

Scaffolding young Australian women's journey to motherhood: a narrative understanding

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What is known about this topic

- Pregnant and young mothers' stories often go untold within dominant community health and social care discourses.
- There is a paucity of contextually rich research that explores young women's experiences of pregnancy and motherhood.
- Connection to a broader social network is integral in scaffolding young women's experiences as they transition to motherhood.

What this paper adds

- A narrative view of experience provides a powerful tool for exploring the meaning young women assign to their motherhood experiences.
- Community services that provide judgement-free space where young mothers feel a sense of belonging are vital in promoting a positive motherhood identity.
- Community spaces that foster narrative and social learning, including health literacy, are fundamental in young mothers actively directing future stories in positive and meaningful ways.

Abstract

Pregnant and young mothers' stories often go untold within community social and health service policy, planning and practice. Consequently, there is a significant gap between young women's experiences of motherhood and current service provision. This study was undertaken in response to a paucity of observational and contextually rich research that explores young women's experiences of pregnancy and motherhood, including the role a community service played in scaffolding their motherhood journeys. Fundamental to this study's purpose was the premise that to improve planning and delivery of more appropriate services for this group, we need to listen, consult and consider what life is like for young mothers. The purpose of this paper is to describe the role a community service played in scaffolding young women's experiences as they transitioned to motherhood. Using a narrative approach, this study draws on data collected from contextual observations of 31 informants and 11 in-depth interviews over 7 months of fieldwork in 2010 at a community service in the Peel region of Western Australia. The integral role a community service played in the young women's transition to motherhood was analysed thematically and captured in three metaphorical themes, *finding a circle of friends*, *weaving a tapestry* and *turning the page*. The young women's storied experiences of motherhood present a strong argument for radical re-visioning of community and social health policy, practice and service delivery for young mothers. The findings revealed that judgement-free services that foster social and supportive relationships were integral in developing positive motherhood identities. The power of narrative and social learning when working with young mothers suggests that social models of health that foster a relational, narrative approach to practice are fundamental to young mothers finding their own voices and solutions and becoming active agents in re-authoring future narratives of hope, autonomy and agency.

Keywords: community service, narrative practice, narrative research, social model of health, young mothers

Introduction

Despite recent global and Australian reports, recommending strategic community health and primary healthcare service planning in the context of social determinants of health, social and health inequities still exist within Australia communities (Marmot *et al.* 2008, Baum 2009, National Health and Hospitals Reform Commission and Australian Department of Health and Ageing 2009), particularly in young peoples' lives (Wyn 2009). Eckersley *et al.* (2006) report on the pathways to success and well-being for Australia's young people calls for several 'signposts' for research and policy development, including research documenting young peoples' views into contemporary issues they are facing to ensure that policy and services are congruent with their needs. Without this valuable input, the authors claim that:

Policies, interventions and services for young people are likely to be fragmented and silo-based and out of step with their lives. (Eckersley *et al.* 2006, p. 42)

There is a large body of research that confirms that social connectedness and access to support networks are important for pregnant and young mothers, particularly in the face of many challenges while transitioning to adulthood and motherhood simultaneously (Logsdon & Davis 2003, Bunting & McAuley 2004, Beeber & Canuso 2005, Logsdon & Koniak-Griffin 2005, Logsdon *et al.* 2005, DeVito 2007). Some research suggests that given a supportive environment, young motherhood can be a transforming turning point in their lives (SmithBattle & Leonard 1998, Hanna 2001, Clemmens 2003, Larkins 2007). However, despite the evidence suggesting the vital role social support plays in young mothers' lives, what is less clear is how services enable social support and how it can be cultivated at a community level.

Despite dominant community social and health discourse viewing early pregnancy and motherhood as a disease that requires both surveillance and a large public health response (Breheny & Stephens 2010), there is a growing body of qualitative research studies that privilege the voices of young mothers, which have been largely missing in health and social literature (SmithBattle 1994, Clemmens 2003, Spear & Lock 2003, Herrman 2006). Unfortunately, the 'deficit' view of young motherhood persists and was confirmed in Duncan's (2007) review of teenage parenting:

Teenage childbirth does not often result from ignorance or low expectations, it is rarely a catastrophe for young women, and that teenage parenting does not particularly cause poor outcomes for mothers and their children ... becoming a teenage parent can make good sense in

a particular life worlds inhabited by some groups of young women and men. Policies about teenage parenting, however, assume the opposite. (Duncan 2007, p. 328)

Some qualitative research has found that dominant deficit discourse and incongruent policy responses have filtered down to influence the way healthcare providers perceive and stigmatise young mothers in health settings (Herrman 2006, Brady *et al.* 2008). The distrust between young mothers and health and social services includes young mothers believing that they are treated differently because they are young (Redwood *et al.* 2012) and being reluctant to ask for help in fear of being judged or their motherhood capabilities doubted (Brady *et al.* 2008, Whitley & Kirmayer 2008). Other studies have attributed stigmatisation to a mismatch of young mothers' expressed need and supportive resources delivered (Beeber & Canuso 2005) and a misperception that young mothers are refusing support or being non-compliant due to difference of values and perceptions between middle-class health professionals and young mothers (Rutman *et al.* 2002). Furthermore, in a supportive context where young motherhood is valued as a positive event, a role that is both worthy and esteemed, young women are less likely to report the negative effects of stigmatising experiences (Yardley 2008) and more likely to foster positive motherhood identity (Brubaker & Wright 2006).

The focus for this research grew out of the sense that it was important to explore what the 'right type of support' and community conditions look like to map more appropriate services. In the Australian context, Mills *et al.* (2012) have described the role and experiences of working with young mothers from a professional staff perspective. They found that less formalised approaches to parenting education were more effective strategies in supporting and facilitating learning in young mothers, such as role modelling, sharing experiences and stories, dealing with things 'in the moment' and building on individual strengths (Mills *et al.* 2012). However, there remains a lack of observational and contextually rich research that explores and describes experiences from the pregnant and young mothers' perspective, particularly within a community service. The purpose of this paper was to describe the role a community service played in scaffolding a group of young women's experiences as they transition to motherhood.

Methods

The methodological approach used in this research study draws on the interpretative approach of narrative enquiry (Clandinin & Connelly 2000). Social

researchers have become increasingly interested in narratives or stories as they offer an alternative approach to understanding human experience in a social world, while also considering the interrelated relationships of self, social, political, historical and community dynamics (Goodson & Gill 2011). A narrative approach encourages informants to provide accounts of personal experiences and meanings through the use of storytelling. A narrative approach fosters a more holistic, culturally sensitive approach to practice by providing valuable knowledge of social and personal circumstances, including families and support networks that permit a new lens of deeper understanding (Hall & Powell 2011). Narrative enquiry also provides a powerful tool to mediate between two different life world perspectives, that of health professionals and healthcare consumers (Greenhalgh & Hurwitz 1999), allowing for a multiple lens to explore young motherhood within a community service. There have been increased interest and a growing body of qualitative health literature using narrative as a means to exploring human experiences, including narratives of illness (Charon 2006). Narrative enquiry is also being used to inform practice and health service developments, as Hsu and McCormack (2012) assert that:

Narrative serves as a medium for 'getting inside' complex healthcare and social care relationships. (p. 841)

Similarly, in this study, the young mother's stories acted like bridges to real-world experience, producing 'thicker story lines' of how social and cultural resources impact young mothers' lives, offering a key to planning and delivering more appropriate community services for young mothers.

Setting

The young mothers' narratives were collected at a case study site located in the Peel region of Western Australia. Following the identified need for support services for young mothers within this region, a community-based programme was developed in 1999, to provide a safe, supportive environment for young parents to network and engage in a variety of programmes. The programmes include a pregnancy programme, life after birth and education extension programmes facilitated by teachers, youth workers and young mother peer educators, who were identified and completed a mentoring programme following attendance at previous programmes. The community house provides a fully equipped crèche staffed by childcare workers. Referrals to the service are made from government agencies, midwives, General Practitioners, family members and

via word of mouth from friends who had previously accessed the service. From a community research perspective, the community house provided a real-life setting to gather rich data on pregnancy and young motherhood experiences.

Data collection

The fieldwork and participant observation took place over a period of 7 months from April to November, 2010. Overall, there were 32 periods of observation lasting between 1.0 and 4.0 hours with 31 informants, culminating in 92 hours of direct observation. The fieldwork and observational periods were used to not only collect data but to 'tune in' to the young women, developing a sense of intimacy and sharing, which is a hallmark of the relational aspects of narrative fieldwork. It also provided a significant bank of observational data adding to the goal of retrieving 'thicker, richer' descriptions (Geertz 1973) and stories, which more accurately reflected realities of young women's pregnancy and motherhood experiences at the community service.

Observational data were captured in detailed reflective field notes and consisted of two types of entries: first, observational records of actions, doings and happenings at the service, including descriptive accounts of the five 'w's: who, what, when, where and why? Second, reflective field notes recorded emerging questions, insights, feelings and changes in the researcher's thoughts and perceptions. Initial interpretative analysis and data collection were conducted simultaneously throughout the research study, which allowed the authors to funnel the observations from the broader landscape of young motherhood experiences to smaller, more focused aspects of the role the community house played in scaffolding the young women's experiences.

Following 2 months of fieldwork at the service, the second step was to identify and invite young mothers for individual narrative-based interviews completed in a conversational format. Early observations during fieldwork provided both a snapshot of how pregnant and young mothers experience and make sense of motherhood within a community service and guided the development of the following open-ended reflective questioning prompts used during the interviews:

- 1 Can you describe the experience of your life growing up?
- 2 What was happening in your life when you became pregnant?
- 3 Can you describe your experience of pregnancy and/or motherhood? How has life changed?

- 4 Who do you feel connected and/or supports you?
- 5 What type of social support do you receive here?
Can you give me an example?
- 6 What are your hopes and dreams? How do you see your future (over next 5 years) for you? For your child?
- 7 What advice might you give to other young mums?

Eleven young mothers aged between 16 and 23 years, at differing points of motherhood from first-time pregnancy to a young mother of three children, were invited to engage in a face-to-face interview. Of the eleven, five were attending the Pregnancy Programme, three the Life After Birth programme and the remaining three were enrolled in the Education Extension Programme. The demographics of the young mothers represented a realistic cross-sectional sample of young mothers who attend the programmes. This research project received ethics approval from Murdoch University Human Research Ethics Committee (2009/245) and written permission from the community service. The data were recorded and filed in various forms, including audio-recorded interviews, transcriptions, observational and reflective field notes, dates and times of fieldwork. Consent forms and data files were stored separately.

Data analysis

Throughout the research study, the data analysis was not fixed, but fluid and circular, resembling Creswell's (2006) description of the data analysis spiral. From the first spiral loop of initial data management to finally exiting with an alternative narrative, it was imperative that the data analysis was undertaken with care and rigour in a methodical way (Coffey & Atkinson 1996). Initially, the authors used emergent thematic analysis to cut across 11 narratives of experience collected at interview. Braun and Clarke (2006) recommend thematic analysis as an effective method for identifying and analysing patterns in qualitative data. Following Creswell's (2006) data analysis spiral, the authors re-read, re-listened and re-searched all of the research data identifying consistency of ideas and key concepts that stood out from the data. Moving through the spiral process of describing, classifying and interpreting involved exploring, selecting and fitting together common narrative threads of interest and then adding memos in the margins of interview transcripts and field notes. A list of emerging patterns and themes were then assigned coloured codes, enabling rigorous analysis of what the data indicated (Coffey & Atkinson 1996). This analysis of data confirmed congruency between the interview, observational and field notes collected during the fieldwork to ensure triangulation (Yin 2009). Over a period of

weeks, a continuous process of checking back and forth across the codes and concepts further distilled the data into three main themes described below.

Findings

Following data analysis, three thematic metaphors, *finding a circle of friends*, *weaving a tapestry* and *turning the page* were created to assist in the task of illuminating the role the community house played in scaffolding the young mothers' experiences as they transitioned to motherhood.

Finding a circle of friends

A shared theme in the young women's narratives was the significant role the community house played in supporting their transition to motherhood. There was a strong sense of connectedness that provided a safe community space where the young women were received, affirmed and valued for who they are. This sense of place and belonging, together with a high degree of trust in the relationships formed between youth workers, peer educators and young women attending programmes, was a valuable social support. The young women used words such as 'open', 'relaxed', 'comfortable', 'warm', 'fun' and 'welcoming' to describe the community house. For Nicole, the sense of belonging she feels for herself and daughter when she attends is highlighted in the following comment:

I feel like everyone is happy to see us and the kids all love J (her new child) which is good, I love that ... when you go to the Happy Hut they are just fun and you feel the good side of being a mum, like you can still have fun and stuff. (Nicole)

The notion of finding 'people who understand me' was a significant experience that benefited the young mothers by providing a safe space to escape the isolation of young motherhood and a sense of comfort knowing that they were not alone. This was articulated by Mia:

I leave the house; I look forward to it every week, um just nice to talk to somebody who is in the same position as you yeah ... that I am not alone. (Mia)

The importance of a shared peer group and social identity took precedence over more formal learning structured programmes as young mothers were given the space to make sense of their new motherhood identities and roles. This new *circle of friends* provided a vital resource and support that created space for new knowledge and skills about parenting and their new motherhood roles to emerge.

Weaving a tapestry

By providing the space and safety of a *circle of friends*, the community house presented young women with the opportunity to share, acknowledge and witness each other's stories. Sharing stories represents the interweaving of threads in a tapestry; the more the threads, the stronger and richer the young mothers' identity descriptions, thus playing a significant role in thickening their life stories (Geertz 1973). This is consistent with Goodson and Gill's (2011) argument which suggests that a:

Narrative encounter has the potential to transform a person's understanding of him/herself, their narratives, and above all, to change a person's courses of action and align them to the individuals' values and purpose in life. (pp. xiv–xv)

The community space to access, share and witness each other's stories scaffolded the young women's experiences in three main ways. First, it provided the platform for stories to be told and acknowledged. For Nicole, this was a powerful experience as no one had ever asked her what it was like to be in her shoes. Second, the process of storying one's life increased the young mothers' access to new sources of ideas, enriching their world view and broadening their perspectives. Listening to each other's stories extended their current vision, a key element of narrative learning that is grounded in the concept that learning is always a process of 'becoming' (Goodson & Gill 2011). This theme was highlighted by Rani who describes how attending the community house has opened her eyes:

Just different stories and things, just different people have different pregnancies, completely different, different kids, they act different. Different circumstances, different home lives and everything. You just, your eyes get opened up to how many different, you know, ways people live and stuff. (Rani)

The act of telling and sharing stories also provided a powerful catalyst for learning to occur, as the young women were observed actively seeking out health information in informal or non-traditional ways. For example, young mothers, who had newly adapted to their motherhood role, were used as the trusted translators of 'what to expect' (Wierenga 2009). The learning was valuable because the new mothers understood what it was like for the pregnant young woman, so they were able to present the information in a way that was meaningful and relevant. This was echoed in the following field notes:

Today they joined the young women from the Pregnancy Program and Life After Birth groups together. I sat in the

circle with 10 young women, the facilitators asked the young mothers to share their birth stories with the pregnant women ... one young 17 year old woman, who was 23 weeks pregnant with her first child, shyly asked about pain relief and expressed her fear of pain during labour. Having worked as a school nurse and taught in classrooms about health for many years, I know of the struggles I faced in getting health information across to young people. Here, I am witnessing an atmosphere of openness, adaptable learning and valuable tacit knowledge exchange is occurring. (Field notes 2nd September 2010)

Another example of how the community service created a potent learning space included a community midwife planting a tree with the young mothers while she engaged in mutually shared storytelling including her own motherhood story infused with health literacy.

Third, for most of the young women, the turning point towards motherhood provided a catalyst and space for re-viewing their stories, making sense of their past and actively re-authoring their own story-lines (Goodson & Gill 2011). This was demonstrated in Nicole's story as she tried to put her past behind her and choose a different life path for herself and her daughter:

I want her (the new baby) to have a secure future and a good home for my child cause like at the start with my mum it was very comforting and a nice home but once we moved to Australia it didn't feel like she was there for me and it was just hard growing up and I don't want it to be like that for J. Yeah. (Nicole)

Turning the page

A sense of belonging and safe place to share and reflect on their own stories and learn from each other provided these young mothers with an opportunity to move beyond the socially scripted deficit narratives typically assigned to teenage mothers. Over months of field work, many of the young women identified new attributes and capabilities by opening up their life stories to fresh hopes, dreams and possibilities and beginning the journey of actively re-scripting their story. The metaphor of *turning the page* was symbolised in many different ways. For some of the young mothers, it was the sense of being appreciated and understood after sharing and acknowledging each other's stories; for others, it was finding the courage to resist the 'teenage mother' stigma or making amends and choosing a different path from the one that had dominated their past. This was expressed in Lucy's story as she shares how her relationship with her mother is different from that with her own three daughters:

Like, I haven't really got a close relationship with her (mother) ... which is kind of, really quite sad. Like I wish that I would but it just yeah, we just, she like, she never was like the huggy type mum or the kisses and hugs, she wasn't like that which is what I am with the girls. Like I'm trying to be that kind of mum that I wanted to have so... (Lucy)

Lucy's story typifies the power of narrative in facilitating reflection, learning and development. For Lucy, sharing her motherhood experiences and knowledge with other young mothers added a sense of purpose to her life by broadening and thickening her personal story and sense of self. This provided her with the courage to enrol in a counselling degree at university as she discloses how she likes the way in which the other girls look up to her:

Yeah and I like giving them advice cos I like talking with people and stuff. It's like, it's what I want to do like my counselling and stuff, it's like I like to help people. Like if I can help them then I'll give them advice you know so yeah. (Lucy)

The importance of intangible social and cultural resources is especially significant considering the long-term impact static storylines can have on young women's life course. Three of the young women (who reported having the least amount of social support) also displayed disconnected and vague narratives that encompassed little reflection, questioning, learning or active engagement in future construction of their life story. For example, Stephanie, who at 26 weeks pregnant is living at home with her alcoholic father, displayed limited narrative capacity and dialogue with silence and difficulty in openly conversing with the rest of the group. Although she did not have the narrative capacity to share her story, she did access and learn from other young mothers stories, as she expressed that she learned 'How to look after the baby, how to support her' from attending the community service.

Discussion

Central to the narratives collected during fieldwork was the young mothers' experience of a safe, judgement-free community service that was flexible, responsive and grounded in the reality of their everyday lives. The findings suggest the importance and significance of narrative research, as a method of both enquiry and practice. Telling stories not only assisted the young women to connect with others and make sense of their world (Eckersley *et al.* 2006), it also offered a powerful tool for understanding young mothers' experiences. Narrative approaches to practice

that foster social and narrative learning create a different space that allows healthcare practitioners to address an individual's needs at a particular time in the context of their present lives and experiences, or as Aristotle described it, the intellectual virtue of 'phronesis' or 'practical wisdom' (Schwartz & Sharpe 2006). The findings from this study highlight how a narrative approach encourages and enables health practitioners to engage in more meaningful and helpful ways by providing resources and guidance to scaffold the young women's experiences as they transition to motherhood. Research has shown that social support and connection to broader social networks including access to quality social and material resources are integral in scaffolding young people through challenging life transitions (Wyn 2009), and a key protective factor for building psychosocial resilience in young people (Lee *et al.* 2012).

This relational approach has been successfully used by social workers to engage high-risk young mothers (Chablani & Spinney 2011) and SmithBattle *et al.*'s (2012) research explored how community nurses employed narrative methods of listening more and talking less to foster responsive relationships with teen mothers in the United States of America. The importance of using a relational approach has also been highlighted recently by Browne *et al.* (2010) who describe how public health nurses in Canada use relational practice in their work with 'high priority' families. The study found that adoption of a flexible approach that acknowledges the complexities and shifting realities of families was a key element in developing and sustaining meaningful, responsive relationships.

Embodied in the narratives of all the young women's stories was the ways in which community services can act as a vital social resource to help young mothers escape the sense of isolation they often feel by helping them to build connections and social networks. These community spaces enable young mothers to not only make sense of their pregnancy and motherhood experiences but also develop supportive friendship networks, a micro community where they feel safe to build a collective identity and experiment with new social roles (Kidger 2004). Working within a primary healthcare model that connects people to broader social networks and fosters citizen participation is a core role of community-based health practitioners (Aston *et al.* 2009). These findings suggest that a narrative approach fosters a positive view of self and future in young mothers, which is organised by the meanings and practices of their communities and families. This was also affirmed in SmithBattle and Leonard's (1998) longitu-

dinal research of young mothers' narratives, which concluded that young mothers who had access to positive support networks developed positive responsive behaviours to motherhood, including sustained engagement and agency in their mothering roles.

The findings from this study illustrate the importance of creating community service models of health provision that facilitate acknowledging and witnessing personal narratives. Without exception, each of the young mothers in this study described how the process of storying with each other allowed them to construct a positive motherhood identity (Brubaker & Wright 2006, Yardley 2008). Storytelling is an important social function that validates one's experiences by helping people connect, bond and explore commonalities with others. It fosters a sense of community by helping people to make sense of established order, potential roles and standards that exist within communities (Atkinson 1995). The young mothers' narratives highlighted the importance of judgement-free community spaces that foster narrative and social learning. Community spaces, whereby young mothers can access an alternate and positive stock of health knowledge and storylines, are consistent with Hall *et al.* (1999) who found that open spaces and non-judgemental learning areas for young people can contribute to skills and values being caught and taught. Within the social context of the community service, the process of *becoming* and learning was organic and spontaneous, providing an intangible social and cultural resource in the young mothers' life, which is in stark contrast to the transmission model that all too frequently occurs in traditional health educational exchange (Banks-Wallace 1999). This learning process not only mitigates the effect of isolation and the wider community stigma but also inspires the construction of empowering narratives, especially for the young women who have no clear plan and require supportive scaffolding to help map out a desired life path.

What emerged from the young mothers' narratives was the need to re-think current public health policy and practice in ways that are more congruent with the lives, experiences and social realities of young mothers themselves. This process starts by shifting the focus from young mothers as 'passive recipients of social policies determined by more powerful voices' (Kidger 2004, p. 298) to a narrative approach that provides space for young mothers to find their own voices and solutions as they become active agents in re-scripting narratives of hope, autonomy and agency. Fundamental to narrative practice is a more egalitarian partnership, based on inclusive decision-making that fosters a sense of control over

young mothers' lives, while cultivating a sense of social cohesion, belonging and commonality that builds trust and enhances health in communities (Hertzman 2001). In other words, social and health policies and practices need to re-align service delivery to a primary healthcare 'bottom-up' approach that builds capacity, social capital and resilience in young mothers. This begins by listening to what young people themselves have to say before making judgements and/or imposing solutions. This requires a profound shift in public policy thinking away from the discourse of 'what is wrong with you?' to 'how can we best resource you?' (Wierenga 2009, p. 189). This kind of approach is more likely to provide early, timely support that is congruent with young mothers' lives and needs.

It must be acknowledged that this research study is only a snapshot of the experiences of young mothers as 'instances of social action' (Denzin & Lincoln 2008, p. 290) within a 7-month time period; prolonged reciprocal exchange may have provided more insightful findings of young motherhood. The young mothers in this study were included from one homogeneous group within one community service. Further research would be necessary with other, more varied communities of young mothers to determine if the findings are consistent and transferable to other populations. However, despite the study being small, exploratory and focused on just one episode of young mothers' life stories in one community context, the findings offer some key narrative knowledge of how young women transition to motherhood and how we may begin to close the considerable gap between how young women experience motherhood and current policy and community service response.

Conclusion

Narratives of young mothers are largely absent or silenced from mainstream social and healthcare literature. Furthermore, the role of community services in scaffolding young women's experiences of motherhood is relatively unexplored. In addressing these shortcomings, this study examined what life is really like for a group of young mothers at community service. This study confirms the pivotal role community services can play in supporting young mothers as they negotiate new identities and futures. Using stories to explore the role of the community house in the young mothers' lives provides an invaluable resource in helping policy makers and practitioners alike to create timely and meaningful services that scaffold young women's experiences as they transition to motherhood.

At a time when young women are not only questioning the context of their lives but also exploring their sense of identity and imagined futures, judgement-free community spaces that foster narrative and social learning have the potential to transform lives.

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References

- Aston M., Meagher-Stewart D., Edwards N. & Young L.M. (2009) Public health nurses' primary health care practice: strategies for fostering citizen participation. *Journal of Community Health Nursing* **26** (1), 24–34.
- Atkinson R. (1995) *The Gift of Stories: Practical and Spiritual Applications of Autobiography, Life Stories, and Personal Mythmaking*. Greenwood Publishing Group, Westport, CT.
- Banks-Wallace J. (1999) Storytelling as a tool for providing holistic care to women. *The American Journal of Maternal/Child Nursing* **24** (1), 20–24.
- Baum F. (2009) Envisioning a healthy and sustainable future: essential to closing the gap in a generation. *Global Health Promotion*, **16** (1 Suppl), 72–80.
- Beeber L.S. & Canuso R. (2005) Strengthening social support for the low-income mother: five critical questions and a guide for intervention. *Journal of Obstetric, Gynecologic, & Neonatal Nursing* **34** (6), 769–776.
- Brady G., Brown G., Wilson C. & Letherby G. (2008) New ways with young mothers – how services can better meet their needs. *MIDIRS Midwifery Digest* **18** (4), 579–581.
- Braun V. & Clarke V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* **3** (2), 77–101.
- Brehehy M. & Stephens C. (2010) Youth or disadvantage? The construction of teenage mothers in medical journals. *Culture, Health & Sexuality* **12** (3), 307–322.
- Browne A.J., Hartrick Doane G., Reimer J., MacLeod M.L.P. & McLellan E. (2010) Public health nursing practice with 'high priority' families: the significance of contextualizing 'risk'. *Nursing Inquiry* **17** (1), 27–38.
- Brubaker S.J. & Wright C. (2006) Identity transformation and family caregiving: narratives of African American teen mothers. *Journal of Marriage and Family* **68** (5), 1214–1228.
- Bunting L. & McAuley C. (2004) Research review: teenage pregnancy and motherhood: the contribution of support. *Child & Family Social Work* **9** (2), 207–215.
- Chablani A. & Spinney E.R. (2011) Engaging high-risk young mothers into effective programming: the importance of relationships and relentlessness. *Journal of Family Social Work* **14** (4), 369–383.
- Charon R. (2006) *Narrative Medicine: Honoring the Stories of Illness*. Oxford University Press, New York.
- Clandinin D.J. & Connelly F.M. (2000) *Narrative Inquiry: Experience and Story in Qualitative Research*. Wiley, San Francisco, CA.
- Clemmens D. (2003) Adolescent motherhood: a meta-synthesis of qualitative studies. *The American Journal of Maternal Child Nursing* **28** (2), 93–99.
- Coffey A. & Atkinson P. (1996) *Making Sense of Qualitative Data: Complementary Research Strategies*. Sage Publications, Thousand Oaks, CA.
- Creswell J.W. (2006) *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. Sage Publications, Thousand Oaks, CA.
- Denzin N.K. & Lincoln Y.S. (2008) *Collecting and Interpreting Qualitative Materials*, 3rd edn. Sage Publications, Thousand Oaks, CA.
- DeVito J. (2007) Self-perceptions of parenting among adolescent mothers. *Journal of Perinatal Education* **16** (1), 16–23.
- Duncan S. (2007) What's the problem with teenage parents? And what's the problem with policy? *Critical Social Policy* **27** (3), 307–334.
- Eckersley R., Wierenga A. & Wyn J. (2006) *Flashpoint and Signposts: Pathways to Success and Wellbeing for Australia's Young People*. Australia 21 Ltd, The Australian Youth Research Centre and Victorian Health Promotion Foundation, Melbourne.
- Geertz C. (1973) Thick description: towards an interpretive theory of culture. In: C. Geertz (Ed.) *The Interpretation of Cultures*, pp. 3–32. Basic Books, New York.
- Goodson I. & Gill S. (2011) *Narrative Pedagogy: Life History and Learning* (Vol. 386). Peter Lang Pub Incorporated, New York.
- Greenhalgh T. & Hurwitz B. (1999) Narrative based medicine: why study narrative? *British Medical Journal* **318** (7175), 48.
- Hall J.M. & Powell J. (2011) Understanding the person through narrative. *Nursing Research and Practice* **2011**, 1–10.
- Hall T., Coffey A. & Williamson H. (1999) Self, space and place: youth identities and citizenship. *British Journal of Sociology of Education* **20** (4), 501–513.
- Hanna B. (2001) Negotiating motherhood: the struggles of teenage mothers. *Journal of Advanced Nursing* **34** (4), 456–464.
- Herrman J.W. (2006) The voices of teen mothers: the experience of repeat pregnancy. *The American Journal of Maternal/Child Nursing* **31** (4), 243.
- Hertzman C. (2001) Health and human society. *American Scientist* **89** (6), 538.
- Hsu M.Y. & McCormack B. (2012) Using narrative inquiry with older people to inform practice and service developments. *Journal of Clinical Nursing* **21** (5–6), 841–849.
- Kidger J. (2004) Including young mothers: limitations to New Labour's strategy for supporting teenage parents. *Critical Social Policy* **24** (3), 291–311.
- Larkins S.L. (2007) *Attitudes and Behaviours of Teenage Indigenous Women in Townsville, Australia, with Respect to Relationships and Pregnancy: The "U Mob Yarn Up" Young Parents' Project*. Doctoral Dissertation. James Cook University, Townsville, Queensland.
- Lee T.Y., Cheung C.K. & Kwong W.M. (2012) Resilience as a positive youth development construct: a conceptual review. *The Scientific World Journal* **2012**, 1–9.
- Logsdon M. & Davis D. (2003) Social and professional support for pregnant and parenting women. *The American Journal of Maternal and Child Nursing* **28** (6), 371–376.

- Logsdon M.C. & Koniak-Griffin D. (2005) Social support in postpartum adolescents: guidelines for nursing assessments and interventions. *Journal of Obstetric, Gynecologic, & Neonatal Nursing* **34** (6), 761–768.
- Logsdon M.C., Gagne P., Hughes T., Patterson J. & Rakestraw V. (2005) Social support during adolescent pregnancy: piecing together a quilt. *Journal of Obstetric, Gynecologic, & Neonatal Nursing* **34** (5), 606–614.
- Marmot M., Friel S., Bell R., Houweling T.A. & Taylor S. (2008) Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet* **372**, 1661–1669.
- Mills A., Schmied V., Taylor C., Dahlen H., Schuiringa W. & Hudson M.E. (2012) Connecting, learning, leaving: supporting young parents in the community. *Health & Social Care in the Community* **20** (6), 663–672.
- National Health and Hospitals Reform Commission & Australian Department of Health and Ageing (2009) *A healthier future for all Australians final report June 2009*. Available at: <http://www.health.gov.au/http://nla.gov.au/nla.arc-104821> (accessed on 8/6/2010).
- Redwood T., Pyer M. & Armstrong-Hallam S. (2012) Exploring attitudes and behaviour towards teenage pregnancy. *Community Practitioner* **85** (3), 20–23.
- Rutman D., Strega S., Callahan M. & Dominelli L. (2002) 'Undeserving' mothers? Practitioners' experiences working with young mothers in/from care. *Child & Family Social Work* **7** (3), 149–159.
- Schwartz B. & Sharpe K.E. (2006) Practical wisdom: Aristotle meets positive psychology. *Journal of Happiness Studies* **7** (3), 377–395.
- SmithBattle L. (1994) Beyond normalizing: the role of narrative in understanding teenage mothers' transition to mothering. In: P. Benner (Ed.) *Interpretive Phenomenology*, pp. 141–166. Sage Publications, Thousand Oaks, CA.
- SmithBattle L. & Leonard V.W. (1998) Adolescent mothers four years later: narratives of the self and visions of the future. *Advances in Nursing Science* **20** (3), 36–49.
- SmithBattle L., Lorenz R. & Leander S. (2013) Listening with care: using narrative methods to cultivate nurses' responsive relationships in a home visiting intervention with teen mothers. *Nursing Inquiry* **20** (3), 188–198.
- Spear H.J. & Lock S. (2003) Qualitative research on adolescent pregnancy: a descriptive review and analysis. *Journal of Pediatric Nursing* **18** (6), 397–408.
- Whitley R. & Kirmayer L.J. (2008) Perceived stigmatisation of young mothers: an exploratory study of psychological and social experience. *Social Science & Medicine* **66** (2), 339–348.
- Wierenga A. (2009) *Young People Making a Life*. Palgrave Macmillan, New York.
- Wyn J. (2009) *Youth Health and Welfare: The Cultural Politics of Education and Wellbeing*. Oxford University Press, South Melbourne.
- Yardley E. (2008) Teenage mothers' experiences of stigma. *Journal of Youth Studies* **11** (6), 671–684.
- Yin R.K. (2009) *Case Study Research: Design and Methods*, 4th edn. Sage Publications, Thousand Oaks, CA.