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Partnerships for Children and Families Project

**Mothers' Everyday Realities and
Child Placement Experiences**

N. Freymond

August 2003



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Nancy Freymond

Partnerships for Children and Families Project
Wilfrid Laurier University

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Introduction

The primary mandate of child welfare services is to protect children from harm in their immediate living environments. In Canada, the risk of child maltreatment is generally understood as resulting from deficient parenting. When the risk of child maltreatment is present, children may be removed from their parent's care and placed with a foster family or in a group care setting. The physical removal of a child from family and from familiar surroundings is a profound intervention. It is the most intrusive child welfare intervention and has a number of serious implications for children and for their families.

Child welfare research on placement tends to center on the particular form that it takes or on its adequacy as a substitute for parental care (Whittaker & Maluccio, 2002). Only recently have professionals become concerned with the thoughts and ideas of those who experience service involvements (Fine, Palmer, & Coady, 2001). In Canada, there is a growing body of literature that focuses on children's accounts of their placement experiences (see Kufeldt, Vachon, Simard, Baker, & Andrews, 2000; Leslie & Hare, 2000; Raychaba, 1993; Saskatchewan, 2000; Silva-Wayne, 1995). There are some beginning research initiatives that explore parents' accounts of their child welfare experiences (see Anderson, 1998; Callahan, Dominelli, Rutman, & Strega, 2000; McCallum, 1995). Although parenting is now considered work that involves both mothers and fathers, child welfare has remained primarily concerned with the evaluation of biological mothers (Callahan, 1993; Miller, 1991; Swift, 1995, 1998). This report is based on a study that examines the voices of 31 mothers whose children were placed in substitute care.

The purposes of this report are twofold. First, it is to shed light on the broader dimensions

of the lives of biological mothers who experience child placement. Our knowledge of mothers who experience child placement is biased by a problem-focussed orientation that colours, and perhaps distorts, our ability to perceive broader dimensions of the lives of these women.

Mothers' experience of child placement has received minimal attention in the literature. A broader understanding of the lives of mothers increases possibilities for the development of interventions that are relevant to enhancing family functioning and promoting healthy child development in a safe and nurturing environment.

A second purpose for this paper is to shed light on the mother's experience of child placement. Within the context of mothers' everyday realities, mothers' experience of child placement can be known. Mothers respond to child placement in various ways, ranging from highly negative to positive.

Organization of the Report

Part one of this report begins with an overview of the literature that focuses on biological mothers, whose children might be placed in the foster care system. The purpose of this review is to explore the images of mothers' who experience child placement as presented in child welfare literature, as well as in the media. This overview provides a backdrop against which mothers' accounts of their own experiences can be compared and contrasted. The data collection methods and the qualitative methods used in the analysis of the interviews are discussed in the next section of the paper. This is followed by a demographic overview of the group of mothers who became involved in the study.

Part two examines the everyday realities of mothers who experience child placement. In an attempt to articulate the everyday realities of mothers, and to minimize reductions in the

presentation of the data, comprehensive profiles of three of the 31 mothers are presented. These profiles follow the format of the original interview, alternating between summary and quotation, in an attempt to maintain the fullness of the interview.

The analysis of everyday realities is divided into two sections. When mothers who experience child placement speak about their lives, they share stories that are characterized by the absence of privilege. The first section establishes parameters for understanding the concept of privilege in relationship to the everyday lives of these mothers. It explores the everyday lives of mothers including: employment realities, neighbourhood conditions, community involvements and familial supports. This discussion highlights how the absence of privilege impacts the lives of mothers. It also examines how the interventions of the child welfare authorities are often incongruent with the everyday lives of mothers.

The second section of the analysis of everyday realities explores the nature of adversity in the lives of mothers who experience the out-of-home placement of a child. It looks at how mothers experience adversities such as, abusive relationships, addiction issues, and psychological difficulties. It explores how mothers understand and manage their problems. Conclusions detail the implications of the gaps between mothers' everyday realities, child welfare literature, and child welfare interventions.

Part three of this paper examines the realities of child placement for biological mothers. This discussion begins with the placement stories of the same three women profiled in the first section. This detailed presentation of the placement experiences of three mothers maintains the format of the original interview, relying extensively on the verbatim quotations of mothers.

There are three patterns of placement experience. The first pattern of placement involves apprehension, where children are removed against the wishes of the mother. The second pattern

of placement experience involves situations where mothers want help, and specifically request placement for their child. The third pattern of placement experience involves situations where mothers want help and accept placement as the only available intervention. The conclusions examine the problem of incongruency between the context of child welfare and everyday realities of biological mothers. It explores possibilities for positive child and family welfare within Ontario.

Part 1: Biological Mothers in Child Welfare Literature and in the Media

Child welfare workers rely on information from the social work literature, which describe the characteristics of the parents who maltreat their children, as well as methods of intervention when there is suspected child maltreatment. Decisions about placing a child in foster care are largely dependent on the attributes of the parents, particularly those of the mother (Shapira & Benbenisty, 1993). Maluccio (1981) describes biological parents of children in placement as “burdened by a variety of complex reality problems, psychological conflicts, and inter-personal difficulties” (p. 16). Such descriptions of mothers are common in mainstream literature.

These descriptions have a significant impact on our understanding of mothers who might have a child removed from their care by child welfare authorities. Maluccio (1981) indicates that child welfare workers label parents as “untreatable,” “multi-problem,” “inaccessible,” “unresponsive,” or “hard-to-reach” (p. 16). Fernandez (1996) indicates that child welfare workers use labels such as “ ‘inadequate’, ‘dangerous’, ‘unwilling’ or ‘unable’ to provide care for their children” (p. 7). These labels have a profound effect on how child welfare workers understand mothers, which, in turn, impacts how they will respond to mothers in situations of suspected child maltreatment.

In addition to the mainstream child welfare literature, our knowledge of biological mothers comes from the media. Child abuse cases involving child battery, where the actions of the parents have been intentional, involve a small minority of the cases, even though they tend to be the most highly publicized (Mnookin, 1973). Mothers who kill their children, are currently receiving publicity. Journalist Karen Patterson in a 2002 issue of the Dallas Morning News reports that: “some mothers fatally beat their children, but don’t mean to kill them. Mothers also kill to spare a child real or imagined suffering. They kill for revenge on their partners. They kill children they no longer want – or didn’t want to begin with” (p. B1). In Ontario, media scrutiny prompted public inquires into child deaths, which became the impetus for a variety of child welfare reforms in the latter part of the past decade (Chen, 2001). Public descriptions of incidents involving child death, regardless of how segregated from their broader contexts, produce images of unstable, biological mothers, committing heinous acts against their children.

This discussion assumes that there is a relationship between mothers who abuse or neglect their children and the probability that they will experience child placement. It is, in fact, reasonable to assume that their acts of abuse or neglect represent more serious forms of child maltreatment, given that children have been removed from their care.¹ Child maltreatment is understood to be the result of a number of factors that, when present, increase the probability that a mother will abuse or neglect. These factors combine to produce a profile of mothers whose children are placed in substitute care that consists primarily of individual symptom clusters and patterns (Ratiner, 2000; Woodward & Fergusson, 2002). There is an extensive focus in the

¹ Note that many children are placed in substitute care because mothers are unable to manage particular behaviors exhibited by the child. Often times these children receive mental health diagnoses that help to explain unmanageable behaviors. Although maltreatment by the mother may be seen to be an issue, often there are other factors that account for the child’s behavior. Mothers’ whose children are placed in substitute care because of unmanageable child behaviors are not a focus in this discussion.

literature on the characteristics of mothers who abuse children.

There is some attention in the literature to biological parents of children who are already in substitute placements. Some authors have examined the features of biological mothers in relation to child welfare decisions to remove children from their homes. Regardless of the particular focus of the research, the descriptions of mothers across the literature are consistent. One exception is found in the body of literature that examines the impact on parents when children are in foster care. Jenkins and Norman (1972, 1975) used the term filial deprivation to describe the emotional reaction of parents to the placement event. However, these authors reported that there was little research in this area. Fernandez (1996), over twenty years later, identifies that there continues to be an absence of attention in the literature to the emotional reaction of parents to the placement of their children.

The themes for this discussion are organized under three broad categories.² The first category is living environment, which includes factors in child maltreatment such as poverty, social isolation, and single motherhood. The second category is relationships, which includes factors such as domestic violence, faulty mother-child attachment, and mother's childhood experiences of abuse. The third category is psychological functioning, which includes factors such as maternal depression, and addiction. This discussion is not intended to be a comprehensive literature review, but rather an overview of the main themes. The conclusion explores the relationship between these themes and the ideologies of child placement and motherhood.

² The ecological approach was useful in organizing the salient themes from the child welfare literature concerning mothers whose children are placed in substitute care. An ecological approach (Bronfenbrenner, 1979) to understanding child maltreatment acknowledges that there is a mutual accommodation between the broader contexts which contain the day to day settings in which people live, the circumstances within these settings including the quality of relationships with family members and others, and the individual psychological factors where personality characteristics and mental health issues are considered.

A. Socio-Environmental Context

Employment Realities and Material Deprivation

Probably the most distinctive characteristic of mothers who experience the out-of-home placement of a child generally is that they live in poverty (Bala, 1991; Callahan, 1993; Crosson - Tower, 1998; Lindsey, 1994; Swift, 1995, 1998). There are strong correlations between a mother's poverty, and the possibility that her children may be placed in foster care (Fernandez, 1996; Pelton, 1997; Rutman, Strega, Callahan, & Dominelli, 2001). There have also been correlations noted between low-income groups and an increased incidence of physical abuse and neglect (Baumrind, 1992; Pelton, 1978), and between low-income groups and an increased incidence in the severity of the injuries to children (Pelton, 1978).

In the United States, significantly higher rates of neglect were found among aid recipients (a proxy for poverty) and furthermore, families labelled as neglectful were likely to be in a position of greater poverty than other recipients (National Centre on Child Abuse and Neglect, 1988). Obviously, material disadvantage is not synonymous with neglect or other forms of child maltreatment. Other factors have been examined that also contribute to the increased likelihood of child maltreatment. A significant relationship between child maltreatment, poverty and maternal age has been found (Egan-Sage & Carpenter, 1999; Lee & Goerge, 1999). Lee & Goerge (1999) suggest that both poverty and age are strong correlates with child maltreatment, however, when combined there is a "substantially higher risk of a substantiated report of child maltreatment than a child who possesses only one of the two risk factors" (p. 775). Some authors suggest that poverty is associated with a greater likelihood of despair and depression, which, in turn, is associated with neglect. Other authors suggest that impoverished parents are, overall,

more vulnerable to subjective decision-making, labelling and inordinate supervision by social workers and other government personnel (Roberts, 1999). They are particularly vulnerable to being labelled as neglectful (Minty & Pattinson, 1994).

In Ontario, over the past decade, political parties have responded to the effects of economic globalization by attempting to position the economy to participate more favorably in world markets. The result has been initiatives that seek to reduce deficits and public debt, creating conditions that point to welfare state contraction (Swift & Birmingham, 2000). Mothers with school age children have been expected to enter the work force, or to participate in training programs where goals focus on preparation for the return to work. The outcome of these initiatives has been an increase in the number of working poor, where women occupy low-paying jobs, often in the service industry. Whether mothers work in low-paying jobs or receive social assistance, they remain impoverished, and therefore more likely to become involved with the child welfare system.

Neighbourhood Conditions, Social Support, and Single Parents

Neighbourhood conditions have been correlated with an increased risk of child maltreatment. Child maltreatment and other forms of victimization are more prevalent in low-income communities. Mothers who live in these neighbourhoods are more likely to become victims of violence, racism, and other forms of oppression (Thoburn, Brandon, & Lewis, 1997). These experiences negatively impact parenting ability.

Social isolation, or a lack of social support, although not necessarily a function of poverty, is thought to be a variable in child maltreatment. A study of predominately poor young, single women showed that mothers with higher levels of social support and lower numbers of life events are at a lesser risk for child maltreatment (Kotch et al., 1995). The physical abuse of

children has been widely associated with the absence of supportive services and networks (Pecora, Whittaker, & Maluccio, 1992; Wiehe, 1996). There is evidence that programs designed to increase support to families at risk of child maltreatment are effective in preventing child abuse. Cameron and Vanderwoerd (1997) found that programs with high-risk families that offer a variety of supports, maintain frequent contact, and respond rapidly in crises with high levels of support demonstrated the capacity to prevent child abuse.

Participation in the neighbourhood is linked to the level of social support that a mother may experience. Garbarino and Sherman (1980) identify the use of resources as an important consideration for determining risk levels in a neighbourhood. Low-income communities where residents engage in the exchange and sharing of resources and are positive about their neighbourhoods tend to have lower rates of child maltreatment. In higher risk neighbourhoods, resources are sought in response to crises and parents tend not to be involved in community activities and events.

The marital status of mothers is also linked to the level of social support that a mother may experience. Single parents are believed to be more vulnerable to the ill effects of social isolation than partnered mothers (Arad, 2001). They are more likely to be targeted for intervention than partnered mothers (Gelles, 1992; Thorpe, 1997), and are more likely to have their children placed in foster care (Arad, 2001). In a British study of 2069 children, children whose parents were un-partnered were more likely to be placed on the child abuse register than children whose parents were married or living together (Egan-Sage & Carpenter, 1999). This same study also cautions against assumptions about single parenting and abuse, as less than one third of this sample of children lived with a lone or unmarried mother.

B. Relational Context

Familial Relationships

Disruptions in all aspects of family relations are often present in the families of maltreated children, although the nature of the relationship between the disruptions and the child maltreatment is not clear (National Research Council, Panel on Research on Child Abuse and Neglect, 1993). It is generally understood that past emotional experiences, particularly within close relationships, is linked to parental capacity (Howe, 1999). Mothers who abuse are seen as not adequately prepared by prior life experiences to manage the responsibilities of parenting (Collins, 1978).

There is much support for the idea of intergenerational transmission of abuse. The mother's own child-rearing history is thought to be a factor in the quality of care that she provides to her own children. There is an increased likelihood that mothers who experience the out-of-home placement of a child have experienced child abuse in their families of origin. Maternal childhood physical abuse has been found to predict child physical abuse, while maternal childhood psychological abuse has been found to predict child psychological abuse (Haapasalo & Aaltonen, 1999). In the same study, maternal childhood psychological abuse was found to be the strongest predictor of punitiveness. In an 18-year, longitudinal study of 1025 New Zealand children, mothers who perceived their relationship with their own mother to have been unsatisfactory and who were subject to strict parental discipline, were perceived by their own offspring to be more punitive (Woodward & Fergusson, 2002).

Additionally, the ongoing post-traumatic stress associated with a mother's own experiences of abuse is seen as a risk factor in child maltreatment. The re-experiencing of childhood trauma in adulthood has been linked with aggressive behaviour towards others

(Haapasalo & Aaltonen, 1999). Haapasalo and Aaltonen's study indicates that parents who were abused in childhood, but do not understand the treatment that they received as abusive, are at an increased risk of identifying with their abuser by replicating the same abuse against their own children

Relationships with Children

Mother-infant relationships are understood as having a profound effect on the emotional and the cognitive development of children and on subsequent child behaviour. Mothers are frequently assessed as lacking in the capacity to bond with their children, or alternately, as having insecure attachments with their children (Karen, 1990). Mothers of secure infants have been found to be more 'sensitive', 'responsive', 'accessible' and 'cooperative' than mothers of insecure infants (Goldberg, 1991). Physical and emotional abuse is linked causally with failures in mother-infant attachment (Fernandez, 1996).

Although attachment theory is frequently applied to mother-infant relationships, school age and adolescent children may be damaged by the absence of a psychological caregiver. A poor parent-child relationship is linked to the increased likelihood of placement in foster care (Arad, 2001). Kline and Overstreet (1972) found that the parenting roles of mothers who experience the out-of-home placement of a child have been characterized by the excessive use of the children to meet their own psychological needs (Kline & Overstreet, 1972). Additionally, biological mothers who are less willing to communicate with their children, have children with lower cognitive scores than the children of mothers who are communicative (Hall, Hanagriff, Hensley, & Fuqua, 1997).

The research that explores mother-child attachment has had a profound impact on our understanding of mothers whose children may be placed in foster care. Goldstein, Freud and

Solnit (1979) proposed that children require the uninterrupted nurturance of a psychological parent, prompting systems of child welfare to favour approaches where children are permanently placed in substitute care. However, attachment theory has been extensively criticized on the basis of methodological errors in the earlier studies, and on the basis of evidence that suggests that infants are capable of forming bonded relationships with a number of caregivers (Davis, 1999).

Furthermore, linkages between attachment theory and socio-environmental conditions have been identified. Goldberg (1991) cites a finding from a Minnesota longitudinal study where changes in the quality of a mother's life impact on attachment. When the quality of life improves for the mother, the infant-mother relationship is likely to become more secure. Conversely, when the quality of life for the mother deteriorates, the infant-mother relationship is likely to become less secure. Despite the controversies surrounding attachment theory, it continues to have a substantial influence on how biological mothers are viewed in child welfare.

Relationships with Men

In addition to the quality of mother-child interactions, the quality of mother-partner interactions is seen as a potential factor in child maltreatment. Relationship 'instability' is a characteristic of mothers who experience the out-of-home placement of a child. Kline and Overstreet (1972) report that parents with children in foster care "are either divorced or separated, or, if not, the marriage is characterized by strife and intermittent separations. Often they [implying mothers] have made several unsuccessful marriages..." (p. 159).

When the mother's partner sexually abuses the children, the mother may be seen as unresponsive (Frost & Stein, 1989). When a stepfather or a boyfriend perpetrates the abuse, mothers are seen as particularly unwilling to believe the child's disclosure of sexual abuse (Sirles

& Franke, 1989). When father-daughter incest occurs over a long period of time, the mother may not be able to offer her daughter any protection (Russell, 1986). Finkelhor (1984) found that child welfare agencies frequently reported mothers as 'co-perpetrators' in the sexual abuse of their children for failing to take action to stop the abuse. The lack of maternal support at the point of disclosure has been identified as a factor in the failure of some women to make mental health gains when, as adults, they seek treatment for the childhood abuse (Bagley, 1999).

Similarly, mothers are often unable or unwilling to protect their children from exposure to domestic violence. Over the past two decades, exposure to domestic violence has been increasingly recognized as a risk factor in child maltreatment. Schechter (1982), as well as Dutton & Browning (as cited in McDonald, 1989), suggest that exposure in childhood to relationships where violence has been modelled as the appropriate response to interpersonal conflicts, is correlated with the likelihood that women will accept abuse in adult relationships.

In situations of sexual abuse and of domestic violence, maternal unresponsiveness is identified as a major problem, where the end result is that children are at risk of continued maltreatment and mothers are blamed for failing to protect them. Maternal unresponsiveness has been correlated with unresolved trauma in relation to the mother's experience of abuse in her own childhood. Maternal unresponsiveness may be understood as a product of the powerless position that many women hold in families, rather than the outcome of her unwillingness to respond (Callahan, 1993; Courtois, 1988; Herman, 1981; Roberts, 1999). Itzin (2000) argues that the use of gender neutral terms, such as 'intrafamilial', in relation to sexual abuse functions to shift attention away from men, who are largely the abusers, and implicate women in a causal way to the abuse having occurred.

C. Psychological Functioning

The child welfare literature cites various maladaptive psychological processes found in mothers who may maltreat their children. These processes are often identified using a medical framework (Biller & Solomon, 1986), where particular personality traits and mental illnesses are correlated with child maltreatment. Early researchers describe the personalities of mothers as childish (Young, 1964) and infantile, as evidenced by their self-centeredness and minimal capacity to “care about another for his own sake” (Polansky, DeSaix, & Sharlin, 1972, p. 17). They are also described as lacking in impulse control (Katz, 1971; Kempe, Silverman, Steele, Droegemueller, & Silver, 1962; Pallone & Malkemes, 1984). Issues concerning poor impulse control are thought to be a result of problems of over-identification with violent adult models, such as an abusive parent (Green, Gaines, & Sandgrund, 1974).

Maternal Depression and Other Forms of Mental Illness

The relationship between mental illness and the capacity to parent has been a long-standing concern of child welfare workers. Despite a mother’s wish to parent well, difficulties that result from major mental illnesses may interfere with her capacity to respond to her child’s needs, as well as manage the limitations imposed by the particular mental illness.

There is a current focus on maternal depression and its effects on the capacity to care for children (Sheppard, 1997; Williams & Carmichael, 1991). Neglectful mothers may be understood as suffering from a reactive depression or thought and mood disorders (Polansky, DeSaix & Sharlin, 1972; Vondra, 1990). Maternal depression has also been linked to the child’s increased risk of exposure to physical punishment (Woodward & Fergusson, 2002). Oyserman, Mowbray, Meares & Firminger (2000) identify maternal depression as the most common diagnosis in research on parents with mental illness. In their review of what is known about the

parenting of mothers with mental illnesses they conclude:

detrimental effects of maternal depression emerge by the time the infant is one year of age, and...a diagnosis of depression may be useful in making predictions about some aspects of parenting behaviour and about mothers' parenting style. Depressed mothers are less likely to develop the synchronized interactions with their infants that aid the child's emerging sense of competence. They are more likely to have anxiously attached toddlers, even though they maintain extensive physical contact with their children. When their children are school-aged and adolescent, mothers with depression are at risk of continued negative interactional styles. They are also more prone to hold parenting attitudes that do not result in responsive and effective parenting (p. 310).

Steele BF (as cited in Drach & Devoe, 2000) indicates that in the past, the presence of a mental illness was considered adequate grounds for apprehension, as it was thought that such disorders more or less directly caused child abuse. There is now an emphasis on determining the capacity of the mother to provide parenting, and the degree to which this capacity is hampered by the illness. Studies show that a mother's insight into the nature of her mental illness ameliorates the risk of child maltreatment. Better insight is associated with more sensitive mothering behavior (Mullick, Miller, & Jacobsen, 2001).

D. Addictions

Parental abuse of drugs and alcohol is presently receiving considerable attention in child welfare literature. Studies show that there is an increased likelihood that mothers who abuse substances will, in turn, abuse or neglect their children (Crosson - Tower, 1998; Famularo, Kinscherff, & Fenton, 1992; Pecora, Whittaker & Maluccio, 1992; Woodward & Fergusson, 2002). In the United States a survey of public child welfare agencies by The National Committee to Prevent Child Abuses, reported that 80% of child maltreatment cases involve alcohol and other drug problems (Daro & McCurdy, 1994). Furthermore, Marcenko, Kemp, & Larson (2000), whose study included 127 mothers with current or past substance abuse

problems, found substance abuse to be the primary explanatory variable of child placement.

Emotional and physical neglect of children among mothers who use drugs is a concern. Some children are deprived of necessities because the household finances are depleted by the expenses involved in supporting drug habits (Harden, 1998). Activities become focussed around the substance use, so that little time or energy remains for parenting. Feig (1998) found that mothers who use substances are more likely to be reported to child welfare authorities for neglect, than for physical abuse. Coulter, Takayama and Wolfe (1998) found that 30% of parents with children in foster care have a history of substance abuse, a number that rose to 51% when neglect as the reason for placement was taken into consideration. Feig (1998) also reports that “an addicted mother’s unavailability (whether physical, emotional, or both) and inconsistent reactions to her child may disrupt the attachment between mother and child.” (p. 67)

Mothers who expose their children to substances pre-natally, may compromise the physical, cognitive and socio-emotional functioning of their children (Chasnoff, 1986; Harden, 1998). In the late 1980’s and into the 1990’s, American media was filled with stories about ‘crack babies’ and the devastation caused for children when their mothers abuse drugs. The social and economic costs of treating infants born to addicted mothers has received national attention as babies are often born prematurely, and have ongoing health and developmental problems which require long-term assistance (Melton, 2002). Some mothers of babies that have tested positive for cocaine, heroin, or alcohol have been charged with a category of child abuse called “fetal” abuse, and with various other criminal offences including the delivery of drugs to a minor, and homicide, if the baby died subsequent to delivery (Paltrow, 1999). These events have sparked a debate between feminist groups who defend women’s autonomy and the right to procreate, and conservative groups, who argue that women must be held responsible for their

actions during pregnancy (Forna, 1998).

E. Discussion

Whether the category is socio-environmental, relational, or psychological biological mothers are described as experiencing many deficiencies that, when found in combination, are particularly detrimental to their capacity to appropriately parent children. Mothers are understood as facing external challenges, related to inadequate environmental conditions and involvement in abusive relationships, as well as internal challenges related to psychological problems and mental illness. They are portrayed as having difficulties of such magnitude that the likelihood of any substantial change is remote.

In the same newspaper article cited at the beginning of this discussion, journalist Karen Patterson begins her article with: “a good mother swaddles her child in a sturdy weave of love and care”. Before she describes mothers who kill their children, she reminds readers that “motherhood is considered a sacred duty” (Patterson, 2002 p. B1). Descriptions of this type cultivate idealized images of mothering. Forna (1998) writes:

the ideal mother is everywhere in art, poetry, fiction, film...The motherhood myth is the myth of the ‘Perfect Mother’. She must be completely devoted not just to her children, but to her role. She must be the mother who understands her children, who is all-loving and, even more important, all-giving. She must be capable of enormous sacrifice (p.3).

To some degree, we distinguish the ‘good’ mother from the ‘bad’ mother in relation to idealized notions of motherhood. Although substitute care is not the outcome for all mothers who fail to realize the parenting standards of the ideal mother, these idealized standards are the backdrop against which mothering ability is evaluated. There is a huge gulf between mothers who experience any combination of the problems that might lead to the placement of a child in

substitute care, and the idealized images of 'good' mothering that bombard us from popular culture.

The literature that delineates the factors associated with child maltreatment cultivates the image of the archetypal 'bad mother'. It is a literature that is exclusively problem focussed. The socio-environmental, relational and psychological factors that predispose a mother to maltreat her child provide the context in which child welfare workers understand mothers who experience the out-of-home placement of a child. From within this context, child welfare workers become equipped to assess and intervene with 'bad mothers'. That these mothers might display strength, resilience or courage in midst of tremendous barriers is ignored in the literature and obscured in the context of child welfare.

In the child welfare context, the strengths that mothers exhibit is, in part, obscured by the use of risk assessment models for assessing families where child maltreatment is suspected. In Ontario, the risk assessment model of intervention is integral to the child welfare worker's assessment (Dawson, 2001). Child abuse investigation protocols have been standardized by the mandatory use of an assessment tool that acts as a guide in the identification of factors associated with child maltreatment. These investigative protocols are have been implemented in an attempt to reduce errors in judgement by minimizing reliance on the individualized assessment of family situations by workers. The assessment of risk involves predicting future maltreatment (Goodard, 1999). Although the model is intended to complement rather than replace professional judgement (Ministry of Community and Social Services, 2000), specificity of the protocols restrict the range of information that workers must collect (Goodard, 1999). The elements of risk are derived from child welfare literature and field experience (Ministry of Community and Social Services, 2000). Callahan (2001) whose work is based on research that examining the

experiences of mothers and youth in care writes:

mothers state that risk assessments focus on their deficits and not what they are doing well, blame them for things beyond their control, and force them to answer question posed by people with different values and unrealistic expectations, whom they may never see again and do not trust” (p.158).

The narrow, problem focussed understanding of mothers who become involved with child welfare authorities is reinforced by the application of risk assessment models which according to the Ontario Ministry of Community and Social Services (2000) is intended “help the worker to organize his/her thinking and recording so that conclusions are easier to reach” (p.1).

Simultaneously, such streamlining of assessment information obscures access to alternate interpretations of family situations

Additionally, when the biased literature base, which provides a backdrop for worker thinking, is combined with a practice tool that organizes and refines information to facilitate ‘easier’ conclusions, the probability that workers will respond in relevant and meaningful ways for mothers is greatly reduced. In the literature, biological mothers are seen as having multiple problems and are understood as resistant to change. When child welfare workers expect that mothers will be unwilling, or unable, to change, they are unlikely to be motivated to intervene in individualized or creative ways. The risk assessment model reinforces a formulaic approach to assessment and intervention where mothers receive the same interventions from child welfare workers, regardless of their particular life circumstances. The result is that standard interventions are consistently applied, regardless of their appropriateness for the situation in question, or the individual needs of the family members.

One of the fundamental issues involved in challenging the images of ‘bad’ mothers is that their voices are largely missing from child welfare literature: “without these voices, we run the

risk of continuing to see the mothers as deficient and needing repair...” (Davies & Krane, 1996, p.19). What the following research shows is that the mother’s descriptions of themselves, and of their lives, challenge those descriptions that dominate child welfare contexts, and those that receive media attention. It is attention to the voices of biological mothers that will expose the broader dimensions of their lives, permitting child welfare workers to develop an enriched understanding of the lives of mothers and to see new possibilities for meaningful interventions.

F. The Research Process

The stories that people tell about their lives reveal daily living realities. Personal stories function to link subjective experience with the events in the external world, establish memories, define communities, and identify the concerns of people in a particular time and place in history (Plummer, 2001). Personal stories are moral constructions, where the just and the unjust are identified, and the ethics that guide our lives are made known (Plummer, 2001). People use personal stories to share what is meaningful about their lives.

To describe and analyze daily living realities by attending to the stories that people share provides a pathway into the culture. The ethnographic research tradition emphasizes culture as ‘everyday life’, where meanings that are attributed to particular phenomena by members, on the basis of their own life experiences are emphasized (Van Loon, 2001). Ethnographic research attempts to understand life events by placing them in a meaningful context (Tedlock, 2000).

This study is a beginning analysis of the culture of biological mothers who share the common experience of the recent placement of a child into the foster care system. This research is based on an analysis of interviews with biological mothers. During the course of the interviews mothers were asked to describe the environments in which they live, important relationships that they have, and the day to day challenges that they face. Biological mothers

were also asked to describe their involvement with child welfare services and the impact of foster placement on themselves and on their families. Mothers responded by telling stories of their experiences. The analysis of these stories emphasizes meanings that mothers attach to daily living realities and how these meanings function to shape their understanding of the placement event.

The stories used in this analysis were collected for the Partnerships for Children and Families Project. The Partnerships for Children and Families Project is a multi-year research project that links Universities and Communities in a collaborative approach to research. One of its primary goals is to develop an understanding of the lives and experiences of families and children who are served by Children's Aid Societies and/or children's mental health services. The project is affiliated with the Faculty of Social Work at Wilfrid Laurier University in Waterloo, Ontario.

Interviewing Strategies

The Partnerships for Children and Families Project is involved with families who reside in southern Ontario, and have received either child protection, or children's mental health services. Participants were selected randomly from the databases of the child protection services agencies and the children's mental health agencies. An administrative person from the organizations involved contacted potential participants, requesting permission for a researcher to call about the study. Participants who gave permission were notified about the study.

Eighty-three families who received child protection services from Family and Children's Services (F&CS) were interviewed. Twenty-seven families of these families had experienced the placement of at least one child into the foster care system, accounting for approximately 33% of the total number of families in the sample who received services from F&CS. Twenty-nine

families who received services from children's residential mental health programs were interviewed. Six of these families had, in addition to the residential placement, also experienced the placement of a child into the foster care system at an earlier time. Families with this dual placement experience account for approximately 21% of the total number of families in the sample who received residential children's mental health services. In total, almost 30% of the families who were interviewed by the Partnerships for Children and Families Project had experienced the placement of a child into the foster care system.

Ethnographic research assumes that interaction with people in their daily contexts facilitates a better understanding about beliefs, motivations, and behaviors (Fetterman, 1998). In order to facilitate a richer understanding of the daily living realities of biological mothers, almost all of the research interviews were conducted in the homes of the mothers. At the conclusion of the interviews, each interviewer recorded analytical notes comprised of impressions about the participants and about their surroundings. All interviews were audio taped and later transcribed for analysis. The interviewer analytical notes were recorded in a file separate from the research interview.

Two interviewing strategies were used in the collection of this data. Participants selected the interview type of interest to them and a monetary gift was given in appreciation for their time. The first strategy involved a single, comprehensive interview. This interview ranged from 1.5 to 2.5 hours in duration. A set of core questions was established for the single interview strategy. Each of the participants was asked to describe life events from the past five years. They were asked to include both positive and negative experiences in their descriptions. The interviewers used prompts to elicit details about these experiences.

The second part of the single interview strategy focussed on how involvement with child

welfare and/or the children's mental health organizations is understood and experienced. Specific questions were asked about the initial contact with workers and about the nature of their relationships with workers over time. The participants were also asked about the types of help offered to their families, and about the impact of this help. As each of the participants experienced the removal of a child from the family and the child's subsequent placement into the foster care system, the focus of this portion of the interview tended to be on the particular circumstances of these events. Twenty-six families who had experienced the placement of a child in the foster care system were interviewed using the single interview strategy.

The second interviewing strategy used an oral story approach. This approach typically involved three conversations that ranged between 90 minutes and two hours. Participants who selected the oral story approach were interviewed in their homes. The initial question was a grand tour question (Spradley, 1979), asking the participants to tell the story of their lives. There was minimal structure for, and interruption of, the flow of the conversation. Between interviews, the researcher listened to the tape of the previous interview, and prepared some general questions for the purposes of follow up. Participants received a transcribed copy of their interviews to verify completeness, and were invited to make any modifications they felt were necessary; no one did. Although participants were not asked directly about involvement with F&CS, this was a major focus of the discussions. Seven mothers who had experienced the placement of a child in the foster care system participated in the oral story interviews. Five mothers completed the series of interviews. One mother participated in one interview, and another mother participated in two interviews.

The single interviewing strategy was effective in capturing a range of experiences because of the rather large number of interviews that could be completed. This larger number

was useful in the analysis for comparing the experiences of mothers. The oral stories provided comprehensive information about thought processes, as well as shared beliefs and values that inform behaviour. Together, the data collection strategies sought to collect information from a range of mothers, while simultaneously gathering in-depth information about experiences. These data collection strategies increased our ability to describe with confidence, the mother's daily living realities and experiences, as well as the meanings that are attached to these.

The majority of the interviewers were trained in the areas of social work and psychology. The interviewers received extensive training regarding the work of conducting a research interview. All participants were approached with the assumption that little is understood about their daily living contexts, and that preconceived ideas about their daily life experiences may not be accurate.

Analytical Methods

The first step in the process of analysis involved comparing each transcript with the recorded interview for purposes of ensuring accuracy. Listening to the taped interview also allowed for an increased understanding of the complex emotional content of the interviews. The hesitations and the various emphases in the use of language which are lost in the process of transcription helped to broaden our understanding of how the stories were constructed.

Another set of analytical notes for each interview was constructed which became a record of researcher reactions to the transcripts and the interview tapes. Questions for further consideration were noted as well. The researcher notes identified patterns in the mother's thought processes, as well as patterns in descriptions of surroundings and of life events. A beginning list of themes was identified from these patterns.

In order to approach the data with a fresh perspective, the original interviewers'

analytical notes were not reviewed until all researcher analytical notes had been constructed. Once all of the interviews were reviewed, comparisons were made between the researcher notes and the interviewer notes. Themes were compared constantly with previously identified ones and were modified, omitted, or integrated when appropriate. A coding schema emerged with nine major themes. Information about each of the nine major themes was operationalized by specific codes, grouped under each of the major themes. In total, 62 specific codes were developed.

A key event in the lives of each of the participants was the experience of placement of a child into the foster care system. The experience of placement was coded as a major theme. It was further refined using sub themes, under which the specific codes were developed. Fetterman (1998) suggests that key events provide insights into the nature of culture. In this situation, the placement event revealed substantial information about the experience of mothering and connections with children, about the nature of life's adversity and how they inform daily living realities, and about experiences with child welfare authorities and the nature of help.

QSR NUD*IST Vivo (Nvivo), which is a computer program designed specifically for handling research projects that require qualitative data analysis, was used. NVivo is a document-handling program. It also has a second database called the node system. Each of the themes and the specific codes were organized in the node system. The data that corresponds with the specific codes was consolidated using the program's node browser, making visible the coded material from all of the interview transcripts in a single document. This software package allowed for multiple data retrieval strategies, including support for numerical counts and explorations of substantive relationships. These strategies permitted the thorough identification of data relevant to this research interest.

In the analysis, major themes emerged around which the discussion is organized. With respect to daily living realities, a cluster of themes emerged around issues related to the concept of privilege. Privilege is a term that is used to capture a number of ideas that were repeatedly expressed with respect to education, participation in the labor market and financial dependence, and relationship stability. Opportunity and choice were persistent themes. A cluster of themes also emerged around issues related to triumphing over life's obstacles. The concepts of privilege and overcoming obstacles are central to the discussion of daily living realities.

With respect to mother's experience of placement, a cluster of themes centered on the concept of incongruence. Incongruence refers to the incompatibilities and disconnections that emerge between the context of child welfare, and the context of mothers whose children are placed in foster care. The rationale and the processes of child placement are often experienced as confusing to mothers. Persistent themes of resistance and coercion emerge in this section.

Strengths and Weaknesses

The data collection strategy has some limitations. Some ethnographers express caution about the use of a structured interview protocol, which may interfere with the respondent's ability to tell the story in a manner that captures the details and emphases that are important within the respondent's daily living contexts (Heyl, 2001; Riessman, 1993). However, interviewees were instructed to use the interview protocol as a general guideline, which permitted flexible approaches to the interview. The stories from the single interview strategy were compared with the stories from the unstructured oral story approach. Although the oral story approach yielded more in-depth information, there was an overall consistency among stories, regardless of the interview strategy.

Some caution in generalizing the findings to all biological mothers whose children are

placed in foster care is appropriate, as all of the women in this study received services from the same child welfare agency. However, authority for the provision of child welfare services is derived from provincial statutes. Therefore, the procedures that govern the interventions of child protection workers are consistent on a province wide basis. Child protection organizations also have similar procedures with respect to the placement of children, increasing the likelihood that mothers across the province of Ontario will share similar personal experiences of placement. The study did not involve mothers whose children are permanently placed.

Participant observation, which allows for investigations of daily living realities over time, was not possible in this study. However, it must be noted that this is a large qualitative sample with substantial information that is rich and varied. Notably, a number of voices are represented in this data including those of each of the mothers, the five interviewers who spoke with the mothers, and this author.

There is a growing interest in the practices of ethnography and self-disclosure that stems from an acknowledgement that engaging in this type of analysis is not, for the researcher, a neutral or objective exercise (Reed-Danahay, 2001). To that end, my personal interest in this research interest grows out of a desire to develop an in-depth understanding of the work of child welfare. In my past work, I fulfilled the duties of a front line child welfare worker. I experienced the work as both confusing and disturbing. I have apprehended children and in retrospect marvelled at how little I knew of the lives of the biological mothers whose children I removed. I am motivated to understand their lives and to understand the impacts of child placement. As I develop a clearer understanding of the fundamental contradictions that child welfare workers are called upon to manage in their day to day work (see Freymond, 2001), I write both from a place of serious questioning of the child welfare system and from a place of

strong empathy for those engaged in the work. This research is a process of formal, academic inquiry and a process of personal, self-discovery.

Invariably the lens through which I view this work might be seen as both a weakness and a strength. The traditional argument is that such a history biases and distorts the ability to analyse and to interpret, casting suspicion on all findings or assertions. The more contemporary argument is that personal connection to the research interest is inherent in the work, and failure to acknowledge this self-interest compromises the integrity of the process.³ For me, the strength of this personal connection to the work is that as I hear and contemplate the stories of biological mothers, I can simultaneously appreciate the child welfare processes that come to bear in the circumstances. I am disentangled from the day-to-day immersion in the work of child welfare, but remain sufficiently acquainted with the work of child welfare to appreciate the complex dynamics that unfold in situations of child placement. Such a position broadens the lens through which I view the data and heightens my awareness of the tensions and dilemmas that arise for everyone involved in the process.

I have chosen to present three interviews in more complete forms. It is an opportunity for the reader of this work to become acquainted with the first hand accounts of the daily living realities of mothers and their stories of placement. It provides a backdrop against which readers can make their own evaluations of the interpretations in the following analysis. To that end, this analysis is a beginning dialogue, not the final word. It is an invitation for further discussion.

³ See Denzin N. & Lincoln, Y.S. (2000). Introduction: The discipline and practice of qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds), Handbook of qualitative research: Second edition. (pp. 1-29). Thousand Oaks: Sage for an overview of the practices of qualitative research, including the quantitative versus qualitative arguments.

Demography

Thirty-one mothers who experienced out-of-home placement were interviewed about their lives, and about their involvements with child protection services. Thirty of the mothers were born in Canada and identified English as their first language. One mother was born in Laos, and identified Laotian as her first language; however, her English was fluent.

Two mothers had five children; three mothers had four children; three mothers had three children. The remaining 23 mothers had either one or two children. Mothers in this data set ranged in age from 20 to 52 years; the mean age was 33.

The mothers who participated in the research divide into three patterns of placement experience. Mothers may experience on an involuntary basis, where children are apprehended⁴ against the wishes of the mother. The stories of 18 mothers are consistent with this pattern of placement. Mothers may also experience placement on a voluntary⁵ basis, where they request placement services for their child. The stories of six mothers are consistent with this pattern of placement. The third pattern of placement involves mothers who consent to voluntary placement, but do so because of the absence of other suitable alternatives for their child. This placement pattern is found in seven of the mothers' stories. Mothers who describe voluntary placements consistently identify the behavioral issues of their child as the precipitating factor in the placement. Usually, only one child from the family is placed; generally the child is an

⁴ The term 'apprehension' is applied to situations where F&CS becomes involved with a family and the children are placed in foster care against the wishes of the parent. Apprehensions happen when the investigating worker determines that there is sufficient evidence to demonstrate that the child is 'at risk' while in the care of the parents.

⁵ Note that the term voluntary is sometimes used in a legal sense to suggest that mothers and the child welfare authority have reached an agreement on the terms of the placement. However, there may be considerable state coercion involved in the voluntary placement of a child, and therefore distinctions between voluntary placement and coercive placements are illusory (Mnookin, 1973). In this study, the term voluntary is not used in the legal sense. Voluntary implies that mothers requested the placement, agreed to the placement when it was proposed, or agreed because they felt there were no other, or better, alternatives.

adolescent. In ten of the narratives, mothers specifically mention the diagnosis of Attention Deficit Disorder with Hyperactivity (ADHD). The average age of mothers in this group is 40. Given the circumstances of the placement, and the ages of the children involved, the mean age of the mothers in this category is not surprising.

In the second category, 17 mothers experience the out-of-home placement of their children on an involuntary basis. Mothers whose children are apprehended tend to be less clear about the precipitating factors for the placement. When Family and Children's Services (F&CS)⁶ apprehend, generally all of the mother's children are removed from her care. Surprisingly, the average age of mothers in this study who experience apprehension is 29. Although child welfare agencies frequently report work with teen mothers, only two mothers in this sample experienced the placement of their child into foster care during their late teens.

In 15 narratives, children are placed with a foster family, where the family is unknown to the biological mother. In five narratives, placement occurs with relatives of the mother, referred to in the literature as kinship care. In seven narratives, children are first placed into a foster home, and then later transferred to a group care setting. In one situation, children are placed into a foster family, and later into a kinship situation.

One of the mothers seemed to be suffering from a form of mental illness, as confused thought patterns were evident in the interview. Given that the presence of a mental illness is a risk factor in child maltreatment, and may well have contributed to the placement of this woman's children into the foster care system, this interview requires recognition. However, the

⁶ Child welfare organizations in Ontario were originally called Children's Aid Societies (CAS's). Prompted by the focus on family preservation, many organizations, in the 1980's, changed their name to Family and Children's Services (F&CS). The mothers in the interviews spoke of both the CAS and F&CS, when referring to their involvement with the child welfare organization. In the analysis, the name F&CS will be used in relation to the child welfare organization.

content of the interview is not interpretable, and therefore not included in the broad analysis. The broad analysis is based on a total of 30 interviews.

Part II. Daily Living Realities

The stories of mother's lives are complex and multidimensional. It is a challenge to portray the lives of mothers in ways that capture a sense of their daily living realities, and how they construct meaning for their lives. In an attempt to capture the wholeness of the mother's lives, the narratives of three women are profiled. The profiles present the lives of very different women, who have all experienced the placement of a child into the foster care system. In an attempt to portray the complexities of the lives of mothers, and to create an emotional connection to their realities, these profiles are developed with considerable reliance on verbatim descriptions provided by the mothers.

In order to demonstrate broader dimensions of mother's lives, it is important to minimize reductions in the presentation of the data. Such reductions invariably occur within the social service context, where the lives of people who need help are reduced in order to satisfy the criteria of the helping services, as well as in the research process, where certain data is selected for the purposes of establishing persuasive arguments. These profiles are an attempt to show how mothers organize their own stories, including their particular emphases and exclusions, without replicating the reductions of the service or research processes.

Inevitably, some reductions do occur despite this attempt to capture wholeness. The interviews were selected purposefully. One criterion for selection was the clarity of presentation. Editorial liberties were taken in places where the material was unclear or redundant.

Another criterion for selection was to illustrate the range of placement experiences.

The stories of mothers divide into three patterns of placement. The first pattern is characterized by mothers who need help and reluctantly consent to placement because of the absence of other options. Lynn's story illustrates this placement pattern and is detailed below. The second pattern of placement is characterized by mother's whose children are apprehended against their will. Tanya's story illustrates this placement pattern and is detailed below. The third placement pattern is characterized by mothers who need parenting help and request placement for their child. Wanda's story illustrates this placement pattern and is detailed below. The stories of Lynn, Tanya, and Wanda are not the most extreme. They have been selected because they seem typical of the other stories that also describe these experiences. Please note that the names of the people in the narratives, and other identifying information, have been changed in order to safeguard confidentiality.

A. Stories of Three Child Welfare Mothers

Lynn's Story: Making Middle Class Choices

In addition to illustrating the placement pattern where consent is given reluctantly because of the absence of other options, Lynn is the only participant who has what appears to be a middle class lifestyle. Although her life is not without challenge, her story shows a marked contrast to the stories of the other mothers that we interviewed. Lynn's interview is shared in detail because of its importance for illustrating difference between privileged and non-privileged lifestyles. The contrast between her narrative and the narratives of other mothers assists with distinguishing the daily living realities of mothers who live in conditions of lesser privileges where resources and opportunities are limited. F&CS become involved in Lynn's life when she seeks assistance from a counselor for her son's behavior.

Lynn and Kevin are married and have two children, James and Jenna. Lynn agrees to be interviewed because she hopes to contribute to changes to the system of child welfare. She is concerned about confidentiality, which the interviewer suspects stems from “a general fear of negative consequences if the agency discovered her participation in the study.” The interviewer reassures her, on more than one occasion that only non-identifying information will be used.

Lynn is a 40 year old, articulate woman who begins her description of daily living realities by talking about her family’s move from southern Ontario to Nova Scotia in 1995. The move occurred because of her husband’s job transfer. Lynn stays in Ontario with the children in order to facilitate the sale of the family home. She describes that time:

So, that left us about ten months of time where, dad was home once a month, which obviously created stress...trying to manage working full time, two children [and] keeping the house perfect so the people could come through...just maintaining everything. [It] suddenly falls on one person’s shoulders, as opposed to spread across two.

Eventually the house sells and, despite the stress of the move, Lynn is very happy in Nova Scotia. She describes it as “wonderful” and notices, as so many people do, the differences in the pace and the people. She says:

...the people are just so relaxed and very open. And we really, really enjoyed that. We felt like we fit in and felt very comfortable there ... It was more of a small town atmosphere...people would drop by for coffee, unannounced. We found this wonderful church community, which was a big plus for us, a big plus because - like, they were the folks who, you know, walked with us through...adjusting to being away from family at Christmas time, and things like that...My father was by himself during that time, my mother had passed away, so it created stress on us, because, we felt that we were leaving him by himself...it was an adjustment.

Lynn also faces an adjustment in terms of her employment. In Ontario, she worked full time, but did have concerns about leaving her children with babysitters. She regrets that she missed things like “the first steps”. In the Maritimes, where employment opportunities are not as

plentiful, and where working full time would require babysitting and a second vehicle, Lynn and her husband decide that one of them should be available at home for the children. Lynn describes the adjustment:

...it was a very welcome change...The standard of living expectations are lower there, so we could fit in still, to a reasonable community, without feeling like we were downgrading our children's lifestyle. It allowed me to be there for the children. I started studying computers and networking...to develop a career.

Lynn has fond memories of studying while her children play on the beach. She speaks of her interest in continuing to run the small company that she and her husband had started, in partnership with "some other folks" in Ontario. Although the partnership did not work, they keep their established customer base, continuing to provide them with re-manufactured toner cartridges for laser printers. Although Lynn enjoys her studies, she also knows that she has sufficient practical knowledge to competently operate this company. She also believes that the academic credentials will help the company to appear more credible to prospective clients.

Her theory proves to be true. In 1998 Kevin's company decides that he has more talent than they require in the Maritime area. He is transferred back to Toronto and, despite their reluctance to leave Nova Scotia, the advantages of the new position for his career are significant. Back in southern Ontario, where there is a more substantial customer base, Lynn continues to build the company. She has witnessed a satisfying expansion of the business since their return.

However, the return to Toronto is not without its stressors. Initially, they live at Jane and Finch in the downtown core. They live in a 17th floor apartment, supplied by Kevin's company.

Lynn says:

...it was a huge shift. We weren't quite prepared. We knew the area, so we were familiar with the problems involved, but again, we knew it was for a very short term. The reason it [the apartment] was there [in the Jane and Finch area] was because it was located close to their offices. The real estate market had dropped

significantly in Nova Scotia...and we didn't really want to focus on trying to quickly find something. We wanted to find a place where we would really feel comfortable as a family.

Lynn describes how difficult the adjustment to this area was for her son.

My son had to go into a school there, and it wasn't comfortable. He didn't feel comfortable...Unfortunately, it was very inner city. Like, what you see on television, New York, downtown...like the graffiti was everywhere, you know, that whole atmosphere. He's always been raised in the suburbs where, you know, everything's very nice and tidy and clean, and the school's are clean, and [here] the environment's a little different...even the attitude of the students. [When] projects were due, people didn't care. You were assigned to work with someone else, and the other student couldn't care less if they did the assignment or not. It was that kind of environment, that he wasn't used to...We would walk our son to school and back. We wouldn't allow him to go outside and play outside...I guess because we were concerned about the neighborhood, the atmosphere, the potential for problems.

Lynn and Kevin started searching diligently for another community to move to. Lynn describes the internet as a wonderful resource for house hunting. It allowed her to assess suitability of the homes prior to viewing, and to plan efficiently with an agent to view to number of houses in a single day. They finally locate a home in a small city in southern Ontario.

A month after their move, Lynn's father dies from a brain aneurysm and suddenly their world changes again. Lynn has one brother, who resides in Calgary. When her father dies, he leaves a farm with animals and crops to be maintained. The family members become weekend farmers. Lynn, as executor of the will, takes on the task of cleaning the house that her parents have owned since their marriage, sorting through the belongings and preparing for the sale of the 50 acre farm. She also is responsible for researching her father's investments and tracing through mountains of paperwork that her father left behind.

Before Lynn describes her experience of foster placement, she comments on the adjustment to their new community in light of her father's passing:

It was a fairly difficult time...[it was] a whole new start, trying to fit in here, but still not being here...we weren't here on Saturday and Sunday's. You know, evenings, after school, aren't really a huge amount of time to spend in the community. So it was a very difficult time, as far as making connections in the community here, because a lot of our time and our energies were elsewhere. We had some neighbors that were just wonderful. They'd come over and cut the grass or if they saw that we were coming home Sunday night, they'd clear the driveway. So it was really nice, to come driving in on Sunday night, when you're totally exhausted and find the driveway's been done....It's a very good community, very good neighborhood, I feel very fortunate that we found what we did find.

This portion of Lynn's interview helps to establish a sense of her daily living realities. In many ways, her life is not unlike many middle class Canadian women. The interviewer acknowledges its incongruence with a placement experience. He says:

...this story seemed primarily positive and almost inconsistent with the story she told of her involvement with F&CS. [In] so many of the other interviews [that] I have done one could see a troubled history in the personal story part, which easily connected with their experiences with F&CS.

Lynn's interview, when compared with others is clearly an exception. The manner with which she expresses herself, as well as the life circumstances that she describes, are familiar to a middle class audience. The interviewer comments:

This interview seemed to have established norms that I suspect probably do not differ from my own - a marked difference from previous interviewees where what has come to be thought of as 'par for the course' would be problematic from my perspective.

This interview helps to establish a sense of how daily living realities are informed by access to resources, education and employment opportunities. It illustrates how privileged mothers are able to make choices about life circumstances. This interview, when contrasted with the other mothers in this data set, powerfully illustrates how non-privileged circumstances inform the daily living realities of child welfare mothers.

Tanya' Story: Moving Toward a Better Future

The following interview presents life circumstances that are different from Lynn's. Tanya becomes involved with the child welfare system when F&CS expresses concerns about her ability to provide an environment that is emotionally and physically safe for her baby. Tanya's baby is apprehended at the hospital, shortly after she gives birth. The placement of her daughter into a foster home is a negative experience. Tanya's baby has since been returned to her care.

Tanya is representative of the other women in this study in that she has, what the above interviewer refers to as a "troubled history", which informs her daily living realities and facilitates child welfare involvement. Tanya is 23 years old. She is married to Joe. Together they have a young daughter named Sarah. Although Tanya's speech patterns differ from Lynn's, she speaks with clarity and passion about her life.

Tanya declares, without hesitation, that she wants to begin the daily living realities portion of her interview by talking about being married. She describes her experience of marriage as follows:

It's great, it is. Its great being married...I think it's more of a different level of commitment of your relationship...I guess the way you deal with issues with is - there's an understanding. Whereas if you're single, and you're looking around, saying 'he's cute' ...So you've got your husband you've got to look after, and not just yourself ...I felt, I always held everything inside and bottled everything and with him, I just feel so open, everything. It's just great being able to trust somebody...I find it different because it's not just me to worry about. I've got my husband now to look after ... I've got the house to keep clean, the suppers to cook. If it was just a boyfriend, you didn't have to worry about things like that...I'm a housewife so that's not a job, but it is kind of my job at home to look after the baby and things like that.

She then begins to talk about her relationship with Sarah:

It's amazing. It's great...the love that I have for my child is unbelievable. Like it, I didn't think you had that much love in you, but you do. I don't know. Just being able to provide for her and just to be there to love her, to care for her, to play with her, to see her smile. Its just amazing...she's the light of my life....She brings out the best of me....I know that I'm a better person than I was....I just need my husband and my daughter...

She describes how having a child has changed her:

She's just made me a better person, just by the way I present myself and the way I talk. Little, little tiny things like that. I was swearing constantly, I don't do it to her because I know she's going to pick up on it. And I had a bad attitude and it was an, 'I don't care about things', and now I've got a total different look on things. Like I care about everything, you know?...My house being clean all the time, being young I didn't really care. I just liked loud music, loud noises...Now that I've got my daughter, everything is very, very at a normal level so you can just hear it and things like that.

The interviewer asks about the move into the apartment that she currently lives in. Tanya provides a context for this query by recounting a history of where she has lived:

My parents had split up because my father was an alcoholic. My mother had cancer so we moved to Tobemory, and I was 14 or 15, and we moved up there. And I moved out on my own...I had met this guy down in (name of small city) before, I don't know, I was drunk, when we had first moved up north and as you quote, your first love. And I was up there and meeting new people and things like that and constantly kept calling down and kept talking to him. And I moved down without seeing him in like four or five years...somewhere along the lines of that. And I just jumped to it, moved down into an apartment with him...And we lived upstairs above my father.... I was drinking and continuing to do the teenager thing, drinking and playing and just being hung over and those are regrets. I should have been back in school doing things with my life and ended up just being a high school dropout.

Tanya leaves this apartment because the rent is too expensive. After a brief stay in a one bedroom apartment, she decides to move in with a girlfriend who has a baby. This friend drinks too much. Tanya doesn't like the way her friend "carries herself." Tanya's friend "just got off crack." F&CS are involved with her and she is required to go for random drug testing. Tanya decides to move again.

During the course of this move a friend introduces her to the man who will become her husband. She says:

I had no interest in him, thought he was gross, disgusting. And so I was drinking and he asked for my phone number and it just went from there. And moving from (one small city) back to (another small city) and my husband and I ended up staying at our friends – our friend that had introduced us. We ended up staying there and a month and a half later we were getting our own apartment. So, we were together maybe two months when we moved in together. And that was in March and I was married that September...I was overwhelmed. I didn't know how to slow it down...I think at the time he asked me to marry him, like I knew I loved him, but I was more in love with the fact, I think, of being married...Like now I'd do it all over again. I would do it all over again in a heartbeat, but, I was just so overwhelmed...None of my relationships had worked and I had never, ever heard like, 'I love you' and actually felt that they meant it. And when he said it, I had goose bumps, you know?

Tanya discovers that she is pregnant. Two weeks into her pregnancy she has swollen feet and very high blood pressure. She is diagnosed with toxicidia when she is two weeks pregnant, although she understands that this diagnosis usually happens at six or seven months. When she is three and a half months pregnant she is ordered off her feet. Tanya describes this time:

I don't know how I did it...I was scared; I was constantly crying, worried because they told me it was a high risk pregnancy, that you have to be careful...So, I'm trying not to walk and I'm eating like a horse and I gained 100 pounds. I'm like oh, my gawd, how am I going to deal with it and the stress from my husband and the bad mood swings being pregnant. I was jumping on him for leaving water on the counter, and stupid things like that. And how I dealt with it, my husband was more or less a punching bag. And that's, that was really wrong, very wrong...I just, I guess I took it day by day, like, you know? That's all I could do. I prayed to God that the baby was going to be fine because it was a high-risk pregnancy. Even when I had her, they wouldn't let [husband] videotape, nothing...because it was a high-risk pregnancy. They didn't know if she was going to be alive or not when she was born.

At this point in the interview, Tanya becomes more reflective. She always had dreams of being married with a child. She also dreams of a lifestyle where she has “the house with the white picket fence.” In sharp contrast to her dreams, is her reality. She describes it as follows

From the beginning before we were married, everything was good. It still is good, but he had a drinking problem and I had a drug problem, smoking pot, like not any heavy drugs or anything. And he and I had made a decision...I was going to quit drugs and he was going to slow down on the drinking....They say you can never change somebody. You either stay with them or you don't, you can't change them. Well, in my case I pushed on him to change because I didn't want to be with an alcoholic. Yet, I didn't want to lose him either because he was, he is, a good person when he's not drinking. When he's drinking he's a complete jerk...and he's an obnoxious drinker, like someone you can't stand to be around. And I found that when I got around him, after we moved in together that I couldn't stand to be around him when he was drinking and, and I told him that. And he said: 'am I that bad?' And I videotaped him one night. There you go. You know? Our wedding night, there you go, you got drunk at the wedding, you know, and he was being a jerk. And he's seen it for himself and I think that made him realize even more. And I said, I don't want this around our kids...I won't have our kids raised around an alcoholic.

She describes how her sister's lifestyle inspired her to push for changes:

I look at my sister's life. She doesn't drink; she doesn't do drugs. She's a smoker, like a social smoker, but that's it. And she's got everything. Like, she's got a home, she's got a beautiful truck, she's got a beautiful little girl. She's got everything, you know? Money in the bank...I had very little, you know, when me and [husband] started out we had nothing, you know? Run down furniture, run down everything - still drinking, still doing drugs and the only way we could accomplish it is to stop spending money on drugs and alcohol. My sister, I guess, I look up to her. She's a lot older than I am and I look up to her, you know? She's doing good for herself. And, in a way, I'd like to do just as good.

She also has her own thoughts about how to change:

I knew that that's not what I wanted. I didn't want that around my kids. And, I think that was my first step, like my future, thinking of my future, picturing it with [husband] and children and picturing, as funny as it is, I'm picturing him hanging over the chair drunk and me stoned and my kids running around, you know what I mean? And then the life of the house and the, the glistening pool with the barbecue and you know what I mean? Just total silver straight and how much happier we looked and things like that. And I think that was the first the first step, that I realized that I didn't want to be a drug addict. [Other steps were] getting rid of phone numbers and stuff like that and my connections. So that way I didn't have the numbers. And then eliminating my friends that were druggies, or whatever. And then me and my husband moved from our first apartment... to St. George, but we didn't know anybody. There wasn't, there wasn't a beer store in that town. There was only a restaurant that was a bar and grill and it wasn't even a real bar. It was like a have a wine with your dinner, or something.

Eventually, Tanya and Joe can no longer tolerate the sense of isolation that they experience in this small community. Joe, who is a self-employed carpet installer, also finds the expenses associated with commuting to the job sites prohibitive. They move back to the city, but their new apartment overlooks a housing project. In the night, Tanya can hear beer bottles breaking and kids screaming and hollering. She says: “I don’t like looking at the low-lives. I guess it’s bad for me to say that...that’s the way they hold and present themselves. You can tell just by looking at them...I just didn’t want it.”

Finally, they move again, this time to the apartment where they currently reside. She describes her neighborhood as one comprised of “everyday working people.” In comparison to her former neighborhood, she describes it as “more respectable” with “friendlier people” who “don’t look you up and down...like you’re worth nothing”.

Tanya talks about the differences in the quality of her friendships since she is finding sober friends:

I don't know, I find it more, not personal, more something. It's not a just a party friend. It's someone who's not always saying 'go get drunk', you know? It's someone that is normal, likes to come over and have a coffee...she doesn't ask me if I got a beer in the fridge in order to get her over here. She'll say 'what are you doing'? Playing Nintendo, 'oh, I'll pop over and see you and the baby'...Like, and the party friends, the first thing they would ask you is 'you got any beer'? That's a major difference. They're coming over for the beer, not to have your company. And for me to think that I was actually like that. That's not okay. You know? It's not, and I guess that has a lot to do with making me a better person too. Like you don't even realize that those things are not okay, it's not normal to be drunk all the time, or just be stoned all the time, and but it is okay to be straight and sober. You don't have to have those things to be, you know, friends with people....It makes me feel really good because any friends that I did have that were drinking and everything all the time, I could never trust, you know? I didn't feel that I could trust them. I couldn't tell them, you know, like the deepest secret I had.

The composition of Tanya's family of origin is confusing. Her mother's first husband left the marriage. As a child, Tanya believed that this man was her father. As a young adult, Tanya learned that her mother's second husband was her biological father. In essence, her biological father reared Tanya although she did not know his real identity at the time. She describes this relationship:

We were never close when I was growing up...I didn't know he was my real father. I always thought my sister's father was my dad, and I lived with my biological father all my life and I didn't know it. That was my mother's fault, but this is something I don't want to get into it; it's too much of a big story...Anyway, I didn't know he was my real father and I used to call him Big Al, and I couldn't stand him, I hated him because he always treated me different...my father always treated me different because, well, it probably hurt him because my mother told him not to tell me that he was my dad. I was calling another man dad. It probably hurt him, you know, and subconsciously [he] was taking it out on me, not realizing that that he was treating me differently. My dad was an alcoholic....When my mother was first with him and he had quit drinking for 15 years or so and he started slipping to the basement and having a drink...He was doing it behind my mom's back and then when my mom would go away to work, she was a nurse...she'd go away, I don't know, four or five nights and he'd go on drunk.

She describes her current relationship with her father:

I call him dad. He comes over twice a week, maybe three times a week for coffee. Every time...he's got some little thing for me, and some little thing for Sarah, whether it be a plant, or slips from another plant, or a little pot that he found at the dollar store...With Sarah he's forever garage sale-ing, bringing bags of junk for her, like toys beyond toys he's just great, you know...I just wish that growing up we could have had it, because we could have had it all those years with him. But I, you know, and now that he's sick, you know, I don't know how really how well he's doing. And I just, I wish he could stay around forever so he could watch Sarah grow up. I've got that closeness with my dad. I can trust my dad. I can talk to my dad about anything in the world, you know? He's there for me if I need him and we could never have that; we never had that before. I could never talk to him before, and I can now.

Tanya describes a much different relationship with her mother:

I don't visit her very often. She's sick with cancer. And my mother and I do not have a very good relationship, we never have. We've never got along...just

because she's, she's evil...She is, she's downright evil, like very vindictive...I hate the woman, but I love her at the same time because she's my mother. I can't trust her. She's not like a normal everyday grandmother. Like, she won't interact with her grandkids. And how hard is it to pick your granddaughter or grandson up and put them on your lap and read a book? It's not hard, you know? But she doesn't even do things like that...It makes me angry. It does, it makes me angry because she's very sick. The least she can do is try to give her grandkids good memories of you know, my grandma used to read books to me, she used to roll on the floor and make me laugh and but she's not, you know? I can tell if she's in an argumentative mood or if she wants something. And that's her. She's not a likeable person. She's not.

Tanya's daily living realities appear to be typical of mothers who become involved with F&CS. She has limited access to financial resources and experiences hardships in relation to the absence of supportive relationships. When comparing Tanya's narratives with others, the interviewer does not identify her descriptions as exceptional, or unusual in any way. The tone of her interview is one of determination.

The following interviewee tells the story of the challenges of parenting a child with behavioural difficulties. Her daily living realities are similar to Tanya's; however, Wanda has the additional pressures of parenting a child who is diagnosed with ADHD and Oppositional Defiant Disorder (ODD). These parenting challenges consume Wanda's time and energies. This mother's daily living realities revolve around the management of her daughter's behaviours.

Wanda's Story: The Strains of Parenting Jackie

Wanda's daughter, Jackie, has always exhibited many behaviors that are difficult to manage. By the time Jackie is 13 years old, the behaviors are out of control and overwhelming for Wanda. Wanda becomes involved with F&CS because she is desperate for help and feeling unable to cope. Wanda's story illustrates the placement pattern of mothers who desire placement for their child. For Wanda, the placement of her child into the foster care system has been primarily a positive experience.

Wanda is a 32 year old, single mother. She has one, 14 year old, daughter, named Jackie. This story is similar to the stories of mothers who are faced with the challenges of parenting a child with behavioural difficulties. Most of the interview is organized around the descriptions of her daughter's behaviour. Wanda only briefly describes aspects of her life that are separate from her parenting challenges.

Wanda lives in a neighbourhood that she describes as a quiet place. She lives in a low rental townhouse complex where she finds that "most people keep to themselves". She has lived in the neighbourhood for 11 years. Wanda's sister, who has been a constant source of support, has lived with Wanda and Jackie for a number of years. She recently moved out, after giving birth to her own child. In the near future Wanda will be moving to a two- bedroom unit in the same complex. Because her housing unit is subsidized, she is not permitted to occupy three bedrooms, now that her sister has left.

With respect to friends, Wanda says, "right now I don't have a lot of friends. I don't, ah, have a lot of money, so, basically, I watch T.V. I go to Tuesday night movies, when I have money. I take my friend Mike with me. Wanda names two other friends who go to the movies with her sometimes.

She is supported by mother's allowance. She says, "I budget pretty good, so...but, I'd have to say I survive barely". At one time Wanda was employed but for the past four years she has been diagnosed with epilepsy. Although she is on medication, it is not well controlled. She has had two grand mal seizures, which Wanda describes as "very scary".

When asked about other things in her day to day life she says with optimism: “I’ve got three credits left in high-school, that I’m working towards...I have two senior math, and one senior English. She describes her social services worker as “pretty understanding”. He allows her to study at home. When she finishes her diploma she hopes to work with animals. She says:

I just ah, really like animals. I’ve always had one. I’ve grown up with dogs and cats. I always had hamsters and guinea pigs for Jackie. I find it really relaxing, being around animals too. I guess, they're very simple creatures, and ah...um, they're very honest, I guess. If they like you, you know right away.

Wanda begins to speak about Jackie:

I'm trying to deal with her behaviour, and get help for it...she's diagnosed with A.D.H.D., and Oppositional Defiant Disorder. And, uh, a lot of people don't know what O.D.D. is. But um, ever since she was little...tiny, she's had, really, really bad temper tantrums. Um, I mean, uh, non-stop, really physically violent. It's hard to describe, but uh...temper tantrums that went on for hours. She would get into these tantrums, where she would bite me, and kick me, and...punch me, and scratch me...I did most of the trying to calm her down. I kinda knew something was wrong. You know, kids have temper tantrums when they're two, or three, and...sometimes four, and she hit five and six, and was still doing it, I knew something was wrong. When she was nine, she was still having these temper tantrums. They were more like rages, I guess....Night time was worse. It was worse. She refused to go to sleep...I was lucky when she would fall asleep, at like, one at night. And she would just pace her room, and um...bounce on the bed, slam a door shut, open, non-stop. And, uh...the only thing I could think of...warm bath, warm milk, I'd rub her back for her. Um, but she'd get so mad that she couldn't fall asleep, that she kept having temper tantrums. I never really, I never spanked, cause that just got her even madder. And, um...it just never worked, eh?...Finally by the time she was nine, I used to hold her; put her in front of me, and hold her arm, wrap my legs around her, and that was the only way I could calm her down, cause she used to hit her own head against the wall. And, uh... that's the only way I could get her to stop. I put her in the K-W hospital twice, trying to get some help. They didn't give her much of a chance. They only left her in there for three days. And, uh, they didn't see the behaviour. So, I mean, I tried to tell them, she's only been in for three days, she's on her best behaviour. Um, now when I think back, if I had a video camera, I was pretty young, I just thought, okay, I'll go in and

tell them all about it, and they'll believe me, right? But, now that I think back, I should have had a video camera. I should have been video taping her temper tantrums...finally she got too big, uh...she was literally punching me in the face and stuff.

Wanda describes the reaction of the neighbours to Jackie's behaviours:

...they were calling her, crazy girl, the kids would hear her screaming, during her temper tantrums. She used to throw things out the window, um...we had to nail the window shut, because we got an eviction notice, for her throwing garbage and stuff out the window, during these temper tantrums, um, throwing toys out the window and stuff. Our next door neighbour gave her a really hard time because her kids would be kept up at night because of the noise.

Wanda speaks of in home assistance that she received from an agency to help manage

Jackie's behaviours:

Finally, the agency that came over to help over to help us...they would send two people over, I called them about ten times, I don't know, I was just so tired, I called them about ten times, and they would come over and hold my baby, until she'd calm down, and they told me, that she really, really needed help. And I said to them, I'm trying, I'm really, really trying...Finally, Jackie was hitting them. Finally they told me she was too violent for them. Just, to call the police.

Jackie's behaviour continues to be intensely argumentative. She refuses to go to school

and one year misses 43 days. Wanda says:

She said no to everything, everything. It finally got to the point where I couldn't even get her to go out the door to school anymore. She'd stand there and scream. No, fuck you, fuck face, no, ah, that's part of the O.D.D., the non-stop arguing.

Wanda speaks of her endearing connection to her child, despite the challenging

behaviours:

Don't get me wrong, I love my daughter. But it's been hard. You know what I mean? I love my daughter, very much, but it's been hard dealing with it. And, she wasn't on any medication or anything. I knew there was something wrong.

At 17 years old, Wanda discovered she was pregnant and wanted to learn about parenting. She enrolled in parenting courses and read books from the library. However, Jackie's behaviours are not consistent with what she reads. Wanda says:

I took out, uh, books on, what to do for a temper tantrum, and stuff like this...She would cry for hours. She would stand up in her crib and just bang it against the wall. I had to pull the crib out. She, uh...finally I had to take the mattress out of the crib, because she would throw herself out of the crib. I had to put it on the floor. Toilet training, when I was trying to toilet train her, um, I tried for about two months, and she would just stand there. I'd go 'pee-pee', she'd go, 'no', just like, that, 'no'. So finally I gave up a little bit, and about four months later, I left the toilet there, right? And I'd bring her up to it and say, 'pee-pee'...Finally one day, she just ripped off her diaper, said pee-pee, sat down, and wouldn't wear a diaper after that, would not. She has got incredible will power.

Wanda describes another attempt to get some help:

Yeah, I did put her in therapy, but she refused to go. So, I saw a counsellor. And I asked the counsellor what should I do? And I tried everything, every single suggestion. Uh, I tried breathing therapy with her, uh...but when she got to a certain point in the anger, uh...it's like, nothing could calm her down...nothing.

Wanda describes the exhaustion of parenting her daughter:

I'm 32, but I feel a hell of a lot older. And, uh...I've been active a lot with her too, like, I take her to the park, the carnival, and everything. And then I get home, and it'd be night time, and I would think, just for once, can't you just go to bed? I realize that if she would have had medication, you know, years earlier. This is what Children's Aid did...I'd been thinking about calling them, a couple of years earlier. For a long time, I thought, well, maybe it's something that I'm doing wrong because...people are telling me to spank her. They were telling me to spank her, and I was trying to tell her it's not working, I've tried, you know...how hard am I supposed to spank her? How much am I supposed to spank her? You know, I said, if I spank her, it just gets her even more mad. It doesn't calm her down, like it does most kids. It doesn't stop her. You know, most people give a little spank or two; they know you mean business; they stop. Her, it just enrages her even more. So I said to them, how hard do you expect me to spank her? Am I supposed to beat her, to get her co-operation? So I said, 'no that's not an option'.

The challenges involved in parenting a child with behavioral problems are exhausting and overwhelming for all mothers. Mothers, like Wanda, face additional challenges. Her daily living realities, as well as the realities of mothers whose children are placed in foster care, are almost always characterized by the absence of privilege. The following analysis of the daily living realities of mothers whose children are placed in foster care examines how the absence of privilege impacts their lives, and how mothers are impacted when child welfare interventions are not congruent with their daily living realities.

B. Analysis of Socio-Environmental and Relational Contexts

There is little known about the everyday realities of mothers whose lives might be described as non-privileged. Academics, child welfare workers and others have ideas about the lives of non-privileged mothers, but the voices of poor mothers are rarely found in the literature (Holloway, Fuller, Rambaud, & Eggers-Pierola, 1997), and similarly the voices of child welfare mothers have received almost no attention (McCallum, 1995).

This analysis relies on the voices of Lynn, Tanya, and Wanda, and broadens to include the voices of the other mothers that we interviewed. The first section of the analysis explores the socio-environmental contexts for mothers who experience the out-of-home placement of a child. It examines employment and neighborhood realities, as well as friendships, community involvements and familial support. It also explores how child welfare interventions can, and do, contradict these daily living realities.

The differences between the everyday realities of mothers like Lynn, and mothers like Tanya or Wanda can be understood in relation to the concept of privilege. Socioeconomic circumstances are strongly linked to the role of privilege; however, privilege denotes more than access to economic resources. Privilege denotes

employment opportunities, where relevant work place skills and access to stable, full time jobs is the norm. Also, inherent in the notion of privilege is access to educational opportunities and other opportunities for learning and for personal growth. Privilege is also about the ability to participate in civil society, where voluntary and associational activities exist, as do vehicles for access to the public discourse.

Throughout the course of Lynn's interview, she describes her life in terms of the ability to choose. Her choices allow her to have control over her life and the ability to provide opportunities for her children, both socially and academically. She chooses to be employed, or not to be employed. She chooses to further her academic studies. She chooses the neighborhood that is suitable for her family. She chooses to become involved in her community. The ability to choose is inherent in the concept of privilege. Most mothers who become involved with F&CS do not have Lynn's capacity for choosing life's circumstances.

The second section explores how mothers manage problems. Contrary to the literature where they are portrayed as 'unable' or 'unwilling' to appropriately address the problems in their lives, mothers that we encountered are actively involved in overcoming adversities. When F&CS intervenes amidst these problems, their involvements can confound the mother's own attempts to manage her problems. The analysis concludes with suggestions about how F&CS can become more relevant in lives of mothers who experience the out-of-home placement of a child.

Employment Realities

Although some of the mothers that we interviewed depend on forms of social assistance, many more belong to the ranks of the working poor. Thirty percent of the

mothers that we interviewed are married or live in common-law relationships. In privileged living circumstances, women, like Lynn, may be able to depend on a partner's income, creating opportunities for mothers to limit paid work in order to care for their household and for their children. Privileged families may also choose to hire in home services, perhaps for housekeeping or childcare.

But, the income of the partnered mothers that we spoke with is important to the economic survival of the family. One woman says:

I went back to work before [my son] came home from the hospital, cause I don't collect unemployment. I'm self-employed... I was supposed to be off my feet for six weeks at least without lifting more than five pounds, but I was working, cause we needed the money... We're still living cheque to cheque and still paying off debts.

Often the availability of work is not dependable. There are persistent concerns that the work hours will diminish or that jobs will suddenly become unavailable. Another woman, who works as a cashier in a grocery store, speaks of these worries:

I only get about nine hours a week... they keep hiring and hiring, so we get no hours. My husband's down to about 35 a week. He's a machinist at a small factory. There's only four workers there...He used to get about 48 hours a week, now it's down to 35. They just laid off the one guy, so he could get more hours. It's tough right now because the money's not there and we're trying to pay the bills. It's tough.

As these mothers suggest, when families rely on all of their earnings in order to pay bills, disruptions in work schedules cause considerable stress.

Mothers who work part time are often employed in more than one job. Schedules are generally hectic. For many of those in our sample, the only opportunity to improve financial circumstances results in working long hours, time spent away from mothering responsibilities. Working night shift is one solution to this dilemma. Despite the strains of sleep deprivation, it does allow mothers opportunity to care for children during

daytime hours. This woman speaks of the realities of multiple, part-time jobs:

The one job I had was at [local] College. I was working from 10 at night until 1:30, 2:00 in the morning. And then from there...I did custodial [work] in a factory. And there I worked from three in the morning 'til six o'clock. And then on weekends, I worked for another cleaning company.

Another woman speaks of the dilemmas that she faces as she attempts to balance financial need, employment realities, and mothering responsibilities:

My hours were lowered...I'm used to getting \$800 to \$1000 a month, now I'm getting six. My rent's a third of that, and then groceries, and bills, and taking my daughter out. Anyways, I'm not whining, too bad. I don't know what's going to happen when she comes home [from foster care]. I don't know if I can work more hours. Sobeys opened up over here; it's 24 hours. I could go get a job, but can I? I have a teen.

For non-privileged mothers, there are no simple solutions to these realities. In a privileged world, these dilemmas are often conceptualised as establishing appropriate balances between home and work life. However, establishing appropriate balances generally involves having the means to make choices where a favourable outcome is anticipated. In non-privileged households, choices are generally minimal and often outcomes are less than favourable. For instance, the above mother may be faced with choosing between having enough money to survive or being unable to adequately care for her teen. Non-privileged mothers are 'making the best of bad situations' rather than finding balances.

With the exception of Lynn, none of the mothers who experience the out-of-home placement of a child have a career, the potential to start a career, or the knowledge base that such undertakings require. As is illustrated in Tanya's narrative, many mothers experience chaotic adolescent years. Homelessness, addiction and strained relationships with family members persist in the narratives. These factors often precluded the

completion of secondary school. Some of the women talk about the dream of returning to school. One mother speaks of the realities involved in balancing the need for an income and participating in a course to upgrade her skills:

I'm going to this other company, called, [name of plastics factory]. And that's where I've been working for the past three weeks. I like working there, but the pay sucks. I'm only getting \$6.85....I'm working tonight, because I phoned, eh? So I offered to work tonight. I'll probably be phoning this teacher back again, and seeing if she still has my name for my course. We'll see what happens. I might not go if my job picks up. [Name of a different factory], they're slow right now. They used to have night shift. They're planning on bringing that back. So that means...they'll want to hire people...So, I'm kind of hoping that they would ask me.

Some mothers do return to school once their own children are old enough to be in school. High school graduation is a substantial accomplishment for mothers who may be lacking qualifications for better jobs without a secondary school diploma.

One of the most fundamental contradictions between the needs of mothers who experience out-of-home placement and the interventions of child welfare services occurs when mothers are denied financial, and other forms of tangible assistance. When placement occurs, mothers either lose a portion of their welfare assistance or are expected to contribute from their wages to the costs of their child's care. The result for mothers may be increased financial strain. One mother makes this point when she contrasts the difference between a helpful and an unhelpful worker:

Like, we would ask her [referring to the worker] if we can get a voucher for extra food, because we have the kids Wednesday's, Saturday's, and Sunday's. And, uh...she says, well, our agency isn't out for doing that. Like, we can't give it to you all the time. And we're like, why not, you're supposed to be there to help, and we don't get no money or extra stuff for the kids...That's what I mean about helping out. And then one time, my car broke down, and I couldn't get the kids. And I asked if she could, get a cab, or...somehow, they can drive him over here. But she was working, so she couldn't do it. The other lady that was involved, she was very helpful.

Like, she would understand and talk to us, and understand our feelings, and what was going on and stuff. And she would give us a voucher every month.

When the amount of available money decreases, for whatever reason, financial pressures intensify for mothers who experience the out-of-home placement of a child. Even though the amount of the decrease might be nominal by privileged standards, the economic realities for non-privileged mothers are such that they cannot accommodate decreases without hardship.

Neighborhood Realities

There is a strong relationship between the nature of one's surroundings and socio-economic factors. Lynn's narrative is unique in that it is filled with references to the importance of finding a suitable neighborhood in which to reside. Other mothers acknowledge the importance of surroundings. Sometimes they are forced to move; however, their statements about actively choosing a different community are minimal. Having financial resources is a strong variable in arranging desirable surroundings for a family.

The homes and neighbourhoods that interviewers encountered were frequently described in their analytic notes. The biases and assumptions that appear in these descriptions are perhaps not unlike the biases of child welfare workers who also encounter mothers in their home environments. The following is a cross section of comments about surroundings found in the interviewer notes.

The setting is a two bedroom apartment in an area with other apartment buildings in the vicinity. The apartment was in good repair, had a security entrance, however although there appeared to be approximately eight floors, there was no elevator, and hallways were concrete and bare.

It is a large single family home in a residential/industrial neighbourhood. Busy street, small lawns poorly kept, no trees. Not a great neighbourhood for children, I think.

The interviewee lived in what would be conceived as a slum setting... Her one bedroom apartment was very tiny, and it would almost be possible to touch opposite walls in the living room with outstretched arms. The apartment was extremely messy, with clothing and other items all over the floor, such that I would have to constantly be stepping over things to move around. Furniture and other items were old or in bad repair, with the only exception being a relatively new and large TV set (approx 25 - 29 inches). Despite the appearance, the interviewee stated that she was happy with the apartment as it represented her own independence. She seemed to have a connection with at least one of her neighbours, as this person had their door open across the tiny hall and was waiting for me to convey the message that the interviewee had called her to ask that she relay that she would be a few minutes late. This neighbour also agreed to watch over her baby while we talked.

The setting was a plain 2-3 story apartment in what looked like primarily a working class neighbourhoods with most of the surrounding dwellings being stand alone houses. The apartment building was in good repair, at least on the surface, and quite clean, but without any luxury or 'homey' touches; for example, the hallways were cinder block painted. Most striking was when I drove into the parking lot a number of adults came to their windows to look; they were home during the day and I'm sure I was tagged as social worker or something like that. Definitely a moderate priced but not slum dwelling.

This was a semi-attached dwelling on a street surrounded by more affluent self contained homes. Her particular dwelling was rented and the exterior was not well maintained. I was greeted at the door by three large dogs, including two Rottweilers [fortunately friendly]. I was somewhat taken aback by the clutter and some of the interior conditions. They were not as extreme as some other places and there were four kids and two adults living in a fairly small unit. Apparently, the place has been fixed up quite a bit [paint and cleaning] since the CAS involvement. They thought dirt and uncleanliness were one of the major agency concerns initially.

B lives in a small townhouse complex which is subsidized housing. The town homes are old and in need of repair. The yards are small with patches of grass but there is not the outside clutter I have seen in other

complexes. There are a lot of young children around and a small park-play area is the centre of the complex. B's home is cluttered to the point of there being only a narrow path from the door to the fridge and to the couch in the living room. B lives only on the ground floor of her home. She says that if her ex comes in the front door she can escape through the back door but if they were upstairs they would be trapped. There are two bedrooms upstairs but B sleeps on the couch in the living room. The clutter and disorganization of her home is disconcerting. The windows have heavy drapes on them for added privacy from the stalking behaviour of the ex husband. So the home is dark and poorly ventilated.

As is apparent from these descriptions, most mothers that we spoke with live in economically depressed, working class neighborhoods. In areas where there are apartment buildings, the neighborhoods are densely populated. Green areas such as parks, trees, or lawns are sparse. Living space is often inadequate.

One avenue that mother's identify as important to improving surroundings is related to securing privacy for themselves and their families. The comment of the interviewer who, upon arrival, is greeted by the stares of adults supports the concerns of some of the mothers who speak of the absence of privacy, particularly in apartment building complexes. One woman says, in reference to other families that live in the same building:

It makes you mad. I don't know, but they, they just know your business. And you got to like, try and keep it to yourself and it's hard. When one person knows it, they blab to everybody else and then everybody knows it.

Another woman speaks of being relieved that she and her husband have purchased a small home in a low-income neighborhood. Previously they lived in a nearby apartment building. She speaks of the reason for her relief: "everyone knew your business...I was so glad to move from there...it was 13 apartments, so it wasn't very big." Undoubtedly

both the densely populated neighborhoods, and the stigma associated with child welfare involvements, are factors in the desire to secure privacy.

In one of Lynn's stories, she finds herself living a low-income neighbourhood in Toronto. She is concerned about her surroundings to the degree that she refuses to allow her children to play out of doors. The fears that Lynn expresses for the safety of her family are everyday realities for non-privileged mothers. One mother, who lives in a low-income neighbourhood, is confused by a child welfare worker's inability to comprehend these daily living realities. She says:

I had the door open and, you know, it doesn't close all the way because there's a gap in the door. And so, she asked if I could keep it closed and locked. And, I'm like, 'well why'? And she's like, 'oh well, what happens if somebody's there, and you tell them to come in and, it's some big murderer'? And I'm like, 'well, what happens if the door is locked and somebody is knocking on my door, and it's some big murderer, and I open up the door? I'm like, 'it's not going to stop, no matter what'. And she's like, 'well, he could just walk right in'. And I'm like, 'well he could just walk right in when I open up the door too.'

For women who have experienced life on the streets, the unsafe living conditions of low-income housing complexes pale in comparison. One woman speaks about fears for her safety during a period of homelessness:

I ended up moving to a shelter, the YWCA, and that's probably the scariest place for a person to live. It's kinda scary in there. Like a lot of older women who have problems and talk to themselves and a lot of people who do drugs, like bad heavy drugs and I was scared living there. I didn't fit in at all. Like I made a couple friends but not really. Like, I was going through a lot and kinda stuck to myself.

Safety is a relative concept. Lynn's strategy for keeping her family safe during their stay in low-income housing was to shield her children from community interaction. The community that Lynn identifies is typical of the communities of the non-privileged, where the requirements for safety extend far beyond locked doors.

Sometimes workers express concerns about housing conditions that culminate in requests that mother's make modifications or find alternate housing arrangements. These requests can be stressful. One mother says:

She asked me if I could change the living room around because it was unsafe and stuff. I did all that work, changed the living room around and now they're asking me if I can find myself a bigger two bedroom apartment because this apartment is too small for a mother and a child. And I'm like, 'well he's just a baby. I figured I was going to be out of here by the time he was a year old, and stuff, get my own two bedroom apartment, stuff like that, but it takes time. You can't just up and move.'

Another mother says:

Just before I got the kids back, [name of child welfare worker] said I can't stay here in the farmhouse because there was ladders going up to the roof. But I said there [are] ladders, here...because it was an older house... I said, 'I'm not getting a rope ladder for them.' I said, 'they're probably going to climb up and break their neck. You know? Like, they're asking for a rope ladder, like, forget it. Just when I had to get more smoke alarms. This is garbage.

These mothers view their environments from a vantage point that differs from how workers view their environments. There is both a normalcy about these living conditions for mothers and an awareness of the limitations of housing options for them. They are reluctant to comply with child welfare requests for change.

Although child welfare workers frequently express concerns about living environments, there is no indication from any of the narratives that mothers received assistance, either to pay for or to locate environments that are more suitable. Throughout the course of one narrative, a mother speaks of the extreme challenges she is faced with in terms of housing:

Not a lot of people with five children are looking to rent. So I don't know how people end up moving from a rural situation to a city situation, unless they have money. But we couldn't get ahead because we were stuck in one of the unemployment areas of the country. There was a

waiting list that was five years for us for co-op housing/subsidized housing - five years, so I didn't even bother applying.

The housing that this mother is able to locate develops unsafe well water conditions. The child welfare response is to contact the public health unit for the details. Just as this mother is negotiating a deal to secure another home through Habitat for Humanity, her children are removed. She describes her confusion:

...nothing was ever offered. I'm the one that's applied for Habitat for Humanity... We were right at the head of the priority list. We had a house within three months. We lost our kids and at the same time we lost the house. Two weeks before the kids were taken, we got a house through Habitat for Humanity. We signed papers the day after the kids were taken... all I ask for, is some help to get out of where we weren't doing well, with the bad water, which was a concern. They [F&CS] were asking me about that. Like well, you know if you wanna call the public health unit, call the public health unit. You're not gonna listen to me. If they woulda just said 'how about some respite for the summer while you guys work on this house for habitat?' We would have been fine... It was bizarre. It's like 'you knew that we were going some place; why are you doing this now?'

F&CS does not offer assistance that is consistent with this mother's everyday realities, even when there is agreement about the nature of the concerns. Respite care, which accomplishes the objective of removal of the children and placement into foster care, could be congruent with her daily living realities. Apprehension is experienced as both unnecessary and confusing.

The Realities of Social Supports: Friendships and Community Involvements

Most women who experience the out-of-home placement of a child do not speak of friendships that are dependable, reliable, or long term. Most mothers described friendships in a very limited way. Some women make connections with social service agencies, particularly women's shelters, where contact is of an ongoing nature even though the particular crisis that prompted the initial service involvement has passed.

Some mothers report enjoyable working relationships with colleagues. However, the majority of the mothers that we interviewed have limited social engagements and minimal community involvements. The following exchange between interviewer and participant is not atypical:

P - I don't need the extra, people in my life right now.

I - Right. Right. And then, what about, I mean, what about the neighbors, I guess, just about the community in general?

P - They're pretty much, keep to themselves.

I - Okay.

P - Yeah. Like, I met her, we talked to a bit, she knows about my situation. She used to drive [my daughter] to preschool.

I - Sorry, who's that?

P - Uh, [my neighbor], next door. She used to drive [my daughter]. She knew who my kids were, cause they used to talk about the cats, and stuff, but she used to see [my daughter] everyday. She used to drive her to preschool... So, we talk, once in a while. We're not buddy-buddy, or anything.

I - Okay. Are you involved in any activities or groups?

P - Not yet.

I - No?

P - No, no. Like I said, I want to keep it simple. I want to concentrate on my kids and myself.

I - Right. Okay. Are there any organizations I guess, within the community?

P - Well, there probably is, but, I don't know them.

I - Okay. Um, you'd mentioned a bit about, your mom before. Can you tell me anything, a bit about your family, or how they're involved in your life now?

P - Well, they're not.

Some biological mothers choose not to become involved within their communities, or to become involved only when necessary. Some appear to have convenient friendships with neighbors, who they can rely on from time to time for childcare favors. But rather than actively seek out friendships, many mothers seem to establish friendships with those who live close by.

The minimal involvements of non-privileged mothers are in sharp contrast to the friendships and community involvements of Lynn. When faced with relocation to a new

community, Lynn actively seeks out friends, who become “just like family.” She defines community connections as resources for support for herself and for her family. The importance of community involvement is highlighted when she laments that her ability to form community connections is hampered by the need to be at her father’s farm on weekends. Lynn’s relationship with community stands in stark contrast to the following mother who says:

I know [neighbor’s name] will, listen to me, if I have to really talk to somebody, but...I talk to my mom, now and then, over the phone. Like, we do talk and visit, maybe once a month, maybe. But that’s about it. I’m better sometimes, by myself. I’m just, I’m, I feel like I’m a loner...I don’t mind having friends, I like friends, and other people, but I like spending time by myself.

There was no mention in the interviews of non-privileged mothers of joining organizations or attending social events. Most of the mothers express uneasiness with socializing and friendships.

There may be a number of reasons that mothers who experience the out-of-home placement of a child do not actively establish community connections. The obvious explanation is that non-privileged mothers simply lack time, energy, and financial resources for community involvements and social events. Additionally, many biological mothers have a history of abusiveness in relationships, which causes a mistrust of others. A lifestyle where community involvements are minimal may be understood as a means of protection for themselves and for their children.

The limited social spheres of mothers who experience the out-of-home placement of a child may also be a consequence of the acting out behaviours of a difficult child. Mothers of children who have committed crimes in neighbourhoods or who have negative reputations in the classroom, experience prejudices. Sometimes mothers and

children are ostracized within their neighbourhoods. Recall how Wanda was shunned by her neighbours, and eventually evicted, because Jackie's temper tantrums could be heard throughout the neighbourhood.

Mothers are also concerned about the stigma attached to involvement with F&CS, and particularly to the placement of a child in foster care. This stigma is sufficient to increase the isolation within their communities. One mother says:

You know, I hear a bunch of kids playing in the backyard, and it's like oh no, you know, mine used to be out there. But now, I kind of miss that. So I kinda, stay in, or you know, I don't want to get too close to other kids right now... I don't think their parents would appreciate it. 'Cause they know I'm involved with F&CS. Like, I may be a bad influence on them. So I don't need it.

When F&CS becomes involved with a family, private family matters are intensely scrutinized and, to some degree, made public. Mothers fear that others will perceive their involvement with F&CS to be evidence of their 'abuse' of children.

One of the common responses of F&CS is to place conditions on mothers to attend various programs. While attendance in programs may be appropriate from a treatment perspective, the degree to which community involvements may be incongruent with daily living realities is not acknowledged. The demands of F&CS are often experienced as overwhelming. Recall how Tanya describes having an appointment almost everyday because of the number of treatment requirements that she must meet in order to secure the return of her daughter. A deeper understanding of the experience of mothers in attending treatment programs is visible when their daily realities with respect to community involvements are understood. In Part III of this discussion a closer examination of the realities of participating in ongoing services is presented.

The Realities of Familial Supports

The women that we spoke with have varying degrees of family support in their lives. Less than half of the women describe some forms of support from their biological families. Although Tanya's relationship with own her mother is strained, recall how she is able to develop a positive relationship with her father in adulthood. Another mother speaks of how she relied on the support of family members when F&CS placed her child in foster care:

My dad's always known from day one how much of a good parent I am...
So he drove all the way from up north down here. [He] called my aunt to
come and take care of me too...I didn't know what to do. I was so scared.

In this study mothers were appreciative when a family member was able to be supportive during F&CS interventions.

Mothers of children with behavioral difficulties frequently stress the importance of a family member who understands their parenting struggles. Generally, because of the extreme nature of the behavior, most mothers do not seek parenting relief from family members.

Perhaps the most intense expressions about the nature of familial supports come from mothers whose infants, or young children, are apprehended. These mothers often describe circumstances where they are attempting to establish independence and to form intimate relationships. These factors are interwoven with the simultaneous adjustments to parenting a young child, and managing the realities of non-privilege, perhaps while coping with the traumas of recent abuses. When familial support becomes available, it is highly valued.

However, sometimes the support that women receive from their families is unreliable or marked with indifference. One woman says:

My mom's way too busy to call me so she's sort of not around a lot. I guess to cope with that I just, sort of, close the doors on them. If I call them and leave a message two or three times and she doesn't call me then it's not worth it to me. 'Cause if she doesn't have enough respect to call me, and call me back, then I won't bother with her. She has no time.

Another mother, who is attempting to exit an abusive relationship, describes her mother's indifference as hurtful. When asked about the possibility of family members offering some assistance. She replies: "I couldn't imagine my mom taking me in...when I was talking to her she said you're best to go to the women's shelter because we don't want any trouble here."

Themes of betrayal are also found in the stories that some women tell about relationships with their parents. One woman believes that her family has conspired with F&CS for the removal of her children. She says:

Like, my mom used to call C.A.S. all the time on me. Like, my family, they would turn around and phone C.A.S....they didn't want to help. They just phoned C.A.S....They're family, they should help, you know.

Another woman feels betrayed by her mother after she discloses that her father has sexually abused her. This mother and daughter have a limited and highly conflictual relationship. She says:

It was like somebody just threw a big 20 thousand ton brick right onto my heart and I just felt so used and betrayed...I couldn't believe my mom... to turn around and tell me 'well you're ruining your dad's life'. It was like just like a truck just hit me.

In the interviews of both of these young mothers, there are many expressions of hurt and longing for supportive familial relationships.

And finally, for some women, relationships with family members are blatantly hostile. One woman speaks of how abusiveness extends into her adult relationship with her mother. She says:

And the only way you're going to communicate with her [in reference to her mother] is with violence and so finally, like, I got violent... I always told her, 'well, one day I'm going to be bigger than you and you're going to have to be looked after and I'm going to treat you the same way you treated me. And she's like, 'well, that will never happen'.

Another woman, using a rather matter-of-fact tone, describes what appears to be a bizarre incident. She recounts a story of how her mother, in a rage, deliberately crashes into her vehicle. When asked about her response to this incident she says of her mother:

Oh, she finally did something more publicly...she was always like that with me more privately. So, it was a more public act of hatred, and I mean she'd rather that my kids would see her do it. She'd come to my door, throwing stuff at my door, call me on my birthday and say how she hated me, all kinds of stuff that she, in public, wouldn't do.

This level of intense conflict is suggestive of the dysfunctional environments that some of the mothers in our study were exposed to in childhood.

Two mothers from our study experience profound incongruencies between their realities of familial support and the interventions of F&CS. The woman in the above quotation, who describes her mother as participating in a public act of hatred towards her, is confounded when F&CS apprehend her children and place them in the care of her mother. Regardless of her protests, this woman is unable to convince F&CS that the placement is inappropriate. Another woman in this study, who describes herself as coping with memories of childhood abuse, must also cope with the placement of her children with family. She says: "it just bothers me, because they talk about, how I should be treating my kids, and stuff. Meanwhile, they didn't do a good job themselves."

In both situations, these mothers are unable to reconcile their own childhood realities with the decision to place their children in the very environment where their own abuse occurred. There is intense anxiety that their own children will experience similar abuses. One of the mothers says:

And then my mom had [girl's name] and then my brother, so two beds. It's a one bedroom with a little office space. So, she had the two crack heads, my three kids all at once, and this is an okay place to live? Plus my own sexual problems in the past with my parents - both abusive, both had alcohol related problems, and my dad with his sexual problems. And they thought I've got problems.

When F&CS places children with family members who may behave in abusive ways, the gap between the mother's realities with respect to familial support and the interventions of F&CS is pronounced. For the mother who speaks in the above citation, the outcome of the placement is devastating. She believes that her children are abused during the placement. Somewhat ironically, she chooses child welfare language to describe her feelings about the outcome of the placement. She says: "I just felt like I failed to protect them in some ways...I think they never should have went through that."

Mothers who experience the out-of-home placement of a child appear to have varied experiences with familial support. Eight of the mothers that we interviewed clearly describe supportive familial relationships; six describe minimal supports; four describe conflictual relationships with family members; two describe support from some family members, but conflictual relationships with other family members; ten make no mention of family support.

For the ten mothers who do not mention family support, it may be reasonable to suspect that familial support has little impact on their daily living realities. During the course of the interview process, mothers were consistently encouraged to describe

supportive relationships in their lives. If in fact, the mothers in the latter category do receive some forms of familial support; its omission suggests that it has little bearing on their daily living realities. Overall, the familial supports for the mothers in our sample tend to be present in limited ways, or unavailable.

Implications for Intervention

The daily living contexts of mothers who experience the out-of-home placement of a child are fundamentally different from the contexts of privileged mothers. Despite these differences, privileged and non-privileged mothers share many of the same concerns for themselves and for their children. Non-privileged mothers are concerned about providing economically for their children and about locating suitable neighbourhoods in which to live. They are cautious about community involvements, but desire positive influences in their lives. They desire supportive connections to family members, and to friends, both for themselves and for their children.

Mothers make decisions about their lives and about their children that are informed by their daily living realities. Although privileged and non-privileged mothers have similar concerns and desires, non-privileged mothers are constrained by social and economic conditions. Their choices are limited. They have little control over basic life circumstances, such as where to live or how to earn money. Lynn's narrative stands in stark contrast to the other narratives. She has access to economic resources, which allows her the freedom to make decisions from a range of choices about employment, surroundings, and relationships. On the other hand, non-privileged mothers encounter profound barriers when making decisions about employment, neighborhoods, community involvements, and relationships.

Despite profound barriers, non-privileged mothers find ways to survive financially in climates where social assistance is minimal and unpopular. Poor job conditions tend to lead to significant demands on the time and the energies of non-privileged mothers. Limited time, energy, and money may be significant barriers to achieving parenting standards that are acceptable to social workers and policy makers.

Non-privileged mothers experience challenges in their lives as they attempt to secure the financial resources to meet basic needs. Sometimes mothers do require very concrete forms of assistance, whether that is money, assistance to find housing, or in-house services, such as housecleaning. In one of the earlier citations, a mother refers to a former worker who helped her by supplying food vouchers. Although the concrete needs of mothers were persistently described in all of the stories, this example of the provision of a food voucher appears to be the only example of concrete assistance offered by child welfare workers. In these stories, mothers are preoccupied with very basic survival needs. These needs are essentially unacknowledged by the child protection system.

In addition to concrete forms of assistance, mothers also require interventions that are discreet and respectful of their needs for privacy. They live in neighborhoods where privacy of any sort is difficult to maintain. Mothers worry about what neighbors will believe about their involvements with child welfare services. Child welfare treatment plans frequently require increased community involvements, both for treatment purposes, and for the purposes of increasing the number of professionals monitoring the child's well being. However, the stigma associated with child welfare involvement may, in itself, cause mothers to become more isolated within their neighborhoods. Interventions

that are mindful of a mother's need for privacy demonstrate a level of respect that enhances positive and cooperative working relationships.

Also, within the daily living contexts of some mothers who experience the out-of-home placement of a child, there is an absence of family members, and oftentimes friends, on whom to rely for parenting relief. This is particularly prevalent in the stories where children exhibit behavioral problems and in the stories where mothers have strained relationships with extended family members. This creates conditions where mothers do not have sufficient opportunities for a reprieve from difficult behaviors or simply a break from childcare routines. Again, the value of a concrete form of support such as childcare services, or respite care, must not be disregarded.

The emotional support that is frequently found in family networks may not be available to the mothers who experience the out-of-home placement of a child. It is also clear that there are often minimal community involvements. Community involvement, as is emphasized in Lynn's story, leads to friendships, which are often important sources for emotional support. When support from family and friends are unreliable or unavailable, mothers need relationships that are characterized by empathy. The value of a relationship where collaboration and support are central must not be underestimated.

C. The Nature of Adversity in Mother's Lives: Facing Hurdles

The experience of adversity appears to be so commonplace that it is both an expected and an accepted part of life for mothers who experience the out-of-home placement of a child. One mother uses a metaphor that seems to be representative of the stories of the mothers who experience the out-of-home placement of a child. Her story is filled with poignant descriptions of childhood abuse, addiction problems and experiences

of abuse in adulthood. The interviewer asks “is there anything else that we simply can't miss in doing this story about your life before we move on?” This young mother responds: “it's just a bunch of hurdles ... there's still probably going to be a thousand more hurdles in my life. So I'll still get over them, just like an Olympic athlete or something”. This is a common conceptualization of the barriers found in their daily living contexts of mothers. Another mother says, when reflecting on the birth of her child, “that was like my one good thing the last five years that's happened and anything else has just been horrible for the last five years. It's just been obstacle after obstacle to overcome”.

The hurdles are an expected part of life. Mothers live with no expectation that the hurdles will end. A mother of a teenage girl says:

I don't try to force anything ... God only knows what next week's going to bring. I could not have told you in January that I was going to go for surgery...I wonder what this year is going to be like? Well this year, my daughter was in a mental hospital [on] New Year's Eve because she was threatening suicide. And I'm sitting there at a party going, as long as next year's better than this year, that's all I care about.

Another mother speaks of the pervasiveness of life's hurdles saying, “every time I turn around, I'm getting pushed down.” Another mother speaks about a process whereby she was able to start feeling stronger in the face of some hurdles, only to have other hurdles arise. She says:

...it was just a slow process, you know with [husband] and the kids. But then, I went from getting stronger to - I got weak again, and I just about broke down.... Totally different obstacles.... I had a tendency at that point to think why me, or how come it's always me.

At times, the hurdles are overwhelming. Many times, mothers become discouraged.

Despite the pervasiveness of life's hurdles, and although many of the hurdles represent major crises, the stories are told with a certain emotional detachment and often with a marked absence of commentary. Many of the mothers identify an emotional struggle that accompanies life's hurdles, although these emotions are seldom described in detail, and only very rarely demonstrated during the telling of their stories. Perhaps, the matter-of-fact presentation occurs because hurdles are a normalized part of a non-privileged life.

Although the literature has much to say about the problems of mothers who experience the out-of-home placement of a child their resilience and their ability to negotiate hurdles, in the midst of extreme pressures remains unrecognized. Mothers do experience many problems, but these mothers are not mired in a state of helplessness. The mother, who provides us with the metaphor about hurdles, emphasizes that there "will be a thousand more" and that she will "get over them, just like an Olympic athlete." Another mother says: "I'm one of those people that you don't expect to go somewhere. And it's nice ...yes, I did survive. I was given a shitty life, but I managed to get out of it." This ability to be triumphant in the face of life's hurdles is a persistent theme in the stories that the mothers tell about their lives.

The narratives are filled with stories of women who face adversities, but find the resources and the resolve within their own contexts to cross the hurdles of life's adversities. Addiction and violence in intimate relationships as well as various forms of mental illness are three common hurdles that impact the lives of mothers who experience the out-of-home placement of a child. The following section examines these three hurdles through the eyes of the mothers

Abusive Relationships

The women that we interviewed shared many stories about the relationships in their lives. Many of the mothers described their most intimate relationships as non-supportive and abusive. Many mothers spoke of feeling betrayed when parents, boyfriends and husbands abuse them. The pervasiveness of the abuse toward women who experience the out-of-home placement of a child is startling. Eleven of the women that we interviewed were victims of childhood abuse.⁷ Nineteen spoke of violence in their intimate, adult relationships; 14 of these women identified the fathers of their children as being one of their abusers. Three women identified having suffered abuse in more than one intimate, adult relationship.

The following quotations have been selected from the many stories that women told about abuse. Two of the 11 women abused in their childhoods made reference to abuse and provided only a few details. There are very painful accounts of childhood abuse in nine of the narratives. One woman says of her childhood:

It was traumatic. I ended up moving out at 14 and living off my dad and that was like the most traumatic thing I ever had to go through was 10, 14 years of being beat up. I don't know how far it went for, that's all I can remember. And my life was always being pushed around, or beat up, or name called...and nothing was ever done right. And my mom used to say I was the black sheep of the family.

Another speaks of her mother's abusiveness:

You know, she would be very violent and my dad...would be begging her please, stop, stop, you're going to hurt her. You know? And she would give me bloody noses and black eyes...One time...a gym teacher walked in and she saw bruises all up and down my leg when mom had beat on me. And so I made some stupid excuse about falling down the stairs and the gym teacher didn't believe me. But when they confronted my mom, she just had this show that she was able to put on. Everybody thought she was

⁷ 10 women who provided interviews did not speak about the circumstances of their childhoods.

just the most perfect person and the perfect mother...I knew at a very young age that it was no good to tell anybody because it usually just made me look bad.

For many the violence of childhood extends into adulthood. Ten of the women that we interviewed who described childhood abuse also became involved in abusive intimate relationships during adolescence or in young adulthood. In the stories of mothers who experience the out-of-home placement of a child, mothers who are exposed to domestic violence express feelings of powerlessness about the abuse in their intimate relationships. This woman speaks of becoming involved in an abusive relationship because she needed to escape the abuse in her parent's home. In order to escape, she accepted the option presented to her. She says:

I just didn't care anymore...I got married at 18 to this guy I didn't even know. And that lasted like two weeks and he beat me up pretty good all the time. So I left, and then he found me again and of course I went back and tried it again and he did the same thing again, except we were out in public and the cops got him and took him in....And his mom used to watch him beat me up, and didn't care.

Powerlessness as well as the absence of options, prolongs violent relationships. One woman says:

I worked when I was single and this girl came in and she was with a guy and she was black and blue, and I said that would be the day. I would be out so fast. And then I got married and I'm sitting in the car, he's just beating me...A real beating I got when I was five months pregnant... I sat in the car and I'm going oh my gawd. I'm out of here. But where am I going to go? I've been married for like six months. I was five months pregnant. My dad's going to say, 'I told you so.'

Another woman says:

I was hospitalized. He beat me up so bad one time that he broke all the blood vessels in my eyes and my own daughter, was afraid of me and she thought I was a monster, very, very abusive situation. It's one of those things you'd say I'd never let that happen to me but you don't realize it's happening until you're already so deep into it.

Often the absence of options for mothers, and their persistent feelings of powerlessness, prolongs the experience of abuse. Trapped in this cycle, women face incredible challenges as they attempt to cope with the pressures that violence causes in their lives.

Addiction

Issues related to drug and alcohol addiction also figure predominately in the stories of mothers who experience the out-of-home placement of a child. Eighteen of the 30 mother's lives have been impacted, at some point, by the problem of addiction. Some mothers were born into families where there was chronic substance abuse by one, or both, parents. Some developed their own addiction issues in adolescence or young adulthood, or became involved in intimate relationships with men who are addicted to drugs, or alcohol, or both. The 'problem' of addiction is well recognized in child welfare contexts. It is also a clearly defined hurdle in the life stories of mothers who experience the out-of-home placement of a child.

Eight of the mothers who gave interviews share stories about their childhood experiences with addicted parents. A mother speaks of the realities of growing up in a home where both parents are alcoholics:

I remember she [referring to her mother] came in my room when I was in grade seven, I think. We were at the cottage and her and my dad were drinking and had a fight. She comes in my room and beats the hell out of me because it's all my fault they got married. You know, it was just bizarre behaviour. Like he pissed in her face. It was just bizarre growing up there...All my friends and just ones that knew me, they all knew it. Our house was the one where there was yelling, fighting and they give booze to anybody.

Another mother speaks of similar realities: "they fought all the time when we were kids, and drank all the time ... I witnessed a lot of stuff my dad did to my mom". Another

woman describes how her mother's long-term addiction problems have contributed to their fractured relationship. She describes her mother in the following terms:

...for one she likes to drink; for two, she's a drug addict...she likes to smoke her weed and I think that's what's fried her brain cells. And now, she's just losing her mind ... there's nothing to her.

When asked about her feelings for her mother the interviewee responds, "I don't feel nothing for her".

Six of the mothers who gave interviews spoke about a personal struggle with either drugs or alcohol. Of the six women, four spoke of abusing alcohol, one of drug addiction and one of addiction to both drugs and alcohol. Recall Tanya's words about the complications in her life as she attempts to cope with a drug problem, and with her husband's alcoholism. Another mother says:

I was drinking. I had problems with drinking around January or February of last year. I was drinking I fell asleep, forgot to pick up [child] from school, and, quarter after five, [F&CS] is knocking on my door ... Like, I thought it was night time ...I was so out of it A lot had to do with my upbringing. Like, my mom was an alcoholic.

Two of the mothers who have their own addictions also became involved in intimate relationships with men who have addiction issues. The lives of 12 women are impacted when they became involved in relationships with men with addiction problems. One woman says:

I was in a common law relationship for ten years...the relationship was not a good relationship. I have an older daughter that was before that relationship. My youngest daughter is from that bad relationship. Um, I'm normally a strong person. I know I can handle a lot of things. I know I'm a very patient person. Um, I needed to end that relationship with my youngest daughter's father. It was dramatic. It wasn't having a good effect on myself, or my children. He was an abusive man. He was a dope smoker. He was into drinking a lot.

Another mother says: "he was always out drinking and he didn't care about me anymore.

He just cared about going out. He didn't care about [daughter] ... he never really has.”

Mothers acknowledge considerable pain when their most intimate relationships deteriorate because of sustained abuse of drugs or alcohol. Recall how Tanya feared a future where her partner's alcoholism would inhibit the relationships and the lifestyle that she dreams for herself and for her daughter.

Maternal Depression and Other Problems with Emotional Health

Clearly, the emotional impact of conditions of non-privilege, as well as experiences with addiction and violence, intertwine with psychological difficulties. There are descriptions that suggest that mothers do experience some of the psychological problems found in the literature and identified in Part I of this discussion. In this study, the effects of depression were most frequently described.

The barriers that non-privileged mothers face when attempting to secure employment may cause mothers to experience feelings of stress and depression. This mother speaks of how employment instability intertwines with psychological difficulties:

My unemployment ran out and I started getting depressed because I wasn't working and I couldn't go out and buy this for [son]. It seemed every job I got, they closed the place down and moved. To this day if I put an application in somewhere, all the places I used to work are not here no more. So which is not a benefit. But nobody wants to work and have a job as bad as I do.

Sometimes, other conditions of non-privilege such as past traumas interfere with psychological functioning. Clearly, this is prevalent in situations where mothers have experienced abuse in their own childhoods. Additionally, traumas experienced in adulthood may also be the catalyst for depression, as the following mother describes:

Well, because November 15th, '93 rolls around, it's hard. That's when he [referring to husband] got murdered. It's just hard when that date rolls around. I feel depressed. So, I try to keep myself busy that day. I try not

to think of it. It's hard.

For the mothers who describe abuse in their intimate relationships, there is a connection between the abuse in the relationship and feelings of depression. Notice this mother's vivid descriptions of the impact of abuse on her psychological functioning. She says:

We weren't quite together for a year and I got pregnant. And when I was six months pregnant I was ready to leave him because he had beat me. And after being away from him for a week he sucked up to me big time and told me that 'I will not hit you again' and 'I apologize for what I did' ...I dragged it out for another eight and a half years after that...I was miserable...I was stressed out. I was looking very old. I was not healthy. I couldn't function. I was sick all the time. I wasn't taking care of myself. I didn't have energy. I just was continually miserable. I was depressed, big time depressed. As soon as I got rid of him though, that changed. I had lots of energy and everything else.

When abusive partners accuse mothers of inadequate parenting because of psychological problems, the feeling of betrayal deepens, as does the feeling of injustice if professionals fail to comprehend their realities. This double jeopardy creates an untenable situation for the woman in the following quotation. She says:

So then he'd [referring to partner] decide to tell our family doctor that I was depressed. So we went to the doctor's, and she said, 'do you feel tired'? My god, I'm a mother, wouldn't you feel tired?...And she's like, well [partner] has a feeling that you're depressed. I'm like what? She said 'do you cry a lot'. And I said, 'No, I cried maybe the first three months of my daughter's birth cause she was sick, but I'm not depressed'. And she said, 'well I'm gonna give you these pills and you're going to take them everyday'. So I took them the first day. I threw up. Every time I took them, I'd throw up. I said, 'I don't wanna be on these, I don't need to be on these'...And I was never depressed. I think, if anything, I was unsatisfied in the relationship and was only unhappy when he was around...And I told him if you started treating me like I should be treated, then I'll do what you want...Like I'm a human. You can't come home drinking every night. You have to help me with our daughter. You have to act like you care about me again like the first three months of our relationship.

In this study, many mothers experienced relationship instabilities, betrayals, and injustices. Many experienced the emotional strains that accompany these difficulties. The above mother illustrates how professional interventions that are incompatible with the mother's view of the problem, may not be embraced as viable solutions.

Mothers who contend on a daily basis, with a child who has behavioural difficulties may eventually experience depression. As this mother describes, there is an exhaustion that sets in when the behaviours continue to escalate:

I guess I sort of had a bit of a mental breakdown...and just, ended up just totally and emotionally a wreck. And it had been a situation when I had asked (daughter) to watch her brother for me...I was angry. The kids were fighting. And I was so angry. I thought, oh, I've got to leave the house because if I don't, I'm going to lose it. I don't know why she [referring to daughter] did this, but, she had been trying to scare her brother, and he was younger. And, at one point, she had threatened him with a knife. She said, 'I'm going to cut your fingers off.' And he locked himself in the bathroom. And, he was screaming...He was terrified, and he ended up running to the neighbours, and this was...well, it happened in wintertime, because he had nothing on his feet...Every time I would turn around, she was getting on my case. She was fighting with me. She was lashing out at me. And, it probably got scary for both of us 'cause I was at the point where I couldn't take it anymore. I was like, something's got to be done here.

In this study mothers who parented children with behavioural problems and diagnoses such as ADHD and ODD often, reported feelings of exhaustion and powerlessness. In these situations, mothers such as Wanda expressed the inability to continue to cope. This inability often marked the onset of professional help.

In addition to depression that stems from conditions of non-privilege, and the strains of caring for a child with behavioural difficulties, some mothers experience psychological difficulties that appear to have an organic basis. This mother begins her story with descriptions of psychological difficulties of post-partum depression and

schizophrenia:

I was diagnosed with post-partum depression in 1993 with my first child. Nobody, my family didn't know about it, like they didn't know about the illness I had so they took me to the hospital...When they first found out I had it, they were all upset...I always have to be on medication for life, forever. I was hearing voices, I thought, like my mom gave the medicine to my baby and I thought it was going to kill her. I was so scared. I thought she was going to kill the baby. I was having thoughts that were not true. I heard voices. I thought people were talking to me on the TV. I don't want to go out, I don't want anything to do. I just want to be in the house because I'm afraid. And I look around and I feel strange.

Clearly, mothers experience depression when the conditions of non-privilege are present.

When the conditions of non-privilege are found in combination with the strains of parenting a child with behavioural problems, or in combination with psychological problems that have an organic basis, such as schizophrenia, there are additional pressures for mothers. Although depression is not confined to non-privileged women, it is noteworthy that Lynn does not use expressions that are consistent with depression or other psychological difficulties, despite the challenges that she faces.

D. Crossing the Hurdles of Addiction, Violence, and Psychological Difficulties

This section of the discussion explores how mothers respond when faced with adversities. What is not consistent between the interviews with mothers who experience the out-of-home placement of a child and the child welfare literature is the response of mothers to the problems that they experience. In accordance with descriptions of biological mothers in child welfare literature, we expected to find mothers mired in helplessness, with minimal prospects for change (see for example, Fernandez, 1996; Maluccio, 1981). Instead we found mothers who actively manage hardships. In the stories of mothers who struggle with addiction, violence and psychological difficulties there are frequent statements about the risks to themselves and to their children. In many situations mothers are actively involved in negotiating these hurdles by combating the use of alcohol and/or drugs, exiting violent relationships, and finding a means of addressing psychological problems.

Mothers make choices about managing their problems that are congruent with their daily living realities. From the vantage point of their own contexts, our data suggests that mother's rely on four types of strategies that assist them in crossing hurdles. These strategies include: wanting a different road, forming a positive relationship, changing surroundings and acknowledging triumphs.

Wanting a 'Different Road'

Biological mothers appear to find an inner resolve that enables them to make decisions to stand against the influences of addiction, violence and psychological difficulties and to arrange a way of living that is free of these influences. This resolve appears to mark the beginning of the process of change. Mothers speak of inspiration for

this resolve in many different ways. Some mothers acknowledge the pain of growing up in homes where their own parents were violent and/or addicted:

My mom was an alcoholic... You see the way my mom lives, is the same way I'm going, but I don't want to take that road. I want to take a different road... I want to take the non-drinking one.

These painful memories inspire mothers to create circumstances that are different, and often the polar opposite, from those of their childhood. This desire for a 'different road' is a persistent theme in the stories that mothers tell of their experience.

The pain that mothers experience when their problems interfere with relationships may also inspire the desire for a different road. A mother who had developed a very serious drug habit speaks to her own inspiration for wanting a different road. She shows the interviewer photographs and says:

I look at all these pictures. This is my mom. This is my grandmother. These are the two people I've hurt the most, not to mention my children, my son Doug, my daughter, Alisha, my daughter Stacey, and Ashley. It's like a little shrine. And I just look at all these things, you know? And look at me, look how horrid I look. I was on drugs... And I just deserve so much more. So, this is what's stopped me from getting high.

For this mother, the visual reminder of a lifestyle where the problem of addiction eroded important relationships helps her to remain on her 'different road'.

Sometimes the starting place for wanting a different road is linked to the psychological healing from trauma, what this mother describes as starting to care for herself again: She says:

Five guys jumped me there [in an alley] and did their thing... They beat me up pretty good, and they raped me of course. I learned how to deal with that. Before I couldn't deal with it. Just remembering it, but... [I] learned it's not my fault. For a long time I was blaming me, and I didn't care what or how I was being treated by other people. Like I was being walked all over for a good two years. But now I'm okay with it... you learn to care about yourself again...

Resisting exploitation in relationships represents this woman's 'different road'.

The most common source of inspiration for mothers comes as a result of becoming a mother. They feel responsible for providing their children with a different life. The woman who was gang raped continues her story by describing the strong bond she feels for her daughter. She says of her daughter:

I lived and breathed for her. I still do... there's a reason I'm still here. There's a reason those guys didn't kill me in that alley. There's a reason for everything. I looked at her [referring to daughter] and said you know what? We're going somewhere...

She is able to reframe her understanding of the attack once she becomes a mother and embrace a desire for a road that is 'going somewhere'.

Another woman speaks of her determination to make a better life for her children than she was given in her own childhood. She says:

My son asked me about three months ago what my childhood was like, and I had to leave the room. I went to the bathroom and started to cry, because I couldn't think of anything good to say to him. And I thought, this is not going to be coming out his mouth. He's not going to stop when someone asks him that. He's going to be proud.

Mothers who speak of painful childhood experiences repeatedly express this determination.

This woman speaks of how the importance of protecting her child helps her to find the inner resolve to escape the pattern of violence in her life. She says:

In the end...it was because of my daughter. I was scared for my daughter more than for me. I could handle it. I had been beat at that point for two years. You know, I'd survived it but I knew that she couldn't survive it.

Another woman lives a violence-free life by choosing not to cohabitate with a man. She speaks of her need to protect herself and her children from the possibilities of further

abuse: She says:

I'll never be controlled by another man. I think it's because I've been through two abusive marriages, physically and mentally; so, I...am very protective of my children and, protective of myself, I guess.

Children inspire mothers to want a 'different road'. In the process of crossing hurdles, the importance of the connections between mother and child is paramount.

Forming a Positive Relationship

Mothers know that wanting a 'different road' is only a beginning place in the process of change. They also require external supports that occur within the contexts of relationships and of surroundings. As previously illustrated within the context of the daily living realities of non-privileged mothers, these supports are not necessarily available or reliable. For these mothers, it is not an expectation that friends and family will rally in support of a decision, for example, to end substance abuse or to leave an addicted or violent partner. Sometimes, however, support happens unexpectedly as the following mother describes:

I met (boyfriend). And (boyfriend) brought me back to his house. And I had seen everything and I just could not believe what this man had. And he literally looked like a T.V. show to me. He literally did, and like, it was just unbelievable. It was a storybook and I was the princess, you know. And I feel like a story, yeah, I feel like I'm a princess in a castle. And I looked at him and I thought, we're the same age. Look at him and look at, look at his life and look at my life. I want it and (boyfriend) offered it to me.

For many of the mothers, the importance of finding someone who will love them should not be underestimated. Like the woman in the above quotation, someone who will offer love is a rare, almost unexpected, find. One interviewer asks a mother about why the relationship with her boyfriend is different. The mother seems to be surprised by the question. She responds: "he loves me. He truly, genuinely loves me for me, for who I

am. So, he loves my strengths. He admires me. How can I not love him?"

Many times mothers know that friends and family cannot or will not provide the necessary support. In these situations, counsellors have extremely important roles. One mother says:

...strangers were more helpful than family...when I go to my counsellor, we talk, and, I feel good, feel like someone's trying to, give me some advice and stuff... [The counsellor is] helpful, like, he tells me to open up and talk to people, and...then they can understand how you're feeling and stuff... 'Cause he said if you don't open up, then nobody knows what you're feeling or thinking, or what you're going through.

Another mother speaks of the importance of a supportive counselling relationship:

I went to counselling for the last year, year and a half actually. And I had a really good worker who saved my life. Like she was the greatest person I ever met. And she helped me work on that [in reference to the abuse] and work on learning to trust people again...

Within the context of supportive relationships, mothers can begin to rebuild trust and develop the skills that are vital for the nurturance of positive relationships.

Changing Surroundings

Mothers who experience addiction problems, or those who experience the ill effects of addictive and violent behaviour of boyfriends or husbands, recognize the need to change their surroundings. Although, the term 'transient population' is often used in disparaging ways to describe mothers who experience the out-of-home placement of a child, it is important to realize that changing environments is key to overcoming adversity. In the case of women with limited financial resources, they are often forced to move from one situation to another, sometimes without the hope that the change will be positive.

However, the need to change environments remains. And remember Tanya who

goes to considerable lengths to change her surroundings by getting rid of phone numbers, eliminating friends who use drugs and moving to a small town. The following mother, whose addiction to drugs had led to a life on the streets, speaks of the distance between her new, drug-free, lifestyle and her previous lifestyle:

...people that have seen me downtown, they do not recognize me. Like, I walk up to certain ones... you still tend to still keep an eye out looking for them. You know, checking to see if they're okay.

Another woman describes her unique approach to changing her surroundings in order to manage her psychological difficulties. Whenever the depression that stems from her own childhood abuse arises she tries to respond by making something beautiful. She says:

Every day is a new beginning for me. I don't dwell on something. So at night when I start letting my mind wander and I start wondering why the world is the way it is, why I got brought up the way I did, I pick up a pen and paper, I write down the negatives and positives of everything. And then I'll think of a project, something that's been neglected by someone else, and how am I going to make that beautiful, and that's my memory of how come I don't feel depressed a lot, because I have all these things to put time into to make it look beautiful. And I can look at certain things in my house right now and know how I was feeling before I started it and I usually get up from the table, walk around the apartment, kiss both my children, and sit back down and think how wonderful life is.

Changing surroundings, as evidenced by this woman's story, does not always involve physical relocation.

However, in situations where women are involved in intimate relationships with violent men who often abuse drugs and alcohol, changing environments often happens in response to a crisis. Many women speak of leaving abruptly, although the need to end the relationship has been acknowledged for some time. This mother speaks of knowing that she must leave, but her resources for doing so present a major barrier. She says:

...eventually, after the marriage, within weeks, like maybe two weeks, we came back to [this geographical area] and that's when I knew...[that] I had to get out. I had to get away from this man. And the only source of income I had was baby bonus...I ran.

Planning requires resources. The absence of opportunity to escape the ill effects of violence or addiction should not be confused with unwillingness.

Conquering Hurdles and Acknowledging Triumphs

Crossing over the hurdles of addiction, violence and psychological difficulties are major accomplishments that some mothers recognize in their lives. Their symbols of accomplishment come in many forms. Symbols of triumph are informed by the daily living contexts in which mothers understand their lives. One mother prefaces her narrative with:

I'm a recovering drug addict. That's one of the best things...Drugs aren't the only thing on my mind. It's not the first thing I think about...You know, I can wake up and go gee, what am I going to do today? Before it was oh, gee, where am I going to get the next hit, you know. That's what's nice. It's nice having money in your pocket when you go out.

This mother's symbols of triumph are the relief from all-consuming thoughts and the ability to maintain pocket money. Symbols of triumph consistently appear as announcements in mothers' stories.

Mothers are able to see symbols of triumph in the context relationships with children, family and friends. Their ability to gradually build more supportive and loving relationships is an important symbol in acknowledging a hurdle that is already crossed.

The woman above speaks of new relationships with her children. She says:

I've got a much better relationship with my children. They're more open with me...well, my oldest one, she'll be 12 next month, she's very comfortable in talking to me about anything and I love it. I really do. Like it's not just a mother-daughter thing, it's a friend thing...It's really nice and it's something I've always wanted...she realizes that, you know, her mom's not this messed up person anymore and her mom can actually sit down and talk with her these days and not rush her out the door to go play with her friends or give her money to go to the store...we actually enjoy each other's company. She's not just another mouth to feed, you know, she's a living and breathing somebody. You know, she's a special person.

Another mother acknowledges her changing relationship with her husband as they seek to improve communication skills and develop, non-violent ways of resolving conflicts. She

pursues her goal of reuniting her family with determination:

Like, me and him didn't communicate very well. Like, he'd do all the talking, pretty much, and if I gave my opinion, I was being a bitch, you know? It's like, my opinion didn't matter, but, it does. We're learning it, slowly but surely...I'm going to continue my counselling, hopefully, you know, get over my problems, and my drinking and stuff like that. But um, my overall goal is for us to be a family again, but a better one than before. And we're not going to quit until we do.

Another woman speaks of mending a fractured relationship with her mother as a symbol of triumph over addiction:

My family totally gave up on me. They kicked me out when I was 12 but now I'm just starting to get back in with my mom. Like I'm starting to get back into like a good relationship with her. Starting, like it's getting better, but I think it's too, because she knows that I'm not on drugs anymore, she knows I've cleaned up.

Descriptions of re-connected relationships are persistently cited as evidence of triumph over adversity.

Improved relationships are not, however, the only symbols of triumph.

Sometimes mothers marvel at their own ability to accomplish what seemed like the impossible. This mother speaks of her courage to give birth to children and her subsequent ability to parent. She says:

I never thought that I could be a parent. I didn't have a very good upbringing with my mother, so I thought I was kind of hesitant to have children. I thought, well, it's a big responsibility, you know, I didn't think I could handle it. But as the time went on...it just fell into place.

These events symbolize her triumph over the effects of childhood abuse.

Sometimes the triumphs are acknowledged in ways that privileged mothers might take for granted. This woman says:

I've been off drugs maybe a year and a half. It's been about a year in a half, almost two years since I've been in jail. I've held down jobs, real jobs, real paying jobs...The clothes on my back, I bought. I did not steal

them. You know? Even this cigarette [that] I am smoking, I paid for it. I did not bum it, and I did not go and steal it.

Similarly, new freedoms emerge now that she lives abuse free. She says:

I was constantly looking over my shoulder and I don't do that anymore which is very nice, you know?...To walk down this street alone I probably would have looked over my shoulder 20 times before I got to a stop sign. Whereas now, I won't even do it. Like I've got no need to know who's behind me like, [pause] And thinking about it has got that nervousness back, but I know I don't need to feel like that anymore...I'm so glad, that it's over with. It was just horrific.

Escaping abuse, and establishing an independent lifestyle, is a triumph for a mother who suffered childhood abuse. She says:

...for me to have gotten out, gotten an apartment, gotten through nursing.... No one drove me to the college, you know? And like my childhood was really, really terrible, you know? I got out...it wasn't like I was running the streets. I think I did pretty good.

Although mothers who have privileged lifestyles are accustomed to having pocket money, experiencing positive, abuse-free relationships, or attending post-secondary education, the ability of the non-privileged to break down the barriers that permit such triumphs must not be overlooked, or not acknowledged.

Implications

Within difficult socio-economic circumstances, non-privileged mothers often experience unstable relationships, where they are vulnerable to violence and other forms of abuse. In many stories traumas associated with abuse and betrayal have persisted since childhood and continue to impact the mothers' mental health. The impact of these conditions intertwine, excluding mothers who experience the out-of-home placement of a child, not only from the benefits afforded to privileged mothers, but from the opportunities and options to escape this lifestyle (Fernandez, 1996).

Despite the many barriers and limitations imposed by these conditions, non-privileged mothers do overcome hurdles, such as violence, addiction and depression. These narratives call attention to processes by which mothers attempt to make sense of their lives and manage their adversities. Their strategies are consistent with the limitations afforded to them by their non-privileged status. Child welfare workers must recognize the resourcefulness and resolve of mothers who face these forms of oppression, and develop relevant and meaningful strategies that mitigate limitations in their lives.

The daily living contexts of biological mothers are discounted when child welfare authorities view mothers as powerless, and responsible for failing to protect their children from the effects of violence. The strengths and resilience of mothers in resisting violence in their homes remains unacknowledged. Dorothy Roberts (1999) writes that:

...blaming mothers for harm to their children regardless of the social context...allows the state to focus its attention on regulation mothers rather than transforming the social order. And it cuts off support for alternative visions of mothers' relationships with their children (p. 47).

It is critical for child welfare workers to recognize that when mothers want a 'different road', they are motivated to make changes in their lives. The motivation is grounded, not in court ordered conditions, but rather in the daily living realities of mothers where the desire for improved relationships and particularly the desire for improved conditions for their own children are strong motivators. A beginning place in the provision of meaningful help is to engage mothers in discovering and embracing the 'different road'.

The importance of changing surroundings as a means of managing adversity persisted in the mother's stories. If child welfare workers are to assist in meaningful ways, they must be open to the possibility that changing surroundings is evidence of a

mother's ability in facing adversity, rather than evidence of her instability. In acknowledging the need for new surroundings, new possibilities are created for workers in engaging with mothers in finding solutions to managing adversities.

Mothers who are facing adversities emphasize the importance of a helping relationship that is supportive and encouraging. Many of the mothers place a high value on the merits of counselling processes. They speak of the importance of feeling as though they are being heard, and that their living circumstances are understood. Unfortunately, the counsellors that mothers speak about tend not to be child welfare workers, but rather social workers in other social service agencies. If child welfare workers are to provide meaningful help, they must cultivate supportive relationships with mothers whereby they can develop, not only an understanding of daily living realities, but also an understanding of how mothers can be supported in overcoming adversities in ways that are consistent with these realities.

Conclusions

The challenge for systems of child protection is to acknowledge the daily living realities of mothers and to intervene with them in ways that are in accordance with their realities. The challenge is to be relevant. This mother speaks to issue of relevancy when asked how the child welfare system might be improved. She says:

To have social workers that have already been through it. I think I would be an awesome social worker because I've been through it. I know what it's like on both sides of the fence, for real. And I think that's what they need is people like that because what is it going to teach you? Sure there's loads of good books out there and the education is awesome, and some of them really know their stuff, but a good 80 percent of them don't...Like they're just fresh out of school, happy to have a full time job, and they think they're doing a world of good...they really don't have a clue.

In this study, 56 percent of the mothers whose children were apprehended had already secured the return of their children to their care, while another 25 percent of mothers anticipated that this event would be imminent. Only 13 percent of mothers whose children were apprehended were no longer hopeful about the return of their children. Given that a large number of apprehended children do return to their mother's care, it is important that mothers are able to overcome adversities.

When child protection systems acknowledge hurdles and support, when possible, mothers' methods for overcoming them, they play a role in assisting the well being of mothers and their children. When child protections systems are unable to provide relevant assistance to mothers, the risk is that the helping system becomes another adversity for mothers to overcome. Non-relevant child welfare interventions may function to increase, rather than to alleviate, stress on already burdened mothers.

It is challenging to appropriately manage the biases that flow out of a privileged context, and those that are created and reinforced within the context of child welfare. Clearly the mothers that you might expect to meet from the review of the mainstream child welfare literature, and the mothers who provided interviews for this study, differ in many ways. The literature's predominately negative portrayal of problem-saturated lives focuses on the inabilities of mothers. This focus is reinforced by approaches to child welfare that utilize the risk paradigm where a pathological view of those being served is the end result (Wharf, 2002). The daily living realities of mothers, and the ways that they are able to manage adversity in their lives are obscured. This portrayal of biological mothers is neither accurate nor fair. The result is a bias within the system that perpetuates a view of mothers as helpless and hopeless.

Part III: The Impact of Out-of-Home Placement on Biological Mothers

Before I had put (my stepdaughter) in foster care, I really believed in our children's social system. I no longer do. I think it's a system that needs to be looked at hard. I think it's a system that needs to set up and be what they say they are - in the best interest of the children.

The second major section of this discussion endeavours to take a “hard” look at the realities of out-of-home placement for biological mothers. Mothers who have experienced out-of-home placement have intense feelings about this event. Depending on the crisis that prompted the involvement of F&CS, biological mothers may be emotionally devastated or they may feel a certain sense of relief in response to the placement event. Given that it is one of the most intrusive interventions available to child welfare workers, few mothers are ambivalent about its effects. The circumstances surrounding the placement event dominated the mother's narratives when involvements with F&CS and/or Children's Mental Health Services were explored.

A: The Stories of Three Child Welfare Mothers Continue

In accordance with the aim of capturing the wholeness of experience, the narratives of Lynn, Tanya and Wanda continue in this section of the discussion. Each of these mothers provides us with an account of their experience of the placement event. The ensuing analysis of these narratives, as well as the narratives of the other participants, focuses on how mothers, from their own contexts, make sense of the placement event in their lives.

Lynn: No More Choices: When Foster Care becomes the Last Resort

You will recall how Lynn, finally establishes her family in a community where the neighbours are supportive. As she is settling her father's estate Lynn becomes concerned about her son's behaviour. On the advice of her pastor, Lynn seeks the help of

a Christian counsellor. Law obligates the counsellor to report James' behaviour to the child welfare authority. Lynn prefers not to discuss the specifics of this behaviour. She is concerned that this information may compromise her confidentiality. Lynn describes how it was helpful to talk with the pastor. She says:

At this point, I've got no parents...he's an older gentlemen. He was more of a father. You come across this huge, massive problem, and you don't know how to deal with it. So we really needed somebody to deal with it, and say, 'you need to do this, you need to do this'... he steered us to very good counseling which was a huge support.

Lynn also describes her reaction to the meeting with the Christian counselor:

It really opened our eyes, as far as the whole process...And [she] advised us, quite frankly, that this wasn't, a two or three month quick fix type of thing. They said, 'don't look at where you're at now, look five years down the road, where you want your family to be and focus on that...You can't absorb it all...We weren't prepared. We were really lost at that point. You know what to do when they fall down and scrape their knee. Something that we were dealing with was beyond us... we were feeling totally inadequate as parents...And again, really looking for direction.

Lynn was relieved that the counselor explained to them what they might expect from F&CS.

Despite her preparation the initial telephone call with the intake worker is stressful. The intake worker advises her that there will be an investigation. The investigating worker will need to speak with the children. She is further advised that the appointment will also involve the police. Lynn describes the interview:

The investigation was taped. There was a student there, and the police officer listened in...the police officer decided that charges would be laid. And that we were to show up at the police station for another interview. I had a lot of concern for our children, as far as how they were. They were very fearful and very frightened. I guess, [we were afraid] that we would lose the children. It was nothing we had done. It was just something inappropriate that one of our children had done. So, it's just kind of like, losing control...The parenting instinct is to protect our children. So, you know, there was a lot of apprehension there.

After the family returns home from the police station, Lynn receives a telephone call from the intake worker advising her that she has two hours to find somewhere else for her son to stay over the weekend. The interviewer asks for details about the phone call. Lynn responds:

They didn't feel we could supervise both children in the home. When we were sleeping, we couldn't supervise. You can't, you know, stay awake 24 hours a day...Basically I had about two hours, or she would have to find somewhere, within their system to put the child. But what we did was, just got a room at the Holiday Inn. My husband went and stayed at the Holiday Inn for the weekend. I had to call and say, here's the hotel's phone number, this is our reservation, something that they could verify.

At this point Lynn knows that the hotel room is a temporary solution. She calls the pastor and he is able to locate a family within the church who is willing to take in her son. This home is acceptable to F&CS. Lynn describes her feelings at this point:

We were trying to keep our family together. We wanted to deal with the problem, but, you know, it doesn't justify dividing the family. And them having the upper hand at that point. We didn't have a choice to say, no, we're not going to do this. It was an either/or situation, very demanding. There was no alternatives. I guess our biggest thing was to keep our child within our own church community, our own living community, and not having to [pause] I mean, they're already dealing with all this other stress, of having being found out...and then suddenly James can't be at home. This is a big blow for a child. You know. Yes it was a very serious thing, but at the same time, it was a big blow, for this child to absorb. So we wanted to keep things as familiar as we could for him. I guess, if we had to accept the placement, through Family and Children services, we weren't really confident that we'd have enough input, or enough control, over where they went, or how they were treated. You'd hear a horror story, and so that was the first thing that comes to mind.

Lynn describes her relationship with F&CS during this time:

Basically, I was negotiating for time...Family and Children services kept changing the boundaries. And that was very frustrating... Initially, it was acceptable for us to spend the evenings, and have dinner as a family. And then take him to the other people's home. So it was lessening the burden on that family because, originally, they identified only that problem, of

when we were sleeping, it was a problem. And then, suddenly, she went through some training or something, and went 'no that's no longer valid, you have to cut down that time.' I don't know. Like I said, she said, she went to a meeting, or whatever, and then she came back and said, 'no, I've been to this meeting, and this is the information I now have, and you need to do this and this and this...' This other family was taking on another child, and you know we were trying to make it as easy for them as possible and still maintain our family. Um, and then a couple of weeks later, some more knowledge comes her way, whatever, I don't know. I'm not trying to be negative there, but it had to be severed completely...The two children could not have any contact with each other.

The interviewer asks Lynn how this information was presented to her. Lynn responds:

She wanted to present us with a package of...what type of things that they had as far as treatment was concerned because they knew that we already sought counseling on our own. We wanted to maintain that because we said we wanted Christian counseling. And because of the nature of the agency, they can't provide that within their framework, because they have to be multicultural, or whatever. We were struggling with that. And they were showing us their program, and why it was necessary, and what was necessary. And, basically saying this is what has to happen...It's very difficult....

Lynn describes the resistance that she feels for a treatment plan where contact between the siblings is not permitted:

We were still parents to both children, but we had to try and juggle between [them]. They couldn't be in the same place at the same time. [We] didn't see the need for it. I mean, disclosure's been done. We know we need the help. We're ready to work towards this. How are these two young people going to learn to work with each other, if they're not around? Like, how do you expect them to live with each other, if they're not allowed to be around each other? You're asking for a total separation. So, that was difficult to swallow. In the end, we had to...give them that whole ball of wax, because there was very little that we could do, you know, to maintain our house...without separating my husband and myself...We didn't see the logic. But, they had their reasoning.

Unfortunately, the family who cares for James must contend with a crisis, and are no longer able to care for him. Lynn is able to find one temporary placement and then

she allows him to be placed in a foster home under a temporary care agreement. James is in the first foster home for a brief period and then moved to another placement.

Lynn describes having some input into the choice of the first foster placement but is ultimately disappointed by the outcome:

...it was a single parent environment, and our child was the only one in the home...there was a problem with lack of supervision. And that opened the door for further behavior problems.. And, as parents...now we're feeling that...the support wasn't there for that foster parent to put the proper controls in place and, well... he got in trouble again. So now we have a second offence on our hands... We found, that, um, hello. We've known this child for a few years. We do understand what you're dealing with, you know. Please accept some of what we're saying, and you know act on it, rather than waiting...it comes across almost as if, unless they've experienced it within their environment, it's not real. It's not documentable...The second charge probably could have been avoided ...Now we're in a group home. It's not a great environment.

Lynn is reticent to share the details about James' behavior. She does say that the behavior is different from the original in a legal sense, but related in terms of counseling.

Lynn shares her frustration about feeling excluded from involvement in her son's life:

...we were not given notification of the move...There was no input, from us at all. It was just 'hi, he's being moved, four o'clock tomorrow, this is the phone number, okay, bye.' I'm trying to get some information about where it is, and what it is...who's there, and how many other children are there, and what's the environment. And unfortunately, the worker, the case manager, said, 'I've never been there, I have no idea what it's like, and I really don't have any answers to your questions.

Lynn eventually learns that the placement is in a group home where boundaries are strict.

Although Lynn is unsure about the boundaries, she does believe that the disciplined structure is good for her son. She describes her son as being comfortable there because he knows what is expected of him.

At this point in the interview Lynn reflects on the role of F&CS and the impact of their interventions on her family:

...they're not just asking for an adjustment on our child's point of view that's being moved around. They're asking our whole family to adjust...we're still parents; they're still siblings, and we're still trying to be a family, you know. We're trying to hang on to that role...it's almost like having lost that child.

For Jenna, the impact of placement has been: “a lot of adjustment, a lot of fear and frustration”. Lynn says: “the counselor keeps saying she's an awesome, awesome, awesome person. At the same time, there's a lot of confusion, and real loneliness.”

The counseling experience for James is different. Initially Lynn arranged individual counseling for her son. As Lynn's connection to her son eroded, attendance at the individual sessions dropped off. F&CS insisted that he also needed a group experience, which they offered. Lynn's perception was that group counselors would not speak with her because “birth parents aren't on the top list of people to return phone calls to.”

Lynn also describes the service plan that is proposed by the worker with F&CS:

...we disagreed with a significant number of points that were in it. And, they had not been able to adjust it and give it back to us. But basically, the points that they put in the service plan, we as parents had already put in place...We had insisted upon Christian counseling, that was a concern. And we didn't feel that it should have been a concern...We wanted to seek our own, based on our beliefs. Our reluctance, I think what they said, to seek, to accept any counseling, other than Christian. And, they were saying that there was significant stresses, or roadblocks, or something. And we didn't feel that that was putting our children's healing at risk by taking them to a Christian counselor. And these Christian counselors had already been approved by them. They had checked them out. They knew who they were, and they were comfortable with them. But at the same time, on this piece of paper, they considered it a significant risk...We presented our rebuttal, as far as point, point, point, what we disagreed with. And then the caseworker had to come back. There was a transition there between the two. So the [new] case worker really couldn't explain, in detail, where the significant risk factor came from. So, that was, basically, crossed off. And they, basically, adjusted the service plan to fit. And there were different things that, silly little things, that what are they called, permission for them to talk freely with the counselors...so that the

information could flow back and forth. The service plan said it hadn't been done. But it had been done, months before. So silly little things like that, that they were saying needed to be addressed that had already been done...They were months behind. We were pulling apart the wording, 'cause it made it look like we were totally irresponsible parents, and we couldn't figure out that. We needed to get counseling; we needed to get help. These types of things needed to be addressed. We were halfway down the road and they're back at the starting line. You know, and then to receive a piece of paper that you want me to sign. You're asking me to sign something that's not real, because, it's history, but it's not dated. You know, don't make it look like, we had to wait four months, for Family and Children Services to do all these things, when we've already taken the initiative and done it ourselves.

Lynn describes how she feels about the responsiveness of the F&CS to the crisis in her family: "I think that, based on having dealt with us, and having seen what type of family we are [it] could have been handled a little more professionally. And, treated, with a little more respect, perhaps."

Lynn is asked to describe her relationship with the caseworker who has had the most involvement with her family. Lynn responds:

I have difficulty, I guess, maybe it's me, communicating to this person, what my concerns and frustrations are. Maybe it's because it is an emotional issue, but, I tend to have difficulty communicating, to the point where I feel they're being condescending. But again, it may just be my inability to fully explain the frustration, [and] where it's coming from...And if you're dealing with a behavior, with a child, you don't wait a week...We want to keep them involved. We're not trying to hide things. But at the same time, we still want to be really involved with our child as much as we can, and have some impact there. Um, so I guess that, that's been a big frustration.

Lynn gives an example of how frustrated she feels about information sharing processes. James is found with a knife in his bedroom at the foster home. The knife is hidden because there has been some damage and the son does not want to be caught. The foster mother is not feeling threatened, but is concerned about the property damage.

When Lynn questions her son, he says that he did it because he is bored. The caseworker

frames the incident as though James has concealed a weapon and is threatening. Lynn says, “it's how it's presented...they were reading more into it, than probably needed to be”.

Lynn continues by describing her perception of the culture of F&CS:

[This worker] seemed to be very protective of anything to do with Family and Children Services. Like, they're not willing to accept that maybe they made a mistake... There seems to be a real protection of their own people and anybody within their environment...But, we're seen as being outside that circle. We don't really count. We, you know, when we're finished dealing with your child, we'll give them back to you... We were told that they weren't used to running into parents who care.

Lynn, for a moment, revisits the concern that she expressed earlier about how her son was moved without their consultation or involvement in the decision.

At this point, the interviewer invites her to discuss anything that may have been missed about her experience with F&CS. Lynn says:

...give the parents the opportunity to be part of the process. If they decide not to, that's a different thing...I don't want to lose my child for a year, or two years, and then suddenly, have somebody that I really don't know, being thrown back at me, in two years time...just keep the focus on the families, and not on the individuals, and the individual child's behavior...Cause you impact one person in the family, you're impacting the whole family. Every adjustment is an adjustment for the whole family. And be more aware of that.

Lynn's feelings about the placement of her child into the foster care system are not unusual. What appears unusual about her interview is the manner in which she engages help, and seeks to work collaboratively with F&CS. The interviewer comments on this in his analytic notes:

She summarized her concerns by stating that she thought that F&CS were not accustomed to dealing with a family like hers. From our discussion this implied a family that was willing to take the initiative for seeking helping itself (seeking therapy, trying to be involved in decisions about the child in placement). My own experiences with interviews does support

this idea...Most of the families I have talked with, seemed unclear [about] where to go for help in the social services field. This family was able to enter and negotiate through the system.

Although Lynn has the resources of privilege, she is unable to utilize these resources in a manner to secure what she considers meaningful assistance to her son. She accepts his placement into the foster care system as the only available option; her strong reservations about the appropriateness of this intervention continue. The possibility that Lynn will reunite her family seems remote.

Tanya: Apprehended at Birth: The Involuntary Placement of her Newborn Daughter

Tanya's involvement with F&CS results in her child being apprehended. Unlike Lynn, she is not seeking social services' help. She acknowledges that there are adversities that she must overcome such as drug and alcohol abuse, but she is addressing these problems in ways that make sense for her daily living realities. When her baby is apprehended a new adversity enters her life.

Tanya is about to give birth to her first child. She does not seek help from F&CS, but rather becomes involved with them involuntarily. Throughout her interview Tanya is not as concerned about working collaboratively with F&CS. She views F&CS as a threat to her family, rather than a potential source of help.

When Tanya's focus shifts to her involvement with F&CS, she continues to speak passionately. She suggests to the interviewer that she has a number of things to share about this involvement. In reference to the audio taping process that is occurring she somewhat sarcastically says to the interviewer, "got another tape"? She begins her story by sharing how she came to the attention of the child welfare authorities:

Okay, I had mentioned earlier that my husband had a drinking problem. I was four months pregnant. My husband...had a case and a half of beer, even though I told you that he'd quit drinking... And he had started getting pretty tipsy and, with me being pregnant, I was nitpicking, I was begging him to stop drinking ...Anyway, we had gotten into a domestic dispute that night. The police were called. He was charged and it ended up in court. There was a big write-up in the [local] newspaper that says 'husband beat pregnant wife'The judge had ordered me and my husband into marital counseling. She ordered me into victim's counseling to learn about abuse and things like that. They wanted my husband in anger management [courses]. This paper, this newspaper, a Children's Aid worker was reading, [and] took it to work and reported it, saying this child is at risk of physical and emotional harm. So, they investigated me, and my husband, for five months. They put my name in the [local] hospitals, that if the child is born, they want to be notified.

Tanya describes her first meeting with F&CS workers:

[My daughter] was born July 27th at 10:20 that night. They came on July 28th at noon and [it was] George that came and he said, 'hi Tanya, I'm George from Family and Children Services'. I said, 'hi'. And he's like, 'can I ask you a few questions?' And I said, 'I'd like to get some sleep because the baby was up'. Like, I had just had to give birth to the baby, not even 12 hours ago. It was 13 hours or something. And he says, 'it'll just take a moment' and I said, 'fine'.

So he came in [pause]. I don't know how he explained it. He'd say, 'okay, we have a call that, you know, you and your husband had a domestic dispute. Can you tell me about that?' Well, he's got the newspaper clipping right there, you know. I go, 'what do you want me to tell you about it?' I wasn't trying to be a bitch, (pardon my language). And I said, 'you've got the newspaper clipping right there. What more do you need to know?' ... 'Well, it says here that there was hair on the floor, is that true?' I said, 'yeah' ...and I didn't lie to him... I said 'why am I answering these questions so you can take my daughter?' He said, 'oh, no', he said, 'no, Tanya, everybody thinks Family and Children Services, oh my gawd they're going to take my kid.' And I said, 'well that's what I'm thinking, yeah.' And he said, 'no, we're not taking her.' Not once, not twice, but three times he reassured me he was not taking my daughter.

And he asked me when my husband was going to come into the hospital to see me, and I told him he was going to be up soon. So Joe came and he asked Joe the same questions...And he knew that my husband was in anger management...(Legally, from my understanding, they're not allowed to investigate unless there's a child, okay? They investigated me for five months. We had no children at that time.) And anyway, he knew that my

husband was in anger management. And before Joe got there, he said, 'well let's just test Joe's anger management.'

So, I called Joe on the phone, I said, 'Joe, Children's Aid is here'. He said Tanya 'don't answer' because my husband was married before, okay? He said, 'don't answer any of their questions.' I said, too late. He said, 'Tanya, what did you tell them?' And I told him. And he said, 'Tanya, don't say anymore. I'll be there soon...And I said, 'by the way, he says he's going to test your anger management.

Tanya describes how her husband arrived at the hospital and answered all of George's questions. When George left, Tanya and Joe believed that he was satisfied with the answers that they had supplied. Joe reassured Tanya that there was nothing to worry about. The interviewer asks Tanya about her reaction to this initial contact. Tanya says:

Oh my gawd, basically, oh my gawd. You know? I wasn't expecting it... When I was giving birth to my daughter, naturally I'm swearing in the delivery room. I was in a lot of pain and the nurse kept saying, 'no, no, no, you can't have that kind of language in here.' The nurse and the doctor knew that the Children's Aid wanted to be notified when the baby was born, they knew. Why didn't they tell me? You know, why didn't they tell me? And I was angry with that hospital. I was very angry with them. And before that, when the Children's Aid worker came in to see me, my doctor, Dr. McDonald, came in to see me. And she said, 'Tanya, you have nothing to worry about'. [I'm] totally drawing a blank, not knowing what she's talking about. I'm thinking, she's talking about Sarah's heart because they were concerned about her heart rate.

About one hour later George returns with three police officers, three nurses, and a hospital administrator. Tanya explains:

They came back and took the baby. Dr. McDonald basically chased them down the hallway [saying] ... 'you lied to me; you told me you weren't taking that child. Why are you taking that child because this baby is out of physical and emotional harm? They looked at Dr. McDonald like she didn't know what she was talking about. And anyway, when they come and took her, my cousin was holding her. And when I seen all the police and everybody show up at the door I got up out of the bed so fast. I don't know how I did it, but I did it. And [I] grabbed my daughter and sat back in the bed. I was holding so closely, and so tightly, because I knew. I just knew because they didn't say anything at the time, but they asked the company to leave. So they left. And George said, 'I'm sorry Tanya, we

have to apprehend.’ And I started screaming at him, ‘no, you're not, no, you're not.’ And he said, ‘yes, we are.’ And I'm like, ‘no, you're not’. And I was just constantly swearing and screaming at him that you're not taking her. It was like bear and cub sitting on the hospital bed.

The interviewer asks Tanya about her feelings:

Horrifying and terrifying and I don't even know how to explain it I had a major nervous breakdown. (I'm going to cry). But anyway, I had a nervous breakdown, couldn't eat, couldn't sleep. I had her receiving blanket [that] I slept with. I ate nerve pills for two weeks straight.

They let me see my daughter three days a week, for two hours. I was angry because I never got to see her cord fall off her belly; I never got to be with her for the first month and a half of her life. And it was really hard; it was extremely hard.

Tanya uses the word ‘cold’ in relation to George. The interviewer asks her to explain and she replies, “he didn’t show that he cared at all. He was more concerned with taking the baby than anything.” She describes how she wasn’t told anything, other than that the baby was at “physical and emotional harm.” Tanya does not understand. She says: “they didn’t even give us a chance.”

They kept my daughter in foster care. They told me that I needed to separate from my husband and [that] I needed to do all of this counseling in order to get my daughter back. My daughter is my life and there is no man on this earth that I can compare my daughter with. That was my life. She's my everything. She's my world. And if I needed to separate from my husband to get my daughter back, then that's what I had to do, and I did.

Tanya’s baby is apprehended in July and, by September, she has secured residence in a single mother’s home. F&CS would not allow her to move into an independent living situation. Her daughter is returned to her care. She believes that F&CS wanted her in this home so that the staff could observe and report on her parenting abilities. Tanya reports, “they had no concerns whatsoever”. She says: “they were just using excuses and things like that so they didn't have to do their job. I seen a worker

there twice. And if I was that much of a risk, I should have seen that Children's Aid worker every week.” Tanya describes her stay in this home:

[The F&CS workers] wanted me to stay an extra month so I could learn about decisions and things like that...I didn't get along with the girls. They're all 15 and 16 years old. There's one girl there and she's 19. I still keep contact with her because she's really nice anyway. [As for] the rest of them, I never got along with them because they were too young. I had nothing in common with them. I was married. I already had the baby and just didn't feel connected in any way. I felt very uncomfortable there. I felt like every move I was making, I was being watched, and as it was, I had enough going on...[F&CS] didn't feel that I was mentally able to make the right decisions for my daughter and for me because of me being very vulnerable towards my husband...I wasn't allowed to have Sarah around her father at all.

The interviewer asks Tanya what it was like to have Sarah returned to her care in September. Tanya responds:

It was very, very overwhelming. I was so glad. All I could do is hold her and cry. But it didn't feel the same because my husband wasn't there...It wasn't right. We should have been able to be a family, you know? [I was] on the phone with him every single night. [I was] kissing Sarah, playing with her, holding her, doing whatever. And he's watching his daughter grow up on the phone. You know what I mean? It's not right. Now, he missed eight months of her life. Like, he moved home when she was eight months old.

The interviewer wants to know how F&CS decided to return Sarah to her care:

I did everything I needed to do. When they had her for two weeks straight, all I did was eat nerve pills, and crying, whatever. I got myself together and realized that I'm not going to get my daughter back by sitting in the tub crying. So, I got myself together. I don't know how I did it. I still don't know how I did it - because I, for me - I don't know if I'd be able to do it again. But I just don't know how I did it, but I did. I called the women's shelter and I went to the women's shelter, got involved with the women's victim group there. I got into one-on-one counseling then... I got into an anger management counseling. What else? -marriage counseling with my husband. We went to a parenting class...this was my terms, [on the] plan of care that I needed to do this. I had to go for an alcoholic and drug assessment. And I passed it, it just said that I was at risk of being an alcoholic, but I wasn't an alcoholic. The Children's Aid, I remember, told me that I had to do this in order to get my daughter back. I

had to be able to make sure that Joe wasn't allowed around Sarah...There's so many things they wanted me to do, to the point that I was driving myself crazy because all my appointments were overlapping. Every day I had an appointment...it was just unreal.

The interviewer asks Tanya about her worker from the F&CS. Tanya has had three workers, starting with George. Nadine is the name of her second child welfare worker. Carol is the name of her present worker.

George was the one who did the questioning, and all of the gathering of the information to apprehend my daughter. I only dealt with him the one day, yeah. Then it moved to Nadine. Nadine, I've got nothing good to say about her. She was very cold, very rude, very - I don't even know. She would ask questions...they made me lie is what they did. They had me lie in order to get my daughter back. By me telling them, 'okay, my husband only hit me the once' - 'you're lying. Your husband is a full-blown alcoholic.' 'No, he's not.' 'Every time he drinks he hits you' 'No, he doesn't.' And I'm telling them the God's honest truth - God strike me as I'm sitting here. I'm telling them the truth and she's saying, 'that's not true'. She's trying to, I guess not manipulate, I don't know what she's trying - to get me to lie, is what she was doing. She's not believing me. She said, 'you realize you're never going to get your daughter back until you admit the truth.' 'I'm admitting the truth. My husband only hit me once. My husband is not an alcoholic, like not a diehard alcoholic. He does have a drinking problem, not a major one but he has slowed down'. 'No, he hasn't'. 'Yes, he has.' You know? 'He hit me the once; he got into anger management.' 'I'm sure that's not doing him any good.' But yet, in the terms that they wanted, they wanted Joe into anger management. It made no sense.

The interviewer attempts to understand more about Tanya's experience of her relationship with Nadine. She asks about the most unhelpful part of the relationship.

Tanya replies:

That she wasn't on my side. She should have more feelings towards the people that they're working with, and the kids that they're taking... They really don't give a shit, (pardon my language), but they don't. Because it's not their kid they're taking. It's not their life they're turning upside down. It's not their life that people have full control of for the year. They have got full control. Full, you know, like she just - I don't know - she was just very cold.

She looked right at my husband and said you realize your daughter would be at home with you if it wasn't for you...she's talking to me about abuse and [how] I need to learn about all different kinds of abuse, mental abuse, emotional abuse, physical and financial, all of it. But yet, she's using abuse on my husband for saying, 'this is all your fault.' That's mental abuse and emotional abuse. That's not okay, them making me lame. I guess they're condescending.

So, I realized that it was a game. I had to play the game. I sat down and I cried my face off to my husband. Joe this is what I have to do in order to get Sarah back. I have to tell her [the worker], this was all your fault. I have to tell them that you're a drunk I have to tell them this and I have to tell them that. And he said, 'Tanya you can do it. Let them think that I'm this big old animal that hunts children after midnight.' So, this is what we had to do. I had to betray my husband in order to get my daughter back. And that's not right, that's not a relationship. You're supposed to stand together and fight. And that's not right.

Tanya does not understand why she experiences a change in workers. She knows that George is the intake worker and believes that Nadine is a case manager and her third worker, Carol, is a caseworker. She says:

I totally disagreed with them...they brought Carol in my visit with my daughter. They, okay, I had two hours Monday, two hours Wednesday, and two hours Friday with my daughter. So, six hours a week, that's not a lot of time for a newborn baby to have a bond. And they brought Carol in 20 minutes after my visit started. They didn't leave until my visit was over. So, how can I have bond with my baby while answering questions?

Despite the circumstances of their first meeting, Tanya feels that Carol has been nice. She gives this opinion with some reservations:

I can't say great because I've got nothing great to say about that agency, just because they made my life a living hell for the last ten months. Carol has been good, honestly. She's been very friendly. Any questions I've got to ask, she answers them. She doesn't lie to me like the rest of them. She does feel for me. Like, she does feel for our situation and everything.

Tanya is eventually permitted to move into an apartment with her daughter. The interviewer becomes curious about how it was that Joe was able to re-enter Tanya's life:

He had to do what he needed to do for counselings and everything like that. And he did it. He went to his anger management; he went to alcoholic relapse prevention program, even though he felt that he didn't need to, he went. He did his one-on-one counseling; he did everything that they wanted him to do. He only showed up on his visits.

Tanya is able to say how the counseling was helpful. She says:

They were helpful, oh yeah. The anger management had learnt me, learnt me, taught me. They taught me to deal with anger and emotions and things like that. Whereas honestly, I can admit [that] I didn't know how to before because I used to bottle everything up and I'd blow up, you know?...I still go to the women's shelter. And I go every Tuesday just to see the girls and let them know how I'm doing. The Children's Aid told me I don't have anything I need to do anymore because I've reached their criteria. Joe is still in the relapse prevention program. He still hasn't taken a drop; he still hasn't drank, nothing. We were able to communicate a little better, without screaming and shouting at each other. We're able to talk. But I think that they forced too much. And they should have worked on the areas that we needed to work on, rather than forcing us into things that we didn't really need. Like we did need to learn more about anger management. It did help for me to learn about abuse and to meet new people.

Tanya provides an example of how she is required to participate in the healthy baby program because F&CS want “an extra set of eyes in your apartment.” The worker from the healthy baby program checks in briefly to satisfy the court ordered requirement. The interviewer asks Tanya what F&CS should do differently in the future. Tanya replies:

They could investigate a little more before they apprehend and try to understand... I don't know, work with the family instead of trying to tear them apart, like they did my husband and I. They forced us to separate. They could have worked with us from our home. I didn't care if they had to come every day. Why couldn't they keep us as a family? I didn't care if they came every day ten times a day. They could have just worked with us as a family, but they didn't. They tore us apart and that was that... They keep cases open that shouldn't have to be kept open. They need to work on those that actually need it, not those that actually don't. And [they need] to have more heart. Like, I was outside at the Children's Aid office having a cigarette and the Children's Aid workers were laughing. They were going to the hospital to do an apprehension. They were

laughing about it. You don't laugh about stuff like that. I'm sitting there, my daughter was apprehended from the hospital. I know what that mother is going to go through. You know?

And right now even though my husband is home and I'm a little bit more relaxed the doctor has got me on depression pills because they had drove me to a depression. I'm very paranoid that I'm going to walk out that door and there's going to be two police cars and a Children's Aid worker to take my daughter. I won't let no one look after my daughter because they've got me paranoid. They have me severely paranoid. I went to the doctor's, the doctor put me on pills, 100 milligrams and told me 75 percent of this depression has to do with the Children's Aid, because they scare the life out of people. They make your life a misery, a miserable hell. That's what they do. They have full control of what you do, where you go, who looks after your kid, you know, who can visit, what you can have in your house.

Tanya looks to the future:

I'm just glad that Sarah is young enough that she's not going to remember being away from me. Mind you, all her pictures all her newborn pictures are her sitting in a car seat. She's going to ask questions when she gets older and I will tell her. And, but as for the next year, I guess to have the case closed, for us to buy a house...put the Children's Aid behind us and just to be happy and start planning another child.

Tanya's account of the experience of apprehension raises questions about the manner in which

F&CS engages families in situations where resistance is anticipated. This coercive approach does yield some favorable outcomes. Tanya does benefit from certain aspects of the counseling, but at what expense? It would seem unlikely that Tanya would seek support from F&CS in the future. It would seem that there were substantial financial costs involved processing this family, particularly given the involvement of the court. And it would seem that there may be some lasting traumas for Tanya and her daughter that result from the methods used to provide assistance to this family. The question we are left with is, would Tanya have willingly responded to offers of supportive assistance?

Wanda: Placing Jackie in Foster Care: A Mother's Sadness and Relief

Wanda's experience is quite different from either Lynn's or Tanya's experience. She seeks out the assistance of F&CS and welcomes the placement intervention for her daughter. She is engaged in a positive and cooperative manner with F&CS from the beginning and is able to describe many positive changes as a result of her involvements with F&CS.

You will recall how Wanda's daily living realities are filled with the responsibilities and concerns of parenting a child whose behaviors are difficult to manage. When Jackie is 9 years old the breaking point comes, which culminates in a phone call to F&CS:

I tried everything...therapy wasn't working. The last straw was when my sister had her stomach surgery, and she kicked her in the stomach. And, uh, busted out four of her stitches. So that night, um, I was crying pretty hard, I picked up the phone. The reason I didn't before, even though I knew, she was out of control, and I couldn't really handle her - if her acting like that, she went to a foster home with people who didn't love her. I was afraid that they would do something to her, out of frustration or something...I was crying pretty hard on the phone, and I told them I didn't wanna give her up, I just wanted help.

Wanda describes the response of F&CS. Two "wonderful ladies" came to her home to speak with her. Wanda is very upset and the workers talk to her for two hours about her frustrations. Wanda says: "I felt for the first time, I felt ...that somebody was actually listening to me. Like they actually wanted to help... they were really nice".

Wanda does not want to give up on Jackie, but needs a break. She says "I think it's a really scary thing, for a mother to give up a child to someone else." Wanda retains custody and F&CS places Jackie in "a really nice foster home." Wanda sees her on

weekends and holidays. Wanda believes that her experience of placement is different from other mothers:

I think my experience was a lot different, than, a lot of people, because it wasn't court order...There was no issue of abuse...I mean, obviously it's gonna be a lot different if there's abuse...they come into your home and take your child, cause then the parents are gonna be very bitter and angry.

F&CS arranges for Jackie to be seen by a specialist. The appointment happens quickly. Jackie is diagnosed with ODD and ADHD and prescribed Ritalin. Wanda can see immediate changes in her daughter. Jackie is able to fall asleep within an hour.

Wanda and Jackie attend therapy at a community agency. The tantrums decrease.

Wanda speaks of a worker who is most memorable to her:

I talked to her. She would sit there and have tea. She was just, very friendly, and ah, she said...it was actually a relief coming out here, 'cause she said...she'd go into the other homes, and the stress there was unbelievable. Because, uh...obviously they didn't want her there. She says, 'I come here Wanda, and you've got tea ready, and cookies'. She says, 'I'm actually glad to come here'.

Jackie is in the foster home for one year and then returns home permanently. She does not have contact with F&CS after the Jackie returns home. All goes well for a period of time and then her behaviour begins to escalate:

There's been wild fights at school, uh...like, some of the old behaviour is coming back. Arguing, and that...temper tantrums have been coming back. Ah ...she'd been taking her medication the entire time, right? And, about a year and a half ago, her behaviour had starting getting...a lot worse again...things were coming to a head again. I realized I needed help; I needed help again. I had, uh...stomach surgery done...tubes tied, um...I also...I have a seizure disorder...She [Jackie] has been getting, more physically aggressive with me. Like, uh, and I was just worried; I'm worried that she's gonna start hitting me again, that she's gonna be backing me in corners. And uh...screaming at me, and...when I won't, give her money...[I was] lying on the couch, after my surgery, and uh...she grabbed my arm, and hauled me to a sitting position, and wouldn't let me

go until I gave her five dollars. And so, my sister just moved out with her baby, 'cause she didn't, want to be around her.

Again, Wanda comes to a breaking point. Wanda arranges for Jackie to be placed in the same foster home. She describes this moment with Jackie:

She's fourteen, and you know better, if you ever, ah...if you ever hit me again that's it. I'm sick of this. And so I put her in there [foster care], and I just told her...um...I said, 'we're going to go to therapy, and you're gonna go to therapy', and I said, 'you're gonna have to change'. I said, 'well, I'm gonna give you six months, and if you don't change in six months, that's it. Then I'm gonna get my own place, and you can go live with your grandfather, or stay [in foster care]'. I said, 'because I'm sick of living that way. I'm sick of being afraid of you exploding all the time, I'm sick of being pushed into walls, and being backed into corners'.

Jackie spent 6 months in this foster home. Wanda does not know where this foster home is located, but she does have the phone number. At the time of this interview she had been back home for a week. Wanda reports that things are much better again and that Jackie is in anger management class and "is making a real effort to hold things together". Jackie attends group therapy.

Wanda has had different workers during both of her involvements with F&CS. The first worker she describes as "friendlier". It was someone who "took more time to talk". The second worker made fewer house calls and seemed to have a hectic schedule. She wonders if gender influences her thoughts about the workers. Her first worker was female and her second worker was male.

Wanda has also received services from many different agencies. She describes the kind of service that makes a difference for her. She says:

...well, definitely, when the professional takes time to, uh, really listen, and uh, the experience at the hospital, when I was a lot younger, I found that they were very, very condescending. Like, they use a lot of words like, really? And, are you sure it really happened that way? And, uh, aren't you exaggerating a little? Uh, I found them quite condescending, uh...and

uh...so I, I think the listening and the ah, the patient has to get the feeling that they're being believed. I was trying to describe how bad the temper tantrums were. And that's where I was getting these, really? And uh, I showed them the bite marks, the scratches, and they said to me, no. They said, really? Did it really come from your daughter? Really? Well, I was feeling uh...I guess I was pretty naïve. First of all, I felt hurt, that they thought that, you know. I said, I felt hurt, I'm bringing my daughter in here, to get her some help, and you're accusing me of lying? You know, uh...why would I be bringing her in here and lying about something like that? You know, and they said, 'I don't know, why would you be'?

First I felt hurt, and then I felt angry, you know? So I think back...and like I said, I was naïve, I just thought, okay, and I told them she was getting teased about it, right? And, uh, Jackie, she was very young then. She said to the doctor's, 'they're calling me crazy girl', and...uh...things like that. They were teasing me 'cause I yell a lot and stuff, so she even told them. I think they handled it really bad, really shamefully. Uh...it makes me angry when I think about it. I'm thinking, there's this little child who got up the courage, to tell these doctors, uh...I can't sleep at night, and I get really mad sometimes, and...I hurt my mommy sometimes. And they tell her, 'really now'? And, it sure didn't help her. And I'm thinking, now, if I hadn't been so naïve and trusting, if I had saved up for that video camera, I could have showed that video to them, in their face, and they couldn't have gone, really to that.

Wanda was briefly involved with an agency that provided her with workers that would attend in her home when Jackie's behaviour became unmanageable. Wanda does not understand why this agency withdrew their services. They also failed to inform her about an in-house program that could, potentially, have helped Jackie. In hindsight, she believes it is because Jackie was "too wild" and "they didn't want to deal with her tantrums".

The interviewer asks Wanda to describe how it feels to request the placement of a child. With several long pauses between statements she says:

For me, it was hard. It was very emotional. Well, its scary. I felt, kind of, it's difficult to know how to phrase it, like, I wasn't really doing my job as a mother, kind of. The first day that she was in foster care it was quiet, really, really, really quiet.

Wanda's feelings about the placement are intensified when F&CS workers refuse to give her information about the location of the foster home. She says: "that really bugged me. Why did they do that?"

Jackie's first foster placement is for a year. Even though Wanda is not permitted to know the location of the foster home, she appears to have considerable input with respect to the length of the placement. She is given a choice to sign a voluntary care agreement for a year, or for six months. She decides to sign the agreement for a year. Despite this agreement, Wanda is given the option for Jackie to return to her care after six months elapses. Wanda declines because she does not feel that there has been enough improvement in Jackie's behaviours. After hearing how the terms of the placement were negotiated, the interviewer suggests that it feels like the decision about the duration of placement was Wanda's. Wanda responds emphatically: "it didn't feel like it was mine, it was mine".

The second placement is a six-month placement that is negotiated using a voluntary agreement for care. From the outset of the placement, Jackie is home with Wanda on Tuesday nights, as well as from Friday after school until Monday morning. Wanda speaks of the positive outcomes: "she [meaning Jackie] agreed to go to anger management. And she was doing really good, talking wise and stuff. She acknowledges the gains that Jackie has made by allowing her to return home a week earlier than scheduled. This time Wanda wants the F&CS file to remain open. She speaks of the reassurance this brings:

...for me, it's knowing that if she gets out of control again, that I can call them, I mean, for a break, even, because I only have my sister in the city and my closest relatives are in Niagara Falls. And, they aren't willing to

take her, for even a week...I'm it. She's [in reference to her sister] willing to take her for a night, depending on her behaviour.

Wanda describes the difference that the foster placement has made in her relationship with her daughter. She says:

Well, we're more relaxed now. Um, she's ah, not arguing as much. Um, she hasn't had, one of those tantrums...for about three months now. Um, her bedtime, when I tell her it's bedtime, she'll go up there, still takes her an hour and a half to get to sleep, 'cause she hasn't been on her sleeping pills, and she kinda decided to go off them. And because she was going to bed okay, I said, that's fine. She is 14 now. Still takes about an hour and a half to get to sleep. But the thing is, she's staying in her room, and being quiet, and she can listen to music, and get herself to sleep quietly, so that's okay...

She's getting up for school and going off to school without arguing. That's good. She's not, uh, yelling or screaming as much...or swearing as much. So, that's very good. There's a lot more respect now...she gets an allowance or I tell her to do a chore, I give her a time limit, dishes, I want you to do the dishes in an hour. And if she doesn't, I'll take a dollar off her allowance. She's actually doing it now.

Wanda is asked to speak about how she understands the differences in Jackie's behaviour. She responds hesitantly:

I'm not doing anything different, than I was doing before; it's just that she's responding to them differently. I don't really know. I don't really know. Her doctor, says um...part of ADHD, is that they can grow out of it. I don't really know. The school tells me she's calmer now. Part of it, I think the big part of it, is she's deciding. She was really, really happy when she came home because, at the foster home, she wasn't allowed to have friends there. Um, she says she likes it here better. Up in her room, she's got her T.V., her phone, um, her V.C.R...she's got the biggest room. I've got it set up, because when she has her friends here on the weekends, I tell her 'okay, you can bring your friends up to your room, that's your area, and down here I'll watch my T.V. and stuff'. Um, and ah, I let her have sleep-overs and stuff, 'cause that's fine with me, 'cause you know, she's a single kid. And as long as she behaves herself and listens to me, like, ah, no phone calls after ten on a weeknight, and if she doesn't, I catch her making phone calls, I'll take the phone out of her room. As long as she listens to me and stuff. Apparently, she wasn't allowed to, she didn't have a T.V. in her room over there, ah, she didn't have a phone in her room. So

she's got some extra privileges here that she likes. She wasn't allowed to have sleepovers there. So she wants to be over here.

For the duration of Jackie's second stay in foster care, Wanda is not permitted to know the address of the home. She is again upset that this information is kept from her. Wanda is however, able to meet the foster mother when she picks up Jackie. Wanda describes her rather bluntly as, "friendly enough".

Jackie offers some advice for the hospital on how they might improve their services to mothers who are struggling with a child who has a behavioural issue:

I think they see a young mother here, and they think she's exaggerating it, you know? Say they go over a problem...a severe behaviour problem, and they're doubting it, and the mother is really earnest in saying, ah, it's true...

...if they really have any doubts, they could suggest to the mother, uh, well why don't you videotape it? And if she says I don't have videotape, because, she's young and poor, it's likely she doesn't, ah...they could ah, suggest to her, well, why don't we lend you a video machine, and a videotape, and next time your child has a very severe, ah, temper tantrum, why don't you tape it, and bring it to us, and we can watch it, and then get an idea of what you're trying to describe. And, uh, also, you can video tape a day in your life where you're trying to get your child to do simple things, such as, um, put on your shoes, um, make your bed, just routine things...Seeing sometimes, really is believing.

To the in home agency that terminated their involvement prematurely, Wanda has this advice:

I would say, if you don't want to handle it yourself, um, please give the mother every single number, of every single agency that you know, would help her. Don't just say, call one person and that's it. Give her every single number that you know could possibly help her and the child.

And as for F&CS, Wanda says:

Well, they helped me a lot, they gave me relief, and they got me to see, um, a child psychologist. But the one thing, this time, I think they could have done more, is, um, um, I had to, I was worried about Jackie's, um, behaviour at school and getting in fights or what not. And I was asking to

help me get different numbers and they said that they were looking into it. And, I had to look around and got counselling numbers. I mean, an agency like that, you'd figure that they would know all the numbers available, for, kids that need help.

Wanda describes her relationship with this school as “a little bit rocky”. Because Jackie was “picked on” by the other students, Wanda arranged for her to be moved to a different school. She says: “as a thank you, I served pizza there. I was a lunch helper, for a year and a half”.

Jackie was able to make some “good solid friends there”, but she did have some trouble with certain teachers who kept giving her detentions because of her behaviour. She is suspended once for kicking a male teacher in the leg. Wanda looks, with optimism, to the future. She says: “I've got three credits left in high-school, that I'm working towards...I have two senior math, and one senior English”. She describes her income maintenance worker as “pretty understanding”. He allows her to study at home. When she finishes her diploma she hopes to work with animals. She says:

I just ah, really like animals. I've always had one. I've grown up with dogs and cats. I always had hamsters and guinea pigs for Jackie. I find it really relaxing, being around animals too. I guess, they're very simple creatures, and ah...um, they're very honest, I guess. If they like you, you know right away.

Also in the future she hopes that she can develop a more relaxed and closer relationship with Jackie, although she knows that there will always be challenges. Wanda can't think of much more to say. She says that she is not a “big talker”, and that she has already said more than she thought she would.

Wanda's story of placement is a reminder that sometimes mother's do need out-of-home placement services. Jackie's behaviours are demanding and exhausting. When mothers feel alone with these behaviours, they can become overwhelmed. Placement

brings relief for this family. It brings opportunities to change behaviours and make fresh beginnings. Wanda knows that she is no longer alone with her struggles. If she needs help in the future she will contact F&CS.

B: Mothers Experience of Placement Services

The stories of Lynn, Tanya and Wanda illustrate the variation in the experiences of biological mothers with the placement of their children into the foster care system. Regardless of the circumstances that prompt the placement, mothers who have experienced out-of-home placement have intense feelings about this event. These exemplar stories, as well as the placement stories of the other mothers in this study illustrate three patterns of placement. Children enter substitute care because they have been apprehended, because mothers want help and specifically request placement, or because mothers want help and accept placement as the only option.

Patterns of Placement Experience

Tanya's story illustrates the first pattern of placement experience. This placement pattern is characterized by mothers who are highly resistant to placement. In situations where children are apprehended, mothers do not have a choice about the placement. Apprehensions are preceded by difficulties in the family; however, mothers frequently do not perceive connections between these difficulties and the risks of child maltreatment that are identified by F&CS. Mothers tend to be confused by the apprehension, and feel accused of being 'bad' mothers. Treatment conditions are imposed by F&CS and are focussed on changing the mother's behaviour. In this situation, mothers tend to be highly resistant to the involvement of F&CS. The stories of 18 mothers, including Tanya, are

consistent with this pattern of placement experience.

Wanda's story illustrates the second pattern of placement experience. Mothers who request placement for their child constitute this pattern of placement. These mothers often have older children with challenging behaviours and they have exhausted the helping resources of other community social service programs. Often these mothers have exhausted other community social service programs. They may have attempted to secure assistance from F&CS in the past. When F&CS concurs with the need for placement, mothers may feel relieved. They understand themselves as 'good' mothers who coped as well as could be expected with the challenging behaviours of their child. Foster placement is experienced as a reprieve. They work collaboratively with F&CS, negotiating child focussed treatment conditions and participating in decisions about the child's return. The stories of six mothers, including Wanda, are consistent with this pattern of placement experience.

Lynn's story illustrates the third pattern of placement experience. Mothers who acknowledge that they need help and consent to the placement characterize this placement pattern; however, their consent is given reluctantly and generally as the result of a perceived absence of alternatives. Like the mothers who request placement, many have exhausted community social service programs. Some become involved with F&CS because of mandatory reporting requirements. Mothers who consent reluctantly to placement often resist certain aspects of the placement process. They feel tremendous concern that their child will be 'warehoused' by the system without receiving the appropriate treatment for problems. The stories of seven of the mothers interviewed, including Lynn, are consistent with this pattern of placement experience.

Escalating Difficulties

Regardless of the particular pattern of placement experience, mothers speak of a precipitating crisis that prompts the referral to F&CS. When apprehension is the result, the crisis tends to centre on difficulties that impact the mother's life. Among the most frequently cited are life hurdles such as addiction, violence, and mental illness, as well as factors related to non-privilege such as poverty and inadequate housing conditions.

Tanya's placement story illustrates how the hurdles of addiction and violence intertwine and eventually become factors in the apprehension of her child. When voluntary placement is the result, the focus tends to be on the unmanageable behaviour of the child. The placement stories of Wanda and Lynn illustrate how the overwhelming behaviours of a child may lead to placement.

The life hurdles that mothers face weave together in the following mother's description of the crisis that precipitated the apprehension of her children. She speaks of her struggles with traumatic childhood memories, her partner's addictive and violent behaviour, and her ensuing mental health issues. She says:

I had a lot of stress on me, like, thinking of my childhood and trying to deal with my future...He [referring to her partner] drank a lot, and done a lot of drugs. On the end of it, he started doing crack, and selling the kids' toys for crack... It was frustrating, like, he used to smash beer bottles over my head, and [it was a] hard life...And, I just...was stressed out a lot, and that's probably what made me have a breakdown... Like, I was seeing my kids on T.V., and they weren't really there.

Another woman, whose child is apprehended, becomes involved with F&CS after she leaves her boyfriend in charge of her infant. When she returns, there are bruises on her son's hands that seem suspicious to this mother. She describes this precipitating crisis as follows:

I had a couple of drinks. Like I can admit, I got a little drunk.... I came home...and [boyfriend] had told me that [my son] had fallen off the bed and...he's got little blood blisters that popped in his hand. And I'm like, okay, and so I didn't bother to check because I trusted [boyfriend] and he's got his medical thing...through some course he took. And so I figured, well, he's been trained, he should know what things should look like and I'll believe him. I'll check [my son] in the morning...These bruises didn't look like blood blisters because my mom, when she used to spank us, you'd get blood blisters...they looked like bruises; they were black and brown and red and you know, all different colours...

After viewing the bruising, she is unsatisfied with her boyfriend's explanation. She asks her boyfriend to again describe the incident that prompted the bruising. He finally delivers this explanation: "I tried everything...and he wouldn't listen. So I just left him in the bedroom, he fell from the bed to the floor. And I came in there and he had bruises on his hands." F&CS become involved after a neighbour calls to report the bruising.

Sometimes the precipitating crisis appears to be related to the conditions of non-privilege. This mother describes conditions where relationships in her life are unsupportive. She suggests that investigations, prompted by malicious reporting, are a frequent occurrence for her. She explains:

I'd have someone living with me that got mad at me, and they'd call - that sort of stuff - you know, revenge. But they [F&CS] would come, and they would talk to me, and then they'd close the case. So it wasn't really anything.

Eventually her children are apprehended because of an anonymous report. She says:

Even now I still don't know why they pulled the kids but, you know... the last phone call, I don't know who it was, but someone called and said that my house was an appealing state due to dogs and dirt. So, that was why they came.

Mothers who initiate contact with F&CS generally, but not always, have voluntary placements. Mothers will seek the assistance of F&CS when they feel that they can no longer manage the behaviour of their child. Often mothers, like Wanda, have tried

many other interventions, but are not able to change, or continue to manage, the challenging behaviours that their child exhibits. Recall how Wanda agonized about her decision to involve F&CS, but finally decided that she had reached “the last straw”.

In situations involving reluctant placements, F&CS often becomes involved because of mandatory reporting requirements for other professionals. Often F&CS is notified about a family crisis because of police involvement. Notice in the following story how the involvement with the child welfare system happens indirectly:

...we got into an argument one morning. I can't even remember what it was about. So anyway, she chased me with the screwdriver, and threatened me...Even before that incident happened...whenever we got into an argument or a disagreement or something, she would say... I'm not even your kid...And that hurt me. And you know, I would be on the couch, and I would be crying, and she'd go, oh, so we're crying now, are we? Boo-hoo-hoo. Like, that's the way she was with me. And then, with the screwdriver incident...that's when I was cleaning for this couple...I told them what happened, and...they told me to phone the cops. And I phoned the cops from their place... and I told them what happened. They brought me home, and they... removed [daughter] from my premises, over to her father's place. Q. And is that when Children's Aid became involved? A. Yeah.

Generally mothers in this, and in similar situations feel desperate about the circumstances of the crisis in the family and are prepared to explore all possibilities for assistance.

The most frequently mentioned frustration of mothers who place calls for services is that they are unable to get F&CS to respond to their requests for help. Sometimes mothers will call, hoping to receive counselling services, as is the case in the following situation. Notice this mother's frustration as she tries to solicit the help of F&CS:

They didn't help me is what I'm trying to say. I was crying out to them. I was saying, 'I've got a drug problem, help me' ...but they weren't even giving me no research, nothing, to get help for my drug problem. Nothing...I didn't understand. I was like okay, I guess nobody's going to

help me here. So, I got myself a live-in babysitter so I could keep my stripping, keep doing my dancing. She was collecting welfare. So, I was getting money from her; I was getting money from dancing; and I was getting my baby bonus money.

When F&CS refuse involvement, this woman uses the coping strategies that are familiar to her. Her addiction spirals out of control, and eventually her children are apprehended.

Another woman speaks of her concerns about her child's behaviour, but also about the challenge of getting F&CS to respond to her concerns. She says:

I was afraid of him, of my own child. I don't think I honestly believed that he would really do something to hurt me, but I couldn't trust him with his baby sister. I didn't...know why he was doing these things. When I got on the phone to the Children's Aid, I was extremely mad because they said they can't do anything for me. They said unfortunately, he's the one that's abusing and not you, so we can't do anything. If I called and said, 'I just hurt my child', then they would have come to me and say we're taking your child away. I was telling them that I think it's an unsafe environment from him, not that I'm going to hurt him, but that he's going to hurt myself or his little sister, and he's only a little boy. And they said there's nothing we can do. And I was really mad and I said, 'you know, you're going to see my picture on the front page of the paper tomorrow', and I burst out like that. I think it was more frustration...this is an agency that should've helped me and I'm not getting help. They're telling me you know, live with it.

This woman reframes her understanding of an assault on her by her boyfriend as a "blessing" in that it captured the attention of the F&CS. She says:

And this is exactly what I told the courts, it is a blessing in a sense what happened with (boyfriend) [in reference to his assault on her]. Because I can guarantee in my life sitting here now that if that didn't go down...I would be in the same boat I was in. I don't think anybody would still have recognized us. I don't because ...well, how many times I phoned Children's Aid and asked them for help and crying out to them...Well, when I was having problems with my son back there in grade seven. In the summer time...I lost babysitters because of his attitude so people wouldn't come baby-sit for me no more. I mean it was, it was awful.

Investigation

The investigation process is usually frightening. Mothers in this study seem to recognize a vulnerability to F&CS involvement. They associate F&CS workers with the function of apprehending children. As soon as the child welfare worker arrived at the hospital, Tanya is alarmed and unprepared. She thinks, “Oh my gawd, they’re going to take my kid”. Another mother speaks of her beginning experience with F&CS. She says:

They're like ‘can we sit down’? I'm like ‘fine’. And I get in hysterics. I should have stayed calm, but I couldn't. They kinda just sat down and start throwing questions at you. You have no chance to just know what they're saying, ‘cause they sound like chipmunks...Everything's in fast. So, I was like, what are you talking about? ... Like the first minute they walk in that door, you can't breathe. You don't even know what to do. And then before you know it, your whole life's gone.

Given this intense climate of fear, the differences between the daily living contexts of biological mothers and those of investigating social workers, and the requirement that investigations be completed quickly within prescribed timeframes, there is a strong likelihood that breakdowns in communications will occur. Notice how communications go awry during the investigation of the baby with the bruises on his hands. The mother describes:

They came across and said, did you take [son] to the doctor's. And I'm like, ‘no, I thought they were bruises and you don't usually take a baby to the doctor's for bruises. If he bumped his knee, are you going to tell me I've got to take him to the doctor's because he's got a bruise on one knee’. And they misplaced that saying that I did take him to the doctor's, and the doctor told me it was bruises...I told them straight out, that I never took him to the doctor's because I thought it was bruising myself.

Discrepancies between what mothers mean and how workers interpret their statements may become evident in written legal materials. When child welfare worker demands that a physician see this child immediately, the mother prepares a bottle for the baby in the

presence of the investigating workers. She says:

I didn't think that we had time for the full sterilization thing and so I just used pure hot water underneath the tap and there was soap in there and cleaned it all out... They said, 'is that how you always do it'? And I'm like 'no, usually I sterilize it'... In the documents, they said that I said that's how I always do it. That's not what I said.

Another mother speaks to the discrepancies in the legal materials:

...not everything in those are sacred. There's a lot of hearsay. I never did sign those papers, never signed any papers, affidavits or statements or whatever because they weren't all true. But I can't fight that, and the one time I tried the judge said 'I really don't care, bottom line is you chose alcohol over your kids'.

The differences in daily living contexts between child welfare workers and mothers may be reflected in language differences. This mother speaks of her frustrations with language barriers. She says:

I feel I'm not using proper wording when I talk to them. I feel like I'm not being heard... I don't know these big words. And that's the only way they'd understand me. Like if I start swearing and cursing well, then they just think I've got no education. Well, I don't want them to think that, right?

Clearly one of the barriers to sorting through communication breakdown and language differences is the absence of time. Decisions about apprehension happen quickly. Apprehension may be the outcome of the mother's first contact with F&CS. The gulf between F&CS workers and mothers that is established during the investigation often leaves mothers feeling misunderstood, as well as powerless and incapable of securing the understanding of F&CS workers.

As mothers become aware that their explanations are not understood, or are not believed, feelings of desperation emerge. This mother speaks of the desperation she feels when she tries to convince F&CS workers that she is not suicidal:

You come in here in my home telling me that I'm this and this. And she goes, 'are you not on anti-depressants?' And I said, 'ya, but I'm not taking them'. She goes, 'why'? I said, 'cause I don't need them'. She said, 'why'? I said, 'cause I didn't say that I was depressed, he said it'. [child's father] And he looks at me and kinda grinned. I'm like 'you asshole'. She's like, 'well, we have to take [daughter]'. I said, 'like hell you do'. She said, 'ya we do' and I said, 'no you're not'. She said, 'do you know of anybody that can come here because we don't know if you're gonna kill yourself'. I was like, 'ya, if I'm gonna kill myself I'm gonna do it right in front of you because you're taking my life Away from me for no reason...' And they wouldn't let me call my dad or nobody so I could have somebody there and have her there... They let him [boyfriend] have her when I told them about his drinking. I told them how he would get so mad. I showed them the holes in the wall. And they still looked at me like, and then they said do you slit your wrists? Well I said, 'look at my wrists. I showed them my wrists'...And they looked at them and she said, 'oh there's nothing there. And he, said 'well she cuts it through her sweaters'. I'm like, 'you wanna see all my sweaters in my closet'? She's like, 'no, we believe him'.

Realizing that she is powerless to convince the workers that she is not suicidal, she

resorts to the response that is congruent with her own experience: She says:

...So by then I was really mad; I was crying; I couldn't even breathe.... I started getting mean. I called her every word in the book 'cause she kept saying, 'you slice your arms; you try to kill yourself, don't you'?... I said he's an alcoholic who doesn't know what he's talking about and I'm getting labelled...And I said, 'can I have my daughter back please'? She said, 'no'. I said, 'how long'? She goes, 'I don't know'.

Another mother speaks of how she tries to defend herself against an accusation that she slapped her child. Her attempts are to no avail. The police are already waiting to assist with the apprehension:

They asked me what had happened to her face and why there was a mark on her face and if I had slapped her and I said, 'no, I've never, I've never laid a hand on my daughter and would never do it. And they wouldn't believe me and so they had, I guess, (I don't know where they got the cops to come from) but the cops came in and they went out with [daughter]. And they took her for a month.

In the midst of the process of investigation, it is unlikely that mothers will be able to

bridge the gaps in communication, make convincing explanations amidst fear and desperation, and negotiate an acceptable plan of care for the child.

Many times mothers are unclear about why apprehension decisions are made. This mother, who has had prior involvement with F&CS and is currently being monitored under a supervision order, is uncertain about why her children are removed. One of the conditions of her supervision order is that all babysitters must be approved by F&CS.

She explains her dilemma:

I had an appointment for subsidy to get the kids into day care, instead of having to worry about babysitters and stuff and then they came and the babysitter...she was here...And then when I got home they showed up shortly after that and said that that babysitter wasn't approved and that I had to find someone else. So, I had to take the next day off of work because if I couldn't have her you know, short notice, I couldn't find anybody. And the next day they [referring to F&CS] came and took them.

She suspects that the apprehension resulted from a breach of her conditions of supervision because the babysitter wasn't approved. She learns more about the reasons when she reads the legal documents. She explains:

...my two boys had a bunk bed, a metal bunk bed that was kind of doing the wobbly thing, right. And so [fiancé] took the mattress off the bed and dismantled the bed and put the mattress on the floor for a bed until we could get new beds. And they said that there was a bare, dirty mattress on the floor, which it wasn't, but that was what they say in their papers.

It is probable that the confusion that mothers feel about why their children are removed speaks to the disparities that exist between child welfare contexts and the daily living realities of biological mothers. For instance, notice how the mother, whose child has injuries on his hand, is not alarmed until she discovers that they are "bruises" rather than the "blisters" that are familiar from her childhood experience of discipline. She does not believe that removing the child from her care is appropriate, as she did not cause the

bruising. When the apprehension does occur, she clearly does not understand:

And I kept telling them, listen, I didn't do anything wrong, why are you taking the baby away from me, why are you doing this, why do you have to do that? And they're like because we don't know which one abused the baby. I'm like I've got witnesses upon witnesses upon witnesses upon witnesses that could say where I was, when I was, and when that baby got hurt. And they're like oh, well that doesn't matter to us. It was one of you guys and that's all we can say. Until we know what happened, you're not getting your baby back. And I'm like well, that's not fair. I said what if you come to the house and you know, you can watch me and (son). I tried to compromise with them. Still nothing. They wouldn't budge, they wouldn't budge, no, no, no they kept saying to me.

Only one mother whose children were apprehended appeared to be clear about the reasons that F&CS intervened. This woman did not pick up her children from school because she was intoxicated. Although she is upset by the apprehension, she concurs with the workers concerns about her addiction problems. She is working cooperatively with F&CS in seeking addiction treatment and is anticipating the return of her children to her care. Unfortunately, this congruence between the mother's understanding of the problem and the F&CS assessment of the problem appears to be an exception.

Although it is commonplace for mothers to be unclear about the nature of the concerns that prompted the apprehension, no mother denied the existence of problems. Mothers understand their problems from the standpoint of their everyday realities. They do not necessarily make connections between their own problems and the F&CS perceptions that these problems are placing their children at risk. It would seem that during the investigation process, and even during ongoing involvement, workers are unable to engage mothers in a manner where mutual agreements about the nature of the problems can be reached.

In situations where mothers desire placement, the investigative processes are

experienced in more positive ways. There tends to be mutual agreement about the nature of the concerns. Recall how Wanda describes the investigating workers as “two wonderful ladies”. She feels understood. There is agreement between the workers and Wanda that Jackie requires more help than her mother can provide. Another mother speaks of her experiences with the investigation process. She says:

...well, they were really kind at first. Like, they came to the house, and the lady spoke to (daughter) and I. And she said, you know, something has to be done, because your mom and you can't carry on like this.

In situations of apprehension mothers feel accused and powerless during the process of investigation, whereas in situations of voluntary placement mothers often feel that their concerns are being heard and validated.

However, in Wanda's story, and in the stories of other mother's with similar placement circumstances, workers do not appear to emphasize parental capacity in their dealings with mothers. Mothers tend to feel that workers validate their parenting struggles, rather than blame them for inadequacies. The focus of F&CS and of mothers appears to be on the difficult child behaviours rather than on parental inability. This emphasis establishes the tone for a co-operative working relationship where support and encouragement, rather than blame, can be central.

Although children may present extreme behavioural difficulties, not all mothers desire placement for their child. Often mothers in these situations are apprehensive about the placement intervention. They accept the placement reluctantly as the only available help. This woman speaks of what she hoped would be the outcome of F&CS entry into a crisis involving her son's behaviour:

[I wanted them] just to guide me, to help support me and say: 'ok you know you're doing this right, you're doing this right' – someone to coach

me. And it got to the point that we were court ordered to go to court...I had to go to these groups.

Q: So you wanted them to help you and support you but what ended up happening?

A: My son went into foster care and I didn't want that to happen. I didn't want them to take my child away from me because I felt empty. I felt scared...

In this situation the placement is accepted reluctantly, however, this intervention is experienced as unnecessarily intrusive. Recall how Lynn tries to keep her son from entering the child welfare system, but finally relents when she feels that there are no other options.

Additionally, mothers who accept placement as the only option may blame F&CS for their failure to act in more preventative ways during crises. This mother agrees reluctantly to placement, but simultaneously assigns responsibility to F&CS for this outcome. She says:

I felt, a lot of times, I felt they were just trying to intimidate me, not help me. I really feel that. And you know what? I will never, ever, never in my lifetime, will I ever change my feelings about them. And I'll never say thanks to them because there was no thanks to them because it should never have went this far. They should have been here long before anything ever happened. They waited for an assault to happen in the family before they even came to my doorstep. And I'll never, I don't care what agency or what detective or whoever in the law ever sits there and ever says anything to me, I'll never change my opinion. That's exactly how I feel inside...I'm sorry that I have to say this to you but... that's exactly how I feel. I have no use for those people whatsoever, and I don't feel they're there to help you. They couldn't help him in my family and then they take him into care, like that will cure him, or something.

The stories of mothers who reluctantly accept placement, point to a need for other, less intrusive, and available alternatives for mothers and for children when behaviours are challenging.

Mother's Response

Mothers respond to situations of apprehension with a range of intense and negative feelings including, grief, fear, and shame. One mother speaks of her grief: "it was hard; I cried every night", while another mother says: "everything we've planned has been taken away from us." This mother, whose child has been in care for some time, says:

I miss looking at his schoolwork and coming home from school and showing me stuff. I even miss him talking through the movies, watching movies and me saying shut up...I miss his friends at my doorway and his stinky shoes and his stinky socks. I even miss bitching at him, and telling him to pick up his clothes off the floor. I miss everything. It's just, he's special for some reason. I don't know why but even when I was pregnant with him, there was just something about him...everything was just so totally different with him. I don't know, he's a special child. I don't know what it is but I know I need to be a part of his life. I need him as much as he needs me.

Feelings of grief and loss were expressed in all stories, even when mothers agreed with the placement. These feelings, however, were pervasive in the apprehension stories.

Intermingled with grief is the feeling that there must be a reason for the apprehension. Sometimes mothers lose faith in God, or blame God for what has happened. This mother says:

It's hard. A lot of sleepless nights. Couple times I wanted to commit suicide. Um, at that point I lost faith in God completely. My mother-in-law said, 'don't lose your faith'. I said, 'too late, it's gone'. There is no God. God doesn't exist, because God wouldn't allow this to happen.

The mother whose child is apprehended because of the bruising on his hands says:

I almost died giving birth to this baby. I'm like, 'and then you're going to go and rip him out of my arms?' I didn't get to say bye to him, and I didn't get to see him for like a whole week...And I felt like why would somebody do this to you? Like why would God let that happen to you after all I've been through. Why would he take my baby away from me too? Why would he do that? He knows I wouldn't do it. Like I just kept

blaming, like it had to have been God, he had to have been the one.

In addition to the profound sense of loss and grief, mothers are also struggling to develop an understanding of themselves in relation to the placement. When placement occurs mothers feel shame and fear the label of 'bad mothers'. One mother says, "at first it was really tough...I felt like the worst mother on the earth". Another says: "for me, it was hard. It was very emotional...I felt like...I wasn't really doing my job as a mother". Mothers whose children are apprehended must develop an understanding of themselves in relation to the question of bad mothering. Some mothers in this study described a 'bad' mother that they know, or pointed to a public child abuse scandal as a means of identifying their separateness from 'bad' mothers. This mother says:

I know people who abuse their kids...a friend who I don't even talk to anymore because I babysat her son. He had bruises all over him when he came here...And I guess she had the Children's Aid come in her house...but she's a bigger girl and she has a nursing degree...they walked out the door and did nothing. I mean the police found that little boy outside for two hours out in the cold and didn't do nothing...but me, unemployed, stay at home mom who's too skinny, I get it. That's not right.

Undoubtedly, the feelings of grief and loss, as well as the struggle to understand themselves as mothers in relation to the apprehension, impacts their ability to engage in treatment plans

Ongoing Involvement

In this study, child welfare workers developed quite similar treatment plans in each situation of apprehension. Regular, and often supervised, visits with the child are stipulated. Mothers are required to attend a parenting course and a nutrition course for babies, when applicable. Counselling and random drug testing are required when addiction issues are identified. When violence is involved, both the mother and her

partner were required to attend anger management counselling. In some stories, mothers appear to be pressured to leave violent relationships and to enter individual counselling in order to improve their self-esteem.

There are a number of obstacles that compromise mothers' ongoing involvements. Despite strong emotional reactions to the apprehension, mothers are expected to negotiate and engage in treatment processes, learn new skills, and sometimes make some very profound changes in their lifestyle. The extent to which the negative feelings that result from the experience of apprehension interfere with the mother's ability to meet F&CS requirements for change is unknown.

Another barrier for mothers of apprehended children to engaging fully in ongoing treatment is that they seldom understand or agree with the protection concerns identified by F&CS. There is evidence in this study that mothers of apprehended children may comply with terms when they see them as relevant, even though they oppose F&CS involvement with their families. The following quotation is from the mother who initially sought the assistance of F&CS with her drug addiction. She acknowledges this problem and is co-operative with the addictions counselling component of her plan of service. Notice how she resists participation in counselling experiences that she considers non-relevant. She says:

They made me take like parenting courses and stuff like...I took grade 12 parenting and yeah, I get to take home like the electronic baby, which has a computer. And like I got an A on the project...so what do I need to go to baby class for? And they're like 'oh, well we need you to, you know, learn a little bit more'. So, I took a baby class and took a baby course and other stuff, how to discipline your child properly. And then they wanted us to go into counselling. They told [boyfriend] he needs to go into anger management counselling. So, I'm like, 'okay, that's cool'. He should be the one going into counselling. They told me I need to go into relationship counselling...They just said, 'you know, there's some things that you've

got to learn to deal with' ...And they're like, 'you need to go build your self esteem'. And I'm like, 'I already have enough self esteem. I'm so aware of myself it's unbelievable'. Like I tell all my friends I'm the damn best looking thing you ever seen in your entire life...I know there's some odds and ends to me that could be fixed up and stuff, but I'm okay.

Mothers do not deny that they have problems. The above mother's comments illustrate how, she is not willing to engage in treatment that is incongruent within her everyday realities.

Another barrier to full participation in treatment experiences is that mothers whose children are apprehended have little power in relation to their child welfare involvement. Regardless of their protests and counter arguments, mothers have experienced the powerlessness associated with the removal of their children. They experience F&CS workers as having extensive powers. As one mother says: "I didn't have no choice in anything...I had no say in anything...we're trying to explain to her...she just won't understand it ...she just seems to make it worse...by throwing more accusations in there".

In light of these circumstances, mothers do not have the power to negotiate treatment terms. Their "participation" consists of being informed of a list of court ordered conditions with which she must comply. Legal processes may reinforce this powerlessness:

It was like, I had no chance, or no choice, or no say, or nothing which I don't think is right...I wished I could have got up in the court and said what I felt. But, it was like, nobody gave me a chance to do it. Like, the C.A.S. worker was up there, talking in the courtroom, and he was just going on and on and on and on and on, and all these lies and stuff. Like making it out like we're these bad people, you know. I wasn't able to get up and say what I wanted.

Another mother describes her unfortunate court experiences:

It was a really scary time. They [F&CS] weren't ready for court. They didn't have the papers. They just said they didn't have enough time and I guess it's quite normal to get remanded the first time. So we didn't even go into the court room. I think we had to be served five days before court with the papers in order to go to court. So we hadn't even been served for the first court date, which I don't know if we could have fought then. ...For the second court date the papers were, I think, the judge said that um, it's hard to read. She didn't even want to look at it so it was automatically remanded. It was improperly displayed in too small print, it wasn't in legal paper, it was double, she was screaming at Family and Children's Services.

While these situations are corrected, this mother's apprehended children remain in foster care. Given the level of powerlessness that mothers experience in relation to the circumstances of apprehension, the possibility of participating in establishing terms of treatment is remote.

Another barrier to engaging fully in treatment processes is the difficult and strained working relationships that mothers have with certain workers. When children are apprehended, mothers have intense feelings about their workers. Mothers frequently criticize workers for being "cold", "unfeeling", and "rude". Workers are also perceived as demanding and controlling. One mother says: "they're more or less trying to run your life, telling you how to do stuff".

When a child is apprehended, mothers can separate their emotional reaction to this event from their feelings about the individual worker. The primary criterion that mothers of apprehended children use to evaluate workers is their perception of the amount of support received. This mother's children are apprehended after the school levies a concern about possible sexual abuse in the home. Even though a very distressing apprehension is the result of the investigation, notice the mother's feelings about the apprehending worker:

...she was very understanding; this was the intake worker. She was more on our side as well. She couldn't understand what the teacher was saying. Why was the teacher coming up with these things? Why wasn't this stuff confronted with us [in reference to the nature of the concerns expressed to F&CS by the school authorities]. But the only thing she had to be bound on was the sexual abuse. So that's what they had to go on that one. Then she kept telling me about her son; she had trouble with her son and this and that. So she was more or less on both sides. She'd take the agency's side for the sexual bit and our side for the other bit. She was very understanding.

The sense that workers are "on your side" is important for mothers. Recall Tanya's comment about how the most unhelpful aspect of the relationship with one of her workers is that she was not on her side. In the midst of adversity, the feeling that someone cares is valued.

Although the plan of service may be oriented toward long-term risk reduction mothers of apprehended children are oriented toward the short-term return of their child. Failure to comply with the treatment plan will compromise the child's return. Recall how Tanya realizes that it is a "game" and that securing the return of her child is dependent on her following the rules specified in the court order. One mother says: "it's rough; like I did everything they told me that needed to be done, first month they asked me to do it". The degree to which demonstrating compliance impinges on engaging in meaningful treatment processes that reduce long-term risk is unknown.

Conversely, in situations of voluntary placement and reluctant placement, the barriers to engaging fully in the conditions of the plan of service are not as pronounced. Mothers in these situations tend to acknowledge problems and want help. The terms of the plan of service tend to be seen as congruent with their everyday realities.

Regardless of the numerous obstacles that impair the ability of mothers of apprehended children to engage fully in ongoing treatment services, some mothers report

beneficial treatment experiences. One mother says of her experience with an addiction seminar:

I found that pretty interesting. I didn't know a lot of stuff, like, to do with alcohol and stuff, and what it does to your body, and it was helpful...I enjoyed the group. It was a three-hour group. It was only the one time.

Another mother, who was highly resistant to F&CS involvement, reports how the counselling that she was forced to participate in helped her to manage her anger, and stop hitting her children. She speaks of how the counsellor helped her:

She said where do you feel your body changes and this and that. At this point, I feel my body shaking. She said well that's your boiling point. That's when you gotta come up, and back down. So it's more or less a learning thing for myself as well...Hitting our kids, that's automatically stopped. Don't do that anymore.

Another mother says: "I guess the parenting classes were okay...I guess they just tell you how to deal with the kids better and not to get too upset with them and stuff like that." When asked for an example of something that she does differently as a result of parenting classes she says: "...not yelling at them as much [and]...I guess keeping the place cleaner."

Sometimes certain child welfare interventions are helpful. A very resistant mother speaks of the positive experience of assessment. She says: "their personalities would come into play...it was more of a professional basis...maybe they liked me and they wanted to believe me". This mother makes a positive, helping connection with the foster parents:

We were not allowed to go near their home. We met them at the agency and then there were a couple of nights when [foster parents] came here to help us with the way he did the homework with them. Then we just watched on. And that helped. They were very helpful with us and great to the kids.

In situations of apprehension, the connections between foster families and biological families do not appear to be encouraged.

Although some mothers experience positive outcomes, the number of mothers linking child welfare interventions with positive changes in their lives was minimal. This raises questions about the effectiveness of coercive processes of apprehension in reducing long-term “risk” in families. Investigations lead immediately to coercion when mothers resist.

The degree to which forced participation in treatment programs diminishes its potential positive outcome, is difficult to determine. What is known is that when placement is voluntary, the barriers to engaging in treatment processes are either not present or not as pronounced. In situations of voluntary placement mothers experience a sense of loss, but also feelings of relief. They need the reprieve from parenting a child with behavioural problems that placement in substitute care allows. They express feelings of not being alone, or solely responsible, in caring for their child:

If I phone them, and tell them that I've had problems with (daughter) on visits, they'll talk to her...And see, the idea here, is that we're trying to work together on bringing (daughter) home.

Of the foster mother she says:

She's very supportive of (daughter). Like...she hears her say on the phone... she's like, 'oh, just a minute here. No, no, no. We don't talk to our mother like that.' I'm just giving you an example. She's very quick to put her in her place, if she's out of place.

Placement allows this mother and daughter to have distance from the destructive patterns of interaction. When this mother faces challenges with her daughter, she now has others that she can turn to for support. The importance of sharing parenting responsibility when behaviours are challenging must not be underestimated.

In situations of voluntary placement, there appears to be agreement about the ‘protection’ issues. Although mothers are not always in agreement with every aspect of the plan of service, they do participate in developing the treatment terms. Often, both the mother and the child may be required participate in treatment programs. One mother says:

...now we’re going to go, one week (daughter), one week me. One week (daughter)...And that way, she [referring to the counsellor] gets input from both of us, and she knows what’s really going on... we both need to make changes.

The understanding that both mother and daughter “need to make changes” diminishes the focus on parental blame.

Mothers who experience voluntary placement also must develop an understanding of their mothering role in relation to the placement event. Mothers in a voluntary situation have a different understanding of their involvement with F&CS than mothers whose children are apprehended:

...they're not looking down on you for faults that you might think you have, and they try and explain that to you. They say just because you don't want your child here because of certain things, it's not saying you're a bad parent, and they're always reassuring you on that. They're very empathetic...a lot of people think of Family and Children's services, they call it Children's Aid, as soon as you hear that, people think that you're involved with them because you're an abusive parent or something. Like they're for the help of kids,...they’re there to help the parents of kids who are troubled as well. It's not just to protect kids and help abused kids, or whatever, but they're there for other things too.

For this mother, expanding the role of F&CS to include work with “non-abusive” parents, allows her to understand her own mothering identity in relation to her involvement with F&CS.

In situations of voluntary placement mothers encounter workers with whom they

form positive relationships, as well as workers with whom they have difficult working relationships. Workers who are considered helpful are consistently described as “understanding”. One mother says that she likes her worker because “she's easy to talk to.” Another says: “she was nice, like she listened to me. She didn't jump in like the other workers and say how it is. She listened and understood what I was saying.”

Demonstrating the ability to listen and to understand seems to be, not only an uncomplicated intervention, but also an important part of support for any mother who is experiencing a crisis in her family. It is discouraging that mothers repeatedly cited concerns that workers were not listening and did not understand, even in situations of voluntary placement.

Mothers who want help and eventually accept placement as the only option, also experience intense emotional reactions to placement. They are troubled with uncertainty and unsure about the appropriateness of the placement. Like mothers of apprehended children and mothers who request placement, they also struggle with what it means as a mother to become involved with child protective services. Notice this mother's comments about becoming involved:

Anybody who is not providing necessities and love and compassion for their children and has children's aid called on them, well they basically deserve the awful treatment that you can receive...when they do come in your life, you are guilty until proven innocent. Um, as much as I hated enduring that at the beginning, because I'm a strong person and because I'm patient...I knew eventually people were going to see what I was going through and hopefully somewhere they might somehow come up with a suggestion or something that might work out.

This mother sees herself as a strong and patient mother, who searches for available help, not an abusive or “bad” mother who requires child protection services.

Mothers who accept placement as the only means of help for their situation are

less concerned about workers being on their side and much more concerned about issues of competence. Recall how Lynn comments on how workers seem to lack knowledge about how to appropriately respond to the crisis in her family. She is also concerned about their lack of information regarding available treatment resources. Another mother expresses the same concerns. She says: “I do find the worker that we have right now isn't the most resourceful person...she comes here sometimes and I'm handing her the flyers”. The worker's response is: “wow, where'd you get these?” When mothers experience workers as uninformed it reinforces their scepticism about the appropriateness of this assistance.

Resolution

In this study, there appears to be few satisfactory resolutions in situations where children are placed in foster care. In situations of apprehension, once mothers demonstrate compliance with the terms in the plan of service workers seemed to withdraw from the family. In situations of voluntary placement, mothers also experience the withdrawal of F&CS once the child returns home, however mothers are left with the sense that the services of F&CS are available to them in the future, if required. Where mothers want help and accept placement as the only means of help, they are often concerned that their children move from placement to placement without receiving appropriate treatment. We spoke with 15 mothers whose children remained in foster care and group homes. It appears likely that eight of these children will remain in long term foster care or treatment facilities. Sixteen of the 31 mothers with whom we spoke had secured the return of their children to their care.

In situations of apprehension, mothers were critical of workers who failed to

follow up with them once children were returned to their care. Generally, children are returned to their mothers subject to a supervision order that allows child welfare workers ongoing access to the family. According to the mothers that we interviewed, workers do not consistently follow up with either mothers or children. Mothers are confused and angered by this abrupt withdrawal of services. One mother says, “they disturbed my life. They gave her [referring to her daughter] back, and if I was so bad then they just dropped it like that.” She concludes: “they don’t know what they’re doing.” The mother whose daughter was apprehended because of concerns about her slicing her arms and attempting suicide says this:

So I got a new worker. It was okay, I guess...they're so worried about you and what you do, and they put a supervision order on you. And for that whole six months they only checked on me once. What if I was suicidal? What if I was gonna kill somebody? They don't even bother you. What's the whole point of that order, if they're not gonna check on you. That's the part I didn't understand.

Another mother says:

I got them [referring to her children] back and then I seen nobody. It was like, what the heck? When did this all blow over now that there's nobody around? If I was that bad of a person, why weren't they there after I got them back?

There seems to be a disparity between the crisis oriented, intrusive intervention of apprehension and the almost total withdrawal of service after the child is returned. These two circumstances may only be a few months apart.

From the mother’s perspective, this disparity suggests that mothers do not recognize changes within themselves that are substantial; otherwise, the worker’s withdrawal from their family might make sense to them. Secondly, mothers are left feeling blamed for their inadequacies, without any opportunity to demonstrate their

parenting abilities to workers or, where appropriate, to prove that the apprehension had been unwarranted. After apprehension, mothers report lingering traumas:

She goes through, I guess it's anxiety, or feels like I'm gonna leave again. That's why she cries when she goes with her dad. She doesn't think I'm gonna come back anymore...I'm gonna tell her the truth when she's old enough. I'm gonna tell her what happened....Even if I go to the store without her, she gets mad and upset... You can't explain to a two and a half year old, three year old, that you know, what happened....I'll never like Children's Aid for doing this, the way they did it. They didn't listen and now I have my daughter, I have to deal with every day to get her to understand.

Another mother speaks of the negative impact of foster care on her daughter's development:

Lots of delays, lots of regression. [My daughter] went back to talking baby talk. It seemed like she was gonna walk a year ago, she's not walking yet. She's just starting to get to the point where she starts to take a few steps. Um, a lot of things that she was doing a year ago, she can't do.

Other mothers speak of being insecure in their ability to discipline their children after they return home:

...we're more afraid...I'm afraid because they're going to turn around and say I want to go back to [foster parents]'s kind of thing. Because I don't know if they even discipline them over there. We're disciplining them, but not harshly. It's tough right now.

And Tanya describes herself as “paranoid” that police cars will arrive to remove her daughter again. Regardless of the lingering traumas, there is no ongoing social work support to mothers or children. Mothers and children are left to cope with the after effects of apprehension.

In situations of voluntary placement, there are some examples where placement does have a positive effect on the family. In Wanda's situation, she is able to build a positive relationship with her daughter who eventually returns to her care. Where child

behaviour is a primary concern, mothers feel validated when their parenting challenges are acknowledged. They are relieved to have a break from the stresses associated with the daily parenting and to share the burden of these strains with other caregivers. For mothers, these are positive outcomes.

However, when a placement is accepted as the only means of help, the child may be moved from one placement to another, and eventually to a treatment bed within a group setting. Notice this mother's thoughts about limitations of foster placement for her child:

...it's almost like Children's Aid is a stopover, a brief break for the parents. And then the situation either improves or gets worse. And if it gets worse then, like I said, Children's Aid is a stopover until the kid actually commits some kind of a crime, or whatever, and ends up in security or custody.

Mothers may be left with the fear that children will become 'lost' in the system, learning new delinquent behaviours, rather than receiving appropriate treatment for the problems that already exist.

Conclusions

The removal of a child from the care of a biological mother and the subsequent placement of that child into the foster care system is a powerful, emotionally laden experience for mothers. Whether the placement is the result of an apprehension, parental request or the only available option, the lives of mothers are profoundly affected by this experience, yet little attention has been given to their accounts of this experience. This analysis has been an attempt to draw attention to the experience of placement for biological mothers.

Mothers whose children are placed in foster care acknowledge that they experience problems in their lives. They acknowledge their need for assistance with their

problems. When interventions are not congruent with how mothers understand the solutions to their problems, the outcome is not favourable. In situations of apprehension mothers are rarely in agreement with the placement (in our sample one mother agreed, in retrospect, that apprehension was understandable). How mothers make sense of their problems is not congruent with how F&CS rationalizes the apprehension as an appropriate response to the problems. The level of intrusion into families and the intense emotional reaction of mothers to apprehensions, creates barriers for mother in engaging fully in supportive services. Even after considerable time has elapsed from the point of apprehension, and regardless of the manner in which the precipitating crisis was resolved, mothers tend to remain opposed to, and angered by, this intervention in their families. The placement functions to distance mothers from accessing services of F&CS should problems arise in the future.

The importance of developing interventions that are congruent with family problems is poignantly illustrated by Wanda's story about placement experiences. Wanda understands the placement as an appropriate response to the problems that she is experiencing. This acknowledgement is painful and the placement is a difficult choice for her. However, the placement is voluntary and negotiated. Interventions are focussed on the child. Wanda changes, Jackie changes, and they are eventually reunited. F&CS is appreciated for their role in facilitating these changes. The placement intervention functions to facilitate a stronger relationship between mother and daughter. The outcome is positive because the intervention is congruent with the needs of the family.

When placement is reluctantly accepted as the only means of help, questions are raised about the congruency of placement with the needs of the child. Although mothers

may experience the relief associated with a break from parenting a difficult child, they are hesitant about the impact of placement on their children. Lynn's story illustrates the concerns of mothers whose children become placed in the system, because there are no suitable alternatives. The placement functions to distance the child from the family, while important questions about the treatment needs for the child are left unanswered.

Part IV: Conclusions

The Challenge of Congruence

The placement stories draw attention to the incongruence between child welfare priorities and the everyday lives of mothers. Mothers experience the detrimental effects of the conditions of non-privilege, creating strategies for dealing with adversity that are consistent with their everyday lives. Child welfare interventions are not directed toward ameliorating these detrimental effects of non-privilege. The strength and persistence shown by mothers in facing adversity is often unrecognised.

The placement stories indicate that mothers acknowledge problems and want help. They desire alliances with child welfare workers where their needs can be expressed and acknowledged. They desire support in their efforts to overcome life's hurdles. Sometimes they need concrete forms of support, such as money, reliable babysitting, day care services or housekeeping services. Sometimes they need suitable and safe housing, or a job that allows them to meet their parenting obligations as well as their financial obligations. Sometimes they need information or assistance with connecting to specialists and to treatment services. Sometimes they need emotional support. Sometimes they need placement.

Communication problems between mothers and workers are persistent. Many

mothers feel that workers do not listen and do not understand. The potential for developing helpful working alliances in a climate of misunderstanding is limited.

Whittaker & Maluccio (2002) in their reflective essay on child placement describe child welfare services as “preoccupied” with the physical location of the child, to the point that it “directs attention away from the twin goals of promoting healthy child development in a safe, nurturing context and enhancing the adequacy of family functioning” (p. 108). A second consequence of incongruity between the child welfare context and mothers’ everyday realities is that alternate, perhaps more acceptable and effective helping strategies may not be recognized.

There appears to be little opportunity for negotiated solutions between mothers and child welfare authorities. Mothers are forced to comply with conditions by, using Tanya’s words, “playing the game”. Compliance with treatment conditions becomes a vehicle for securing the return of their children, rather than an opportunity for meaningful change. The diminished benefits of forced, rather than negotiated, solutions require consideration.

In situations of voluntary or reluctant placement, mothers are generally aware that problems are intensifying long before placement occurs, but F&CS cannot become involved until they receive information that matches the criteria for child welfare eligibility. Mothers may not realize that in order to secure assistance, the information that they provide to workers must focus on their own inabilities, rather than on their child’s negative behaviours. A fourth consequence of incongruity is that by the time F&CS is able to become involved with families, child behaviours may have escalated to the point of being out of control. The degree to which this escalation is a risk factor in

child abuse is unknown.

Perhaps the most regrettable consequence of incongruity between the child welfare context and the context of biological mothers is the manner in which F&CS positions themselves in the lives of mothers. The pressure that F&CS places on mothers causes considerable distress. Using the metaphor of the mother who describes life as a series of hurdles, incongruity causes the interventions of F&CS to be experienced as another hurdle. For mothers who already struggle on a daily basis with the circumstances of non-privilege, more hurdles are the last things that they need. Periodically mothers acknowledged that the involvement of F&CS motivated them to seek treatment, or caused them to change some aspects of their lives, but the question that must be raised is at what expense do we achieve these few positive outcomes?

Fortunately, not all placements are incongruent with the daily living realities of mothers. In situations of voluntary placement, workers and mothers appear to understand and agree on the nature of the problem and its solutions. Agreement about the nature of the problem is an important aspect of congruity. It allows for relationships where workers and mothers are able to negotiate and to collaborate. In these situations, mothers welcome future involvements of F&CS. Wanda provided one of the most glowing reports about positive relationships with workers. The availability of voluntary placement is an important resource for this mother.

The procedures associated with apprehension constrain the relationships that workers are able to develop with mothers. Too often they are adversarial in nature. Even when mothers find particular workers supportive, their relationships are coloured by fear and mistrust. These conditions are not conducive to helping families.

It would appear that we know very little about the long-term effects of short-term placements on mothers and children. Some mothers suggest that young children show increased anxiety about separations after they have been subject to placement in foster care. Others suggest that they show signs of regression. It is unclear to what extent the relationship between mothers and children are affected by this form of separation. In the interviews, mothers suggest that they must find ways to cope with the stigma of this intervention, and with the fear that they might be subject to future apprehensions. It is not unreasonable to suggest that the identity of these women in relation to their mothering role is profoundly affected.

Towards Positive Child and Family Welfare

Recent reforms in Ontario's child welfare system suggest that questions about the primary interest of child welfare services in child placement are timely. Since 2000, there has been a lowered threshold for determining the child's need for protection from harm as well as an expanded definition of what constitutes child abuse.⁸ One of the consequences of these reforms has been the prompting of an unprecedented 40.2 percent increase in the substitute care population, which represents over 13,000 children.⁹ There appears to be a trend toward the increased use of short-term child placements where

⁸ The Child and Family Services Act (CFSA) sets out 12 grounds for finding a child in need of protection. Prior to March 31, 2000, three of these dealt with the "substantial risk" of harm to a child, including physical harm, sexual exploitation or molestation, and emotional harm. A review of the system led to the conclusion that the word "substantial" had created too high a test before action could be taken to protect a child. Replacing the words "substantial risk" with "risk that the child is likely to be harmed" lowered the threshold for the risk of harm. Furthermore, as of March 31, 2000, the definition of abuse was expanded to include "pattern of neglect".

⁹ This percentage increase in the substitute care population occurred between March 31, 1997 and March 31, 2001. As of April 1, 1999 there were 13,343 children in substitute care arrangements in Ontario (Secretariat to the Federal/Provincial/Territorial Working Group on Child and Family Services Information, 2002 #170).

mothers must demonstrate compliance with specified conditions before children are returned.¹⁰

Over the past decade reforms within the system have led to an intensified focus on maternal deficiencies. Reforms to the system, which were prompted by media coverage that implicated child welfare systems in child deaths, placed an increased emphasis on the investigative processes. Workers are expected to be suspicious of mothers as a matter of routine. This emphasis is consistent with an overall trend in the Anglo-American mainstream approach to child welfare services, which has become dominated by a paradigm of risk assessment (Wharf, 2002). In Ontario, the use of risk assessment tools is mandatory. Risk assessment focuses attention to particular forms of information (Goodard, Saunders, Stanley, & Tucci, 1999), thus streamlining worker perceptions of mothers. As child welfare professionals focus their attention on the detection of risk factors, the multiple dimensions of the lives of mothers whose children are placed in substitute care will continue to be overlooked.

How mothers talk about their lives has implications for child protection in Ontario. Most salient is the limited level of assistance forthcoming to most families and the modest benefits for children, parents and families from these efforts. Considerable energy and resources are focussed on the procedures involved in protection investigations and child placements. What is relegated to the fringes is the development of services that can address the adversities that mothers face.

¹⁰ In addition to policy shifts that lower the criteria for protection involvement, factors in this trend include an increased emphasis on mandatory reporting, the introduction of risk assessment tools, and changes to the provincial funding formulas where high risk and child placement cases increase funding to child welfare agencies (Swift & Callahan, June 2002).

While an extended discussion of promising possibilities for child and family welfare design is beyond the scope of this report there are some general strategies, which emanate directly from these stories. A “sine qua non” is increasing the level and diversity of helping options available to families and service providers that allow for greater collaboration. Child welfare agencies could play a lead role in developing suitable programming for children that ameliorates the negative effects of non-privilege. We require community initiatives where biological mothers assist with the development of programs suitable for the children of their own communities. Programs that promote healthy child development, build self-esteem, promote supportive friendships, and encourage skill development are appropriate for child welfare services. Such a collaborative forum not only shifts the emphasis to the needs of children, but functions to bridge the gap between the privileged and the non-privileged. It is a forum in which mothers can share their realities, and child welfare workers have an opportunity to hear and respond to these realities

Clearly the circumstances of voluntary placement illustrate that under certain conditions child placement is a helpful intervention. The ways in which mothers speak about their child placement experiences point to the need for a broader range of placement options that serve to provide protected care to children without alienating mothers. A comprehensive system of ‘support’ care services is indicated. Choices for support care services that extend beyond our traditional models of foster care are required.

Expanding the placement options for support care includes an emphasis on the use of flexible forms of respite care. Sometimes mothers need energy and time to respond to

the difficulties they are facing. Respite care has the potential to support mothers and to provide children with a protected environment. Replacing traditional forms of foster care with respite care might also allow mothers to begin to trust workers as sources of support, while workers make full assessments about how to respond in meaningful ways.

Providing continuity for the parent-child relationship is possible when placements for parents and children together are utilized. In situations where mothers are young, a supportive placement with an experienced mother who models appropriate parenting and offers encouragement and support may be invaluable. For a first time mother, a negotiated and supportive care experience may serve to establish positive feelings toward child welfare authorities; thereby increasing the probability of accessing help should future crises arise. Sweden uses placements in small public institutions called 'homes for care and accommodation'. These homes generally accommodate nine or less children from ages 0-12. During the placement period, the capacity of the family is assessed and a plan for ongoing support to the family upon return home, or for the placement of the child in an ongoing foster care situation, is established. This choice in placement services is based on the belief that, whenever possible, disruption of the parent-child relationship during periods of care is the least desirable choice (Andersson, June 2002).

The voices of mothers in this study also indicate that the barriers between foster parents and biological mothers are unhelpful. This division is not as pronounced in situations of voluntary placement, although relationships between foster mothers and biological mothers did not appear to be encouraged. When a child has behavioural problems, the challenges can be enormous. Rather than this divisive response, foster parents and biological mothers might be encouraged to work together in developing

parenting strategies, and in facilitating treatment goals. Such collaboration would assist mothers in feeling supported, and in maintaining connections with their child. It could increase the supportive networks for biological mothers and opportunities for foster mothers to model sound parenting skills. This form of collaboration may direct the emphasis toward the child's needs, rather than toward the mother's deficiencies.

A variation of collaborative parenting exists in Sweden where a connection is facilitated between a contact family/person and a family where child maltreatment is a concern. This intervention emphasizes family-to-family relationships and functions to provide non-professional support to families and children. Contact families are expected to co-operate and support child welfare parents. The local social welfare committee appoints the contact family/person, often as a result of an assessment of the needs of the child and the family.

Andersson (2002) writes: the contact family is seen as a support service in its capacity of being a "normal" or "ordinary" family, prepared to include a child "in need" for a few days (and nights) at a time, but regularly and maybe for many years of childhood" (p. 14). Older children may visit or speak with a member of their contact family on a daily basis where they can receive encouragement in their daily activities and ongoing emotional support. There are high levels of satisfaction among those that use the services of a contact family; it is reported to be the most sought after social services measure in Sweden (Andersson, 2002).

If we are to respond effectively to the "twin goals of promoting healthy child development in a safe, nurturing context and enhancing the adequacy of family functioning" (Maluccio & Whittaker, p. 108), we must hear what mothers say is

important. Mothers say that an increased understanding of their everyday realities and assistance that ameliorates the effects of non-privilege is important. They also say that they need child welfare responses that acknowledge and encourage their strengths and abilities, and helping relationships that are characterized by compassion, understanding, and relevant assistance.

But mothers' everyday lives and the needs of their families are also complex and varied. The diverse needs of children and families indicate that more traditional forms of foster and residential placements continue to be necessary. However, engaging parents and children in participating in a range of support care options, whenever possible, increases the probability that continuity of relationship between parent and child will be maintained. When confronted with a situation where there are potential risks to a child, workers who have various placement options from which to choose have an increased probability of customizing their intervention to the specific needs of the family. During periods of placement, they also have opportunities to form helping relationships with parents and children as well as design strategies for ongoing services that will ameliorate the risks of child maltreatment within the family. The availability of a range of support care options moves us toward positive child and family welfare where the goals of healthy child development in a protected environment and enhanced family functioning can be realized.

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SOCIAL WORK



Partnerships for Children and Families Project

Wilfrid Laurier University
Waterloo, Ontario, Canada, N2L 3C5

Email: partnerships@wlu.ca

Local: (519) 884-0710 ext.3636

Toll Free: 1-866-239-1558

Fax: (519) 888-9732