences play out in the cultural context of mothers' everyday lives, as mothers strive to provide the 'best start' for their children, and the social expectations that surround such a concept. It is therefore a goal of this thesis to examine the broad societal assumptions that surround mothering, its values and expectations. This thesis aims to achieve this by exploring what the 'best start' means to mothers in the context of their everyday lives, with particular focus upon how these early experiences intersect to both inform, and shape early mothering.

Exploratory and interpretive in nature, this qualitative research draws upon ten-months of ethnographic fieldwork and participant observation in parent and child groups, supported by 45 in-depth interviews with 33 mothers.

The findings from this research offers principal conclusions that have resonance for understanding the ways in which early experiences shape motherhood. Firstly, this thesis shows how empowering relationships and interactions with health care professional's is key in shaping positive early mothering experiences. Secondly, while some mothers find early mothering a rewarding experience, others felt overwhelmed. These feelings were often combined with intense pressure to conform to dominant expectations, that insist on locating mothering as innate and natural. Mothers' reported feelings of guilt and failure when experiences did not live up to the ideal, and this had a detrimental impact on maternal well-being. Thirdly, for those undertaking mothering in 'marked-places' like social-housing estates, they have the additional burden of negotiating stigma and the prevailing stereotypes that surround mothering in such places. Finally, findings demonstrate that having access to supportive parent and child groups is key in establishing support networks; however, these groups must reflect and meet local needs. Importantly, this thesis reveals the ways in which mothers actively negotiate, navigate, resist and at times reproduce dominant discourses on mothering.

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Chapter 1 Introduction and background to thesis

Nicky: parenting is motherhood really, isn't it? (Nicky, 38, one-child, 2-years).

1.1 Introduction

The initial impetus for this thesis was derived from Michael Marmot's (2010) policy objective 'give every child the best start'. 'Best start' was one of six priority areas set out in the recommendations of Michael Marmot's 2010 review into health inequalities. With this as the backdrop, this thesis explores the lived experiences of early motherhood in a city in the North of England. In particular, this thesis aims to understand what the policy construct of the 'best start' means in the context of mothers' everyday lives. I will subsequently return to define and explain how these terms are used throughout the thesis in sections 1.2 and 1.5.

With this in mind, this thesis is particularly interested in broadening understandings of how these lived experiences play out in the context of mothers' everyday lives, as they strive to provide the 'best start' for their children. In addition, this thesis seeks to explore how mothers' both negotiate and navigate the social, cultural, and I argue the increasingly political expectations that surround such policy constructs. Therefore, it is a goal of this thesis to examine the broader societal assumptions surrounding mothering, its values and expectations, and how mothers experience these in the early years of mothering. Therefore, it follows that the cultural context in which these activities take place, is key in order to understand the pressures on early mothering.

This qualitative research explores the above by drawing on mothers' narratives through ethnographic fieldwork, participant observation, and in-depth interviews with mothers at different stages of early mothering. These methods offer up the opportunity to explore mothers' everyday lived experiences first-hand, and enables the immersion of myself, where mothers allowed, in their everyday lives.

While this research endeavoured to capture a range of voices, it does not claim to be representative of all mothers' experiences. Those that are classed as 'hard to reach' are unfortunately rarely represented in research by their very nature. While this research does include mothers, who choose not to access mainstream support

services, such as Children's Centres, all the mothers in this research either accessed a form of parent and child group, or responded to my call for participants.

1.2 Why mothers?

This thesis takes the position that the term parenting itself is heavily gendered. This chapter opened with a borrowed quote from the data presented in Chapter eight, where Nicky, one of the participants questions, with a touch of irony whether: '*parenting is motherhood really, isn't it?*' Sharon Hays (1996) seminal work on motherhood, noted a decline in the term mothering, in favour of parenting, and subsequently a rise in the term fathering is, Hays argues, a political shift that says more about 'language' rights, than the more equal distribution of parenting associated tasks. As such scholarship emphasises, that the term 'parent' masks the gendered dynamics of childrearing (Hays, 1996; Cole, 2007; Macvarish, et al., 2015). For example, Faircloth (2010) and Clisby and Holdsworth (2016) highlight that the term parenting itself is heavily gendered, arguing that the term obscures the fact that mothers, and therefore women, are still responsible for the majority of the childrearing. Subsequently, "any examination of parenting has to seriously consider this gender differentiation and the power relations that underpin it" (Faircloth, 2010:1). It therefore follows that the maintenance of children's health and well-being falls to women; thus, the blame for a child's failure to thrive, be that physically, emotionally or behaviourally, also falls largely on women.

This does not mean that this thesis takes the position that men, or fathers are not considered to be important. It is accepted that fathers should, and do play a key role in their children's lives. It is also acknowledged that the role of fathers, and their experiences of fathering, have been marginalised, particularly across the large datasets that collect information on composition over context. It is noted that this is particularly problematic where fathers undertake fathering related tasks, but live away from the main household (Goldman, and Burgess, 2018). However, sometimes decisions, although not always comfortable ones, have to be made based on both the scope and time available, and research practicalities. This would have been a very different thesis had it explored the experiences of both mothers and fathers. Moreover, it would have likely derived from a different epistemological position, it was therefore decided that the focus would be on mothers.

Following the discussion above, and to acknowledge that this thesis follows the idea that the term 'parent' is not gender neutral, within this thesis I have chosen to use the term 'mother' or 'mothering', over 'parent' and 'parenting'. The theoretical and feminist implications of such a decision are set out in section 1.4 of this chapter.

1.3 Thesis outline

The first three substantive chapters discuss and analyse the relevant literature that contributes to understandings of how policy, science and parenting intersect to shape understandings of contemporary mothering.

The subsequent section 1.4 provides a critical discussion surrounding the construction of motherhood. This provides a starting point and conceptual framework for thinking about mothers and mothering as theoretical concepts.

Chapter two provides the policy framework and context that were the initial drivers of this thesis. Firstly, the chapter starts with an overview of key health inequalities reports that have sought to define and discuss the impact of such inequalities on population groups. Reports covered are: The Black Report 1980, The Health Divide 1987 and The Acheson Inquiry 1998. The chapter also introduces a key concept, and early driver of this thesis [as previously noted in section 1.1]. Michael Marmot's policy objective, 'give every child the best start in life', one of six priority objectives set out within the Marmot Review 2010. Secondly, I introduce the current policy context, including revisiting the Sure Start Programme and the impact of austerity measures on families. Finally, I discuss and critically analyse two early years reports that have been particularly significant in both influencing and shaping discussions on the role of parents and the home environment: Fields 2010 review 'The Foundation Years: Preventing Poor Children Becoming Poor Adults', and Allen's 2011 report 'Early Intervention: The Next Steps.'

Chapter three discusses and critically analyses the key literature that pertains to the rise of scientific discourses in childrearing, namely from the field of neuroscience. Specifically, this chapter explores how this has become increasingly visible in family-oriented policy, and subsequent parenting practices. In addition, this chapter discusses and evaluates the literature that advances a critical approach to class and parenting.

Chapter four presents the methodological approach taken and the methods used within this research. The research was driven by an interpretivist paradigm and feminist epistemology. Data were collected through ethnographic fieldwork, participant observation and in-depth interviews with mothers. This chapter provides an in-depth discussion supported by a critical evaluation of all the key-stages of the research, including: guiding philosophy, methodology, methods, sampling, ethics and data analysis.

Chapter five is a reflexive account that introduces myself as the researcher and a mother. This chapter outlines how I feel my identity as both a woman and mother informed the research process and my relationships with the participants. Ultimately, my own positionality shapes the way the research was conducted and ultimately presented

Chapter six introduces the reader to the main research sites: the formal and informal parent and child groups and the social-housing estate, the larger of which is the focus of Chapter nine, as this was the data collection site for the serial interviews.

Chapters seven, eight, nine and ten present the main empirical research findings. Chapters seven, and eight are structured chronologically, as they map mothers' experiences through the antenatal phase through to early mothering experiences. Chapter nine presents the findings in relation to a smaller sample of mothers, from the main data set. This chapter presents their experiences of mothering on a large social-housing estate. Chapter ten explores mothers' motivations for, and barriers to accessing parent and child groups. More detailed content of the empirical chapters is set out below.

Chapter seven presents the data in relation to mothers' experiences during the antenatal phase. The antenatal period, particularly from a more medical perspective was not an original focus of this research. However, in all interview's mothers took the conversation back to this place in time. What became apparent was just how pivotal this phase is to women in relation to their early mothering experiences. Subsequently, findings show that early experiences are greatly improved when women are the primary decision makers, but that they value timely professional support and guidance to make these decisions. However, disempowering experiences during this time remain with

women, and therefore play a key, but often marginalised role in shaping women's early mothering identities.

Chapter eight presents data that pertains to the early experiences of mothering. Mothers reported feeling shock and doubt in the early days. Mothers also explained how they found those early days and weeks much harder than anticipated. The dominant and unrealistic expectations that surround this time serve to further compound feelings of disillusionment and sometimes failure. In addition, this chapter draws attention to the ways in which mothers construct and narrate these experiences both within the cultural context of their own lives, and against the much broader assumptions and expectations surrounding early mothering.

Chapter nine explores mothers' early parenting experiences on a large social-housing estate. Findings reveal how mothers' both resist and conform to dominant discourses that surround mothering in stigmatised places. Rather than being passive recipients, mothers actively discussed stigma in relation to their own mothering identity. The management of which included processes of othering, and distancing oneself from 'other' mothers, this became a tool through which powerful markers of distinction could be made.

Chapter ten presents the findings in relation to the role that parent and child groups play in shaping early mothering experiences. Findings demonstrate that having access to supportive and inclusive parent and child groups is key in tackling the isolation and loneliness that is often felt by mothers in in the early weeks and months of parenting. However, findings show that simply having parent and child groups is not enough. These groups have to forefront mothers' needs and delivery should be shaped around supporting them during this time; more importantly, provision must meet and reflect local needs.

Chapter eleven offers principal conclusions from the findings by drawing together the findings from the preceding chapters. In addition, the original impetus of this thesis 'best start' is revisited. Final remarks, limitations and recommendations are also presented in this chapter.

1.4 Conceptualising motherhood and mothers

Motherhood, or perhaps the ability to give life and to mother, has been, and one could argue still is, considered to be one of the central features of femininity and womanhood. Mythological and biblical texts from around the world are often rich in detailed imagery, and narrative that depict the mother as something that transcends all other female roles; interwoven with that of the goddess, nurturer, and bountiful provider to her young. However, Thomson and Baraitser (2017) point out that neither 'child' nor 'mother' are static ahistorical concepts and what these terms mean is embroiled within their own distinct social and cultural genealogies. Therefore, these concepts are both laden and contested; their meanings constrained within the historical, social, political, and more increasingly the biological context in which they occur. Moreover, Thomson et al., (2011) argued that successful research into pregnancy and birth cannot ignore or discount the narratives and performances, from the wider cultural landscape within which motherhood is abound. The socio-cultural landscape that informs this process has profound consequences with regards to how reproduction and child bearing/rearing is imagined, acknowledged, and performed. With this in mind, this section provides a starting point, a brief visit to a conceptual framework, for thinking about mothers and mothering as theoretical concepts.

Adrienne Rich's seminal work on motherhood in, 'Of a Woman Born' (1976, 1986) opened by noting that, "we know more about the air we breathe, the seas we travel, than about the nature and meaning of motherhood (Rich, 1986:11). Significantly, with regards to the term motherhood, Rich (1986) argued that it signifies both a woman's relationship to her reproductive powers, and serves as an institution which ensures that women remain under the control of patriarchy. O'Reilly's (2004) takes Rich's work, and builds on the theoretical concept that locates motherhood as an institution. O'Reilly makes the vital point that, "motherhood is primarily not a natural or biological function; rather, it is specifically and fundamentally a cultural practice that is continuously redesigned in response to changing economic and societal factors" [emphasis in original] (O'Reilly, 2004:4). Similarly, Smart (2013) suggests that the institution of motherhood is rarely argued, posing that we should just simply be speaking of mothers.

Historically, family life, and particularly reproduction and childrearing were located in, and undertaken within the private sphere of the family and home, perhaps only

commented on by close family members. The earlier work of Thurer (1994) argues that the notion of the 'good mother' is constructed in line with the political and social framework in which it operates, and so is subject to reconstruction and repositioning. Thurer (1994) highlights that this can be viewed through historical societal changes, providing the example of the industrialisation process, that took work out of the home and repositioned the domestic sphere as a site of reproduction. From a more contemporary perspective, Jensen's (2018) work draws attention to fact that in this current climate, 'good parenting' is the expectance of, and navigation through, "expert-led 'good parenting' discourses" (2018:25). This shift to 'expert-led' parenting has coincided with increased political interest in family life, practices and outcomes [discussed in greater depth in Chapter two]. Bradby (2012) points out the increased interest in these activities has led to the increasing public surveillance and scrutiny of family life, and childrearing, particularly that of mothers.

Letherby (1994, 1999) challenges the category of motherhood from the perspective of those who are either voluntarily, or involuntarily childless. Letherby (1999) argues that women with no children, or non-mothers, are still thought of as 'other' in societies that place value on motherhood and children. Moreover, Letherby (1999) argues that while feminism has provided space and discussion on the institution of motherhood, it has devoted considerably less time to the complexities and nuances of non-motherhood. In addition, those mothers that occupy 'other' mothering spaces such as criminal disabled and black mothers (Murphy, 1997; Smart, 2013; Baldwin, 2015) are used to juxtapose 'normalised' mothering roles and can be read 'as matter out of place'.

'Matter out of place', Douglas, (1966) defined as, "a set of ordered relations and a contravention of that order" (Douglas, 1966:44). Similarly, Macvarish (2010) highlights that the problematising of the pregnant teenage body coexisted with political and public anxieties associated with moral decline and social disorder; which is effectively inscribed on immoral bodies. Mary Douglas's call to see the body as symbol of society on which larger, more dominant symbols are ascribed is useful here;

> the body is a complex structure…a source of symbols for other complex structures …unless we are prepared to see the body as a symbol of society, and to see the powers and dangers credited to social structure reproduced in small on the human body (Douglas, 1966:116).

Those mothers who operate outside of, or are marginalised by, the dominant set of ordered relations can be viewed as 'other', and are positioned in opposition to the role of the 'good mother'.

1.5 Conclusion

This chapter has introduced the thesis and the thesis layout. In addition, it has shown why I have chosen to use, where possible, the term 'mother' or 'mothering', over 'parent' and 'parenting' throughout this thesis. Section 1.6 has provided a brief overview of the various challenges posed to the construction of motherhood, this is discussed in more depth in Chapter three. Specifically, this chapter has shown how various scholars, particularly feminist ones, have fought to challenge, and destabilise the patriarchal institution of motherhood. Moreover, how 'other' bodies and 'other' mothers, are used to juxtapose dominant discourses of the 'good' mother.

Subsequently Chapter two, discusses the policy framework and context that were the initial drivers of this thesis.

Chapter 2 Policy framework and context

2.1 Introduction

This chapter has three key aims; firstly, it will define what is meant by health inequalities, Secondly, this chapter aims to provide an overview of the key classic reports that have sought to define and discuss the impact of health inequalities on population groups. Key documents covered are: The Black Report 1980, The Health Divide 1987 and The Acheson Inquiry 1998. In addition, the chapter discusses the early impetus of this thesis [as noted previously in Chapter 1] Michael Marmot's policy objective, 'give every child the best start in life'. Best start, was one of six objectives set out within the Marmot Review in 2010. Subsequently, in 2020 The Institute for Health Equity, published a review to mark 10-years on from the Marmot Review, this chapter will also highlight the key findings from the 2020 updated review. This chapter also provides an overview of the current policy context, including the Sure Start Programme and the impact that recent austerity measures have had on families.

Over the past decade or so, a number of key policy documents have emphasised the importance of the early years of a child's life. An Early Intervention Foundation Rapid Review identified four government-commissioned reviews that were highlighted as being particularly salient: Field's (2010) review of child poverty, Allen's (2011) report that outlined the case for early intervention; Tickell's (2011) review of the Early Years Foundation Stage (EYFS) and Munro's (2011) review of child protection. With this in mind, the chapter closes with a discussion dedicated to two of these reports that have been particularly influential, in both influencing, and shaping discussions on the role of parents and the home environment: Frank Fields 2010 review, The Foundation Years: Preventing Poor Children Becoming Poor Adults, and Graham Allen's 2011 report Early Intervention: The Next Steps.

2.2 Defining health inequalities

It is now widely accepted and recognised that unfair and unjust differences in health determinants do exist between population groups. Moreover, that these differences have serious immediate and long-lasting negative impact on individuals and societies (Department of Health, 2003; WHO, 2008; Marmot, 2010). Moreover, it is argued that addressing health inequalities should be more than mere policy objectives, it is a

matter of social justice (Marmot, 2010; Wilkinson and Pickett, 2010; Dorling, 2011; Williams and Annandale, 2018). Health inequalities, sometimes also referred to as health disparities or inequities are defined as:

> health disparities, within and between countries that systematically burden populations rendered vulnerable by underlying social structures and political, economic, and legal institutions, (Krieger, 2011: 698)

Although there is some debate over the use of the term 'inequities', particularly around the idea that some conditions are avoidable. This is of particular relevance in relation to discussions on chronic illness, where some argue that the evidence base is lacking, in terms of identifying a clear relationship between social position, and certain chronic conditions such as heart disease (Marmot, 2010). However, it is interesting to note that the World Health Organisation (WHO) opted to use the term 'inequities' in their 2008 'Closing the gap' report, the political salience of which is notable. In addition, in the Marmot Review 10 years on published in 2020, Marmot makes a point of addressing the language used, noting that following common UK conventions the report uses the term inequalities. However, their global work uses the term inequities to acknowledge that the vast majority of disparities in health are avoidable, and thus unjust (Marmot, 2020).

How best to solve these prevailing issues remains unclear, what is clear is that previous and current attempts have failed to effectively reduce this gap. A prevailing issue with much of the current evidence presented in the health policy literature is that it is difficult to translate research findings into real world measures, that effectively tackle the issues that are being described (Bradby, 2012). For example, translating findings into practice to reduce the higher morbidity and mortality rates expressed across low-socioeconomic groups. Moreover, Bradbury (2012) highlights that one of the issues with health policy is that whilst it draws attention to the objective facts, it often fails to adequately address the complex relationships that exists between these facts. However, notable developments in social epidemiology and medical sociology provide an evidence base that clearly demonstrates variation in rates, such as life expectancy across social groups by socio-economic status and material deprivation (Mackenbach and Kunst, 1997; Mackenbach et al., 2002; Marmot and Wilkinson, 2006).

While the term health inequalities, and its synonyms are used frequently within the areas of policy and health research, the concept itself is broad and complex (Barnes et al., 2018). Concerningly, some warn there is a danger that the term has become somewhat ubiquitous (Bartley, 2004). With its pervasiveness and overuse rendering the term devoid of any real meaning at all. One of the reasons for this complexity is that health inequalities can be approached from various ideological and political perspectives; thereby adopting different theoretical frameworks to both explain and tackle them. However, the various synonyms used for health inequalities, although used interchangeably, must be located and understood within the wider ideological and political context that informs such frameworks.

The nature of health, and therefore the ideas and perspectives that inform thinking around health inequalities has changed over the course of history. At the turn of the century health disparities (differences in morbidity and mortality between social groups) came in the guise of infectious diseases, disablement and death (Bambra and Scott-Samuel, 2005). As well as overall life expectancy, contemporary perspectives encompass much broader factors; such as, chronic illness, disability, educational outcomes and food and fuel poverty, as well as more subjective measures like well-being and happiness (Nettleton, 2013). Regardless of which terms are used, or how health inequalities are conceptualised the majority of European countries now recognise and accept that unfair and unjust differences in health determinants do exist between population groups (WHO, 2008; Marmot, 2010, Marmot, 2020). Moreover, that evidence of health inequalities is both vast and well documented (Nettleton, 2013) and is therefore becoming harder to ignore.

2.2.1 The shift to individualist perspectives: the example of Change4Life

Commonly referred to behaviourist perspectives, individualist approaches such as those posed by Bosma et al., (1999) define health or adverse health, in terms of a set of behavioural and lifestyle choices. Although more recently these approaches have come under increasing scrutiny. For example, Williams and Annandale (2018) argue that rather than address the unequal structures that prevail in society, behaviourist perspectives portion blame upon certain population groups. This suggests that these perspectives risk further marginalising certain groups, through the application of

accountability and stigma, framing decision making and lifestyle as a set of active choices, rather than something that is often out of people's control.

An example of the above, and launched in 2009 is the Government health promotion campaign Change4life. This campaign has been heavily criticised for how it promotes, through its advertising and imagery, hegemonic ideas about family structures and practices. Essentially promoting white middle-class, heterosexual nuclear families as the 'norm' (Evans et al., 2011, Williams, 2014; Mulderrig, 2017). By using imagery that promotes these dominant family ideals, the campaign marginalises other forms of family structures, as well as those that adopted less dominant gender-based configurations. Rather than addressing lifestyle factors, the campaign exacerbates them, through directives that illustrate inactive as 'lazy', and unhealthy food choices as 'gluttonous and greedy'. Thus, moralising some health behaviours, while stigmatising others (Mulderrig, 2017). Campaigns such as these fail to acknowledge how social inequality contributes to these behaviours in terms of options and access to resources.

Significantly, Change4life came under further scrutiny for the way in which the campaign centralised the female figure as 'mother' and 'regulator' of family practices and consumption (Evans et al., 2011). This is not a new observation, Skeggs (1997) earlier work on historical campaigns, noted women's accountability for familial regulation extended to societal regulation. This not only recreates dominant ideas about perceived gender roles, but leaves women open to much wider scrutiny and blame, for not only failing to control the health needs of her family, but collectively that of society (Skeggs, 1997). This extension of mother-blame, is however not equally applied, with certain mothering identities being held more accountable than others for these moral failings. Jensen (2018) notes that the inscription of powerful cultural norms around childrearing catches parents, but particularly mothers within a landscape of guilt and disgust. Similarly, Romagnoli and Wall (2012) argued that state-driven interventions are aimed primarily at already stigmatised groups; for example, young and low-income mothers, with subsequent interventions and campaigns highlighting them as particularly problematic groups. Health promotion campaigns like Change4life single out already marginalised groups of people, highlighting them as the antithesis of moral duty and responsibility.

2.3 Key health inequalities reports

The following sections of this chapter briefly outline the constitutive elements of key health inequality reports. Beginning with the Marmot Review 2010 and the revisiting of the review's objectives in 2020. The subsequent sections then briefly overview the key health inequalities reports that led up to this point. The reports covered are: The Black Report 1980, The Health Divide 1987 and The Acheson Inquiry 1998.2.3.1 Fair Society, Healthy Lives (The Marmot Review) 2010

The review was commissioned in 2008 by the Secretary of State for Health, being subsequently published in 2010. The Marmot Review set out key policy objectives aimed at tackling the social determinants of health. The task was to collate and present the best available evidence to take forward and challenge health inequalities post-2010.

The discussion of a social gradient was a key component of the review. This gradient refers to the fact that the lower a person's social position is, then the worse their health will be (Marmot, 2010). Interestingly, the evidence presented within the Marmot review demonstrates that the social gradient cuts across social groups and certain health conditions. For example, a marked increase is apparent across the social gradient by chronic conditions such as, type 2 diabetes, depression and violent deaths and suicide, the opposite being true of certain types of cancer (Marmot et al., 2010). Subsequently, Marmot (2010) asserted that it is not sufficient to just focus on the lower aspects of society, rather attempt has to be made to address the gradient that exists across all social groups. When making earlier references to the social gradient, Siegrist and Marmot (2006) noted that in view of considerable progress in medical science, the constant increase in health care spending, and the extension of health care facilities, this observation is both worrying and challenging (Siegrist and Marmot, 2006).

The Marmot Review was not the first to evidence the social gradient in health. Noting that discussions around the social gradient of health first appeared in the health inequalities literature in the first part of the 21st century (Siegrist and Marmot, 2006). Subsequently, the report advocates an approach termed 'proportionate universalism'. Proportionate universalism refers to the point that health inequality policy should not only be aimed at the most disadvantaged, rather they should focus on reducing the gradient between all social groups, including those that are effectively higher up the

social scale. These ideas form part of the critique discussed previously with reference to materialist perspectives.

2.3.1 Give every child the best start in life

Policy objective A, of the Marmot Review, and the early impetus of this thesis, was to: 'give every child the best start in life'. This was one of six policy objectives, and was subdivided into three priority areas, these can be summarised briefly as:

- Reduce inequalities in early development
- Ensure high quality maternity services, parenting programmes, childcare and education across the social gradient
- Build resilience and well-being in young people across the social gradient

Earlier policy initiatives, such as Sure Start and the Healthy Child Programme demonstrated a concerted commitment to the early years, and the review called for these to remain, actually, suggesting that financial investment in the early years is increased (Marmot, 2010). However, Sure Start was one of the key initiatives under the last Labour government, and since 2010 Sure Start centres have been in rapid decline due to mass closures, and the loss of ring-fenced funding. The provision that remains principally offers targeted [non-universal] and significantly limited provision (Smith et al., 2018). A topic discussed in further depth below.

Marmot (2010) followed the line that investment in the early years has better long-term outcomes than investing later in the life-course. However, Marmot (2010) does not say that later investment should be reduced, just emphasis should be placed upon the early years, with dedicated and proportioned funding targeted across this time. To support this, Marmot (2010) cites evidence from Cunha and Heckman (2007) that showed that cognitive ability, otherwise known as I.Q, stabilises between the ages of 8-10-years, while behaviour remains modifiable into late childhood. Therefore, targeted spending before the age of 5-years has time to take effect, before factors such as cognitive ability begins to stabilise.

2.3.2 The Marmot Review 10-years on 2020

The Marmot Review 10 years on, is both a sombre and somewhat damming account of the significant failure on the governments part to tackle health inequalities. Marmot

(2020) argues that since the initial review of 2010, the majority of health policies have run counter to the 2010 recommendations. In England, some of the previous achievements have been effectively halted and, in some areas, an actual reversal can be seen. For example, Marmot notes that life expectancy actually fell in some of the most deprived communities (Marmot, 2020). Furthermore, Marmot (2020) argues that if health has stopped improving, it is an indication that society has stopped improving. While it is argued that austerity may not be to blame in its entirety, as a re-testing of that hypothesis would not be possible, the link, Marmot (2020) argues, is entirely plausible, particularly as similar patterns can be seen in Wales and Scotland which also introduced austerity measures.

In terms of 'best start' which was a 2010 policy objective, the picture is similarly dismal. While school readiness has improved in overall terms, there are still persistent gaps by social economic group, and child poverty has increased significantly since 2010 (Marmot, 2020). However, an interesting point highlighted in the 2020 review is that deprived children fair better in deprived areas than they do in more affluent ones (Marmot, 2020). This could indicate that children from deprived families may be overlooked in more affluent areas, but also that contextual or relational disadvantage becomes more significant. For example, being able to participate on equal terms with peers and the relative self-esteem, or lack of, that this affords. Pertinently, and in relation to this thesis, Marmot (2020) highlights that much credit to overcoming issues with child development has been afforded to parenting practices. However, he argues that it is important to recognise that parenting is also related to families social and material circumstances. This represents a slight turn from the position taken in the 2010 review where little space in terms of 'best start', was dedicated to social and cultural context of parents lives and how accessible objectives like 'best start' actually are.

The Marmot Review 2010 was not the only report into health inequalities. Several key landmark reports led up to that point. The following sections provide a brief overview of the most significant of these.

2.3.3 The Black Report 1980 and The Health Divide 1987

The Black Report, authored by Sir Douglas Black and published in 1980, was commissioned by the Working Group on Inequalities in Health, set up in 1977 by the then Labour Government. The Black Report 1980, became a landmark study that set out to identify why differences in health still persisted thirty years after implementation of the National Health Service (NHS). Earlier attempts to theorise health inequalities rested upon the assumption that poor health was caused by unequal or limited access to good quality healthcare provision, and that where healthcare was available this was unequally distributed. It was envisaged that the development of the NHS would reduce the number of deaths caused by the onset of acute disease and infection (Miers, 2003). However, the increase in overall life expectancy across social groups meant that the demand for older adult care and support for chronic conditions increased (Blaxter, 2010). The Black Report concluded that while people may have better access to healthcare services, better healthcare alone does not effectively erode the inequalities caused by material and structural conditions.

The report's findings from the Black Report were initially dismissed and temporarily, although not that successfully, buried by the newly elected Thatcher led Conservative Party (Whitehead, 1987). Although Thatcher government policy acknowledged the need for prevention, it refused to address the socio-economic and environmental factors that many experts were now arguing had a direct, and detrimental effect on people's health (Baggot, 2000, Graham, 2007). The main aim of the Thatcher government was to ensure the general public were onside, by reassuring them that the NHS was in safe hands, and that increasing the provision of preventative measures such as, cancer screening, health screening and health promotion were the most appropriate measures to tackle health inequalities (Graham, 2007). A sheer oversight, deliberate or otherwise, was with regards to the restrictive structures and constraints that operate at societal level, preventing some people from accessing these preventative measures in the first place.

2.3.4 The Health Divide 1987

Just over seven years later, Margret Whitehead's 1987 report, 'The Health Divide' sought to update the evidence produced by the Black Report. Commissioned by the now dissolved Health Education Council (HEC), The Health Divide established that while particular indices had improved for all social classes, the gap between rich and poor had

continued to widen. The Health Divide report collated and reviewed an abundance of new evidence that indicated that the health inequality gap was actually widening, despite general improvements across all social groups. Importantly, where more general improvements had been evidenced, these had significantly less impact on lower socio-economic groups (Goldblatt and Whitehead, 2000). In 1985 the World Health Organisation (WHO) national office set targets to reduce health inequalities between countries and groups by 25% by 2000. Whilst general improvements with regards to mortality and life expectancy have been achieved, tackling health inequalities in real terms has not (Goldblatt and Whitehead, 2000).

The contribution these reports made should not be overlooked. Since the publication of the Black Report 1980, and The Health Divide 1987, it has been hard for subsequent political parties to overlook the issue of health inequalities (Bambra, 2013). However, while tackling and reducing health inequalities has been at the heart of the public health agenda for over 35 years, how best to achieve this and where investment should be placed is still debated (Siegrist and Marmot, 2006). Both the Black Report 1980 and the Health Divide 1987 provided significant contributions to the debate surrounding health inequalities and the unequal distribution of health and illness.

2.3.5 The Acheson Inquiry 1998

An Independent Inquiry into Inequalities was chaired by Sir Donald Acheson. One aim of this inquiry was to assess the impact that policies had, or were having on the target population. The inquiry led to the culmination of evidence that was published in 1998, which subsequently became known as the Acheson Inquiry. Bambra (2016) has noted that the Acheson Inquiry was published in a more favourable climate than the earlier Black Report, 1980, and later Marmot Review, 2010. As at the time of Acheson's publication, health policies were in part reflecting some of the earlier findings from the Black Report.

The evidence presented made a useful contribution to the health inequalities field, as it shifted the focus slightly from the materialist and structural perspectives; such as, social class, occupation and income, and helped deepen understandings of the relationship between social environments and health, particularly that of chronic diseases. The Acheson Inquiry assisted in developing understandings of how neighbourhoods, and the

places in which people live can contribute to health inequalities, and in particular long-term chronic conditions. Some of these objectives can be seen in policy tools such as Area Based Initiatives (ABIs) that focus on localised urban regeneration to increase inclusion. The identification of the so-called neighbourhood effect was part of this debate (Atkinson and Zimmerman, 2018) and that the places in which people lived has a reinforcing effect on health and overall life chances (Friedrichs et al., 2003).

The following sections provide an overview of contemporary policy changes and the impact that these and wider austerity measures have had on children and families.

2.4 Sure Start

The Sure Start programme was one of the key family initiatives under the last Labour government between 1998 and 2010. The Cross-Departmental Review of Services for Young Children was established, the evidence collated was presented in a final report in 1998, that was delivered by the then Minister of Public Health, Tessa Jowell (HM Treasury, 1998). The Sure Start initiative was the main program to be established from the report's findings. While there was no single blueprint for the model, the report argued that it should: involve parents as well as children, target a number of factors and not just the normal education, or parenting, long-lasting enough to make real impact and difference, locally driven and be in consultation with local communities, non-stigmatising, avoiding labels like 'problem families' (Melhuish and Hall, 2007:5). An important U-turn in political language can be seen later in 2010 and 2011, a point I revisit below. A wider aim of Sure Start was to bring family services together under one-roof, to operate out of Children Centres, and provide routes to more specialised services, as required. While, initially the focus was on England's most deprived areas, the programme was later extended to all areas, but offering reduced provision (Smith et al., 2018).

It is important place Sure Start within the political context of its time. During this time, there was an increasing interest in the early years of children's lives. Moreover, the idea that this early phase in a child's life is critical in terms of development, was rapidly gaining momentum. For example, the classic concept of 'critical periods' in child development implied that there was an urgent window of opportunity for early intervention (Baird and Hall, 1985). Moreover, during this time the emerging concept of

'brain plasticity' from the field of neuroscience cannot be overlooked (Melhuish and Hall, 2007), a topic discussed in greater depth in Chapter Three. In addition, programs in the USA such as Head Start were showing that early interventions could make a positive difference to children's lives (Melhuish and Hall, 2007).

In the report Stop Start, undertaken by Smith et al., (2018) on behalf of the Sutton Trust, they stated that Children's Centres had strayed too far from their initial purpose and a revisiting of the early objectives was required, as well as a, "reconnection with their original purpose" (Smith et al., 2018:6). The shift to targeted services, the extension to age 19-years and the incorporation of preventative teams had meant that Children's Centres had lost their original purpose and now required a very different skill set. Significantly, they argued, "this does not seem to fit well under the label of a local 'Children's Centre'" (Smith et al., 2018:6).

From 2005 onwards, local authorities had to manage the Children's Centres in their local area. In 2010, the Coalition government announced that the budget for Children's Centres would no longer be ring-fenced. This meant that local authorities had to budget for them; in addition, that the services offered should be aimed at 'high need' families (Smith et al.,2018). Significant cuts to local authority budgets, in line with increasingly punitive austerity measures, has meant that over the course of the last decade over 1,300 Children's Centres have closed (Lepper, 2022).

2.4.1 The Royal College of Paediatrics and Child Health (RCPCH): The State of Child Health 2017-2020

The Royal College of Paediatrics and Child Health (RCPCH) produced its first report into the State of Child Health in 2017. The second report was published in 2020, with an important follow-up due to the COVID 19 pandemic, published in 2021. In the State of Child Health 2020, the RCPCH stated that while some of the key recommendations from 2017 had been implemented, there were still worrying trends in health outcomes for children and young people. The report developed three key priority areas: to reduce child health inequalities, prioritise public health, prevention and early intervention, and build and strengthen local cross-sector services to reflect local needs. To address and monitor child health inequalities the RCPCH recommended that the UK Government should introduce a cross-departmental National Child Health and Wellbeing Strategy to address and monitor child health inequalities.

To summarise the strategy, firstly, it called for the adoption of a 'child health in all policies' approach, consider and report on the impact of policies on child health, and disclosing the projected impact of the Chancellors annual budget on child health. Secondly, reintroduce the national targets to reduce child rates and introduce health inequality targets for specific areas of child health. Finally, provide additional funding for a child workforce, with specific focus on the first 1000 days.

The 2020 report provided data on several indicators, while there is not the scope here to cover them all, it is important to highlight key changes that have happened since the first report in 2017. Exclusive breastfeeding in England had decreased from 30.1% to 29.6%, also the number of immunisations fell from 94.2% to 92.1%. The number of children aged 4-5 years being recorded as overweight or obese increased from 21.9% to 22.6%. For older children there was also concerning trends, young people consuming drugs had increased from 19.0% to 21.0%, and mental health prevalence in young people aged 5-15 years had also increased from 9.7% to 11.2%.

In terms of contextualising this data to the current struggles that many families face, the report stated that child poverty had increased from 29.0% to 31.0%. This is particularly concerning as the previous government target was to significantly reduce child poverty by 2020. In addition, data indicates that the number of child carers is increasing, as well as the number of children on child protection registers or with a child protection plan. While the RCPCH report does not make a correlation between increasing family poverty and other variables, questions could be asked about the contextual nature of persistent poverty and the impact this has on children and family's lives.

2.4.2 Troubled Families and the change in rhetoric

Political rhetoric changed significantly after the 2011 English riots, with the launch of the 'Troubled Families Programme in 2012. 'Troubled Families' was launched to the cost of £448 million and aimed to turn around the lives of 120,000 families with complex needs (Day et al., 2016). During this time key political figures, including the then Prime Minister, David Cameron, the Mayor of London, Boris Johnson and high-profile journalists, particularly from right-wing publications, started to hold parents responsible for those that took part in the riots, particularly lone-parent and fatherless households. David Cameron (2011) posed the question, 'where are the parents?' and stated that,

"this broken society is at the top of my agenda" (Cameron, 2011, n.p). Moreover, Tyler (2013) argued that the political sway at this time created a re-emergence of the 'underclass consensus'. However, since the 2011 riots:

> there has not been one shred of evidence to support the pithy narrative that 'poor parenting' was to blame in any way, much less that rioters came from lone-mother households, or had no father figure at home (Jensen, 2018, p.6).

Rather, *Reading the Riots,* published in 2011, evidenced that those who took part in the riots were significantly more likely to be in poverty and come from some of the most deprived areas (Lewis, et al., 2011; Newburn, 2015). However, there was widespread scepticism to accept such correlations existed, and the outright refusal by Government to acknowledge the role that poverty and social-exclusion played, as well as the early police reactions to the events (Jensen, 2018). Needless to say, the riots played a significant role in the broader public acceptance of significant public spending been driven into initiatives such as 'Troubled Families' (Crossley, 2016). Moreover, while this thesis is not concerned with riots per se, the broader switch in the language used to discuss certain types of families is pertinent to this thesis.

Gordon (2011) published the findings from a consultation response on behalf of the Poverty and Social Exclusion Unit. The consultation raised concerns with the theoretical and philosophical ideas being drawn upon to inform the establishment of the Troubled Families Unit and the wider Troubled Families Programme. Gordon argued that many of these ideas were disproved in the 1970's and 1980's. For example, that poverty is transmitted through generations and that there is a feckless poor that transmit poverty to their children in a similar manner to pathological disease (Gordon, 2011). Moreover, it was suggested by Gordon (2011 :3) that, "any policy based on the idea that there are a group of 'problem families' who transmit their poverty / deprivation to their children will inevitably fail, as this idea is a prejudice, unsupported by scientific evidence", and will ultimately waste public money. Subsequently, in 2016 the National Evaluation of Troubled Families (Day et al., 2016) found little robust evidence of the program having any real, or significant impact. Stating that, in sum: there was wide variations in local practice, limited evidence for the efficacy of the interventions aimed at families, little

progress in addressing health and health inequalities, and questions over whether deep and sustained improvement had actually been achieved (Day et al., 2016: 69).

2.4.3 Austerity and the impact on disadvantaged families

Austerity refers to the fiscal tightening that was brought in after the global financial crisis of 2007-8. However, it was following the formation of the Coalition government in 2010 that families in England felt the repercussion of the most drastic measures (Jones et al., 2020). Some of these measures involved significant changes to the welfare system. These included the removal of some benefits and the reorganisation of others, as well as increasingly punitive sanctions for non-compliance (Fletcher and Wright, 2017). These changes have been shown to disproportionately affect disadvantaged families (Family Planning Institute (FPI). 2011).

The UK governments impact assessment on the 'benefits cap' concluded that over 330,000 children and young people will be adversely affected (Ridge, 2013). In addition, it has been argued that austerity measures have had an overwhelming impact on poorer families, calling these "a perfect storm of income change, benefit reduction and increased conditionality, which serve to generate uncertainty, instability and insecurity in family budgets (Ridge, 2013:408). Moreover, increasing levels of family poverty and the removal of social protections under austerity has led to an increase in health inequalities (Dorling, 2017). Ridge (2009) has also noted that children often experience more visceral consequences when family income is reduced. For example, children often have to miss out on leisure activities and social interaction with their peers. This can lead to children experiencing increased social exclusion and stigma. Stigma is deeply damaging for children as they are particularly fearful of being viewed as different from their peers, they fear bullying and have deep concerns about not being able to fit in with other children (Ridge, 2002).

Welfare benefits have been increasingly targeted at work and in particular paid work. Lister (2001) warns that this focus disproportionality impacts upon women who undertake the majority of unpaid caring duties, as well as having an increased presence in unpaid voluntary and community work. Similarly, that austerity measures and changes to welfare risks elevating paid work and participation in the labour market above caring for children and parental responsibilities (Churchill, 2011), a measure that

once again predominantly impacts the lives of women and children. This has meant that many families have struggled to maintain even the most basic of requirements such as food, heating, home and health (Dowler and Lambie-Mumford, 2015). Moreover, while according to the Living Costs and Food Surveys 2005-2011, all households have reduced their intake of fresh fruit and vegetables, fish and fresh meat, the households with the greatest reduction included lone-parents, pensioners and households with young children (Dowler and Lambie-Mumford, 2015), these being the households that require foods with higher nutritional value and quality.

This section has shown how disadvantaged families have been disproportionally affected by austerity measures and recent welfare cuts and changes. However, of equal importance is how changes in political rhetoric have shaped certain families as being 'unstable' or 'risky'. These families are at the sharp end of harsh sanctions and increasingly punitive measures that punish families for non-compliance. These stigmatising policy discourses assist in the maintenance of the 'troubled families' narrative, which effectively legitimatises increasing family surveillance and intervention.

2.4.4 Summary

This section has discussed the key reports that have sought to both identify and tackle the prevailing issue of health inequalities. However, this chapter has highlighted that previous government attempts to halt and reverse health inequalities have failed. Where policies and interventions like the Sure Start programme showed some early improvements, the introduction of austerity measures halted progress before a comprehensive evidence base could be developed. These are not short-term measures and it needs to be recognised that longer-term measurements are required to capture and evidence outcomes.

Debates surrounding language, and the slow but increasing adoption of the term 'inequities' highlights that a change in rhetoric is occurring. The WHO 2008 use of the term, and Marmot's 2020 explanation of language indicates that for the main part disparities in health are viewed as being avoidable, and are therefore unjust. Overlooking the symbiotic relationship between context, health and experience runs the risk of overlooking the embodied nature of health inequalities and the lived experiences of those who encounter them in their day-to-day lives.

The following section continues with the theme of early years with the focus on two key reports that fore fronted early intervention: Frank Field's 2010 report on the foundation years and Graham Allen's 2011 report on early intervention.

2.5 The intersection of science, policy and parenting

The aim of this section is to provide an overview and analysis of constitutive elements of both Frank Field's 2010, and Graham Allen's 2011, reports to government

A number of key reports have identified pregnancy, birth and the early years to be pivotal stages in a child's development and later outcomes. Two government reports have been particularly influential in both influencing, and shaping discussions on the role of science in early years-based policies and interventions, and therefore are the focus of this chapter, these are: Frank Fields 2010 review 'the foundation years: preventing poor children becoming poor adults', and Graham Allen's 2011 report 'early intervention: the next steps.' The reports were commissioned by the Conservative Government in 2010, and both reports drew heavily on the notion of the home-environment and what parents do as being more important than resources. While both reports drew on early brain development narratives, particularly that of neuroscience to evidence the claims made. The Allen report drew heavily upon this information to substantiate the claims made and subsequent recommendations. Recommendations which locate parents as the pivotal factors in children's outcomes, particularly with a focus on what parents do, over who they are, in terms of social and education status.

It is perhaps of little coincidence that these perspectives have been particularly popular over the last few decades where political reform has been driven by neoliberal ideology (Evans, 2015). Individual responsibility and moral duty have been the central tenet of government agendas leading to profound social, health and policy implications. The need for parents, and in particular poor, working class parents to be properly educated on how to raise their children effectively, has been a central tenet of recent UK family policy (Gilles, 2011; Macvarish et al., 2015) and that parental influence rhetoric gained momentum across party interest in the late 1990's, in particular from New Labour 1997. Since this point, 'evidenced- based' parenting has become increasingly visible in family policy (Goldson and Jamieson, 2001; Furedi, 2002, Furedi and Bristow, 2008; Jensen, 2010; Gilles, 2011).

2.5.1 Frank Field: The foundation years: preventing poor children becoming poor adults, 2010

In June 2010, the then British Prime Minister David Cameron, commissioned Frank Field MP to undertake an independent review on poverty and life chances, culminating in the publication of 'The Field review: the foundation years in December 2010. The Field review 2010, had three key aims which can be summarised as: to generate debate on poverty, to examine the case for reform of poverty measures, and the inclusion of non-financial measures to tackle some of these issues. The review culminated in 24 strategic recommendations that covered both policy and service provision, but praised itself on the fact that the recommendations made would not generate any costs or additional public spending (Field, 2010). While there is not the scope within this chapter to review the full set of recommendations, it is important to note that the findings, and subsequent recommendations of the review demonstrate a shift away from actions such as, increases to welfare state benefits, with instead greater emphasis on the home, what parents do with their children and early childhood experiences (PSE, 2010). The Field (2010) review uses the concept of early home-based experiences, to support this concept the review draws upon the idea that 0-3 years constitutes a critical or sensitive period of in a child's life, the review extends this to 5-years, the age children in the UK normally start formal education (Gov.UK). While Field (2010) says this does not mean that later interventions, for example, school-based ones, will be completely ineffective, he argues that ability profiles on entry to school heavily predict children's later outcomes, and that the most cost-effective way to tackle these issues is in the early years. For example, Field (2010) notes:

> …later interventions to help poorly performing children can be effective but, in general, the most effective and cost-effective way to help and support young families is in the earliest years of a child's life (Field, 2010:7).

This focus on the home environment can also be seen in the second key finding from the review. In addition, the emphasis is less about the issue of resources and money to what parents do:

> There is overwhelming evidence that children's life chances are most heavily predicated on their development in the first five years of life. It is family background, parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more to children than money (Field, 2010:5).

The review subsequently recommended action to reduce poverty and enhance life chances, that were in line the Government's fiscal strategy at the time (Poverty and Social Exclusion (PSE), 2010) while making progress in reducing the nation's fiscal deficit (Department for Work and Pensions, Department for Education, 2011). Following this Field (2010) stated that further financial investment in income-based poverty measures would not be an effective or a sustainable strategy. He suggests that alternatives strategies, such as increased emphasis on the early year's education, the home environment and parenting were required in order to effectively tackle poverty. Field (2010) further suggests that poor children becoming poor adults, is not down to finances, or lack of them. Rather, poor interaction with parents, lack of attachment in the early years, and unresponsive parenting are to blame.

It is clear within the review that Field (2010) draws upon earlier remarks made by Sylva et al (2004). Sylva et al (2004) carried out a longitudinal study between 1997-2003 that examined the effectiveness of the provision of pre-school education, particularly for disadvantaged groups. Within the key findings of the report, and as indicted in the above quote, Sylva et al (2004) proposed that what parents do with their children in the home environment is more important than parental level of education or occupation, thus, who they are in terms of social position and status.

Sylva et al., (2004) note:

> For all children, the quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income. What parents do is more important than who parents are (Sylva et al., 2004: 1).

Field (2010) then draws upon the latter part of the quote when he states:

> What parents do, is more important than who parents are (Sylva et al., 2004, cited in Field, 2010:43).

Interestingly, this narrative can also be recognised in David Cameron's comment in his 2010 speech at cross-political party Think Tank Demos event:

> What matters most to a child's life chances is not the wealth of their upbringing but the warmth of their parenting (Cameron, cited in The Guardian, 2010).

The overarching emphasis on early years and what families do with their children, while evidently important, can be to the detriment of wider social factors, meaning that contextual factors, like the experience of poverty are overlooked. For example, "Governments have come to see families more in terms of their practices than structures, with 'what families do' readily translating into a new ideology of family competence" (Gilles, 2011: 4).

Kiernan and Mensah (2011) used data from the UK Millennium Cohort Study to show the extent that episodic and more long-term poverty has on early childhood and the start of the school careers, and the extent to which positive parenting can mediate this. Positive parenting was measured using parenting behaviours that were identified as being a key factor in children's development in literature reviews by Shonkoff and Phillips (2000), Demo and Cox (2000), Desforges and Abouchaar (2003) and Gutman et al., (2009) These were identified as: cognitive stimulation, and promotion of play and learning, security and warmth in relationships, sensitivity in interaction and responses to children's needs, ample physical nurturance, establishment of appropriate boundaries and standard of conduct, and positive discipline (Cited in Kiernan and Mensah, 2011: 318). The study was quantitative by design and compared different variables such as, income, the role of positive parenting and family resources. Results confirmed the prevailing gradient in educational attainment between children in poor families, and their more advantaged peers. The results also indicated that while to some extent positive parenting can go some way to mediating the impact of poverty, they note that, "the extent of positive parenting tended to be lower in poorer families and in those with fewer resources" (Kiernan and Mensah, 2011:13). Moreover:

> …that about one-half of the effects of child poverty and 40% of resource disadvantage may be accounted for by the quality of parenting the child has received in early childhood and the size of the effects were broadly similar across the poverty groups and level of family resources (Kiernan and Mensah, 2011:13).

This leaves unexplained gaps in relation to causal explanations for the other half and 60% respectively, and while the authors acknowledge this, they do so briefly. For example:

> We cannot imply that the mediating effect of parenting is necessarily causal as our analyses are based on observational data and other factors that we have not included in our models may also be important or may be driving the parenting behaviours (Kiernan and Mensah, 2011:13).

The design of the study and the data being used from the Millennium Cohort Study means that contextual factors, such as the everyday lived-experience of poverty, and the parental stresses and strains this creates cannot be adequately addressed. In addition, for the main part, during the Millennium Cohort Study parental and child interactions were mainly recorded on an observational basis which can again overlook wider contextual factors and rely heavily on the observers account of what is occurring (Hennink et al., 2011).

2.5.2 Graham Allen: Early intervention the next steps, 2011

The Allen Report 2011, was an independent review of early intervention in the early years. The Allen report 2011 proposed that investment needed to be shifted from welfare benefits to early years interventions. The report argued that such investment is key to preventing adverse outcomes in adulthood, and therefore has the potential to thwart increased government spending further down the line. In addition, the findings of the report argued that many of the costly and damaging social problems that occur are created because children are not provided with the sorts of activities and parental responses they need in the early years (Allen, 2011). The political motivation underpinning this idea postulates that financial investment in the early years will significantly reduce government spending across the life course; with the potential of long-term damage being prevented, or at least significantly reduced through this early investment.

In similar vein to Field (2010) Allen (2011) utilises throughout the report this notion of pivotal or sensitive periods in child brain development. For example, Chapters Three and Four of the Allen Report (2011) draw heavily on neuroscientific evidence to support the claim that the first three-years are crucial to infant brain development, with negative influences during this period being extremely detrimental. For example, Allen (2011) writes:

> …by the age of 3 their brains are 80 per cent developed. In that period, neglect, the wrong type of parenting and other adverse experiences can have profound effect on how children are emotionally 'wired' (Allen, 2011, xi).

This evidence is taken, in the main part from the work of Bruce Perry, with the images used in the Allen (2011) report being accredited to the work of Perry. Perry (1997; 2000a; 2000b; 2000c) conducted longitudinal research on severely traumatised children,

including adopted Romanian orphans. Romanian orphans were placed in foster care following the discovery of Romania's severe maltreatment of its orphans and its breach of human rights in terms of providing appropriate care for looked after children. Bruce Perry and his team carried out CT scans of the Romanian orphans' brains at three years demonstrating normal development, and extreme neglect.

Figure 1 CT scan images of 3-year-old child brain showing normal and extreme neglect
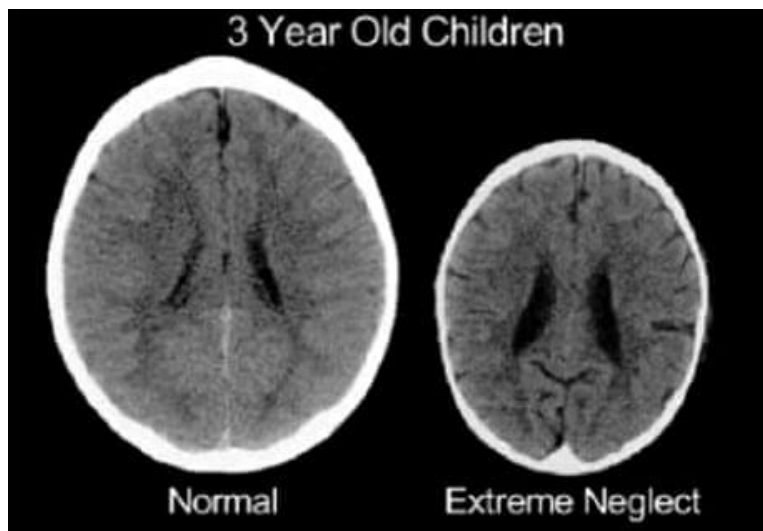
Perry (2002).

The CT scans used within Allen's report aim to depict normal infant brain development and abnormal brain development. However, it is important to note that the work of Perry (1997; 2000a; 2000b; 2000c) focused on the treatment and recovery of severely traumatised children, cases of which, while they do occur, are in the minority in the UK (UK Trauma Council, 2020). For example, one of the child traumas Perry documents is that of a 4-year-old severely traumatised female child in the USA, who was left for 11-hours with the body of her murdered mother. The child was discovered by the authorities lying on, and trying to wake her deceased mother, the perpetrator of which had also tried to kill the child by cutting her throat in two separate places (Perry, 2000b). Gilles (2014) critiques the use of such images by arguing that used in this way, like in the Allen report 2011, the images lack clear evidence-based context. In addition, no clear case history, or scale is provided that represents what is considered to be 'normal' or 'extreme neglect' (Gilles, 2014). Moreover, suggesting that brain scan images such as these have become, 'iconic', and that, "it provides a graphic visual image for assertions

that poor parenting causes lasting damage to babies' and young children's brain development" (Gilles et al., 2017:2).

What is evident is that the CT scan images used in Allen's report had a significant impact both in political and public arenas. The reasons for this could be explained by research carried out by McCabe and Castel (2008). They identified that those articles that present actual brain images and scans, as opposed to those that used just simple bar-graphs or no image at all, resulted in higher ratings of scientific reasonings. They suggest this may say more about the power of an image, in so much as an image represents evidence that cannot be, or is hard to refute. They argue: "these data lend support to the notion that part of fascination, and credibility, of brain imaging research lies in the persuasive power of the actual brain images themselves" (McCabe and Castel, 2008: 346).

Defining what constitutes complex trauma, particularly in children is quite difficult, as it depends on definitions, measures and methods used (UK Trauma Council, 2020). For example, a study by the National Society for the Prevention of Cruelty to Children (NSPCC) found that nearly 1 in 5 (18.6%) of children experience some form of abuse, neglect or trauma. However, the UK Trauma Council (2020) stated that is highly unlikely that many of these cases would meet the clinical threshold for severe trauma. Similarly, a systematic review and meta-analyses conducted by Baldwin et al., (2019) that looked at the agreement between prospective and retrospective measures of child maltreatment, found that these measures vary considerably. Search strategies were available and guided by both PRISMA and MOOSE guidelines for data searches and extraction. Clear inclusion and exclusion criteria were detailed. Results were based on 16-identified studies that found poor agreement between prospective and retrospective measures, and because of this the two measures should not be used interchangeably to study health outcomes (Baldwin et al., 2019). Furthermore, they concluded that children identified prospectively would be exposed to differing mental and psychological risk pathways than adults identified retrospectively, and that factors such as these need to be considered when measuring childhood trauma and respective outcomes. The review recommended that professionals working with such groups should recognise these critical measurement differences when drawing conclusions, or planning interventions and services.

Sylva et al., (2004), Field (2010) and Allen (2011) draw upon the idea that what parents 'do', particularly in the early years-ages 0-3, is more important than who they are. Whilst to some extent, it could be argued that this has the potential to 'relieve' some pressure, after all the claim that what parents 'do' is what matters most, and not social position, occupation, income or educational opportunities. However, this fails in terms of recognising that day-day decisions, and the scope of what parents can 'do' is constrained by the cultural and social milieu in which they operate. The impact of wider constraints such as household income, or lack of, create significant stress and pressure on parents and their physical and mental well-being. Evidence from The Children's Society (2018) found that at the point of having a new child and during the early years in particular, family incomes get stretched, creating additional pressures as parents try to keep up with costs, and that often additional support is needed to see families through this costly period (cited in Mahony and Pople, 2018). This can present a significant barrier in terms of what they can actually do as parents, something that all of the above reports fundamentally overlook.

2.6 Summary

The emerging narrative of what parents 'do' is more important than who they are begins to become quite a powerful metaphor, in both its applicability to the political endeavours at the time, and neoliberal framings of moral responsibility. The idea above coincides with, and represents a societal and political shift, that places increased emphasis on parental expectations and responsibilities, in line with austerity measures that seek to reverse economic strategies targeted at benefit increases. These reversals can be identified in the initial objectives of the review which set out to: generate debate on poverty, examine the case for reform of poverty measures, and the inclusion of non-financial measures to tackle some of these issues. The Field review 2010, culminated with a set of recommendations that reflected this shift. The report actually praised itself upon not recommending any additional government spending, by redirecting funds from income-based poverty measures to parenting interventions and early years provision.

Neither the Field review 2010, or the Allen report 2011, affords any real attention to the discussion, or analysis of the wider structural factors, and the subsequent impact that a lack of resources and / or access to resources can have on parenting. Neither, do they

fully appreciate how contextual factors such as, poverty, domestic violence, stigma and mental health constrain parenting choices and behaviours. It could be suggested that attention to such factors would distract from the political remit that underpinned both reports; that is the departure from fiscal investment in income-based measures and a neoliberal agenda that shifts responsibility from state to individual. However, both reports played a significant role in introducing key concepts from neuroscience into both political, and policy-based parenting discourse. It is therefore important to recognise how scientific knowledge, and importantly what sort of scientific knowledge is presented to the public, and how these representations are re-presented and positioned in different cultural contexts.

Chapter 3 Literature review

3.1 Introduction

In recent years there has been a social and cultural shift in the way that childrearing is conceptualised and targeted by policy makers (Gilles, 2008). Within UK policy, the control of, and responsibility for successfully raising children falls wholly on the parents, with some support if and when needed from the state, and where children are primarily viewed as lacking moral agency (Mayall, 2001). Recent political endeavours that focus on modifying parenting behaviour have shifted the gaze from the private domain of 'family' to the public policy arena. Available for scrutiny are a range of parenting behaviours that include but are not limited to: infant feeding methods, smoking, alcohol consumption, maternal and child weight and more recently the debates surrounding sugar, obesity and tooth decay (Faircloth, 2013; Lee et al., 2014; Lowe et al., 2015).

The family and associated kinship groups, have always been viewed as a central feature in the transmission of cultural norms and values, particularly in disciplines such as anthropology and sociology. However, in recent decades there has been a cultural shift globally and nationally where the family, particularly the mother is held responsible for the biological and social transmission of health patterns, values and behaviours. As Sharon Hays points out children have become increasingly viewed as requiring constant nurture and intensive parenting. Most importantly this style of parenting is "time-consuming, intensive and often financially draining" (Hays, 1996:4). In line with this, child rearing in developed countries particularly the UK and USA, has become increasingly intensive as parents, largely mothers have been held both responsible and accountable for a range of child outcomes including, but not limited to: physical and psychological health; school readiness; educational attainment, anti-social behaviour and criminal activity (Hays, 1996; Fox, 2001, 2006; Wall, 2001, 2010).

Firstly, this literature review will discuss and evaluate some of the landmark literature on motherhood and mothering. Secondly, attention is turned to the key literature that explores the rise of scientific discourses in childrearing, namely from the field of neuroscience, and how this has become increasingly visible in family-oriented policy and subsequent parenting practices. Finally, the literature that explores social-class, parenting and family and child poverty is presented.

3.1.1 Identifying literature

This literature review was conducted following the principles of integrative reviews (Tavares de Souza et al., 2010). It was felt that this was appropriate due to the fact that the research contained within this thesis is qualitative, underpinned by an interpretivist epistemology and driven by research questions that are exploratory in nature. For example, Evans and Pearson (2001) and Tavares de Souza et al., (2010) have argued that while over recent years there has been a proliferation of review-based methods, systematic reviews have remained the method of choice for evidence-based practice initiatives. However, systematic reviews often over emphasise randomised control methods and hierarchies of evidence that can fail to capture the depth and breadth of other methods. Moreover, qualitatively defined concepts such as emotion, experience, care and / or the impact of other variables can be overlooked (Tavares de Souza et al., (2010). Interestingly, Whitmore and Knafl (2005) suggest that integrative reviews have the potential to play a much greater role in evidence-based decision making, as they allow for the inclusion of diverse methodologies to be incorporated. Integrative reviews offer the potential to combine various reviewing methods and allow for the inclusion of both empirical and theoretical literature, review of theories and methods, as well as the definition of concepts and methodological issues.

3.1.2 Information sources

Relevant studies for this review were identified in various ways. Initial searches were conducted on the electronic databases of ASSIA, Applied Social Sciences Index and Abstracts, and IBBS, both of which proved to be very useful for identifying qualitative papers. In addition, EBSCO Host (Medline, Academic Search Premier, PsychInfo and CINAHL Complete) were searched briefly to cross-reference papers identified in order to ensure coverage across both health and social sciences. The following keywords were used to search on databases: Mother* and low socioeconomic or poor, or poverty, or low-income, and parent*.

Once initial searches were conducted, and following Tavares de Souza et al., (2010) bibliographic index searches that involved the systematic comparison of the references of compiled sources were undertaken Bibliographic index searches lead to the analysis and cross-referencing of reference lists from retrieved primary literature. Whilst time-

consuming this proved to be the most useful strategy, as titles and abstracts on more theoretical papers did not always use easily identifiable and searchable key words, thus were often not always captured on database searches. In addition, grey literature was searched for using Google, Google Scholar and Open Grey. Relevance was ascertained by reading the abstracts and / or summaries. Following abstract selection, a second skim-read was conducted through the entire document to ensure that it covered policy and / or intensive parenting practices.

3.1.3 Structure of this chapter

Section 3.2 presents the literature that explores motherhood, with critical appraisal that sets out and establishes my conceptualisation of motherhood.

Section 3.3 critically appraises the literature on the intersection between science and parenting, situating this discussion in relation to section 3.2.

Section 3.4 presents and analyses literature exploring social-class, parenting culture, family and child poverty.

Finally, section 3.5 draws the evidence discussed together and offers principal conclusions that have resonance for the better understanding of the contextual nature of motherhood and parenting.

Following from the literature review in section 3.6 sets out the principal research questions for this thesis.

3.2 Conceptualising motherhood

Section 1.2 of this thesis explained why this research chose to focus upon mothers. The aim of this section is to situate the current critical debates on motherhood and mothering, by presenting some of the key literature that has contributed to these debates. Mothering in contemporary Western society, must be both understood, and located within the context of a rapidly changing social milieu. This includes increased participation in education and workforce, wider choice and agency over when to become a mother, and advances in reproductive technology. However, whether this level of choice can be exercised equally between women is questionable. Firstly, in this section I will present the key literature that has contributed to the advancement of motherhood as a theoretical concept, rather than just a biological role.

Adrienne Rich's seminal work on motherhood in, 'Of a Woman Born' (1976, 1986) opened by noting that, "we know more about the air we breathe, the seas we travel, than about the nature and meaning of motherhood (Rich, 1986:11). Rich (1986) argued that motherhood signifies both a woman's relationship to her reproductive powers, and serves as an institution which ensures that women remain under the control of patriarchy. O'Reilly (2004) builds upon the theoretical concept that locates motherhood as an institution, and argues:

> motherhood is primarily not a natural or biological function; rather, it is specifically and fundamentally a cultural practice that is continuously redesigned in response to changing economic and societal factors" (O'Reilly, 2004:4).

Family life, and particularly reproduction and childrearing, were located in and undertaken within the private sphere of the family and home, perhaps only commented on by close family members. The earlier work of Thurer (1994) argues that the cultural concept of the 'good mother', is constructed in line with the political and social framework in which it operates, and so is subject to reconstruction and repositioning. Furthermore, Thurer (1994) highlights that this can be viewed through historical and societal changes. Thurer (1994) provides the example of the process of industrialisation and advancements in women's rights that took work out of the home and repositioned the domestic sphere as a site of reproduction.

While there has been a trend towards later motherhood, facilitated by the introduction and acceptance of contraception (Sevón, 2005), increased duration in full-time education and participation in the labour market (Klemetti et al., 2011; Cooke et al., 2012), changing gender roles, and increased sexual and economic freedom (Shaw and Giles, 2009), it has been argued that this is a trajectory mainly afforded to middle-class women (Budds, et al., 2016). For example, Crompton (2006) argued that the differences between women are reflected in differential family formations, that are dependent on factors such as access to social mobility through educational and employment status.

In, Becoming a Mother, Oakley (1979) argues that motherhood begins much earlier than birth, and even conception. It begins with a woman's own perceptions of how she herself was mothered, as well as the external messages she receives about motherhood throughout her own childhood, and adolescence. Moreover, that motherhood is defined more by the social and cultural processes that surround it than the biological ones. For

example, "how a society defines reproduction is closely linked with its articulation of women's position: the connections between female citizenship and the procreative role are social, not biological" (Oakley, 1980:6). This suggests, that motherhood begins with women's own internal frame of reference, and is constructed and reconstructed through a magnitude of messages she receives about motherhood, her experiences as a woman up to the point of becoming a mother herself.

Drawing upon her previous work that explored housework and the domestic division of labour, Oakley (1974) surmised that for the majority of women, their lives did not alter drastically after marriage but rather on the birth of their first child. Oakley (1974) argued that it was at this point that women encountered additional burdens of domestic unpaid chores, childcare and paid work, and it was at the intersection of these roles that women's conflict occurred. Oakley (1979) details how women are bombarded with multiple images of motherhood, but for the main, motherhood is depicted as being something that is innate, fulfilling and ultimately completes women. However, Oakley (1980) challenges these claims by illustrating how the label of 'postnatal depression' is used to both medicalise and mask what are essentially normal human reactions to traumatic events, and that childbirth should be viewed alongside other social transitions, being understood as disruptive, and at times depressing.

Elliot et al., (2009) conducted research with new mothers in Tower Hamlets, London. They applied a psychosocial approach to examine how mothers construct motherhood as being both cultural and personal in relation to identity transformation. Subsequently, Elliot et al., (2009) argue that early motherhood is identity work. They draw upon the earlier work of Butler (1990) suggesting that early motherhood uncovers gendered and cultural norms, and that these are reconfigured through discursive and material performances. Moreover, following Baraitser (2006) they argue that everyday mothering practices are identity practices, that are always in process, rather than being fully achieved. Smart (2013) however, suggests that the institution of motherhood is rarely argued, positing that perhaps we should just simply be speaking of mothers. The work of Thomson and Baraitser (2017) is however useful here, in terms of thinking critically about the term 'mother'. Thomson and Baraitser (2017) point out that neither 'child' nor 'mother', are static ahistorical concepts, and what these terms mean is embroiled within their own distinct social and cultural genealogies. Therefore, these

concepts are both laden and contested; their meanings constrained within the historical, social, political, and more increasingly the biological context in which they occur.

Thomson et al., (2011:125) argue that, "there is a sense that mothers-to-be must encounter and navigate the accumulation of specialist knowledge about maternal and child well-being. Similarly, Jensen (2018) draws attention to the point that in this current climate, 'good mothering' is the "expectance of, and navigation through, expert-led 'good parenting' discourses" (Jensen, 2018:25). This shift to 'expert-led' parenting has coincided with increased political interest in family life, practices and outcomes. Bradby (2012) identifies the increased interest in these activities has led to increasing public surveillance and scrutiny on family life and child rearing, particularly focusing on the role of mothers. The media and the internet now play a pivotal role in the ways in which motherhood is both displayed, and consumed (Thomson, et al., 2011), and where intense moral feelings about motherhood both circulate and intersect (Skeggs and Woods, 2009; Jensen, 2010; Thomson, et al., 2011).

Works such as Letherby's (1994, 1999) challenge the category of motherhood, from the perspective of those who are either voluntarily, or involuntarily childless; arguing that women with no children, or non-mothers, are still thought of as 'other' in societies that place value on motherhood and children. Moreover, Letherby (1999) argues that while feminism has provided space for discussion on the institution of motherhood, it has devoted considerably less time to the complexities and nuances of non-motherhood. In addition, those mothers that occupy 'other' mothering spaces; such as, criminal mothers, disabled and black mothers (Murphy, 1997; Smart, 2013; Baldwin, 2015) are used to juxtapose 'normalised' mothering roles, and can be read as, 'matter out of place'.

Douglas (1966) defined 'matter out of place' as, "a set of ordered relations and a contravention of that order" (Douglas, 1966:44). Similarly, Macvarish (2010) highlights that the problematising of the pregnant teenage body, coexisted with political and public anxieties associated with moral decline and social disorder, with this disorder being effectively inscribed on immoral bodies. Douglas's call to see the body as a symbol of society on which larger, more dominant symbols are ascribed is useful here.

> The body is a complex structure…a source of symbols for other complex
> structures …unless we are prepared to see the body as a symbol of society, and

to see the powers and dangers credited to social structure reproduced in small on the human body (Douglas, 1966:116).

Those mothers who operate outside of, or are marginalised by the dominant set of ordered relations, can be viewed as 'other', and are positioned in opposition to the role of the 'good mother'. Subsequently, Thomson et al., (2011) argued that successful research into pregnancy and birth cannot ignore or discount the narratives and performances from the wider cultural landscape within which motherhood is abound. Interestingly they also point out that sociological accounts of motherhood, need to be read as a social product and reflect, the cultural, political and social interests of that time; thus, being "products of their time" (Thomson et al., 2011:4). The socio-cultural landscape that informs this process has profound consequences with regards to how reproduction and child bearing/rearing is imagined, acknowledged, and performed. For example, drawing on the work of Clarke (2004) and Tyler (2008), Thomson et al., (2011) suggest that socioeconomic differences between women are compounded and exaggerated by distinct cultures of childrearing.

Thomson et al., (2011) recognised the significance of their research in terms of intergenerational and cultural perspectives. Applying several conceptual frameworks, enabled a reading of new motherhood at the point these perspectives meet. Firstly, by drawing on the phenomenological work of Simone de Beauvoir (1997) who conceptualised women in terms of a 'bodily situation'. Thomson et al., (2011) were able to show that new motherhood can be thought about as both a bodily and biographical situation. Through doing this, it is possible to offer up a reading of new motherhood that recognises the commonalities, while not ignoring the differences. In addition, they note that new motherhood in the contemporary era, can be a site where struggles or admiration can be inscribed on the body. For example, struggles can include assisted technologies, infertility treatment, surrogacy and adoption. Whereas, for others the body is taken for granted, a source of pride to be admired, a source of disgust, or an imposition (Thomson et al., 2011).

Secondly, viewing new motherhood through the lens of cultural studies enables it to be located within the cultural context in which it occurs. In particular, Thomson et al., (2011) apply the theoretical concept of *'everyday social practice'*, which is the visible but often unremarkable activities of daily life. To assist with this, they also draw upon Williams

(1961,1989) concept of *'structures of feeling'*, which they suggest, "recognises the emotional forces that may shape the maternal landscape through other registers of belonging and sharing in which class is present but not determining" (2011:7-8). For example, they argue that:

> the subjective experience of pregnancy and birth is dependent on the personal and economic circumstances of expectant mothers, their positions within families and the intergenerational legacies that come into play as maternal subjectivities are formed (Thomson et al., 2011:7).

These approaches can offer up new possibilities for the understanding of contemporary motherhood. By reading motherhood from multiple perspectives, phenomenological, cultural and social, we can begin to better understand how mothering identities are crafted at the point that these things meet. They also enable differences to come to light, and show how cultural and social circumstances, without doubt shape how motherhood is experienced and ultimately practiced.

3.2.1 Summary

This section has shown that to fully understand the everyday lived experiences of motherhood, we must place it within the social and cultural context in which it occurs. Arguably, most women today have more choices available to them than their mothers, or grandmothers did. Women now have greater opportunities, although not necessarily equal, in education and the labour market. Women also have more choice and agency over such things as, contraception and the timing of reproduction. These expanded opportunities have afforded women increased choice and control over when to become a mother, if they choose to do so. However, whether all women experience this level of choice equally is highly contentious. The following section presents the key literature that explores the increasing role that science plays in the construction of motherhood, and how science has played a significant role in the maintenance of a particular set of parenting practices.

3.3 The intersection of science, authoritative knowledge and parenting

The aim of this section is to present some of the key literature that explores the increasing pervasiveness that science has in parenting practices and interventions. This

literature is important because I take the position that this pervasiveness in parenting discourses has assisted in the maintenance of a unique set of parenting practices that has brought intensive and expert-led approaches to parenting to the fore. Science and science-based claims are difficult to refute as they occupy a particular ontological realm and are presented as objective fact. When this is combined with a political rhetoric that seeks to apportion blame to certain population groups, it becomes an intensely powerful combination. Therefore, this section presents the literature that demonstrates how the role of science in parenting assists in perpetuating the idea that intensive parenting practices, which are for the main driven by middle-class ideals, are the correct and best way to raise young children. This therefore runs the risk of marginalising and even stigmatising other forms of parenting practices.

3.3.1 Neuroscience and parenting

Over the last decade or so, neuroscience framed understandings have played a significant role in the development of parenting and childrearing policy and practices (Wall, 2004, 2010; Thornton, 2011; Maxwell and Racine, 2012; O'Connor et al., 2012; Wastell and White, 2012; Macvarish et al., 2015; Lowe et al., 2015). Theories in developmental psychology, namely Bowlby's (1969) work on maternal deprivation and attachment, drove this increasing interest in parenting and early years. In particular, Bowlby's work developed a keen interest in the role that mothers and maternal attachment plays in children's lives. (Wall, 2004). In addition, Bowlby's work popularised the intensive maternal-love and bond model, arguing that maternal deprivation would have a devastating impact on child development (Jensen, 2018) and healthy attachment in both childhood and adulthood. This is in line with Hoffman's (1960) earlier observation that popular rhetoric during the 1950s, driven by psychologists and self-help practitioners, transformed the noun, 'parent' to the verb, 'to parent / parenting' (cited in Faircloth, 2010). Thus, situating parenting as set of established techniques, rather than an instinctive relationship that exists between adult and child.

The increasing idea of the early years as being a pivotal stage in development, unique from any other stage, and the impact this has on the infant brain, has led to a set of practises now commonly referred to as 'intensive parenting' (Wall, 2010; Faircloth, 2013). These practises are underpinned by a distinct parenting pedagogy (Lee, et al.,

2014; Jensen, 2018). Which inherently involves the possession of a set of skills, capabilities and practices (Jensen, 2018) informed by 'expert' advice, and performed by parents in a particular manner. This aims at nurturing, protecting, and enhancing children's development. These skills incorporate a range of parenting practices, including infant feeding methods, sleeping practices, and optimising cognitive abilities.

The field of neuroscience expanded rapidly, in what became known as the 'decade of the brain'-1990's, (O'Connor, et al., 2012). Subsequently, much of the research and thinking, that emerged in the mid-1990's formed the basis of many of the policies, which were introduced by the New Labour government, in relation to children and childhood (Parton, 2005). Children, and their subsequent development, were viewed within neoliberal frameworks as being the future citizens and thus in need of protection and investment (Hendrick, 2003; Fawcett, et al., 2004, cited in Parton, 2005).

During this period, there was a steady increase in the use and application of neuroscientific understandings to issues that have social and policy implications (Illes et al., 2003). However, in 2003, and therefore prior to the publication of the Field Review, 2010, and Allen Report, 2011, Illes and Kirschen, (2003), cautioned of the possible dangers that can arise from the interpretation and inappropriate use of neuroscience findings. Writing from within their own fields of psychology and neuroscience, they argued that some of the findings give rise to ethical dilemmas, particularly when applied to real-world behaviours, especially those that are value-laden or culturally determined (Illes et al., 2003). As previously acknowledged, an area in which science and in particular neuroscience has become particularly influential is that of parenting, and childrearing practices (Wall, 2010; Thornton, 2011; Maxwell and Racine, 2012; O'Connor, et al., 2012; Wastell and White, 2012). Not only have these concepts become persuasive in terms of policy, but they also began to find their way into more mainstream public domains.

3.3.2 Science and the public domain
Thornton's (2011) theoretical essay, traced and analysed the ways in which both visual, and verbal discourses of brain science, occupy mothering spaces, opening them up for increased intervention and surveillance. Thornton (2011) draws upon two well-known examples for analysis. Jill Stamm's (2008) parenting book, Bright From the Start, and Linda Alcredolo and Susan Goodwyn (2005) Baby Hearts. Both books were authored by

people with scientific credentials. Thornton (2011) suggests that it is these credentials that provide a level of authority, and credibility that is hard to dispute, particularly for a lay person. Thornton (2011) also notes that while both books try and adopt a *supposed* gender-neutral language, by opting for the term 'parent', it is clear that both books are inextricably aimed at mothers. For example, both books often place mothers at the helm of primary care giving, with most illustrative and visual examples used picture women.

The challenge, Thornton (2011) poses at both these titles, is that they are, "instrumental in their contribution to, and maintenance of a wider rhetorical movement" (Thornton, 2011:401). Thornton (2011) refers to this as 'back to basics' mothering, arguing however, that this is representative of much broader neoliberal characteristics. These neoliberal characteristics hold the expectation that mothers will practice self-sacrifice while simultaneously regulating themselves and their emotions, in ways that bring out authentic joy and happiness, in and through the act of mothering. More specifically:

> contemporary brain-based parenting advice…is more than just a series of rules and regulations…it is a discourse that goes to the heart of being, to the psyche, and demands women engage in entrepreneurial practices to maximize their own pleasures and satisfactions in their relations with their infants, through their mothering (Thornton, 2011: 415).

Books and parenting manuals that promised to equip the reader with, the science of parenting, how-to-parent, or more importantly, how-not-to parent, became increasingly visible in the public domain. For example, Gerhardt's (2004) Why Love Matters: How Affection Shapes a Baby's Brain, James (2010) How Not to F** Them Up: The First Three Years, and Leach (2010) The Essential First Year. For example, Douglas and Michaels (2005) noted that between the mid-1970's, and the end of the century, books published on the topic of motherhood and parenting increased seven-fold, most rapidly in the latter two decades. Jensen (2018) has suggested that while this increase could be simply seen as a response to public demand, the ideological assumptions that underpin this demand run much deeper. For example, Lee (2014) argues that this increase in parental pedagogy coincides with the expansion of neoliberalism. Neoliberal ideals seek to shift moral responsibility from the state to the individual, parenting being no exception. Moreover, rather than liberating parents with knowledge,

"neuroscientifically informed parenting manuals, ultimately imbricate women in ever-more dense networks of authority, expertise, and government" (Thornton, 2011:400).

O'Connor et al., (2012) study was interested in how neuroscientific discoveries are thematically represented in the popular press, and the implications of this. To achieve this, they carried out thematic analysis using the LexisNexis database. LexisNexis is a news media database, commonly used to support content analysis methods. O'Connor et al., (2012) used this to determine how often news articles discussed brain research, in six of the national mainstream newspapers in the UK, between the years 2000-2010. The sample included three top selling tabloids and three broadsheets, spanning the political continuum from right to left. After removing duplicates and irrelevant articles they had a useable sample of 2,931. The articles discussed a range of brain science discourses, the greatest percentage discussed brain optimisation and psychopathology, 43% and 36% respectively. However, 14% discussed issues related to parenting and parenthood, resulting in just over 410 articles.

O'Connor et al., (2012) reported that key terms such as: disruption, irreversible, critical stage, and diverse phenomena, are frequently used in media articles that cover infant brain development. These terms are often embedded within a wider narrative that locates the foetal internal environment and the mother's external environment as the main variables involved with transmitting early infant experiences. When placed in this context such terms have the potential to form a picture that is based upon the premise that the infant brain is a highly sensitive organ with the potential for irreversible damage beyond repair, it is fixed, non-fluid, and deterministic in outcome. However, these ideas are somewhat in opposition to broader neuroscientific claims that the brain is actually fluid, non-fixed and interchangeable, and that the brain has the ability to change, physically, functionally and chemically throughout the life-course, as demonstrated in earlier works by Bach-y-Rita (1967) and more recently Fuchs and Flugge (2014). The general consensus within neuroscience is that full understanding of brain development, in both infants and adults, is an ongoing endeavour, and that brain science and research findings are often shrouded in ambiguity (Stahnisch and Nitsch, 2002). Moreover, despite intense research, it is still not clear how plasticity shapes brain morphology and physiology (Mateos-Aparicio and Rodriguez-Moreno, 2019).

Importantly, O'Connor et al., (2012: 220) suggest, "as science penetrates the public sphere, it enters a dense network of cultural meanings…the cultural context determines which aspects of science travel into public consciousness". O'Connor et al., (2012) concluded that, attributing social behaviours and issues, to genetic and brain-based phenomena, has significant implications for ideas of social determinism and responsibility. Therefore, acknowledging this, recognising how and when science enters the public domain, and to which ends it is used, is becoming increasingly important, for example:

> pronouncements on parenting practice acquired scientific authority through claims that these practices had specific effects on children's brains. This veneer of science, however, sometimes concealed clear value judgements of what constitutes 'good' parenting (O'Connor et al., 2012: 221).

Another example, that O'Connor et al., (2012) draw upon to demonstrate how science enters the public domain is Rauscher et al., (1993) study on the 'Mozart Effect'. The Mozart Effect was a well-publicised, although scientifically unsubstantiated (Pietschnig et al., 2011) study that proposed that listening to classical music has the potential to increase child intelligence, particularly in young infant children, and within the womb. However, Bangerter and Heath (2010) observed that the take-up of this idea, and subsequent media coverage of the study was significantly higher in areas marked by social and economic deprivation, and lower-educational attainment. Subsequently, based upon this study, one US state passed legislation that meant that classical music CDs were given to all new mothers (Bangerter and Heath, 2010).

Although the Mozart Effect study was not underpinned by any clear or robust scientific evidence, the findings seemed to appeal to both the general public, and certain policy makers at that time (Pietschnig et al., 2011). Perhaps because the findings of the study offered a simple, and in economic terms, relatively risk-free strategy to tackle what is normally considered to be complex and costly social issues. In addition, such simplistic strategies effectively, albeit temporarily, divert attention away from broader issues, such as prevailing social inequalities. This diverting of attention essentially shifts the responsibility back to the individual and in the case of this study, pregnant mothers.

O'Connor's et al., (2012) work is useful in that it clearly demonstrates how particular neuroscientific claims enter the public domain. Moreover, how these claims are then

used to support the broader assumptions made about activities such as parenting. LexisNexis is an appropriate database for methodologies, such as content analysis. The authors reported clearly on their search strategy and the types of papers they selected, with clear inclusion and exclusion criteria. The final sample of six, three in each format, could be considered to be somewhat limited in scope. However, the sample did span the full political spectrum, covering a ten-year period, so should therefore provide a balance in terms of political change, influence and perspective. The study does not discuss any of its own limitations, but does make recommendations to the neuroscientific field. These recommendations centre around recognising the important role that the media plays in getting complex scientific messages out to broader audiences, but similarly being aware of how these messages might be used and subsumed. These findings support the earlier comments made by Illes and Kirschen, (2003) with regards to being cautious of neuroscientific claims being used to enhance political sway, particularly when these are value laden, or ethically challenging.

3.3.3 Mothers and intensive parenting discourses

Wall (2010) undertook qualitative research using in-depth interviews with fourteen Canadian mothers, to examine their experiences of intensive brain development discourses. The sampling procedure involved recruiting participants through day-care centres, and then utilising a snowball sampling technique to elicit further participants. While the sample had some variance in demographics, it mainly consisted of participants from white-collar professional jobs. Therefore, income levels were above the national median average for Canada. Six out of the fifteen families had income that was significantly above the national median, eleven out of the fifteen, held a degree level qualification. Most were two-parent families, with three out of the fifteen participants being described as lone-mothers with below median average income. Data analysis employed techniques from grounded theory approaches to uncover patterns and themes in the data, while contextualising these findings in a feminist analytical framework.

The data reported showed that while there were differences in the experiences between mothers, patterns of similarity also emerged. Findings suggested that all mothers in the sample had an awareness of the early brain development messages,

but these messages had been subsumed into much broader expectations of early parenting. So, it was hard for mothers to articulate exactly when and where these messages came from. Interestingly, most of the mothers in the sample, aligned these messages with a parenting style and approach they were already familiar with and practiced. The sample, largely consisted of middle-class mothers who undertook the majority of the childrearing responsibilities. In addition, they undertook these activities within a framework of understanding, that positioned them as moral, intensive, and self-sacrificing, all of which align with neoliberal understandings of responsible citizenship, for example:

> this development in 'new brain science' as an extension of the intensification of parenting, and one that is in-line with neo-liberal ideology, that forefronts self-regulation, responsibility and the minimisation of risk (Wall, 2010: 253).

Some mothers in the sample viewed these parenting messages as being more useful to those mothers, that would benefit from further parenting education and support. However, one of the lone-parent mothers in the sample critiqued the advice for being geared to deal with the positives only, and that none of the messages actually contained any actual, or useful parenting advice. A few mothers demonstrated scepticism at the 'now or never' message, pointing out that there are lots of supportive 'brain-aligned' activities that can be carried out at different stages of the life course (Wall, 2010). Interestingly, findings suggested that some mothers reported that their child's happiness was one of the reasons they engaged with intensive parenting practices. Although, as Wall (2010) notes, happiness is not something addressed within the early brain and intensive parenting discourses. This suggests that mothers make this connection themselves, believing that intensive practices and adherence to science claims will enhance children's happiness.

Wall (2010) states that while overall mothers in the sample engaged highly with intensive parenting practices, their responses demonstrate a tension between that of their own needs and that of these intensive practices. Mothers reported feeling that they were never quite doing enough, and this could lead to feelings of guilt and failure. As well as positioning themselves and their children in a competitive stance against other mothers and their children.

Accepting early brain discourses as basic common sense, also means the general acceptance of children as passive objects of information. Moreover, this positions childhood in life course terms as a potentially vulnerable period. However, over many decades, anthropological studies have informed us otherwise. Cross-cultural and comparative based studies have detailed at great lengths how children are active social beings in their own right, and not just the passive recipients of adult-oriented information (Lancy, 2015). In line with this and when discussing mothers' acceptance of these discourses, Wall (2010) states that this then involves:

> …an implicit acceptance of the cultural understanding of children as passive and cognitively vulnerable. It also resulted in mothers finding themselves and their children involved in competitive situations with other mothers and children, and facing the doubt that accompanies discourses of risk (Wall, 2010: 257).

The sample was relatively small, even for a qualitative study, where in comparison to quantitative studies, smaller samples are perfectly acceptable (Silverman, 2013). However, this could mean that broader generalisations to similar population groups are difficult; although this is not always an end goal of qualitative studies (Hennink et al., 2011; Silverman, 2013). In addition, the sample was demographically quite narrow, consisting of mainly middle-class mothers. The two lone-mothers did however provide useful insight into areas that would benefit from further research. For example, lone parents and low- socioeconomic parents experiences of and engagement with, intensive early brain and parenting discourses. However, the study provided important insight into the ways in which mothers engage with intensive practices, and the impact these practices have on their everyday lives.

Studies that have examined the ways in which mothers use scientific discourse to explain and justify their own mothering practices, have found that mothers feel highly accountable for their children's outcomes, and that science is often used as a mechanism to both explain and justify their actions. Charlotte Faircloth's (2010) work with mothers attending breastfeeding support groups in London examines the narratives that mothers used in order to justify their commitment to attachment parenting and longer-term breastfeeding. Eight-months of participant observation and ethnographic fieldwork, was carried out with mothers who attended ten La Leche League (LLL) groups across London. The fieldwork was supported by twenty-two semi-

structured interviews, and twenty-five questionnaires with mothers sampled from the broader group. Although it is not clear from the methods described how the methods were distributed across the sample. The sample predominantly consisted of white middle-class mothers educated to degree level or equivalent, married and not-working, with an average age of 34-years.

The results indicated that mothers accounted for their practices by drawing upon key scientifically informed disclosures that validated their decision making. For example, that breastmilk was scientifically proven to be the most nutritious source of food for a baby, and that it was a protective factor in terms of immunity for both baby and mother. In addition, that breastfeeding was the most natural way to feed a baby (Faircloth, 2010). Findings also showed that while the LLL stated they provide information and not advice to mothers, Faircloth (2010) found that much of that information is rooted in the science-based claims that underpin more intensive parenting practices, like attachment modes of parenting. In addition, that mothers often felt a sense of guilt, if they had not managed to achieve said practices in a way they felt they ought to have. Faircloth (2010) notes that this sense of guilt is often perceived as being useful by some LLL facilitators, if it spurs women on to make alternative, or what is perceived as better choices, for example, in the future choosing to breastfeed over formula feeding. However, as Faircloth (2010) notes, while mothers may draw on this evidence to support their practices, there is no evidence to date on the contrary that shows that non-intensive parenting practices are damaging to children.

Faircloth's (2010) findings are useful, especially if we read them in conjunction with Wall's (2010) research, published slightly earlier in the same year. Themes emerge that demonstrate how mothers are aware of science-based discourses and their application to parenting. The mothers in Faircloth's work identified as middle-class and appeared to take this style of parenting to be the 'norm' and the common-sense way to parent. The fact they could then relate these practices to scientific evidence, lent credibility to their choices. However, similarly to Wall (2010) the sample, whether purposive or accidental, in that this is the 'typical' demographic member of LLL, only constituted of middle-class mothers. Therefore, the experiences of less advantaged women are not known. Wall (2010) highlights this as being an issue with her own research, noting:

an important, and as of yet little explored, research question lies in how mothers who are less advantaged than those in this sample are experiencing brain development/early years discourse and the social expectations that surround it. The consequences of this discourse for less advantaged mothers and children are arguably more dire (Wall, 2010:261).

A neoliberal understanding of parental responsibility for, and control over, child outcomes at the very least, supports the shift of blame for the problems encountered by poor children and their families, from the social, to the individual level, and legitimates cutbacks to social support (Wall, 2004; Luccisano & Wall, 2009).

3.3.4 Summary

This section has shown how increasingly science has influenced intensive parenting practices. Moreover, the literature has also demonstrated that science-based claims are often used across various channels, to elevate middle-class parenting practices above and at the expense of others. However, literature indicates that the current advice on early years cannot be viewed in isolation, or as being independent from the social and political milieu in which they exist. Rather, they need to be read within the social and political context in which they both occur, and gain momentum. Moreover, working-class parents' voices are notably absent from the debates on intensive parenting practices. Subsequently, section 3.4 will discuss and analyse literature that pertains to class and parenting culture.

3.4 Class and parenting culture

The aim of this section, is to discuss literature that explores class and parenting culture. Evans (2015) argues that neo-liberal states like the UK, have left themselves with the predicament of who will undertake unpaid care work. Evans (2015) further argues, that the answer to such a conundrum means the reinvigoration of 'return' narratives, that situates women and predominantly mothers in these roles, "but, this 'return' narrative is essentially one that is at odds with the modernising aspirations of contemporary neo-liberalism" (Evans, 2015:150) and leaves poor and working-class mothers in somewhat of a predicament.

Feminist scholars have highlighted how the 'good mother', is framed by middle class ideals that privilege certain practices, while vilifying others, namely that of the working-class. Middle-class motherhood is revered for being self-regulated, yet

displaying the 'yummy-mummy' ideal, the 'happy housewife' and the optimisation of the hardworking consumer driven family. This is in stark contrast to the 'other', 'ghetto trash', 'chav', 'feral parents' and 'benefit-brood' welfare reliant families (Jensen and Tyler, 2012; McRobbie, 2013; Allen et al., 2014; Jensen, 2018). This increased interest in what poor parents do with their children has opened up the door for much greater surveillance of family life and an influx of policy advice (Furedi and Bristow, 2008).

Johnson (2007) argues that the view of UK policy makers is that parents should, with enabling support from the government, raise children in such a way that they play a full and positive role in their children's development; and that they raise children that thrive in the early years, transition well into school, and go on to fulfil successful roles in adulthood. However, the important observation that Johnson (2007) makes is that this 'enabling' is based upon a set of pre-conceived assumptions about what constitutes effective parenting. Therefore, such 'enabling' is based upon the premise that these assumptions are useful, correct, and work.

The construction of a parenting culture has been highlighted in numerous works, and how parenting is now deemed to be the single most important cause of impaired life chances (Rich Harris, 2009; Lee et al., 2010; Romagnoli and Wall, 2012). Of course, it stands to reason that some children are without doubt, at more risk than others (Wilson, 2002). However, as Lee et al., (2010) suggest, this concept of risk is now being applied to all children, through mechanisms such as diet, technology and resources. Moreover, Furedi (2008) argues that propelling of increased risk, "reflects the development of the idea that parents themselves constitute an important, and according to some the most significant risk factor in children's lives" (cited in Lee et al., 2010:295).

Rosalind Edwards work with Val Gilles in 2005, Access to Capitals Research Project, aimed to identify what is considered by working class families to be appropriate sources of support, and what sources of support they frequently draw upon. The work was situated in an analytical framework that was informed by Bourdieu (1986,1997) and Colman's (1988, 1997) theories of social capital. The research used survey and interview methods with twenty-seven households across England and Scotland. The sample consisted of both white and ethnic minority families.

The findings indicated that working-class parents draw on different sources of social capital than that of middle-class parents. In addition, data illustrated the extent to which, on a day-to-day basis, a wide range of class disparities impacted upon the types of resource's parents were able to access. For example, Edwards and Gilles (2005) identified that middle-class parents consolidated their advantage and advanced the life chances of their children, by drawing on such resources as money, status and legitimatised cultural knowledge. Whereas, working-class parents tried to equip their children with the skills and resilience needed to negotiate the disadvantages and challenges that they felt they would come up against.

Importantly, data from this study reveals authoritative sources of parenting advice were not readily drawn upon by working-class parents. The exception was in areas such as health and education, where it was expected that sometimes expert advice is required. Friends and family were viewed as being the normative sources of support, with Edwards and Gilles (2005) reporting that parents did not demonstrate uncertainty with regards to whom they should turn to, something that was reported as being in deficit in contemporary society. However, it is important to note that they highlight that most of these practices are heavily gendered. For example, it was predominantly mothers, whose everyday practices involved organising and managing the family's social capital, with practical and emotional support often intertwined with this (Edwards and Gilles, 2005). However, this also suggests that women are mainly responsible for the maintenance of the support systems, and associated social capital. These support systems can only continue to exist if a level of reciprocity is enacted. This reciprocity requires both the investment of time and emotional labour, which puts added pressure on women.

While Val Gilles has made significant contributions to the debates surrounding working-class families, family policy and parenting. Two papers that in particular, yielded very useful results are Gilles's paper, Working Class Mothers Experience of School Life (2006) and Childrearing, Class and the New Politics of Parenting (2008). Attention will be given to these two papers below.

Gilles (2006) research on working-class mothers and school life identified that working-class mothers are often accused of failing to responsibly support their children's

education. However, similar, to Edwards and Gilles earlier (2005) work, discussed above, Gilles (2006) also found that the parents of working-class children, have to draw upon alternative sources of emotional capital than their middle-class counterparts. Alternative sources of emotional capital include teaching children to stay safe, challenging injustice, and increasing self-worth (Gilles, 2006). Therefore, the findings indicated that mothers draw upon sources of support in context with their social, cultural, and economic needs. This is important as it demonstrates the way 'responsible involvement' with children is conceptualised does not adequately capture working class mothers' experiences, and therefore fails to meet their needs. It also creates a benchmark against which 'responsible involvement' is measured, essentially meaning that working-class mothers are set up to fail.

Gilles (2008) posits that parenting is no longer understood as simply being a personal bond between parent and child; rather, it has been reframed as a job that requires a particular set of skills, and that these skills are best taught by suitably qualified professionals. Gilles (2008) makes the argument that it is already marginalised families and poor working-class parents that are singled out as being the antithesis of good parenting practice, mainly through being associated with poor child outcomes. For example,

> …the significance accorded to parenting, as a crucial determinant of children's future behaviour and life chances, has been followed through with a range of policy initiatives designed to 'support' this essential practice (Gilles, 2008:99).

Gilles (2008) goes on to argue, that middle-class mothers have the economic resources to provide such things as wrap-around childcare, and extra-curricular activities, that enable them to maintain employment. However, personal connections appeared to be sometimes superficial, and were drawn upon as a source of information, expansion of networking, and socialising, rather than actual support. In contrast, working class mothers forged networks of reciprocity, where important resources were shared, such as childcare, and mediating periods of economic hardship, like food shopping for one another. Thus, "the quality and meaning of these relationships differed significantly in line with class location" (Gilles, 2008:1085). Gilles concludes that working-class families do have a strong relational culture, although the dominant narratives on working-class culture would have us believe otherwise, she states there is, "a strong relational, bonded

and intimate nature of working-class culture" (Gilles, 2008:1084). Moreover, Lareau and Weininger (2003); McDonald et al., (2005) and Skeggs (1997) continue to challenge these dominant discourses, highlighting instead the embedded nature of working-class life.

Clear sampling and methodological details are provided in Edwards and Gilles (2005) paper. However, in Gilles (2006) the sampling strategies are not as detailed, stating instead that the work is drawn from previous qualitative research with working-class mothers. It could be argued that this poses some issues in terms of the reader being able to contextualise that data for themselves. In addition, one criticism levelled at qualitative researchers is that methodology sections often lack adequate detail, and that such a lack can raise questions surrounding quality and trustworthiness in qualitative research (Vasileiou et al., 2018). It is also interesting to note that in her 2006 paper on working-class mothers and school life, Gilles begins by speaking in terms of 'parents', but then switches to the term 'mother'. Although it could be a given that Gilles is writing from a position that seeks to destabilise taken for granted powerful assumptions, and their associated relationships. It was noted previously in this thesis, that the term parent renders invisible the multitude of tasks undertaken by women, and the fact that the majority of childrearing is still conducted by women.

3.4.1 Poverty and family policy

The passing of the Child Poverty Act in 2010, by the then Labour government, was an important landmark in policy directives aimed at tackling child poverty (Ridge, 2011; Bradshaw and Main, 2016). However, the Coalition government, which came into power that same year, introduced economic measures that saw unprecedented cuts in welfare and social security. This had profound consequences for those families that were already struggling financially. Household debt has been increasing in the UK since 2012. Household debt temporarily fell after the 2008 financial crisis, but has increased significantly across the past five years, (Mahony and Pople, 2018). The targets to reduce child poverty that were set out in the Child poverty Act 2010, were then abandoned by the subsequent Conservative government. Therefore, Bradshaw and Main (2016) predicted that child poverty was very likely to increase and so far, this has proved to be true. However, what is important to note is that in their more recent work on child poverty and social exclusion, Main and Bradshaw (2017) state that contrary to policy

and popular rhetoric, they found no support for the idea that parental behaviours rather than genuine poverty were the cause of children going without. Moreover, that parents were making substantial sacrifices to ensure children were provided for.

Recent data from Action for Children in July 2022 revealed that the number of children living in poverty actually fell from 4.3 million to 3.9 million during the pandemic. Bradshaw and Main (2016) note that this fall was likely due to the additional, albeit temporary £20 per week increase to Universal Credit. However, the end of this additional support and the current cost of living increase has now pushed this downturn into sharp reverse (Action for Children, 2022; Joseph Rowntree Foundation, 2022). Two important findings are emerging from the recent data on family and child poverty. Firstly, that patterns of family and child poverty are changing. For example, more working families are being drawn into poverty, despite the fact that both adults are in employment, likely due to increased housing, energy and living costs (Bradshaw and Main, 2016). Secondly, that uplifts in benefit payments can and do work, importantly, these uplifts can help lift families out of poverty, as evidenced by the impact of the temporary Universal Credit uplift during the pandemic (Action for Children, 2022).

Ridge and Millar (2011) show that research that tracks poverty entry and exit points over time, indicates that people rarely fluctuate too far from what they refer to as the 'tether' (2011:86). What this means is that while across the life course a person or family's income may rise and fall, on average it will not deviate too much and remains relatively stable. Put in a simpler way, while there are exceptions, in general terms very few rich people become poor and very few poor people become rich (Ridge and Millar, 2011). One group that are at particular risk of poverty and therefore also remaining in poverty throughout the life course are lone mothers. In addition, income for this group can be precarious and at time chaotic, as it can often come in at different times and from different sources. For example, benefits, housing-benefit, paid work and child maintenance contributions (Ridge and Millar, 2011). This can often mean that the day-to-day management of income and expenditure be time-consuming and requires careful organisation, which can put additional pressure on lone mothers.

More recently, Millar and Ridge (2020) have shown that while there has been a slight change in the political language, *work* and the emphasis upon it is still viewed as being

the main route out of poverty. For example, "the Labour governments from 1997 (work is the best form of welfare), continued through the Coalition government (hard working families) and the current Conservative government (just managing families) (Millar and Ridge, 2020:1). However, as noted above by Action for Children (2022) an increasing number of working families are currently being drawn into poverty. Moreover, Joyce (2018) has shown that women still continue to earn less than men, are more likely to work part-time and experience in-work poverty, particularly lone mothers. While there is considerable statistical data available on rates of family and child poverty, Ridge (2011) argued that more subjective data is required that explores the contextual nature of poverty. For example, Ridge (2011) also notes that while in relation to children's poverty, an important body of evidence is starting to emerge, continued engagement with this is required if policy is really going to begin to tackle these issues, as well as deeper understandings of how families and children interpret and mediate poverty (Ridge, 2011).

Dermott and Yamashita (2014) conducted document analysis of key policy documents in Japan and the UK. Comparative analysis of said documents revealed a silence, with regards to the relationship between money and the ability to perform ideal parenting practices. Responses to this however were handled differently by the two countries, due to the varying concerns on poverty and differing social and political structures (Dermott and Yamashita, 2014). Analysis demonstrated that neither the UK or Japan, referenced material resources as being a primary driver in parenting practices, nor that money creates differences between different practices. Interestingly, Dermott and Yamashita (2014) identify that often generalised language is used, and this has the potential to gloss over the relationship between money and the ability to undertake certain practices. For example, the term 'good nutrition' being used without reference to the fact that this costs more. Moreover, in relation to factors like education, reading to children, and an 'appropriate home learning environment' which is viewed as low-cost, or even free of charge, was emphasised as being an important factor in school readiness. However, neither countries policy documents set out what an 'appropriate home learning environment' is or what it should look like. This overlooks the wider constraints that are placed on low-income families. For example, previous work by Dermott (2013) noted

such things as: the space available at home, suitability of that space, time, and more costly things like access to an internet connection and technology.

Jensen's (2010) paper 'Warmth and Wealth', critically examined the concept of 'good parenting' discourses and the political agendas that surround such a term; for example, Jensen notes:

> 'good parenting' is a term so amorphous in itself that it is possible to project a myriad of meanings upon it and define it in a variety of convenient ways, which a canon of self-appointed experts has already done (Jensen, 2010:1).

Jensen argues that it is this faith in 'good parenting', that renders invisible other forms of parenting practices, including those that are both developed and constrained by wider structural processes. To illustrate this point, Jensen (2010) draws upon David Cameron's speech at the, Building Character Launch in 2010. Cameron reiterates the increasingly common stance that it is the parenting style, therefore, 'what they do' as parents that is more important than, 'who they are.' These comments clearly echo those made by Sylva et al., (2004) and Field (2010) which were discussed in Chapter two of this thesis.

Subsequently, Jensen argues:

> The faith in good parenting to mediate all other factors of disadvantage forms part of specific social and political agendas surrounding social inclusion and poverty. Yet its place within these agendas, is made invisible through recourse to a growing 'evidence base' which is imagined to be objective and untouched by those agendas (Jensen, 2010:1).

Therefore, it is suggested that we cannot view 'good parenting' discourses in isolation. Rather, they must be viewed through a critical lens, that situates them in the social and political context in which they are both created and maintained. Subsequently, in a following paper, Jensen and Tyler (2012) view austerity and welfare cuts through this lens, arguing that the financial crisis has been reconstituted as an individual not collective failure, and that personal responsibility is a central feature of this tenet. This shifts the focus of blame on social ills from the macro to the micro, individual level, or as Jensen and Tyler (2012:6) riposte: "the individual family's failure to be responsible for itself…the sickness is dependency, and the remedy is austerity".

Much of Imogen Tyler's seminal work on the lived experiences of poverty, is brought together in her book, Stigma: The Machinery of Inequality, 2020. A driving message that underpins this book is that conceptual ways of looking at stigma that focus on the individual experience, means that stigma as a material force and stigma as both a structural and structuring form of power is overlooked (Tyler, 2020). Importantly, Tyler argues that it is important to recognise that, "stigma arises and stigmatisation takes shape in specific contexts of culture and power" (2020:17). Motherhood is no exception; the previous discussion has already indicated that motherhood is as much a social concept as it is a biological one. The social and increasingly the political context is ascribed on both the pregnant body and the subsequent journey into motherhood. For those mothers that feel they cannot live up to, or maintain certain mothering ideals, feelings of guilt, failure and inadequacy can have dire consequences, particularly for maternal and child wellbeing. This point is explored in greater depth in the finding's chapters of this thesis, and in particular chapter 8 and 9.

3.4.2 Summary

Discussion on the findings from the literature offers some principal conclusions that offer resonance for a better understanding of how family policy fails to consider the contextual nature of working-class parenting experiences. Moreover, that a significant amount of family and health policy is grounded in a failure to understand the different challenges and constraints that disadvantaged families face. This emphasis on composition over context fails to recognise the wider structural conditions in which parenting takes place.

3.5 Conclusion

The literature discussed offers up conclusions that have resonance for better understandings of motherhood and how this is increasingly informed by a distinct set of social and cultural practices. For example, the literature identified that over the last few decades there has been an increasing pervasiveness of science in parenting practices and interventions. This pervasiveness has driven the increase in intensive parenting practices, where parents are held accountable for a range of child outcomes; but equally are held up as failures if children do not meet these outcomes. However, the literature has demonstrated that these intensive parenting practices are driven by a distinct parenting pedagogy, underpinned by middle-class understanding of what constitutes

'good parenting'. The consequences of which, means that working-class practices are viewed as lacking and being in deficit, and therefore requiring intervention.

In particular, the review of the literature has highlighted how scientific discourses cannot be viewed in isolation or as being independent from the social and political milieu in which they exist. Rather, they need to be read within the social and political context in which they both occur and gain momentum. For example, literature identified that when particular scientific discourses gain attention and popularity in both public and political arena's, often coincides with societal fragmentation and the subsequent increase in neoliberal policies that place emphasis on individual and moral behaviours.

The review of the literature has also revealed how policy fails to consider the contextual nature of parenting. Oversight of this contextual nature means that working-class parenting experiences are marginalised in favour of the more dominant images that contribute to the pervasiveness of 'good parenting' discourses. Moreover, and as noted by Jensen (2018) the term 'good parenting' is so vague that it is difficult to see how one set of values and ideals can shape parenting practices. Moreover, the literature also showed that working-class mothers draw on very different forms of social capital than middle-class mothers. For example, working- class parenting practices are often based around reciprocity and the building and maintenance of informal support networks. In addition, it was demonstrated that working-class mothers invest time and emotional capital in supporting their children to navigate the challenges of working-class childhood and early adulthood in the best way they can.

The implications evidenced from the literature indicate that the policy that is predominantly aimed at working-class families is underpinned by dominant middle-class values and ideals. These assumptions often mean that working-class parents are seen as falling short; thus requiring guidance and intervention. The continuation of which means that working-class parenting experiences are rendered invisible in policy, contributing to the maintenance of a gap between policy, lived experience and reality. Moreover, the literature indicates that family policy fails to acknowledge the role that poverty plays in shaping parenting practices. Certain parenting practices are treated like a panacea for social problems. However, this glosses over the contextual nature of parenting while

continuing to enable policy's failure to acknowledge how punitive measures have contributed to increasing levels of family and child poverty.

3.6 Research questions

Following the discussion and critical appraisal of relevant policy and literature additional areas of interest were identified, warranting focus and thus developed into the research questions that drive this thesis.

1. What are the lived experiences of mothers in low-socioeconomic areas, with regards to pregnancy, motherhood and early parenting?
2. How does cultural context and place inform these early experiences?
3. What does the best start mean to mothers in the context of their everyday lives?

The following chapter, Chapter 4 discusses the methodology and methods that drive the research in this thesis.

Chapter 4 Researching Mothers: Research Approach, Methodology and Methods

A tree that falls in a forest, falls regardless of whether a person is there to witness and conceptualise the event (O' Connell Davidson and Layder, 1994).

4.1 Introduction

This chapter presents the key methodological stages undertaken throughout this research. Drawing on mothers' narratives through ethnographic fieldwork, participant observation and interviews, this research seeks to better understand mothers' experiences of pregnancy and early mothering. The aim of this chapter is to discuss the methodological approach that drives this research, and methods used within it.

The research was driven by an interpretivist paradigm and feminist epistemology. Data was collected through ethnographic fieldwork, participant observation and in-depth interviews. An ethnographic approach threaded through all of the key stages of the data collection and analysis cycle; from immersing myself in the field, to the analysis of the data. Interviews are often considered to be an inherent part of participant observation (Hennink et al., 2011), thus, are subsumed into such discussions. However, following Hockey (2002); Wolcott (2005) and Forsey and Hockey (2012) I view them [within this research] as being embedded within, yet distinct; therefore, they are discussed as separate yet connected methods.

Ten-months of ethnographic fieldwork and participant observation ensued, although, my being 'in the field' began several months prior , in terms of gaining access and building rapport (Fetterman, 2010). Participant observations were conducted across three field-sites at four parent and child groups, two of the groups ran from the same field-site. The groups are referred to as: groups A, B, C and D [see table 2]. The groups were all run by women and were attended by women only, with the exception of one (Group A) where on occasion a father would attend with his child.

Through this initial interaction at parent and child groups, participants were identified for potential ethnographic follow-up and interview based upon their interactions with the research, their personal situations and later their informed-consent to participate. Non-probability and purposive sampling frameworks were employed in this process. As

well as some participants coming through snowball sampling procedures, where one participant would put me in contact with another friend or associate. In addition, a recruitment advertisement was placed on a local parenting information site. This enabled the research to involve mothers who, for whatever reason, may choose not to attend local parent and child groups. Ensuring that interviews were also held with those who did not attend groups meant that a range of mothers' voices could be captured.

It could be argued that some limitations existed in terms of the sampling opportunities available to this research. Sampling was limited to those mothers who attended parent and child groups and those that responded to the recruitment advert and snowball sampling procedures. However, this research does not claim to be representative of all mothers' experiences; rather, it is hoped that the narratives presented assist in broadening understandings of mothers' early parenting experiences. In total forty-five interviews were conducted with thirty-three participants.

4.1.1 Structure of chapter

Section 4.2 explains the epistemological assumptions that informed and guided these decisions, and the overall research process. Section 4.3 discusses why this research is underpinned by a feminist praxis. Section 4.4 clearly sets out why the research is qualitative in nature and the methodological rationale that supports this. Section 4.5 is an in-depth discussion on ethnographic approaches and why this approach was considered to be important to the data collection process. In addition, this chapter discusses the selection of, and access to, fieldwork sites. It also introduces the reader to the concept of the 'field', this is combined with a discussion about the various ways in which the 'field' is both constituted, and in part its methodological construction (Clifford, 1997). Within this discussion, I also address some of the issues with regards to doing fieldwork at home; something that has been discussed at length in the fields of sociology, social-anthropology and geography (Okely,1984; Jackson, 1987; Greverus and Romhild, 1999; Alcalde, 2007) but perhaps not so much in other disciplines. Section 4.6 identifies and outlines the sampling procedures used in the interviewing process. Section 4.7 outlines the data collection methods, including interviews and participant observation. While 4.8 addresses the ethical considerations, particularly those associated with qualitative and ethnographic research; for example, the notion of ongoing or process

informed consent (Cutliffe and Ramcharan, 2002). Finally, section 4.9 outlines the processes taken when analysing the data.

4.2 Epistemological assumptions and theoretical paradigm

Hesse-Biber et al., (2009) argue that in order to understand the reasons for conducting feminist research, it is important to first understand mainstream ways of conceptualising and constructing knowledge. Whilst they are not always made explicit within methodological chapters, paradigms are the models or frameworks of understanding that drive and shape what we see and how we see it (Barbour, 2014). In line with Letherby (2003) I suggest that issues of method, methodology and epistemology are not and should not be peripheral- they do matter. However, discussions around paradigms and their associated theoretical approaches are often needlessly complex, sometimes involving disputes over their origin, nature and use. Some of these discussions serve to drive a wedge between what are deemed overtly positivist and interpretivist approaches (Barbour, 2014); thus, they run the risk of downplaying the point that there are or can be bridges between them. Perhaps it is more useful to view these positions as occupying a continuum rather than being direct polar opposites. Thyer (2012:118) for example, argues that "positivisms contention that there is an objective external reality need not conflict with the position that much of the world of human beings is a social construction". Although, there must be some caution to approaching qualitative studies from a positivist epistemological stance, in terms of not losing sight of central qualitative research tenets; researcher reflexivity and the researcher as the vehicle through which knowledge is constructed, as well as participants as being active within this construction.

Grappling with epistemological concerns, what we regard as knowledge and how we come to know what we do (Mason, 2002) is not always an easy task. Furthermore, Mason (2002) proposes that there is more than one epistemology, but that they may not all be complementary or equally consistent with their own ontological position. Epistemology is a philosophical theory that represents a fundamental belief system about who can be a knower and what can be known (Guba and Lincoln, 1986; Harding, 1993). These dilemmas can create uneasiness, as endless hours are spent questioning and unpicking what are essentially philosophical questions about the nature of

knowledge, what counts as valid knowledge? Who and what are considered reliable vehicles through which to mediate such knowledge?

In order to apply these concepts to this research it needed to be broken down into three meaningful parts and then these parts metaphorically being reconnected. Is the ontological position this research holds meaningful? Is the epistemological position consistent with the types of research questions it seeks to answer? Therefore, does it lend itself to a logical choice of methodology and associated methods.

It is perhaps useful to begin this discussion by locating these complex issues within the wider historical framework of research practice. Social scientific research has been historically conducted from a positivist epistemological position, following where possible model/s adopted from the natural sciences, namely physics (Hesse-Biber et al., 2009). Born out of the period of enlightenment these approaches to science became common sense ways of thinking in the West, and of establishing truths about the natural and social-worlds (Ramazanoglu and Holland, 2002).

Positivist paradigms adopt a deductive approach to knowledge generation that primarily begins with a hypothesis. The research then sets out to test a causal relationship between two or more variables in order to prove or falsify that hypothesis. Philosophically rooted in Cartesian approaches that make a distinct separation of mind from body, the existence of observable facts existing in an objective reality, truth can only be discovered through such objective methods, namely quantitative in design (Balnaves and Caputi, 2001). The ways in which Cartesian philosophy makes a distinction between mind and body extends into other modes of westernised thought, the traditional separation of rational and irrational, objective and subjective, man from woman, self from other. However, many writers (Chalmers, 1982; Haraway 1988; Latour, 1993; Woolgar, 1988) have criticised the positivist claims of objective and value free research, arguing that science itself is a 'social product' and that scientists themselves are socially and politically situated social beings.

In direct response to this, interpretivist paradigms pose a direct challenge to hegemonic, namely positivist epistemological approaches to conducting social research; positing that all forms of knowledge are culturally and socially situated. One of the central tenets of positivist research, and one that comes under frequent scrutiny from those working

in interpretivist domains, is that positivist research claims to be value free. Meaning, the researchers own values to do not impact on the research and that a clear distinction is made between researcher and researched (Ramazanoglu and Holland, 2002). However, there has been increasing resistance to this stance, particularly from those working with qualitative approaches. Abu-Lughod (1991:141) draws attention to the fact that "every view is a view from somewhere and every act of speaking a speaking from somewhere". Abu-Lughod's work challenges the notion of pure objectivity and lends itself to the argument that all social research contains within it the social and therefore can never be purely devoid of human subjectivity. Richardson (2001) goes further and argues that homogenisation occurs when writers silence their own individuality and disguise their voice as the voice of scientific endeavour and view themselves as contaminants within the research process.

In her seminal paper Harding (1993:54) argued that "knowledge claims are always socially situated". In addition, I would argue that knowledge claims are both politically and historically constructed. What counts as valid and / or valued knowledge not only changes with social locus but also alters through time and place. For example, Helman (2007) points out that medical and healthcare systems do not exist in a vacuum; rather they are an expression of the dominant values and social structure of the society from which they arise. The self cannot be separated from the cultural and social milieu in which it operates. Therefore, regardless of the founding ontologies and epistemologies, all research located within all paradigms to some extent reflect parts of the self.

Drawing on mothers' narratives, this research explored the gendered experiences of pregnancy and early parenting. This research was particularly interested in broadening understandings of the lived experiences of mothers in lower socio-economic areas, and how these experiences intersect to both inform and shape mothers early parenting experiences. However, of equal importance was to recognise the ways in which women display agency through actively negotiating and resisting dominant ideologies on parenting. Following from this discussion, this research was driven by an overtly interpretivist paradigm and asserts a relativist ontological position. It holds that reality is intersubjective, it is constructed and re-constructed through meaningful interactions and understandings. These experiences cannot be distinct, separate or outside of the 'self'. It therefore follows, that these interactions, or to borrow from Geertz (1973)

'webs of significance' can only be comprehended, albeit partially, through employing interpretivist frames of thinking.

4.3 Why a feminist research praxis and epistemology?

Most socially and culturally valid undertakings, both creative and intellectual, have historically been produced within male-dominated social spheres (Hesse-Biber et al, 2004)

The critiques put forward by feminist, post structuralist and post colonialist writers have sought to destabilise the taken for granted neutrality and objectivity claimed by previous scholars. In order to understand why there was a need to conduct feminist research it is important to first understand 'mainstream' ways of conceptualising knowledge construction via research (Hesse-Biber et al., 2009). Whilst there is not the scope within this thesis to cover this in great depth, it will however endeavour to introduce the fundamental concepts that feminist research seeks to challenge. To this end, the following discussion aims to explain why it was felt that adopting a feminist praxis was deemed essential to this research.

In her seminal paper re-thinking standpoint epistemology, Sandra Harding asked

> how can feminists create research that is for women in the sense that it provides
> less partial and distorted answers (than that of supposed value free research) to
> questions that arise from women's lives…not only about those lives but also
> about the rest of nature and social relations? (1993: 50).

Feminist research is a way and means of documenting women's lives, experiences and concerns…feminist research challenges the basic structures and ideologies that oppress women (Brooks and Hesse-Biber, 2007). Therefore, feminist research is overtly and deliberately political, it seeks to destabilise taken for granted forms of knowledge building.

Research driven by a feminist epistemology poses a direct challenge to more dominant ways of conducting social research, and is therefore a direct criticism of more Westernised epistemologies. I note Westernised, as it has been documented to extraordinary lengths within anthropological literature, particularly those writing from a feminist position, that Westernised approaches have been hegemonic, in terms of determining what counts as valid and authentic knowledge. This process effectively

rendered invisible the accounts of women, children, minorities and indigenous peoples. An in-depth scholarly discussion surrounding the origins of these challenges can be found in the seminal works of Said (1978, 1993), Spivak (1988, 1990, 1999) and Bhabha (1994, 2011). Moreover, those working in postcolonial and 'race' studies have raised important questions concerning epistemologies of the oppressed, asking who can speak for whom-feminists, women of colour, LGBTQ and the working-class (Fonow and Cook, 2005).

Feminists have been stern critics of 'hygienic research'; the censoring out of the mess, confusion and complexity of doing research (Letherby, 2003). In particular, a central feature of all scholarly feminist work is its overtly political nature and its commitment to social change. This has sought to destabilise and undermine traditional academic boundaries, particularly in relation to the distinction between the personal and political (Stanley, 1990). One such personal attribute that dominant approaches to research have tried to omit is the role of emotion. From the outset feminist scholars have sought to bring this dilemma in to the methodological fold. For example, Jaggar (2000) contends that acknowledgment of the role that 'emotion' plays in social research is vital during methodological construction. Furthermore, Jaggar (2000) argues, that emotion is a central aspect of knowledge building and that our emotions are a vital part of topic choosing, question formation and the ways in which we write research, to ignore this is unrealistic.

This is not a new observation, over twenty years ago, Liz Stanley and Sue Wise discussed this concept at length in Breaking Out (1983) and then revisited the discussion in 1993 and 2002 in Breaking Out Again. They argued that researchers should embrace epistemologies which recognise the force of emotion in our lives and which therefore "banishes the myth of a dispassionate and unemotional scientific observer, by locating the feeling subject at the centre of all intellectual endeavours" (2002:193). However, in a later response, Finch (2016) proposed that this endeavour does not have to be restricted to those solely working with qualitative methodologies; admitting that it is probably more readily accepted there (Finch, 2016). All knowledge develops out of "particular social contexts and sets of politically relevant interests....and tends to assume the position of privileged groups helping to naturalise and sustain their privilege

in the process" (Sprague, 2005:2). These dilemmas raise continuous and sometimes complex questions around the links between epistemologies, theory and method.

Following from the above discussion, the development and use of a feminist praxis was deemed essential to this research. As noted by Clisby and Holdsworth (2016) through listening to women we can see that women are reflexive and situated knowers. This research followed this line of thought in terms of recognising that women themselves are best placed to articulate their own individual experiences. In the case of this research, these experiences are rooted in those of gender, pregnancy and early parenting. With this as the driver, this research was conducted using a qualitative methodological approach grounded in feminist research praxis and epistemology. It was felt that this is the only way women's ways of knowing about their pregnancy and early parenting experiences could be fairly and justly explored.

4.4 Why qualitative research?

Qualitative enquiry and ethnography do not readily meet the strict criterion set out by positivist research frameworks, neither do they strive to. However, this meant that particularly in the middle part of the twentieth century qualitative research came under heavy scrutiny and criticism for lacking scientific rigour (Hammersley and Atkinson, 2007). Qualitative research seeks to answer very different questions from that posed in quantitative studies, something Barbour (2014) argues is often not considered when criticisms are levelled at qualitative research. Quantitative research would be less useful in answering why a woman's social position may impact upon her smoking behaviour, and how she may choose / or not choose to negotiate health messages on smoking during pregnancy, here a qualitative approach would likely yield more fruitful results. Of course, without doubt both approaches have their strengths and limitations and can be combined very successfully in a commentary manner, for example in mixed method studies, where the research project allows (Mason, 2002).

Some qualitative researchers are shifting away from more dominant research terminology in favour of phrases that better capture the qualitative experience and endeavour (Cousins, 2010). For example, attention to 'trustworthiness' over reliability and validity; reliability and validity being terms that are more commonly associated with quantitative research designs and rubrics. As alluded to above by Barbour (2014),

researchers need to be aware of the types of questions the research is seeking to answer and select appropriate methodologies and methods to answer their research questions. Qualitative research seeks to explore and makes sense of very different types of knowledge from that of quantitative research. Taking that as the starting point, the quality of that research can be gauged based upon whether the research adequately answered the question (Silverman, 2013). Trying to fit qualitative experiences into quantitative linguistic frameworks can lead to methodological failure; making qualitative research fall short of the quantitative aspiration of generalisability.

The employment of qualitative research strategies can facilitate the collection and analysis of personal beliefs, experiences, commonalities and 'others' own understandings of their lives (Hennink et al., 2011). In more general terms qualitative approaches are used when an in-depth understanding of the topic is required. Clifford Geertz (1973) seminal work referred to this as gaining a 'thick' description. Another way in which these concepts can be illustrated is through the notions of understanding and verstehen. The concept of verstehen was central to the work of Max Weber (1864-1920) who expanded upon the work of Wilhelm Dilthey (1833-1911, as cited by Snape and Spencer, 2008). Verstehen, essentially involves the attempt to understand social action through a kind of empathetic identification with the social actor (O'Connell Davidson and Layder, 1994). Studying the lived experiences of people, while locating those experiences in specific cultural, social and historical context (Snape and Spencer, 2008), Understanding refers to the researcher's own frame of understanding, what they know and understand about the topic and how they apply that framework of understanding to the topic. Verstehen, therefore, refers to placing these experiences in context, from the participants own perspective, for example the lived experience (Hennink, et al., 2011).

Qualitative research comes in to its own when we begin to explore the relationship between macro structures and identities and the micro level of understanding and experience. For example, in terms of this research how do gender, social-class and locality (macro identities and structures) translate into and impact upon factors such as: motherhood, identity, well-being and early parenting experiences (micro experiences and behaviours).

This research was concerned with exploring the lived experiences of mothers in specific areas of the North of England. In particular this research sought to locate these experiences within the wider cultural context of women's lives. In order to achieve this, the research had to collect narratives from women, their experiences of pregnancy, the transition to motherhood and early parenting in their own words, from their own perspectives. Adopting a qualitative methodological approach was considered to be the only way this could be successfully achieved. Following Hennink et al., (2011) I suggest that a qualitative methodology enables this research to capture the research issues from the perspective of my study participants. Moreover, this approach seeks to understand the subjective meaning that the women in this study attached to these experiences as they transitioned through pregnancy, motherhood and early parenting.

In line with Letherby (2003), I propose that this approach is not only politically appropriate in terms of listening to the experiences of women but 'morally responsible'. Indeed Letherby advocates "it is clearly very relevant in terms of the development of an approach which is grounded in the experiences of women (2003:84). While I analyse and present the data, it has to be reflected upon that as the researcher, I am the median through which these experiences are effectively re-constructed, re-interpreted. The role I played in this knowledge construction and transfer deserves attention, this is covered in Chapter 5 where I introduce myself as the researcher and discuss positionality and reflexivity.

4.5 Ethnographic Fieldwork

There have been theoretical debates across disciplines and spanning several decades as to what actually constitutes ethnography. For example, Hammersley and Atkinson (2007) note that its origins lay in nineteenth century Western anthropology, replacing the then widely used term ethnology which referred to "the historical and comparative analysis of a non-western society or culture" (Hammersley and Atkinson, 2007:2). Bronislaw Malinowski is often referred to as the 'grandfather' of ethnography and his extended work Argonauts of the Western Pacific (1922) is hailed as a founding text in the tradition (see O'Reilly, 2005: 8-18 for an example). Following this, from the twentieth century onwards, ethnography has been the hall mark of social and cultural anthropology, indeed as noted by Hammersley and Atkinson (2007:11) "extended fieldwork and ethnography became the gold standard the 'rite de passage' for entry into the 'tribe' of

anthropologists". Much later, the ethnographic model was adopted by sociologists and in the latter part of the twentieth century started to be adopted by other disciplines (O'Reilly, 2009).

The cross-disciplinary adoption of ethnography is perhaps most telling in terms of how descriptions of ethnography have changed. For example, Dykes and Flacking (2015) define ethnography as a "well–established qualitative research method that involves the researcher being immersed in a community of people" (2016:1). Their defining of ethnography as method, while not unusual in more contemporary works, does attract criticism from perhaps the more stalwart field of ethnographers. For example, Fetterman (2010) discusses at great length how ethnography is, "more than a 1-day hike in the woods, rather it is an ambitious journey through the complex world of social interaction (2010: xi). While, Willis and Trondman's Manifesto for Ethnography (2000:5) describe ethnography as:

> Most importantly it is a family of methods involving direct and sustained social contact with agents, and of richly writing up the encounter, respecting, recording, representing, at least partly in its own terms, the irreducibility of human experience.

Perhaps the above indicate the ways in which definitions and expectations of the ethnographic endeavour are changing (for example, see Madden's, 2010:17 discussion on funding constraints curtailing fieldwork durations). In line with Fetterman, (2010) and Madden (2010), I would agree that narrowing ethnography down to method, could have the potential to downplay the complex and emotive nature of ethnography as not merely a method, a tool by which to collect data (Madden, 2010) or a technique, or way of doing something but an all-encompassing methodological approach (Fetterman, 2010). That of course can include and combine many supporting elements including other appropriate methods. Madden's (2010:15) account perhaps sums this up well, in arguing that:

> …ethnography as an endeavour should not be squeezed in to neat little boxes, it does not submit well to a bounded definition- rather humans that do ethnography and humans that are the subject of ethnographic research are too complicated and 'messy' to allow and enable such simple terms.

Rather, than having a prescriptive set of definitive rules, ethnographic practice is shaped, primarily, by the research site and the activities that take place there. In this way,

ethnographic practice can be understood as a 'craft' that is best learnt through practical engagement in the field (Li and Seale, 2007). Ethnography differs from other forms of observational practice and therefore, departs from more positivist frameworks of observation and discovery. In these settings there is an attempt to impose control over the environment and those that inhabit it, human or otherwise. However, ethnography proposes that we must study people in their own natural environments, which centralises the importance of understanding meanings and cultural practices of people within their everyday settings (O'Connell Davidson and Layder, 2011).

Geertz (1973) borrowed the term 'thick description' from the works of Gilbert Ryle (1949) who discussed at some length the semiotics attached to the seemingly mechanical and taken for granted eye movement known as a 'wink' or 'twitch'. However, the crux of the discussion is the notion of thick description. It is the context, the thick description that informs us as to whether the person did indeed wink or twitch, and the meaning behind that wink; conspiracy, humour, sarcasm, flirtation. Ryle defines the thin description as a person "rapidly contracting his eyelids". It is the thick descriptions that shifts us into the realm of ethnography, "a stratified hierarchy of meaningful structures" (cited in Geertz, 1973, p:7). It is these nuances and interactions and significantly the meanings that are attached to these interactions that ethnography can help untangle so well.

Following from this, the research used an ethnographic approach, conducting fieldwork across multiple sites. This research was interested in attempting to explore and understand how mothers from predominantly low-socioeconomic areas in a city in the North of England experience pregnancy, motherhood and early parenting. I was particularly interested in how these mothers conceptualise the notion of the 'Best Start' for their children and how they negotiate and manage dominant messages that surround this. Being in the 'field' and having access to their everyday lives, as well as participating in some of these experiences with them, provided some insight into their everyday lived experiences as they negotiated the everyday tensions of mothering. An ethnographic approach afforded some access to the 'thick' description of such activities and the meanings they held for the mothers who took part in this research.

4.5.1 Defining the field

Interdisciplinary working and cross contamination of methods from one discipline to another means that methodologies and associated methods are re-interpreted and designed to suit disciplinary constraints. Historically, and particularly within the field of anthropology, highly regarded 'fieldworkers' usually spent extended periods of time, living for often more than a year in small remote communities, learning the language and engaging in everyday activities. Some would argue that this hierarchical notion of what the 'field' constitutes has to some extent prevailed (Eichhorn, 2001). However, Hammersley and Atkinson (2007) note that long and complex history is the very reason definitions have changed; ethnography and the field have been reinterpreted and recontextualised in various ways.

Faubion and Marcus (2009) argued that fieldwork is not what it used to be and suggested that anthropologists need to rethink the ways classical research practices are imagined. These ideas have shifted and now the field could be some far and distant land but it could just as easily be 'home', a local maternity ward or an online community. For example, Eichhorn's work with Zines (2010) in online textual communities, Carter's (2005) virtual communities and even the self in auto-ethnographic / biographical accounts (see Okely, 1996; Behar 2003; Muncey 2010). Meanwhile, the earlier yet seminal work of James Clifford (1997) defines the field as not only a place where research is carried out but a methodological construction. Thus, something that is not fixed but is constructed and re-constructed through methodological and disciplinary expectations and constraints; a point that perhaps takes us back to Dykes and Flacking's (2016) earlier description and the point made above by Hammersley and Atkinson (2007).

Wolcott (2005) discusses these concepts at length, drawing distinctions between fieldwork, being in the field and the perhaps more all-encompassing term of ethnography. He argues that fieldwork is an art form, now appearing in many guises in different disciplines and in some the term fieldwork has almost become synonymous with qualitative research. However, what Wolcott (2005) makes clear is that the distinction between fieldwork and just being in the field is 'intent', he suggests:

> ...the essence of fieldwork is revealed by intent rather than by location...characterised by personal involvement to achieve a level of understanding that can be shared with others (Wolcott, 2005:58).

Thus, the deliberate and focused intention to gather and record data that helps better explain the context of everyday lived experiences of those being represented in the ethnographic study.

The specific areas I worked in for this ethnographic research hosted overlapping socio-economic groups, particularly nearer the city-centre. The social-housing estates to some extent were a little more homogenous, but this cannot be assumed. In addition, across the duration of the research, mothers I worked with gained employment, or trained and took up better-paid positions and/ or partners received promotions and so forth. In similar vein, mothers previously in relationships became single-mothers or lost employment; thus, economic situations cannot be taken as static. It is therefore hoped that the results obtained from this research are transferable to other similar geographical settings areas and that they are significant to a range of families and academic disciplines. However, this research is primarily concerned with a Northern city in the UK and specific places in that city.

4.5.2 Selecting field work sites

Purposive sampling selects cases based on suitability for the study and because the case illustrates some feature or process that is of interest to the research (Silverman, 2013). As Denzin and Lincoln (1994:202) note, "qualitative researchers normally require groups, settings and individuals where the processes being studied are most likely to occur". With this in mind, it was decided that one of the most efficient ways to meet local mums was to gain access and attend local parent and child groups.

Identifying potential fieldwork sites and establishing access was a lengthy process and took a considerable amount of time, around seven months. Hennink et al., (2011) suggest that this process should be started as early as possible and that starting this in the initial stages also helps build rapport with the community that the study wishes to research. Due to the time constraints associated with PhD research and based upon previous research experiencer where establishing access took considerably longer than anyone anticipated, this process was started before ethical approval was provided to collect data. While it was a little frustrating having established access but not being able

to collect data, it meant that a good level of groundwork and rapport was built ready for data collection once ethical approval was granted. This had the additional benefit of saving considerable amount of time further down the line.

Internet searches were carried out to identify providers and groups in the local area. The following were used to help build a profile of what local provision was available and where and how it was delivered. Utilising information gathered from the research activities below, a list of potential research sites and 'key' contacts was generated. Initial contact via email or phone-call was then made, with follow-ups booked if required. Initial research meetings were planned, where I visited potential research sites to discuss the proposed research. The initial meetings were held with service managers and group facilitators, the main reason being that they acted as gatekeepers to the sites.

Table 1 Sources of information on parent and child groups

Source	What they do?	Researcher Activity
Net Mums	Online source for parents and parents to be. Can localise information by area	Identify possible research sites and parent and child groups. List and cross-reference with sources below
Local Authority	Statutory run provision such as the Children's Centres / Family Hubs.	Identify 'key contacts' and possible research sites. Lists Children's Centres/ Family Hubs with contacts.
Mumbler	Online resource by locality. Good resource for non-statutory parent and child groups.	Identify possible research sites and key contacts

Word of Mouth		Make use of already established contacts and ask them to signpost and assist with contact.
	76	

A purposive sampling framework was applied in terms of the inclusion and exclusion criteria applied to the identification and selection of parent and child groups. These were narrowed down by provider, activity, location and of course ease of establishing access. For example, it was decided that attending practice or activity focused parent and child groups such as, child yoga or massage may not be that beneficial in terms of enabling the undertaking of participant observation, as I had no child in this age-range to participate with. It would also mean that mothers would have little 'free-time' during the session to engage with myself and the research.

As noted in the introduction to this chapter, ethnographic fieldwork and participant observations were conducted across different sites as well as in mothers' homes. All the parent and child groups were attended by women only, with the exception of one (Group A) where on occasion a father would attend with his child. The field-sites comprised of four parent and child groups (referred to as groups A, B, C and D). From the above a list of potential research sites was established, with the final parent and child groups selected listed below. Once ethical consent to attend the groups was gained and access was established, fieldwork began. The process of ethical consent is discussed in greater depth in section 4.8.

Table 2   Type of parent and child group and services offered

Fieldwork Site	Formal/Informal Provision	Activity	Location	Duration of fieldwork
A	Formal	Parent and child / singing / baby weigh clinic	Social-housing estate – inner-city.	Two groups per week 7 months
B	Formal	Parent and child / Singing	Social – housing estate – outside city	Two groups per week 10 months
C	Formal	Young Mothers	Social – housing estate – outside city	One group per week 2 months
D	Informal	Parent and child / play / tea and coffee	Social – housing estate – outside city	Two groups per week 10 months

4.5.3 Field work at home

Gupta and Ferguson (1997) previously noted that the concept of fieldwork has generally incorporated the expectation of travel, usually some distance, and in the anthropological sense normally overseas, from the researcher's usual place of residence. As discussed previously in section 5.5.1, this continued insistence of the field as a distinct and often distant location has problematised contemporary fieldwork (Clifford, 1992; Eichhorn, 2001; Faubion and Marcus, 2009). Perhaps nowhere has this issue been so apparent as when discussing the concept of doing fieldwork at home (Caputo, 2000).

The undertaking of fieldwork at home is described by Cerwonka (2007) as being interwoven with the mundane details of normal everyday life. At times I struggled to distance myself both methodologically and analytically from the field. Being a relatively new mother myself, my child was 2 years old when I began doctoral research, some of the experiences I observed and listened to were not vastly dissimilar to my own. This is discussed in greater depth in Chapter 5. Therefore, I perhaps missed opportunities for clarification or further explanations, taking them instead as being obvious, taken for granted or natural. Resurfacing as a very time-consuming process during the analytical phase where analytical insights needed constant untangling and methodological reframing. I wondered, whether this would be such an issue when conducting fieldwork with the 'unknown' or proverbial 'exotic'. However, as Passaro (1997) points out, questioning whether there is enough distance in ethnographic work is often raised as being problematic; whereas, questioning the sufficiency of closeness is rarely remarked upon. It is this closeness, and my identity as a mother, and I believe as a relatively new one, that whilst at times proved analytically difficult, enabled me to build rapport quickly, ask in-depth questions and probe in a manner that may not have been as possible if the cultural circumstances had been vastly different.

4.5.4 Access to the field and gatekeepers

Gaining access to a setting is a crucial step in the process of conducting observation (Hennink, et al., 2011). However, as Rabinow has pointed out fieldwork is always contingent on the right informants and field sites being available (Rabinow, 2007). Sampling procedures most commonly associated with quantitative research designs; for example, those that employ probability frameworks and strive for representativeness

and repeatability are rarely available in qualitative research designs, often a case will be selected simply because it allows access (Silverman, 2013).

Gaining access to institutional settings normally requires permission from different authorities. Strategies for gaining access through gatekeepers and the associated issues with this, as well as researcher positionality have been previously well documented (Corra and Willer, 2002; Hennink et al., 2011; McAreavey and Das, 2013). Gaining access to the more formalised settings, such as those provided by the local authority, was both complex and time-consuming. In line with Hennink et al., (2011) permission was required from various people or departments within the organisation, requiring perseverance and an ability to navigate red-tape. The local authority in question was at the time going also undertaking a process of restructure. People changed job role or left and departments frequently changed remit and name. It also has to be noted, that even at the best of times and particularly when a process of organisational change is taking place, allowing a postgraduate researcher into settings to undertake research for their thesis is not a priority.

Hennink et al., (2011) identify some of the key reason's researchers are denied access to settings as being:

- A lack of trust from the community about the intentions of the research
- Discomfort in being observed by a researcher
- Concern about potential risk to the community / setting

One of the key issues that arose when attempting to negotiate access to the more statutory type settings was whether the research posed a potential risk in terms of damage to the reputation of the local authority and the provision that they delivered. Based upon this, it was agreed that the outputs would not name the local authority in question, or the groups that the research was conducted in. Following this agreement, access was granted and networking and establishing research relationships could begin. A full discussion on ethical implications of this research is considered in section 4.8.

4.5.5 Building rapport

The building of trust and rapport is understood as being integral to most qualitative research designs, and in particular ethnographic fieldwork and interviews. Rapport

needs to be developed quickly, often at the first meeting with key stakeholders and participants (Cowie and Khoo, 2017). Reflecting on her work with convicted rapists Diane Scully (1994) argues that the key to successful interviewing hinges on the ability to develop trust and rapport in what is usually quite a limited time span. However, Wolcott (2005) draws attention to the fact that trust and rapport are often discussed as being issues that need confronting early in the research process. He argues though that it is the maintaining of trust and rapport that is the challenge, particularly across the duration of fieldwork or extended research.

As noted in chapter 4.5.3 fieldwork at home, I suggest that my identity as a mother, while comprising some challenges, generally hastened and eased my acceptance within the groups. I frequently drew on this aspect of my identity, by sharing my own experience of these early parenting experiences to assist in the development of rapport. Even though I was markedly childless while participating, with my child being substituted with the 'reading bear' or puppet', it was my identity as a mother and one who was currently undertaking mothering tasks with a similar aged child, that enabled my passing, to borrow the concept from Goffman.

4.5.6 Roles in the field

Where participant observation is involved, the researcher must find some sort of role in the field being studied, and this will need both implicit and explicit negotiation (Hammersley and Atkinson, 2007). My experience of gaining access through gatekeepers was no different and in all four settings accessed was granted on the premise that I support the group facilitator with activities such as: setting up and clearing away, refreshments, running errands and supporting with any associated activities, including attendance at meetings and so forth. While, being granted access to one of the formalised groups was on the premise that I registered as a volunteer. Without doubt, this at times created some ambiguity surrounding my role and place within the group. Not so much with participants of the group, who seemed to accept it as it was; but rather with some of those that organised or facilitated the group sessions.

That said, the process of being accepted may have been enhanced by the facilitator-support role given. Being attached to the university provided a form of professional and academic credibility. Mothers would often ask me about my role at the university and

what I had done previously that had facilitated my being there. I was teaching at the time at a separate higher education college that focused on widening participation. At times, I became a source of information or resource. If requested, I would advise on the ways in which access to university could be gained; something many had not considered to be in their reach. Acceptance may also have been linked to my being introduced to the group by the service manager or group facilitator, which almost provided a legitimacy for my being there. Establishing myself within the groups took a couple of months, subsequently I participated in a wide range of everyday activities with key participants, including: shopping, leisure activities, social events and on-the-spot emergency childcare.

These activities assisted in paving access into the lives of mothers and their children. However, the potential dilemmas associated with these types of relationships cannot be marginalised in favour of promoting access to participants. Entwined within these interactions are issues of both power and inequality, present in most, if not all researcher / participant relationships. For example, O'Connell Davidson and Layder (1994) suggest we can see evidence of these power relations through both historical and contemporary research practices. Historically, through the history of ideas and in contemporary practice through research agendas, the links between society and the research ideas and the ways in which findings are interpreted and disseminated. Relationships with participants are both a strength and a weakness of fieldwork (Wolcott, 2005). Nonetheless, these relationships are essential to the process and fieldwork simply cannot happen without them. However, to some extent, participating in the above activities alleviated, or at least went some of the way to readdressing some of the power imbalances. For example, what appears to be a somewhat simple activity, making and serving a cup of tea, is quite laden with symbolic gesture in terms of power relations. I believe partaking in such activities assisted with both my initial acceptance within the groups and facilitated the creation and continuation of meaningful research relationships. This point of discussion is revisited in Chapter 5.

4.6 Sampling for interviews

In total thirty-three participants were interviewed for this research, with a total of forty-five interviews being conducted. Interviews were either conducted as one off or sequentially (serial-interviews) with a smaller sample of four mothers, across the duration of fieldwork. Interviews that were arranged in advance with participants were conducted with in their homes, with their child or children present. As well as being recruited for interview through the parent and child groups, potential participants were also recruited via an advertisement placed on a local mother and child support and information forum. This helped ensure that interviews were also held with mothers who did not attend parent and child groups, in the hope that a range of mother's voices could be captured.

Silverman (2013) points out that purposive and theoretical sampling are often discussed synonymously with one another, the only real difference being that purposive sampling procedures are not explicit in terms of the underlying theoretical assumptions. Purposive sampling entails that the selected participants have a set of characteristics that are fit for the research purpose and that no aspect of randomness is applied within this selection (Flick, 2014). Theoretical sampling, as set out by Mason (1996) suggests: "constructing a sample which is meaningful theoretically, because it builds in certain characteristics or criteria which help develop and test theory and explanation" (1996:93).

This research utilised both approaches at different stages of the sampling process. In the earlier stages, purposive strategies enabled participants to be located and recruited based on suitability for the study in line with the inclusion criteria set out below. However, as qualitative researchers routinely work closely with relatively small sample sizes, it is pivotal that these samples are chosen for good analytical reasons (Rapley, 2014). Thus, further into the data collection cycle sampling relied more heavily on theoretical approaches, through selecting those participants that perhaps could support or advance the tentative theoretical assumptions already generated from earlier data collection. In qualitative research designs, population sampling is flexible and often changes in line with the needs to the project. The study population may be refined and broadened in an iterative manner (Hennink et al., 2011). This research followed a similar pattern, in terms of refining the sample as the research developed and evolved; as discussed below.

The interview sample was generated using three distinct approaches. Firstly, once trust and rapport had been established at the parent and child groups, I began to approach mothers who attended the groups about whether they would be happy to speak with me in more depth about their early mothering experiences. Secondly, a well-established online parenting resource allowed the research to advertise locally for participants through their weekly bulletin. Finally, elements of snowball sampling were applied through the process of mothers referring me on to other mothers in the personal and social networks. Hennink et al., (2008) define this process as inductive refinement of the study population. They note that, "this process allows researchers to follow leads during data collection and to identify new 'information rich' participants to add to the study population" (Hennink et al., 2008:87). This process enhanced the sample population by enabling the recruitment of mothers outside of the parent and child groups, including some that would be considered a little harder to reach.

Purposive selection criteria were established to ensure that all participants were over 16 years of age, post 28 weeks gestation and / or have a child 0-2 years of age. Although, this was not strictly applied in such a way that a mother with children just over two-years of age were excluded. Choosing to include mothers over sixteen years of age was by no means intended to marginalise, overlook or discount the experiences of those who carry out mothering activities under the age of sixteen. However, it was felt that this sample would, at times elicit very different data, and there would not be the time or scope within the remit of this PhD to do that data, or those participants' experiences, justice. In addition, in terms of the ethical review process, it would be considerably more difficult to be granted permission to conduct research with those mothers under the age of 16-years due to them technically being minors and classed as vulnerable themselves. To minimise the risk of asking women to participate who may still be at increased risk of miscarriage or loss, a criterion of less than 28 weeks gestation was decided upon, as the pregnancy is by then well established and into the third trimester. Demographic data were collected at the start of interviews as part of mother's personal biographies.

Table 3 Interview participants

Number	Pseudonym	Sampling Source	Sampling Setting (if applicable)	Type of Interview
01	Elsie	Parent and Child Group	Group B – Formal Fieldwork Setting	1:1
02	Sara	Call for participants	-	1:1
03	Kelly	Call for participants	-	1:1
04	Carla	Call for participants	-	1:1
05	Orla	Parent and Child Group	Group A – Formal Fieldwork Setting	1:1
06	Lisa	Call for participants	-	1:1
07	Carly	Call for participants	-	1:1
08	Ruth	Call for participants	-	1:1
09	Sadie	Snowball	-	1:1
10	Ella	Snowball	-	1:1
11	Nicky	Call for participants	-	1:1

12	Mia	Parent and Child Group	Group B – Formal Fieldwork Setting	1:1
13	Elaine	Parent and Child Group	Group B – Formal Fieldwork Setting	1:1
14	Ria	Parent and Child Group	Group B – Formal Fieldwork Setting	1:1
15	Suzanna	Parent and Child Group	Group B – Formal Fieldwork Setting	1:1
16	Shona	Call for participants	-	1:1
17	Lexi	Call for participants	-	1:1
18	Chloe	Call for participants	-	1:1
19	Kat	Call for participants	-	1:1
20	Lyla	Call for participants	-	1:1
21	Rowena	Snowball	-	1:1
22	Lilli	Call for participants	-	1:1
23	Becky	Call for participants	-	1:1
24	Clara	Parent and Child Group	Group A- Formal Fieldwork Setting	1:1

25	Emma	Parent and Child Group	Group D – Community Fieldwork Setting	1:1
26	Amber	Parent and Child Group	Group D – Community Fieldwork Setting	Ethnographic Case / serial Interview
27	Beth	Parent and Child Group	Group D – Community Fieldwork Setting	Ethnographic Case / serial Interview
28	Teagan	Parent and Child Group	Group D – Community Fieldwork Setting	Ethnographic Case / serial Interview
29	Emma	Parent and Child Group	Group D – Community Fieldwork Setting	Ethnographic Case / serial Interview
30	Casey	Young Mums Support Group	Group C – Formal	Focus Group / Participatory Activity
31	Sian	Young Mums Support Group	Group C – Formal	Focus Group / Participatory Activity
32	Leela	Young Mums Support Group	Group C – Formal	Focus Group / Participatory Activity
33	Molly	Young Mums Support Group	Group C – Formal	Focus Group / Participatory Activity

4.7 Data Collection Methods

This chapter dedicates itself to participant observation and interviewing as a mode of data collection, a method, that can be used within ethnography and to arrive at an ethnographic point (Hockey and Forsey, 2012). In line with Hockey (2002) and Forsey and Hockey (2012), I present interviews, or the ethnographic interview (Hockey, 2002) as being inherently part of participant observation and not distinct or separate from that process. Although, Forsey (2010) has argued that within the ethnographic endeavour interviewing is almost always seen as secondary to participant observation. Within this research, it was the interviews that provided the richest data. However, participant observation provided contextual data that could not be obtained from interviews alone. Moreover, the earlier stages of participant observation enabled rapport building that provided me a segue into interviewing mothers, although many mothers interviewed did not attend parent and child groups. Recruiting mothers from outside of the parent and child groups enabled the research to capture a broader range of mother's voices and experiences.

Interviewing in the ethnographic sense can often combine many forms of conversation (Madden, 2010). These may include conversations while walking or discussing an activity that is taking place. Throughout the data collection process these occurred as expected, in a more holistic way, often while walking with one of the mothers to a parent and child group, during social gatherings, or simply when I was moving between mothers at the one of the groups.

When participants were happy to do so, this research also made use of more in-depth and serial interviews. These interviews were scheduled in advance, on a date and time chosen by the participant and where the interview discussed particular topics based around a flexible semi-structured interview schedule. These interviews did not normally occur at the parent and child groups, although a few did. The majority of in-depth and serial interviews were conducted in mothers' homes. This also assisted with recruiting mothers from outside parent and child groups. As well as interviewing mothers in their own home, it also meant that contextual and ethnographically informed data could also collected at mothers' homes.

4.7.1 Participant Observation

Participant observation is intrinsically bound with ethnographic approaches. Although, earlier works (see Gans, 1999) have questioned whether a less conflated use of the three distinct terms of anthropology, ethnography and participant observation ought to be considered; with the following debates ensuing; anthropology is not ethnography (Ingold, 2008), and ethnography is not participant observation (Hockey and Forsey, 2012). In an earlier pronunciation, Bernard (1994:137) argued that "all participant observation is fieldwork, but not all fieldwork is participant observation". As was highlighted in section 4.4, some of this blurring of terms can be related to the ways in which constructs of the field and thus, fieldwork has changed (Faubion and Marcus, 2009). What resonates across these works is that clarity and precision need to be applied when using these terms, particularly when discussing research processes and the writing of methodology chapters. Thus, I have attempted to address this issue by discussing participant observation as a method in its own right, albeit intertwined within ethnographic fieldwork.

Schensul et al., (1999:91) defined participant observation as; "the process of learning through exposure to or involvement in the day-to-day routine activities of participants". This research was interested in learning about how mothers experienced motherhood and early parenting and in particular what providing the best start means to mothers on a day-to-day basis. Attending parent and child groups was seen by the majority of mothers as being an integral part of this. Without doubt, the cultural context of individual mothers' lives influenced what types of parent and child groups they accessed, if they accessed one at all. The earlier stages of participant observation enabled me to take part in some of their day-day routine. I would sometimes just head to the groups and meet mothers there, but often I would meet them at their house or on-route, walking and talking as we made our way there.

O'Connell Davidson and Layder (1994) draw on Gold's (1958) classic discussion of field roles and identify these as being highly useful in terms of both thinking about and clarifying researcher roles in the field. There is not the scope in this thesis to revisit each role in depth. It will suffice to note that they shift from 'complete participant' to 'complete observer'. However, O'Connell Davidson and Layder (1994) note that the 'complete participant' may have to conceal their true identity or deceive participants,

which poses serious ethical concerns. Conversely, the 'complete observer' remains detached and outside of the group, making it hard to form meaningful research relationships with participants.

The field role undertaken in this research aligns to Gold's (1958) second role of 'participant as observer'. O'Connell Davidson and Layder (1994) suggest that this role enables the researcher to focus on what are the important facets of the research, while developing in-depth relationships with participants. It also allows the researcher to be clear and upfront about their presence in the field and to be able to define the parameters of the research. This meant that very clear ethical processes had to be in place in terms of my role as researcher and participant observer; these are discussed in depth in the subsequent chapter.

Hennink et al., (2013) suggest that observational methods, like that of participant observation, can be most useful at the start or during the earlier stages of fieldwork and data collection. Data collection within this research followed, although not at the time consciously, a similar process. The majority of research time during the early phases of data collection was consumed with attending, observing and participating at the parent and child groups. These early familiarisations stages enabled, as Gold (1958) suggested above, the building of relationships and rapport with participants. In some cases this process enabled a building of much deeper research relationships and these participants went on to become those that the serial interviews were conducted with. Wolcott (2005:84) identifies four, what he refers to as social behaviours that are often overlooked when thinking about what contributes to successful participant observation: gaining entrée and maintaining rapport, reciprocity, ambiguity and personal determination and faith.

4.7.2 Reciprocity in longer-term research
In his classic work, The Gift (1925) Marcel Mauss argues that gifts are never truly free and always require a form of reciprocity, in order to maintain relationships, social ties and function. There is not the scope within this thesis to give due justice to the work within The Gift. However, the notion of participants gifting their time in research and researcher reciprocity, particularly when trying to maintain relationships, and crucially access, is something that is surprisingly still somewhat overlooked. In her paper

'Interviewing Women Again', Anne Oakley (2015) called for concepts such as, a gift and friendship to be given more diligent attention when discussing researcher / participant relationships. These concepts can be useful when considering how these factors play out in day- to- day interactions and negotiations between researcher and participant, or what Wolcott (2005) refers to as the, 'exchange for intangibles' such as hospitality of life-history.

Reciprocity was something that I was acutely aware of, particularly throughout participant observation and the serial interviews. While Wolcott (2005) uses the phrase being 'put upon' by those who recognise the researcher's dependency and vulnerability, he does not specify particular acts of reciprocity, other than to say all acts in the field are negotiable. However, the phrase 'put upon' runs the risk of downplaying the inherent pre-existing power relations within the research process. That is not to say that researchers do not find themselves vulnerable to the occasional participant demand or whim.

I did not feel entirely comfortable that participation in the research took up precious family time; or that my presence and frequent questioning of mothers during group time may mean that they missed the opportunity to make connections with each other. Where possible, and when I felt I should offer what Wolcott (2005) refers to as 'the art of diplomacy', or simply when I was asked, I would assist at group sessions, run errands, bring and make refreshments, donate children's clothes or toys to mothers that said they would be of use. The deeper and longer-term participant / researcher relationships at times required greater or more sustained maintenance, at times this involved: form filling, proof-reading college work, attending children's birthday parties, brief episodes of childcare or child watching, while in attendance at a parent and child group and when the mother had to run an errand or had an appointment.

4.7.3 Interviewing mothers
Anne Oakley's (1981) seminal work on interviewing women broke from the norms at the time by challenging dominant, masculine informed interview approaches that viewed interviewing as a one-way process, namely to extract information from the participant. Oakley (1981) argued that this is particularly problematic for feminist interviewers, whose research endeavours were aimed at capturing and validating

women's experiences. Oakley, provided examples from her own experiences of interviewing mothers where they would ask questions back, or ask for advice or opinion on something. In similar vein, mothers in this research would often ask questions back. They would seek my thoughts, opinions and validation of an experience, or whether I had experienced anything similar. Common questions received from participants were: did this happen to you? Normally, in association with pregnancy and birth. What did you do? Often asked around early parenting experiences, like feeding issues, sleeping and weaning. Do you know what I mean? When asking for validation of a feeling, an experience or something that was not expected.

There is a plethora of research method text books, interviewing text books and guides on interviewing. However, as noted by Oakley (1981) very few dedicate time to, or offer guidance to researchers about how to best to manage such interactions and / or the processes involved in interviewing itself. For example, Hennink et al., (2011) describe qualitative interviews as, a one-to-one method of data collection that involves the discussion of a specific topic in depth. Comparatively Letherby (2003) notes that qualitative interviews can be; life history, oral narrative, in-depth, and can be conducted one-to-one or in small groups. Meanwhile, Mason (2002) suggests that interviews are an interactional exchange of dialogue, whether this is in a group, face to face or over the telephone. Drawing on Burgess's (1984) term of 'conversations with purpose', Mason suggests, interviews should have a fluid and flexible structure that follows stories, narratives or themes, but also enables the development of new or unexpected themes. One important point that Mason (2002) raises is that interviewers must remember that they are not merely excavating facts, whilst they provide definition in various forms of what might constitute a qualitative interview, very few methods papers or chapters, as Oakley's earlier work posited, suggest how these interactions should be managed, or what the author's own experience of doing this was like.

A range of interviews were conducted with mothers for this research. The interview questions were formed around a flexible semi-structured interview schedule. However, following Mason (2002) this was fluid and flexible to follow narratives that were important to the participant. Stand-alone interviews were carried out with a range of mothers across different low-socioeconomic areas within the city. These interviews

covered a broad range of themes through pregnancy to early parenting. The shortest of these interviews was 1.5 hours and the longest was 3 hours, they averaged around 2 hours. Serial-interviews across the duration of the research were carried out with a smaller sample of four mothers, who also formed a significant part of the ethnographic data, they resided on the same social-housing estate and attended parent and child group D, the community-based group [Group D]. The full duration of these interviews was between six and nine hours.

As discussed in section 4.6 on sampling, interviewing a range of mothers and not just those that accessed parent and child groups, or who were recruited through such groups, enabled a broader range of mother's voices to be included. This research recognises that at times certain mother's attend parent and child groups, particularly the more formalised ones and that these are not accessible to all mothers and their children. Although it simplifies recruitment, focusing only on those that attend parent and child groups could limit the range of mothers within the sample.

All knowledge is situational, and the interview is just as much a social interaction as is any other human interaction. Therefore, through the interview process knowledge needs to be taken in context of the situation in which it occurs. Knowledge is situational and research can only ever uncover; to borrow from James Clifford (1984) 'partial-truths'. Thus, the interviews constituted a process and exchange between myself and the participant in which their narrative was re-constructed through my own epistemological and theoretical framework of understanding.

4.8 Ethical considerations in qualitative research

When considering questions of ethics and how ethical principles pertain to social research, one must consider moral deliberation, choice and accountability on the part of the researcher or researchers throughout the entire research process (Edwards and Mauthner, 2012). Therefore, the design of any research study is a critical aspect of ensuring that a framework for addressing ethical issues is developed (Seymour and Ingleton, 1999). There have been a significant number of well-documented cases demonstrating serious failings with regards to ethical practices. The experimentation on human subjects during Nazi occupation in World War II and the subsequent development of the Nuremberg Code (1943); Stanford prison experiment (Zimbaro,

1973); Tearoom trade (Hoffman, 1970), and the Tuskegee airmen and Syphilis study (1932). Following this, there has been a sustained focus on the development of ethical practice through the regulation of research through ethical research committees (RECs) (Farrimond, 2013). Moreover, in the last twenty-years there has been an increased focus on research that is oriented around principles such as action, participatory and transformative research that result in meaningful social change (Mertens, 2009; Brydon-Miller, 2010). While these principles are employed to a greater or lesser extent, depending on discipline and research orientation, they aim to encourage social change, emancipate, enlighten, challenge dominance, and give voice to traditionally underrepresented groups (Farrimond, 2013).

Ethical principles that must be embedded and made explicit across research, regardless of design or discipline are; informed consent, privacy, confidentiality and anonymity where possible, assessment of possible harm, right to withdraw (Thomas and Hodges, 2010; Farrimond, 2013; Parahoo, 2014). While the above principles are paramount to ethical research design it is important to note that different research designs can elicit different ethical considerations and concerns. However, research ethics committees that are more used to biomedical proposals or those framed by more positivist paradigms, may not recognise the potential ethical issues associated with qualitative methodologies (Seymour and Ingleton, 1999).

Richards and Schwartz (2002) identified four explicit risks posed to those that participate in qualitative studies. These are: anxiety and distress, exploitation, misrepresentation and identification of participants in published materials. Balancing harms and benefits across qualitative interactions can often be more complex that in quantitative designs. Seymour and Ingleton (1999) described these complexities as:

> A practical, dynamic and interpersonal activity, and it depends on striking a fine balance between the rights of individual participants, the risk of exploitation and the wider purposes of the research.

They include issues like: the closeness between researcher and participant, the role the researcher plays within that process and participants knowing and / or identifying one another in published materials.

In addition, the commonly held belief that qualitative research is more natural and life-like contributes to the idea that qualitative research is by its very nature more ethical (Guba and Lincoln, 1989). Brinkman and Kvale (2004) refer to this as 'ethicism', the view that because qualitative research has an inherently more personal approach, this naturally raises it ethical status, something Brinkman and Kvale (2004) warn against. For example, qualitative interviews have the potential to unearth many emotive feelings, for both participant and researcher. In addition, Birch and Miller (2002) illustrate how ethical dilemmas can be particularly problematic in interviewing; especially, when considering how the personal is displayed publicly.

Many feminists have been critical of the more traditionally employed ethical frameworks; for example, the universalist approach of 'for the greater good or benefits outweigh risks' (Gilles and Alldred, 2012). While standard ethical principles may be rigorously set out in such proposals, such approaches often fail to address the inherent power imbalance involved with making such decisions. Feminist researchers have long called for a revisiting of ethical debates within the context of situational and power relationships. These practices place greater emphasis on care and responsibility rather than research outcomes, justice or rights (Edwards and Mauthner, 2012).

4.8.1 Informed and process consent

Informed consent is a key ethical principle firmly rooted in contemporary ethical research. The inclusion of this principle is founded upon the historical yet abhorrent treatment of human subjects in past research endeavours. Informed consent, as a tenet, incorporates three key aspects: information, comprehension and voluntariness (Farrimond, 2013). The goal these principles is that the participants have enough accurate information to make an autonomous decision; that the information is delivered in an appropriate format to ensure understanding; and that participation is on a voluntary basis, free of coercion and pressure (Silverman, 2013).

This research underwent ethical review and was granted approval by Hull York Medical School's ethical review committee. In addition, written consent to attend parent and child groups was provided by the Local Authority and the relevant voluntary sector providers.

On arrival and at the start of each subsequent group, I introduced myself and the research project. It was agreed that this should happen at the start of every session to ensure that new members were fully briefed. It also served to remind and restate the reason for my presence each week to regular attendees, a point I return to below. All group attendees were given a participant information sheet and this was also verbally explained. In addition, attendees at the group were reminded they could approach me whenever they liked, to discuss any aspect of the research and look at what I was doing. Many took up this opportunity and showed great interest in both the research process and topic.

For those potential participants that demonstrated an interest in being interviewed, a time was arranged where the research could be discussed in greater-depth, normally before the group started or at the end. Prior to participating in an interview written informed consent via a paper-based consent form was obtained from each participant. This detailed the right to withdraw from the research, how data will be stored and used and who to contact if they had any concerns. However, due to the evolving nature of ethnographic work and qualitative research more generally, my role at the parent and child groups, participation and the notion of informed consent had to be constantly renegotiated and revisited. Thus, this research adopted the process of written consent once from parent and child group attendees and interviewees. In addition, verbal ongoing or process consent occurred before each ethnographic observation and serial- interview.

This shift in the consent process has been highlighted by Cutliffe and Ramcharan, (2003). They propose that consent should be on-going throughout the research process, and not just a one-off signature event. A shift to this process is of particular importance in ethnographic and longitudinal studies (Farrimond, 2013) and focus group interview studies (Barbour, 2007) due to the evolving nature and extended time-spans associated with these research designs. Thus, the application of process consent was particularly important across the serial interviews, where some of the participants were taking part in interviews across the year.

Ongoing consent however, can be difficult in group-based situations. This was something that was also discussed at length during the ethical review process. Normal

ethical departmental regulations were weighted heavily towards the use of a standardised consent form template. However, as noted by Penslar, 2007 (cited in Silverman, 2013:174) "since fieldwork is a research process that alters in shape and substance as the study progresses, it is very difficult, if not impossible, to specify detailed objectives like consent up front in a standardised protocol". In addition, in continuing fieldwork and observations the complex interactions between participant and researcher cannot be reduced to an informed consent form. In the end, informed consent forms had to be signed by all group participants and separate ones were used again at interview.

One issue that did require due ethical attention was the possibility of original group members at the parent and child groups agreeing to my being there, but a new member arriving who does not, or feels uncomfortable with a researcher being present. Groups can be of vital importance and provide a much-needed supportive mechanism for new parents. It was therefore decided from an ethical perspective it would not be right to create a barrier to attendance in any form. I therefore decided, if the situation should arise that I would leave the group and reschedule with another one where possible. Thankfully, this did not occur within this research, considering all possibilities means that researchers and teams are ethically well prepared.

4.8.2 Confidentiality and Anonymity

Confidentiality covers not only data protection and storage, but also how researchers share data in other ways, for example, through discussion with others regarding the research (Edwards and Mauthner, 2012). Confidentiality also refers to the ways in which participants share data between themselves and others (Farrimond, 2013). This can be more complex in qualitative research designs when using methods such as group interviews. The use of such methods means there will be a natural sharing of data and personal information with others. One way to manage this is to remind participants that they do not have to share anything they are uncomfortable with, however, depending on the nature of the research this may not be possible. There is also the option of asking or requesting that participants sign confidentiality documents that reminds them not to discuss the research and data outside of the interview. However, this is difficult to manage in practical terms, as the researcher has little control of what participants do after they leave the interview.

While anonymity is often regarded as a central tenet of sound ethical research practice, it has to be noted that not all participants wish to be anonymous (Silverman, 2013) and choice as an ethical concept, has potential to both empower and disempower participants. Moreover, anonymity, in its purest sense, can be hard to achieve in qualitative research designs and some caution needs to be exercised when promising such things. Farrimond (2013) argues that in some cases taking anonymity to the extreme renders some studies deficient and therefore a waste of participants time, which is also unethical. Thus, having the potential to destroy the integrity of what the research set out to achieve in the first instance, and probably the main reason participants chose to take part.

Some of the participants in this research stated that they did not mind if their actual name was used. However, for the main part participants were satisfied to be provided with a pseudonym. Therefore, to preserve anonymity I undertook to use pseudonyms for names of mothers. Wider family members, such as children and partners, were referred to in that manner; parent and child groups were named group A-D. However, the very nature of this research and the relationships that existed between many of the participants meant that while confidentiality must be maintained, pure anonymity could be difficult. Participants may recognise themselves or other close participants in the research outputs. This was discussed with all potential participants and was detailed on the participant information sheet.

4.9 Data Analysis

The focus of this chapter is on the principles and processes of data analysis. An explanation is provided as to how data were organised, analysed and coded. Certain analytical strategies were adopted to assist with the analysis process. For the main part, data analysis followed the more flexible and general approaches to qualitative analysis, namely thematic analysis (Silverman,2013; Barbour, 2013). In addition, the process of analysis also drew on some of the key analytical principles of grounded theory presented by Charmaz and Mitchell, (2001) and Charmaz (2006). However, following Charmaz (2006) and Hennink, et al., (2011) I apply grounded theory approaches as a set of, "guidelines that offer general principles and heuristic devices rather than formulaic rules" (Charmaz, 2006: 2). The work of Catherine Riessman (2000; 2008) and Gubrium and Holstein (2009) provided useful theoretical direction in

terms of teasing out nuances in the narratives and bringing them to the fore. In addition, the practical and highly pragmatic techniques offered by Hennink, et al., (2011), were found to be both insightful and reliable.

Following the above, data analysis therefore resembled a circular process, rather than a set of sequential steps (Hennink, et al., 2011). Each phase feeds conceptually and theoretically in to the other; informing both further points for investigation and analysis (Rubin and Rubin, 2005). Thus, analysis was an on-going process, occurring simultaneously, at least in theoretical terms, with other phases of the research. Recognising this made the analysis less overwhelming and assisted in developing understandings of the interwoven nature of qualitative analysis (Hennink, et al., 2011).

Interpretation of the data, in terms of thinking theoretically about what the data means and how best to convey this meaning to others, did not only arise in the analysis phase; interpretations and analysis permeated all phases of the research. However, in similar vein to Ramazanoglu and Holland (2002) I recognise that the concepts derived from the analysis are shaped and constrained by my personal epistemological assumptions and my subjective positioning within these processes, a point revisited in Chapter 5. However, to remedy some of these potential issues, a sample of transcripts underwent 'member-checking' by a member of the supervisory team, this is discussed below in section 4.9.2.

NVivo, a CAQDAS (computer- assisted qualitative data analysis software] programme was used to store and organise the interview files after transcription. As noted by Silverman (2013) and Hennink et al (2011) while CAQDAS can be very useful, they also have their limitations. NVivo proved immensely useful for storing such a large amount of interview transcripts, for searching through the transcripts, and the early stages of preliminary coding. However, as noted by Silverman (2013), Hennink et al (2011) developing and applying coding themes electronically is no quicker than doing this manually; time is still required to think through the interpretation and meaning of that data, I found both to be true. Therefore, while initial organising, sorting and coding was assisted with the use of NVivo, more in-depth coding was completed manually. Having said that, programmes like NVivo can assist with rigour; for example, by

examining the whole data set, rather than just selecting parts that suit your own interpretations (Silverman, 2013).

4.9.1 Rigour in qualitative analysis

Streubert-Speziale (2007, p. 49) argues that, "the goal of rigour in qualitative research is to accurately represent study participants experiences". The question is whether the analysis of the data adequately capture that experience and presents it in an accurate manner. Debate on the criteria of excellence in qualitative research is long-standing (Guba and Lincoln, 1994; Mays and Pope, 1995; Gergen and Gergen, 2000; Fossey, et al., 2002; Jeanfreau and Jack, 2010). Mays and Pope's (1995) seminal paper argued that some of the criticism levelled at qualitative research, in terms of researcher bias, is due to qualitative researchers not being explicit about their data analysis procedures. Likewise, Jeanfreau and Jack (2010) propose that all research publications, regardless of the methodology used, need to provide adequate information surrounding analysis procedures so that strengths and weaknesses can be assessed.

For considerable time, attempts were made to squeeze qualitative research into the same boxes used to appraise the quality of quantitative research. However, these criteria are based on a rationale used to fulfil the needs of positivist functioning and are ill-equipped to deal with the nature of qualitative research (Fossey, et al., 2002). Due to key differences between quantitative and qualitative methodologies, rigour in qualitative studies should not be measured or evaluated in the same way as that of quantitative studies (Jeanfreau and Jack, 2010).

Whilst researchers that work with qualitative data need to describe the methods used to manage and analyse the data; how these methods are evaluated in the context of rigour will differ considerably from that of quantitative studies (Streubert -Speziale, 2007). For example, terms such as 'reliability' and 'internal validity', more commonly associated with the assessment of rigour in quantitative studies, are often employed when 'quality checking' qualitative studies. This means that all too frequently, qualitative research is evaluated against the same criteria as that of quantitative research, and is found to be lacking (Agar, 1986; Krefting, 1991; Mays and Pope, 1995, 2000). A different set of criteria for the appraisal of qualitative research needs to be used. The best-known criteria for appraising qualitative research were proposed by

Lincoln and Guba (1985). Lincoln and Guba suggested that credibility, transferability, dependability and confirmability were better suited to qualitative research than validity, reliability and objectivity, which are commonly associated with quantitative studies.

4.9.2 Credibility in qualitative analysis

Credibility, is associated with truth and 'truth-value' (Korstjens and Moser, 2018) of the study's findings, and the believability of the findings (Polit, et al., 2006). Credibility in qualitative studies can be enhanced by organising for the data to undergo independent assessment. Following this, interview data went through a second review process, 'member-checking' where the coding processes were checked and commented upon independently. This enabled open dialogue to occur around the coding process and provided the opportunity to engage critically with how certain phenomena had been coded and why others had been omitted. It also assisted with the process of broadening certain coding categories and narrowing down others. These were useful in terms of opening up discussion around the transcripts and coding processes.

Member checking (Lincoln and Guba, 1985; Krefting, 1991) in its fullest sense requires a fair amount of additional input from research participants, and can include the reading of transcripts or extracts of data, commenting on preliminary themes and concepts arising from initial data analysis. In addition, Barbour (2001) argues that reading and commenting on drafts makes considerable demands on participant's time and should be used with caution. Krefting (1991) also notes that there can be an additional ethical angle to consider, particularly if participants may be connected in some way. Given that the research was conducted in relatively small geographical area and within communities that are quite likely to have personal connections, it was decided that full member-checking may not be ethically viable. However, preliminary codes that were emerging from the data were discussed with key participants, namely, those from the ethnographic case studies and those participants that were still attending the mother and baby groups. These conversations were useful in terms of thinking about and engaging with the analysis process. In addition, all participants were offered the opportunity to read their own full interview transcript, to check they agreed with the transcription.

All interview participants were provided with the opportunity to read and comment on their full transcript. All except four participants took the opportunity to do this, and all other participants were happy with the transcript produced and agreed that it was an accurate account of what we discussed. Interestingly, often participants that read the transcript commented that they enjoyed this opportunity. This process appeared, for some, to serve as somewhat cathartic exercise. Some said they felt a little embarrassed doing this and that it was 'weird' to read what they had said. Often accompanied with, 'I didn't' know I had talked so much'. Of particular interest was that a few participants commented that they had forgotten that they had felt 'angry' or 'upset' about a particular thing, or in the way it had come across during the interview. This serves as a reminder that as social beings our experiences shift and change locus through time and context. Participants had moved on to a new phase in motherhood and their lives more broadly. Some were pregnant with subsequent children at their time of reading the transcript. It does not mean that they were not real or truthful depictions or that their comments were not accurate. Rather data captured part of their journey through those early parenting experiences. In this vein data can only claim to capture and represent what Clifford (1986) called 'partial truths.'

4.9.3 Transferability in qualitative analysis

Transferability or transferability judgement (Korstjens, 2018) refers to how well the research findings can be transferred to other settings that have similar population characteristics. Of key importance here is whether an outside reader of the research is able to use these findings and establish a resonance between the research results and their own setting.

This notion of transferability is not new. Clifford Geertz (1973) seminal work on 'thick description' argued that anthropological and ethnographic fieldwork must enable the production of a thick description of people's lives. Culture and context are key aspects of this process. Culture provides meaning, how do people attach meaning to their everyday experiences. While, context helps build thick description, the how, what, where and why of the interaction, so that it becomes meaningful to an outsider (Korstjens and Moser, 2018). Following Jeanfreau and Jack (2010) who argue that being able to assess the methods and approaches used to analyse the data can assist with the evaluation of scientific rigour in qualitative research. With the previous

discussions in mind, the subsequent chapters outline the processes taken to enhance rigour, credibility and transferability of this research data and findings.

4.9.4 Verbatim transcription

Verbatim transcription is a key stage of the qualitative analysis process and should be the primary initial activity (Hennink, et al., 2011). The first point of analysis therefore focused on producing a word for word transcript, including everything that was said by both the participant and myself; including, pauses, speech fillers and additional side-notes of emotional reaction, verbal expression and tone.

Following Silverman's (2013) recommendations, while, due to time constraints and scheduled interview appointments transcription could not always take place straight after the interview, the reviewing of data began immediately. This involved activities such as listening to the interview, re-reading of fieldnotes and making audio notes into the Dictaphone following interviews. These activities assisted with thinking through early analytical links, between interaction, data and theoretical concepts (Silverman, 2013).

As stated previously, the processes of analysis were also influenced by the principles set out by Charmaz, (1996, 2006), Charmaz and Mitchell, (2001) and Hennink et al., (2011). Although data analysis was less concerned in the mechanics of speech and more with teasing out how mothers sought to explain their everyday experiences. I was explicit in noting tone of voice, emotional reaction, and speech fillers such as, 'mmm' 'ahh'. These additional notes help convey some of the more contextual data and sometimes hidden meaning behind words, for example, sarcasm might not be recognisable from words alone. In addition, Oliver et al (2005) suggests that wider consideration should it be given in verbatim transcription to factors such as regional pronunciation, slang and diction errors. Considering the above, slang and diction errors within the transcript were left in where they occurred and subsequently are presented in participant quotations. For example, local and regional dialect often refers to babies or children as 'Baines' or 'the Bain', these phrases were left in the transcript with additional side-notes serving as reminders.

Following Fine, (1993); Emmerson, et al., (2011); and Eriksson, et al., (2012) observational and contextual notes were taken during interviews. These observations

became 'reflexive' fieldnotes and were added to interview transcripts, where it was felt necessary, in terms of analysis. These reflexive fieldnotes supported theoretical thinking around the data and helped contextualise the interaction that occurred between myself and the participant (Emerson, et al., 2011). This was particularly useful when a time-lapse occurred between interview and analysis as they served as useful prompts and reminders of the interaction that occurred.

4.9.5 Coding the data: finding meaning and interpretation

The initial overwhelming need to 'code everything' is not uncommon (Atkinson and Coffey, 2001). The everyday world is already extensively categorized and qualitative data analysis is no different (Ramazanoglu and Holland, 2002). Data needed to be organised and categorized, both in terms of making it more manageable and facilitating the conceptual and analytical process. Without doubt, this is and was a subjective process. Ramazanoglu and Holland, (2002) propose that at best we need to be as aware as possible that this is an exercise of power. Thus, outcomes cannot be detached from the process of data analysis or by the reasonings engaged with by the researcher (Barbour, 2003).

Certain commentators have argued that the often-cited distinctions made between inductive and deductive coding strategies and their associated methodologies needs further consideration (Blaikie, 1993; Seale, 1999); and that these distinctions are not always helpful, limiting the thinking and processes involved in qualitative analysis (Hennink et al., 2011). However, insights offered by Charmaz (2006) and Hennink et al., (2011) in terms of qualitative analysis taking on elements of both deductive and inductive coding proved useful. In addition, Silverman (2013) notes that focusing on the extraordinary may not help develop understandings of the ordinary. It is the everyday and routine that can be the most powerful in qualitative analysis, the interpretation of which, particularly in feminist research, can unmask everyday nuances of power and inequality.

Data were coded through several, distinct phases. All transcripts were coded manually. While this proved to be an extremely labour-intensive process, it enabled full immersion with the data (Hennink et al., 2011), which later assisted with the locating of patterns and themes across the data set. Initial coding enabled the identification of

coding categories to be established. These were then applied across the whole data set utilising what Mason (2012: 153) refers to as a process that, "establishes common principles, patterns and themes". Searching the data for common categories and then examining these across the data set helped link concepts together. Further into the research cycle fieldnotes from observations proved useful in terms of checking what participants were discussing in interviews. In addition, observations assisted in the development of interpretation, making links between what is said and how that is displayed, enacted or resisted in everyday interactions.

It became apparent during the analysis process that participants [mothers] spoke with various voices: mother, partner, woman and so forth. In addition, participant observations conducted in settings with many of the mothers interviewed showed alternative displays of mothering. For example, during interview, one participant explained how she had been struggling with her mental health and that she was always in a place of anxiety. However, at the parent and child group she appeared confident and assertive and was often quite outspoken with regards to certain topics, such as, breastfeeding. I visually observed that at times this irritated other members of the group.

Capturing these nuances, such as 'self-presentation' and multiple 'voices' (Silverman, 2013) proved difficult when solely applying a thematic approach, as reducing them to a single code or pattern meant that nuances in presentation were easily lost. The work of Catherine Riessman (2000; 2008) and Gubrium and Holstein (2009) provided useful theoretical direction. Further readings of the data through a constructionist lens (Riessman, 2000) enabled a re-reading of participant narratives with the aim of bringing situated accounts in storytelling to the fore (Silverman, 2013).

This chapter has strived to present a critical discussion on the often under discussed details of qualitative data analysis. Moreover, this chapter detailed how data were analysed within this research and the associated limitations of the strategies employed. Responsibility for the analysis and the interpretations which ensue are mine. However, it is hoped that these interpretations are both meaningful and useful to the participants in this research, mothers in general, and to those that may wish to apply these findings to other similar settings and contexts.

4.10 Final thoughts: creating narrative and 'writing' up

Some final thoughts on the subjective and reflexive process of writing are required. Williams (2014: 119) notes that, "given the freedoms of someone conducting explorative qualitative research there is some significance in the decisions they make and how they choose to represent their account". I could have written at least two, if not more accounts with the vast amount of data collected, and the themes derived from said accounts. For example, several mothers interviewed had experienced the bereavement and loss, either through miscarriage or stillbirth, as well as failed attempts at both natural and assisted conception. In addition, while the geographic setting in which this research took place lacks ethnic diversity, I did interview two mothers who identified as non-white. While I have in certain areas, tried to weave some of these narratives through, where it assists in illustrating a point, much of the in-depth nuances of such accounts were omitted. The reasons for omission, although ones I am not entirely comfortable with, were down to the scope and remit of the thesis and the research questions. Thus, I have tried to produce an account that is most pertinent to these questions and the thesis remit.

Chapter 5 Introducing the researcher: reflexivity and positionality

Throughout my higher-education journey I have always undertaken research that can be most easily defined as qualitative. I have always been interested in experiences that translate readily into stories, all sorts of stories, but particularly women's stories. While I wanted mothers to share their early mothering experiences with me, more importantly, I wanted to facilitate research relationships, underpinned by a feminist philosophy, that enabled mothers to feel comfortable doing this with me.

Hennink et al, (2011) note that how you portray yourself, what they term as 'positionality', can influence the information collected and thus, the quality of the data. My position as a mother, and a first-time mother, who could empathise with the challenges, without doubt supported a connection with mothers that enabled the sharing of experiences. I remembered vividly how difficult and all-consuming some of these feeling could be, and following the likes of Oakley (1981, 2016) I was honest with mothers, when asked about these. I believe this opened up channels of communication in a way that perhaps not having these experiences would not have enabled. Mothers shared some of their darkest moments with me, they laughed and cried, and at times, I joined them.

Without doubt my being a woman, and a mother contributed to, and shaped this research. When I started my PhD, my own daughter had just turned two-years old. The challenges of early mothering were still raw, and without doubt these experiences were still a powerful force in shaping how I felt about myself as a mother, my mothering identity, and this research. Over the years, and throughout the duration of this research, the rawness of this force has lessened. It is gentler now and it hold less sway as new challenges and experiences take form and shape mine and my daughter's relationship.

The first 10-days of my daughter's life were spent on the maternity and then neo-natal ward. The cause at that time, I believed, was my failure to birth her 'properly' and my absolute resolution that a 'natural' birth [whatever that actually means] was the 'best start' for us both, an emergency c-section ensued. My then failure at helping her to gain the weight she needed to be able to be 'medically' sanctioned to leave the ward

and go home. The 'controversial' infant formula milk top-ups, [I use the term 'controversial' as the use of these caused an open argument between the key health professionals involved in our care, a paediatrician instructed it, the breastfeeding coordinator was furious]. Nevertheless, the breastfeeding coordinator proved to be correct, and the 'top-ups' further contributed to my declining breastmilk supply and my ability to help her gain weight. Subsequently, my expectation, informed by all of the information I had taken on board and to heart, of breastfeeding for 2-years and beyond, failed miserably at around 4-months. Every part of my 'imagined' mothering identity was now well and truly shattered. What I assumed I would always be and do, and I guess most importantly at the time, what kind of mothering I wanted to perform was gone. I was left with scrappy parts of a mothering identity that did not look, or feel like anything like I had imagined it would.

My daughter of course, remembers none of this. She has no recollection of any of these experiences, none of which appears to be inscribed on her identity, the way she feels about herself, or her physical health and well-being. Often others assume that I birthed at home, or without intervention [I had every possible intervention] and that I likely breastfed for an extended amount of time. They make this assumption based upon me, and not my daughter's health or educational outcomes- for the simple reason - you cannot tell. This brings me to one of the most insightful quotes from a mother, I have returned to this quote many times, and it is presented within that data of Chapter 8, in my mind, her observation really sums up what the action on early experiences, and the associated support at this time should really focus upon:

> Ultimately, when all the children are lined up in a playground, you cannot stand there and go, 'that one was in childcare, that one used disposable nappies, that one had eco-friendly reusable nappies, that one was breastfed, that one was formula fed'. None of that matters, who cares about those things when you are growing up. But what you can tell is which children are happy, and which are not. And when they are not, you have to wonder if the parents got the support they really needed (Ruth, 32, one-child, 9-months).

This notion of 'happiness' is nearly always absent from discussions on mothering and early childhood, with Dermott and Yamashita (2014) noting that 'happiness' does not appear as an objective in family policy at all. But it is this happiness that is often stripped away by the overwhelming burden of expectations that women carry at this

time. All of the mothers I spoke to, and myself included, just want to be happy and for their children to be happy.

Being with these mothers was a cathartic process for me, and based upon their comments at the end of interviews, I think the same was felt by many of them too. These interactions, and their sharing with me of their highly personal journeys into early mothering, to some extent contributed to the healing my earlier failings. Mothers often discussed with me how they felt they had failed, or their bodies had failed at doing what they were supposed to do. These comments, and shattered ideals were most commonly associated with birthing, feeding and unrealistic early expectations, the 'instant love', 'you should be enjoying these early days', the unspoken despise of 'the perfect birth story.' However, they were at their most visceral when accompanied by narratives of loss, as mothers unfolded their stories of loss, grief and failure, the burden women unfairly carry at this time can be utterly crippling. Due to the scope and remit of this thesis, it was decided that 'losses were not to be a focus. I still struggle with that decision, what is left out of research experiences and reports is rarely given the attention it so deserves.

Recalling Anne Oakley's (1981, 2016) seminal work on interviewing women, I shared my stories, when it felt appropriate to do so. When asked, or when it was evidently needed, I helped mothers in what ways I could. I held babies, changed babies, watched them, ran errands, fetched shopping, and accompanied mothers to appointments, attending special events, like birthday parties, if they asked me to. Some mothers enquired about my ability to assist them with certain activities. Subsequently, throughout the research process, and perhaps as a form of reciprocity, I proof read college work, job applications, personal statements, complaints and letters of appeal. My own mothering was up for scrutiny when they insisted, I bring my daughter to a fundraising day for the group. Researcher became researched, eyes were one me, and I was asked questions about the ways in which I undertake certain mothering activities.

My 'insider status' appeared to be slowly confirmed by various events, including the aforementioned. The following fieldwork diary notes, illustrate my earlier, and somewhat naive perceptions of this, and the weighting, at that time, I afforded it:

We are discussing Julia's leaving present but she keeps walking in on us.
She asks what we are plotting. I am invited to the secret meeting next week
– insider / outsider status now completely blurred (Fieldwork note).

I grabbed milk on the way, this has become my job now. It was just the
immediate mums at group today, the ethnographic ones as I refer to them
in my notes / mind. We watched Amber do her a micro-teach and gave her
feedback, she said she would have previously been worried about doing it
in-front of me but now she was not bothered, as I am like 'one of them'
(Fieldwork note).

While engaging with research from a feminist perspective means not intentionally drawing boundaries between those doing the research and those participating (Llyod et al, 1994). There have been warnings from some, about becoming too familiar with the community in which you are studying, or in more ethnographic terms 'going native' (O'Reilly. 2009). Going native is normally considered to be a limitation or negative aspect of more researcher emersed methodologies, as it can disrupt objectivity, neutrality and the ability to be reflexive about one's own positionality (Madden, 2010). However, some have argued that methodologies can incorporate 'going native' as a way of fully understanding a system of knowledge (Tresch, 2001).

My assumed insider status was jolted back to reality with stark reminders of our lack of sameness; being a woman, a mother and remembering being poor was not enough. My visit to a foodbank with one mother was one of those reminders, we queued in the cold, and as cars drove past glancing over at the que, I ashamedly felt some embarrassment. My clumsy attempt to protect Amber's integrity, when she opened a payment summons in the group. She was clearly stressed and upset by the summons, I stated that if I had a lot on, I would forget to pay my water bills too. Her anger at me for insinuating that she was a silly and forgetful mother, my unintended implication that she did not run her house well. She forcefully, and rightfully corrected me stating something along the lines of that, 'she was not forgetful, she simply could not afford to pay it, and it was that simple'. After this event, I recall being sat in supervision, explaining what had happened, and that I would rather be seen as forgetful, than unable to pay, nods of agreement around the table ensued; mine and Amber's sameness now epistemologically in tethers. My incorrect assumption that she would also feel this way could have cost our research relationship, I apologised to Amber and

admitted that I should not have made that assumption, it made me think a lot about class, class-based assumptions and shared systems of value.

In traditional, namely anthropological fieldwork terms, conducting fieldwork away from home is the norm. However, over recent decades, particularly in feminist scholarship it has become increasingly common to conduct fieldwork at home, important contributions to this field include (Kondo, 1990; Abu-Lughod, 1993; Agar, 1996; Alcalde, 2016). Conducting fieldwork at home is not without complications, as Alcalde (2016) has noted we can often overlook the everyday, mundane, non-exotic interactions and activities. As well as creating accounts that reflect the researchers' perspectives and needs more than the participants, mere navel-gazing (Madden, 2010). Perhaps this overlooking of the everyday can be read through some of my 'boredom' with fieldwork and then subsequent 'guilt' below:

> *I am feeling a little separated from the research now, I still really enjoy being at the baby groups but just enjoy being there, I don't feel that engaged with the research, I can't really tell anymore what I am looking for, each week is the same lately. Perhaps I am fatigued, maybe this is what they mean by 'fieldwork fatigue'. I feel guilty for feeling this because the mums work so hard to help me with this (Fieldwork note).*

We take sameness for granted, assuming that our shared gender, ethnicity, class or status is enough within the research process. However, solidarity based solely on these identities cannot be assumed (Nelson, 1994). Class, or more accurately the product of social-mobility was probably always there, although I often pretended it was not. Moreover, perhaps class formed the unspoken aspect in our research relationships. I remember feeling acutely uneasy leaving the estate, after being sat with a group of young mothers who expressed how fed-up they were with being stuck on the estate. My awkwardness with my own social mobility was only openly discussed with one of the mothers after the research had ended (Amber), as she too was experiencing a form of social mobility after securing a job and then her partner being promoted, she was finding it hard to adjust, gaining friends, while losing some old ones is sad, Lynsey Hanley covers this well in her book Respectable (2016).

Returning to insider status, I like the notion presented by Fay (1996) of the space in between. Fay (1996) argues that to present insider / outsider status as dualistic to too simplistic, rather we operate in this space in-between. Madden (2010: 22) notes that,

"feminist reflexivity argues for partial truths that help to more faithfully represent the real world than totalising representations, and as such create a reflexive form of objectivity". As noted by Corbin Dwyer (2009: 56) "as a qualitative researcher, I do not think being an insider makes me a better or worse researcher, just a different one". Therefore, it is not to say that someone of a different gender, or one who does not undertake mothering activities could not have undertaken this research. If they had, I hope they might have yielded some similar results. It is the pathway to those results, and the interactions between researcher and participants that would have been different, and in my mind that is what makes qualitative enquiry unique.

Chapter 6 Setting the research scene

This chapter has two distinct aims; firstly, to re-orientate the reader to the research settings and research participants (the research settings were discussed in Chapter 4).

6.1 Introducing the research settings

As discussed in Chapter 4, four different parent and child groups were accessed across the duration for this research [Groups, A, B, C and D] and these were across three settings, two formal and one informal setting. The rationale for accessing parent and child groups., as discussed in Chapter 4 was to meet local mothers. The research, as a whole is not concerned with service provision, although Chapter 10 is dedicated to discussing the role they play in early mothering experiences.

6.1.1 Formal settings: Children Centres

For the purpose of this research formalised parent and child groups refers to the integrated services provided by Children's Centres and Family Hubs (*the term Family Hub came in to use during the latter stages of this research 2018/2019. However, it was decided to remain with the term Children's Centre for this research as Family Hubs are essentially a revised model of referral and delivery). These services are regulated and are based upon statutory guidance set out in the Department for Education: Children's Centre Statutory Guidance (2013).

Two Children's Centres were accessed during this research. One was a medium sized facility that shared its site with Social Services. This was based on the fringe of a medium sized housing estate to the north-west of the city. This centre was overseen and managed by a team based at a much larger Children's Centre on the other side of the estate and therefore the one I accessed ran a more limited program of activities. However, services did include a range of parent and child groups and a health-visiting and midwifery clinic. I attended two groups per week [group A]. One was a baby and child sensory play group and the other was a singing and reading group with the health-visiting team attending immediately after. The aim of which was to encourage parents to stay and have their baby weighed and to seek advice on any health issues they were concerned about.

The second Children's Centre is where I spent more research time [groups B and C]. This was a large purpose- built facility with an extensive program of events and activities. They had a range of resources, including wooden toys, instruments and an extensive range of sensory based development tools. All the staff were paid, except the occasional volunteer or student placement. This Children's Centre was based to the north of the city, on the periphery of a large social-housing estate. However, I only attended group C, the 'young-mums' group for around two-months, as it was run on an ad-hoc basis dependent on need and staff, I ran two participatory sessions with the young-mums [group C] group.

For the main, these groups had relatively stable funding streams, although this would be subject to change each year with local authority funding and fairly large paid staffing teams.

6.1.2 Community-based parent and child group

I spent considerably more fieldwork time at the community-based parent and child group [group D]. Group D was held in a church-hall in a central part of a large social-housing estate on the periphery of the city, the same estate as groups B and C. Two sessions were held per week with occasional additional activities. These were informal in structure, a sort of *'stay and play'* approach, where mothers could get a cup of tea and sit and talk with other parents while the children played. There was a facilitator and a volunteer who helped run the groups. I ensured that I attended at least the two days per-week, as well as many of the extra-curricular activities, such as holiday events, family fun days, parties and the all-important fundraising events.

This group had no external funding and no permanent means of survival. The facilitator role was paid for by the local church and was reviewed annually. The finances needed to support the running of the group were raised through fund-raising and charity events. The day-to-day costs; for example, tea, coffee and snacks were paid for by attendees paying fifty-pence to bring their child. Volunteers and those attending the group including myself, often brought in additional food items and essentials like milk, fruit, biscuits and washing up liquid.

Toys, games and books for the children to read and play with were largely second-hand, brought in by regular attendees once their child had grown out of them, or items

were donated to the church and then passed on to the group. Mothers who attended the group often brought in clothes and items their children had finished with and these were passed down or swapped with other mothers. I often took in clothes my child had finished with and made a conscious effort whilst clearing out to set items aside. This enabled me to participate in this act of reciprocity, although as I had a slightly older child it meant I did not need to receive items. Nonetheless, I could pass items on and this seemed to add to my 'usefulness' within the group. This act appeared to also legitimise my role as a mother, to prove the existence of my child, as I was week on week the only woman attending who was notably child absent.

6.2 A brief introduction to 'the estate'

> *when I first visited the estate, I was surprised by its sprawling size. I alighted from the bus at the shopping centre and paused to look around me. In every direction as far as I could see were houses, in the distance were three high-rise tower blocks; rows of grey houses, stacked side by side in what seems to be a somewhat claustrophobic manner. It appeared that newer pale reddish brick houses had been added to the original grey pebble-dashed houses more recently. Narrow little alley-ways, or 'ten-foots', as they are called by one of the mothers, ran between the rows of houses. These ten-foots serve to divide up the houses into a grid like warren, just about wide enough for a wheelie-bin to be taken through, for children to run up and down (Early fieldwork note).*

The large housing social-housing estate, and the one I spent the majority of my research time estate sits on the boundary of the city to the north. As discussed in Chapter 9, the estate is somewhat 'cut-off' from the city, by both the river, large expanses of fields and some Local Authority brownfield sites. The estate was constructed post-war in order to address temporary housing needs, but like many post-war UK housing estates it has since expanded. All areas used in this research are ranked by the local authority as being of marked deprivation. The city itself is ranked in the top 10% of deprived areas in the UK by the English Indices of Multiple Deprivation (IMD, 2020).

The housing estate is sprawling and in terms of size and the geographical area covered. For the most part the houses all look the same, to the outsider at the very least. Built during post-war construction they offer little if any distinguishing features. They stack neatly next to each other, in row after row, after row, in what I found to be a somewhat claustrophobic manner. Many of the houses are down what are referred to

as ten-foots, these are like narrow alley-ways that you can walk down, pull a wheelie-bin through, but not drive through. The shopping centre, constructed in the 1970's and the new healthcare centre dominating the central part of the estate. This is also where the majority of shops are and a small indoor-market, it is also where the main bus-stops and the taxi-rank are; thus, the entry point to the estate.

The following four chapters present the empirical research findings. Chapters 7 and 8 are ordered chronologically, as they map mothers' experiences through the antenatal phase through to early mothering experiences. Chapter 9 and 10 present the findings in relation to mothers' experiences of mothering on a large social-housing estate, and mothers' motivations for, and barriers to accessing parent and child groups.

Chapter 7 Preparing for the 'best start': the antenatal period

> Nicky: well that first scan I couldn't really feel anything, but seeing this little thing, I think was the defining moment for me of being a mum. I was like, oh my goodness there is something really in there, it's just not me playing at being pregnant, like I am really pregnant. (Nicky, 38, one-child, 2-years).

7.1 Introduction

The focus of this chapter is mothers' experiences during and across the antenatal period. While this time-period was not an initial focus of the research, during interviews mothers took their experiences back to this point. It was then felt that in order to do justice to mothers' experiences and to enable their voices to come through the data, that this period must constitute an aspect of the research findings. Subsequently, while women's accounts of their relationships with healthcare providers were considered somewhat important for this research, how significant these early relationships actually were to women, and the impact they have on women's early experiences was unexpected. Following this, data in this chapter indicates that empowering relationships with healthcare providers, particularly midwifery teams, are pivotal in the contribution to, and development of positive early mothering experiences. Conversely, disempowering experiences could be considerably detrimental.

Miller (2005) notes that in the UK there is a cultural expectation that during the antenatal period women engage with, and use antenatal services in an 'appropriate' manner, and that part of this practice is subsumed into wider articulations of 'good' and 'responsible' mothering activities. In addition, the take-up of and engagement with such services are stipulated as reducing risk through the regular monitoring of mother and child. While some evidence suggests that access to antenatal care is generally believed to be an effective method of improving pregnancy outcomes; such as, infant and maternal mortality (National Maternity Review, 2016; Royal College of Obstetricians and Gynaecologists, 2020). Other evidence has contradicted this view, particularly when outcomes are mapped across the most vulnerable groups (Hollowell et al., 2011).

While, there is an adequate range of literature that explores adverse experiences from the health professional's perspective, albeit with a trauma focus, there appears to be

gaps in the theoretical literature that explores adverse interactions and communications from the perspectives of mothers and families. While reports such as the Marmot Review (2010) and National Maternity Review (2016) stated that positive relationships and good communication play a contributing role in ensuring the 'best start'. These are often subsumed into broader discussions on personalised care and continuity of carer, and not in their own right. For example, The National Maternity Review: Better Births (2016) states there should be:

> ...ongoing dialogue with professionals that is empowering. They [women] should feel supported to make well informed decisions through a relationship of mutual trust and respect with health professionals, and their choices should be acted on.

What became clear through mothers' narratives was that these early experiences and getting them right, is absolutely pivotal in terms of enabling and facilitating the 'best start'. However, some women found interactions wholly disempowering and at times felt unsupported and unheard, or that their wishes were not taken seriously. In addition, data revealed that positive interactions with health professionals and timely support were absolutely critical in this period of transition. Conversely, mothers' experiences during this time are often marginalised, with emphasis instead on the health of the child, risk, maternal responsibility and self-governance during this period. However, this potentially runs the risk of both overlooking the importance of mothers' subjective experiences and increasing the pressure of moral responsibility and blame, on the part of the mother.

Following this, the data presented in this chapter focuses on themes that cut across these experiences. At the core of which, is that women's narratives clearly indicate that early experiences are greatly improved when women are the primary decision makers, but that they value timely professional support and guidance to make these decisions. While the overarching practices associated with preparing to be a mother were similar across mothers in this research. The content and detail contained within these practices were both marked and constrained by distinct social markers. Being able to prepare for the arrival of their baby was intrinsically class-bound, in terms of access to resources, both social and financial. Mothers displayed in various ways how they were preparing, even when this was constrained by precarious financial situations. Moreover, what became apparent was the pressure some mothers felt in

terms of being able to authentically act out these forms of display, in whatever means they could.

7.2 Healthcare relationships: the 'best start'

This theme presents the findings that pertain to mothers' experiences of, and relationships with healthcare professionals. Including, seeing the same, or same few healthcare professionals throughout their care, communication with healthcare professionals and narratives of risk.

This theme within the data presents the findings that pertain to mothers' experiences of their relationships with healthcare professionals throughout the antenatal period. This theme within the data constitutes the following categories: Section 7.2.1 discusses how continuity in the mother and healthcare relationship is key to building trust, rapport and contributing to positive early experiences. Section 7.2.2 presents mothers' experiences of communication with healthcare professionals and the impact this can have on mothers, particularly in terms of being seen as primary decision makers. Subsequently, section 7.2.3 explores the narratives of 'risk', 'control' and decision making. Mothers want to be situated as primary decision makers, but they value support and guidance to do this. However, mothers reported often finding these discussions immensely disempowering. Moreover, these disempowering experiences stay with women for much longer than is given credit for.

7.2.1 Healthcare relationships: continuity is key

> Ria: I just felt like another face really that came through the door, and it was sort of, 'let's do your blood pressure, check your wee, measure your bump and send you on your way' (Ria, 28, one-child 10-months).

One of the key recommendations to be implemented from the National Maternity Review (2016) was that women should see the same care provider, or same members of a small team throughout the antenatal, birth and postnatal period. It was clear from the interviews that those women who did see the same members of their healthcare team regularly throughout their pregnancy felt they got to know the healthcare professionals, and that this helped build rapport and trust-based relationships.

Seeing different members of the team meant that lines of communication could become disrupted. Seeing the same, or a much smaller healthcare team meant that

women did not have to keep reliving negative experiences or trauma. For Lisa it was her partner that was experiencing mental health problems and this impacted upon how Lisa was feeling about the pregnancy and approaching motherhood. However, Lisa explains that she was able to establish a really good relationship with the healthcare team that she saw, and that this was both helpful and supportive. Lisa saw the same two health professionals throughout her pregnancy, delivery and aftercare:

> Lisa: I saw just the two the whole way throughout the whole process from booking in to the delivery… so I just saw one or the other, a student midwife was sometimes with them, but that was fine.
>
> Hannah: and how was that for you?
>
> Lisa: it was a difficult time, particularly with the experience we had after having her, so it was nice to see the same faces for me, because I felt like they knew, so not having to explain what was going on, it was really good…they knew your background and they were the same ones who visited me after, there was only one new face after she was born (Lisa, 31, one-child, 10-months).

In contrast the accounts below make clear how disruptive a constant change of professional can be to communication and the building of relationships. Mothers often used the phrase, 'get to know someone', prefixed by 'good' or 'nice', to explain how they felt about not getting the chance to really get to know who was caring for them. For example, Ruth explains that she thinks it would have been 'so nice' to get to know someone properly. Ruth states that she never really felt comfortable, during what is an important stage transition stage for women. Moreover, Ruth highlights the issue of having to keep going over the same information at each appointment:

> Ruth: I saw a different midwife every time…you feel like just, well every time you go you are just telling them the same information to somebody else and it would be nice to have the same person, I think it would be really nice to get to know somebody…so it didn't ever feel comfortable, I guess (Ruth, 32, one-child, 10-months).

Similarly, Ria was asked if there was anything she would like to see changed with regards to her antenatal care. Like Ruth, she felt it would be nice for someone to get to know her midwife:

Ria: see the same midwife, I think that would have been, well it would not necessarily have made my life easier, but it would be better in general and I just think it's nice, someone gets to know you (Ria, 28, one-child 10-months).

While Ria explains, that while the majority of her antenatal appointments were relatively straightforward, she did find going over the same information frustrating. In addition, Ria recognises that this could have been really challenging, had she been experiencing more difficulties, Ria goes on to explain:

Ria: while, for me it was fairly straightforward, I do feel if I had issues, either emotional or health, or problems at home, having to go through that every single time would become very frustrating...I think if I did, I would probably just get to the point where I was like, 'I just don't want to talk about it', why are these not in my notes?' 'Why do I keep seeing a different person every time?' And it also means that as an individual I would be like, 'but I have been through this' (Ria, 28, one-child, 10-months).

Enabling women to see a much smaller team also provides the opportunity for healthcare professionals to get to know what was important to the women they were caring for, the context of their lives and factors that may impact upon their decision making; for example, past trauma of family circumstances. This is particularly important for those women who had past adverse experiences and traumas. Women note that at those times seeing different or numerous healthcare professionals often increased their levels of stress and anxiety, reducing their sense of well-being. Carla explained during her interview that she had experienced intermittent episodes of depression and anxiety since early adolescence. In her first trimester of pregnancy the depression returned. Carla explained that she found it difficult to keep going over her mental health history. Concerningly, Carla explains that even if she felt well at the start of an appointment, revisiting these feelings meant that she often felt very low after the appointment had finished:

Carla: my only problem was that every single appointment I had a different midwife...having the depression it would have been really helpful to have continuity of care ...every visit you turn up to you have to go over how you are feeling and they would want to know more about it and stuff, even if I felt ok at the start, by the end I would feel awful (Carla, 28, one-child, 2-years, 12-weeks pregnant).

In a similar vein, Chloe had experienced significant trauma through two miscarriages and then the subsequent loss of a child. Chloe explains that she had a very difficult and complex journey through conception and several pregnancies to reach the point she was at. For Chloe, seeing a smaller team would have facilitated much more supportive relationships and perhaps alleviated some of her anxieties:

> Chloe: I think you should see the same person or same couple, especially because I was really, really anxious, and you would have to go through all your history again and again at every appointment. Like, 'oh I have had two miscarriages and I have had IVF', they thought I was neurotic, but I wasn't I was just really anxious (Chloe, 41, two-children, stillbirth and 2-years old).

Seeing multiple health professionals also meant that women had to reiterate what they wanted from their care and ultimately the birth of their baby. If these went against common medical guidance it meant women had to keep reiterating why they wanted, or did not want something:

> Nicky: if I got a different midwife, even though it was clearly in my notes, there would be some different discussion and I would have to keep saying, 'no this is really what I want' (Nicky, 38, one-child, 2-years).

In Carla's case, one particular health professional recognised the issues that could arise from seeing multiple health professionals:

> Carla: at one point a midwife looked at all these signatures on the back and she said 'it's not very good that you have seen this many people', so she did her best to make sure she saw me every time for my next appointments…that was really good of her.
>
> Hannah: did this make things easier or better for you?
>
> Carla: that made things a lot better for me…it meant I didn't keep having to go over this stuff, and she would just say 'how are you feeling today' and I could say 'I feel ok today' and that was it, I didn't keep having to go over it (Carla, 28, one-child, 2-years, 12-weeks pregnant).

For Carla, having to revisit traumatic feelings was difficult, often meaning she left appointments feeling worse than she did at the start, seeing a smaller and more consistent healthcare team changed this for Carla. Greater consistency in care for women, particularly those who have experienced trauma or difficulties like Carla, Lisa and Chloe, meant that they do not have to keep reliving those experiences. As the

team have the ability to get to know them, including their personal and medical histories. In addition, women's narratives indicate that having greater consistency in care enabled women to establish rapport, and build trust-based relationships. The outcome of which is that women felt understood and supported by their health care professional team.

7.2.2 Healthcare relationships: it's not what you say…

> Rowena: language is massive, isn't it? it's the tone, the expression, isn't it? I think language needs to be looked at more, definitely (Rowena, 34, two-children, 3-years and 16-months).

Language and communication, as it is presented here, does not focus on a particular time or interaction within the antenatal period. Rather, the data presented covers a range of interactions that form different parts of a mother's antenatal journey. Language and all that entails was a key sub-theme within the data on healthcare relationships. This is not to say that all women in this research had negative communication experiences with healthcare professionals. However, women did note that at times, the ways in which information was communicated to them had the potential to either empower or disempower them. What is important to take from this is the long-term impact that disempowering interactions can have. I was interviewing some of these mothers over a year after the event and in some cases almost two-years later, and mothers still chose to return to and illustrate these points in interview.

In the interview extract below, Becky refers to this choice in language as 'making women feel in control'. Becky had clearly given a great deal of thought and reflection to how language is used and the impact that it has on the receiver:

> Becky: so, the way some things are said to you and some things are asked to you. I think says a lot about making women feel in control (Becky, 28, one-child, 7-months).

For some women, it was not so much what was said rather the manner or tone in which it was implied, and in some cases things that were left unsaid and perhaps warranted further explanation, clarification and support. As the quotes from Rowena, Carly and Lilli's interviews demonstrate:

> Rowena: I was asked if I wanted a homebirth and when I said, 'oh no', it was just left and I feel like that could have been expanded upon and

discussed a bit more, so I feel that was quite disempowering, as it did not enable me to make a fully informed educated decision. It was just like 'do you want a homebirth, no, ok fine'. There was no literature or nothing, so I feel that was taken out of my hands by the way the question was asked (Rowena, 34, two-children, 3-years and 16-months).

In addition, Carly felt that health professionals spoke to her in a particular way due to her status as a younger mother:

Carly: […]even the midwives, because when I was first pregnant, they acted like well, not like I was stupid as such but was explaining really stupid stuff to me, like I would have no idea, and I sort of felt like, 'I am not a stupid person, I do know what you are saying and what words you are saying to me' (Carly, 24, two-children, 4-years and 22-months).

Alternatively, the choice of words and language used by a healthcare professional imparted, what Lilli felt was a sense of responsibility and blame on her for not knowing something the healthcare professional assumed, or felt she should know:

Lilli: after the birth, they sleep a lot, well he was just asleep and I did not know, no-one told me and it did not occur to me that I should wake him up, I thought if he is asleep, he is happy. So, when I saw the paediatrician before discharge, she asked me when he last fed and I wasn't sure, and she was like, 'you should really know this and you do know you should be waking him up and feeding him regularly', that made me cry, as I just felt awful, but I didn't know that (Lilli, 34, two-children, 3-years and 4-months).

Phrases like, 'I did not know', 'no one told me', 'I thought' 'you should really know', serves to capture the contradiction in terms of authoritative knowledge [the midwife / paediatrician], where this knowledge is vested and the assumption that mothers, even those just embarking on their mothering journey should know these things. Moreover, the interaction assumes that mothers should also be familiar with medical knowledge and guidance. This reveals a tension between knowledge types. Lilli did know what to instinctively do, which is to let her baby sleep. However, medical advice includes a requirement for surveillance and monitoring, and this informs the advice on waking babies up. Women are expected to know, through some unspecified process, what to do, even when it goes against their instinct. Damagingly, not knowing constitutes feelings of failure on the mother's part and associates a level of blame on the mother. This sense of failure and blame is also captured below, where Rowena discusses her early breastfeeding experience:

Rowena: I remember a midwife saying to me, 'if you can't get the hang of this [breastfeeding] you will have to stay in another night' and I still remember feeling like it's all my fault he won't or can't feed, and I still remember the tone of her voice, it was just horrible (Rowena, 34, two-children, 3-years and 16-months).

It was not only verbal communication that women found disempowering. Written medical notes also made women feel that in some way they were to blame or responsible. Even when they had felt unsupported, or had not been provided with the information to make an informed decision:

Lilli: on my discharge notes, it kind of upset me, as one of the questions was 'breastfed on delivery' or something like that, and they had put 'no', and I thought, well no-one helped me or supported me to do that, they just sort of gave him to me and I didn't know that was what I was supposed to or should be doing. No-one said 'try and feed him now' or anything like that, but then they ticked 'no' on the questionnaire (Lilli, 34, two-children, 3-years and 4-months).

Nicky: I read my notes, they were just there so I read them, and it said I refused medical advice, and I never refused it, I just asked for the evidence and the facts so I could make an informed choice…and that made me feel just awful (Nicky, 38, one-child, 2-years).

In the example below two things are occurring simultaneously. There is a paradox in how and where knowledge is vested and a disagreement, in terms of where the best care can be provided. Ria felt the ward was too busy for staff to adequately care for her and her baby. Ria felt that the support she needed would be better provided for by her family at home. In addition, the written communication left in Ria's discharge notes annoyed her, as this is not how she had 'read' or perceived the situation:

Ria: I was adamant that I was going home and, on my discharge notes it did say it was 'against their wishes', that annoyed me a bit, but ultimately, I wanted to go home where I had everything I needed and I am comfortable… I told them 'I can get more support at home, you can't give me that here, you have bells ringing, mum's giving birth, I can get more support at home' (Ria, 34, one-child, 10-months).

7.2.3   Narratives of risk and decision-making

Women's narratives clearly draw on the perceived 'naturalness' of pregnancy and childbirth. However, contrary to this, women often highlight that they feel like the 'non-expert' in this process. This reveals the complex nature of authoritative

knowledge, or the knowledge that counts (Davis Floyd and Sargent, 1997) and what decisions are made and subsequent action taken, based upon that knowledge. This is revealed through women's and the healthcare professional's narratives. Moreover, communication appears to be key, women want to be part of the decision-making process, but they value and need support from healthcare professionals to make the right decisions. However, it was clear that women wanted to be provided with clear information and evidence-based facts on risk and decision making. Health care relationships: narratives of 'risk', 'control' and decision making

> Katrina: the actual pregnancy has been so relaxing and stress free, but the care in pregnancy has been very different (Katrina, 30, two-children, 4-years, 2-years, 39-weeks pregnant).

The antenatal period, as noted by Miller (2005), is a medically defined period that constitutes a set of stages that mothers will pass through prior to the birth of their child. Without doubt, this period has undergone significant changes both medically and socially. For many women, particularly within a Westernised context, this period now constitutes the first stage of mothering, enhanced by access to medical technology, such as antenatal scans.

As noted in section 7.1 engagement with routine antenatal appointments are seen as being both appropriate and necessary in the formation of a 'responsible' mothering identity (Miller, 2005). In line with this, all the mothers who participated in this research engaged with, and took-up early antenatal care and this was considered to be the right thing to do. These practices simultaneously enabled mothers to be actively engaged with their pregnancy, while demonstrating that they were acting in a morally responsible way towards their unborn baby, eliminating or at least addressing potential risks. While some mothers spoke about the reassurance and confirmation gained from attending routine antenatal appointments, some discussed how they at times found these interactions confusing and disempowering.

An unexpected theme that arose from interviews was the concept of the 'cervical membrane sweep', or 'stretch and sweep', as mothers referred to it in interview. A cervical membrane sweep or membrane sweep, is a procedure that separates the membranes of the amniotic sac surrounding the baby from the cervix (NHS, 2020).

Mothers explained that they were often offered this as a risk reducing strategy that was undertaken in order to initiate the onset of labour and where possible prevent women going too far over their due-date. Although most women said they were 'offered' the procedure, from the narratives below it is clear that packaging this with risk reducing strategies, while simultaneously normalising the process, meant women often felt that this was something they were *supposed* to do. The normalising of the process is indicated through the use of terms such as, 'routine' and 'what we will do'.

In Kelly's account below, this was discussed a week before her due date, with the procedure being booked for the day before her due date, Kelly explains:

> Kelly: it was like eight or nine days before my due date and I had a midwife appointment and she said, 'oh when you get to [date]', so they said 'what we will do is…' and they started discussing this thing called 'stretch and sweep' and I thought 'oh I don't like the sound of that'. Well, my due date was a Saturday so they said 'we will get you to...well if you come in the day before your due date, so the Friday we will do a stretch and sweep', they don't like you going over your due date (Kelly, 26, one-child, 3-months).

Rowena and Ria described feeling a sense of 'pressure', to undergo these procedures due to discussions surrounding impending due-dates:

> Rowena: like you get given this due date and they feel like that they need to hurry things along, as soon as I went over my due date, I felt this pressure, I knew I shouldn't but I did, this pressure of like timescales and deadlines (Rowena, 34, two-children, 3-years and 16-months).

> Ria: they do them as like routine now on your due date, like if you agree to it…they just offer them now at 40 weeks, it used to be 41 weeks but last April it changed to 40 weeks, they didn't say why (Ria, 34, one-child, 10-months).

However, the normalisation of the process seemed at times to mean that women were not provided with a full explanation of the procedure. Assumptions made on the part of the health care professional appears to suggest that women would already be aware of what this procedure entailed and why it was carried out. Both Lilli and Shona explained that they were not fully aware of what the procedure was, or understood at the time why it was carried out. In Lilli's case she was not sure why it was carried out until after the event, when she looked it up on the internet, she says:

Lilli: well, I did not even know what they actually did it for. I know it's a sweep of the cervix now, I looked it up (Lilli, 34, two-children, 3-years and 4-months).

Shona: I had been to see the midwife on my due date and she booked me in for 6- days later for a stretch and sweep. I wasn't told anything about it, I think that's is the one thing I really remember, being a bit worried about it, because I didn't know anything about it, so I remember Googling it (Shona, 34, two-children, 6-years and 2-years, 28-weeks pregnant).

This lack of explanation often meant that women were totally unprepared for the procedure. Some women explained that they found the experience both invasive and uncomfortable. While Shona found it uncomfortable, albeit short lived, Lilli uses the terms 'painful' and 'brutal' to describe her experience of the procedure:

Shona: well, it was quite uncomfortable, I decided to take some paracetamol beforehand as I did not really know what it entailed, it was uncomfortable, but short-lived (Shona, 34, two-children, 6-years and 2-years, 28-weeks pregnant).

Lilli: brutal, I think is the only way I would describe it. I don't think I was expecting that at all, it was brutal, well actually I guess it was really painful (Lilli, 34, two-children, 3-years and 4-months).

Furthermore, Lilli goes on to explain that she was not expecting the procedure to be quite so forceful. Lilli explains that the level of force applied was equated by the health care professional with 'doing a good job':

Lilli: she [midwife] did say, 'I will have to be quite forceful', but I was not expecting that kind of force and how brutal it would be. And I could see how forcefully she was doing it, I was really surprised, I was like 'oh my goodness', I think I have a high pain threshold, but it was brutal … she said, 'I think I have done a good job, so it [labour] should come on now' (Lilli, 34, two-children, 3-years and 4-months).

Due-dates were a contentious point during many of the discussions, particularly surrounding the process of medically inducing labour.

Katrina: the baby is big as usual, they've all been big. I always measure ahead of what I am, which means we have a bit of an issue with due dates, because there's a lot of pressure from being overdue and concerns about the baby when I'm not.

Katrina added:

Katrina: they always based the pregnancy on the dating scan at 14 weeks, which changes my due date. Whereas, my children have both come pretty much at term, based on my dates (Katrina, 30, two-children, 4-years and 2 years, 39-weeks pregnant).

The majority of women interviewed did not want an induction due to the belief that it can be both painful and invasive. In addition, being medically induced meant that options like a home or waterbirth were not normally possible, due to the additional foetal and maternal monitoring required; thus, disrupting the anticipatory narrative of wanting or planning the 'natural birth'. However, for some women like Lyla, while she previously explained that she did not really want to be induced, she gained reassurance from the fact that her baby was being constantly monitored:

Lyla: I kind of liked the fact that she was monitored throughout, and I think that was reassuring. To know that there wasn't any risk from that side (Lyla, 28, one-child, 9-months).

Lyla's reassurance from being monitored bestows itself to the belief that medical surveillance and intervention will effectively reduce the risk of harm both to her and her baby, Lyla places trust in this process and appears content, at least on this level to relinquish that control. However, women like Nicky, wanted to make an informed decision before undergoing such procedures. In the extended interview extract below Nicky is explaining how she felt both confused and disempowered by the interaction that took place. In Nicky's experience medical staff had differing opinions. The patient information she was provided with did not match with the risk narrative she was verbally presented with, and she was faced with a significant degree of opposition from some medical staff when requesting a further explanation:

Nicky's waters had broken at home but she had not yet gone into spontaneous labour. Nicky wanted to avoid medical induction, if at all possible, as she was planning for a homebirth. Undergoing medical induction would have meant she would need to remain in hospital to be monitored.

Nicky explains the interaction that ensued:

Nicky: so, we rang up the hospital and they said go in, so I went in, and then they said they wanted to induce me, so I was like:

Nicky: 'why are you inducing me?'

Healthcare professional: 'because you haven't gone into labour'

Nicky: 'right ok, well naturally it can take up to 72 hours to go in to natural labour from your waters breaking'

Healthcare professional: 'yes, that's right'

Nicky: 'so, can't we just wait 72 hours?'

Nicky: they just went on about the risk of infection blah, blah, blah- they just went on about risk. But even the leaflets they gave me said you are in no more risk going home after your waters have broken than staying in hospital, for at least 72 hours there is no risk. I was like:

Nicky: 'I am sorry, but you have just given me this leaflet that's says there is no risk, but you are stood here telling me there is?' The first thing they say every time they see you is that they want to induce you, so I say:

Nicky: 'I don't want to be induced as I want a homebirth, I want a second opinion', so they would have to go get a consultant and someone would come and say:

Healthcare professional: 'absolutely fine to go home, no problem'

Nicky: but I had to call each day and one midwife said, 'I was putting my child's life at risk', so I said to her, 'can you tell me exactly what the research is around that' and she said:

Health professional: 'I can't tell you I don't know it, I am busy'

Nicky: and I said to her: 'well I am not prepared to make a decision about my child's care until you provide me with the facts', because my understanding is that I am not at any more risk, but if you are telling me, I am, then please provide me with that information'

…and she wouldn't and she actually put the phone down on me.

Hannah: oh ok

Nicky: I think it's a really disempowering process. I felt like that their default setting was to get medically involved and I felt like that shouldn't be the default setting, I think the default setting should be 'what do you want and this is how we can help'…I felt that, if left, my body would know what to do

(Nicky, 38, one-child, 2-years).

Towards the end of this narrative Nicky draws on a different internally located frame of reference, in contrast to the externally applied medical knowledge. Drawing on an epistemology that situates women's bodies at the centre of reproductive knowledge, her body 'will know what to do'. In addition, Nicky is also trying to maintain an element of control over the decision-making processes that impact both her and her baby. Not being provided with the information in a manner that enables her to do this, leads to feelings of disempowerment, which ultimately creates conflict. In a similar vein, Katrina feels because this is her third pregnancy, she is in the best position to know what she needs and wants, and that her body knows best.

Katrina uses the same frame of reference 'women's bodies knowing best' to inform her decision making, which she interestingly refers to as 'informed refusal':

> Katrina: I've had an awful lot of issues during the pregnancy regarding the actual maternity care, and not so much informed consent but informed refusal [emphasis added] of things, because with it being my third, I know what I want, and I know how I am in pregnancy, I know my body (Katrina, 30, two-children, 4-years and 2-years, 39-weeks pregnant).

Similarly, the interaction below demonstrates some discord surrounding the location of decision making. In this interaction the health professional uses the phrase 'before you admit you need to be in hospital'. This makes clear that while Carla can remain situated as the primary decision maker, this is essentially timebound and is not a given, the locus of decision making will change within the context of medically bound timeframes:

> Carla: I did have one doctor who said 'you will have to give yourself a cut-off point and you will need to tell us how far along you are willing to go before you admit you need to be in hospital', I said 'well I want to give it at least a week' and he was like 'ooh, I don't know about that' (Carla, 28, one-child 2-years, 12-weeks pregnant).

How women construct and narrate these experiences surrounding the location and production of knowledge is also illustrated in a healthcare professionals' response to witnessing the above interaction. Nicky said that after the above occurred, one healthcare professional popped into see her and told Nicky, *'You stick to your guns sweetheart, remember it's your body and your choice at the end of the day'*. Nicky

explains that while she found the comment to some extent supportive, she did not find it overly helpful, as it was only said to her and not with other healthcare professionals present.

In similar vein, a community midwife suggested to Carla that she take a 'checklist' into the hospital to refer to, in case she felt pressurised into making certain decisions:

> Carla: the midwife I had been seeing in the community said, 'sometimes when you go into the hospital, they might pressure you in to stay in and be induced'. She told me to write down why I want to stay at home and why I don't want to be induced. She said, 'then if they do say it and you are feeling like you should give in but you don't want to give in, then get out your checklist, read through it' (Carla, 28, one-child, 2-years, 12-weeks pregnant).

Rowena explained to me how she had wanted to keep her pregnancy and birth as natural as possible, with minimal medical intervention unless absolutely necessary. This was really important to Rowena, so she had invested a significant amount of time in researching more holistic approaches to pregnancy and birth, like home-birth options. Below, Rowena discusses an experience where she had asked a midwife for more information regarding blood-type injections during pregnancy:

> Rowena: she [the midwife] was like 'you are putting your baby's health at risk' and I was like 'that's not what I am asking'. I wanted to know my options and statistics. She couldn't give them to me and she made me feel like I was arguing and being difficult, I wasn't. I just wanted the correct information, so I could make the right decision. I was really stressed after, and she made it all so difficult, I thought, 'it should not be this hard to talk to somebody when you are pregnant and want to talk to a midwife'. If she doesn't know the answer that's absolutely fine, its ok to ask someone else, I didn't expect her to know all the answers, I just wanted her to help me figure it all out (Rowena, 34, two-children, 3-years and 16-months).

The above narrative clearly demonstrates a breakdown in communication that results in Rowena's needs being left unmet. It is clear that Rowena wanted to discuss her options with a midwife, she felt this was the right person to do this with and that a midwife would be someone who could, as Rowena explained, 'help me figure it all out'. Not only is the interaction unhelpful, it has a negative impact on informed decision-making processes that should be available to all mothers. Moreover, it has

the potential to erode trust and damage relationship building, between mother and healthcare professional.

It was clear from women's narratives that supportive relationships with healthcare professionals are absolutely pivotal in ensuring women get off to the best start with their pregnancy and their journey into early motherhood. It is also vital that these supportive relationships are established at the very beginning of this journey, from those first early interactions. Following on from the previous data presented above, Rowena felt that amongst others this difficult interaction had left her in a place of mistrust and wariness with regards to the NHS. Once a negative or disempowering experience takes place, it is very hard for women to come back from this, as is evident below. Moreover, Rowena goes on to say that she has, 'lost all my trust in the NHS'.

> Rowena: I have lost all my trust in the NHS…I guess I don't think the care is empowering really at all. Each appointment you go in kind of feeling some trepidation that they will try and disempower you, that there will be some sort of battle about something (Rowena, 34, two-children, 3-years and 16-months).

In the narrative below Chloe explains that although she had, what she referred to as 'battles' with healthcare professionals, one particularly empowering experience had a profoundly positive impact on Chloe and the way she felt about these interactions. Due to the loss of her first child at term, Chloe felt she did not want to undergo a vaginal birth. She had spoken to several healthcare professionals regarding this matter, to try and explain why she did not want to deliver her baby. All the conversations ended the same way with Chloe being told she would have to try for a vaginal birth, as they are considered to pose less risk, namely to the mother. However, Chloe explained that she had lost faith in her body to do what she felt it was supposed to do, she was scared and worried that the birth would go wrong. Thus, Chloe wanted to hand control over to the medical professionals, she wanted them to give permission for her to undergo a caesarean section:

> Chloe: I was ready for a battle again, but the consultant, a woman, was just like, 'yes, that's fine, you have had one section [Caesarean section] we will just do it again'. She, was very relaxed and very open to my wishes, I thought she was really good, I felt respected, she listened, she was very respectful of what I wanted and my reasons why (Chloe, 41, two-children, stillbirth and 2-years old).

In Chloe's experience this empowering interaction made her feel listened to and respected. Importantly though, Chloe's concerns were taken seriously and her reasons for requesting a caesarean section were validated by the healthcare professional being respectful of her wishes and placing them above general medical protocol. Thus, this action positioned Chloe as the primary decision maker, enabling her to make decisions about her body and subsequent birth.

7.3 Thinking about and planning the 'best start': the antenatal period at home

> Sara: I would talk to the baby in the car and I was very into my pregnancy and I did antenatal and I was very in to the, natural mother, positive birth, so I guess nurturing started really early (Sara, 36, two-children, 6-years and 2-years).

This section focuses on data that were captured across the antenatal period, and considers the more informal and private aspects of thinking and planning the impending task of mothering. Situated alongside the Western, and increasingly global cultural expectation of women to engage with antenatal care and routine medical appointments, is the expectation that they also start to privately think about and plan for their role as mothers. Miller (2005) argued that the influences of moral responsibility can begin long before the child is born, and this can sometimes be linked to particular discourses on mothering; 'natural mothering' and 'positive birth'. However, in this research, thinking and planning to be a mother happened at different times for different women. Mothers, often said they felt a pressure to feel that instant bond and connection, but for some mothers that experience was not forthcoming. Sometimes there may have been underlying reasons for this, perhaps a past trauma, medical issues, worries and so forth. However, it is important to acknowledge those mothers' narratives in this research and highlight that the normalisation of the 'instant bond' can be quite harmful.

Section 7.3.1 explores that data related to the early preparations that mothers undertook to prepare for the arrival of their baby and for mothering, whether that be for the first time, or subsequent.

Section 7.3.2 draws attention to the social and cultural expectations associated with this period in planning and the pressure mothers felt at this time to prepare in what they felt should be the 'right' way.

7.3.1 Early preparations

For many women early bonding and the nurturing experience of motherhood begins in utero, and long before the baby is born. However, thinking and planning for the best start happened for mothers at different times and in different ways. Normalising one way above others can merely contribute to the existing pressures mothers face.

Lyla was cautious of thinking and planning too much, delaying this process until she no longer could. For Lyla this served as a protective mechanism, in case things should not go to plan:

> Lyla: I think I was quite, well…um…well, not detached, but I think I was quite nervous that something might go wrong. So, I tried not to be too attached to bump, in the sense of, well, I didn't really, up until you couldn't really avoid it (Lyla, 31, one-child, 9-months).

However, for some mothers like Orla and Kelly, apart from participating in the more formalised and routine antenatal expectations and preparations, they stated that they did not think about their pregnancies all that much:

> Orla: um ... like, I don't think I thought about it, or that kind of stuff too much, no I don't think I thought a whole load about it (Orla, 27, one-child, 9-months).

> Kelly: when I was pregnant, I didn't think about it at all, I was like, 'I don't really have any connection to the baby', it was just a bump and it was there, to be honest, none of that bond kicked in until she was about 3-weeks old (Kelly, 26, one-child, 3-months).

Kelly goes on to explain that there might have been a biomedical explanation for her not feeling that connection that many mothers expect to feel:

> Kelly: because of the placenta I didn't feel any movements, it was like just there (Kelly, 26, one-child, 3-months).

Lisa explained [while laughing] that she had bought a range of books on pregnancy and parenting, that she never read, to help her prepare for the impending task. Although

Lisa readily admits she never reads books. In similar vein to Sara, Lisa draws on a particular set of discourses to explain her behaviour, that position mothering, or moreover appropriate mothering as something that is natural and innate. Lisa felt that buying books on this would help cement these practices by essentially buying into a distinct set of practices, Lisa referred to this as the 'fantasy of being mother earth':

> Lisa: I got five maternity books and I never read a thing and a couple of parenting books and again, never read them [laughs]. I have never been a big reader, so why on earth I bought them is beyond me really [laughs] I think it's that fantasy isn't it, being mother earth [laughing] (Lisa, 31, one-child, 12-months).

Interestingly, Kelly's narrative below slightly juxtaposes her previous statement about not being to connected to the whole pregnancy. Kelly did however, very much *do* pregnancy in a very practical and physical way which still draws on discourses of self-governance and responsibility during this time. For Kelly, preparation was about maintaining the health of herself and her baby, through exercise and ensuring she took adequate vitamins, this enabled Kelly to do mothering, prior to her baby being born Kelly explains:

> Kelly: I would go on a sit-down bike and I did my arms and everything because they say it helps with obesity you know and everything in babies. You know I was trying to give her the 'best start' before she was even born, I was taking vitamin supplements all the way through (Kelly, 26, one-child, 3-months).

While, in Carly's instance this became about preparing a room in which the baby could sleep:

> Carly: I was absolutely obsessed with getting the bedroom done …she wasn't in there for like the first 9-10 months but I was absolutely obsessed with getting it done before she was here. And he [partner] kept saying 'but she won't be in there, you have loads of time' and I was like 'no, it must be done, it has to be done before she is here' [laughing] (Carly, 24, two-children, 4-years and 22-months).

7.3.2 The costly task

Preparing to be a mother can be a costly task. The global baby products market is forecasted to reach $25.82 billion by 2027 (Inkwood Research, 2021). Mothers are not immune to this, interviews often illustrated how mothers can feel intense pressure to

prepare in the 'right way' and this often means consuming and essentially buying-in-to dominant discourses. unsurprisingly, these discourses are often encapsulated by particular products or brands. For many women in this research, this feeling was often tied up with feelings of inadequacy. This was often associated with not being able to finically provide the things that they felt they should, or stretching their financial capabilities to buy the products they felt they should.

While Lexi held a professional qualification, the father of her baby had separated from her during the pregnancy and this had left her in financial difficulties. She was discussing with me how she had to alter her plans in terms of what to buy in preparation for the birth in order to save money where possible:

> Hannah: going back a bit, earlier you said money was stressful and you were worried, particularly because you were left to buy all the things for [child] can you tell me more about that?
>
> Lexi: yeah, really worried, so I wrote a list. I thought the priorities are a pram, and in that pram, I needed a car seat, um… the carry cot type one…so, I wanted a convenient one, as I knew I would be on my own, so something I could get in the car easily etc. So, I wanted that and obviously I wanted a cot, some drawers and a wardrobe. I had saved some money previously, so I thought if I get that out the way, the rest will fall into place. So, to me they were the priorities, but once I bought the basics like the pram and cot, everyone was so generous (Lexi, 28, one-child, 5-months).

However, Lexi went on to explain that while she was greatly appreciative of people's generosity, as a new mum you want to be able to get nice things for your baby. Lexi said that at times she felt hurt and resentful that she was in a position where she had to accept donated items:

> Lexi: people gave me clothes, like at work people were lovely, they gave me their second-hand clothes and toys from their babies, um really good stuff, so I didn't have to buy any clothes or toys. But I was quite resentful about all that at one point and that upset me
>
> Hannah: why was that?
>
> Lexi: because when you are having a baby, especially your first you do like to go out and buy pretty things and nice new things for your baby and I was quite hurt and I guess…resentful that I couldn't do that (Lexi, 28, one-child, 5-months).

While, it is clear Lexi appreciated peoples support, she also felt some resentment. This resentment perhaps reflects how new mothers like Lexi feel pressure to display preparing for motherhood in a very particular way, with very particular sets of ideals and practices. The ethnographic fieldnote below also demonstrates how mothers, particularly those who lack the financial resources, often feel intense pressure to essentially 'buy into' and display a particular way of 'doing new mothering':

> undertaking my normal role (making tea)- [I often made tea at the groups and reciprocal cups of tea were made for me at interviews, something that I have come to understand as a cultural ritual imbued with many layers of context and meaning]. I brought the teas out, Amber, her sister, Teagan and Beth were busily flicking through Facebook on their phones and excitedly chatting away. I asked what they were doing and Amber's sister replied, "we are looking for my pram", Amber's sister was heavily pregnant and was expecting in the next couple of months. Amber explained that her sister would really like an I-Candy pram as they were the in-thing, but she obviously could not afford a brand-new one, so they were looking for a second-hand one on Facebook.

I-Candy is a UK based brand that produce a range of designer travel-systems for babies and they usually retail for over one-thousand pounds:

> they had found one being sold for two-hundred pounds, she said that was still stretching the budget and she might have to sell a few things or borrow some money to get it. Amber flicked the phone around at me-it looked very used to me and I wondered why she would want to spend that on a second-hand pram, when she could probably buy a brand-new, albeit not a designer label pram, from a high-street retailer for around the same price (fieldwork note).

The above observation is interesting in terms of unpicking how access to resources and display play out in mothers everyday experiences and decision making. For some mothers, being able to partake in such a performance, even when this process was constrained by external factors, was better than not partaking at all. The designer label on this pram signified something, both to herself and to others. As part of the performance associated with mothering, it signified being able to 'do' mothering in a particular way. Although this way is simultaneously constrained and shaped by availability and access to resources namely financial, but also the partaking in the authentic performance of this. Buying into a set of practises is only one aspect of the

performance, mothers then need to be able to display with authenticity the possession and command of said practises.

7.4 Discussion

The aim of this chapter is to discuss the data that has been presented. Themes from the data identified that mothers' expectations, interactions, and experiences with health care professional played an important role in their development of an early mothering identity. Importantly, data demonstrated that getting these early experiences right is absolutely pivotal and that negative or disempowering experiences remain with mothers for longer than is perhaps given credit to. Data also indicated the important ways in which mothers prepare for the arrival of their child, and how these initial preparations contribute to early formations of *'doing'* mothering.

The antenatal period is a time of transition for women, and in a western context this is distinctively marked by a set of social and cultural expectations (Miller, 2005). Similarly, during this time women are situated in a complex web of expert and lay discourses, surrounding both their own bodies, and the health and development of their babies (Lupton, 2011). It is widely evidenced and thus, normally acknowledged, that take up of routine antenatal care can minimise risks associated with this period (RCOG, 2020). However, while this might be the case in broad terms, some writers suggest these improvements are not evidenced robustly enough across all social groups. For example, a systematic review by Hollowell et al (2011) concluded that the effectiveness of antenatal programs had not been evaluated rigorously enough to suggest they adequately reduce all adverse outcomes, such as infant mortality in the most vulnerable groups, which still remains higher than for other social groups.

While pregnancy and birth are a universal part of human female physiology and biology (Davis-Floyd and Sargent, 1997) early, pioneering works by anthropologists such as Brigitte Jordan (1978,1993) called for the close examination of reproductive and birth practices in their own right. Jordan (1993) noted that these processes are never purely biological acts, rather they are marked universally by distinct social and cultural practices, and that Westernised biomedical models of reproductive health are not immune to this. Moreover, within a Western context, pregnancy is not only marked biomedically, but is also shaped by a moral framing and set of duties that for

the main, holds women morally and physically responsible for the health and well-being of their unborn child.

Brigitte Jordan's concept of authoritative knowledge (AK) and other seminal works that contribute to and build upon this concept. (Belenky et al., 1997; Ginsburg and Rapp, 1995; Davis-Floyd and Sargent, 1997) provide a useful lens which aids the examination of mothers' accounts. Jordan (1978, 1993) was mainly concerned with the ways AK forms the basis on which decisions are made and acted upon; and from those, other forms of knowledge are discredited or devalued. She argued that perhaps nowhere is this more apparent than in the field of pregnancy and childbirth. Jordan (1993:152) defined AK as sets of rules that carry more weight than others, "because they explain the state of the world better for the purposes at hand, or because they are associated with a stronger power-base, usually both". Browner and Press (1996) argue that in cases of structural quality or non-hierarchal settings participants can choose from a range of different types of knowledge and apply whichever they feel most appropriate to that situation. However, in sites of structural inequality and hierarchal settings, "one set of rules, or form of knowledge usually takes priority and thus, gains authority, "devaluating and delegitimating others in doing so (Browner and Press, 1996: 141), obstetrics and consultant led maternity settings constituting one such example.

Belenky et al., (1997) work demonstrated that women's acceptance of, and adherence to, knowledge received from those in a position of authority, is linked to the historical, and in some cases contemporary legacy of women's silence/silencing, and that women's ways of knowing are effectively marginalised by more powerful discourses. Belenky et al., (1997) argue that women as received knowers, do not realise that authorities and those who speak from a position of power, have the capacity for constructing knowledge as much as anyone else, rather:

> …in their view authorities must receive 'truths' from the words of even higher authorities. They assume that all authorities are infinitely capable of receiving and retaining 'the right answer' with impeccable precision (Belenky et al., 1997:39-40).

The accounts presented in this chapter indicate, that at times, conflict occurs with the location of what counts as legitimate and authoritative knowledge. These narratives also serve to illustrate how mothers negotiate authoritative knowledge, by

simultaneously accepting, challenging, resisting or outrightly rejecting medical advice. Moreover, some mothers chose to draw instead on their own internal frame of reference, or what Belenky, et al., (1997) coined as 'embodied knowledge', the subjective knowledge derived from a woman's perceptions of her body and its natural processes as these change throughout a pregnancy's course.

While some mothers were more than happy to relinquish control to healthcare professionals, others actively challenged decision making processes. In order to do this, mothers drew on a range of resources, their own internally located knowledge of their bodies, their baby, previous pregnancies and birth experience. However, mothers also relied on formalised sources, such as scientific evidence or NHS published advice, and when they received advice that was to the contrary, they challenged it. However, mothers often found that these challenges were met with resistance and disdain, and by pursuing these challenges they risked being labelled difficult and non-compliant to the advice being given.

Jomeen (2010) identified that in reality very few women go against professional advice, for fear of being alienated from those that provide them with care. While, mothers in this research did not articulate this in such a direct manner, there was a clear indication that mothers, even when reluctant to do so, conceded the eventual acceptance of authoritative knowledge. In all but one case, Rowena, who rejected the medically defined due-date of her baby, and thus, any interventions attached to said date. Other mothers who had initially challenged, or raised issues they were concerned about, eventually accepted and incorporated medical advice, particularly towards the end of pregnancy when faced with the impending birth. Even when mothers discussed trusting their own bodies, the level of perceived 'risk' associated with this, coupled with intensified medical surveillance towards the end of pregnancy, meant that mothers often became weary of negotiations, and ultimately feared making the wrong decision, particularly when their baby's health was in question.

Examining the concepts of choice and control in pregnancy and birth, appears to be a somewhat paradoxical endeavour. In 1993, Brigitte Jordan revisited some of her earlier concepts and suggested that these struggles can also be a resource for constructing a joint view of seeing the world, and offer up new opportunities for revaluating what

should count as AK. Meanwhile, Davis-Floyd and Sargent (1997) called for 'new directions in birth research' arguing that even with the apparently vast range of options, the continued and even intensified medical hegemony reflects withstanding patriarchal capitalist systems, as well as women's complicity in the maintenance of that system. More recently, Jomeen (2010) concluded that while current maternity policy and practice advocates choice and control for women, and that practice positions women as being primary decision makers within that process; evidence that women receive true choice is significantly lacking. Interestingly, Jomeen (2010) draws attention to the fact the midwives are also entwinned in hierarchical structures that forefront standardised procedures and guidelines, and that it can be hard for midwives to go against more senior staff and medical professionals; thus, supporting choice becomes problematic and blame for mistakes becomes all the more toxic. This can be perhaps be identified in Nicky's experience where a midwife came to tell her to 'stick to her guns'; however, this was done out of ear shot of other medical staff.

Pregnancy and birth are sites where various forms of knowledge exist and to some extent, co-exist. Where multiple forms of knowledge exist, these interactions can become sites of power-struggles and conflict, as forms of knowledge compete for recognition and control. The legacies of such debates, can to some extent be seen in the policy objectives that focus on antenatal care in the Marmot Review (2010) and National Maternity Review: Better Births (2016). However, how much of this has successfully been implemented, and more importantly, is equally accessible to all women, is questionable. For example, the National Maternity Review: Better Births objectives were revisited in 2020 in, 'Four years on: a review of progress'. The report concluded that whilst headway had been made in certain areas, there was still considerable work to be done. The review highlighted that the picture was 'complex' and that data was both 'lacking and 'lagging' in particular areas. For example, there is not consistency across areas and variation exists at local level. In addition, important concepts such as 'continuity of carer', something that participants in this research highlighted as being a significant part of their maternity journey, were still not being fully integrated for BAME women and women from more deprived areas (National Maternity Review, 2016).

During interviews, mothers often drew on key moments that disempowered them. However, it could be argued that these moments are not so much about the topic at hand. Rather, these moments serve to highlight how women feel they are never situated as the primary decision maker. While the policy objectives are in place, perhaps we have not moved far enough away from Belenky et al., (1997) earlier suggestion that hegemonic sources of knowledge continue to undermine and silence that of women, perhaps also including those who women work within these hierarchies as health professionals. Moreover, access to certain resources [types of knowledge] and thus, discourses is socially situated. Part of being able to have 'choice' is in part being able to draw on the resources that assist you in articulating and advocating for that choice, and this is something that is not equally distributed across all groups of women.

The data also reveals that at times relationships with healthcare professionals disrupts women's decision-making processes, rather than facilitating and supporting their choices. In turn, this could have implications for the ways in which women interact with healthcare professionals. Could this also reveal the ways in which subtle mechanisms operate to effectively silence women and make them compliant consumers. In the case of this data, when women resist intervention, they are told they are risking their baby's health, when they ask for intervention, they are told 'no'.

Chapter 8 The 'best start': making sense of early experiences

> Ella: I think you can be too prepared, or not prepared enough, but nothing will actually prepare you for what it is like when they actually get here (Ella, 29, three-children, 8-years, 4-years and 10-months).

8.1 Introduction

This chapter builds on the data presented in Chapter 7, but shifts its focus from the antenatal period to explore early mothering experiences. Data in this chapter indicates that for some mothers, having unrealistic expectations in the early days of mothering can lead to feelings of disillusionment and even failure, a point that was also raised in Chapter7. Data in this chapter illustrates that mothers felt they should be more open and honest about how they felt during those early days. It was felt that through doing this, it could help reassure new mothers that finding the early days and weeks of mothering difficult is perfectly normal. Mothers' narratives capture and demonstrate the complex interplay between ideological assumptions and the lived experience of early mothering. Wider cultural and social constructions that situate mothering as natural, innate and instinctive can leave mothers feeling confused and let-down. These constructions also say something about the ways in which mothers are expected to present 'appropriate mothering'. Data also demonstrated that for some mothers this can contribute to low levels of self-esteem and maternal well-being.

With this in mind, this chapter presents data that pertains to the early experiences of mothering. Subthemes within this data include, the early days and weeks of mothering, the initial shock and doubts experienced in the early days, and finding it harder than expected. In addition, this chapter explores the dominant and unrealistic expectations that often surround early mothering, how mothers felt judged and how these combined can contribute to low levels of maternal well-being. Importantly, this chapter aims to draw attention to how mothers construct and narrate these experiences, both within the cultural context of their own lives and against the much broader assumptions and expectations that surround early mothering. In addition, this chapter pulls into question the underlying concept of what 'best start' actually means, and whose interest does it best serve. While, focusing on the well-being of children is absolutely paramount, the metaphorical divorcing of the mother from the concept of

'best start' and its associated policy objectives means that mother's own needs and well-being become increasingly marginalised. Yet, it is clear from both this data, and the secondary literature discussed in Chapter 3 that maternal well-being is paramount to positive early experiences for both mother and child.

8.2 The early experiences of mothering: is this some sort of conspiracy?

This section explores mother's experiences of the first few days and weeks, the unexpected feelings, the early expectations that are often unrealistic, like the notion of instant bonding, and the shock that comes with having a new baby and adjusting to early motherhood.

The first few weeks and months of mothering are often all-consuming, tiring and difficult. However, social and cultural expectations instil in mothers that they should be enjoying this time, whether this be for the first or subsequent times. However, mothers often described those early days and weeks as being overwhelming, unexpectedly difficult, and often being exasperated by absolute exhaustion.

Mothers reported feeling isolated and sometimes unsupported. Moreover, for many mothers these early experiences can be both contradictory and conflicting. For example, mothers talked about the notion of instant bonding, the shock they felt when adjusting to having a new baby, the lack of sleep. Therefore, the overarching theme within this chapter explores how mothers' early experiences, the unrealistic expectations that surround this transition, and how they navigate these. This theme also constitutes two sub-themes within the data, which are as follows: section 8.2.1 explores mothers' experiences of and coming to terms with the unrealistic expectations surrounding these early days and weeks; the notion of instant bonding, the shock and tiredness. However, as mothers moved through their mothering narrative with me, it started to unveil the temporality of these experiences, with this in mind, section 8.2.2 draws attention to the liminality and temporality of certain conditions of early mothering.

8.2.1 Early experiences: expectations, shock and doubts

While some mothers in this research felt that early bonding with their baby began during pregnancy [see Chapter 7] for others it was a much more gradual process. This came as a shock to some mothers, as they believed that this feeling of love would and

should be instant. These expectations were explicitly entwined with much broader messages that women receive about motherhood and particularly new motherhood. Some mothers explained that when this expectation was not forthcoming, at least not immediately, this often-caused mothers to feel upset and anxious, like they were not doing early mothering 'right'. Some mothers reported factors such as having a traumatic birth as being disruptive to this process. However, it is important to recognise that there may not be any significant contributing factors, and that mothers may simply not initially feel that way, as Kelly explains:

> Kelly: to be honest I was, I think I was anxious, and I was getting a bit like upset over it, I was like, 'but I don't feel anything towards her' (Kelly, 29, one-child, 3-months).

Mothers sometimes describe feeling more ambiguous or somewhat neutral towards their baby. Lyla's choice of words is interesting, she uses the phrase, 'she is my baby'. Importantly, Lyla acknowledges that dominant expectations surrounding this instant rush of love are perhaps not overly helpful to new mothers, Lyla explains:

> Lyla: I don't know, but when she was born there was no big rush of love, I wasn't like, 'oh my God, she's amazing', I was like, 'I've got a baby and she's got funny eyelashes', because she hasn't got any, and 'she looks weird'- *'she's my baby'* [emphasis added] (Lyla, 31, one-child, 9-months).

> Hannah: and where do you think this comes from, this idea of instant love?

> Lyla: I think is just like one of those *expectations*, that it will *just happen* and then, actually, you talk to some people and they're like, 'no, actually, it doesn't really, you're stressed and you're tired, and you've been through a trauma', essentially that's what it is, isn't it? [referring to childbirth] [emphasis added] (Lyla, 31, one-child, 9-months).

It stands to reason of course, that the shock of those early days can be lessened by having previous mothering experience. However, for first-time mothers this whole process can be both frightening and overwhelming. A task, normally perceived as being something that is relatively simple can become fraught with anxiety, as Sara recalls from one of her early experiences of trying to get her baby dressed:

> Sara: it was really scary those first few weeks, am I doing it right, am I hurting him, how do I pick him up?...I remember being in the hospital and having to ring the bell to get help to put his vest on, as I didn't know how to

do it and I thought I was going to break his arm pushing it through the thing [laughing], I am laughing now but at the time I was terrified (Sara, 36, two-children, 6-years and 2-years).

Similarly, Kelly initially had doubts and worries about mothering, Kelly explained that she was not even sure how you keep another human alive:

Kelly: I was going through my doubts and thinking, 'oh, can I do it?'…obviously, I had my worries, also it sounds dead silly but I was thinking 'how do you keep a person alive' [Kelly and Hannah both laugh] but they are so dependent aren't they? (Kelly, 29, one-child, 3-months).

Mothers in this research often described those early days and weeks as being a 'shock' and something they were neither emotionally, or in some cases physically prepared for. This was more evident in interviews with first-time mothers, but even those having subsequent children often said they had forgotten just how tiring and difficult the early weeks were.

Shona, Becky and Elaine all used words such as, 'shock', 'overwhelming' and 'really hard' to describe those early days:

Shona: I guess initially it was a shock, just that whole sense of responsibility, it is that initial huge deal that you can't just switch them off and go to the shops, or switch them off and get a night's sleep, go for a shower or eat what you want to eat when you want to eat…I spent the first few weeks exhausted and hungry (Shona, 34, three-children, 6-years, 2-years, 28-weeks pregnant).

Becky: it was the emotional kind of, 'oh my God, I'm in a whole new world here' combined together it was really overwhelming (Becky, 28, one-child, 8-months).

Elaine: obviously, I knew it would be rough to begin with but those first few days were hard, I mean really hard, that surprised me, I guess (Elaine, 28, one-child, 12-months).

Sara and Nicky's comments also illustrate this sense of bewilderment:

Sara: I remember after just having [child] he was lying in that little cot thing next to the bed and I was looking at him thinking 'I have got to look after you and I don't even know how to pick you up' (Sara, 36, two-children, 6-years and 2-years).

Nicky: yeah, it totally wasn't great at that point, I kind of left with this baby thinking, 'what just happened' (Nicky, 38, one-child, 2-years).

Preparation was somewhat of a moot point within mothers' narratives. The chapter opened with Ella's argument that nothing can actually prepare you for the task of mothering. In similar vein Sara recalls having a similar feeling when she states that nothing can prepare you, rather describing it as a shift that happens to you:

Sara: um, I think nothing can prepare you, not anything can prepare you for quite how it will be and like… and what a *shift happens to you*. I think no matter how much I was happy to be having a baby, loving my pregnancy, loving my bump… I don't think I ever really imagined what it was going to be really like [emphasis added] (Sara, 36, two-children, 6-years and 2-years).

For some mothers, this initial shock resulted in them seeking reassurance from others as they questioned what they had done. Both Lexi and Lyla tried to seek reassurance and guidance from their friends and family. However, when they tried to share these feelings with others they risked being met with resistance or dismissal, or being made to feel guilty for having these feelings:

Lexi: those first couple of weeks, I felt it was such a shock to the system and when he was born, of course I loved him and I was amazed by him, but I think it was the shock

Hannah: what in particular shocked you?

Lexi: when we got home all he wanted to do was scream and feed, and I just remember thinking on about day 4 or 5, what have I done? When I said it to my friends, they were like, 'you can't say that' but, I said, 'I am just being honest'. I honestly sat there and thought, 'what have I done, this is so awful and hard, and he just screams all the time' (Lexi, 28, one-child, 5-months).

Similarly, Lyla felt as if people had not been completely honest with her. While normalising these feelings may to some extent reassure new mothers, it does not fully validate them or help provide supportive solutions:

Lyla: literally, I was like 'Is this some sort of conspiracy?' I know they can't tell you, but nobody tells you just quite how insane it is at the beginning, and you do, kind of, think, 'Oh my gosh, what have I done?' I think like, you know, there were a couple of points in the first week where I was like, 'you know what, I'd quite happily send her back and not have a baby'- then I felt

awful for feeling like that, but I spoke to people and they were like, 'oh, yes', but nobody tells you that it's okay to feel like that

Hannah: what would have helped you with this feeling?

Lyla: I think just being told that actually, 'You will probably will feel like that, it's normal and it passes' (Lyla, 31, one-child, 9-months).

Both Lexi and Lyla's comment clearly demonstrate that dominant messages about new motherhood are unrealistic, with Lyla referring to it as 'some sort of conspiracy theory'. Mothers felt that others were not honest about this process and when they did question it and seek validation, as did both Lexi and Lyla, they risked being met with resistance and possible judgement.

8.2.2 Early experiences: temporality and liminality

Lyla's above interview extract draws attention to the notion of temporality, but it also highlights that gap between cultural and social expectations of mothering and the actual reality of the lived experience. Lyla states that if someone had told her 'It is normal and it passes', this may have eased some of her worries. Many aspects of the mothering journey are temporal, liminal and in flux; thus, are time-based, sequential, change and pass. Those that had previous children were obviously more aware of this, but for first time mothers it was very hard to see past that current phase.

Within these temporal narratives mothers often remember the lack of sleep and general sense of exhaustion that accompanies early mothering as being particularly difficult; although, in most cases this is temporal and passes. Whilst not all mothers in the interviews spoke explicitly about lack of sleep, exhaustion and general tiredness came up in most conversations or passing comments. Particularly with regards to not being fully prepared for how tiring those initial weeks and months of early parenting really are:

Shona: it's like a given isn't? 'How are you? 'Tired' (Shona, 34, three-children, 6-years, 2-years, 28-weeks pregnant).

Becky notes:

Becky: suddenly you are tired, incredibly tired, and you are unsure what is going on… the first few weeks, you just feel, 'oh my God, what the hell am I doing?' (Becky, 28, one-child, 8-months).

Elaine: just the sleep really, it's draining isn't it when you don't get enough sleep (Elaine, 28, one-child, 12-months).

Ria described the tiredness as a 'sleep deprived haze' and explained to a friend that due to this she found the beginning of motherhood somewhat boring. For Ria these feelings were compounded by the repetitive tasks associated with early mothering and sleep deprivation:

Ria: it was quite boring to begin with [laughs]. I am not going to lie, like I even remember saying to my friend, 'it's not like don't love [child] or anything, but it is boring', that sleep deprived haze of feeding-lack of sleep-feeding-lack of sleep (Ria, 28, one-child, 10-months).

However, the realisation that sleep-deprivation can alter the experience of something came as a surprise:

Lisa: you just don't realise how it [lack of sleep] just makes everything so difficult, even the simple things, and you end up finding those so hard and you just get so fed-up, and it's not their fault, they don't understand that you have had no sleep (Lisa, 31, one-child, 12-months).

Kelly: I think because you are sleep deprived and its still high emotions, and I was up more, feeding her…if I don't get enough sleep, I don't function properly (Kelly, 29, one child, 3-months).

As noted above, for some mothers, particularly first-time mothers, seeing past this phase can be very incredibly difficult. However, Sadie once again draws attention to the notion of liminal phases and particularly those experienced in the early days of mothering. Sadie views these as set of almost monthly new challenges, choosing to describe this process as -nothing stays the same:

Sadie: it's hard, it's a challenge that's for sure, I find every month they hit as a baby especially bore *new challenges*. So, you have this new born baby and the first challenge is getting to know that baby and how it works, the cries. You have to learn your baby's cry for feeding, changing or boredom or whatever. Then you hit the growth spurts, the dreaded growth spurts [laughs], then teething, then weaning. Every single month brought a new challenge …*nothing stays the same*, it always needs some sort of tweaking [emphasis added] (Sadie, 23, three-children, 4-years, 2-years, 14-months).

Elaine and Sara reflect back and remember how tiring these moments were, again drawing on the temporal aspects, they note how different their interviews may have been if I had spoken to them in the height of their tiredness:

> Elaine: so, it's very different talking to you now than if it was then. If I was talking to you on one of those mornings where I had been up four times and she had slept in the bed with me, and I had not actually really been to sleep properly and I was shattered, I would have probably said to you then it's awful, I hate it [laughing] (Elaine, 28, one-child, 12-months).

> Sara: I think if I had spoken to you when she was a year old at the height of it all, the exhaustion, I probably would have had a different response, but now I am 2 years in the future, I have looked back and gone 'ooh I have had some sleep last night' (Sara, 36, two-children, 6-years and 2-years).

The discussion at the end of this chapter highlights how the burden of unrealistic expectations, and the cultural and moral framing of what constitutes 'good' mothering, can make this transition, particularly for new and first-time mothers, highly problematic. Insight from mothers who had been through this before, or were reflecting back during interviews, are able to locate the temporal aspect of these feelings. However, at the time and in midst of the experience, particularly for new mothers it can be hard to see a way through.

8.3 The 'best start' for whom? 'Doing' early mothering

> Ruth: I think for me the 'best start', it's being a happy healthy mum, I think that's a big part of it, and I know I was no use to [child] at that beginning point, because I just felt so broken (Ruth, 32, one-child, 9-months).

This section explores how mothers display how they are 'doing' early mothering. To achieve this, the data is explored through several sub-themes within the data:

Section 8.3.1 doing early mothering and the pressures and challenges of feeding, particularly mothers experiences of breastfeeding. Section 8.3.2 the expectations surrounding early mothering and the pressure mothers felt in terms of showing that they were 'doing it right'. Following this section 8.3.3 the pressure of being and doing 'super-mum' and the impact this had on maternal well-being. Section 8.3.4 demonstrates how mothers were surprised that early mothering was harder than they thought it would be. This links back to the unrealistic expectations of early mothering and the broader social assumption that mothering is something innate and natural.

Lastly, sections 8.3.5 and 8.3.6 explore how mothers often felt like they were under constant surveillance, being judged for how they were mothering, whether they were 'doing' it right. Moreover, how essentially 'buying' into motherhood is increasingly viewed as an aspect of getting early motherhood right and the associated costs of this, both financially but also emotionally.

Although mothers in this research talked about the rewarding aspects of mothering, there were times when mothers felt alone, isolated and unsupported. Narratives from this research demonstrate how mothers negotiate these barriers and contradictions on a daily basis. Some of these experiences began in pregnancy and carried through to those early days of motherhood and sometimes beyond. The comments below reveal that mothering can be a contradictory and conflicting experience.

Mothers revealed how they felt a distinct pressure to keep up appearances and display mothering and mothering oriented tasks in such a way as to not attract criticism and judgement. This often meant that mothers sometimes felt unable to be honest about the way they were feeling, even with those close to them and other mothers. In addition, in the Western world many mothers have less access to the familial support they would perhaps previously drawn upon. Factors such as family size, women increasingly working outside the home, much later retirement and geographic mobility have impacted the ways in which support is available and accessible.

8.3.1 'Doing' early mothering: feeding
Decisions about how to feed their child was one area that mothers often discussed as being highly contentious, particularly in terms of their own well-being. It has been well documented how infant feeding methods intersect with maternal identity (Faircloth, 2021, 2013; Lee, 2007, Lee and Furedi, 2005). In the era of the 'breast is best' rhetoric, mothers often cited both scientific evidence for breastfeeding, and widely referred to breastfeeding dates during interviews; for example, the WHO recommendation that babies are exclusively breastfed for at least six-months and beyond, up to two-years is preferable. However, based upon some of the accounts below, it has to be questioned whether breastfeeding is or was always the best option, physically and emotionally for mothers. However, as noted above, breastfeeding and other feeding methods intersect with maternal identity, perhaps in a way that no other aspect of early

parenting does. Which in turn can cause intense feelings of shame, guilt and failure on the part of the mother.

> Carla: well, I knew I always wanted to breastfeed, um and part of that is that I think it's giving the best start in life, as well as a nice calm birth because I thought that would be the initial best start in life (Carla, 28, one-child, 2-years, 12-weeks pregnant).

> Ruth: I said that I just wanted to try, at least in the first few days the stuff is really good for them. And as a baby, I suffered really bad from eczema and I still get it now, so I thought if I can give [child] anything that might help prevent that, I said I would like to try. And my brother has asthma, so I think early breastfeeding can help build an immunity to things like that (Ruth, 32, one-child, 9-months).

Lexi's makes the connection between doing something right, or in broader terms, 'successful' mothering and being able to breastfeed her child. However, she offsets this against things she feels she has failed at. Her account makes clear the burden that mothers face in trying to get things right and how these are related to the broader messages of what constitutes 'good mothering':

> Lexi: I like, well like after everything that's happened, I feel quite empowered that I can provide all the nutrients for my [child] and the reason [child] is like this is all down to me. And that despite all the things that were out of my control, I am doing something right, I'm doing something for [child] and I am doing it right, does that make sense? (Lexi, 28, one-child, 5-months).

Dominant breastfeeding messages are often incorporated into much wider health messages, surrounding both infant and maternal health. When these messages are coupled with broader cultural messages surrounding responsible and good mothering, not being able to, or not wanting to breastfeed can cause mothers to feel intense failure and guilt.

> Carly: well with [first child] I was adamant, because it is forced down your neck, I think at that minute that breast is best, so I started breastfeeding with [first child] and it was so painful, I just didn't expect it to be like that, no one said about that, and it was bleeding and so painful (Carly, 24, two-children, 4-years and 12-months).

> Sara: it got really hard at one point when my dad was really ill, I was rushing back from the hospital to express and he was like 4 months old and by that point he had only had breastmilk and I had kind of got it into my

head that I must get to, um…you kind have these stupid invented dates [referring to six-months] in your head and looking back it would have been so much better on all of us if I had just given [child] formula (Sara, 36, two-children, 6-years and 2-years).

Hannah: so, going back to what you said about timeframes, it's really interesting, you said you had that date of six-months in your head, where did that come from?

Sara: NCT I am sure it was in their pack that you must breastfeed baby to six months, probably antenatal, maybe the health visitor. I have been told it a few times, I think so I had just stuck it in my head that I had to exclusively breastfeed for 6 months and that's what I was going to do, just tough it out really (Sara, 36, two-children, 6-years and 2-years).

From these accounts the connection between dominant health messages and broader concepts surrounding good or successful mothering is clear. Sara clearly connects the use of formula with failing, when she uses the phrase, 'just tough it out', even to the detriment of her own health and well-being.

while, Sadie's explains how she 'beat herself up' about it:

Sadie: so, I was like 'I am surrounded by all these breast feeders and I can't do it'. So, for a while and quite a long time actually, I beat myself up about it because there was a lot of, especially on social media, there are a lot of mums that are like breastfeeding and are like 'you must do it, it's for your baby' (Sadie, 23, three-children, 4-years, 2-years, 14-months).

Previously, Ruth explained her rationale for wanting to breastfeed in terms of the scientific benefits of increased protection and immunity for the baby. However, Ruth struggled to fully establish breastfeeding, below she is discussing her transition to formula feeding and how she felt at that time. Although she also described how much better she felt, emotionally since she stopped breastfeeding, describing the prior as, 'living in some sort of nightmare':

Ruth: before, it was like I was living in some sort of nightmare with it [referring to breastfeeding]. But maybe I put the pressure on myself, I don't know. I think I just thought, I am his mum and mums across all kinds of species are designed to feed their babies, so I should be able to feed mine (Ruth, 32, one-child, 9-months).

While Nicky went on to establish breastfeeding, Nicky's comment below noting that, 'this bit should be easy, shouldn't it?' reflects the fact that breastfeeding, along with

natural birth, instant bonding and so forth correlates with much broader messages, that situate these practices and experiences as innate and natural. So, when mothers struggle to carry out these practices, there is a distinct sense of failing, and not living up to dominant maternal expectations.

> Nicky: this bit should be easy, shouldn't it? For God's sake it was just horrendous, it was ridiculous (Nicky, 38, one-child, 2-years).

Perhaps no other practice impacts on day-to-day like and family dynamics like choice of infant feeding method does. Breastfeeding in particular is subsumed into much wider debates about infant health and nutrition, with mothers being provided from the offset information laden with 'scientific' evidence that positions breastmilk as the ultimate source of nutrition. While breastmilk may well be the healthier option, it may not be the best option for many mothers, particularly if pursuing breastfeeding damaging to mother well-being and transition into early mothering.

8.3.2 Doing it right: pressure and expectations

> Carly: I always felt I had to show that I was the perfect mum, and you are not because nobody is, nobody can be perfect (Carly, 24, two-children, 4-years and 22-months).

Mothers reported often feeling an intense pressure to show that they were adapting to, and coping well with mothering, even if this was at a detriment to their own emotional and physical well-being. This section discusses the data that pertains to these expectations and how mothers navigated these.

For Lexi, the pressure she put on herself was borne out of the guilt that she had become a lone-mother. Lexi explained on several occasions, that while she knew there was nothing wrong with being a lone-parent, she felt guilty that they were not, what she calls a 'proper family', Lexi explains:

> Lexi: like, I know I put a lot pf pressure on myself, Like I feel guilty, like I want me and his dad to be a proper family, like I feel like [child] will miss out. I know there is nothing wrong with being a single mum…but, I can't imagine him growing up without a mum and a dad together and without siblings, because, I had such a lovely childhood, that plays on my mind a lot, I would like it to be like that (Lexi, 28, one-child, 5-months).

Mia also felt than an element of pressure was self-created by succumbing to wider expectations:

> Mia: I think a lot of it is to do with your own self pressure…like if you have got very high expectations then there will be a lot of pressure. Like if you want a clean and immaculate house all the time, with a dog and two kids, you will get totally stressed out (Mia, 33, two-children, 5-years, 9-months).

While Lyla also felt an element of pressure that she believed in part came from other mothers. She also felt that pressure came from alternate sources; for example, baby development reminders:

> Lyla: I think pressure is partly from other mums, and then you get these, like, you sign up for baby centre things and you get all these emails being like; 'oh, by now your baby should be able to sleep through the night,' and 'be doing this and that', things like that. Which is fine, when you've got a group of babies that are all very similar, but if your baby isn't, you think, 'well, actually, it's not, is it just my baby that's broken'? (Lyla, 31, one-child, 9-months).

> Lilli: well, there seems to be this rhetoric, and it's even, I guess, official, about, you know, 'when you're six months, your baby should be able to manage through the night without feeding,' and I don't know anyone whose baby does that (Lilli, 34, two-children, 3-years and 4-months).

Similarly, Elsie found herself comparing her child's development to those of similar ages, she then said she felt a degree of pressure to ensure her child was developing at the same rate:

> Elsie: I know babies do things at different stages, but I do find it difficult to not compare [child]. [another child] was clapping like a week or so before [child] and I was like, 'right come on we need to clap, we will clap', and now I think it was so stupid, it's just clapping and in the grand scheme of things why does it matter? (Elsie, 30, one-child, 9-months).

Elsie questions that in the grand scheme of things, why does it matter? However, mothers can feel intense pressure to display that their child is developing appropriately and in a manner that is similar to children of their own age.

In Ruth's experience it was social media that was sometimes unhelpful. Although Ruth knows that what is portrayed on social media is not always accurate and authentic and while she is aware that people often exaggerate and display aspects of their lives

through social media, often in a manner that validates or cements their own role. Ruth, still found it really hard to not compare herself, and then question her own ability to successfully mother under similar circumstances, Ruth explains:

> Ruth: I think on social media a lot of people just portray, 'everything is amazing, everything is good, look at me it's all glorious and I am with my child 24/7' and 'I have been up six times in the night and I am still smiling and it's all amazing, look at me'… I wasn't, I was broken

> Hannah: and how did that make you feel?

> Ruth: guilty, and I think that *guilt* comes from seeing fabricated truths on social media. Because, then you start to think, 'well if they are coping and they are doing it all…if they are doing it all 24/7 then I should be able to do it all 24/7 [emphasis added] (Ruth, 32, one-child, 9-months).

8.3.3 Doing and being 'super-mum'

> Becky : [Child] is fine, it's me that's having an emotional breakdown over mash-potato (Becky, 28, one-child, 8-months).

This section within the data explores how mothers emotional and sometimes physical health suffered as a consequence of trying to live up to wider social and cultural pressures and 'do it all'. The data demonstrates that mothering-based tasks are often in conflict with mother's own self-care. Borne from a discourse that forefronts intensive mothering practices, mothers often feel intense pressure to demonstrate that they are able to meet an ever-expanding set of child and family needs.

I am sat with Carly in her living room, her home appears spotlessly clean, her child is getting cross as she cannot get her toy shopping-trolley over the doorway, and out into the garden:

> Carly: pick it up [laughing]

She bangs the shopping-trolley up and down in frustration, now becoming very cross and making a frustrated growling noise, her feet start to stomp up and down:

> Carly: ooh, tantrum coming [rolling her eyes at me as she gets up off the settee to assist her daughter with the trolley].

As Carly sits back down, she pauses and says:

> Carly: feeling the responsibility that you, beyond absolutely everything, have to make sure these little people are safe at all times and they have got everything they need …and well yourself, that just goes doesn't it, that doesn't matter anymore, you can't put yourself first (Carly, 24, two-children, 4-years and 22-months).

Carly continued to explain that she found it hard sometimes to take care of her physical health, as well as that of her children, I asked her to explain:

> Carly: I mean it doesn't really matter if you are ill or anything does it? It's like …well you just gotta get up and do it haven't you, whether you feel rubbish or not …you gotta be up and doing stuff. Like if I felt unwell, I would probably only manage to make an appointment with the doctor if I was at work or something, like when I had no childcare (Carly, 24, two-children, 4-years and 22-months).

Echoing the above, Becky and Ruth felt a similar way:

> Becky: at the start it's always a fine art trying to figure out how Im going to go to the loo, feed myself, shower, because [child] is the priority… I was just thinking, 'I just want a shower, I just want a coffee, I just want to brush my hair' (Becky, 28, one-child, 6-months).

> Ruth: they're the priority and their needs come much, much higher than yours, don't they? You don't really matter anymore (Ruth, 32, one-child, 9-months).

Becky's comment illustrates the juggling act required to meet even her most basic needs. Ruth felt that as a mother her needs simply did not matter anymore.

Nicky was discussing how due to tiredness, her own needs were often side-lined, although she felt she would benefit both physically and mentally from taking the time to eat better and exercise:

> Nicky: I am usually so tired, just so tired, and I would really like to get healthy and slim, I have never been really slim, but I was always quite fit and felt healthy, now I do nothing…I don't mind being a mum for most of the day…but it's hard fitting the other stuff in (Nicky, 38, one-child, 2-years).

Lisa also explained that she felt her needs were not being met and that she did not even have the time to eat properly. For Lisa this was compounded by breastfeeding

and her partners struggling with his health, so she felt she could not as him for support:

> Lisa: when I was breastfeeding, I wasn't eating properly because I didn't have time to do it, and [partner] couldn't cook me a meal because it was right in that time when he wasn't really able to do anything as he was busy dealing with the things he had, I didn't want to put any additional pressure on him and ask him to do things for me, so I didn't eat properly (Lisa, 31, one-child, 12-months).

Similarly, Orla explained that in those initial early weeks of mothering there were some days where she did not get the chance, or simply forgot to eat:

> Orla: when she was small, she was constantly in my arms when I was at home, so then it was difficult to obviously get food…it had to be like hand food and some days you just forget don't you (Orla, 27, one-child, 9-months).

Mothers said they often felt intense pressure to show that they were adapting to, and coping well with mothering, often to the detriment of their own physical and mental well-being. When mothers had the opportunity during interviews to look back and reflect on experiences, they often said they felt silly for letting unrealistic expectations overpower them. However, at that time and in the height of early mothering, it was not that easy to stop these overwhelming feelings of expectation:

> Sadie: sometimes I think people expected me to be like wonder-woman, but I am not, I have only got two pairs of hands and there is only so much I can do (Sadie, 23, three-children, 4-years, 2-years, 14-months).

Becky's narrative demonstrates some of this pressure mothers felt:

> Becky, I was late back and I didn't have time to make my own mash, so I had to buy store bought mash. I was really upset with myself, like crying, I thought, 'I should have organised my time more' and 'its important [child] gets fresh stuff', I felt like I had let [child] down, it's ridiculous actually thinking about it now, but at the time you are immersed in these things (Becky, 28, one-child, 8-months).

These immersive feelings of expectation are echoed in Shona's account below. Shona explains that with her first child she felt under so much pressure to do motherhood in the way she thought she had to, that she had no time to look after herself, consequently her physical and emotional health suffered:

Shona: I did suffer health wise after my first one, as I didn't look after myself enough. I didn't eat properly, I didn't drink properly, I was trying to prove that I was the best mother in the world. I wouldn't have a nap or rest, and I was always trying to get out and about everywhere, to just like show that I was coping (Shona, 34, three-children, 6-years, 2-years, 28-weeks pregnant).

Below, both Ruth and Carly explain the idea and associated pressures of living up to this perfect-super-mum ideal, even though they both felt it is unrealistic:

Ruth: 'oh it's all great being a mother, it's so wonderful', which it is, but saying, 'there are no problems, 'I can do it all and I am like super-mum', you know, super-mum is not a reality, but I do think people strive to it (Ruth, 32, one-child, 10-months).

8.3.4 It's harder than I thought: mothering that is

As discussed previously, the vast majority of mothers found those early days and weeks of motherhood much harder than they ever thought, and this often resulted in mothers feeling both overwhelmed and shocked by the experience. As mothers moved through those early days and weeks, the sense of shock appeared to dissipate. However, even after the shock of those early days has subsided, many mothers said that in general they found mothering harder than they imagined it would be. While these experiences were enveloped within narratives of love, affection and reward. Mothers were still surprised how hard they found the actual day-to-day task of mothering. Sadie discusses this in relation to the other roles a mother has to take on and that this is perhaps the unexpected aspect of it:

Sadie: I think because you are not just a mum, you are a chef, and a maid and a chauffeur and a referee [laughing], so, I guess it's not what I expected at all, it's definitely a lot harder (Sadie, 23, three-children, 4-years, 2-years, 14-months).

Elaine explains:

Elaine: I do love it, like I do love it, but, don't get me wrong, but it's the hardest thing I have ever done and will probably continue to do. But I wouldn't be without her now, but it's just crazy how much your life changes and how your perspective changes (Elaine, 28, one-child, 12-months).

For some mothers unexpected events in their lives can make things particularly difficult. In Lexi's case finding herself unexpectedly mothering alone had repercussions for her income and financial stability. However, Lexi says that despite this they manage to do nice things together, she is tired, but like Elaine, Lexi feels that the overall mothering experience is worth the difficulties:

> Lexi: it's so hard, but it's also so rewarding and lovely, we haven't got a lot of money to do everything, but we meet friends and we do nice things together, and, I think about all of the crap that's gone on, he is amazing and he is totally worth it, I am tired- but it's worth it (Lexi, 28, one-child, 5-months).

Nicky also found those early days and weeks hard and tiring and also what she referred to as 'consuming'. However, Nicky was often very reflective during interviews; she would often take time in the interview to pause and consider what it might be like for other mothers in different positions. Interestingly, Nicky notes that for those mothers who are struggling with wider or compounding issues, then parenting must be incredibly hard, as in Nicky's perspective it is those joyful little moments that outweigh the more tiring and difficult times:

> Nicky: I am not sure if all parents feel like this but certainly in my experience it is all-consuming. I can see why people get into trouble; I can see how it escalates… I had choices and not all people have choices, do they? And I do think it's the hardest job ever, and well it's definitely harder than I thought, and it's just very tiring and consuming. …despite how hard it is, the good bits definitely outweigh the bad bits, but the bad bits are always there. So, parenting in different circumstances must be incredibly hard, if you can't fit in or enjoy those joyful little moments (Nicky, 38, one-child, 2-years).

Regardless of the topic being discussed, throughout Chloe's interview she made it clear how her past experiences had coloured her view of mothering. Chloe was aware that she often viewed mothering differently, and because of her past experiences was fearful of taking it for granted:

> Chloe: I don't want it sound like that I am all, 'oh its pink roses', because it is really, really tough, it's really hard work. But I would never moan about it as I know truly how blessed I am, I know how truly lucky I am. Even when I am knackered and it's really tough, I think, well I would rather be at home doing this than be at home than with nothing, and I have got something to

compare it to because I have been on the other side, at home, with nothing (Chloe, 41, two-children, stillbirth and 2-years old).

8.3.5 Mothering on display: judgement and surveillance

The majority of mothers in this research said they felt open to scrutiny and judgement, and this came from various sources. Mother's experience of judgement appeared to cut across indices of age and status. For example, compounding factors, such as a mother's perceived social status, could amplify how they felt about themselves, and how they felt others perceived them. For example, both Teagan and Carly were considered young when they had their first children, here they both reflect back to how that felt, particularly in terms of how they believed they were perceived:

> Teagan: I suppose, and you are always worried about how you look to others because I was for ages with [son], because I was young when I had him, and I always thought people were going to think, 'I am too young' and 'I aren't doing this' and 'I aren't doing that' (Teagan, 29, three-children, 9-years, 6-years, one-child loss, 28-weeks pregnant).

> Carly: everyone is real like 'judgey' and when you go to these play groups, I sort of feel like everyone is like 'oh you have no played with your child very much' and 'you have been on your phone for more than 5 minutes' and there is a lot of judging (Carly, 24, two-children, 4-years and 12- months).

However, even though Becky and Shona were older than Teagan and Carly when they had their first children, they still discussed concerns over being watched and judged. Thus, while age and perceived social status as a mother may have an impact, the general level of surveillance of all mothers can make mothers have concerns over being judged.

> Becky: you do worry people are going to judge you and stuff like that (Becky, 28, one-child, 8-months).

> Shona: worrying that people would judge you, or be watching you. That's what I hated the thought of, people watching me (Shona, 34, three-children, 6-years, 2-years, 28-weeks pregnant).

As noted in the previous chapter, the idea that you have to be a perfect mum creates a set of unrealistic expectations that mothers undoubtedly struggle to live up to. Ruth explains that for her this fear of being judged, is a fear of what she refers to as 'failing' and by that Ruth is referring to failing as a mother:

> Ruth: I do think its judgement, and you are worried about what people are going to say…that you don't love your child, or you don't want them, and you are failing (Ruth, 32, one-child, 9-months).

Likewise, Shona also used the term 'failure' when referring to how she felt as a mother struggling with her mental well-being:

> Shona: because, it's like, admitting failure, that I had failed, at the time, that's how I felt (Shona, 34, three-children, 6-years, 2-years, 28-weeks pregnant).

Feeling like they were failing and fearing the judgment that would possibly come with that, meant that some mothers did everything they could to hide or mask that they were struggling. For example, when referring to the act she put on, Shona described her competency at this as 'I got it down really well'

> Shona: I came across as the most relaxed mother, everything is fine in the world, it's all good, *I got it down really well* [emphasis added] (Shona, 34, three-children, 6-years, 2-years, 28-weeks pregnant).

Similarly, I asked Ruth whether she let others know how she was feeling and if not why:

> Ruth: not really, I didn't want people to think I as failing or that I was a bad mum and I didn't want to tell people told people how she felt (Ruth, 32, one-child, 9-months).

Concepts of judgement cuts across this thesis. For example, Chapter 9 explores the role that living and raising children on a social-housing estate played in mother's lives and how they believed this caused additional judgement. Moreover, these feelings were compounded by other factors such as being a young or lone mother. However, judgement appears to cut across all indices, and all mothers explained how at times they felt scrutinised and judged. As highlighted in Chapter 3, mothering is an arena that has been increasingly politicised and scrutinised, leading to a culture of mother blame. This can have detrimental impact on mothers' sense of self, maternal identity and well-being.

In a similar vein to the discussion in Chapter 7, some mothers felt pressure in relation to money and being able to effectively 'buy' into and 'do' mothering in a particular way, the following section explores this data.

8.3.6 The M-word: money and its role in 'best start'

> Becky: I wish we'd maybe saved up a bit more. I have got a little bit of savings, but yeah, I wish we'd saved up more, as it's hard to now (Becky, 28, one-child, 8-months).

It was highlighted in Chapter 7, that some mothers felt an intense pressure to partake in certain culturally and socially informed expectations, when preparing for the impending task of mothering. Moving beyond the antenatal period into mothering, meant the pressure of juggling everyday living costs with now having a family only served to intensify the pressure for some families. While for some, this might mean they struggle to save and set money aside; for others this meant making difficult and often immensely stressful day-to-day decisions surrounding the allocation of what was often limited, or increasingly pressurised resources.

Early experiences and the pressures associated with this phase of mothering are no doubt further increased by compounding issues that mothers often have limited control over, such as income. For some mothers, money, or rather the lack of, coloured these early experiences by increasing levels of stress and worry. Some mothers also felt that at times their children were missing out on important and enriching experiences, like days out and family holidays, and this added to the pressure of mother guilt.

During interview, Carly discussed a recent conversation she had with her sister regarding money, or rather the lack of. Particularly what is regarded as expendable income, and how a lack of this can impact certain things, like being able to have family days out and holidays. While Carly's sister found it frustrating, Carly tried to arbitrate this frustration by focusing on others things, like the children having toys and things ton play with:

> Carly: yeah, basically we [Carly and her sister] were saying that we are skint…and we have this friend who is nowt so much well off, but they do ok, and they are always going on these big days out and she [sister] was like, 'I wish we could do that more' and I was like, 'at the end of the day, obviously money stops you going on these nice big fancy holidays, but as long as they are happy and they have got stuff to play with and they are entertained, then that's the important thing' (Carly, 24, two-children, 4-years and 12-months).

I asked Carly if these things, like money, ever worried her, she thought for a bit and said:

> Carly: we are both working so we know exactly what's coming in, all he bills are paid at the end of the month and there is enough left for shopping, the car is in for its MOT today, that's a bit of a concern coz its 15 years old [laughs] so I am a bit worried how much that will be, but there is usually money if they need shoes or clothes, but, we are not in a position where we can warrant spending £80 on a day trip to Flamingo Land just because we decide to do it (Carly, 24, two-children, 4-years and 22-months).

Both Carly and her partner work, but at times they still worry about money. They worry about additional or unexpected costs, like the car, as they have minimal expendable income to cover these additional costs. Carly called me later that day to tell the car had passed its MOT, so that was one worry out of the way for now.

Becky and her partner also work, Becky is currently on maternity leave and is planning to return to work full-time, mainly due to income:

> Becky: it puts a lot of pressure on us because living costs are just generally going up …obviously the shopping costs go up, bills, because we always have the heating on over winter because I think she's going to freeze and stuff like that, you do worry about money in that sense (Becky, 28, one-child, 8-months).

It was the lack of expendable or spare income for emergencies that was the issue for the majority of mothers in this research, although some did struggle to pay for day-to-day things as well. Teagan describes their family income as survivable but not liveable. In similar vein to Carly's previous comment, survivable meant that the basics could be just about covered, but there was nothing left for the experiences that make life 'liveable'. Importantly, mothers' often felt that their children were missing out on these experiences, such as days out or holidays:

> Teagan: it's a manageable one, but not a liveable one, survivable but not liveable, does that make sense? (Teagan, 29, three-children, 9-years, 6-years, one-child loss, 28-weeks pregnant).

The recollection, as a child of a family receiving eviction notices, meant that for Amber concealing money-worries from her own children was essential:

> Amber: I do worry about money, yeah, I am a natural worrier, but it does worry me. I have lived where my mum has had eviction notices because

she hasn't paid her rent. So, that is a big thing for me, I never want to be in that position, we would go days without gas and electric, or until she next got paid. We have gone where we have just had beans for tea, as there is nothing else in. I don't want my kids to ever know if I do not have money, or when I am struggling (Amber, 27, two-children, 5-years and 2-years).

I am sat with Amber and Teagan in Amber's living room, it is a small room with two, two-seater settees against the walls and a television in the corner, toys are out on the floor and the dog and children are in and out while we talk. Following, Amber and Teagan's comments above, we are discussing money and the day-to-day worries and concerns that the lack of financial stability creates:

> Hannah: can you tell me about how you go about managing your money, like day to day, weekly, monthly
>
> Amber: everything is weekly, as [partner] is paid weekly. So, it's always rent first, always rent, gas and electric, then it used to be council tax, but now it's hit and miss, sometimes we just don't have enough
>
> Teagan: so, rent is our priority and then I guess I should say council tax coz if you don't pay it you can go to prison, but I will be honest and say it isn't, we try but sometimes it's just not possible, sometimes there just isn't that £100 spare
>
> Hannah: what do you do about the council tax?
>
> Amber: I still owe about £200 from last year, so I pay that at £5.00 per week, but we always manage to catch up before a recovery, as that's when you get charges
>
> Teagan: yeah, we will set up a payment plan and try and clear it before the next year, otherwise they put an attachment on his earnings, they did that before and that's not nice as they just take it

Both Amber and Teagan were well accustomed to managing the fragile balance of money coming in and going out. In addition, they were both wise to how to best juggle the cycle of debt and repayment, in order to avoid additional repercussions and sanctions. While managing money in this way was a strategy of survival, and one employed by both mothers to avoid more severe repercussions, this was often to the detriment of other bills, namely ones, such as water, that were perceived to have less severe consequences:

Teagan: my gas and electric are on pre-paid, so I have to do those otherwise we won't have any, I rarely pay for water, they can't cut you off if you have children, so it has to be that really, that goes, if that makes sense?

Amber: I have never paid for water…out of all my bills they are the ones that will not cut you off and I know that sounds bad but that's the way you don't do if you can't afford to pay, so, if anything has to go it has to be the water

Both mothers were aware of certain strategies that they could employ, that to some extent meant they could both negotiate the system but also survive it, on what are essentially low incomes.

Teagan draws attention to the expectation, particularly by education providers, that most families, and therefore children, will have access to the internet and other associated technology to assist with their school-work:

Teagan: we wouldn't have it [the internet] either if my father-in-law didn't help pay for it, but you need it nowadays like for the kid's schoolwork and stuff, like there is an expectation that you *will* have it [emphasis added]

Amber: and I did have the internet but it's been cut off [pulls a sad face and sighs]

Literature in Chapter 3 also highlighted this point. For example, Dermott and Yamashita (2014) contended that in family policy documents in the UK and Japan, 'money' and the impact that this has on parenting choices is notably absent. As well as managing and negotiating the paying of household bills, being on a low-income meant that day-to-day decisions had to be made surrounding the types of food they could afford to buy for their families. Both Amber and Teagan, like all the mothers in this research, were acutely aware of dominant messages surrounding healthy eating for both themselves and their children. However, as their narratives demonstrate, having non-perishable foods or foods that can last have to be the priority, if they are to feed their families for the week:

Amber: like I would love to buy punnets of blueberries and raspberries, but they are expensive and don't last two-minutes, I can't feed two-kids on a punnet of blueberries

Hannah: so, do you use long-lasting items like tinned or frozen?

Amber: I kind of bulk buy. So, the butchers, they do like six packs of meat for £10 and things like that, so I freeze it and plan my meals…then I buy a cucumber and one of those salad bowls from [discount store], that will last us two-nights

Teagan: I will buy Smart price food, the cheapest, like I will not buy branded food, like food is food, and as long as we are all fed that's the main thing…like there is a woman who comes around here and delivers fresh fruit and vege, she like gets it from wholesale, but I find it doesn't last very long and I am sure Asda and all that spray or put preservatives on their fruit and vege, but when you are on a budget it needs to last, like it might have to last the week…but I do like fresh really, like stuff I can cook with, I think it tastes nicer, and I think it's better for them [children]

(Amber, 27, two-children, 5-years and 2-years / Teagan, 29, three-children, 9-years, 6-years, one-child loss, 28-weeks pregnant).

The last part of Teagan's narrative makes it acutely clear that she is aware of dominant health messages surrounding fresh food and children's dietary health. Both narratives also offer up a sense of the challenges that mothers on low incomes make when facing food choices.

Beth, her partner and two-children live on £270.00 per week and this is made up of her partners wage and the normal child-benefit payments that every family in England is entitled to claim, depending on their annual income. Based upon their level of income, Beth and her family would be entitled to wider supportive benefits such as Universal Credit; however, they decided not to claim these, and instead choose to rely on their income only.

Myself and Beth are sat in her living-room, with a cup of tea, the children are busy drawing and colouring on the floor. There are lots of toys and art and craft things scattered around the room. A wall in the living room proudly displays the children's art-work, and in the corner, there is a bookcase of children's books; Beth explains how she manages the family's income:

Beth: so, £100 of that goes straight to council tax and rent. Then our shopping is £80.00 per week, but that includes gas and electric, we call it housekeeping. I also get the kids nappies and everything out of that…we pay water monthly. We also have Sky, I said I would never pay for anything like that, so he does [laughing] it's just the basic package, like movies for the kids…and we have a weekly allowance for family days out, it could just be going to the park and having ice-cream or fish and chips We also like to

[local seaside resort] on the train, maybe once per month or something…we don't smoke and we don't really drink, well I might have a few per year

Hannah: you seem to budget well

Beth: I think we do well. I think because neither of us came from money, I think we appreciate it and spend it wisely… Also, I think because I make a lot from scratch it saves money, I personally find fresh and then make it, it is cheaper than frozen…we cook cottage pie, lasagne, curries…every fortnight I go to the fish counter and I ask for £4.00 worth, I usually get two big pieces of fish and then we make fishcakes, I can usually get three meals out of that

Hannah: are there any bills or areas of money you worry about?

Beth: we are never behind on bills, nor do we never pay them…if we can't afford something, then we don't get it, it's that simple

Hannah: you said earlier you don't apply for anything like tax credits /universal credit, I am guessing you would be entitled to some support, why did you decide not to apply?

Beth: well, we get by on what we have got, so we don't need it, we can provide for our kids and still do things as a family, so we don't need it, we are wise with our money

After the interview Beth takes me through to her kitchen, she has a small freezer under the counter and she opens it to show me. It is neatly stacked with plastic-tubs of home-made meals, all dated and labelled. She explains to me, with some pride that this is the spare or surplus that she freezes for meals later in the month, in case they get a bit low on money or she doesn't feel like cooking [Fieldwork note after interviewing Beth].

The above narrative demonstrates the ways in which Beth is showing me how she does motherhood. Beth does this by demonstrating the ways in which she negotiates and manages their financial situation and how she ensures her family are well-fed with homecooked meals.

8.4 Managing poor maternal well-being

Carly: my needs? Somewhere behind the dog (Carly, 24, two-children, 4-years and 12- months).

Following the data explored in sections 8.2 and 8.3, this section now discusses the data that relates to how mothers both experienced and managed poor maternal well-being. For some mothers, some of the feelings discussed in the previous sections became overwhelming and too much for them to cope with on their own. Therefore, the overarching theme is maternal well-being, this is then subdivided into the following themes: Section 8.4.1 presents the data that explores the ways in which mothers discussed experiencing poor maternal well-being. Following this, section 8.4.2 presents the data that looks out how and when mothers sought help for their well-being and their experiences of this help seeking. Then section 8.4.3 explores how mothers spoke about the gendered assumptions that underpin childrearing and the impact this can have on their maternal well-being. Subsequently, the data presented in section 8.4.4 demonstrates how mothers often felt invisible, this was often compounded by a sense of losing one self and their identity outside of motherhood.

8.4.1 Early experiences of poor maternal well-being

For some mothers in this research, coping day-to-day with their mental health became more difficult. When I met Carla, she was pregnant with her second child and had a young toddler. Carla had a difficult time during both pregnancies, she had what she described as awful sickness and had experienced bouts of depression and anxiety throughout her adolescent and adult life. Carla explained that while she had a supportive partner, she had when I met her a very small, if non-existent support network. Her partner worked long hours to support them financially and Carla lost her job when she became pregnant due to being on a zero- hour's casual contract. Carla felt that it was these contributory factors had all meant that her depression and anxiety had re-emerged during pregnancy.

> *When I arrived at lunch-time to interview Carla, she answered the door in her dressing gown, she said she had forgotten I was coming. The house was in darkness, as all the curtains were drawn, although it was a nice day outside. The house was in somewhat of disarray with onion and orange peelings over the living room floor and stuff everywhere. Her small child clutched at her dressing gown, peeking out at me from behind her mother's legs, this was the first time I felt worried about a participant's welfare [fieldnote after interviewing Carla]*

For some mothers, the expectations of mothering fell considerably short of the reality, and this can have a significant and detrimental impact on mothers' well-being. Carla

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and I were discussing what feeling well means to Carla both mentally and physically during pregnancy and early motherhood, Carla explains:

> Carla: I am not really sure what it means to me now, with my first pregnancy I bought books on what to eat and recipes for healthy eating during pregnancy but there was really little I could eat, some days I was just eating cream-crackers. So, I think now a healthy pregnancy is, well, I would love to eat lots of fruit and salads and stuff but I can't. Ideally, I would have liked to have been doing yoga and swimming and that sort of thing, I didn't have the energy for any of that and obviously I would have liked to be mentally healthy as well um, but I wasn't (Carla, 28, one-child, 2-years, 12-weeks pregnant).

Ambers early experience was also clouded by low levels of mental-well-being that as she explained it had significant impact on her levels of stress and anxiety. Amber was explaining that she had not expected to feel this way, and at the time Amber felt it was, 'ruining my life', Amber explains:

> Amber: I kept getting these feelings, like something really bad was going to happen when I had both the kids, and that I would have to choose one of my kids to like help, or save or something, it got really bad ...and at the time, it was ruining my life (Amber, 27, two-children, 5-years and 2-years).

Becky explains how prior to having her baby she had not experienced mental-health problems. The experience of this was both new to her and overwhelming, and one that left her feeling incredibly guilty:

> Becky: I'll forever feel guilty about it. I did occasionally think, 'life would be easier without a kid, I wish I hadn't had [child]', but they were in my moments of despair. I look at [child] now and think, 'why would I ever say that?' But at the time you do think that as you are so down...to experience it was completely different and new to me (Becky, 28, one-child, 8-months).

The sense of burden and the overwhelming feeling of not being able to cope, often meant that mothers did not seek out help or speak to anyone about how they were feeling. Rowena explains that she had to live day-to-day, opening up to someone could encourage them to do the same, something she felt she could not mange at the time. Rowena's narrative captures how low some mothers can get and how just getting through the day becomes the priority at that time:

Rowena: to be honest I don't really talk about my PND [post-natal depression] not that I am embarrassed, maybe I'm just not ready. But, also, if someone else is suffering, the last thing I want to hear is 'oh I am as well'. I am struggling with me; I can't take on yours as well. That's probably the worst thing when you are in it, I didn't know how I was going to get better, how I was going to get through it, I lived day by day. I didn't care about anyone else, as I didn't care about me, I didn't want to hear anyone's else's story, as I couldn't even manage my own (Rowena, 34, two-children, 3-years and 16-months).

In light of the above I asked Rowena why she did not seek professional help instead as that would eliminate the chance of reciprocal burden, Rowena said she did not know. The following narratives reveal some of the barriers and constraints that impact on mother's everyday choices and decision making.

8.4.2 Seeking-help: stepping through the door

Some mothers in this research had reached the point where they felt they needed to seek professional help. However, seeking help was often a daunting or anxious time for mothers. Amber explained that while she had people around her, they were not overly helpful when she felt she was struggling with her mental well-being. Amber wanted help with seeking the right support; however, Amber said she was left feeling alone and unsupported. She felt this was because no one really knows what to do when someone is struggling with mental health, Amber explains:

Amber: I wanted someone to come with me to the doctor, I didn't want to go by myself and make the appointments by myself, but everyone brushed it off. [friend] brushed it off and so I didn't want to bother her anymore. My sister told me to go to the doctor but didn't offer to come with me, [partner] said, 'talk to my mum' [laughs]. I don't think anyone really knows how to deal with it when you say, 'oh I think I am depressed, or I am worried about my mental health' (Amber, 27, two-children, 5-years and 2-years).

Nicky notes that the prevailing stigma associated with mental health and particularly mother's mental health makes asking for help difficult:

Nicky: I think as well there is a stigma about asking for help, I think it's easier to ask if you are already quite confident in yourself and like your parenting, I can see why it's really hard to ask, when you don't feel like that (Nicky, 38, one-child, 2-years).

Mia was struggling with her mental well-being, when a health visitor suggested she made an appointment with her GP. Mia explained that while it worked out in the end, at first, she found asking for help daunting:

> Mia: It was daunting at first…like they ask you if you have any thoughts about hurting your baby and that sort of thing…I think it was more stress, the stress of everything, so, it just all got a bit overwhelming for me at the time (Mia, 33, two-children, 5-years, 9-months).

Shona also struggled with the help-seeking process, the very physical act of putting a feeling and emotion down on paper was hard for Shona, as this seemed to cement that she was struggling and these feelings were now being officially documented. In addition, prevailing stereotypes of children being removed if mothers struggle with their mental well-being, made Shona even more concerned about documenting her feelings, Shona explains:

> Shona: I went to the GP, did this test thing, sat there, and actually that was pretty horrific, filling out a test, ticking a box, I know they have to do it but that was pretty horrific.
>
> Hannah: what in particular did you find horrific about it?
>
> Shona: Um…I was really worried about actually putting it on paper, you know, ticking that box and making it official, I was thinking, 'well will someone come along and take my baby away, that kind of thing' (Shona, 34, three-children, 6-years, 2-years, 28-weeks pregnant).

For some mothers compounding factors created significant barriers to help-seeking. For example, Sadie discusses her mental well-being alongside that of being a younger mother, and her hesitation in terms of seeking help, for fear of being judged:

> Sadie: well, when you are a young mum and you give birth so young, I think you feel like everyone is expecting you to fail at the first hurdle. So, I think they [younger mothers] feel like they can't go and speak to a GP, I think they sort of set you up for failure…like 'oh she is just another young mum that can't cope with her baby'
>
> Hannah: so, did these feelings impact you getting help
>
> Sadie: I was really scared about going to the doctors because I thought he might single me out as a mum who has had her baby too young (Sadie, 23, three-children, 4-years, 2-years, 14-months).

Sadie, however found her GP and the referral source to be really receptive to her needs and supportive of her as a mother, Sadie explains:

> Sadie: I was really surprised but he [GP] said 'well done, you have recognised these symptoms and signs and come and spoke to me', he was really, really good and then I got referred to counselling and they were really good too (Sadie, 23, three-children, 4-years, 2-years, 14-months).

Likewise, Mia also found it really beneficial to talk through things:

> Mia: just talking through it juts helped loads, you know with someone who isn't that judgemental (Mia, 33, two-children, 5-years, 9-months).

Elsie had previous episodes of depression and had in the past been prescribed anti-depressants. However, this time due to her pregnancy, Elsie was referred for counselling. Elsie explained that she felt that she got a lot from this process, in similar vein to previous narratives Elsie links her worries to the pressure of trying to be perfect, a feeling which intensified during pregnancy:

> Elsie: obviously they didn't want to give me medication when pregnant, um...but I actually got a lot out of that process [counselling], it made me think a lot about stuff and I just think now there is so much pressure, to be, you know perfect [Elsie, 30, one-child, 9-months).

Ruth felt that one of the things mothers themselves could do was strive to support one another. Ruth felt this would assist in the breaking down this fear of judgement as Ruth explains, could go some way to supporting mothers from the ground up. Ruth notes that she would have found it really helpful if someone had simply asked her how she was coping:

> Ruth: When I walk with [child] I sometimes see new mums and I really want to say to them, 'are you alright' but then you think, will they will be offended? But, part of me wishes someone had said something to me. If someone had said, 'are you alright', I would be like, 'no I am not' [laughs]. I think we need to be more honest and help each other and not judge one another for the decisions we make, and I think encouraging mums to do that would be useful (Ruth, 32, one-child, 9-months).

While in overall terms mothers found seeking help beneficial, some of the initial concerns, such as those raised by Sadie were not entirely unfounded. Societal expectations of good mothering weigh heaviest on those mothers that have difficulty

fitting in to that narrow and often highly unachievable ideal. These concerns make a useful entry point for the analysis of how everyday pressures and expectations placed upon mothers, and in particular those with marginalised mothering identities inform and impact on choices and decision making.

8.4.3 Mothering and care: gendered assumptions

> Nicky: parenting, is motherhood really, isn't it? (Nicky, 38, one-child, 2-years).

The subsumed identity of motherhood into the verb parenting has been eloquently argued both in the wider context (Dermott, 2015; Lee, 2007; Faircloth, 2010; Romagnoli and Wall, 2012) and locally (Clisby and Holdsworth, 2016). Maternal well-being and associated choices and decisions are without doubt constrained by social and cultural gendered assumptions and expectations. Even in family constructions that propel gender equality, women still undertake the majority of childrearing and domiciliary care, while simultaneously being held socially and politically responsible for parenting outcomes, a point revisited in the discussion to this chapter. Gendered assumptions that prevail around mothering and care-based tasks serve to increase pressure on women to be able to 'do it all' and this can be detrimental to mothers' well-being. With this in mind, the following narratives serve to illustrate how mothers strive to forge a balance between mothering and a sense of self while trying to negotiate the prevailing gendered stereotypes that mean women still undertake the majority of parenting / mothering associated tasks.

Mothers explained that as they moved through early parenting, finding that balance between mothering, self and gendered expectations was difficult. For example, Nicky felt that it was mainly her life that had to change to fit mothering in, while she said her partners had remained the same:

> Nicky: I do find that balance really hard and I do think that balance is harder to achieve for mums than it is for dads. I wouldn't say that [partners] life has changed dramatically having a baby, whereas my life has (Nicky, 38, one-child, 2-years).

Mia also explained that she was finding the balancing act increasingly difficult. Mia explained that an increasing housework load due to having two-children had

contributed to this, the way in which Mia discusses this, frames these tasks as being her responsibility:

> Mia: [long pause] getting everything done, like keeping up with the house [mentions my presence] the toys were everywhere, but I shoved them away, and you have not been through to the kitchen and beyond where there are ironing piles this big [gestures], I just can't keep up (Mia, 33, two-children, 5-years, 9-months).

At times mothers explained that this could lead to conflict. Below, Carly is explaining that at one point she had enough, so threatened to leave her partner if he did not help her more. Carly explained that she was exhausted, and felt as if she was looking after her partner and his issues, as well as two-young children and the house, with no time to take care of her own well-being:

> Carly: I showed those pictures [pointing at the wall] to [partner] and I was like, 'these are the two-little people I look after, not you' and he was like 'yeah point taken, ok' (Carly, 24, two-children, 4-years and 12-months).

Similarly, Becky and Sadie explain that occasionally there is conflict and disagreement over the division of labour:

> Becky: he says, 'when you're back at work you'll realise how hard it is', I kind of think, 'well you come and do this', we always have our little conflicts, they're always going to happen (Becky, 28, one-child, 8-months).

Although Sadie stated her partner does help, she felt it was not always enough, although Sadie notes that her partner frequently draws on comparisons between himself and other men to support his argument:

> Sadie: he says 'I do more than some dads', we just say, 'we don't care' (Sadie, 23, three-children, 4-years, 2-years, 14-months).

While socially gendered roles prevail, Nicky notes that the biological division of reproduction is somewhat accountable as the main tasks associated with mothering, and particularly early mothering are primarily associated with women:

> Nicky: I do think men have very important role to play but it's not very evenly split, because we are the ones that get pregnant, the ones that labour and the ones who breastfeed, if that's the choice you make...even if your partner is really supportive there is really not much they can do apart from pass you a tissue [laughs] (Nicky, 38, one-child, 2-years).

The discussion highlights that 'parenting' is not a gender-neutral term, and in fact masks the point that the majority of childrearing tasks are still conducted by women. These gendered assumptions, detailed in the accounts above, also resonate with prevailing ideals that mothering should be easy for women and something they can do naturally without too much toil on their physical and emotional health. This often means that mother's needs become invisible, both in the public and private domain. Mothers accounts reveal how they often experienced a sense of loss of the self, that had to re-obtained through the return to pre-mothering roles or forging new ones.

8.4.4 Feeling invisible and losing a sense of self

Often coupled with the discussion above was a sense that mothers were losing, or had lost an important sense of self and identity. While they had gained the identity of mother, they sometimes felt that part of the self that was theirs prior to becoming a mother was lost. The narratives below capture the ambiguities and contradictions that surround these experiences.

> Lisa: everyone wanted to see the new baby and everyone wanted to check that he [husband] was ok but I was suffering and no one seemed to be aware of that…at that time I didn't feel like anyone cared about me or noticed what I was going through (Lisa, 31, one-child, 12-months).

Rowena describes how she felt lonely when she first became a mother. Prior to becoming a mother, Rowena explained that she had what she described as, 'quite a good social life'. However, this was mainly associated with work and many of her work colleagues did not have children. Rowena explains that she only had one friend with children, and the timings of their children meant that they were at different stages in life, so she did not really get to see her, Rowena explains:

> Rowena: I really struggled with feeling lonely with [child] and um, I only ever had one friend with a child when I had him and she was back in full-time education and her child was in nursery, so I didn't really see her very much, so yeah, I often felt really lonely (Rowena, 34, two-children, 3-years and 16-months).

Feeling lonely or isolated was one of the key drivers in accessing parent and child groups, the focus of Chapter 10. However, this sense of loneliness was often compounded by a sense of losing part of the self or identity. Mothers also felt that

they were now seen as primarily a mother and that other aspects of their identity had become obscured by this label, and all that it entails:

> Becky: I think you lose your identity as a person and when you meet new people it's not really about you anymore (Becky, 28, one-child, 8-months).

> Ria: a lot of people don't want to see you; they want to see the baby. It's great that you all want to see [child] but I am here still (Ria, 34, one-child, 10-months).

As mothers moved through early mothering experiences regaining a sense of self outside of mothering became increasingly important for maternal well-being:

> Nicky: I would say that without doubt that is the hardest thing about being a parent is actually being a person still, as well as a parent (Nicky, 38, one-child, 2-years).

> Ruth: so, it's like you almost forget about yourself and doing things for yourself, and like what you are capable of that is more than being a mum, and what all that other part of you was (Ruth, 32, one-child, 9-months).

Shona describes mothering as 'short-lived', so she wants to enjoy the mothering identity and status, although intertwined in her narrative is the recognition that mothers need to maintain some sense of self outside of this, being able to strike this balance appears to be what is key:

> Shona: well, you are literally sacrificing who you are, in a way to become a mum but I don't mind that, like it's definitely my way of life…for me motherhood is so short-lived and I know not everyone agrees but it does go so fast…you know, don't get me wrong, I do get that odd time where I am, 'I want to put a dress and some heels on and go out and drink wine and dance', I think that's healthy as well (Shona, 34, three-children, 6-years, 2-years, 28-weeks pregnant).

Miller (2005) argued that transition is often a conflicting experience for mothers as they attempt to achieve balance between ontological well-being and essentialist discourses that still dominate western constructions of mothering. The topic of returning to work illustrated the internal and external conflict this created as mothers had to both negotiate and forge a path between these discourses, the following narratives aptly illustrate this:

> Ria: um, I have enjoyed it [maternity leave] but there are parts of me that think when I go back it will be nice to be seen as Ria, and Ria who is *now a mum*, not Ria *the mum*, if that makes sense [emphasis added] (Ria, 34, one-child, 10-months).

> Ruth: because as much as I love [child] and I love spending my days with [child, but even to just have one or two days where you can go and just be yourself and feel of some use (Ruth, 32, one-child, 9-months).

However, these decisions could be met with external resistance and scrutiny, the level of surveillance which accompanies mothering and the choices mothers make often meant that people often passed comment or made known their personal opinions on such choices, which could lead to inevitable guilt on the mothers' part:

> Lyla: I think it's just the question that everybody asks you, and it's the one thing I'm not looking forward to about going back to work (Lyla, 31, one-child, 9-months).

> Ruth: they were all saying things like, 'oh you won't go back fulltime and you won't want to'. And just the way they were talking about it, started to make me feel guilty for wanting to. It was almost like they were saying, 'why don't you want to spend time with [child]?', 'why are you picking work over [child]? (Ruth, 32, one-child, 9-months).

Socio-cultural expectations and gendered assumptions surrounding the mothering role means that mothers experience both internal and external conflict with regards to decision making around their roles outside of the home. In addition, while there has been some headway in areas of work and family policy, these have not always been flexible or diverse enough to meet mother's and wider family needs. Therefore, having an established support network and reliable sources that mothers can draw upon both practically and emotionally is key to mother and child well-being.

8.5 Beyond the early experiences: re-imagining 'best start'

> Nicky: I just want to parent…but I think we have put parenting into boxes, haven't we? (Nicky, 38, one-child, 2-years).

This section discusses the data that explores how mothers begin to move beyond these early experiences and begin to weave mothering into their everyday lives. In the antenatal phase, engagement and knowledge is heavily vested in the authoritative and medical domain. Beyond this phase a shift seems to occur as knowledge becomes

vested in the maternal locus, mothers begin to trust themselves and draw upon their own internal frame of reference. However, as was argued in Chapters 2 and 3, maternal knowledge not politics free. Motherhood itself as an institution [as discussed in Chapter 1] is one of many institutions that fuel a system of social and political classification. Whereby, some mothers have access to the tools and resources that either assist in the maintaining, or even the advancement of social position, while others are held up as the antithesis of these prevailing, yet ever powerful discourses.

Section 8.5.1 discusses the data where mothers, as they moved through those early weeks and months of mothering began to trust themselves a little more, relying less on external knowledge and drawing upon their own internal frame of reference. Following from this, section 8.5.2 explores how as mothers, they were simply trying to do their best each and every day for their child. Finally, section 8.5.3 briefly draws attention to the data that sometimes came at the end of interviews, in those final moments where interviewer and participant pause and reflect back on what has been said. At this point, mothers often reflected where they were now, where their mothering journey to this point had taken them.

8.5.1 Return to 'mother' knowledge and crafting their own 'best start'

> Ria: there is no Gina Ford or the sleep-police in this house (Ria, 34, one-child, 10-months).

Mothering instinctiveness, has in recent years been side-lined in favour of knowledge gained from what is often defined as experts (Jensen, 2018). However, mothers sometimes felt that the idea of a manual or expert situated parenting advice that follows a one size fits all model is often futile, as every experience is so different. While, some mothers stated that they sometimes used health professionals, particularly health visitors for advice, many still relied on informal sources of support, such as the internet, and informal support networks like friends, family and parent and child groups. Interwoven into these accounts is both the implicit and explicit notion of maternal knowledge, where mothers relied more on their own internal frame of reference. Mothers in this research sometimes described this as using their instinct to guide them, feeling and learning as they go, getting to know their child and what they need. Instinctiveness and learning as they go was viewed as an important part of the journey through mothering:

Sadie: well, I never read anything or any of those sorts of parenting manuals or anything, I completely winged it from day one (Sadie, 23, three-children, 4-years, 2-years, 14-months).

Carly: I wasn't aware of things like *'cry it out'* or that you can *'spoil a baby'*, by picking them up too much, I wasn't aware of any of that, so I have always just gone with my instincts (Carly, 24, two-children, 4-years and 22-months).

Nicky: even if they came with a manual, it would be rubbish, wouldn't it? Because everyone's is so different and everyone's experience is so different (Nicky, 38, one-child, 2-years).

Kelly, refers to this process as learning to go with it:

Kelly: as I have progressed through it, you just adapt and learn to go with it really (Kelly, 29, one-child, 3-months).

Carly also explains that being guided by what feels natural, along with watching others is how you learn- she says- she refers to this as 'it's what you do':

Carly: I guess when they are here, you just do stuff because it feels sort of natural, or where you have seen other people do it and you are like, 'it's sort of like that, *it's what you do'* [emphasis added] (Carly, 24, two-children, 4-years and 22-months).

Carla also uses this notion of instinct and doing what feels natural, Carla said:

Carla: I could tell what she needed really quickly, I could tell what she liked and what she didn't like, they can't tell you what they want and then I sort of realised once she was here that they do tell you what you want, you just have to figure out what they are telling you (Carla, 28, one-child 2-years, 12-weeks pregnant).

Previously, Kelly explained that she had initially not felt overly 'maternal' and it was her partner who had wanted to start a family. However, as Kelly progressed through the early mothering phase, she felt that she had taken to it better than expected, and uses the phrase, the motherly instinct, to perhaps explain why this was the case:

Kelly: he was lot more paternal and wanting to be a parent more than I was, but now we are actually parents, it's like I sort of know the answers, it's sort of more instinctively than he does, I am not sure if that's just the motherly instinct (Kelly, 29, one-child, 3-months).

8.5.2 Beyond 'best start' and doing our best

> Rowena: [Laughing] like you imagine, pushing the pram in the park, sun-shining, rainbows and birds tweeting. But it's totally changed my life, it put me on a completely different path (Rowena, 34, two-children, 3-years and 16-months).

All mothers in this research spoke about and physically demonstrated, albeit sometimes in differing ways, how they were simply doing their best each and every day, in the best way they could. This became apparent through interviews and ethnographic encounters. Considering the narratives presented in this chapter, it is clear that for the majority of mothers, early mothering experiences while fulfilling, were also juxtaposed with antagonistic feelings of conflict, critical self-doubt, isolation, shame and at times despair and fear. This offers up the possibility for some wider theorisation that explores not only broad mothering experiences, but the differences between mothers and mothering experiences. However, when we begin to theorise on differences between, we need to exercise caution that the nuances that connect these experiences are not lost, a point revisited in the conclusion to this thesis. For now, the aim here is to present narratives that illustrate how doing their best each day plays out in the context of mother's everyday lives and experiences of early mothering. Following this, the interview narratives below attempt to encapsulate what all of this, the 'best start' actually means to mothers.

> Orla: she is here, and we do our best every day to like make sure she is alright and happy and fed, eh (Orla, 27, one-child, 9-months).

Every mother I met, spoke with and spent time with was simply doing their best for their children, each and every day. While, threads of similarity connect mother's stories and illuminate common and shared experiences; these stories must also be viewed as being distinct and unique. While some mother's felt they adapted to mothering in a manner that was better than they expected, others had struggled more than they ever envisaged they would.

Mothers sometimes spoke about the amount of guesswork involved with early mothering and mothering in general, and how this had surprised them. These narratives can be viewed in relation to those discussed earlier, where mothers discussed how they felt parenting instructions, manuals and the like were somewhat

futile, as mothering experiences and the social and cultural milieu in which they exist vary so considerably. In relation to the data presented here, mothers stated that they were simply doing their best each and every day:

> Carly: I think, as long as they have got a safe place to call home, they know that they are loved and they have got plenty of food then I don't think you can go wrong (Carly, 24, two-children, 4-years and 12- months).

> Chloe: I just don't know, but it just seems to be a lot of guess work and that has surprised me, just like how much guess work there is. I suppose, well, I just don't feel like I know what I am doing, I am just muddling along and hoping for the best (Chloe, 41, two-children, stillbirth and 2-years old).

> Nicky: I feel confident that we will be ok in the end, but I actually don't have a clue at all (Nicky, 38, one-child, 2-years).

In addition, the realisation that the everyday practical challenges of mothering [qua parenting] can be quite different from initial perceptions came as a surprise to some mothers, and that mistakes are inevitable part of this process:

> Nicky: we have been to A&E four times and I know [from past work experience] that if someone rings up and says, 'this kid has been in A&E four times', we are like 'oh' and I am like 'God, we have been in A&E four times' (Nicky, 38, one-child, 2-years).

> Becky: I am not a very shouty mum and the other day I really shouted, and it took me by surprise and I was like, 'gosh where did that come from' and I think it's really like you don't know how to parent until you do it (Becky, 28, one-child, 7-months).

> Shona: I shouted at [child] and he stormed off crying, and I was like, 'I am the worst mother in the world'. So, I went to speak to him and said, 'mummy was really cross but I am sorry I shouted at you', and he was like, 'you made me feel sad', and that killed me, I mean killed me, absolutely killed me (Shona, 34, three-children, 6-years, 2-years, 28-weeks pregnant).

Teaching children about morals and values were also important, even with limited or constrained resources mothers tried hard to ensure these were instilled in their children. In order to achieve these, mothers had to often negotiate barriers that out of their control, like the space available within their home or the area in which they were living and raising their children. For example, Amber explain below how important

manners are to her, she likes the family to eat together, but limited space in her home can at times make this challenging:

> Amber: I am quite pushy with manners; I want my kids to have manners…: 'come on and sit please', I want us to all eat as a family, the best we can in a small house without a lot of space (Amber, 27, two-children, 5-years and 2-years).

> Sadie: I don't want them to grow up thinking money is everything, I would rather them have happy family home and happy family days out (Sadie, 23, three-children, 4-years, 2-years, 14-months).

Nicky notes is can be difficult to exert control over external factors and influences, like the area in which mothers are raising their children can present a particular set of barriers, particularly when the message that area provides is in stark contrast to the one, they are trying to instil teach:

> Nicky: I was thinking about this the other day, I think one of the biggest barriers is you can't influence everything else, so you can have an idea of what parenting should look like, and then you have the influence of schools, peers, family. Like, I don't drop litter and I am clear with [child] that is not what we do and I am trying to teach [child] that. But we live in an area where there is so much dirt and muck and litter and it's like 'how do you parent, or give your child those values when they live in an area which says something very different from that?' (Nicky, 38, one-child, 2-years).

8.5.3 The little things

> Mia: having time with the kids and I really enjoy family time, I think being a mum helps you appreciate the little thigs (Mia, 33, two-children, 5-years, 9-months).

Often towards the end of interviews, I would ask mothers to reflect upon and think about the aspects of mothering they enjoyed, or parts of their mothering journey so far that had surprised them, but in a positive way:

> Elaine: This sounds silly, but she is like a little person, do you know what I mean? Like now, she is starting to become a little character, and we, I am going to say we because me and [partner] have done this. But you can be having the worst day, and all it takes is a stupid little noise or a stupid little dance, or a smile or whatever, and that's it (Elaine, 28, one-child, 12-months).

Chloe: yeah, I love every single minute. Although, I have the fear, but I knew I would always have that…I have accepted that now as part of life, but it is what it is. But I love being a mum, I love being with him and spending time with [child] (Chloe, 41, two-children, stillbirth and 2-years old).

Similarly, to Chloe, Lisa was surprised how much she enjoyed just being with her child and doing things together:

Lisa: I always thought, well assumed, like that I would care for her, take her to nursery and come home and we would play for a bit and she would go to bed. But that's not how it has come out now, we do everything together don't we? Because you are my little best bud [laughing] (Lisa, 31, one-child, 12-months).

Mothers often spoke to me about how being a mother had changed their life trajectory. Some mothers had forged new friendships, support networks, new careers and even new lives. For some mothers, having a child had changed their whole way of being. Raised in the discussion, is the point that while there is considerable research and writing on how parents advocate for their children, there is little that explores this relationship from the other angle - how children advocate for their parents.

Orla: now [child] is here, I can't remember what life was like before her and I just can't imagine a life without her, I was quite a shy person before, [child] has sort of brought me out of my shell (Orla, 27, one-child, 9-months).

And, below Amber speaks about how becoming a mother and the choices she has made with regards to mothering have effectively changed her life, but in a really positive way:

Amber: I can see that every choice I have ever made has brought me here. For the first time in my life, I am in a really comfortable place and I feel happy with myself and how things are going, and I am happy, really happy (Amber, 27, two-children, 5-years and 2-years)

The aim of this chapter was to explore early mothering experiences, the data presented indicated that these early experiences are often contradictory in nature and beset with feelings of disillusionment and worry. These feelings are often further compounded by the weight of unrealistic expectations and fear of criticism and judgement. And while these were a concern for all mothers, these worries were often more problematic for new and first-time mothers. Findings illustrated that mothers

would find it beneficial if other mothers were more supportive of each other and more honest about their own feelings during this time.

A stable and reliable support network that surrounds mother's is absolutely key during this period, statutory and voluntary parent and child groups could focus more on assisting mothers to develop these; a point revisited in the subsequent chapter. Overall, mother's narratives captured the e complex interplay between ideological assumptions and the lived experience of early mothering. The weight of expectation in this period, coupled with social and societal constructions that situates mothering as natural, innate and instinctive makes many mothers feel like they are not adjusting well, or that the way they are feeling is somehow wrong. This in turn leaves many mothers feeling confused and let-down during this early phase. As was discussed in Chapter 2 there has been considerable academic, policy and media attention given to this phase of mothering and childrearing; resulting in an increase of pressure on mothers during this time. With this in mind, should we begin to question how effective this attention is, and actually how pivotal, in relative terms, this short phase actually is within the wider trajectory of mothering. Ruth's final comment aptly capture this point:

> Ruth: because, ultimately when all the children are lined up in a playground, you cannot stand there and go, 'that one was in childcare, that one used disposable nappies, that one had eco-friendly reusable nappies, that one was breastfed, that one was formula fed'. None of that matters, who cares about those things when you are growing up. But what you can tell is which children are happy and which are not, and which ones have good lives, and the ones that are not. Then you have to wonder if their parents were supported enough, to get through those hard times, we have to be more honest about the hard stuff (Ruth, 32, one-child, 9-months).

8.6 Discussion to chapter

While mothers in this research often spoke about the rewarding aspects of mothering, they also found those early weeks and months to be a contradictory and conflicting experience. The burden of unrealistic expectations, and the cultural and moral framing of what constitutes 'good' mothering can make this transition, particularly for new and first-time mothers highly problematic. Mothers in this research were no exception, they described the shock of those early days, feeling like it was all a 'conspiracy theory', and how many of the expectations they had pre-motherhood were neither

realistic nor helpful. The data presented illustrates the ways in which mothers construct their postnatal narrative, through both the conforming to neoliberal biopolitical ideals, and the resistance of them.

Motherhood as an institution, and thus mothering as a set of everyday tasks are not static concepts; rather, they are socially, culturally and increasingly politically situated. Current dominant discourses, that underpin the contemporary idea of what constitutes 'good' mothering, are borne from intensive parenting practices, or as Sharon Hays (1996) contends the, 'ideology of intensive mothering'. Furthermore, Hays (1996) argues that this set of practices is purely child focused and goes beyond the physical care of the child, to include emotional, psychological and cognitive needs. These intensive practices support neo-liberal family reforms that forefront individual and moral responsibility.

Based on middle-class ideals, as being the widely accepted way to parent, intensive mothering also intersects with the notion of parents being significant risk-factors in their children's lives (Reece, 2006; Furedi and Bristow, 2008; Dodds, 2009; Knaak, 2010; Lee et al., 2010). In addition, attention has been drawn to the distinctiveness of a culture that now routinely represents 'parenting' as the single most important cause of impaired life chances, outstripping any other factor (Rich-Harris, 2009). The focus is then redirected towards policy objectives that focus on blame, surveillance and family intervention as being the answer (Gilles, 2005; Faircloth, 2009, 2013; Romagnoli and Wall, 2012). The results of which have driven an increase in family surveillance and parenting programs that propel the idea of parenting and family experts, and punitive punishments, applied both theoretically and viscerally to those that fall short. Moreover, those that fall outside of the middle-class ideal are deemed risky (Romagnoli and Wall, 2012). However, this runs the risk of marginalising or even minimising the wider, macro contributory factors that impact upon social and health inequalities; including, but not limited to, low family income, poverty, punitive state welfare cuts and sanctions, poor quality and unaffordable housing, isolation and stigma.

As discussed in Chapter 3, parenting is a term that is heavily gendered and even the word 'parent' masks the fact that the majority of childrearing and care is still

conducted by women (Faircloth and Lee, 2010). Earlier work by Phoenix et al., (1991) proposed that any examination of parenting as a set of discourses or practice, needs to take seriously this gender differentiation and the power relations that underpin this. However, this does not appear to have happened, particularly in the area of family and welfare policy. For example, lone mothers still account for 1 in 6 of all claiming households, with 112,000 single parent families on Universal Credit (Gingerbread, 2018) the majority of which are headed by lone mothers. Benefit sanctions, such as those applied to Universal Credit payments disproportionately effect already marginalised groups, including lone parents and disabled families. Moreover, McEnhill and Taylor-Gooby (2017) have argued that recent governments have seen welfare cuts as unproblematic and that, "morally upstanding citizens should move away from state support altogether" (McEnhill and Taylor-Gooby, 2017:262).

These ideals, along with the neo-liberal framings of responsible mothering, create a complex web of unrealistic expectations that many mothers, particularly those on low-incomes struggle to attain. Low-income mothers face a double jeopardy of stigma, that of irresponsible citizens and poor, feckless mothers. This is evident in the results, where mothers had to make difficult day-to-day decisions about the allocation of what is often very limited resources. Responsible citizenship through paying bills and living costs, or engaging with modes of display that they believe constitute the markers of good mothering. For example, Beth declined to claim benefits she and her family were entitled to. This was perhaps for various reasons that were not entirely clear, other than demonstrating that she and her family could survive without them. However, the level of intervention and surveillance that comes with claiming state support is somewhat intrusive, as well as the prevailing stereotypes that plague mothers who claim state welfare and reside and raise their children on social-housing estates, could all contribute to her, and other mothers in a similar situation decision-making processes.

A number of writers on the subject of motherhood have documented to great length how women's expectations of motherhood are still heavily influenced by dominant ideologies that insist on locating motherhood as something that is innate, natural and that motherhood is a role that women should find pleasing and fulfilling (Mauthner, 1999, 2002; Woollet and Marshall, 2000). Miller (2005) noted that the subjective

experience of actually being a mother, in contrast to the anticipation of motherhood, can cause both confusion and disillusionment. Moreover, this biological shift is not always swiftly mirrored by an ontological one (Miller, 2005). Therefore, when lived experience does not match up to expectations, then internal conflict and concern can occur (Ussher, 1989; Choi et al., 2005). This research found similar, in so much, that mothers reported feeling isolated, cut-off and bored in those early weeks and months of mothering. In addition, some mothers found it difficult to adjust to their new mothering role. The overwhelming expectation that bonding and instant love should be something innate meant that for many mothers they felt let-down, or that something was wrong with the way they were feeling.

Perhaps no other practice impacts on day-to-day life and family dynamics like choice of infant feeding method. Lee and Furedi (2005) note that in policy terms infant feeding and in particular breastfeeding, is situated within the much wider debates about health. The result being, as Faircloth (2021) notes is intense moral baggage for the mother. Mothers in the UK can expect to hear a string of 'breast is best' messages (Lee, 2007). Because mothers, for the main, have responsibility for feeding children, more so very young ones, this message intersects morally with the social construction of motherhood (Lee, 2007) and, therefore, the construction of good motherhood. Accounts from mothers who wanted to, or thought they would breastfeed demonstrate how guilt plays a significant role in the way they feel about not breastfeeding or stopping earlier than expected.

Clisby, et al., (2007), and Clisby and Holdsworth (2016) explored gendered experiences in the Yorkshire and Humberside region. Findings reported that women often found being at home undertaking childrearing a monotonous experience, compounded by loneliness, isolation and a sense of feeling undervalued for the role they carry out. Seminal work by Oakley (1980) clearly documented how the changed status of women when they become mothers can impact upon their sense of self, particularly in terms of the mourning of a loss of a previous self. While not all mothers in this research felt this way, some mothers did articulate a sense of loss that had come with being a new mother. To the point where some felt they had become invisible to others, and that their needs no longer mattered. For some mothers, the idea of returning to work, or

having activities or roles outside of mothering would assist to re-establish an important sense of self.

Significantly, for some mothers in this research, mothering had provided them with an entry point into an almost new life and role. There is a wealth of literature on the different ways in which parents advocate for their children. There is however, very little in general terms, that explores how children can be a point of positive change and advocacy in the lives of their parents. Rather, the overwhelming focus in the literature is on the negative outcomes, particularly in relation to groups such as teenage-mothers (Bunting and McAuley, 2004) and how children can cause an element of precarity for certain groups. However, several mothers in this research discussed how becoming a mother had completely changed them, their lives and their support network for the better. Thus, impacting positively on their sense of self and associated decision-making processes.

In her seminal contribution to the theorisation of motherhood, Of a Woman Born (1976) Rich argues that rather than being natural, motherhood is difficult and already marked for failure. Moreover, the 'natura' dichotomy rooted in femininity creates a toxic environment for women and mothers (Jensen, 2018). The accounts detailed within demonstrate the multitude of ways mothers experience early mothering. What is evident from the narratives is the connection mothers make between their own experiences and the broader messages surrounding what constitutes 'successful' and 'good' mothering. Moreover, mothers had deep rooted expectations that many of these early experiences would come naturally to them; including, the natural birth, breastfeeding, and the notion of instant bonding with the baby. These deep-rooted expectations are located within much broader gendered assumptions that for women especially, childrearing and all that entails, should be natural, innate, forthcoming and easy. When these expectations full short, mothers experience a sense of failure, shame and guilt and that these feelings can have disruptive and damaging consequences to the 'best start'.

Trying to define such a diverse and contradictory experience as 'best start' is highly problematic and runs the risk of marginalising, and even rendering invisible the multitude of 'best start' experiences, all of which are legitimate in their own form.

Moreover, policy objectives, such as 'best start' appear to have little resonance with mothers and their day-to-day milieu of childrearing. A metaphorical divorcing of mothers, and through the wider lens parents, has meant that their needs are bypassed. Policy objectives such as 'best start' place great emphasis on the early days, or now commonly referred to as the 1001 critical days (Department for Health and Social Care, 2021), placing great pressure on mothers to get this right. Therefore, mothers are disproportionally targeted for blame through policy, media and the broader public domain. This culture of mother responsibility and blame, detracts from the more fundamental picture, that encapsulates inequality, poverty, stigmatisation, marginalisation and prevailing gendered assumptions that still hold women primarily responsible for the raising of children.

Chapter 9 Re-thinking place and the 'best start'

9.1 Introduction to chapter

This chapter explores the role and meaning that mothers attach to the social-housing estate (the estate) on which they live. This chapter draws upon data from a small sample of mothers that live on a large social-housing estate, located within a northern city in the UK. The estate is an example of post-war architecture, designed mainly to fulfil a need for temporary housing after the second world war. It lies on the periphery of its host city and covers a large geographic area.

The data presented draws from parts of the ethnographic and serial narrative case study interview data that was collected with a smaller sample of mothers than that of the main data set. Seven mothers were interviewed from the estate, of this seven, four were younger mothers, under the age of 22-years. Data was collected over a 10-month period of fieldwork and interviews. Parts of these interviews are also used to support the findings discussed in the other results chapters. These cases were selected because they highlight similar, yet contrasting experiences of mothers on the estate. These cases also serve to highlight how mothering on the estate is often experienced as a temporal phenomenon - structured within the context of everyday life, mothering experiences and wider family needs.

The Interviews with Amber, Beth and Teagan varied in length from thirty-minutes to two-hours. The shorter interviews were often squeezed between other family-oriented activities. Perhaps just quickly grabbing some time before heading off to the parent and child group [group D], or the school-run to collect older children. However, the nature of these interviews meant they were naturally shaped by the milieu of everyday family life and the mothering and family practices that occupy the spaces in which we conduct 'fieldwork', such as the 'home'. The younger mothers wanted to be interviewed as a group and therefore their data is presented in the same manner, as a set of voices. Data with the younger mothers was collected across three short sessions of around forty-five minutes. To facilitate discussion in these sessions, the mothers drew mind-maps, these captured their thoughts on the support, barriers and experiences of living and mothering on the estate.

The mothers described within this chapter all lived with their children on the estate and for the most part had lived here for all, if not most of their lives. Therefore, while this chapter addresses components of all three of the research questions, it is particularly pertinent to research question two, that seeks to explore the context of 'place' in mothers' everyday lives. However, it is important to note that while useful comparisons can be drawn between this and other similar social-housing estates, the data does not claim to adequately represent experiences across all social-housing estates. However, these mothers' voices are important as they reveal the complex ways in which mothers negotiate dominant narratives that surround mothers and more broadly families on social-housing estates.

A brief overview of the estate was provided in Chapter 6, the aim of which was to orientate the reader with the estate by providing contextual details about the specific area in which the research was conducted. During the early stages of analysis, it did not seem useful to separate out participants' experiences of living on the estate from other categories of analysis. However, later it became apparent that the estate and the meaning that mothers attach to it through their everyday interactions with self and others was highly significant. Furthermore, participants' depictions of the estate clearly demonstrate that they are acutely aware of the stigma attached to the estate and therefore to themselves as mothers on the estate.

Interview and ethnographic data illustrate how participants handle this in various ways. Life on social-housing estates and mothering are activities that are regularly scrutinised in both political and public arenas; for example, *The Estate (2012), Skint (2013), Benefit Street (2014)*. This chapter proposes a re-thinking and reconceptualization of how the initiatives such as 'best-start' are imagined and subsequently put in to practice. In particular giving considering to the context of 'place' and how this both shapes and impacts everyday parenting, decision making and practice. While several studies have shown how belonging and place are temporal processes; for example, Lewis and May (2020) work on temporality and the built environment, May and Muir (2015) belonging and the socio-cultural world, Rahman (2015) time and memory. Less is written on the temporal and other experiences of belonging to 'marked' or stigmatised places. This chapter aims to show how personal

biographies, mothering identities and future aspirations shape their experiences of mothering on the estate in a temporal manner.

Drawing on Etherington and Bridges (2011) I try to focus on the stories told, how they were told, and the metaphors and concepts used by mothers to describe their everyday experiences. It was decided to present their narratives one at a time to enable the reader to understand and read these as a set of distinct, but connected stories. Reading them one at a time allows the individual voices to come through, while highlighting commonalities and shared experiences that exist between the mothers who live on the estate.

While the data for this chapter was collected over separate encounters across the duration of fieldwork, the intention is not for the data to represent a longitudinal process of data collection. Smith (2015) suggests that longitudinal data should be collected systematically in the same environment and at set points in time. Rather, the data presented is derived from sustained ethnographic encounters with the mothers. Such encounters can highlight the ways in which meanings, identities, practices and subjectivities are made and remade in everyday life (Faier and Rofel, 2014). However, although these are not 'longitudinal' interviews in the accepted use of the term, arguably the amount of trust I built up with the participants, over the many encounters I had with them, allowed for greater sharing of their experiences. Therefore, permitting a deeper understanding of their perspective of their lives on the estate. Following this, the data in this chapter aims to capture and present the meaning mothers attach to the estate, the place in which they live and raise their children. Moreover, it aims to show how their identities as mothers is intrinsically bound to the notion of place. The theoretical conclusions of which are discussed critically in the discussion and conclusion to this chapter.

9.1.1 Structure of the chapter

Taking the above into consideration, this chapter is structured a little differently from the preceding results chapters. The first three narrative case studies [Amber, Beth and Teagan] draws upon the data that details their everyday experiences of living and raising their children on the estate. In addition, attention is given where possible, to the drawing out of the temporal aspects of these experiences. Etherington and Bridges describe narrative case studies as being stories of, "lived experience that are constructed and negotiated between the people involved as a means of capturing

complex and nuanced understandings" (2011:12). Following Harvey and Chavis (2006) I worked with each mothers' narrative as a case in its own right, focusing on how the individual mothers Amber, Beth and Teagan tell their stories. However, to reflect the younger mothers' choice to be interviewed as a group, the final narrative case study combines their voices, as they discuss their everyday experiences of mothering on the estate.

9.1.2 The narrative case studies: introducing the mothers

I met Amber, Beth and Teagan early on in my fieldwork, and all three were regular attendees at the community-based parent and child group [group D]. This group was held a couple of times per week at the community church hall on the estate. A couple of months into my fieldwork, I asked all three mothers if I could do follow-up interviews with them about their mothering experiences, with a particular focus on their experiences of mothering on the estate. I was introduced to the 'young mums' group later in my fieldwork. Casey, Sian, Lyla and Molly were all regular attendees at the 'young mums' group with their children [group C].

The mothers in this chapter have lived on the estate for most, if not all of their lives, with occasional periods of time off of the estate; for example, temporarily residing with a partner, or family member who did not live on the estate. Sometimes, while growing up they lived for short periods of time on other estates or in other parts of the city. These moves were often associated with changing housing needs; for example, the need for a larger house to accommodate a growing family. However, all had returned, for one reason or another to this estate. These reasons usually centred around the need to be nearer to family for support, through applications for social housing and/ or preferring to return to the estate they were most familiar with.

As discussed in Chapter 6, the estate is located to the north, on the periphery of the city, it is vast in size and has a somewhat sprawling nature. It is approximately a twenty to thirty-minute drive from the city centre; however, on public transport this journey time can increase to an hour. The overall greyish tone of the estate is interrupted by injections of green-spaces, in-fact, the estate is surprisingly green. There are fields around peripheral parts of the estate and fairly large green spaces and trees between areas on the estate. Mothers informed me that deer and other wildlife could be seen and that these green-spaces provided a welcome change from the inner-city and the

more built-up areas. However, this meant that at times the estate had an almost Janus-faced appeal, this often came across in mothers' descriptions of the estate and where they lived. Within these narratives, the very attributes that made the estate appealing, also contributed to its sense of isolation and dislocation from the wider city.

During interviews mothers often discussed the estate in a manner of constant toing and froing, between a place they saw benefit in, and a place they sometimes resented and thought of leaving. The temporal nature of these experiences is evident within the data, depending on the context of their lives at that time. However, what is important to explore is the meaning they attach to these experiences and the impact that these have on their everyday mothering identities and practises. However, what is clear was that leaving the estate would mean a severing, practically and symbolically. Practically, in terms of access to support networks – symbolically, in terms of identity and the place they know and felt they ultimately belonged. In this way the estate occupied both an ambiguous role in their lives and one that set out a clear juxtaposition between what they had, what they wanted for their families and what was practically and to some extent emotionally possible.

9.2 Amber

I think we have lived on nearly every council estate in the city, up until me being about 5-years old […] I think my mum kept popping kids out, so due to housing and needing bigger houses we had to keep moving, but we all ended up back here [on this estate] (Amber, 27, two-children 5 and 2- years).   I met Amber early on in my fieldwork, she and her youngest child attended the community parent and child group [group D] that runs out of the estate. A couple of months into fieldwork I asked Amber if I could do some serial interviews with her about her experiences of mothering and in particular about mothering on the estate. Amber was interviewed three times, twice alone and the third time Teagan was also present, all three interviews were carried out in Ambers house.

Part one:

In one of our first conversations, Amber explains how she came to be on the estate. The opening quote from Amber shows that particularly in childhood, living on various social-housing estates is interlinked with both material and social, and often gendered

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dimensions of reproduction and housing. Furthermore, her narrative shows the temporal nature often associated with residing on social-housing estates and how this is driven by the social context of her family's life at that specific time, 'we had to keep moving'.

Amber is now 27 years old and lives in a newer house on the estate with her partner and their two children, aged 5 and 2-years. All of her extended family, except her dad live on the estate.

Amber explains to me with some pride, that her house was designed to be economical to run with minimal environmental impact. For example, she tells me there is storage for rainwater, which is then used to flush the toilets. Amber thinks that her utility-bills are definitely lower since moving into this property. There were only a limited number of these properties built on the estate, and there is currently a waiting list for them. Amber tells me she feels lucky to have got one of them for herself and her family.

I sit with Amber in her living room, it is quite small, there are two settees, one against each wall, Amber sits on one and I sit on the other. There is a television in the corner, a small coffee table and children's toys. Her friendly, elderly Staffordshire terrier wonders in and out whilst we talk, snuffling biscuit crumbs off the floor, that her child has dropped. One of her children is at school, the other is playing with toys on the floor whilst watching a film that Amber has put on to keep him occupied whilst we do the interview. Amber makes a cup of tea for us both, she seems excited as she explains that she is feeling really happy but also really surprised. She is doing a college course and she has just had the feedback returned from her first piece of work, which was overwhelmingly positive:

> Amber: I was really surprised that something didn't come back on my coursework to change, you know, but she gave me really good praise. I am not used to it, I am not used to it at all. I have never done anything where someone has gone, 'do you know what, you are really good at this'. Even in school I was always the quiet one, I wasn't the one who would give answers or would participate, I would just sort of sit there and watch. So, it's real, I don't know, weird for me to get complements about something I have done, but I like it [laughs].

Amber, states that she 'likes it', the feeling of being told she is good at something, but that it feels 'weird'. One of the things that comes out of the forthcoming narratives is

the lack of self-belief that some of the mothers had. Some had also experienced some form of trauma or chaos in their childhood, that had remained in part with them into their adult lives and subsequent motherhoods. In addition, mothers like Amber had to frequently negate the damaging stereotypes, both classed and gendered, that surround families that live on this estate and social-housing estates more broadly. As we sit and drink our tea, I ask Amber to tell me about the estate and the area in which she lives in:

> Amber: so, my mum lives at the bottom of the estate, and then I have a big sister who kind of lives near the shops, and then my younger sister who comes to group, lives near the centre.
>
> Hannah: ok
>
> Amber: my brother, who has died now, was one of the little shits on the estate, so everyone knows us.
>
> Hannah: oh ok, sorry. I am interested in, as well as motherhood, the context in which you raise your children, like the back drop to these activities, if that makes sense? So, [the estate] is part of the context here- so, what about the good parts, as you said to me before that you like it here?
>
> Amber: Yeah, I think the good parts are the area itself. There is lots of nature and, I am really cautious about things like pollution and things like that. Up here we are really close to fields and they can play out a lot and play football on the grass.
>
> Hannah: right yeah
>
> Amber: I like that we have fields and trees and all that, you don't really get that on most estates...well I don't think you do. Um, so, I think the good parts are the area itself, it's really green, there is lots of nature. I am really cautious about things like pollution and things like that. And um, where my mum lives, so just along the road, there is deer, you see them all the time, just outside eating. There are the woods with owls and things, and I like animals and I like nature and things and I think it's a good thing for the kids to be around, you know, to see nature and things like that.

Here, Amber draws on key positives, being close to family, the greenery, the access to nature, being away from city pollution, these are important things to Amber. However, below, Amber suggests that the green aspects of the estate and it being surrounded by fields, also means that it is geographically cut off and severed from the city. This, as

Amber's next point illustrates, can be significant to families who live on the estate, symbolically:

> Amber: I sometimes think the rest of the city forgets about us out here, it's like we are not really part of it, I think it's because we are like so far outside, do you know what I mean?

And practically;

> Amber: all the good stuff happens in the centre, especially for the kids, nowt happens out here really, so you have to like drive or get the bus into town and like …well, um that's not always possible.

Amber made several references above that reflect how her feelings with regards to the location of the estate changes within the social context of her family's needs. Particularly in relation to her children's needs, in terms of having access to the same things as those families who live nearer the city, *'the rest of the city forgets about us'*. Amber's point clearly articulates the geographical significance of the estate's location, and whilst Amber welcomes the greenery, she also acknowledges that this isolation can be problematic for families on the estate.

The geographic location of the estate in relation to its host city, whilst offering valued green space also represents a severing and dislocation from the main population and the cities amenities. In practical terms shops, leisure facilities and family-based activities were scarce on the estate. For families like Amber's, there are also cost implications to consider when planning trips into the city. Financially, in terms of travel costs, running a car or using public transport to get to the city, and in terms of time, it takes on average 35-45 minutes to get by bus from the estate into the city centre. While Amber's family does have access to a car, they need to be mindful of costs, so try and limit the use of the car wherever possible. So, it is not always possible for them to get into the city whenever they need or want to.

Amber described feeling geographically cut off from the rest of the city, or forgotten about. Of equal concern is that this dislocation of the estate from other areas of the city, meant that stereotypes, both of the area itself and the people who live there prevailed. This could have a damaging effect on some mother's self-esteem, with regards to where they lived and raised their children.

Parts two and three:

I have combined parts two and three of Amber's interviews, as much of part two was focused around other things that reflect different research objectives and are presented in the other results chapters.

Over the course of the next few months, I return to interview Amber on two more occasions. We re-cap what we were speaking about previously and Amber explains how she has created a support network of other mothers who, 'parent like her'. Amber and Teagan are friends and have been since school. However, when Amber discusses this newly created support network, she is referring to mothers she has met and befriended since having her two children, these mothers do not live on the estate. Amber actually says she would like to have another baby, with the knowledge she has now, and as Amber defines it, 'with the circle I have now'. Within this, Amber is mainly referring to parenting practices such as breastfeeding. Amber has breastfed her second child, and through attending breastfeeding support groups, Amber met other breastfeeding mothers, who she felt shared a similar parenting ideology to her:

> Amber: I just wasn't in that sort of circle back then, I would like to have another baby with the knowledge I have now and the circle I have now, like my village is so different to what it was with my babies
>
> Hannah: that's an interesting choice of words, 'the village' where did you get that from?
>
> Amber: well, it's that thing, 'it takes a village to raise a baby', and my village was made up of unsupportive people, arsehole parents and sisters butting in. Now its people who are like me and who parent like me.

The point above illustrates how Amber has actively renegotiated her identity as a mother on the estate. She has done this by changing her support network, to people from off the estate who she feels, 'parent like her'. This also shows the temporal nature of her experiences, and how Amber connects that experience with the cultural context of mothering, at that specific point in time. From a point in time that was made up of, 'unsupportive people', to now, 'the circle I have now'.

> Hannah: is you partner from here?

Amber: no, so, it was a real big thing for him to come here because of the negative stories and things, like [the estate] is a really bad place, even his parents felt the same.

Hannah: hmm

Amber: […] like so many people, mainly ones that don't live here, say [the estate] is a really bad place, and like everyone who lives here is like that. You sometimes get trouble, but I guess there is trouble everywhere, aint there? But I don't think you are going to find somewhere else that has so many fields.

The above quotes make several significant references that again capture the temporal dimensions of the estate, this time these are bound with 'others' perceptions of the estate and the people that live there. Mothers like Amber were not immune to these stereotypes, she knew how people often viewed the estate and those that lived there and she worries about this but at the same time tried to reflect some of these issues by raising counter-claims, like '*there is trouble everywhere'* and '*so many fields*':

Despite the prevailing stereotypes that surround council-housing estates in general, images of housing estate life often feature against a backdrop of crime, gangs of youths and anti-social behaviour, in 20-years of living on the estate, Amber has never personally experienced any trouble. She has heard about trouble on the estate, mainly through hearsay:

Amber: well, we have lived here 20 years and we have never been broke into and we have never had anything damaged, no, nowt really, but it does happen, I know it does happen, like I have heard about it.

Hannah: so, the greenery and fields and nature are the good parts, the things you like, are there parts you do not like about the estate?

Amber: the families and kids I don't like, they are the negative things and I guess the trouble

Hannah: what sort of trouble, as you said you have not experienced any direct trouble, so what sort of trouble worries you?

Amber: like some parents around here don't teach their kids right from wrong, and that worries me, that my child is going to be around those kids. I am really worried about when he gets older with like bullies and things, that kind of bothers me a lot. Like, my niece goes to [local school] and

some of those kids are nasty, I mean like proper nasty. Oh, it's nothing like it used to be, like before it would be, 'oh look at you, you have a hole in your trousers', now, it's like picking on your face and things that can't be changed, and that really worries me (…) I guess it's just a cycle, isn't it?

Hannah: ok, that's interesting

Amber: yeah and I think it's like a circle. Because, some of the people I went to school with, like now their kids are at school. There kids go to [local school] I know they go there, so that is why I sent [child] to [another school] because, I have seen the way they speak to their kids and it will just be a cycle again where their kids are the naughty one's in school, as that's what they were, so that's what their kids will be.

Hannah: when you say the way, they speak to their kids

Amber: yeah so constantly swearing and constantly shouting. And, then you see the kids swearing, you see them around by the shops and they will be swearing and spitting, and I don't want my kids to do that. I do swear, but I do not swear at my children. So, I would never say, you f**ing little', I just would never do that, but they do.

The comments above point to several significant factors that assist in locating the temporality of both Ambers perceptions of mothering and belonging on the estate. These are anchored to wider perceptions of mothering on the estate. Amber engages with a somewhat visceral process of othering, and distancing herself from *'other'* families and mothers on the estate. For example, *'that is why I sent [child] to another school', 'I have seen the way they speak to their kids', 'I don't want my kids to do that'.*

Within these narratives, the estate now shifts locus in the everyday context of Amber's life, both in terms of time and place. Amber projects to the future, she worries what it will hold for her children being raised on the estate. Moreover, within her description, the estate as a 'place', has now switched from a welcoming space, to a potentially dangerous and hostile environment. Interestingly, Amber also uses the phrase, *'oh it's nothing like it used to be'*, now anchoring her experiences to the past. However, one could argue that Amber is imagining the trouble here, in the sense that it has not actually happened and she has not yet directly experienced this herself. She bases these worries on what she has heard and sometimes witnessed when watching other families' behaviour. Through doing this, Amber projects to the future, visualising what it might be like for her children.

Amber has particular concerns over her children growing up in and around some of the other families on the estate. To illustrate her point, she draws on what is a fairly dominant *'troubled families'* discourse. Within this, children are proposed as being a product of their environment and the cyclical patterns of behaviour that might be transmitted, like, anti-social behaviour, crime, deprivation and benefit dependency. Amber draws on this discourse to facilitate the point she is making. A distinct othering and distancing of these families from that of her own, starts to take shape. In addition, Amber provides some historical context by using the phrase, *'not like it used to be'*, indicating that there has been a shift or change on the estate in the time she has lived there.

Amber, pauses and seems to be considering things for a while:

> Amber: I sometimes wonder if I settle for this because it is what I am used to
>
> Hannah: oh, that's interesting, go on
>
> Amber: well [partner] was brought up in a nice area and I remember really clearly how horrified he was when he first came here and when he heard how some of the kids speak, he had just never seen that before, but I had, we all had, it was just normal, but maybe I am just comfortable with it because it's what I know, I am not sure that's a good thing though.

Amber's sense of belonging and her experience of living on the estate was deeply embroiled in her own identity and that of being a mother. Perhaps more than any other participant I spent time with, Amber seemed at times to indicate some inner-turmoil with that of her own identity [a mother on the estate] and how she felt she was perceived both by outsiders and those on the estate. Amber was acutely aware of the stereotypes and assumptions that shrouded the estate and she tried hard at times to dissociate herself from those perceptions. Amber also saw herself as being different from some of the other women and mothers on the estate, even some of her own family. However, whilst there were aspects that she tried to dissociate from, there were parts of living on the estate that she was proud of: the greenery, her home, her family, the work she does on the estate to help support breastfeeding mothers. It was these tensions that seemed to make Amber feel at times somewhat torn and divided:

> Amber: I think I have always felt like this though

Hannah: what, different?

Amber: Yeah, even when my friends were sleeping with boys on the estate at like even 13/14-years old and smoking and stuff, but I didn't, and I was like, 'why have you got to be doing that?' 'Why have you got to be that person?' Just because of where you come from or what you have seen? I think I am more of a thinker, I can see the pattern, I can see it easily. I know, if I had met a boy off the estate, then I would have become a mum off the estate. My big sister is like that, she is quite chavvy and things. And I can see this pattern, I can see how they fall into this and I made that choice, I am not going to be like that.

Making conscious choices to not *'be like that',* as Amber puts it can come at a price in terms of maintaining peer and support networks. Amber had also explained to me on a number of occasions how she was sometimes accused of acting like she was *'better than everyone else'*, even by friends and family. Amber pauses for a second and then asks me about a village that is located on the outskirts of the city, beyond the estate:

Amber: there is a village you know, do you know [name of village]

Hannah: yeah, I almost ended up there the other day when I got on the wrong bus

Amber: [laughing] well I would love to live there, but it's expensive. But, if I won the lottery I would move down to [village] but that is far as I would go, as then I am still really close to everything I know, but my kids are away from the crap.

The extract above clearly demonstrates how at times for Amber, living on the estate is a conflicting experience. A place she draws both comfort and reassurance from, but also stating that, '*if I won the lottery*', she would move her family away from the estate. The ability to move away from such places no doubt contains within it an outward display of social mobility, a demonstration of both choice and control over your and your children's future. Amber discusses a village on the outskirts, this is a place that is perceived to be more desirable both by Amber, but importantly also to outsiders. However, at the same time Amber sets her limits and restricts herself to, 'that is as far as I would go'. Does Amber restrict herself due to her perceived lack of self-belief, reflected in her earlier comments regarding her college coursework, or does the tie to 'what we know' have the ability to pervade through all other choices, real or imagined. Without doubt Amber's narrative is both temporal and conflicted. Earlier,

Amber's comments are mainly focused around the positive aspects of living on the estate, the welcome greenery, wildlife and being close to family. Later, this shifts as Amber discusses the wider perceptions and stereotypes that surround those who live on, and raise their children on the estate. Perhaps not always a conscious thought, but when pressed to think about it, like in the context of an interview, Amber is almost viscerally reminded how her class, gender and identity as a mother is intrinsically bound with that of the estate.

9.3 Beth

I met Beth and the community parent and child group that was ran on the estate [group D]. Beth is 23-years old and lives on the estate with her partner and their two young children, who were aged 2-years and 10 months when I first met them at the start of fieldwork. However, towards the end of fieldwork, Beth told me that they were expecting their third child. Beth spent her early childhood living on one of the other social-housing estates. Beth spent parts of her early and then all of her later childhood in foster care. She has lived on the estate most of her life, she sees her nana, foster sisters and foster mum regularly, and they too live on the estate.

Beth was interviewed three times, across the duration of my fieldwork with around two-months between each interview. Of course, we also had many other conversations and ethnographic encounters across this time.

Part one:

It was raining, I arrived on the estate and as agreed I went to the bus terminal near the shopping centre. Beth was already waiting, she was stood there in the rain with her double pushchair and two young children, she had no coat on and was soaked through. As we walked to Beth's house, she pointed out things that were significant, or of importance to her. She showed me the shopping centre and her nana's house, as we walked past. In this first interview we mainly focused on her home, her upbringing and Beth's early parenting experiences.

From the outside, Beth's house was much like the other unassuming houses on the estate, with grey pebble-dashed walls and a small front yard. Some of the houses' front yards near to Beth's were strewn with discarded items, mattresses, old toys, the

occasional fridge or broken and unwanted furniture. Beth's was tidy, with just her wheelie dust-bin and recycling boxes stacked neatly to the side of the front-door.

Once inside Beth starts talking and I quickly get the Dictaphone set up.

> Hannah: quick, mummy is saying all these amazing things, stop we are not recording [we laugh]

> Beth: we live in the biggest council estate in Europe, well I knew it was one of the biggest in the UK but [partner] said it was one of the biggest in Europe.

> Hannah: yes, I think he may be right there

> Beth: I like where we are though, as we are right on the edge. We are not in *Northport, that gets real scummy, so like the further in you go, like the middle, it just gets worse and worse. (*Northport is an area locally renowned for antisocial behaviour and 'trouble').

> Hannah: when you say worse, explain that to me, what does that mean?

> Beth: crime, drugs, schools, [name of school] has just had the most terrible rating, I have said if they [children] get put in there, I will rather move, I would rather be declared homeless than my kids go to that school.
> Hannah: so, this house is a local authority house, is that right?

> Beth: yep.

> Hannah: so, tell me how you got this house?

> Beth: I did private rent but I got pregnant with [first child] and we discovered black mould growing in the house and the landlord wouldn't do anything about it, so we left. We were technically declared homeless. So, I was sofa surfing at my mums and because I was officially still under young people's services until I was 21, they helped me, luckily, I was only bidding for 2-weeks and I got this place.

> Hannah: ok, that's good, tell me about your house, your home is lovely by the way, its nicely decorated, did you do all this or was it like that for you?

> Beth: thanks, no, we did it. We had concrete council floors, the walls were dark brown, some of the rest of the house was painted black [laughs]. The only flooring, we had was in the living room but that was crappy lino, so, we decorated completely.

Beth begins by stating that she likes where they live, *'I like where we are though'* and supports this by drawing attention to the greenery on the estate, 'pretty green for a council estate'. This is then framed within a narrative that's sets Beth's home in opposition to 'other' parts of the estate, namely the *Northport area – and 'other' families that live on the estate. Similarly, to Amber, Beth begins to construct a narrative that situates herself and her family in opposition to 'other' families and 'other' practises on the estate. The timing of certain events – like starting school – brings to the fore Beth's precarious position on the estate. The lack of control she might have over things like where her children will go to school, force her to say things like, *'I will move'.* These points also illustrate the temporal nature of her experiences, and how these are compounded by factors that worry Beth, like lack of decision-making control. However, Beth demonstrates a regaining of agency - albeit a somewhat drastic one – by claiming she would, *'rather be declared homeless'* than have her children placed in the *Northport area school.

Beth's daughter is desperately trying to grab hold of the Dictaphone, children seem to find it fascinating, perhaps as it has a light that flashes on the top as it is recording. She finally succeeds and the recording is brought to an abrupt end. As I am getting the recording set back up again, Beth puts a film on a tablet for her to watch, in the hope this will distract her from the Dictaphone. As Beth does this, she turns the conversation to money and parenting:

> Beth: I get a lot of stick for that you know, because if she likes something, like a new film or cartoon I like to get it for her, or the toy from it, you know […] especially her next door *(Beth gestures to the wall)*. She is like, *'you spend too much on your kids', 'they are spoilt', this, that's and the other'*. […] we don't call it spoilt, we call it well loved [laughs]

> Hannah: why is it important to you?

> Beth: I never had owt as a child, we didn't do Christmas or birthdays, we never had presents […] I think with never having anything, until I was like 13-years old, then you go live somewhere else and you realise that most families are not like yours, and that your family wasn't like normal, I don't want my kids to have that.

Part two:

I will meet you; you will never find it [her house] it will be easier than me explaining it to you, it's a bit of a maze around here (laughs) (Beth, 23, two-children, 2 years and 10 months).

The second time I went to interview Beth, I said I would make my own way to her house. Beth was sure I would not find my way to her house, which later proved to be correct. I really did not want her to have to get two small children ready to come and meet me, especially if it ended up raining like before. I told Beth I was sure I could remember the way and I would meet her at her house.

I walked for thirty minutes in what appeared to be a circle, and I am now running late. It all looked the same, all the houses, there were no markers. I decided that it was probably better to call her and tell her I am lost. Beth tells me she has made a lasagne for lunch for us all and it's getting cold, which makes me feel guilty for not calling sooner. I think to myself, I should have thought ahead and I should have planned to take something, a dessert or cake perhaps. She gives me directions from where I am, I am actually very close, I am just on the wrong side of the road. Beth comes on to the front and starts jumping up and down and waving, relieved to see her, I wave back and head towards her (Fieldwork note).

Once I am in, Beth dishes up some lasagne and garlic-bread and salad for me, herself and the children. We all sit in the living-room on the settees with the food on our laps, the whole house smells of cooking. Beth's house was very homely, nicely decorated and immaculately clean. Near the kitchen, her children's art-work was proudly displayed on a chosen wall, each one carefully placed with their name and age of when they drew the picture. I commented on this and Beth talked me through them, blanketing the children's drawings with milieu and memories, their ages, when they drew the picture and the context and timing. For example, at nursery, school, the parent and child group, or particular timing of events, like Christmas. There were toys and books neatly stacked on two bookcases, toy boxes brimming over and a small table with colouring books, pencils and crayons. Beth explains that her daughter loves to draw and do crafts, it is currently one of her favourite things to do, the space set out for her to do this seems to carry some weight of importance and significance in the set out of the room.

Hannah: so, this is part two, the second time I have come to see you. I thought we could talk a little more about the estate today.

Interestingly and similarly to the first interview, Beth begins by reiterating the good points about living on the estate, but quickly distances herself from the other families on the estate.

Beth: [partner] was so surprised how green it was here when he moved here, he couldn't believe it. He used to live near a park, and that was really green, but he was really surprised when he came here.

Beth: I like it. We are right on the edge here and right near everything we need. So, the shopping centre is just there […] we have a bus route on the main road […] and we are only about 20-mins walk to the park and that's a nice walk. I also think because we are on the outside we avoid the trouble that is like a bit more central.

Hannah: ok

Beth: we are opposite lots of fields and that is really nice, it is pretty green for a council estate, but the further in you get, then well [laughs].

Hannah: in what way?

Beth: well there are always screaming kids and arguing. Smoking things like cannabis and the gardens are full of junk […] they don't care about the appearance of the house or garden, or kids actually […] they all seem to be like that. I like my house to be clean and my kids to be clean and like well presented.

I pop upstairs to the bathroom and Beth calls after me:

Beth: have you seen her room?

I peek in as I walk past, it is decorated in pink and white with a fairy bed, with cushions and toys all around the bed, I tell her it's nice:

Beth: I just think, the further you go in the estate, like well, you see less morals and manners. Like even really young kids are out swearing and throwing stuff about.

Beth then reiterates to me the concern she has with the local school and again says she would rather make herself homeless than her children be placed in that school. Beth's narrative is certainly a consistent one and she revisits previous points with little

deviation from what was previously said – the further you go in the estate – other families – the school. The revisiting of the points is interesting, in so far as this narrative seems to be so firmly entrenched and embroiled with her own identity as a mother on the estate, that Beth struggles to position herself, unless it is against, or in opposition to this narrative.

Beth pauses for a second:

> Beth: I like it here in this house, we are right near everything we need […] I like my area, I don't think I would change where I am right now. I have support around here too, I have my nana and my foster sisters and friends [..] The only other thing is I would really like a dining room, there is nowhere for us to sit and eat as family.

There is a small kitchen and larger living area but Beth is correct, there is not the space for a dining table that would seat four people.

Amber had raised a similar point regarding the space available in her home. It was important to both Amber and Beth that they had somewhere the family could sit and eat together. This is an important activity in terms of '*doing' and 'displaying'* family (Finch, 2007).

Part three:

The third time I go to Beth's house to interview her we revisit some of the things already discussed. Beth thinks back and begins to recall how she felt when she first moved into her home. She remembers being a young new mum, her partner at the time had left and even though she had family support, she felt alone and overwhelmed:

> Beth: I think I just felt overwhelmed with everything…it was just too much all at one time, he left, I had the baby and this house.

Similarly, to our first interview, Beth recalls how the house looked when she first got it. However, she also remembers how happy she felt to have her own home, somewhere for her and her daughter:

> Beth: I was super happy, it was mine, I could put my stamp on it, like do her bedroom like a princess. I thought, I can put a settee there, I was super excited. […] my foster sisters, they came over and helped and my foster

mum showed me how to measure up for nets and things, she also helped with wallpapering and flooring.

Beth's daughter passes me my pen that has fallen on the floor, I say 'thank you darling', she walks around the room saying, 'thank you darling, thank you darling', Beth and I laugh. Beth and I are planning to go the parent and child group together [group D], before we get ready to leave I ask Beth to tell me a bit about what activities there are to do with her children on, or around the estate. Beth tells me how they enjoy going to the free museums in the city; however, Beth then adds:

Beth: […] but, I guess being on [the estate] we are quite far away from things really, and if there is anything on it is quite a long bus ride.

Being far away from the more parent-child friendly activities was also something raised by Amber, Beth pauses, then adds:

Beth: it doesn't really bother me, I have everything I need here. I don't really need to go to town, I like being quite far away from town and its green here, we like that.

Beth provides two contrasting responses. Firstly, Beth says how they like the museums in the city, but that the estates distance from the city is a barrier to accessing these sorts of things. Secondly, Beth says, 'it doesn't really bother me'. These comments illustrate how Beth's experiences of living on the estate and her feelings about it, are not static. Rather, they are temporally located and are reflected at that point in time by her and her family's needs.

Hannah: do you feel there is still a reputation that surrounds this estate?

Beth: oh yes, we are all chavvy and scummy mums and families that live out here, we all do our shopping in our pyjamas, we are all gobby and all smack our kids [laughs].

I asked Beth if she felt this was an unfair stereotype, she pauses and then interestingly reflects upon and draws attention to her own stereotyping:

Beth: well I think I stereotype too, like I was always saying to you that further in you go the worse it is. Like, couches lying about and fridges and mattresses in the front gardens and everyone in their pyjamas in the middle of the day [laughs] we all do it […] its crazy that people just automatically think I won't be a good mum.

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Similarly, to other mothers who I interviewed, Beth, stated that the green-spaces on the estate were a welcomed aspect. Beth, uses the phrase *'green for a council estate'*, highlighting, that this is perhaps not the norm and that the number of green-spaces on the estate does not necessarily fit the dominant image of what a council-housing estate would look like. The other significant point Beth makes is that her home is near a range of amenities and importantly her family support network.

All the mothers I spoke to who lived on the estate were aware of the dominant stereotypes that plagued the estate and its residents. Area reputation and perceived social status are intrinsically linked. With both having a significant impact on the ways in which people view themselves and the places they live, and over which they often have limited power and control. It is clear from these narratives that these mothers were proud of some of the attributes the estate had to offer; greenery, some eco-friendly housing, access to amenities, support networks. However, their own self-image of that as both a resident and importantly a mother on the estate, was beset with the negative stereotypes of how they believed others perceived them to be. Particularly in terms of displaying how they felt mothering, and to some extent family work should be done. In Beth's case, this meant she worked hard at both displaying and presenting an image that was in direct contrast to how she believed she was being constantly perceived. However, in addition, she drew on comparisons between that of her own family and that of others on the estate. Therefore Beth, whilst somewhat inadvertently, contributes to the maintenance of dominant discourses that surround social-housing estates and the families that reside on them.

9.4 Teagan

> Teagan: it's really big up here and you can't fault like the green space.
> (Teagan, 29, three children, 9 and 6 years, one-child loss, currently pregnant).

Teagan lives on the estate with her partner and two children, ages 9 and 6 years and she is currently pregnant. Teagan and her partner have lived in their current house for ten-years, although Teagan felt as if it was now becoming too small to cater for all their family's needs. Space was under increasing pressure at this time, as they also had Teagan's mother living with them. Because of this, Teagan preferred to be interviewed either at Amber's house, or at the parent and child group [group D]. The hall at [group

D] had a room that was often empty, so we also used that, this also meant that other mums at the group could watch the children. Teagan explained that she and her family have lived on the estate most of her life, but like the other mothers she had short periods off the estate, living in different parts of the city

Teagan was interviewed three times across the duration of fieldwork, with several months usually between interviews, as well as the conversations and ethnographic encounters we had, in and out of the parent and child group [group D]. However, only interview two [part two] focused on Teagan's experiences of mothering on the estate; therefore, this chapter is mainly focused around this data.

Part two:

I asked Teagan to tell me about where she lives and how she came to live on the estate:

> Teagan: so, [name of the estate] then, well I live right at the back, and its [her house] through a housing association, but we are miles that way [gestures with hand], mine is one of the older houses.
>
> Hannah: how long have you lived here?
>
> Teagan: ten years in September, so ages.
>
> Hannah: have you always lived on this estate?
>
> Teagan: well, we lived off the estate for a few years as we lived on [another estate] for a bit but we moved back up here, well when I was eleven- years old, so, yeah, I grew up here.
>
> Hannah: you also said you lived off the estate with [partner] for a bit, what made you want to move back?
>
> Teagan: I lived with [partner] near the city for a while near the college, I didn't like it, too many people and stuff going on, crime, noise, people everywhere, always walking past your house. I just couldn't settle, it was so much busier than [the estate]. I probably saw more people there in a day that I would here in a month… and because all my family are from here, so, it kind of swayed us to move back here.
>
> Hannah: what sorts of things swayed you?

Teagan: my family are really family oriented, like we would go to my nanas like three or four times a week, all sit around the table and then like someone else would come …so that swayed it for us and like for the family support.

For Teagan, being close to family and support networks was a persuading factor in terms of making decisions about moving back to the estate. Teagan also missed the closeness of family and the activities her family routinely took part in. These activities appeared to create stability and bonding as well as creating a pattern of reliable and stable routine. However, Teagan also states that she perceived there to be more crime and noise nearer the city, as well as it being generally busier:

Teagan: my partner wants to buy it and extend it, so buy and build (laughs), for extra bedrooms, as we are only two up-two down, so we need the extra room. We split one room into two rooms for the boys, so the boys share a room, my mum has the spare room, and then we have the other room, so it's a bit tight.

Projecting to the future, Teagan explains how she and her partner would like to buy and then extend their home to create a more suitable living space.

I ask Teagan as well as being close to family, what else she likes about living on the estate:

Teagan: it's really big up here and you can't fault like the green space, there is loads of fields and grass and trees. So, there is like a lot of fields and parks and places the [children] can play.

Teagan: I feel 100% safe here, I feel I could walk around this estate at 2am in the morning and still feel safe. Whereas, when I briefly stayed with [partner] in town, I hated every second of it, I never felt safe.

Teagan returns to comparing the estate to when she lived nearer the city centre. In stark contrast to the prevailing stereotypes and political rhetoric surrounding social-housing estates and their safety, Teagan says that she felt safer on the estate than anywhere else, particularly in comparison to the city-centre.

'Trouble' was an interesting concept within participant narratives. The more I spoke with mothers about their experiences of living on the estate, the more I began to think about trouble as being something that was constructed against a backdrop of narratives that were driven by temporal expectations, assumptions and prevailing

stereotypes, rather than what was directly experienced. In a similar vein, Amber had also said that whilst she had *heard* about trouble on the estate, she had no real direct experience of it. Trouble often rippled beneath conversations, gossip and hearsay, but rarely did I hear it being discussed in relation to direct experience. It always featured at a distance, arm's length; for example, *'did you hear that so and so…'*. My own experience travelling to and from the estate was also trouble-free. Whilst my presence on the estate was mainly during day-light hours, with the occasional later afternoon and early evening visit, I also never experienced or witnessed any trouble.

> Teagan: my partner absolutely loves it up here on the estate…he loves it up here more than I do, he would stay here forever, but I would be gone tomorrow.

Like previous participants, perhaps most directly corresponding with Amber's comments about leaving the estate. The estate and the meaning Teagan attach to it begins to shift within her narrative. Whilst Teagan acknowledges the benefits of the green-spaces on the estate, in the same manner as Amber, she states she would be, to quote, '*gone tomorrow*':

> Hannah: why do you say you would be gone tomorrow?
>
> Teagan: I just think I have been here too long, and everyone knows everyone's business around here. I don't have anything to hide, but I don't want to live somewhere, like when you go to the shop everyone is like, '*oh, I know what she has done' and 'did you hear about that?'.*
>
> Hannah: so, it lacks privacy, is that what you mean?
>
> Teagan: well sort of, but well I like the actual estate but I guess I don't like the people on the estate, they are just nosy, like busy-bodies, everyone knows your family, your upbringing, your family business. It's like on here you fall out with someone when you are 5-years old and they have still fallen out with you when you are 25 [laughs]. I just like to get on with my own life…for me it's like, if your face doesn't fit type thing, you know cliquey and for me that it, it's always the same, the same people I went to school with, the same faces, like over and over again… if your face fits, for me, we are not in with that crowd.

Teagan's narrative changes here, where previously she said the estate was quieter and less busy, her comments now paint a picture of it being almost claustrophobic.

Perhaps, this is to do with time, with how long someone lives on the estate and not being able to escape your past, or history on the estate.

I asked Teagan what she means by, *'if your face doesn't fit and 'we are not in with that crowd'*:

> Teagan: like smoking weed, living on benefits, taking drugs, that's like the crowd, they all stick together…one of the problems with estates like this is people don't tend to leave the estate, so they are still around now. Then you grow up and have kids, and they are still around

There is a distinct shift in Teagan's description of family life on the estate, that is both in conflict with her own identity as a mother on the estate and is temporal in nature. For example, Teagan begins to paint an alternative picture and her narrative reverts back to leaning on the dominant images of social-housing estates as being places that are characterised by familial patterns of substance-misuse and benefit dependency. It is this commonly referred to pattern associated with estate life that is often held accountable for creating intergenerational benefit dependency and a general lack of aspiration.

At no point do either Amber, Beth or Teagan consider other reasons that people may remain on the estate. However, all three mothers had explained clearly how they returned or remained on the estate due to being close to family members and peer support networks. Although, there appears to be some tension and contradiction here, particularly for Teagan. The closeness of support networks is valued and needed. However, closeness can also mean less privacy and time away from family and neighbourhood tensions. Throughout all interviews a distinct othering takes place, as those being interviewed try to make themselves and their families distinct from the other families on the estate. Moreover, Teagan appears to feel constrained by the estate and her inability to move freely and anonymously through it. Perhaps this was no more apparent than within the interviews with younger mothers on the estate, whose additional barriers served to further constrain their ability to move freely both in and off the estate, this is the focus of the final section of this findings chapter.

9.5 Casey, Sian, Leela, and Molly

While this research did not set out to specifically explore younger mothers' experiences, what became apparent through analysis of the interviews and the participatory data, was that perhaps more than any other group, younger mothers living on the estate experienced a greater sense of boredom, isolation and loneliness. Moreover, the younger mothers' narratives demonstrate how they are often suspended temporally and liminaly, they are, to borrow from Turner (1967) 'betwixt and between'. Turner's (1967) concept of 'betwixt and between' can be applied here, as younger mothers were not only becoming mothers, they were also entering a period culturally and socially marked in a western context, as adulthood; a point I revisit in section 9.6. As was discussed in Chapter 4, a focus-group interview and participatory-activity was conducted with a group of younger mothers at a 'young-mums' parent and child group [group C], these were conducted across two 'young -mums' sessions.

It was decided to present their narratives together in a complementary manner, as the story that unfolds was told to me in this way. Findings indicate that while younger mothers had some shared experiences with other mothers on the estate, these experiences are often compounded by separation from peers, loneliness, stigma, lack of support, lone-parenting and greater lack of financial resources and stability.

All of the younger mothers that participated were lone parents, or at the very least were carrying out the majority of the parenting related tasks alone, or with very limited support. Some of the younger mothers had strained relationships with other family members and all of them said they had very little income and severely lacked any form of financial security. Casey, Sian, Lyla and Molly were all regulars at the [group C] and participated in both participatory sessions.

Casey was 20-years old when I met her and she had her son at 18-years of age, Casey was currently lone-parenting. Sian was 19 -years old and had her daughter at 17 -years of age, she was in a relationship with her daughters' father, although she stated they were *'on and off'* and that he was not very supportive. Leela, was 20 years old and had her child at aged 18 years and Molly was 19 years old and had her child at 18 years of age, and both were lone-parenting.

Participatory session one: mothering and isolation:

Casey and Sian indicate below, that for younger mothers living on the estate, isolation and boredom were a daily experience, as well as the frustration of not having much to do with their children:

> Casey: there is not much to do on the estate, there is nothing for kids really, not on the estate, it's really boring (Casey, 20, one-child, 2-years).

Sian agreed, and added;

> Sian: the estate is really boring, there is nothing to do, apart from coming to this group, there is absolutely nothing else to do (Sian, 19, one-child, 2-years).

This sense of boredom and lack of access to activities with their children means that Casey and Sian are left feeling isolated and cut-off. During the session Lyla also said that not being able to drive, or having access to a car was a significant barrier, in terms of getting off the estate with her child. She added, that she wished she could have learnt to drive before becoming a mother. Learning to drive was not an option now, due to the associated costs of driving lessons, and then the running of a car. However, Lyla believed that this would be the one thing that would make a significant difference to her and her child's life; in terms of alleviating some of the boredom and isolation she felt.

Amber, Beth and Teagan had all mentioned this sense of being geographically isolated from the city, but for them this isolation did not appear to be translated into this sense of boredom that was articulated so strongly by younger mothers in the group. The experience of isolation for younger mothers appeared to be compounded, as they experienced both geographic, social and peer isolation. Lyla noted that it was hard to maintain friendships with those that did not have children, due to changing priorities once you have a child:

> Leela: they are not that bothered with me now (Leela, 20, one-child, 2-years).

Leela continued and explained that her previous friendship group still wanted to go out and socialise. They had no interest in coming and sitting in her house with her whilst

she looked after her baby. Therefore, fairly quickly, as well as becoming a mother, she had lost the stability of a friendship group. Sian agreed and explained that, because she cannot go out drinking and partying all the time, she has lost a lot of friends, even those that she considered to be good friends before she became a mother.

This appeared to have come as quite a surprise to some of the younger mothers. These younger mothers knew that there would be considerable amount of preparation involved in becoming a mother. For example, they spoke about buying things for the baby, looking for housing and the acknowledgment that they would not be able to go out and socialise, like they used to. However, none of them seemed prepared for the real sense of loss and isolation associated with losing friendship groups. Caught between, what appears to be polar opposites; a young person who socialised and had an established peer group to that of a young-mother, with a lack of support, money and freedom. Finding that mesh, that connection between the two, was emotionally hard, and it was clear to see that for some, this was quite a struggle. It was clear that at times, they grappled with trying to provide for their children and carve out an identity for themselves as a young-person and a mother.

Participatory session two: safety on the estate and 'money'.

Isolation for some young mothers was further compounded by safety concerns on the estate. Particularly, in terms of places to go that were safe for their children to play. These safety worries seemed to be of a more pressing concern to younger mothers, than other mothers in this study. For example, Molly explains what the area she lives in is like:

> Molly: there is often broken glass and needles near where I live, I don't like taking [son] out around all that, it's not nice and like I worry he will get hurt (Molly, 19, one-child 18 months).

> Sian: there are some parks, there is one near me, but the stuff in it gets damaged, like there are no swings at the moment and like there is always glass and stuff and cans and rubbish (Sian, 20, one-child, 3-years).

While, Amber, Beth and Teagan all raised the concept of 'trouble' on the estate, at no point did this translate into feeling unsafe. In fact, it was the opposite with those mothers' stating they felt, for the most part very safe on the estate. Perhaps these

concerns were amplified by the location of the younger-mother's housing on the estate. As they were for the majority lone-parents, they were often housed in flats, rather than houses, and these tended to be in the more unfavourable parts of the estate. However, Casey relates the notion of 'trouble' as being something entwinned with her past and past peer groups. Her point again serves to illustrate how younger mothers are often caught between two identities, Casey says:

> Casey: There is sometimes trouble, especially like kids I used to know...I try and avoid them now, like if I see them in the shopping centre, I will go in a shop (Casey, 20, one-child, 2-years).

In addition, Casey explains that a lack of money also prevents her from doing the things she would like to, like days out with her son or taking him in to the town [city-centre]:

> Casey: I would like to go to town more to do stuff with him...but it works out expensive and I can't afford it, so we are stuck ere really, aint we [shrugs at me] (Casey, 20, one-child, 2-years).

Casey highlights that financial barriers also prevent her from accessing things with her child, particularly wider city-based family activities and facilities. Lack of money or worries about money and paying bills, was seen to be a significant barrier to younger mothers, in terms of limiting their access to activities with their children. Moreover, concerns and worries over money caused additional stresses and strains. During the participatory sessions, all the young-mums agreed that they worried about finances, paying bills and other associated living costs, and that this caused feelings of stress. After household costs, food and associated costs with a young child; for example, formula milk (if not breastfeeding), nappies and baby-wipes, most of the younger mothers stated that they had very little, if any, expendable income left over. This presented a significant barrier in terms of being able to go into the city, and this is not dissimilar to the previous narratives presented in this chapter. Cost was not only associated with travel but also the cost of accessing activities, such as soft-play areas or other related family events, which often had additional charges attached to them.

Without doubt the estate seemed to occupy a juxtaposition in the minds of the mothers whom I interviewed. This was illustrated through their narratives as they grappled with explaining the ways in which they experienced day to day life with their

children living on the estate. The geographical location of the estate and its distance from the city centre, makes it difficult for some families, particularly younger mothers, to physically get off the estate. Many of the mothers I spoke to relied on public transport to get themselves and their children around. This was hard and can be costly for families on a low-income, so many mothers I spoke to, did not make this journey, particularly with young children, until absolutely necessary. However, more importantly the geographical position of the estate, meant that some mothers felt they and their children had been forgotten about. This is an important finding, as feeling forgotten about can contribute to feelings of low self-worth, and that you and your family do not matter to those that have the power to make decisions, like policy makers. Therefore, feeling forgotten about is significant, both practically and symbolically to the families that live both here on this estate, and similar ones in the UK.

9.6 Discussion

We are just shitty estate mums (Amber, 27, two-children 5 and 2-years).

The findings presented in this chapter show how mothers experiences on the estate are both temporal and framed by the cultural and social contexts of their lives at that specific time. The interviews with mothers identified key positives from living on the estate: the welcome green-space, access to nature and being close to family and support networks. The estate also informed an important part of their identity, both as women and mothers. However, they are also aware of the stigma that surrounds the estate and the impact this has on them as mothers raising children there. Moreover, their narratives reveal the ways in which mothers both manage and resist this stigma.

One concept that seemed to connect all of the narratives presented in this chapter is the notion of belonging, or not, and the temporal nature through which this is constructed. There is a growing field of interest in temporality which explores how temporality is constituted through changing social contexts and human interactions (Rahman, 2015; Sharma, 2014; Slobodin, 2018). May and Muir's (2015) work on intergenerational relationalities and belonging in the over 50's. Lewis and May's (2020) work on the interplay of temporality and the built environment on a modernist housing scheme in Edinburgh, brought together an analysis of temporality with

belonging, to show how belonging is made up of different parts. They suggest, "we cannot talk of one, such as belonging to a place, without necessarily talking about the other aspects, such as belonging to a sociocultural world" (May and Muir, 2015:2). Moreover, in their study of belonging in Manchester, Savage, Bagnall and Longhurst (2005) found that people who felt that where they lived reflected who they are as a person, expressed a greater sense of connectedness, sense of self and belonging. What is not so clear is how this sense of belonging might be disrupted by temporal factors. In the case of this study, temporal factors included: negotiating new motherhood alongside being a young-person, the day-to-day experience of dislocation, reputation of the estate, support networks, stigma and othering.

The findings in this chapter reflect similar findings to May and Muir (2015) in so much as that belonging cannot be viewed as a single dimension; for example, we do not only belong to a place, a nationality or culture. Rather, belonging has to be viewed as a temporal process that incorporates both change over time, and changes in place and culture (May and Muir, 2015). In the case of the mothers on the estate their narratives reflected a temporal sense of belonging. The estate reflected in part, things they valued as a mother. For example, the green open spaces for their children, being close to family, connectedness with other mothers. However, often mothers' sense of self and their identities as mothers on the estate was set in opposition to other families, it was this distance from others that could create a sense of dislocation from the estate. The rebuilding of this sense of self, for some mothers at least, was located within narratives of movement, leaving and moving away from the estate. However, this movement was constrained, they did not want to go too far, perhaps because going to far would mean they would lose a sense of belonging and potentially become the 'other'.

The derogative term 'sink estate' has been widely used to describe areas of social housing that are characterised by high levels of social and economic deprivation, unemployment and welfare dependency. While the term had been used periodically in the 1980s and early 1990s, it became a widely used political implement following Tony Blair's visit in May 1997 to the Aylesbury estate in South London. Cameron's subsequent speech later that same year was what Campkin (2013) referred to as a 'watershed moment in emerging sink-estate spectacle'. Slater (2018) argues that, 'sink-

estate' has become a derogatory label, a sort of 'catch all' to describe areas that collect and reproduce all sorts of social problems. In addition, Slater (2018) further argues that the term is more than that, it has become, he says a, "semantic battering ram used time and time again in policy to raise the idea of demolishing housing estates" (Slater, 2018:18). These ideas are based upon what Slater (2018) refers to as a 'highly problematic' social housing report by John Hills in 2007. At the core of this report is the idea that social housing and therefore, housing estates cause poverty, idleness and welfare dependency. However, contrary evidence (Power, 1997; Dekker and Van Kempen, 2004) suggests that countries with high levels of social-housing provision, whilst being simultaneously supported by stable investment; namely Sweden and Holland, have some of the lowest problematic social outcomes.

This overarching emphasis on estates as being the harbourer of social ills fundamentally detracts from what, in some areas amounts to decades of neglect, deprivation, marginalisation and stigma (Slater, 2018). Moreover, in some of the UK's larger towns and cities, estates have been used as a form of consistent ghettoization of people and families already experiencing significant inequalities. While, parts of the estate featured in this research had undergone substantial renovation; for example, the newer houses that Amber discussed living in. There were considerably more areas that had suffered years of neglect; like the area further in the estate that Beth refers to on numerous occasions. During interviews and across the duration of ethnographic fieldwork, participants told me on many occasions how they felt, 'forgotten about'. These descriptions seemed to depart a sense of isolation and segregation from the wider city.

The geographical location of the estate and it's dis-location from the city made it difficult for some families to physically get off the estate. The city was approximately a thirty to forty-five-minute bus journey from the estate. Practically, many of the mothers in this research did not drive, or could not afford to run a car. With the exception of a few, most relied on public transport to get themselves and their children around. This was hard work and can be costly for families on a low-income. Therefore, the majority of mothers chose not to make this journey, until absolutely necessary, particularly with younger children.

This was particularly difficult for younger mothers who lived on the estate. They appeared to feel this sense of isolation more acutely than some of the other mothers did. Younger mothers were not only economically and geographically excluded, they were also isolated from their peers and existing friendship groups. Younger mothers explained that prior to becoming a mother, they would often go into the city with peers for activities such as socialising and shopping. Due to the associated costs and other barriers; for example, appropriate childcare, this had now become almost impossible.

Turner's (1967) concept of liminality, within a rite of passage, and the notion of being 'betwixt and between' is useful, and can be applied here. 'Betwixt and between', refers to the cultural and social practices that surround the movement from one state of being, or social category to another (Turner, 1967). Young mothers were not only adapting to new motherhood, they were also at a transition point in their lives, between adolescence and adulthood. However, their narratives indicate that they were excluded from fully engaging with the cultural practices that mark out both transitions into adulthood and motherhood. Their comments appear to suggest that often these two things were in conflict with one another, as they grappled to somehow forge a connection between these two identities.

Younger mothers also explained that since having their children, they had lost a considerable number of existing friends. While, they had made new friends, like the other young mothers at the group, they sometimes missed their pre-motherhood friendship groups. Similarly, Ellis-Sloan and Tamplin (2018) argued that too often policy recommendations that focus on young mothers have an overarching emphasis on educational and economic measures. The importance of peer groups and friendships are significantly overlooked, but are nonetheless an important aspect of tackling social exclusion.

Limited resources, namely financial, prevented young mothers from engaging with their peers. What limited resources they had, needed to be directed towards everyday living costs and raising their children. This meant very little, if anything was left that could be used for socialising, or other peer-related activities. In the same way, limited resources and support meant they were also excluded from being able to partake fully

in mothering practices. They could not get in to the city easily, they felt unsafe, isolated and lonely.

This is not a new observation, Kidger (2004) argued that New Labour's Teenage Pregnancy Strategy was highly problematic, namely for the way it conceptualised social exclusion solely through the lens of educational, economic and employment related outcomes. Kidger (2004) criticised the strategy for ignoring structural and contextual barriers, arguing instead for a broader understanding of social exclusion and what she referred to as 'relational exclusion'. While, McRobbie (1991) and Phoenix (1991) have found that young mothers can maintain strong informal support networks, particularly when they come from communities where parenting at a young age is considered the norm. Young mothers in this research spoke about how losing friends had been one consequence of becoming a younger-mother, particularly if friends had not had children themselves. However, they had made some new friends at parent and child group [group C] which demonstrates the importance of accessible support for younger mothers, a point I return to in the following chapter.

In January 2016, David Cameron made a direct correlation between what he referred to as 'deep social problems', and Britain's housing estates, when he argued:

> The blocked opportunity, poor parenting, addiction and mental health problems…there's one issue that brings together many of these social problems and for me epitomises both the scale and the challenge we face…it's our housing estates (David Cameron, 2016).

David Cameron was not the first politician to make associations between these factors and Britain's social -housing estates. Slater's (2018) work highlighted that the shift in people's perceptions surrounding Britain's social-housing estates actually began much earlier, and gathered considerable momentum under Margret Thatcher and the Conservative Government of the 1980's. During this period, social housing-estates and access to social housing, albeit classed and gendered, went from being a marker of recognition for hard work and inclusion to that of a label of failure and social exclusion. In addition, a growing aspiration for owner-occupation among the working-classes, encouraged by the Conservative policy which offered sitting tenants the 'right to buy', arguably aided the stigmatisation and 'residualisation' of council housing (Forrest and

Murie, 1983; Rogaly and Taylor, 2011). This arguably created further divide between those who have the capital means to own property and those who do not.

The British right-wing think tank Policy Exchange, published a paper in 2014 entitled, *'the Estate we're in: Lessons from the front line'*. The paper claimed that Britain's social-housing estates were nothing short of a national embarrassment. Arguing, these areas are categorised by lone and poor parenting, low educational attainment, domestic violence and child-neglect (Slater, 2018). Focusing heavily on crime and anti-social behaviour, Policy Exchange (2014) highlighted, what in their view, are the central features of social-housing estates that foster and encourage such behaviours. In particular, they drew attention to the alley-ways (or ten-foots as one of the participants informed me, they are called) that run between the properties on many social-housing estates. Policy Exchange (2014) suggested that it is features such as these that are the root cause of many of the social issues that plague Britain's social-housing estates, and as such, these features should be demolished.

Policy Exchanges' comments undoubtedly informed David Cameron's 2016 Government article, 'Estate Regeneration'. Cameron clearly drew upon their rhetoric when he defined estate alleyways as being; "dark alleyways that are a gift to criminals and drug-dealers" (Cameron, 2016, n.p). These comments are not without critique, writers on the topic, such as Slater (2018) argue that this is a wholly misguided focus and detracts from what is really happening in some of the UK's poorest towns and cities. Furthermore, Slater (2018) argues that think tanks such as Policy Exchange, have too much power and dominance in influencing policy, with much of what they present being based upon a real lack of robust evidence (Slater, 2016a).

These alley-ways are often an integral part of the landscape of older housing estates and provide walkways and access through, and between properties. Often overlooked in comments like those espoused by Policy Exchange, is the way in which 'marked' spaces are used by those who actually reside in these areas, one such group is children. While, the estate has plenty of green-space, this was often located on the periphery of housing, and on the edge of roads running through the estate. Therefore, these spaces would not likely be considered a safe distance from home to play, especially for younger children. However, the spaces between properties made for a

good and often safer compromise. Children would ride bikes, play football, set up dens and make streams and dams in these alley-ways, and therefore, use these 'marked' spaces very effectively as 'spaces for play'. While, these spaces may also be used for other less favourable activities, although I personally never witnessed this, these spaces cannot be solely defined on these terms.

Children's use of such spaces is often marginalised through the political condemnation of them; therefore, children's needs can often be rendered invisible in policy and planning. Van Der Burgt (2008) work on how children use local space in stigmatised neighbourhoods, found that the neighbourhood and its space is an important site of belonging for many children. Children are often very dominant users of external local space, particularly when this space is limited or scarce; or when movement is inhibited by restrictions such as lack of transport, or income. In this way, children are often very visible users of external spaces, even when these spaces are contested. Van Der Burgt (2008) found that factors such as, age, parental restrictions and limited means of transport, meant that children spent a large amount of time within their own neighbourhoods. Similarly, Pia Christensen's (2008) research with 10-year-old children in a village in England, showed that children's understandings of themselves were informed through experiences, memories and use of places in their local environment.

This increasingly dominant image of social-housing estate life has, without question been driven in more recent years by the portrayal and controversial analysis of estate life. Popularised in the media through productions such as: *Little Britain (2003), The Estate (2012), Skint (2013), Benefit Street (2014)*. Productions such as Channel 4's Skint (2013) and Benefit Street (2014) portray social-housing estate life, for the majority of residents, as being antagonistic, dramatic, self-pitying and devoid of aspiration or ambition (Jensen, 2018). In addition, estate life is often featured against a backdrop of high-crime rates, anti-social behaviour, youth delinquency and young-parenthood. Thus, forcing the idea that these places are a mainstay for crime and welfare dependent 'troubled families', underpinned by poor and feckless parenting; known in both journalistic and academic fields as 'poverty porn' or 'austerity porn' (Allen et al., 2014; Jensen, 2013).

'Poverty porn' or 'austerity porn' as a definitive term, has no clear origin. Rather, the term emerged in various journalistic and then academic critiques of films and later media productions that objectify and individualise poverty (Allen et al., 2014). For example, Hester (2014) notes that the earliest example of the term she could locate was in the review of the 1999 film *Angela's Ashes*, published in *Need to Know* in January 2000. However, Hester states that the term itself is not defined, rather it is used summarise the films depiction of the poor. Jensen (2013) defines 'poverty porn' as, "reality TV programmes that seek to individualise poverty, by blaming and shaming the poor for the situations they find themselves in" (Jensen, 2013:9). Perhaps 'poverty porn' is best defined as an all-encompassing term, a nexus of ideas that assists in shaping poverty as being self-inflicted, wilful, shameful and degrading.

A central feature of these types of reality TV show is the depiction of 'class others' (Allen et al., 2014) and that these programmes operate as a mechanism of 'class making', within the cultural realm. For example, Owen Jones influential 2011 book 'Chavs', suggests that the demonization of the working class and the damaging stereotypes of working-class people have been perpetuated by productions such as Little Britain. Such stereotypes serve to reinforce the notion of poverty as an individualised problem, rather than one of ongoing structural inequalities. Jones notes; "the demonization of the less well-off, makes it easier to justify an unprecedented and growing level of social inequality" (Jones, 2011: 37).

There is a wealth of literature that explores the complex relationship between place, neighbourhood, identity and stigma. However, there is often a tendency to subsume these concepts into one and use them interchangeably, (Permentier et al., 2008; Bailey et al., 2012) without considering the different impact they have on people and their experiences. It is vital that research on such phenomena, is careful to make distinctions between identity, reputation and stigma, as they actually denote very different things (Permentier et al., 2008). These concepts are important, because they help us better understand how *certain meanings,* and the ways in which they are attached to *certain places,* inform how *certain people* – mothers*,* make choices and decisions. The meanings attached to particular places are intrinsically bound up with identity, image and reputation. Never a constant and temporal in form, these places hold different meanings to different groups of people, and these meaning shift across time and place.

A concept that has become increasingly important, particularly when looking at levels of residential satisfaction is that of *image (*Skifter-Anderson, 2019). Image can mean various things in different contexts. Rijpers and Smeet (cited in Skifter-Anderson, 2019) made useful distinctions between three types of images. The *'internal image'*, the one held by insiders or residents of a place, the *'external image'*, the one held by outsiders and the *'self-reflecting image'*, the one insiders, or residents believe outsiders hold of them and what they believe others think about them. Mothers were acutely aware of the estates external image, and the associated stigma that this presented for them as mothers raising their children on the estate. As Amber aptly put it; *"they all just assume we are shitty [name of estate] mums", the use of 'they'* refers to those who do not live on the estate, or outsiders. This had consequences for mothers and was negotiated and handled in various ways.

Amber and Beth in particular, invested quite heavily in displaying resistance to this external image. Both mothers engaged with alternative modes of display, to counter-act what they perceived to be a negative self-reflecting image. Amber and Beth worked hard at constructing alternative narratives that actively challenge the dominant narrative of mothering on estates. In particular, the notion that 'good'-mothering, and all the laden connotations such a term holds, cannot or should not be possible within the context of 'toxic-places', such as housing estates.

For Beth, this included ensuring her home and her children were immaculately presented. Beth discussed on many occasions how she shopped carefully, prepared all their meals from scratch and did not rely on ready meals and frozen food. However, it was Beth's refusal to claim state-benefits, although her family met the criteria, that spoke volumes in terms of her resistance to dominant discourses of reliance and dependency that surround mothering on housing estates, and younger mothers in particular.

Alternatively, Amber worked hard at displaying and maintaining an alternative image to the one she believed she was burdened with, by those who did not know her. For Amber, it was the articulation that she both felt and behaved differently from other women and mothers on the estate. Even as a younger woman, Amber explained how

she distanced herself from, and to some extent challenged stereotypical behaviour, to quote: *"why have you got to be like that"?*

Amber associated her approach to mothering with what is often considered to be more intensive mothering practices. These practices, for example include, longer-term breastfeeding, baby-wearing (carrying the baby in a sling rather than using a pram), self-weaning and baby-led approaches, are commonly associated with more middle-class approaches to mothering and supposedly based on similar ideals. Therefore, being radically distinguished from supposed working-class mothering practices (Geinger et al., 2014; Romagnoli and Wall, 2012; Choi et al., 2005; Gilles, 2005). This alignment of her [Ambers] own practise, with that of the wider template of intensive parenting, served as a protective mechanism, not being like 'other' mothers on the estate. While, simultaneously displaying resistance to the dominant imagery of estate mothers. However, albeit inadvertently, her insistence that she was different from other mothers on the estate, almost serves to reinforce the very image she tries so hard to deconstruct.

Another useful concept used in the literature is that of reputation. Reputation is defined as, "the beliefs or opinions that are generally held about someone or something" (Permentier et al., (2011:978), be they positive or negative. The GoWell (2010) longitudinal research program in Glasgow, found that across housing estates, both inner-city and peripheral, there is a high recognition by residents of the existence of negative area reputations (Bailey et al.,2012). Reputation, is not dissimilar to image and in particular, Rijpers and Smeet's (2008) idea of the external image. For example, Amber stated that she knew the estate was viewed as being '*really bad'*. However, she qualified this by saying this view was mainly held by people who did not or have never lived on the estate. Implying that for those who reside on the estate, the lived experience is different.

The reputation of a place can of course vary by social group and across time and place. Reputation, normally has to be widespread and well established to impact upon identity and stigma. While both positive and negative reputation influence identity, it is the application of negative reputation that will impact upon stigma. Referring to negative place reputation, Bailey et al., (2012) suggest that these places are generally

considered by those living in nearby towns or cities, to be places that have low desirability, and that only people with little, or no choice would reside there. Not dissimilar to Wacquant's (2007) observation that advanced marginalisation is becoming increasingly concentrated in isolated and bounded territories, "where only the refuse of society would accept to dwell" (Wacquant, 2007:67). Moreover, Bailey et al., (2012) have argued that once these views are entrenched, they are very hard to shift, even when considerable change has taken place. In turn, this has both a negative and enduring impact on the people that live there.

Some of these concepts have been challenged. For example, Flint and Batty (2008; 2010) reported that residents did not view their neighbourhoods as strong determinants of their self-esteem, nor did they, "necessarily conceptualise them in comparative terms in relation to reputation or status" (Flint, 2008:22). They also suggested that many residents may not even be aware of the image their own neighbourhood has. However, Wright's (2018) research on Glasgow's housing problems, argued that their findings were contrary to that of Flint and Batty. Wright (2018) study which focused on Glasgow's housing problems, found that people residing on housing estates are more than aware of the external bad reputation that these places hold, and that these beliefs were well-founded. Often due to negative press coverage, particularly when this occurs over a long period of time.

Wright (2018) suggested that residents often managed this externally held negative reputation, through what is essentially an internalising of stigma. Not radically departing from Wacquant's (2007) concept of *lateral denigration* and *mutual distanciation*, which was drawn from his theoretical concept of territorial stigmatisation (Wacquant, 2007). Based upon comparative research between the black American ghetto and the French working-class *banlieue*. Territorial stigmatisation is one of three spatial properties Wacquant (2007) proposes, to support and advance his ideas of advanced urban marginality. This lateral denigration becomes a powerful force and mode of survival, in that people claim stigma and label it before others can. A type of appropriation of self-internalised stigma is displayed. This is done through acts such as agreeing where you live is devoid of many positives, highlighting social ills before others can, and being outwardly ashamed of where you live.

Data from this study suggests that mothers did not simply resign themselves to the stigma. While, they did sometimes draw on dominant stereotypes, this was often done using humour and sarcasm. For example, on more than one occasion, participants joked about the dominant stereotypes that often plague mothers and families on social-housing estates. Ambers previous comment, regarding being viewed by outsiders as, '*shitty estate mums*' and Teagan's response that '*it's not all Little Britain on here*,' can be understood as simultaneously appropriating and deflecting such imagery. Considerable time was spent during interviews highlighting positives about where they live, often working quite hard to dispel dominant stereotypes surrounding the estate. Moreover, mothers were, for the main part reasonably content and happy living on the estate.

Similarly, to Wacquant's (2007) observation, participants did engage with a process of distancing and othering, this was mainly associated with the notion of alleged *'trouble'* or *'troubled-families'* on the estate. This was managed in various ways, but always involved a process by which they distanced the '*self*' from '*others*' on the estate or '*other' areas* of the estate. In a similar vein, Wacquant (2007) noted that participants in his research engaged with a distancing of self, from the sullied. Participants often labelled other parts of the estates being '*worse*' than where they resided [Beth]. Claiming that it is '*other families*' that are the problem on the estate [Beth, Amber and Teagan], or during interviews discussing *other mothers'* approaches to parenting in a negative or disapproving manner [Beth]. In addition, some participants explained their reasons for being on the estate [Beth and Amber] and held partners responsible for making that decision [Teagan].

Where mothers' descriptions of where they live depart from the accounts put forward by Wacquant (2007) and Wright (2018) is that while they did at times engage in a process of distancing and othering, they also, and contrary to the concept of *lateral denigration*, invested a significant amount of discussion to the highlighting of positive aspects of living on the estate. While Wacquant's extended work on territorial stigmatisation acknowledged that at times and particularly historically, stigmatised places could provide a sense of '*collective identity*' and '*strong positive identification*', particularly among the working-classes and ethnic minorities (Wacquant, 2007:70). He

argues that overtime, association with these places has become increasingly *'burdensome'* and *'alienating'.*

Mothers spoke about the amount of green-space and open-fields available, and the wildlife that this often attracted. This was articulated in terms of feeling *'fortunate'* or 'lucky', with mothers indicating that they did not feel such sightings would be possible in other areas of the city, and that access to such things was beneficial to their children. On other occasions, the positives involved discussion about being near family and support networks, or taking pride in their home. Therefore, their narratives contained an almost protective element towards the estate and where they lived. These factors were as important to them, if not more so, than the less favourable aspects. Therefore, it appeared to be important to mothers in this study that I heard and recorded these positive aspects too.

These findings are interesting, as they go some way in demonstrating the constant negotiation of identity that takes place for mothers on the estate. Moreover, findings suggest they were not passive victims of negative stereotypes. Neither, were they unaware of the derogatory images and narratives, both political and public, that surrounds those who live and parent on social-housing estates. However, this does not mean that they were immune to such stereotypes, and that they did not impact on the ways in which mothers felt about themselves and their families. Therefore, on occasion, they highlighted some of the perceived negative aspects of the estate. As noted in the findings, this was mainly done through hearsay and gossip. However, the act of partaking in such discussions meant that participants effectively, albeit inadvertently, contributed to the all too familiar dominant rhetoric, that is produced and re-produced through political and journalistic channels. However, this narrative did not often match actual lived experience; therefore, this narrative was not a true reflection of participants' day-to-day experiences on the estate.

Perhaps nowhere was this more obvious than in their discussion surrounding 'trouble' on the estate. The use of the term 'trouble' in this sense, refers to the commonly held perception of the term 'trouble', including: anti-social behaviour, visible crime, violence, drug-dealing and so forth. With this in mind, the notion of 'trouble' on the estate was an interesting phenomenon within the data. 'Trouble', was rarely, if ever,

directly witnessed, or experienced by any of the participants. Neither, did I experience or witness any actual 'trouble' while I was undertaking fieldwork or interviews. However, the 'trouble' narrative was a fairly constant one. Rather, the concept featured as a backdrop in discussions about living on the estate. I often heard these things through whisperings of hearsay and gossip about others, or other areas on the estate. Interestingly, while rarely directly experienced, it was sometimes cited as a reason for wanting to leave the estate. The creation of the 'trouble 'narrative through repeated conversations was enough to ensure its presence was continually felt. However, some mothers felt that there was more 'trouble' and greater risk in the inner-city areas, and recent crime data seems to support this.

Data showed that for the city as a whole there had been an overall increase in crimes reported in the year ending June 2019, and that the city had a higher-than-average crime rate, when compared with similar areas. However, during the same time period, crimes reported on the estate had decreased (Home Office, 2019). It is important to recognise that data such as this, needs to be read in context with other sources. For example, there may be variants in terms of how crime on the estate is reported, and the types of crime people report. The lower rates of crime being reported on the estate does appear to corroborate with the lack of direct personal experiences provided by participants. However, perhaps what matters here is not the actual witnessing, or experiencing of 'trouble', rather what matters is the belief that it does exist.

Echoing Permentier et al., (2008:2) "both residents and non-residents may construct neighbourhood reputations based on information which is not necessarily accurate". It is the prevalence and re-production of narratives such as these, that serve to both perpetuate and sustain the negative rhetoric, that surrounds such places. At points, mothers contribute to the construction of the very narratives they work so hard at dispelling, by framing 'trouble' as primarily an individual and social problem. Bourdieu's initial conceptualisation of the term doxa, a concept read from Husserl's work on phenomenology. The term *doxa*, from a Bourdieusian perspective provides a lens, or framework by which taken for granted and socially accepted, yet fundamentally misrecognised, socially arbitrary nature of symbolic power. Bourdieu suggested that "words make things, because they make the meaning and consensus on

the existence and meaning of things, the common sense, the doxa, accepted by all as self-evident" (Bourdieu, 1996:21). Therefore, the reproduction of the 'trouble' narrative by mothers effectively contributes to the authenticity of that doxa. If those who reside on the estate are in consensus that the estate is a place often defined by its 'trouble', then this certainly must be true. Even when those contributing to the narrative have rarely, if ever experienced the phenomena in question.

Almeida (2021) notes that Pétonnet's (1982) earlier work on 'penalised places' made important contributions to the field. Pétonnet's observed that people often utilised a process of distancing through displaying denial of belonging to the neighbourhood, while, simultaneously offering narratives that helped explain their being there. While, mothers did not deny belonging to, or being part of the neighbourhood, they did at times offer a narrative that justified them being there. For example, Teagan, explained that it was her husband who was happy to live on the estate, but she would be *'gone tomorrow'*, if such an opportunity presented itself. Alternatively, when projecting to the future, some mothers painted an alternative picture and narrative to the one they were currently living. This sometimes involved imagining themselves and their families living off the estate.

Amber explained that one-day, '*if / when, they had enough money'*, she would like to move off of the estate, to a *'nice village'* on the outskirts of the city. For Amber, being able to move off the estate seemed to display a sense of agency and control, in terms of having a degree of choice over her, and her family's lives. Moving off the estate also appeared to symbolically represent a sense of *'making it'* in life, a display of social mobility. Amber's comment regarding *'if we had more money',* is telling. In so far, as it initially indicates that for Amber living on the estate and thus, moving off the estate is driven purely by economics. Being able to move off the estate would demonstrate that she and her family no longer *had* to live on the estate; it would be by choice, rather than lack of. The term 'initially' used above, is purposefully done, as later Ambers comments indicate that *living on and moving off* encompass so much more than just economics.

To place this data in context, it is important to recognise that Amber may be articulating what she feels would be expected of her. Reiterating, Wacquant's (2007)

point regarding the leaving of sullied places. Wacquant (2007) aligns the stigma of sullied places to the third type of stigma catalogued by Goffman (1963) marks of 'race', 'nation' and 'religion'. Wacquant posits that this is the easiest mark of stigma to be dissimulated, through mechanisms such as geographic mobility. What is neglected in both Wacquant's thesis and the literature in general, is the issues that can arise from social and geographic mobility.

Although mainly journalistic and auto-biographical, Lindsey Hanley (2016) covers this articulately, in her personal account of social-mobility through the classes. Positing, that the proverbial ladder of social mobility is discussed freely, yet the walls that come with this are discussed much less so. Hanley succinctly argues that, "social mobility has its limits: limits which, perhaps, you have to set yourself in order to stay at least halfway related to the person you started out as" (Hanley, 2016, p.x). Ambers later comments seem to indicate that she would not wish to severe the tie completely with the estate, and all that entails. Amber stated that she would still like to remain close to the estate, perhaps, far enough away to hint at social mobility, but not so far that she no longer belongs.

On closer inspection, not being too far, both in geographical and social terms, can serve as a protective mechanism. Keeping the geographic and social distance to a minimal, enables Amber to be able to return, should she not be accepted outside of the estate. But, far enough away to symbolise an element of social and geographic mobility and thus, success. As noted above, social mobility is often treated in political spheres as something wholly positive. A mechanism certain groups should strive for, a simple vertical and mainly economically driven transaction. The complexities and nuances of lateral mobility are rarely discussed, yet these are perhaps the much harder transitions to make.

The narratives of the mothers on the estate reveal a sense of belonging that cannot be viewed as a one-dimensional phenomenon. Rather their experiences of mothering on the estate, cannot be separated from it. These experiences have to be understood as interconnected and temporal processes that are negotiated and renegotiated, through place, stigma, reputation, connection and dislocation.

In terms of addressing issues like isolation and loneliness, having access to locally based support and amenities is vital. Therefore, having good quality and easily accessible provision was key to alleviating some of the isolation and exclusion experienced by mothers in this study, as well as in some instances providing somewhere safe to be with their children. With this in mind, the following chapter will explore the role of mother and baby groups in these mothers' lives. These groups were viewed by mothers as being pivotal, in terms of tackling some of the broader and less visible issues that mother's face; such as, boredom, isolation and loneliness – this is the focus of the following chapter.

Chapter 10 The role of formal and community-based parent and child groups

> Kelly: I think the little play-groups have been an absolute life-saver, they have really helped me (Kelly, 29, one-child, 3-months).

10.1   Introduction to the chapter

Supportive and inclusive parent and child groups can play a key role in tackling isolation and loneliness in the early weeks and months of parenting. Subsequently, this chapter draws on the comparative character of the fieldwork and interviews that were undertaken. Ethnographic illustrations across three settings coupled with interview data help illuminate women's experiences of accessing, engaging with and being in parent and child groups. As discussed in Chapter 4, section 4.6, the majority of participants accessed some form of parent and child group, be that formal or informal. Therefore, this chapter explores the role that parent and child groups played in mothers early experiences.

Ethnographic data and interview data were collected across parent and child groups. As noted in Chapter 4, section 4.5.2 the groups are referred to as A, B, C, D: Groups A, B and C were formal provision, based in Children's Centres on the estates, were Local Authority funded with fairly large paid staffing-teams. Group D was informal and ran out of a church-hall on the estate, with one paid member of staff and the rest as volunteers.

Two main themes emerged from the data, these were: mother's motivations for accessing parent and child groups; and the barriers faced with regards to accessing groups. When mothers spoke about their motivations, they spoke about these in terms of motivating factors in relation to themselves and their children. For example, key subthemes included: getting out of the house, making friends and establishing support networks. With regards to their children conversations centred around the socialising of children. However, mothers also discussed some of the barriers they felt when accessing groups and these included concerns about not fitting in and feeling judged by other mothers. The sub-themes are outlined for the reader at the beginning of each section. To assist the reader with contextualising the data, where a mother was recruited through a parent and child group, I have listed which group they attended in

their personal information at the end of each quote. Where a group is not included, it means they responded to the call for participants and that I did not attend a group with them. However, I asked them during their interview whether they attended groups and their experiences of this.

Chapter 2 of this thesis discussed some of the key reports that have sought to tackle the issue of health inequalities in the UK, this discussion culminated with a precis of the Marmot Review (2010). As noted in Chapter 2 a key policy objective, and the initial impetus for this thesis was Marmot's objective: 'give every child the best start'. An important directive within the 'best start' objective was improving early years facilities and supporting parenting through access to good quality parent and child groups (Marmot, 2010).

The findings acknowledge this need to improve facilities and support access. However, improving facilities and supporting access alone does not suffice if the groups available fail to meet local need. Narratives indicate that mothers need a range of provision, including the much less formalised statutory provision. Mothers need groups where they can belong, make friends and establish support networks, and provision, particularly more formalised groups should do more to facilitate this. Moreover, mothers' narratives indicate that when they have access to a group that meets their needs, it can have a profoundly positive experience on early mothering.

10.2   Women's motivations for accessing and engaging with parent and child groups

This section explores some of the motivation's mothers discussed for accessing parent and child groups, as well as some of the key drivers behind these motivations. Subsequently, this theme presents the key motivations and reasons for seeking out and accessing a parent and child group. During interviews mothers discussed varying motivations for accessing and engaging with parent and child groups. The drivers behind these motivations mainly centred around feeling isolated and lonely. These needs were amplified by factors such as, already feeling cut off or isolated, or having minimal contact with other mothers with children of a similar age.

With this in mind, the subthemes that contribute to the overarching theme of motivations are set out as follows:

Section 10.2.1 discusses a key motivation that mothers articulated, which was to get out of the house and escape the confines of the 'four-walls'. Section 10.2.2 shows that alongside the need to get out of the house, mothers also discussed a desire to meet other mothers and make friends. This was especially important to those mothers that lacked what they referred to as 'mum-friends', or if they were at different stages of childrearing from their friends and peers; for example, if their friends had older-children. Subsequently, section 10.2.3 explores the role that parent and child groups play in the building of friendships. Ultimately many mothers were looking to establish longer-term support networks that they could draw upon. Finally, section 10.2.4 closes the theme of 'motivations' by looking at how mothers often drew upon more dominant discourses and language when speaking about socialising their children with others, with a focus on 'bringing them on' and even using the term 'school readiness'.

10.2.1 Motivations: getting out of the house

A key motivation for mothers accessing local parent and child groups was the need to escape the confines of the house. Beth and I are at her house and as we prepare to head to the group for the afternoon, I ask Beth how she found this group and why she attends it with her children:

> Beth: It was Amber I think who had put it on [Facebook] and I thought, 'that's not too far, I can get there'. Buses are hard with a double pram and we don't drive, so public transport is our thing. So, I thought, great not too far and it will help me…you know…get out of the house.
>
> Hannah: Is that important to you, getting out of the house I mean?
>
> Beth: I think as a mum, especially with two kids, I think you need to get out, you can't be stuck in all the time. As much as you might love them and I do lots of things with them, you go crazy in *four walls* with them all the time (Beth, 23, two-children, 2-years and 10-months, group D-informal).

Similarly, during interviews, Elaine, Ruth and Nicky also spoke about the need to get out of the house. Like Beth, Elaine used this notion of 'four walls.'

> Elaine: In the beginning it was just a matter of getting out of the house really, I think she must have been about 4 months old; I was very guilty of

just staying in and not getting out much, you know when you just want to get out of these four walls, and well [pause] I think it was a combination really, like for her and for me (Elaine 28, one- child, 11-months, group B-formal).

While Ruth and Nicky both described how they would go 'crazy' or 'bonkers' stuck in the house. In addition, Nicky notes how she feels it is easier to parent outside of the house:

Ruth: I think I would go a bit crazy, stuck in the house 24/7 (Ruth, 32, one-child, 9-months).

Nicky: …for me, I find parenting in a house much harder than parenting out of the house. So, I do think for people that are more isolated…parenting must be so hard…I could not parent all day in this house, it would drive me bonkers (Nicky, 38, one-child, 2-years, uses multiple groups).

Adding to this, Beth describes how she had a need for some adult based interaction and conversation:

Beth: So, it's nice to see some adults and have adult conversation. I think interaction is important, and maybe even not so much for them, they are happy here playing with toys. But for me, and I think for all mums, you need that interaction to keep you sane. (Beth, 23, two-children, 2-years and 10-months, group D-informal).

Amber states that she was very focused on giving her son the 'best start' but that she needed the group to give her that all important down-time:

Amber: When I had [child] that was my focus, I guess I didn't care about friends or anything. You know, I was like, I need to give him the best start, teach him things and things like that, the only time I really let my kids go wild is at playgroup, where I don't watch them all the time. and that's because it's the time to catch up with adults. The groups for me are about adult interaction, not stop parenting, but not have to worry so much about entertaining them and just let them play (Amber, 27, two-children, 5-years and 2-years, group D-informal).

Similarly, Rowena also felt that the groups provided a space where she could relax:

Rowena…it's easier to be in a room, say at a playgroup, you know they can't escape and they can just burn off energy, you don't have to watch them all the time, you can sit and have a coffee (Rowena, 34, two-children, 3-years and 6-months, uses multiple groups).

Motivations for seeking out and accessing a group were driven by the need to get out of the house and have some adult conversation. However, building upon these early motivations was the desire to make friends. Section 10.4 highlights that policy objectives often overlook the importance of such things as friendship, in favour of health or educational outcomes. Findings suggests that a key motivating factor for mothers was to make friends. Importantly, these friendships can be the beginnings of establishing more stable support networks.

10.2.2 Motivations: making friends

Accessing a parent and child group provided the opportunity for mothers to make new friends. Mothers sometimes spoke about not having many what they defined as, as 'mum-friends'. This could be due to being the first one in their peer group to have a child, or if there were considerable time-lapses between children, or gaps between themselves and their peers having children. Many mothers found themselves at home alone with their children for long periods of time. Attending parent and child groups was an important activity that not only enabled mothers to get out of the house, but also provided a vehicle through which to meet other mothers.

While Ria also stated that she had a need to get out of the house, she also notes that this early motivation was also driven by wanting to meet other mothers:

> Ria: Initially, I think, in the early days, like when she was a few weeks old, I went to the groups really as just a way to get out of the house and meet other mums and things (Ria, 28, one-child, 10-months, group B, formal).

> Elaine: …I go these groups, like the one I met you at and well I don't really socialise with other mums, so, I don't really know [pause] I guess to meet other mums (Elaine 28, one-child, 11-months, group B-formal).

These feelings, unsurprisingly are compounded by a sense of isolation and loneliness. In addition, some mothers felt the need to establish a support network of 'mum-friends', accessing a parent and child groups could be one way of facilitating this. Rowena's comments also capture this need to meet new people, to help combat feelings of isolation and loneliness:

> Rowena: …and I just tried to make friends with people in different places, so we tried to go to a different playgroup every day, meet new people and

talk to new people (Rowena, 34, two-children, 3-years and 6-months, uses multiple groups).

Hannah: why was that important to you?

Rowena: …well I really struggled with feeling lonely with [son] and um, I only ever had one friend with a child when I had him and she was back in full-time education and her children were in nursery, so I didn't really see her very much. So, I used to go to groups to meet new friends (Rowena, 34, two-children, 3-years and 6-months, uses multiple groups).

10.2.3 Motivations: establish support networks

Once mothers were able to make friends, they could start to establish a support network. Some mothers explained that prior to having their children they lacked an appropriate support network. For some mothers like Amber, this meant that changes had to be made that enabled them to have positive early experiences, creating a support network they could draw upon is integral to this:

> Amber: well, it's that thing 'it takes a village to raise a baby', and my village was made up of unsupportive people and arseholes, whereas, now its people who are like me and who parent like me
>
> Hannah: and did coming to this group help with that?
>
> Amber: yeah, without doubt, its opened loads of doors and I have met some really great people and made some good friends (Amber, 27, two-children, 5-years and 2-years, group D-informal).

These changes, or the creation of a supportive 'village' were often facilitated by having access to a parent and child group. It is within these dedicated spaces that mothers can forge new relationships and be supported to establish an ongoing support network. Like in Ambers case above, Lyla and Ria explain below that accessing a group facilitated the establishment of a support network:

> Lyla: obviously now I've got a group of mum friends, as well
>
> Hannah: that you've met through the groups?
>
> Lyla: yes, we started doing lots of groups, and then through that, kind of, got a good network of friends, and other mums (Lyla, 31, one-child, 9-months, uses multiple groups).

Ria had a similar experience:

> Hannah: did you already know these mums?
>
> Ria: no, I met them at the group and now we see each other outside of the group (Ria, 28, one-child, 10-months, group B-formal).
>
> Shona: these are like community groups yeah…we have got a little group of mummies, we all made friends at Babbling Babies and we are all really good friends now…we meet up and do lots together and talk and support each other (Shona, 34, three-children, 6-years, 2-years, 28-weeks pregnant, uses multiple groups).

In Sara's experience, she lives away from family due to her husband's work. Sara recalls how isolated she felt and how attending groups was a real catalyst for change:

> Sara: it might be different if you live on the same street as your mum and you have like five brothers or sisters and some of them have had babies and you have helped with them, picked them up, things like that
>
> Hannah: so, where do you get support from?
>
> Sara: I have met so many mums, playgroups and groups…and so many of my friends have had babies and we talk openly about how we have got on (Sara, 36, two-children, 6-years and 2-years, uses multiple groups).

10.2.4 Motivations: socialising children

This sub-theme explores a common motivation cited by mothers for attending a parent and child group, which was to socialise their child. Mothers were acutely aware of the dominant messages such as those discussed in Chapter 3, that suggest that an aspect of good parenting is to 'socialise' and 'bring on' their children. This message was often incorporated into wider values such the learning of appropriate behaviours; for example, playing nicely and sharing toys. On occasion, mothers would draw upon parenting and child-development advice to qualify their responses. For example, phrases like 'school readiness' or 'bringing them on' were sometimes used in conversations and interviews, even when speaking about relatively young children. This consuming and ultimate presentation of discourse reinforced the concept that they were 'doing' mothering correctly, particularly in spaces that incorporate a level of surveillance, like parent and child groups.

Ruth and Elaine draw on the notion of socialising their children with others, although in the previous section both mothers cited wanting to make friends, later they forefront their children's needs; for example, being with other children and learning new things:

> Ruth: …and it's good for them to be out [gestures to child] especially with other children and doing, like learning new things, do you know what I mean? (Ruth, 32, one-child, 10-months, uses multiple groups).

> Elaine: …and obviously I think it's good for her to see other babies and stuff, like it's more important for her, I think (Elaine, 27, one-child, 8 months. Group B-formal).

Similarly, while Beth also speaks about socialising with other children, the focus here is on playing nicely with other children:

> Beth: well, um, I want them to socialise with other kids and learn to interact and you know, with other kids in social situations and the like.

> Hannah: why is that important?

> Beth: well so they learn how to play nicely and like share things, I don't want them to go to nursery or school and not know how to play nicely [pause] I don't think that is ok and I would worry about that (Beth, 23, two-children, 2-years and 10-months, group D-informal).

Interestingly, Beth states she would worry if her children went to nursery or school and did not play nicely, perhaps believing this would reflect badly upon her parenting:

When discussing the importance of attending group, Mia questions why would she not go, when it 'brings them on so much':

> Hannah: Why do you go to the group?

> Mia: I think you just have to think, it's doing me some good and it's doing them some good, so I wouldn't not go as I think it brings them on so much (Mia, 33, two-children, 9-months and 5-years, group B-formal).

Ria draws upon slightly more formalised discourse, as discussed in Chapters 2 and 3. Ria's child is 10 months old, but she uses phrases like 'prepare them for nursery' and 'getting ready for school' to qualify her motivations for attending the group, she also asks me: that can only be a good thing, right?

Ria: I think taking them to baby groups helps them prepare for nursery and getting ready for school, like it socialises them with other children and that can only be a good thing, right? I want her to be ready for nursery and school (Ria, 34, one-child, 10 ½-months, group B-formal).

Interestingly, Lyla linked this desire to socialise her child with her and her partners own value system. During the interview Lyla spoke about the characteristics and values she would like her daughter to grow up with. Lyla identified these as being strong, independent, confident and valued for who she is, Lyla explains:

Hannah: why do you feel socialising [as you put it] is important?

Lyla: um, well…values I suppose… yes values. We're very keen to socialise her, so she spends a lot of time with other adults and children. Just exploring different situations really. We don't spend much time in, we are out and about a lot, meeting other people, doing different things and we think that will, well hopefully it will help her development and her confidence, in herself and that sort of thing (Lyla, 32, one-child, 9-months, uses multiple groups).

This section has presented the data that discusses some of the key motivations' mothers spoke about with regards to accessing parent and child groups. However, accessing groups was not always easy for mothers. Following this, the subsequent section discusses the data regarding some of the barriers and challenges that mothers faced when accessing parent and child groups.

10.3   Barriers to access: stepping through the door

The preceding section provided data around the motivation's mothers had for accessing parent and child groups. This section explores some of the barrier's mothers faced when trying to access a group. By far the hardest part for mothers accessing a parent and child group was taking that initial first step through the door. Mothers expressed various fears and worries with regards to taking this initial step, these are discussed as follows:

Section 10.3.1 mothers often expressed concerns that the other mothers at the group would not be like them. This feeds into the second subtheme which is discussed in section 10.3.2 that mothers were worried they would feel excluded from the group. However, these fears were expressed in different ways. Those mothers who lived on the estate were more worried about being judged and excluded; whereas, mothers

travelling in from outside the estate to attend the group were more concerned about the 'types' of mothers that might be at the group. While there are similarities across these narratives, namely 'not fitting in', they operate from very different places.

For the majority of mothers in this research the initial accessing of parent and child groups was the hardest part. The catalyst usually included factors, such as those discussed in section 10.2. While mothers may have articulated these concerns in different ways, their narratives are connected through a sense of worry and fear that they would not belong, and a lack of confidence in their ability to successfully 'do' mothering in a group setting. They were also concerned that they may not parent in the same way as other group members, or that the group would be significantly different from them in terms of background, family configurations, or social status.

For most mothers these fears were alleviated once they started attending the group. However, some mothers reported feeling excluded at the more formalised groups, opting instead to attend community-based parent and child groups. This chapter offers a way of identifying these range of experiences by drawing on interview and ethnographic data to highlight mothers differing experiences of accessing, and being in parent and child groups. This chapter therefore suggests that in order to effectively meet this range of needs, local groups must meet local needs, and diversity in provision is to be supported.

An early fieldwork observation provides some context and helps set the scene. It describes my initial response to stepping the doors of the parent and child groups:

> *I attended [Groups A and B] this week for the first time. I tried to focus on that initial step through the door that mothers might get. First observation - it struck me, particularly at [Group B] that what hits you as soon as you walk in is all the visual advice and guidance posters all over the walls. The posters covered breastfeeding, healthy eating, child-development, safe-sleeping. Nearly all the posters except the healthy eating one had only a woman in the picture with the child. There were some that showed different ethnicities, none that I could see showed diversity in terms of family configuration. This could be off-putting as the images are everywhere, you really feel bombarded, even in the 'play-room'.*

> *Note added later- [Group D] had very little visuals, apart from displaying the children's art-work that they had painted at the 'Messy-Play' session. One small leaflet for domestic abuse and one for the breastfeeding peer*

support team. Again, a lack of diversity, but not many visuals in terms of
advice and guidance anyway, less off-putting perhaps and appears to have
a more neutral agenda [Fieldwork observation].

10.3.1 Barriers to access: not like me

I am attending [Group D] with Beth today. As Beth and I are getting ready to head off, I
ask her if she can recall her early experiences of accessing the group. She told me that
she had found the group through a social media post, however, it took her several
weeks to summon up the courage to actually walk through the door:

> Beth: Oh yeah, God, I was so nervous the first time, like really nervous
>
> Hannah: walking into the group?
>
> Beth: …yeah. I was so worried they would all be like stuck up women that
> are all like, 'you can't join our group' [laughs] but obviously I now know
> they are nothing like that (Beth, 23, two-children, 2-years and 10-months,
> group D-informal).

Amber and Mia also recalled having these initial concerns and worries:

> Amber: I just remember thinking, like what if they all just stare at me
> [laughing] like no-one speaks to me, like they are all really snobby (Amber,
> 27, two-children, 5-years and 2-years, group D-informal).
>
> Mia: maybe because I had a bit of the post-natal depression, like I lost
> some confidence, and you think, 'oh are all these mummy's going to be like
> staring at me when you walk in type thing' (Mia, 33, two-children, 9-
> months and 5-years, group B-formal).

As well as feeling like she had lost some of her confidence, Mia's other concern as that
her baby might disrupt the group, she explains:

> Hannah: you said you were really worried at first [about attending the
> group] why was that?
>
> Mia: I think you are scared of interrupting, like if you have a screaming
> baby…but once you go you know that it doesn't matter and everyone is in
> the same boat in that class (Mia, 33, two-children, 9-months and 5-years,
> group B-formal).

Chloe had concerns about being the oldest mother at the group. However,
interestingly, Chloe engages with a process of othering 'other' mothers to articulate

her own fear of not being accepted in the group. These broad assumptions about the type of mothers that live on the estate were discussed in greater-depth in Chapter 9. However, in Chloe's case she uses these to describe the type of mothers that she thought might attend the group:

> Chloe: at first, I was like, 'oh my god', I was so worried that I would be the oldest by like years, or the groups will full of young lasses in trackies or they will be 'chavy', that's sounds wrong, saying it like that, but do you know what I mean? But when I went in, I was just so blown away by how nice everyone was, it was really good (Chloe, 41, two-children, 2-years and stillbirth, uses multiple groups).

Ria, also held some preconceived ideas about the type of mothers that might attend the group:

> Ria: I was surprised as well, particularly, and this sounds harsh, but the likes of [Group B] because of the area they are in, I expected it to be, well you know? (Ria, 34, one-child, 10 ½-months, group B-formal).

Chloe's and Ria's comments above are interesting when read alongside the earlier comments made by Beth, Amber and Mia, where they had said they were worried that other mothers would stare at them or they would not be made to feel welcome. The group Chloe and Ria are referring to is [Group B]. [Group B] is on the social-housing estate and is supposed to cater for local mothers. However, some mothers drove in to attend the group from outside the estate, as it was offering, what is considered by some mothers to be a 'good' level of service-provision. This type of provision is framed around, and delivered from a baseline that is informed by a particular policy agenda. This agenda frames good parenting as a set of behaviours driven by 'expert' advice, like those discussed in Chapters 2 and 3. Without doubt, this type of provision is aligned with a particular set of parenting practices, a point revisited in section 10.4.

It could be for these very reasons that some mothers, like Amber and Beth opted to attend the community-based group [Group D] instead. Based upon this, I asked both Amber and Beth why they opted to attend [Group D] when both groups are located on the estate, so they could attend either:

> Amber: ...I did go once, I think me and Teagan went to the [Children's Centre], I just didn't really like it, I thought it was boring really, you just do singing and stuff with your baby and then you have to go...I like to take our

brekkie in, and have a cup of tea and a chat [laughs] (Amber, 27, two-children, 5-years and 2-years, group D- informal).

Beth: I know where it is, but I've never been, I just never fancied it

Hannah: why?

Beth: just I don't think it would be our type of place (Beth, 23, two-children, 2-years and 10-months, group D-informal).

10.3.2 Feeling or being excluded

For the main part fears were usually quickly alleviated once mothers had attended the group a couple of times. However, this was not the case for all mothers and some needed to seek out alternative groups where they felt more comfortable. Both Elaine and Mia used the term 'clicky' to describe their early experiences of attempting to access some parent and child groups. Elaine is referring to [Group B], Mia is speaking about previous groups that I was not familiar with. While, Elaine makes clear that this is just her opinion and that it might not actually be what is happening:

Elaine: this is going to sound really awful but the other half of the group, were, well I think they came across as being quite clicky, do you know what I mean? They seem to be a bit clicky and they sort of sit over there [gestures] and don't seem to want anyone else to join them, that's my opinion on that, not saying that's the case, but that's how I feel (Elaine, 27, one-child, 8-months, group B-formal).

Mia: There were quite a few classes that I had originally gone to and there were quite a few mums that had been there for weeks and they were well real, clicky, clicky and you are like, 'I don't want to be here'', like speaking to someone new is quite hard, isn't it? (Mia, 33, two-children, 9-months and 5-years, group B-formal).

Mia's comment demonstrates that it can be extremely hard to walk into a group, particularly when the group is already well established. Mia interpreted this in a similar way to Elaine, also using the term 'clicky' to describe her experience. This term refers to the idea that they are an already established group or 'click' and that they are hostile to the introduction of new members. For new attendees this can be very off-putting and if nothing is done to alleviate this sense of intruding, then there is a real risk these mothers will cease to attend the group.

I observed this happening on several occasions and while I do not think this was necessarily an intentional act, it did seem to occur more often in more formalised settings. Perhaps this speaks to the highly structured nature of the sessions, there was less time for socialising, so mothers tended to stay within their established groups, and there was little time for facilitators to encourage mothers to mingle. The ethnographic observation below serves to highlight one such occurrence:

> *It occurred to me today that group facilitators need to do more to ensure that new members are fully included. Some are very conscious of doing this but I would say that this is not consistent and some do not seem to make any effort at all. A new mum came today to the group with her son. She told me she was local and had walked to the group. This is a little unusual as the majority of mothers drive to this group from outside / off the estate. I felt for her, she did try and talk to some of the others but they did not seem to be too bothered, it's not that they were unkind or anything, they just did not make much of an effort. I spoke to her for a bit and explained what I was doing at the group and my role, she seemed interested and said she would be happy to talk to me at some point, which is good. I am not sure why she was a little excluded, all I can possibly think is that visual indicators possibly marked her out as being local. For example, she walked to the group, considering the group is located in a remote part of the estate this would possibly indicate that she has come from nearby. Of course, I cannot be certain this is why. She mainly just sat and played with her baby. The group facilitator did nothing to help integrate her which both surprised and irritated me (Fieldwork note) [Additional diary note added later during analysis– I never saw this mother again during fieldwork]*

Other acts can, albeit perhaps inadvertently work in a way to exclude mothers and make mothers more invisible. However, I never witnessed this happening at the informal community-based group, just formal settings, like [Groups A and B].

> Ria: …at the groups we sing hello [baby's name] and when its busy they don't even ask what mum's name is (Ria, 34, one-child 10 ½-months, group B-formal).

Although Ria was one of the mothers who came in from out of the area to attend the group as her whole her parenting practice aligned with the provision's agenda, there were aspects of the groups, like what she notes above that she was not happy with. Ria was not alone with this observation. I also noted this in an observation, I found it to be particularly problematic when new mothers came to the group, as then no-one knew their name:

*I have observed that at [parent and child group A and B] that when they do the hello and good-morning song they only refer to the child, and when speaking to mums they say 'child's name mum' [for example, Charlie's mum]. I thought this was both odd and somewhat impersonal for the mum- **I have only noted this at the more formal settings, the informal setting knows all the mums by first name and all the children's names, even though numbers are usually larger and there are less staff? [note to self-– does this say something about policy directives and focus of provision- child or mother / family centred (Field note).*

When discussing feeling excluded, some mothers reiterated this sense of being judged by other mothers. In Beth's case she felt it was being a younger mother, for Becky it was about being a bottle-feeding mother when others might be breastfeeding:

> Beth: Like, I sometimes go to a group at the library and there is an older mum there, maybe late thirties and she has a little girl. And, the way she looks at me sometimes, the way she looks at me, I can feel her judging me. One [child] will be running one way and I will be trying to watch the other and I know she is thinking, 'well you shouldn't have had two so close, or you shouldn't have kids that young' (Beth, 23, two-children, 2-years and 10-months, group D-informal).

> Becky: There's a massive stigma. You sometimes feel like you're judged when you bottle-feed. There are a lot of breastfeeding groups. I was absolutely dying just for a support group full stop when she was first born, and they were all breastfeeding support groups. I thought, "If I go there and whip the bottle out." There needs to be that support group there for them because it is hard, but equally I wanted a group too

Sometimes exclusion took a geographical form, something that was discussed in greater death in Chapter 9. The need for local and easily accessible provision was key to many of the mothers in this research. However, data demonstrated that these provisions are not equally distributed. A sense of exclusion appeared to be articulated more by those mothers who resided on the estate. For an in-depth discussion on this, see Chapter 9.

> Sian: The estate is really boring, there is nothing to do, apart from coming to this group, there is absolutely nothing else to do (Sian, 19, one-child, 2-years, group C-formal).

For those who lived closer to the city-centre the range of activities available helped ease the sense of isolation in those early weeks and months of mothering.

Lyla lives in an area on the outskirts of the city-centre, her description of the activities available makes clear both the range and choice of services and provisions that are accessible to her and her child. Having such a broad range of provision on their doorstep means they can try out new activities and groups rather than being limited to the same one or two:

> Lyla: There is so much going on, there are always places we can go, there are always things we can do, you are not just doing the same thing over and over again. Basically, there is so much, anything we want to do we can. (Lyla, 32, one-child, 9-months, uses multiple groups).

Later, Lyla spoke about the types of activities available and explained that many are free of charge, although she chooses to pay for some:

> Lyla: we can do everything for free, if we wanted to, but we pay for some things, like swimming …Um, so, yes, we're out and about most days, I would say pretty much every day we are doings something…lots of different things, it's good (Lyla, 32, one-child, 9-months, uses multiple groups).

Whilst proximity to resources by no means assures that mothers do not experience isolation and exclusion. Having a range of options that are easily accessible and come free or with minimal cost means the impact of isolation can be lessened. For example, Lyla's comment reinforces the point Amber raised in Chapter 9, regarding the additional costs associated with travel by living outside of the city. Moreover, Lyla's description serves to illuminate differences between her own experience of the early parenting activities available to her and that of Amber, Beth, and Sian. These types of activities were not available on or around the social housing-estate. Meaning, if mothers who lived on the estate wanted to attend, they would have to travel to the city, creating the additional burden of cost. It is vital that provision is accessible to all families and that means ensuring that services are available to meet family's needs in areas outside the main city-centre.

10.4   Discussion

The mothers' narratives presented in this chapter illustrate the motivations and barriers to accessing parent and child groups. Moreover, the data demonstrates the important role these parent and child groups play in shaping early mothering experiences. However, data also reveals that while mothers' motivations for accessing

parent and child groups were fundamentally the same, their experiences of, and barriers to access are intrinsically linked to the social and cultural capital available to them. This is articulated through their concerns about the type of mothers that might be at the groups, concerns that they might be excluded, and the level of choice they can exercise.

The National Evaluation of Sure Start (Belsky et al., 2007; Barnes and Melhuish, 2007) highlighted that evidence in support of whether Sure Start was wholly successful for the most disadvantaged parents was somewhat 'patchy' and that some parents may find the Sure Start model difficult to navigate (Belsky et al., 2007; Jupp, 2013). Some of the mothers, and particularly those who resided on the estate were reluctant to use Children's Centres, and when they did they usually only attended only once or twice. The main reasons cited were they felt that the other mothers who attended would not be like them, or that they would be excluded by the group. While, the remit of this thesis was not to explore mothers' experiences of Children's Centres, it will suffice to say, that negotiating the model becomes somewhat of a moot point, if mothers feel they cannot access the service in the first-place.

As noted in Chapter 9, Jensen and Tyler (2018) have suggested that the portrayal of 'classed-others', such as those documented reality T.V and welfare-state policies, mark these families out as being in deficit, and that it is these depictions that have assisted in the shaping of public abjection towards welfare-state families. The mothers who reside on the estate worry more about not 'fitting in' and being excluded from the groups. Whereas, those travelling to the groups from outside the estate appear to have concerns about the 'types' of mothers that might be in attendance as these groups.

This marking out of the 'other', and in this case the othering, of 'other mothers', particularly those on the estate enables them to display similar parenting and family performances to each other; what some mothers said they found to be 'clicky'. This adoption of particular parenting style and identity then serves to exclude other mothers from the group, even if not done on an intentional basis. Representations such as 'chavvy' or 'all in trackkies', serve to illustrate dominant rhetoric that surrounds families and particularly mothers on social-housing estates. For example, in

the 'The Making of Modern Motherhood' Kehily and Thomson (2011) found that the one of the images that caused a strong response in participants was that of the Little Britain character 'Vicky Pollard', arousing a response that included both ridicule and disgust. This image has become associated with excessive working-class femininity and 'chav' identity (Tyler, 2008), the proliferation of such narratives can be seen in the comments above.

Lee et al., (2014) suggests that the choosing of parenting styles is part of the everyday negotiations that parents make between risk, uncertainty and social life, and that parents choose these based upon the kind of parents or mothers they want to be, and wish to be seen as. However, data in this chapter suggests that having the option to choose is distinctively class driven. The social context of many mothers' lives means that this option is not readily available to them. For example, mothers like Beth and Sian were somewhat restricted to what as available locally on the estate, limiting their choice of options and access.

This chapter suggests that the mothering, and parental pedagogy (Jensen, 2018) that takes places within these spaces; in particular, the formalised parent and child groups, serves as an additional barrier for some mothers, preventing them from engaging with these groups. Engagement and acceptance into these distinct mothering spaces requires a distinct set of resources, be these social or capital. For example, "participating in these or actively contributing to their ideological construction, values, principles, ideas, networks and practices is an exclusive club" (Furedi, 2008). The consequences of which is that mothers may feel that they do not belong at a particular group, so they either do not engage, or withdraw from the group.

Finch's (2007) work on family sought to develop earlier work on family practices (Morgan, 1996) by suggesting that this framework of analysis should pay attention to the ways in which these displays contribute to recognition and validity (Finch, 2007). While Kehily and Thomson (2011:61) suggest that, "the gaining of recognition may be felt by families who are in some ways marginalised", they do not explain how those marginalised families or mothers actually gain recognition and in what sorts of spaces. They take as the premise that there are a set of common cultural resources, albeit that are temporal and culturally situated, that mothers are able to draw upon in

preparation for motherhood. However, there is no suggestion of how mothers craft out a mothering identity when the cultural resources they want or need to achieve this, are not available to them. Then what is left is a parody of display that risks being viewed as unauthentic, leaving the person open to both bemusement and exclusion. Mothers in this research appeared to, at times, navigate this by avoiding more formalised mothering spaces, opting instead to attend the informal groups. It is therefore vital to recognise that these less formalised spaces play an important role in shaping mothers' identity and that they can provide a legitimate space for more marginalised mothers to seek recognition for their practices.

Ellis-Sloan and Tamplin (2018) argued that too often policy recommendations that focus on young mothers have an overarching emphasis on educational and economic measures. The importance of peer groups and friendships are significantly overlooked, but are nonetheless an important aspect of tackling social exclusion. While their account does not engage specifically with the wider landscape of mothering, I feel it can be extended to include this. The findings in this chapter noted that parent and child groups, particularly the formal ones can do much more to facilitate mothers' connections with one another and ultimately the creation of more stable support networks, a point revisited in Chapter 11.

Chapter 9 highlighted that the estate occupied a juxtaposition in mothers' lives. The estate offered a sense of community, close family and peer support networks, but mothers also said they felt a sense of isolation and stigmatisation. Jensen (2018) referred to the 'political vocabularies', that shape mothering practices through the sacralisation and idealisation of some parenting practices at the expense of others. The same political vocabularies shape the structure and delivery of the services offered by formal provision such as Children's Centres. While, these services are based within, and operate out of local communities, they are premised upon a distinct set of cultural, political and economic features that engage parenting, and more specifically mothering in a particular way, which often fails to meet the real needs of local families, and particularly mothers. It is therefore vital to recognise that the distribution of, and access to parent and child groups is not equal. The ability to access local, inclusive and supportive provision is paramount to support mothers through those early weeks and months, but this provision must meet local mother's needs.

Chapter 11 Conclusion to the thesis

Hannah: what does the best start look like to you?

Nicky: for women to support one another more…be more honest and put less pressure on ourselves (Nicky, 38, one-child, 2-years).

11.1 Introduction

This thesis explored mothers' experiences of pregnancy, motherhood and early parenting. Subsequently, this concluding chapter has several aims. Firstly, to revisit the initial research questions to remind the reader what the driving research objectives of this thesis are. Secondly, to bring together specific discussions from the research findings, to show how the research questions have been explored and answered. Finally, based upon the research findings, this chapter will offer a set of conclusions and recommendations. Interdisciplinary in nature, but framed by feminist, sociological and in part anthropological understandings, this thesis drew upon a range of theoretical concepts in order to explore the research objectives. However, the central concern of this thesis was to better understand what the 'best start' means to mothers in the context of their everyday lives.

To achieve this, I explored mothers' lives through a combination of qualitative interviewing and ethnographic fieldwork. In particular, I was interested in understanding how cultural context, and the concept of 'place', inform these early experiences. The findings from this research reveal the ways in which mothers actively negotiate, navigate, resist, yet at times ultimately reproduce dominant discourses on mothering.

11.2 Revisiting the research questions

The review of the literature in Chapter three, produced an overarching research objective to develop an understanding of how mothers from low-socioeconomic backgrounds experience early parenting and 'best-start'. Three research questions were derived from this initial objective:

- What are the lived experiences of mothers in low-socioeconomic areas, with regards to pregnancy, motherhood and early parenting?
- How does cultural context and place inform these early experiences?

- What does the 'best start' mean to mothers in the context of their everyday lives?

The research objective has been achieved, and from these findings I offer principal conclusions that have resonance for the ways in which we can better understand early mothering experiences, particularly those from lower-socioeconomic areas. Research question one produced a vast amount of detailed qualitative data. Therefore, the findings were split across two results chapters; Chapters seven and eight.

The findings presented in Chapter seven, eight and ten contribute to answering question one, which explored mothers' experiences of pregnancy, motherhood and early parenting. The findings presented in Chapter nine were pertinent to research question two, on cultural context and place. Finally, research question three, sought to better understand what the 'best start' means to mothers. This was the driving research objective that underpinned the entire thesis. Therefore, the findings across all the chapters contribute to better understanding what the 'best start' means to mothers, particularly those from lower-socioeconomic areas.

11.3 How this work fits into the literature

Chapter one to three of this thesis concluded that the majority of family policy, while predominantly aimed at working-class families, is underpinned by dominant middle-class values that frame understandings of what constitutes 'good parenting'. Johnson (2007) made the important point that these values are based upon a set of pre-conceived ideas about what constitutes 'good parenting' and that these ideas are useful, correct and ultimately work. The consequences of which, means that working-class practices are viewed as posing a risk to their children's development (Furedi and Bristow, 2008). Moreover, working-class parenting practices are viewed as lacking and being in deficit, and therefore, at a minimum, require surveillance and guidance, and beyond that, intervention (Gilles, 2007, 2008). Moreover, the literature identified that policy often fails to consider the contextual nature of parenting, meaning that working-class parenting experiences are marginalised in favour of dominant images surrounding what 'good parenting' should look like (Jensen, 2018). This thesis also argued that the scientific discourses that underpin much of the current advice on early years cannot be viewed in isolation, or as being independent from the social and political milieu in which

they exist. Rather, they need to read within the social and political context in which they both occur, and therefore gain momentum.

11.4 Thesis conclusions: key findings

From these findings, I offer principal conclusions that have resonance for better understanding of early mothering experiences. The research presented in this thesis has shown that mothers are not immune to the dominant discourses that surround mothering, and equally 'good mothering'. Firstly, findings indicate that the 'best start' is intimately bound with those first interactions with healthcare professionals, getting this right is absolutely key in getting mothers off to the best possible start. However, all to often mothers reported that these interactions left them feeling not listened to and disempowered. Secondly, findings showed that unrealistic, yet prevailing depictions of what early mothering should look and feel like, are unhelpful. With many mothers reporting that this left them feeling overwhelmed, guilty and disillusioned. This finding was often amplified for those mothers carrying out the task of mothering on 'the estate'. The double burden of both getting mothering right, and carrying out this activity in a stigmatised place, was clear from the interviews with mothers on the estate. Findings indicate how the cultural context of place, framed mothers' everyday experiences in a particular way, that was different from the rest of the sample. Finally, this research has shown just how important access is to supportive parent and child groups, particularly for marginalised mothers, like those on the estate and younger mothers. However, these groups need to meet mothers at the point they are at, and there needs to be a range of provision, in order to meet local mothers' needs. This is now expanded for each of the original research questions.

11.4.1 What are the lived experiences of mothers with regards to pregnancy: key finding – the importance of positive and empowering antenatal care and healthcare relationships to the 'best start'

In relation to the research findings, this thesis offers insight into mothers' early experiences in several important ways. Firstly, I have demonstrated just how significant those early interactions with healthcare professionals are to mothers, and how important this is in ensuring mothers, and their children get off to the 'best start'. This research, did not initially set out to explore this period. However, time and time again during interviews mothers took their early experiences back to this point in time. The findings presented in Chapter seven demonstrated just how important it was for

mothers to see the same, or small team of healthcare professionals. Moreover, seeing a smaller team greatly assisted with the building of trust and communication. In addition, these findings demonstrate that a key component of a successful mother and healthcare professional relationship, is understanding of how empowerment and authoritative knowledge (AK) work in everyday practice.

It was clear from women's narratives that supportive relationships with healthcare professionals are absolutely pivotal in ensuring women get off to the 'best start' with their pregnancy and their journey into early motherhood. It is also vital that these supportive relationships are established at the very beginning of this journey, right from those first early interactions. However, the data illustrated that while mothers can have positive relationships with their healthcare team, these relationships can also at times be counterintuitive and disempowering. Mothers told me that once a negative, or disempowering experience takes place, it is very difficult to come back from them. Moreover, these experiences could breakdown trust, and damage the ongoing mother and healthcare professional relationship. What is significant about these findings, is that they demonstrate how conflict occurs around what counts as legitimate, and authoritative knowledge (AK).

In this thesis, I have argued that pregnancy and birth are sites where multiple forms of knowledge exist. Therefore, these interactions can inadvertently become sites of power-struggles and conflict; as different forms of knowledge compete for recognition and control. The legacies of such debates, are reflected in the policy objectives surrounding antenatal care in the National Maternity Review–Better Births (2016) and the revisiting of its key objectives, four years later in 2020. The review highlighted that while progress had been made in some key areas, such as still birth rates, more needed to be done around support with feeding and access to continuity in carer, and women's choice and control, during antenatal care and birth. In addition, the Ockenden enquiry (2022) found that across all stages of maternity care, from antenatal to neonatal care, women reported not being listened to, or their concerns not taken seriously. In addition, The Ockenden enquiry (2022) and Better-Births (2016) found that "pregnancy is a well-documented catalyst that may increase maternal vulnerability and inequalities already present in women's lives (Ockenden, 2022:18; Better-Births, 2016). This research found similar, in so much as mothers discussed how

seeing too many healthcare professionals, impacted upon things such as building rapport, trust and communication. This was particularly problematic for those mothers who had low-levels of mental well-being, or had experienced past trauma. Reliving these experiences at every appointment was counter intuitive, with mothers reporting that they often left the appointment feeling worse than when they arrived.

Implementing the UNICEF UK Baby Friendly Initiative Standards, are one-way organisations, like maternity units and children's centres, can show commitment to improving the ways in which they work with mothers. The Baby Friendly standards provide a staged program of accreditation for maternity, neonatal, health visiting and children's centres. The aim of the initiative is to ensure that those supporting mothers are equipped with the most up to date evidence-based practice, and to provide a roadmap for sustainable improvements (UNICEF, 2017).

The narratives presented in Chapter seven further contribute to understandings of how mothers navigate interactions with healthcare professionals, by simultaneously accepting, challenging, resisting, and at times outrightly rejecting medical advice. For example, both Nicky and Katrina challenged their medical team over induction and due dates. Belenky's et al., (1997) concept of 'embodied knowledge', enables a deeper understanding of the ways in which mothers draw upon their own internal frame of reference and subjective knowledge of their bodies. For example, Belenky's et al., (1997) argued that women submitting to what are perceived to be more authoritative forms of knowledge reflects the deeply embedded view that women's voices should be silenced, particularly when more powerful discourses, such as biomedical ones, are brought to the fore.

Challenging the status quo was of course usually easier for those mothers who had previously been pregnant and/ or had other children. These mothers were able to draw upon these past experiences to challenge the decision-making processes they were not happy with. They did this through applying embodied knowledge of their bodies and how it has previously behaved in pregnancy and subsequent birth. However, this could be harder for first-time mothers as they had very little internal frame of reference to draw upon. In these cases, mothers were either passive and accepting of AK or sought to challenge it with the written or verbal guidance they had

been given by other healthcare professionals. For example, Nicky quotes NICE guidelines on induction to a midwife when trying to state her point.

Communication, empowerment and choice were key to mothers. However, and in line with Jomeen (2010) this research found that the evidence for women receiving true empowerment and choice over decision-making was severely lacking. In fact, all the mothers who took part in this research found at least one aspect of their antenatal care disempowering. What was interesting from the findings in Chapter seven, was just how significant those early antenatal experiences were to mothers, and how during interviews they always took their early experiences back to that point in time. It can also be argued, that reflected within antenatal care, and its insistence that mothers accept and adhere to AK, we can recognise the preparation of women, in terms of how-to mother in a society where expert knowledge and surveillance, presides over women's embodied knowledge.

11.4.2 What are the lived experiences of mothers with regards to motherhood: key finding- is this all a conspiracy?

Secondly, and in line with the works of Mauthner, 1999, 2002; Woollet and Marshall, 2000, Miller 2005, I have argued that the subjective and day-to-day experience of being a mother, in contrast to the anticipation of motherhood, can cause confusion and disillusionment. The findings presented in Chapter 8 demonstrate that the burden of unrealistic expectations coupled with the cultural and social framing of what constitutes 'good' mothering and 'good' mothering experiences, meant that many mothers were left feeling let down and isolated. Findings illustrated that while overall mothers find early mothering a rewarding experience, they also felt overwhelmed, combined with intense pressure to conform to dominant expectations, that insist on locating mothering as innate and natural. Mothers' reported feelings of guilt and failure, when experiences did not live up to the ideal, and this had a detrimental impact on maternal well-being.

The cultural and moral framing of what constitutes 'good' mothering, can make the transition into motherhood, particularly for new mothers, a difficult time. Mothers in this research used phrases like, 'is this a conspiracy theory?' to reflect that early mothering was nothing like they were led to believe it was. Some mothers in this research felt that mothers themselves had an important role to play, in alleviating

some of these early pressures. For example, some felt that mothers themselves could be more honest and open with one another, about how hard early mothering can be. This was particularly salient when discussing low levels of maternal well-being.

Seminal work, such as Sharon Hays (1996) The Cultural Contradiction of Motherhood, has shown that motherhood as an institution goes beyond the everyday physical care of the child, to include a set of intensive practices, or the 'ideology of intensive mothering' (Hays, 1996). These practices have been accused of being based upon largely middle-class ideas of what constitutes 'good parenting' (Gilles, 2005; Faircloth, 2009, 2013; Romagnoli and Wall, 2012), essentially marginalising, other forms of family structures and parenting practices. The adherence to these intensive practices ensures that 'other' parents, namely working-class, are held up as the antithesis of 'good' parenting. Moreover, non-adherence to intensive parenting practices is posed as a 'risk' to children's development and well-being (Reece, 2006; Furedi and Bristow, 2008; Dodds, 2009; Knaak, 2010; Lee et al., 2010).

The findings presented in Chapter eight also highlighted that the term 'parent' masks the fact that women still undertake the majority of parenting and child-rearing tasks. For example, one participant, Nicky, questioned the term by asking: *parenting, is motherhood really, isn't it?* This is not a new observation. Gingerbread (2018) and McEnhill and Taylor-Gooby (2017) have shown that majority of single-parent households are headed by women and that punitive welfare cuts disproportionally target women with children. Moreover, Phoenix et al., (1991) and more recently Faircloth and Lee (2010) have argued that any examination of the concept of parenting, must consider the gender differentiation and power imbalances that underpin such discourse.

11.4.3 How does cultural context and place inform these early experiences?

Thirdly, this research has contributed to the discussions surrounding the cultural context of place. The findings presented in Chapter nine, have demonstrated how the cultural context of place, a social-housing estate, framed mothers' everyday experiences in a particular way, and that this was different from the other mothers in the sample. For example, mothers living on the social-housing estate explained how they often felt marginalised and forgotten about. However, what is significant about

these findings is they show how mothers' experiences of living on the estate, are both informed by, and framed within temporal understandings of belonging. For example, Savage, Bagnall and Longhurst (2005) showed that people have a greater sense of belonging and connectedness, when they feel that where they live reflects who they are as a person. Moreover, May and Muir (2015) suggested that we cannot speak about of belonging to a place, without also talking about other aspects of belonging, such as to a sociocultural world.

Related to this, I discussed the rise in the use of the term 'sink estate', in both political and public arenas. 'Sink Estate' has been widely used to describe areas of housing that have high levels of social and economic deprivation. The term is one laden with derogative connotations, increasing perceptions of stigma for those who live on such estates. With Slater (2018) arguing that the term has been used negatively within policy, to support the idea of demolishing housing estates. However, Chapter nine also demonstrated that this is a somewhat misdirected approach. For example, Dekker and Van Kempen (2004) have shown that those countries that support their social-housing with high levels of investment, such as Sweden and Holland, have lower levels of problematic social outcomes.

Chapter nine, also showed that the increased interest, in what has been coined as 'poverty porn', has been driven by the portrayal of estate life through popularised media productions, such as *Little Britain (2003), The Estate (2012), Skint (2013), Benefit Street (2014)*. For the main, these productions portray estate life as lacking aspiration, aggressive and dramatic (Jensen, 2013), through the depiction of 'classed others' and the viewing estates as being a mainstay of troubled families (Allen et al., 2014).

The narratives presented in Chapter nine indicate that mothers in this research, invested considerable time and energy in both displaying and constructing, an alternative narrative to that of the dominant one, that surrounds mothering on social-housing estates. This finding offers insight into how mothers negotiate the task of mothering and living on a social-housing estate, both of which carry a significant burden of blame. How mothers on the estate navigated such conflicting discourses was evident in the research findings, through the ways in which they simultaneously appropriated and resisted dominant stereotypes and stigma. For example, mothers

invested heavily in alternative modes of display, to counteract the dominant images that surround mothering in such 'marked places.' In addition, mothers managed stigma by engaging with processes of *othering,* that set their own families apart from others on the estate. Therefore, their experiences have to be understood as being interconnected, negotiated and renegotiated through their encounters with stigma, other families, and the estates broader reputation, particularly that held by outsiders.

The estate in this research was located on the periphery of the city, some distance away from the city-centre and the wider amenities that could be found there. All the mothers who lived on the estate, spoke about feeling disconnected from the wider city, as Amber noted: 'I think they forget about us'. Considerable investment and regeneration had occurred in the city across the duration of this research, but little, if any of this could be seen on the estate.

This dislocation from the city was problematic for all mothers in this research, but one group this disproportionally affected, was younger mothers. Younger-mothers not only felt geographically isolated, they were also isolated from their peers. Younger-mothers in this research reported that becoming a mother had means that they had lost friendship groups. However, support to maintain peer-networks is something that is lacking in young-parenting policy outcomes. For example, Kidger (2004) and Ellis-Sloan and Tamplin (2018) have shown that policy outcomes focusing on young-mothers' frame social exclusion solely through the lens of educational, employment and economic outcomes. These measures miss the fact that for many young people, inclusion means friendship, peer support and feeling connected to your age group in your community, what Kidger (2004) coined as 'relational exclusion'.

11.4.5 What are the lived experiences of mothers with regards to early parenting: key finding - accessing and being in parent and child groups.

Finally, in Chapter ten, mothers in this study raised the importance of having access to inclusive and supportive parent and child groups, and how being able to access such provision can significantly improve mother's well-being during this time. This research has identified, that having access to supportive and inclusive local provision, plays a key role in tackling some of the broader feelings of isolation and loneliness that mothers talked about. One of the recommendations in Marmot (2010) was that parents should have access to parent and child groups. However, findings from this

research show that there is a key difference between availability and accessibility. For example, while data indicated that motivations for attending parent and child groups across the sample were largely similar, concerns and barriers to access, were not.

Inequalities, also include access to discourse, and within that the ability to perform and display a set of practices that constitute and contribute to that discourse in an authentic way. These additional barriers serve as a mechanism for the reproduction of inequalities that are unique in detail, but familiar in shape. The invisibility of class in terms of the distribution of, and access to activities and resources was visible through such provision as parent and child groups. For example, findings indicate that mothers on the estate were worried that they would not fit in, or be accepted at the more formal provision, like that offered by Children's Centres. Alternatively, mothers traveling from outside the area to attend the groups, were worried about the 'type' of parents and families that might be already attending the groups. For example, Chloe was concerned the other mothers might be 'chavvy' or 'full of young lasses in trackies'. Elaine found some of Group B 'clicky', while Amber and Teagan stated it was 'boring', saying they: 'like to take their breakfast into the group and have a chat', which was not allowed at the more formal settings.

Mothers were acutely aware of the types of 'parental pedagogy' (Jensen, 2018) that takes place in particular parenting and mothering spaces. To be accepted, or to be able to display these authentically, you need to have access to the resources that enable you to effectively 'buy' into that distinct set of practices. It is therefore likely, for that very reason, why mothers on the estate avoided particular parent and child groups. However, findings suggest that being part of a supportive parent and child group, enabled mothers and particularly those who lived on the estate, to develop supportive networks and forms of social capital that they could utilise when needed. For example, peer support, friendship, and reciprocity in terms of childcare, clothing and other items. However, this research identified that simply having parent and child groups available in an area is not enough. These groups need to reflect local mothers needs and provision must be built around facilitating these. In this research, mothers presented with different needs; therefore, a range of provision is required to meet those needs. Moreover, provision must meet mothers at the point they are at, if they are to remain engaged with these services, and feel supported and ultimately included.

11.4.6 Thesis contribution to the field of motherhood and parenting studies: getting the 'best start'

This thesis has contributed to, and extended knowledge in several distinct ways. I have argued throughout this work that policies, principally aimed at working-class families, are underpinned by middle-class assumptions surrounding what constitutes 'good parenting'. Moreover, the ideas that drive many of these assumptions are derived from intensive parenting discourses. These discourses are driven by the increasing pervasiveness and role that science plays in both informing and framing parenting practices. However, I have argued that we cannot view these in a vacuum, or as something that occurs innately and organically. Rather, we have to read scientific discourses as a product of culture, in so much as it reflects the social and political priorities of a society at any given time. While in ontological terms, science cannot be viewed as a social construct. Science results from human social processes that are open to the same biases and politics as any other social process, and these can be reflected within those discourses that gain social and political momentum.

This thesis has shown that over the past few decades family policy has increasingly centralised the child, the consequence of this is a symbolic divorcing of the mother from the maternal and child relationship. For example, policy directives like 'best start' place an overarching emphasis on the well-being of the child. While, of course this is important, I argue that maternal and child well-being cannot be viewed as distinct and in isolation, they are intimately connected. In addition, this thesis has demonstrated that policy directives, like 'best start', essentially create a benchmark against which mothers, predominantly working-class are then measured against. An overarching focus on the child means there is a real danger that we divorce mothers' needs and experiences from this process. This metaphorical divorcing of the mother from family policy has meant that the importance of maternal well-being and the relationship this has to their children has been marginalised. Critical reflection and discussion must happen around concepts that derive from policy directives, so we can bring mothers back into the family policy fold.

This thesis has shown that adherence to intensive parenting practices is often reflected in the types of parent and child provision currently offered, particularly in more formalised settings. This has consequences in terms of access, inclusion and ultimately

whether or not mothers choose to engage with services at all. The insistence of such practices, without doubt has significantly more dire consequences for working-class mothers. For example, mothers in this research spoke about, not being listened too, being forgotten about, stigmatised and excluded both by other mothers and from the very services that were set up to support them. In particular, this thesis has shown that recognising the cultural context in which mothering activities take place, is key to understanding the pressures on early parenting, and how best to support mothers during this time.

Finally, this thesis has contributed to the wider discussion on continuity care models. While this research did not set out to explore this, mothers told me time and time again how important this was to them, particularly for those who have low maternal well-being, or past pregnancy and birth trauma. Since the inception of this study, some hospital trusts have trialled and implemented continuity models of care. Continuity models of care, provide a named midwife who follows women throughout their pregnancy and birth (RCM, 2017). The area in which this research took place, is one of them. However, robust evidence to whether this has been successfully implemented nationally and standardised across different areas is lacking. This thesis has contributed to this discussion by showing that for many women this is not yet happening, and where it is, delivery of it is inconsistent.

11.5 Thesis limitations

All research is not without limitations. While this research aimed to capture a range of mothers' voices, it cannot claim to represent all mothers' experiences. With this in mind, the following limitations within this thesis are recognised:

While this research aimed to incorporate a range of mothers' experiences, the sample was still somewhat homogenous, particularly in terms of ethnicity and sexuality. It is therefore accepted, that while the findings may show similarities and commonalities across groups of mothers, the findings do not necessarily represent all mothers' experiences. For example, the voices of those that are considered 'hard-to-reach' are still markedly absent. The sample did include some mothers that did not access any parent and child groups, and who did not respond to the call for participants, but

instead were identified through snow-ball sampling techniques. However, these are perhaps too few, to make generalised claims.

The research cannot account for mothers from different ethnic and cultural backgrounds. While it is accepted that this research was undertaken within an area in the UK that lacks ethnic and cultural diversity, these mothers' voices are still markedly absent. Although it is hoped that all mothers can find some shared experiences within the findings, the research cannot claim to represent these mothers' experiences. Therefore, it is accepted that some mothers' experiences, may differ from the ones presented here.

Finally, the process of completing this thesis occurred over a fairly long period of time, due to the current health climate and my own personal reasons. It is therefore accepted that some of the findings, and subsequent recommendations, particularly in relation to antenatal care may have been actioned. However, I would argue that these are unlikely to be consistently applied. For example, Marmot (2020) and Better Births (2020) identified that there is considerably more work to be done within antenatal care; geographically and with more marginalised groups. We also do not yet know what impact the COIVID 19 pandemic may have had on such things as continuity of care models.

11.6 Thesis recommendations: theoretical and practical

Based upon the research findings, this thesis makes several theoretical and practical recommendations.

11.6.1 Theoretical

1. Any policy, aimed at mothers, families and parenting, needs to seriously consider the social and cultural context of the target audience. Subsequently, these contextual factors must be seriously considered and addressed within any proposal.

2. Further research is needed that explores low-socioeconomic mothers and in the wider context parents, interactions with, and experiences of policy objectives and dominant parenting discourses. What are working-class mothers' experiences of, and how do they interact with dominant parenting discourses?

3. While there is a growing body of evidence in this field, more qualitative research that delves critically into the subjective nature of everyday motherhood is needed. Motherhood is constantly changing, in line with rapidly changing reproductive technologies and the cultural landscape in which motherhood is abound. However, while this open up the possibility for new forms of motherhood, it also affords new exclusions. It is therefore important to gain insight into the different experiences of mothers, in relation to this.

4. There is a surprising lack, in the UK context at least, of mothers' experiences of raising children on social-housing estates. This thesis has shown just how important the context of place and belonging is, in the formation of a mothering identity. However, the concept of place is often significantly overlooked. In-depth qualitative research that explores the temporal processes of belonging and raising children in such places, is much needed.

5. An ontological shift is required that reconceptualises political rhetoric that frames particular places as being harbourers of social-ills. These perspectives conveniently divert attention away from the prevailing and very real structural inequalities that continue to shape people's lives. What these places require is investment in housing and services, community development and leadership, safe and clean places for children to play, better transport links, services developed at local level and provided in the heart of these communities, increasing self-esteem.

11.6.2   Policy and practice

1. Continuity approaches to care have been shown to be effective (NSF Maternity Standard, 2004; NHS England's National Maternity Review: Better Births 2016; and Scotland's 'Best Start' policy, 2017), this study included. However, it is important that they are tailored to the local context and that local women's voices are incorporated into any service evaluation and future development. Moreover, continuity care models need further evaluation with regards to those mothers that have experienced past trauma or have low levels of maternal well-being. This study indicated that these models are particularly important for these mothers. However, further research and evaluation is needed to substantiate this.

2. Mothers, as the primary decision makers, needs to be at the forefront of all communication and practice. Too many times in this study, mothers reported feeling disempowered and let down by those who are in place to support them. This needs to move beyond policy at both local and national level, and be evident in real day-to-day practice. Moreover, the only real and valid way to collect evidence of whether or not this is actually happening, is through mothers' experiences of these interactions, and not through policy documents, or guidance briefings.

3. Communication with mothers needs to be improved to ensure they feel heard. Choice of language, should always be rooted in empowering mothers in the decision-making process. Communication regarding procedures and the associated risks, needs to be balanced, factual and evidenced based. Mothers should feel they are able to discuss these with their healthcare team without judgement, their wishes and concerns should be listened to, written in case-notes, and taken seriously.

4. Based upon the findings of this research, particularly in Chapters seven and eight, maternity settings and children's centres should strive to achieve accreditation in The UNICEF UK Baby Friendly Initiative Standards. Findings indicated that mothers often felt unsupported, disempowered and not listened to. It is vital, if we are to get this area of care right, that these factors are addressed with urgency. The UNICEF UK Baby Friendly Initiative Standards are an important way that organisations can demonstrate that they are committed to supporting mothers for the long-term.

5. Policy makers need to consider the more nuanced outcomes for mothers and children. This will involve a shift in mindset, from the measurable outcomes like school readiness, literacy levels and economic inclusion. While these are of course important, it has to be recognised that these cannot be met without attention being given to the factors that facilitate, or prohibit us from achieving the above. For example, happiness, maternal well-being, friendship, support and belonging.

6. Taking the above recommendation into account, parent and child groups are best operated from a local-level, as these are best situated to meet local needs. However, funding rhetoric and associated decision-making processes need to

reflect this. For example, the community parent and child group in this research, told me that it struggled to obtain formal funding, as it did not prescribe hard measurable outcomes on the mothers who attend. This meant it often did not meet the requirement stipulated by funders, particularly those offering longer-term more stable funding.

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Appendices

Appendix A1 Interview Guide: for one-one interviews in the home and ethnographic interviews.

Before interview

Brief re-cap / check on-going consent/ safeguarding and confidentiality / consent forms.

Personal biography to be collected [age, where they live/ children / marital status etc.

Interview

Can you tell me a bit about your pregnancy [planned / unplanned/ healthy / unhealthy]?

Can you tell me about your antenatal experiences?

Can you tell me about your early experiences of motherhood [might have to think back / was it what you expected / good parts /low parts]?

Do you feel supported – where does this support come from?

Can you tell me about how you feel as a mum, your own well-being?

Is your own well-being ever in conflict with providing for / looking after child?

Thinking about health, do you feel you are able to make the choices you want to in order to look after you and your child / family?

Do you have to worry about money- in what ways?

If they use a group aske these: Can you tell me about the group [how they found it, why they go, any worries, any barriers]

Is the group important to you and why?

How can services help mums more?

What do you want for your children in the future?

Why did you agree to be interviewed?

Is there anything you would like to add?

Debrief and thank you – next interview – details to read transcript

Interview schedule for ethnographic interview

Before interview

Brief re-cap / check on-going consent/ safeguarding and confidentiality / consent forms.

Personal biography to be collected [age, where they live/ children / marital status etc.

Tell me about the estate- prompt, why they live here, who else lives here, how long, where they live, lies / dislikes.

What's good about parenting on the estate

What do they not like about parenting on the estate

Barriers they face- what are they and why?

If they use a group aske these: Can you tell me about the group [how they found it, why they go, any worries, any barriers]

Is the group important to you and why?

How can services help mums more?

What do you want for your children in the future?

Why did you agree to be interviewed?

Is there anything you would like to add?

Debrief and thank you – next interview – details to read transcript

Information and Consent Form

A study of the experiences of pregnancy, motherhood and parenting in early years

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully, please ask for clarification if there is anything that is not clear or if you would like further information.

What is the purpose of the project?

I am undertaking a PhD at the Hull York Medical School. I am interested in women's experiences of pregnancy, being a mum and the early years of parenting 0-2 years. I am particularly interested in exploring how women prepare for being a mum; for example, the health choices you make in pregnancy and why? I am also interested in exploring the early years of parenting, is it what you thought it would be like? Do you face any barriers in terms of parenting and providing the best start for you and your child?

Do I have to take part?

No, not at all, all participants that take part in this research do so voluntarily and should at no point feel pressured or obliged to take part. This will not lead to any negative consequences and it is purely your decision. As a participant you can withdraw from the research up until End of August 2017 without explanation. After this date I will begin to write up the results, although if you do feel you would like to withdraw after this date please feel free to talk to me about this.

What do I have to do?

You will be invited to an interview; these will be with myself at a place and time that suits you. Interviews normally last approximately an hour but can sometimes be a little longer. The interview will be more of an informal chat about an aspect of the research for example, pregnancy or parenting. I will need to record

interviews and this will be done on a small digital recorder, this is to help with an accurate transcription. I will then provide you with a copy of the transcription which you can comment on if you wish.

Will my taking part in this project to be kept confidential?

Your confidentiality is very important to me, and at no point will I discuss anything we talk about with anyone outside my PhD supervisory team, which consists of 4 academics based at the university. All names will be changed and any other identifiable characteristics that you may discuss, for example, a child's name or name of the group you attend will be removed from interview transcripts and the final results. Your data will be stored on a personal and password protected computer only accessed by myself. Anonymity will be provided where possible but complete anonymity can be difficult in this type of research. For example, whilst I will not use your name, other mums / friends from the same area or group may recognise some of the things you talk about and this is something you may want to consider before taking part- please feel free to discuss with me.

How will the results be used?

This research will form the basis of my PhD research which is due to be completed at the end of 2018. From this I also hope to publish articles and contribute to other forms of academic publications including conferences and books. It is also hoped that this research could be used as an evidence base to inform future decisions around policy and parenting. I also hope that if you take part that

you find the experience enjoyable and that it provides you with an opportunity to discuss aspects of being a mum and parenting that are important to you.

Your time is greatly valued and I thank you in advance for your contribution to this research.

Contact Information

Researchers contact details are:

Hannah Miles

Hannah.miles@hyms.ac.uk

07835 999269

If you have any concerns about the project please I would like you to tell me, however, if you feel unable to do that you can contact my supervisor Una Macleod una.macleod@hyms.ac.uk

Consent Form

Title of Research Project: A study of the experiences of pregnancy,

motherhood and parenting in early years

Name of Researcher: Hannah B Miles

Tick the box if you agree with the statement

1. I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.

2. I understand that my participation is voluntary and that I am free to withdraw until the end of August 2017 without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.

3. I understand that my responses will be kept strictly confidential

4. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials and I will not be personally identified in any reports and / or subsequent publications.

5. I agree for notes and quotations made by me to be used in this and future research and publications.

6. I agree to take part in the above research project and will inform the principal investigator should my contact details change.

$\Box$

Name of Participant   **Date**
        Signature

_____   _____   ------------------------------------

Name of Researcher   **Date**
        Signature

_____   _____   ------------------------------------

4 November 2016

Hannah Miles
Postgraduate Student
SEDA
Hull York Medical School

Dear Hannah

**16 16 A study of the experiences of pregnancy, motherhood
and parenting in early years.**

Tel 0870 1245500

HULL
The University of Hull
Hull
HU6 7RX

 Thank you for sending the requested updated documentation. I have reviewed these documents and confirm that they meet the conditions of approval.

Please let me know if I can be of further assistance.

Yours sincerely

Professor Thozhukat Sathyapalan
Chair
HYMS Ethics Committee

Cc: Prof Una Macleod

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