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“I just lower my head and move on.” Spatialized inequality and the politics of teenage parenthood: Navigating stigma, shame and the fear of social work intervention in a deprived coastal town

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ABSTRACT

Mainstream policy and research have driven forward numerous interventions relating to persistent and significant variation in the rate of teenage pregnancy both between and within local areas in England, including a focus on the high concentration of young parenthood in deprived coastal communities. Coastal towns in England face a constellation of unique, complex and intertwining pressures which drive clusters of socio-economic deprivation and social issues. Building upon what is known about the spatial concentration of young parenthood within deprived coastal towns, we take a place-based approach to understanding social inequalities, presenting qualitative evidence relating to the intersection of young parenthood and forms of social injustice, particularly the increased likelihood of the children of young parents being the subject of compulsory investigation by Children’s Services. We explore findings arising from qualitative participatory arts-based research with 18 young parents and interviews with 15 practitioners, examining the significance of the spatial context in understanding young people’s experiences of stigmatisation and considering the potential for provision to respond to distinctive features of the locality. This paper contextualises broader socio-economic structures impacting upon the experiences of teenage parents and the effect of disadvantage on the ability of young people to achieve the ‘good’ parent status to which they aspire. Through the lens of a deprived coastal town in the North of England, the findings highlight the importance of the ‘locale’ in navigating stigma, and how this creates a ‘spatialised subjectivity’ which interacts with a particular fear of professional intervention, including the threat of child removal.

1. Introduction

1.1. Young parenthood in a deprived coastal town: Scarborough, North Yorkshire

Scarborough is the largest town on the North Yorkshire coast, with a population of around 108,800 (Office for National Statistics, 2021a). While North Yorkshire is among the least deprived local authorities in England, ranking 125th least deprived out of 152 upper tier local authorities for the Index of Multiple Deprivation (IMD) (Data North Yorkshire, 2024), Scarborough is the most deprived district in North Yorkshire, ranking 90th most deprived out of 326 lower tier local

authorities (Data North Yorkshire, 2024). In Scarborough in 2019, 14.5 % of the population was defined as income-deprived (ONS, 2021b), although the area has become relatively less deprived since 2010 (Data North Yorkshire, 2024). Scarborough’s situation as a deprived district within a relatively affluent local authority is significant given that analysis has revealed the existence of an “inverse intervention law” (Hood et al., 2021:38). This relates to evidence that the number of referrals to Children’s Services departments and the number of children being made the subject of a child protection plan¹ is significantly higher for those living in the more disadvantaged areas of affluent local authorities than similarly deprived areas of more deprived local authorities (Bywaters et al., 2022; Hood et al., 2021).

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¹ Child protection plans are formal, multi-agency documents put in place without requiring parental consent to ensure that a child’s needs are addressed when they have been deemed by professionals to be at risk of significant harm (s.47, Children Act, 1989).

When the most recent statistics were published in 2020, North Yorkshire was found to have an under-18 conception rate of 10.9 per 1,000 population, compared with a national rate of 13.0 (Public Health England, 2020). While district-level data is not publicly available, Scarborough was identified anecdotally by the public health managers who took part in this project as the area of North Yorkshire with the highest rate of teenage pregnancy and parenthood. There is evidence that significant variations in the rate of teenage pregnancy persist both between and within local areas (ONS, 2020), with particular concerns surrounding sexual activity and young parenthood in rural and seaside localities (Bell et al., 2004). Understanding the specific challenges that Scarborough encounters entails linking to broader evidence on how coastal towns in England face a constellation of unique, complex and intertwining pressures. Whilst a number of studies have highlighted the greater prevalence of socioeconomic deprivation in coastal communities (Beatty et al., 2011; CMO, 2021; ONS, 2020; CMO, 2021; Emmins et al., 2023), Agarwal et al. (2018) demonstrate how clusters of deprivation are spatially configured, intractable, and sustained by a complex and interrelated set of drivers. These include: disinvestment in local economies that are reliant on a diminished and inconsistent tourist trade; the prevalence of low-paid and fluctuating employment; underdeveloped education and training infrastructure; transient and 'vulnerable' populations who are more likely to experience poor health; low-quality, unaffordable housing with an over-representation of multi-tenancy dwellings; and the isolated, poorly connected nature of many coastal towns, particularly those situated within rural hinterlands. Recent statistics have pointed to the problems associated with high levels of substance misuse, showing that some seaside towns in England and Wales have the highest rates of death in the country from misuse of heroin/morphine (ONS, 2018).

Research has explored the significance of gender and class in understanding place-based coastal inequalities (Wenham and Jobling, 2023), including how *place* shapes risk and vulnerabilities, and how young women manage 'risk' and 'danger' within their everyday lives. Research by Radcliffe et al. (2020) has also noted the heightened risk of child sexual exploitation (CSE) in deprived coastal towns, drawing attention to the constellation of risk factors for CSE which are present in such localities, including poverty, experiences of discrimination, lack of opportunities and the confluence of perpetrators. As Radcliffe et al. (2020) also describe, care-experienced young people are more likely to experience CSE, and this group is overrepresented in deprived seaside towns due to the combination of relatively cheap housing and the UK model of market-based provision in Children's Services accommodation. Furthermore, mainstream policy and research have driven forward numerous interventions (DFES, 2006) into the persistent and significant variation in the rate of teenage pregnancy both between and within local areas in the UK (ONS, 2020), including a focus on young parenthood in rural and seaside areas (Bell et al., 2004). Both teenage pregnancy and CSE are therefore powerful examples of how multiple risk factors can interlink and overlap in complex ways to form place-based and gendered inequalities, which in turn, impact upon the experiences and outcomes of young women.

For young people more broadly, research has highlighted that growing up in coastal towns can result in feelings of marginalisation from educational, employment, cultural and leisure opportunities, high levels of youth out-migration and stigma directed towards those who choose to stay (Keating et al., 2024; Telford, 2022; Wenham, 2020, 2022). Working-class men living within coastal communities have been found to be at risk of experiencing precarity, geographical constriction and thwarted ambition (Simpson et al., 2021; Simpson and Morgan, 2024), with a resultant impact upon young people's capacity to plan a secure future and enjoy a sense of stability. Relatedly, seaside towns have featured prominently in the criminal exploitation of children and vulnerable adults, via the transience of 'gang' members from major cities to rural/coastal towns to expand drug trade (HM Government, 2018). Attention has also been placed upon the outcomes of young

people as they make key educational and employment transitions, with research showing that in rural and coastal areas there tend to be few, if any, higher education providers. Where providers are available, there are limited learning options and below average teaching and employment outcomes (SMC, 2017). For children who live in coastal towns, poor educational outcomes are more pronounced than for similarly disadvantaged children in urban settings (Emmins et al., 2023). Deprivation is a persistent yet historically under-examined feature of many coastal towns in the UK (Agarwal et al., 2018; Smith, 2012), however, the shifting socioeconomic climate over recent years has stimulated research and policy examination of the distinct challenges facing coastal communities (CMO, 2021; Emmins et al., 2023; Fiorentino et al., 2024).

1.2. The Investigative turn: children's services in context

This research takes place at a time when Children's Services departments in England are experiencing unprecedented strain. The number of Section 47 (s.47) child protection enquiries taking place annually peaked in 2022–23, reducing by 1.7 % in 2023–24 (DfE, 2024a; S.47, Children Act, 1989) following more than a decade of increased investigations (Bilson and Martin, 2017). Of the nearly 225,000 investigations which took place in 2023–24, just under a third resulted in substantiated claims of abuse or neglect (DfE, 2024a), a proportion which has steadily declined since 2013 when 47 % of enquiries led to an initial child protection conference (ICPC) (DfE, 2024a). Locally, in 2023–24 North Yorkshire saw an increase of 11 % in referrals to Children's Services on the previous year, noting a 47 % rise in reports about safeguarding concerns about children over the preceding three years (North Yorkshire Safeguarding Children Partnership, 2024). Such evidence supports Bilson and Martin's (2017:793) assertion that social work with children and families has taken an 'investigative' turn, with more families than ever before coming to the attention of Children's Services as the subject of concerns about harm which are not necessarily substantiated upon investigation. The number of children being separated from their families by the care system also peaked in 2022–23, decreasing by 0.5 % in 2023–24 following a steady rise since 2008, with 33,000 children becoming looked-after in the year ending 31st March 2024 (DfE, 2024b), bringing the total number of looked-after children to 83,630 (DfE, 2024b). It has been accepted that the system for the provision of Children's Services in England is in need of urgent overhaul, with Macallister's (Department for Education, 2022) review making a series of recommendations for a fundamental shift in the way in which Children's Services are organised and delivered, and successive governments outlining plans for whole system reform (DfE, 2023, 2024c).

1.3. Statutory involvement with the children of young parents

There is a paucity of evidence relating to the characteristics of the parents of children who are the subject of intervention by Children's Services, however high rates of teenage pregnancy in coastal towns in England have been found to exist alongside high rates of non-consensual intervention in children's lives. For example, research has identified that a child living in a deprived neighbourhood in Blackpool is more than 12 times more likely than a child living in Richmond, London, to be the subject of a child protection plan or to be taken into care (Featherstone et al., 2014). Blackpool also has the highest rate of looked-after children of any local authority in England (Bywaters et al., 2020; Department for Education, 2023b). There is evidence that young mothers between the ages of 16 and 19 are at highest risk of experiencing the recurrent loss of infants to adoption (Broadhurst et al., 2015), in a wider policy and practice context in which parents with complex needs can be expected to implement significant changes within restrictive timescales, or risk court action in respect of their children (Featherstone et al., 2014). There is also evidence that the impact of deprivation on parents' capacity to adequately meet their children's needs is routinely not appreciated within social work assessments (Bywaters et al., 2022; Hood et al., 2021;

Morris et al., 2018).

Internationally, young people who have been the subject of child welfare interventions, including those who have spent time in state care, have been found to be more likely to become a parent early in life (Courtney et al., 2007; Purtell et al., 2021; Vinnerljung et al., 2007; Roberts et al., 2019; Wade, 2008). Young people who are in or transitioning out of care ('care leavers') experience higher rates of state intervention in respect of their children (Courtney et al., 2007; Dworsky and Courtney, 2010), with 26 % of the 238 children of care leavers who were included in Roberts and colleagues' (2019) research in Wales having been separated from their parents, and a further 34 % of those living with a care-experienced parent being the subject of some form of ongoing state intervention. Young people leaving care have been found to experience high levels of adversity resulting from their previous life experiences (Purtell et al., 2021; Roberts et al., 2017), and are vulnerable to encountering 'surveillance bias' (Purtell et al., 2021:349), being subjected to greater levels of scrutiny than other young parents by virtue of having been known to Children's Services themselves in their own childhood. As will be explored, being the subject of social work intervention was a key concern for young parents who took part in our research and this paper contributes to addressing a gap in knowledge relating to the intersection between the challenges experienced by families in seaside resorts. Significantly, this draws attention to the importance of the spatial context, what this then means for young parents navigating the transition to young parenthood and the provision of Children's Services within their localities (El-Hoss et al., 2024). It is within this context that we now turn to the importance of understanding the 'locale' in navigating the experience of stigma and young parenthood.

1.4. Stigma and young parenthood

The concept of stigma was first coined by Goffman (1963), who used the term to refer to a "deeply discrediting" attribute possessed by an individual, such as a physical abnormality, character trait or 'tribal' affiliation (Goffman, 1963:13). In recent decades, rather than focusing upon psychological processes of stigma management, scholarship has advanced to emphasise the structural conditions within which stigma is manufactured and the power relations inherent in its production (Link and Phelan, 2001; Mantovani and Thomas, 2014; Parker and Aggleton, 2003; Scambler, 2009). An example here is the concept of 'stigma power' (Link and Phelan, 2014:24; Tyler, 2020), understood as a tool which is activated by more powerful groups as a means of exploiting or excluding the stigmatised, discrediting those whose lives are not seen as being worthwhile according to the logics of capitalism (Tyler, 2013a; 2020). Such understandings of stigma illuminate the ways in which young parents' voices can be kept 'down, in or away' from the mainstream (Link and Phelan, 2014:24) on the basis of stigma relating not only to parental status, but also stigma associated with involvement with Children's Services, deprivation and place.

A wealth of literature explores the relationship between stigma and motherhood (Hendrick, 2003; Jensen and Tyler, 2015; Lawler, 2000; Miller, 2005; Skeggs, 1997; Taylor and Rogaly, 2007), with evidence that women are routinely subjected to social evaluations regarding their child rearing practices, encountering pressure to be a 'good' (Miller, 2005:54) or even 'perfect' mother (Liss et al., 2013:1113). While research and policy has been described as being traditionally 'mother-centric' (Tarrant, 2023:2), illustrative of how the experiences of fathers have been neglected (Clayton, 2016; Smithbattle, 2019), more recently attention has been paid to fatherhood internationally, and the stigma associated with being a young father has been made visible (Clayton, 2016; Smithbattle, 2019; Tarrant, 2023). Shifts in gendered expectations surrounding parenting have been found to create both opportunities and expectations for fathers of all ages to be involved in providing hands-on care and emotional support to their children (Clayton, 2016; Miller, 2011; Smithbattle, 2019), however fathers are typically presented with

far more choices surrounding their involvement with the practical tasks of parenting than mothers, with traditional gendered patterns of caring for children having been disrupted to only a limited extent (Miller, 2011). Providing financially for one's family, for example, continues to be fundamental in understandings of dominant forms of masculinity, with failure to fulfil the role of breadwinner central to ideas of 'bad' fathering (Miller, 2011; Neale and Davies, 2016).

Within this paper, we discuss young parenthood from the perspective of the Global North, where becoming a parent in the teenage years is associated with a range of negative stereotypes. In Western societies, young parenthood is recognised as a feature of disadvantaged communities (Middleton, 2011), with the caricature of the teenage mother coming to represent notions of the underclass (Banister et al., 2016; Walkerdine and Lucey, 1989; Smithbattle, 2020; Wenham, 2016). Young mothers have typically been subjected to 'children having children' and 'welfare scrounger' narratives, while young fathers tend to be presented as being absent, irresponsible and risky (Brandon et al., 2017; Clayton, 2016; Tarrant, 2023). It has been argued that evidence relating to poor outcomes associated with teenage pregnancy has been overstated and that difficulties may at least in part be caused by pre-pregnancy social disadvantage (Arai, 2009; Neale and Davies, 2016; Smithbattle, 2020; Wenham, 2016). A growing body of research highlights positive features of young parenthood, including the birth of a child acting as motivation to return to education, (Conn et al., 2018; Devito, 2007), providing new social roles (Wenham, 2016), bringing about change in family relationships and support systems (Arai, 2009; Wenham, 2016) and allowing young people to make claim to new possibilities and a 'morally worthy' identity (Ladlow and Neale, 2016; Smithbattle, 2020:324).

It is accepted within the literature that becoming a mother can be a 'highly restorative' experience for some young women, (Middleton, 2011:227), particularly those who have endured a traumatic childhood, including young people with care experience (Schelbe and Millins Geiger, 2017). Similarly for young men with a history of criminality, becoming a father can form a key component of a 'redemption script' (Ladlow and Neale, 2016:115; Smithbattle et al., 2019), acting as a catalyst for major life change (Conn et al., 2018; Neale and Davies, 2016), although this is contingent upon access to appropriate support and resources (Smithbattle et al., 2019). There is evidence that young fathers, as well as mothers, are committed to their children (Brandon et al., 2017; Clayton, 2016), with paternal involvement yielding benefits for father, mother and child (Smithbattle et al., 2019; Tarrant, 2023). Despite such evidence, young parents continue to be subjected to stigmatisation in public spaces (Wenham, 2016), including in interactions with health and social care professionals (Breheny and Stephens, 2007; Smithbattle, 2019, 2020), teachers and non-parenting peers (Bermea et al., 2018; Clayton, 2016; Conn et al., 2018). Given the significance of identity formation and social approval as young people transition to adulthood, it has been suggested that the stigma which young parents are subjected to is likely to have long-lasting implications for their well-being and mental health throughout life (Conn et al., 2018).

2. Methodology

This paper is based upon a qualitative research project which took place in Scarborough, North Yorkshire in 2022–23. We aimed to examine the relationship between spatial inequalities and young parenthood, exploring young people's experiences of parenting in a deprived coastal community and being the subject of professional intervention in respect of their children. In collaboration with a local artist, we facilitated a series of arts-based participatory workshops (n = 5) with a pre-existing group of young parents run by a local youth work project, working with the group to co-produce an animation about living and parenting in Scarborough (see <https://www.youtube.com/watch?v=HGP98Yo1QRk>). Workshops supported the establishment of a collaborative research relationship (Bagnoli, 2009), facilitating young

people's engagement (Kara, 2015; Packard, 2008). Fieldwork also involved members of the research team attending the local youth club's 'young parents' group' on a weekly basis, which in turn created rich ethnographic data. We sensed an initial wariness among the young people, and the regularity of our contact with the group was important in building relationships with respondents who, given their experiences of professional intervention as explored within this paper, could be traditionally understood as being 'difficult to reach' (Liamputtong, 2007). In keeping with the Interpretivist paradigm (Blaikie, 2007), we approached the project with an attitude of relational openness and respect for respondents' experiences and for their way of creating meaning and experiencing the world (Brownell et al., 2008; Finlay and Evans, 2009). Throughout the project, we have paid attention to the importance of researcher reflexivity, particularly when studying such a sensitive and emotionally charged topic. Rather than claiming to approach the work from a position of complete neutrality (Denscombe, 2010), we have acknowledged throughout our own experiences as both parents and professionals and the impact that these are likely to have had on our interpretation of the data.

The project included semi-structured interviews with thirteen young mothers, five young fathers (aged 17–24) and 15 professionals working in the area, including members of the county's Strategic Teenage Pregnancy Taskforce and practitioners more directly involved in supporting young parents. A summary of the key characteristics of young parent participants is provided in Appendix A.

All respondents were of white British ethnicity, this is in keeping with data which identifies that 95.8 % of people in Scarborough identify with a white ethnic group (Department for Levelling Up, 2024), compared with 82 % in the wider population of England and Wales (Gov.UK, 2024). Fieldwork notes and data from individual interviews with young parents and professionals is the focus of analysis for this paper. Seven of the parent interviewees were regular attendees at the young parents group described above, and the remaining eleven were recruited via a mixture of snowball sampling from participants already attending the group, and through gatekeepers at two local organisations involved in outreach with young people. Participants received a £20 gift voucher in exchange for involvement in each workshop, and aromatherapy and family photography sessions were also arranged as a thank you. Professionals were recruited via their various organisations, which included the local council and third sector organisations offering a range of services to young people within Scarborough. Interviews lasted between 40 and 90 min and were audio-recorded. The study received ethical approval from the [University of York's] departmental ethics committee.

Topic guides were used to structure interviews, with parents' interviews concentrating upon (a) growing up and living in Scarborough, including views on local community support and services, housing and social issues; (b) experiences of pregnancy and birth, including finding out about pregnancy, support during pregnancy and interactions with services; (c) transition to parenthood, including experiences of caring for children, ideas about 'good' parenthood, current housing/employment/finances; (d) experiences of stigma and ideas about how young parenthood is represented/understood within the community and in wider society; and (e) future goals and/or aspirations. Interviews were audio-recorded and transcribed, and we worked together to analyse the data thematically. Transcripts were carefully read and an index of key themes and subthemes was drawn upon as a framework for organising the data (Denzin and Lincoln, 1998; Hackett and Strickland, 2019). Fieldnotes from attending the young parents' group and the arts-based workshops were also coded and included in the analysis, resulting in a rich volume of data. Young parents were actively involved in collective sense-making, with a data analysis workshop facilitating respondents' identification of key themes within the data. Following completion of the project, we facilitated several dissemination events with the involvement of young people themselves, in order to share and discuss the project's findings with professionals working in the town. The research

has made local and regional impact, resulting in the funding of a specialist 'teenage pregnancy public health practitioner' post within the county council's public health service, as well as the establishment of a young parents' advisory group who meet regularly with council managers to share their expertise on issues affecting their lives.

3. Findings

The paper will now turn to the empirical research with young parents. The findings will focus upon three key themes which were identified in analysis of data from interviews, fieldwork and arts-based participatory workshops, including (1) young parents' experiences of stigmatisation and discrimination within Scarborough, (2) the fear of social work involvement among young parents, and finally, (3) the experience of living and parenting as a young person in Scarborough. Each theme will be explored in turn, highlighting young parents' spatialized subjectivity, its temporal dimensions, i.e. a process that is subject to change depending upon the stage of pregnancy and parenthood, and the strategies deployed to resist discrimination and stigma. The analysis also highlights that understanding how young parents navigate stigma entails looking more deeply at the complex intersection between the public and private spheres of parents' lives, and how this cannot be viewed in isolation from the broader spatial context.

3.1. Young parents' experiences of stigmatisation, shame and discrimination in Scarborough

"People make comments all the time, and they always give you looks when your baby's crying If a baby's crying with a young mum [people] are like, 'Oh, she doesn't know what she's doing, kids having kids'".

(Bethany, mother to 1 child, became a parent at the age of 16).

All of the young parents who took part in this research spoke extensively about experiences of being subjected to stigmatisation and discrimination relating to their age, both in the local community and in interactions with health and social care professionals. Young parents described the temporal dimensions to this, remembering how from the earliest stages of pregnancy they encountered deep feelings of shame, anxiety and fear of judgement. It was common for young parents to experience reactions of disappointment from their families upon sharing news of pregnancy, which was felt to be particularly hurtful and complex to navigate. Like other research (Wenham, 2016), this sense of shame displayed by family members impacted deeply on young people's own developing sense of self, at a time in their pregnancy/parenthood journey where they felt a greater sense of vulnerability and where relationships could be more fragile:

"My mum was quite ashamed because I fell pregnant so young...she felt guilty in herself that she hadn't done a good job...She told me that she... wasn't happy about it, she wanted better for me and she didn't want this for me...If my mum's ashamed of me, should I be ashamed of myself?"

(Paige, 23, mother to 1 child, became a parent at the age of 16).

"I didn't even tell my dad and stepmum...they care about their family name, they care about their family image and are very judgemental".

(Luke, 19, father to 1 child, became a parent at 18).

Young parents related experiences of feeling judged by midwives or older parents during antenatal appointments and when recovering in hospital after giving birth. There was a perception among young parents that healthcare workers believed them to be "stupid" (Sara) and many described feeling patronised, "belittled" (Dave) or made to feel they had to "second guess" themselves (Aimee). Such attitudes, combined with a pervasive fear of referral to Children's Services, led some young parents to delay seeking help for difficulties which were impacting upon their lives.

"I was petrified that if I went to the doctors and was like, 'I'm really struggling with my anxiety', they would take one look at me, see that social [services] were involved before and ...I wouldn't have [my daughter]".

(Sara, 20, mother to 1 child, became a parent at 20).

Travelling on the bus, going to the doctors, and being seen with a bump or a pram in town all emerged as social sites in which young parents were subjected to stigmatising comments or unsolicited advice within the local community (Graham and McDermott, 2005). For many young mothers, this often entailed feeling particularly attuned to the looks of others, with some parents describing the perception that "everyone [is] just staring at you because you're a young parent" (Sam). It is within this context that mainstream parent and child groups were also found to be challenging for young parents to attend.

"There are playgroups and stuff, but they're very tricky... You walk in and you instantly feel judged, so it's not really somewhere you want to be".

(Rachel, 23, mother to 3 children, became a parent at 19).

Practitioners and parents identified a range of stigmatising perceptions about young parenthood prevalent within the community and were aware of the detrimental impact that such ideas could have on feelings of confidence and self-esteem. The quotes below demonstrate how the fear of being the subject of judgement within the local community was so great that some parents did not want to go out in public with their babies, and if/when they did so, a coping mechanism was to "lower my head and move on" (Sam).

"I think stigma is probably one of the hardest things for these young parents...[Parenthood] is a huge thing for them to have to adjust and adapt to, let alone with societal judgement on them".

(P5- Team Leader, Parent and Child Hostel).

"You're not wanting to go out in public as much as what you used to because you're worried that people are looking at yer, staring at yer, judging yer and stuff like that...Town centre and beach, obviously where there's massive groups of people...[I] just lower my head and move on".

(Sam, 17, father to 1 child, became a parent at 17).

While parents described the impact of stigma, including how this could "bring [them] down" (Dave) or make them "feel bad" (Stacey), they also described the ways in which they sought to resist the dominant narratives being propagated about them within wider society (Riessman, 2000). Being a 'good' mother or father was a way for young parents to counter the stigma associated with their position (Goffman, 1963; Miller, 2005), and respondents identified qualities such as emotional availability, prioritising their child's needs, providing financially for children and supporting their child's other parent as ways in which they were fulfilling their responsibilities as a 'good' parent. Young parents were also able to resist societal pressure for perfection by aspiring to "do [their] best" (Luke). Like other research (Wenham, 2016), such findings demonstrate the complex psychological tensions of acknowledging the tangible impacts of stigma and shame, while also developing coping strategies that involved asserting a confidence that parents were "doing an alright job" (Sam), to "not let anyone tell me otherwise" (Bethany), and to "brush it off" (Keeley).

Respondents who attended the young parents' group were offering care and support to each other, to some degree 'shielding' each other from their shared experiences of stigmatisation (Wenham, 2016:136). Examples of help being given among the group included exchanging children's clothes, babysitting and on one occasion a young mother provided another with frozen breastmilk to treat her infant's nappy rash. While able to give and receive mutual support between themselves, professionals described a reluctance in young parents to seek support from services such as the local foodbank.

"There are baby clothes, there's everything they could possibly need, but somehow they don't want to go down there because there's also homeless people"

(P12, Youth Worker).

"I'm not one to...take money from people...I want to be able to do it myself; I've got myself into this situation, I should be able to get myself out of it".

(Sam, 17, father to 1 child, became a parent at 17).

"I provide now, but I want to provide a lot more...I'm a family person, I just want to provide".

(Luke, 19, father to 1 child, became a parent at 18).

Reluctance to access formal support has been linked in previous research to the concept of 'service and stigma fatigue' (Purtell et al., 2021: 364), wherein vulnerable young parents can become overwhelmed with the stigma associated with multiple referrals to services. The acceptance of "handouts" (Sam) appeared to reinforce stigmatising stereotypes among respondents, with young fathers in particular discussing a need to 'deflect signs of poverty' and meet their family's material needs independently (Banister et al., 2016:662). While breadwinner models of fatherhood are recognised as having continuing centrality to ideas of adult masculinity within working-class households (Miller, 2011; Neale and Davies, 2017; Smithbattle, 2019), young fathers described the challenges of meeting these expectations in a context of poorly paid seasonal employment and insecure labour markets (Neale and Davies, 2017), with James commenting, "...it's only a seasonal job, so as soon as winter hits I'm stuck for money". Again, this highlights the importance of geographical space and the distinct spatial inequalities that accompany this. For some young parents, this meant that they perceived their spatial context as limiting future opportunities for themselves and their children, which in turn influenced what has been termed as a 'mobility imperative'. This is returned to in the final section of the paper, where young parents describe perceptions of place in more detail.

It was identified among respondents that there are advantages to young parenthood which are not widely appreciated. Becoming a parent was spoken of as a transformative event which had improved the quality of young people's lives, and respondents universally expressed unconditional love for and commitment to their children. Some young people identified that parenthood had given them motivation to implement positive change and spoke of an increased sense of maturity and energy.

"I get to bring [my son] up in an environment where I grow as much as he grows, and we learn together new experiences".

(Keeley, 18, mother 1 to child, became a mother at 18).

Despite such positive reframing and attempts at managing public perceptions, the feeling of having to prove oneself as a parent was described as being "really awful" (Sara), impacting upon young parents' self-esteem and confidence. Some young parents were particularly attuned to the gendered dimension of how stigma could play out, with James stating, "The mums get the social side of it...ah look at that young mum over there, oh she shouldn't have had a baby at that age"... Where [as] dads, we don't get that, we get, 'Oh, well are you providing? Are you giving them money?'" In keeping with evidence that stigmatisation can contribute to a range of negative health, educational and employment outcomes in the lives of the stigmatised (Crocker et al., 1998; Link and Phelan, 2001), the task of managing a stigmatised identity was found to be making life more stressful and difficult for young parents. This pressure was compounded by the distinctive features of the spatial context (i.e., high levels of deprivation and the overrepresentation of care experienced young people), and the complex interface between the public and private spheres of the young parents' lives (societal stigma associated with young parenthood coupled with a family history of adversity and hardship). It is this complex interplay between multiple indicators of deprivation and adversity that led to many of the young

parents fearing that their children would become the subject of social work intervention.

3.2. The fear of social work intervention among young parents

"I was absolutely petrified; I couldn't enjoy my pregnancy, it was horrible...I didn't want to speak about getting baby names, I didn't want to go out buying stuff because I just thought if I get my hopes up and my baby's taken that is gonna kill me...that is gonna destroy me".
(Sara, 20, mother to 1 child, became a parent at 20).

Of the 18 young parents who took part in this project, nine had had some contact with Children's Services in relation to their children, ranging from one-off referrals resulting in no further action or the provision of 'early help'² to pre-birth assessments and s.47 child protection enquiries.³ As shown in Appendix A, two of the young parents were themselves care leavers and a further three young parents could recall statutory involvement in their own childhood. Most respondents reported having close friends, neighbours or family members living within Scarborough who had this experience. There was a powerful fear of social work referral among many of the young parents, who described feeling "worried" (Aimee), "scared" (Stacey) and "petrified" (Sara) about their child becoming the subject of intervention and ultimately being taken into care. Social work involvement was understood by professionals who took part in the project as a stressor for young parents throughout pregnancy and post-partum, and workers cited examples of parents who had been reluctant to accept their support for fear that other agencies were "spying for social services" (P1, professional youth worker). Stories of child removal circulating on social media were also identified by professionals as perpetuating the fear of social work involvement among young people.

A professional youth worker who was interviewed as part of the study (P12) described her perception that young parents' care of their children in the town has increasingly been "under the microscope" in a way that hadn't been the case historically. In keeping with existing evidence (Conn 2018; Smithbattle, 2020), it was common for young parents to describe feeling that they were being held to a different standard and targeted for referral to Children's Services by health care professionals due to their age, in a way which they felt older parents wouldn't have been.

"I guarantee, if I was 30, in my 30's, in my 20's, I don't think that it would have been the same."
(Stacey, 19, mother to 1 child, became a parent at 19).

"Social [Services] look more for the young parents 'cos they think they're incapable...They might come for me just 'cos I'm young."
(Bethany, mother to 1 child, became a parent at the age of 16).

Young parents who have been in care or had experience of intervention from Children's Services in childhood are likely to experience distinct financial, practical and emotional challenges relating to their childhood experiences, and are vulnerable to experiencing 'surveillance bias' (Purtell et al., 2021:349). We found that it was typical for respondents who had had a social worker as a child to believe that this meant that social workers would automatically be involved with their baby.

"I've heard...all the stories about if you had social workers as a kid...the first sign they can, they'll stick to you like glue."

² 'Early help' refers to consensual family support which is typically led by a health professional or other worker, ideally already known to the family (Race and O'Keefe, 2017).

³ Child protection enquiries are investigations carried out without the requirement for parental consent when it is suspected that a child may be at risk of suffering significant harm (s.47, Children Act, 1989).

(Katie, 21, mother to 2 children, became a parent at 18).

Within group sessions, young parents discussed having been threatened with a referral to Children's Services by family members or friends. Perhaps surprisingly, a small number of participants had contacted Children's Services themselves to raise concerns about the children of other young parents they knew. What has been referred to as the 'weaponization' of referrals to Children's Services within peer groups was also discussed by a small number of professionals. Despite being in the minority, these raise important points for reflection when considering the potential impact of stigma within communities.

"I've heard [a young mother] fell out with someone and her friend said 'Right, I'm gonna phone Social Services and get your baby taken off you...I don't know if it's a culture everywhere, but it is in Scarborough'".
(P1, Youth Worker).

Such threats can be understood as strategies for the management of a stigmatised identity, described by Goffman (1963:131) as a 'self-betraying kind of stratification', wherein individuals seek to align themselves with the non-stigmatised by taking up similar attitudes. Stigmatised respondents were themselves creating their own 'in-groups and outgroups' (Huggett et al., 2018:390), evaluating themselves positively in comparison with other young parents that they knew, thus reinforcing their claim to the 'good' parent label in the effort to manage their own stigmatised identity.

While many young parents spoke positively about help offered by practitioners such as youth workers, hostel staff, leaving care workers and some midwives, experiences of social work involvement were described in exclusively negative terms, with issues such as frequent changes of worker and a focus on paperwork impacting upon relationships between young parents and social workers. Where social workers were involved with families, practitioners identified that complex terminology could sometimes be alienating for young parents and highlighted the need for independent advocacy support in meetings with Children's Services. In a context of deprivation in which families needed greater practical support such as help with securing housing and childcare, and in keeping with the findings of previous research (Purtell et al., 2021; Roberts et al., 2019), social workers were perceived by young parents as having subjected their family to scrutiny without offering what was felt to be useful help.

"[My son] had a social worker for a while...they're just useless....They'll check up, 'Is he doing this, is he doing that? Oh, alright, bye'. There's nowt there, it's just them checking the child; they don't care about the parents, just that child".

(Bethany, mother to 1 child, became a parent at the age of 16).

Such findings align with evidence relating to a disconnect between parent's perceptions of the need for material help in caring for their children, versus practitioners' impressions that the help that disadvantaged families need is assessment, psychological support, risk management or parenting advice (Bywaters et al., 2017, 2022; Featherstone et al., 2014; Yona and Nadan, 2021). A sense of being under surveillance by workers who did not appreciate the complexity of the difficulties that young parents were experiencing also emerged as important. Below, James discusses the material realities of navigating hardship and poverty, and how the challenge of managing such hardship was at odds with the perception of his social worker:

"Social [workers] come round and they'll look through all your cupboards...make sure that you've got food for yourself and the kids...But to them, adequate food is a full fridge...mine goes up and down all the time. Sometimes you can look in my cupboard and think there's loads of food in there, leave it a week and...I've only got three tins now".
(James, 20, father to 2 children, became a parent aged 17).

Previous research has identified that social workers can expect care-experienced young parents to be able to 'prove themselves', 'jump

through hoops', 'engage with professionals' and 'do whatever is asked of them' in order to demonstrate their capacity to care for their children (Roberts et al., 2019:4). The decision that no further action on the part of Children's Services would be required was described as a huge relief for families, who continued to experience a deep sense of mistrust relating to the motivations of social workers in respect of their children. The sense of mistrust of professionals in deprived coastal areas has been linked by El-Hoss and colleagues (2024) to families' experiences of long-term, sometimes intergenerational, involvement from Children's Services. Within this study, respondents expressed a need to defend their families against the perceived threat which social workers represented.

3.3. Living and parenting as a young person in Scarborough

"It's a holiday resort, that's all it is...If you live here, there's nothing to do, absolutely nothing to do".

(Sara, 20, mother to 1 child, became a parent at 20).

Young parents who took part in this project spoke about the specific challenges of caring for children in a deprived coastal town. As exemplified by Sara above, respondents commented on the stark difference between the facilities and attractions provided for tourists in the town and their own experiences of material deprivation and lack of opportunities. During one workshop which took place in early July 2022, James, a young father, commented that he and his peers "only have one week left in the town", referring to the sense of displacement and lack of ownership of the space which he anticipated with the influx of holidaymakers over the summer holidays. In line with what has been termed as the 'mobility imperative' (Farrugia, 2016; Wenham, 2020), there was a shared perception of a lack of opportunity for young people within Scarborough, leading some to make plans to leave the area. Costly local attractions such as the Sealife centre and water park were highlighted by young parents as being inaccessible, and it emerged that travelling by bus in the local area was increasingly becoming unaffordable for young families.

"I don't really think it's the best place to bring up a child, 'cos there's not much to do...I don't think the schools are that great...there's not a lot of job opportunities either".

(Aimee, 19, mother to 1 child, became a parent at 18).

Some young parents linked the lack of opportunity which they experienced within Scarborough with the town's size.

"Scarborough isn't the best of places to grow up...Because we're a small town we haven't got much for people".

(Sam, 17, father to 1 child, became a parent at 17).

The sense of Scarborough being 'small' impacted upon young parents' experiences of seeking help and managing stigma, with Sara describing a feeling that "everyone knows everyone" and Sam explaining, "It's just being able to find people you can speak to...you open up to people more if you don't know them". Mental health support for men was identified by young fathers as being particularly difficult to access, due to lack of provision, stigma and gendered stereotypes associated with seeking help. The sense of "everyone [knowing] everyone" (Sara) was also a factor in young parents' fear of referral to Children's Services, as within group sessions parents recounted stories of family members, friends and neighbours for whom social work involvement had concluded with the removal of children into care.

Scarborough was identified by professionals as a key site of need and inequality within the wider county, with P4, a public health officer describing the town as "The outlier...the black sheep of North Yorkshire".

"Scarborough, for lots of reasons and not just teenage pregnancy...often does take more energy, funding, focus...we know that it's an area of need".

(P7, Health Improvement Manager).

Many of the young parents were experiencing difficulties in securing affordable housing, with some respondents remembering the stress associated with sofa surfing and being housed in hostels and hotels during pregnancy and when caring for very young children. Escalating rental costs were acknowledged as making securing private sector accommodation extremely difficult, and landlords were often reported to be slow to respond to concerns about damp, mould and repairs. Professionals cited accommodation being used as second homes and Airbnbs as having impacted upon the available housing stock. Low-paid and fluctuating seasonal employment was also adding to the deprivation experienced by young parents, with three of the five young fathers who took part in the project employed in precarious conditions and experiencing the associated challenges with fluctuating hours and income, impacting upon families' capacity to plan for the future and maintain a sense of ontological security (Simpson et al., 2021).

"Employment is only seasonal, so you find that a lot of families struggle in the winter, which isn't limited to young parents but obviously they're bottom of the pile".

(P1, Youth Worker).

Young parents linked lack of opportunities within the town to substance misuse issues, and described an increase in crime in their communities, identifying areas which they wouldn't feel safe to walk alone in at night. There was also the perception amongst many professionals that the closure of services intended to support young people was having a detrimental impact upon the town.

"It does seem to be more...downhill...obviously a lot of places are closing, it's getting a lot rougher ... you're getting a lot more crime over the last few years".

(James, 20, father to 2 children, became a parent aged 17).

"Services have eroded...even the town centre itself, when you come out of season and the holidaymakers have gone...it's a bit of a ghost town with nothing to do."

(P5, Team Leader, Parent and Child Hostel).

Our research found that young parents were making huge efforts to meet their children's needs while struggling to find affordable activities for their families and to make ends meet, all while living in neighbourhoods in which mental ill health, substance misuse and crime were real concerns. With many of the services intended to support young people having been closed in the last decade, it was difficult for young parents to access appropriate support, particularly given their concerns about stigma relating to asking for help, the pervasive fear of referral to Children's Services, and their sense of Scarborough being a 'small' community in which "everyone knows everyone" (Sara). Despite being aware of the high need experienced by young parents in the town, the support which professionals could offer was restricted by lack of resources. Young parents' accounts of life in Scarborough stood in stark contrast with the town's image as a tourist resort, echoing the findings of Ell-Hoss and colleagues' (2024:6) research in Torbay which highlighted the spatial coexistence of socioeconomic inequality, infrastructural shortfalls and the 'pleasure-seeking venues and activities of tourism'.

4. Discussion

Our research found the spatial context to be highly significant in examining young parents' experiences of navigating stigma, which is understood as a political device which enhances the moral legitimacy of dominant groups within society and justifies exclusionary practices (Crocker et al., 1998; Parker and Aggleton, 2003; Pinker, 1970; Scambler, 2009). Young parents had been subjected to an "intersectional" process of stigmatisation and shaming (Morris, 2018:819), often beginning in childhood. Respondents were found to be tasked with the management of stigma resulting not only from their parental status, but also stigma associated with referral to Children's Services,

socioeconomic status, welfare dependency and, for five respondents, social work intervention in their own childhoods. Young people who took part in this research were motivated to be the best parents that they could be, and in the face of high levels of stigmatisation surrounding their parental status, being a 'good' mother or father to their children was central to respondents' sense of identity and wellbeing. The deployment of stigma as a political device was acting to disqualify young parents from 'full social acceptance' as good parents (Goffman, 1963:9), a condition which, given the significance of psychological processes of identity formation in young adulthood, and in combination with the feelings of social isolation and precarity described by respondents (Purtell et al., 2021; Simpson et al., 2021), has potential to have catastrophic and long-lasting implications for individuals' mental health and wellbeing (Conn et al., 2018).

We found that stigma was allowing for young parents, whose lives are not seen as being worthwhile according to the logics of capitalism, to be discredited (Tyler, 2013; 2020), meaning that the difficulties affecting them, such as inadequate rates of welfare benefits, insecure, low-paid employment and poor housing conditions, were afforded low societal priority. The conditions of disadvantage, inequality and social exclusion in which respondents lived made achieving the ideals of 'good' parenthood to which they aspired extremely challenging, and living in the vicinity of the popular seaside attractions of Scarborough exacerbated the sense of exclusion which young parents and their children were living with. Young parents were experiencing many difficulties in their everyday lives, from barriers to securing stable and adequately paid employment, to difficulties in accessing mainstream health and support services due to stigma and the fear of referral to Children's Services. These problems had implications for young parents' capacity to provide adequate food, keep on top of bills and secure appropriate accommodation and other resources for themselves and their children. Respondents were active in their efforts to resist stigma, drawing upon peers to give and receive mutual support and to reclaim the stories which had been told about them and their families. However, the task of managing stigma was making life more challenging, impacting upon their experience of navigating the demands of the transition to parenthood, and reducing the likelihood that they would turn to formal services for support.

Engagement with services was, for many of the young parents who took part in our research, associated with a perceived risk of social work referral. Respondents knew of friends, family members and neighbours in the local community whose involvement with social workers had concluded with the removal of children into care, and were motivated to avoid this outcome at all costs. The philosophy of the *Children Act (1989)* is that the best place for children to be brought up is typically within their own families (Carr and Goosey, 2021), and that local authorities should promote and support this by providing services to children who are assessed as being in need (s.17 1 (b), *Children Act, 1989*). This statutory focus on helping families to stay together did not correlate with the understanding and experiences of the young parents who took part in our project, as it emerged that the 'looming' threat of child removal was felt to be ever present (Smithbattle, 2020:322), existing almost as folklore within the community. For the nine parents whose children had been the subject of a referral to Children's Services, interactions with social workers were described in exclusively negative terms, with professional intervention being associated with scrutiny and judgement rather than the provision of access to practical support, and managing the process of social work assessment proving to be a further stressor in young parents' lives. The experience of being required to 'jump through hoops' to prove themselves as parents (Roberts et al., 2019:4) had added to the daily strain which young parents were experiencing, and the end of social work intervention was met with feelings of great relief.

The concept of 'surveillance bias' (Purtell et al., 2021:349) has been applied to the experiences of young parents who have been in care, who are vulnerable to being subjected to a higher level of scrutiny by

Children's Services in relation to their capacity to care for their children than parents in the general population. It emerged within this project that, in the current context of increased investigation of concerns about children being at risk of harm (Bilson and Martin, 2017; Department for Education, 2024a), young people and professionals working in Scarborough perceived that, by virtue of their age, young parents without a care history are also at high risk of becoming the subject of investigation, with evidence of the threat of referral being weaponised within peer groups and families. Such weaponisation surrounding referral to Children's Services could not be further from what is purported to be the ethos of restorative, strengths-based practice frameworks for family-based support which local authorities have widely adopted in the years since the Children's Social Care Innovation Programme in 2014 (Roy, 2020).

In responding to the distinctive features of the locality as outlined within this paper, there is a need for service providers and funders to be attuned to the pervasive impact of stigma on the lives of young parents and the potential consequences of this for their capacity to access services such as mainstream parent and child activities, health appointments and mental health support services. Given respondents' resolve to avoid the acceptance of "handouts" (Sam), our findings suggest a need for creativity when considering how to provide young parents with the non-judgemental, material support that they need. In considering policy solutions, practitioners and young parents who took part in our project suggested that the funding of schemes such as providing disadvantaged families with discounted access to local tourist attractions might go some way to addressing the social exclusion which young parents experience when living with disadvantage in the shadow of the tourist attractions of Scarborough.

Our findings suggest that local authorities have a way to go in managing their reputation among young parents and within disadvantaged populations in Scarborough more broadly, with a need for messages about the emphasis on family support and strengths-based social work practice to filter out into communities. Services for children and young people need to be adequately resourced, so that they are in a position to provide families with the 'ordinary' relationship-based, practical help and support that they need and which research has found to be highly valued (Thoburn et al., 2013; Webb, 2021:1). Importantly, this research has sought to amplify the voices of young parents who are often marginalised from mainstream policy and practice debates. In doing so, we have drawn attention to a spatialized subjectivity, what is meaningful to the young parents who took part in our project, how they make sense of the broader social and economic conditions and their positioning and representation within their locality. Our research has illustrated how the experience of being subject to stigmatisation is temporal, a process that is subject to change depending upon the stage of pregnancy and parenthood, intersecting with the public and private spheres of young parents' lives that cannot be detached from the broader spatial context in which young lives unfold.

CRediT authorship contribution statement

Emma Geddes: Writing – original draft. **Aniela Wenham:** Writing – original draft.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Summary of respondents' key characteristics

Pseudonym	Age on becoming a parent	Age at interview	Number of children	Gender Identity	Social work involvement in own childhood	Social work intervention in respect of child
Bethany	16	19	1	F	No	s.47 child protection investigation.
Paige	16	23	1	F	No	No
Keeley	17	18	1	F	Yes, lived with family member following safeguarding concerns.	Referral to Children's Services following professional concern. Pre-birth assessment, no further action.
James	17	20	2	M	Yes, care experienced.	s.47 child protection investigation in respect of eldest child
Sam	17	17	1	M	No	No
Nicola	17	17	1	F	No	No
Katie	18	21	2	F	Yes, lived with family member following safeguarding concerns.	Referral to Children's Services following professional concern, early help received.
Anna	18	18	1	F	No	No
Aimee	18	19	1	F	No	No
Jade	18	22	2	F	No	No
Sara	19	19	1	F	Yes, care experienced.	Referral to Children's Services following professional concern. Pre-birth assessment, early help declined.
Stacey	19	19	1	F	No	Referral to Children's Services following professional concern, early help received.
Luke	19	19	1	M	No	Referral to Children's Services following professional concern, early help received.
Gina	19	20	1	F	Yes, support offered due to parental illness, remained in parent's care.	No
Craig	19	19	1	M	No	No
Rachel	21	23	3	F	No	Referral to Children's Services following professional concern, early help received.
Ellie	23	23	1	F	No	No
Dave	24	24	1	M	No	Referral to Children's Services following professional concern. Pre-birth assessment, early help declined.

Data availability

The data that has been used is confidential.

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