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Gary Cameron

Wilfrid Laurier University, camerongary@wlu.ca

S. Hoy

Wilfrid Laurier University

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SUMMARY

Stories of Mothers and Child Welfare

G. Cameron and S. Hoy

Partnerships for Children and Families Project
2003

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Summary of Mothers and Child Welfare

G. Cameron and S. Hoy

Reasons for Listening to Mothers' Stories

As researchers and as service providers, it is easy to behave as if we have an accurate, and perhaps even superior, understanding of the people who use our services. In the official conversations where important decisions affecting these people's lives are made, it is our voices, and our determinations about what aspects of others' lives are important to consider and which behaviours are appropriate, that are privileged. Our educational and work environments, and our professional and personal self-interests, combine to make us publicly confident in our judgments and unquestioning about our right to decide. Our benevolence is taken for granted.

Our portraits of families using child protection services and what they need to do in their lives provide important illustrations of this privileged discourse. Of specific concern is that our professional images of these families are particularly harsh and color our expectations and interventions. In her analysis of the literature, Freymond (2003a) concludes that mothers involved with child welfare are portrayed "as having difficulties of such magnitude that the likelihood of any substantial change is remote". (pp. 19-20). Freymond (2003a) makes an argument that is fundamental to the purposes of this research:

"The child welfare system is conditioned by the biased understanding of the lives of biological mothers. The ways that mothers...understand their world, and their behaviour in it, do not fit neatly into the contexts of child welfare. Mothers do not merely absorb and comply with the advice of professionals. They attempt to interpret and to incorporate that advice into their daily living contexts. When child welfare expectations contradict what is 'common sense' in the world of biological mothers, the expectations are met with frustrations and resistance." (p. 1)
Few groups evoke less sympathy than the people who the broader public imagines these

parents to be. This “hard” perspective in turn expects the public child protection authorities to be “hard” with these “bad parents”. One of our motivations in this study is to challenge the usefulness of this dominant discourse about child welfare parents and their family life. If we accept such profiles, any ambitions to create productive helping partnerships with such parents would be unrealistic.

Significant in discussions of reforming Canada’s child welfare “system” is the total absence of the voices of parents and children. Do we not believe that they have useful insights into their own lives and what has happened to them during their child welfare involvements?

The report is based on life story interviews with 16 mothers with recently closed child protection cases at two child protection agencies in southern Ontario. The only constraint on these selection processes was to include a proportion of mothers in each interview strategy similar to the proportion of mothers in the host agency who have experienced having a child placed in care.

There are several strengths to this study. It focuses on the lives of these mothers and not upon their status as child protection “clients”. Whether mothers chose to include their child welfare involvements as part of their story [almost all did] was left up to them. This approach allows us to see aspects of these women’s lives less accessible if our attention is concentrated on the child protection mandate. In addition, the 5 - 6 hours of conversation with each woman provided quite extensive information on her struggles, successes, fears and hopes.

While clearly these stories represent stories typical of many women involved with child protection agencies, and can be very helpful in generating insights into such circumstances, these remain stories about only these 16 women involved with child protection agencies in one part of

Southern Ontario. We should not presume that other women, even those living in the same communities, would tell a similar mix of stories. In addition, while First Nation women told several of these stories, this study contains very limited information on the experiences of women from other “minority” cultures.

Finally, these stories are constructions. Under different circumstances, and talking to someone other than a researcher, modified versions of these representations of self would emerge. These stories are not presented as complete or definitive statements of what is taking place in these women’s lives. They are not presented as the “truth” of how particular occurrences transpired. What these stories do communicate is how these women chose to present themselves under the circumstances of this research and how they represent and make sense of important aspects of their lives.

The discussion of the mothers’ stories in this volume is organized around five broad topics: (1) Lives of Lesser Privilege; (2) Mothers’ Childhoods; (3) Partner and Family Relations; (4) Experiences with Children’s Aid Societies; and (5) Personal Challenges and Heroines’ Stories. These sections are followed by a discussion of four parent and service provider focus groups’ reactions to the life stories. The volume concludes with an examination of some implications for helping from the study.

This summary volume gives a convenient overview of the main findings of this research. However, it does not provide as complete a sense of the lives and experiences of these women involved with child welfare agencies nor as extensive a discussion of the findings as the major study reports from this study. For a copy of the full-length research report, please contact The Partnerships for Children and Families Project. Research reports can also be downloaded at no

cost from www.wlu.ca/pcfproject.

Lives of Lesser Privilege

From its earliest days until the present, Anglo-American child protection systems have focussed their attention on the most impoverished segments of the population as well as on immigrant and other “marginalised” groupings (Cameron, Freymond, Cornfield, & Palmer, 2001). Rationales for the disproportionate involvement of these groups included maintaining economic productivity, public safety, and proper moral standards as well as rescuing children from “dangerous and unwholesome” environments (Freymond, 2003b). The stories in this section, as well as the findings from other portions of the Partnerships for Children and Families research, confirm a continuing disproportionate focus on disadvantaged families.

“Privilege” in this discussion refers to access to valued educational and employment opportunities and to the sufficiency of financial resources to provide sufficient access to daily living resources. “Lesser” is in comparison to the educational, employment and financial circumstances of members of the research team and to many child protection personnel in contact with these women. Both concepts refer to living conditions for these women during childhood as well as adult life. It is impossible to read these stories without confronting the ongoing pressures of living with lesser privilege and the extraordinary efforts required to survive and overcome such obstacles.

Amber

During Amber’s childhood, her father went to jail for several years for drug trafficking. After her parents’ separation, Amber, a First Nations woman, “bounced around” a lot between family members and foster homes. When Amber was 14 she was she was living on the street, sleeping on park benches and in parks. She would sneak into bars and drink and use drugs.

Amber recalls that she was close to the sex trade but she couldn't bring herself to get into prostitution. At age 16, Amber was living at home with her mother again but was forced to leave because of the sexual advances of her mom's partner. She moved to Alberta to live with her stepfather.

Annette

Growing up, Annette was the target of her father's abuse. Annette performed very well in school, but the stress from her home life eventually caught up with her school life. In grade eight her grades plummeted. Despite the difficulties, Annette worked hard to finish high school, because she planned to leave home when she received her diploma. Annette recalls her graduation from high school:

...that was one of the happiest days of life, to get that diploma in my hands. I carried that everywhere. I didn't care how wrinkly it got, but that was my ticket to freedom. And I graduated in June and I hitchhiked up here in October. And that was an experience in itself. The best thing I ever done. Because my mom says, you get on that highway, and you don't look back. You look back, you're going to come back. And I didn't look back once, only to see if there was more traffic coming, but that's about it. And I've been a survivor since.

After graduating from high school, Annette hitchhiked from her Maritime home province to Ontario. Along the way, a friendly truck driver gave her fifty dollars. Once she reached her destination, she used this fifty dollars to stay in a hotel. Immediately, Annette went job hunting.

Elizabeth

Elizabeth currently lives with her daughter and a girlfriend in the back of a house, in a noisy neighbourhood that has a lot of drug dealing and prostitution. Elizabeth survives on the funds she receives from Workers Compensation and from the orphan's benefits which she receives because Steven (the father of her oldest child) died. These sources of income provide her with

\$900 a month. Elizabeth should also receive child support from Ben; however, she says that he recently quit his job to avoid the monthly payments.

Throughout her life, Elizabeth has managed to survive by any means that she could. Elizabeth uses many methods to meet the needs of her family on such a limited income. She describes:

I'm really resourceful. I have a lot and I move in to a community I find out a lot about the community, the things that the community has to offer um, so I go that way resourceful. I've survived a lot. Not as much as others but to me it's a lot. Um, you have to because if you're sitting there with no money and no food you have to find a means for it you know. There's different ways, umpteen ways you can get food and you just gotta figure out a way to do it

Rebecca

A typical day for Rebecca is long and busy, as she is responsible for the majority of the work at home. Rebecca describes what a typical day looks like for her when she comes home after an overnight shift:

I'd come home, and...they'd be up already. And the fighting would already be starting...some of them would get up at six o'clock. They just can't sleep longer. ...if they still didn't have their lunches made, sometimes I would help them, other times, I would just sit here, and kind of...supervise. And encourage them to get ready faster. And be out the door so I could go to bed.

Rebecca sleeps until 11:00 p.m., and then heads to work for 11:30 p.m. And her day starts again. Rebecca estimates that for the past several years she has been getting an average of four hours of sleep each day. Her sleep is often broken up by what is going on in her work or home life. Rebecca also works some Sundays at her mother's restaurant.

One social worker reading these stories offered the following reaction:

I was struck by the lack of resources these women had ... the cycle of poverty and

the impact of coming from a chaotic family of origin. I couldn't help thinking about how much I have benefited from my parents' financial situation growing up. My Dad is also a truck driver, like many women in this sample, but both my parents came from relatively stable families. They have supported me financially [when I was a student] in some way for a long time. These women's stories made me think how easily life could be different and how income inequality ... impacts on these women and children.

Kaitlyn's and Marie's stories are the exceptions among these women (excerpts not included here). Kaitlyn came from a middle class home and the only one of these women who attended university. While Marie did not finish high school and has done office and factory work, both of her marriages allowed her to live in her own house without serious financial strain. All of these women at some point have been single mothers and typically this coincided with a substantial drop in their income. Most have been on social assistance at one time. About an equal number did not complete high school. Long hours of work, shift work, low pay and limited benefits were common for those working outside the home and for the partners of these women. Every woman with the exception of Marie described living with very tight finances and several talked about going into bankruptcy at some point. Only Marie and Rebecca owned their own homes and, for Rebecca, the purchase of her modest townhouse became possible when her aunt paid a sizeable down payment to allow her family to move from their cramped trailer where her, her husband and their six kids had been living. Rented space was modest and sometimes in neighbourhoods considered harmful by the mothers. Almost all of these women described financial and living circumstances which left them very vulnerable to disruptions.

Particularly striking was the level of daily living stress described by some of these women as they invested so much of themselves into working to pay the bills, caring of their children, keeping their families together and maintaining a home. For example, Karen, after leaving her

adoptive home and moving through several foster homes when she was fourteen, was living on her own at a young age. She and her partner work overlapping shifts six days a week, and trade off care of the children. Between getting her two boys off to school in the morning and doing housework late at night when she returns from work, Karen does not get many hours of sleep during the week. She describes their efforts as “running really hard just to live on the margins.”

Sandy also talks about working very long hours at a variety of low paying jobs while she cares for her “hyperactive and aggressive” young daughter and baby sits two neighbour children during the week. Her husband often works six days a week and helps out with some of Rebecca’s odd jobs. Not surprisingly, Rebecca and Sandy talk about being emotionally and physically exhausted. These women did not have access to surplus time or money to invest in self-care.

While service providers are generally aware of the lack of financial resources and, to a lesser extent, the daily living stress engendered for these mothers, few are likely to have thought of the consequences of our child protection systems unwavering and long standing “surveillance” of impoverished and “dangerous” classes. In one of the service provider focus groups reading these 16 stories, after listen to two hours of discussion in which issues of lesser privilege were not commented on at all, the group facilitator asked why this might be so. The unchallenged response was striking: “It’s so common that we just take it for granted.”

If our “child and family welfare system” (Cameron et al., 2001) is to credit the realities of lives of lesser privilege, this would require legitimizing the provision of useful resources and shared responsibility for child care and well being as appropriate service emphases. Increasing access to food and financial resources, childcare and respite services, as well as educational and employment supports are obvious candidates for consideration. It is also suggested that child

welfare organizations pursue innovations to share “child protection mandates” (Cameron & Freymond, 2003) with a variety of formal and informal organizations and groups. From our perspective, these reforms would also stress the collective empowerment of parents and communities to provide for themselves by creating space where women such as these and other members of their families can meet each other.

Mothers' Childhoods

Mothers and mothering receive much of the attention in child welfare interventions. Our research shows that, even when there is a long time partner in the home, the male partner only becomes a focus of the child welfare investigation if he is a perpetrator of child or partner abuse (Frensch & Cameron, 2003). Even with a partner at home, the mother often is held accountable for controlling or removing the “danger” he might pose for her children. Mothers are the primary caregivers of the children in every separate investigation in the Partnerships for Children and Families research. Mothers provide the continuity in children’s lives, as biological fathers are frequently absent in these stories. Equally important, even for the children who have been in care, the overwhelming majority of the children in our research continued to live in their mother’s home and to depend upon them for their sense of belonging. The well being of these women are central to these families. Yet many of these women tell truly horrendous stories of what they have had to overcome in their own childhoods and how this has impacted on their adult lives.

Chen

Chen graduated high school and had her first child at eighteen years old. Chen was not ready to be a mother, but abortion and adoption were not an option in her family. Her parents were shocked and Chen was scared:

...my parents were shocked. The said you're pregnant? You're too young...I was scared ...my family doesn't believe in abortion. Adoption is worse than that. I wouldn't want to give it up. When I see the baby, I'm going to want to keep it. So I knew I was going to keep the baby...[he] felt so precious and so cute and I can't believe I have a baby. It's so cute.

Following the birth of Chen's first child, she suffered from post-partum depression and was later diagnosed with schizophrenia. Chen was very worried about her new baby.

Julie

Julie had a difficult childhood and both her mom and dad were accused by each other of being abusive. Julie recalls that her mom threatened to drop Julie and her siblings off at Children's Aid and actually Julie there on one occasion. Julie's mom married her step-dad when Julie was eleven or twelve years old. Julie's mom and step-dad would drink excessively, until they were abusing each other. When Julie was thirteen and her brother was eleven years old, they would try to stop the fights.

Jennifer

Jennifer's mom and dad were divorced when she was very young and her mom became a "a mean drunk". Jennifer's mom was twenty years old when she was married and had four kids; Jennifer is the oldest. Jennifer did not live with her mom, but her mom had a great deal of contact with Children's Aid. Jennifer and her mom lived with her grandparents until Jennifer was three or four years old and then Jen's mom moved to British Columbia. Jennifer and her dad continued to stay living at her grandparents. Jennifer got along well with her grandparents until she started to miss school. When Jennifer decided not to go to school, she and her grandparents would argue and they would often phone the police. When Jennifer was sixteen years old, she gave birth to Rachael. Jennifer and Tony are still dating and the Children's Aid Society has been a part of Jen's

life since the birth of Rachael.

Sandy

Sandy's mom and dad were both alcoholics and her dad was abusive to her mom. Sandy remembers a particular time when her mom was hurt from the abuse. They were divorced by the time Sandy was four years old. Her mom was poor and Sandy suspects a prostitute, until she married her stepfather. Sandy was sexually abused by her oldest brother. He was responsible for caring for the family, because her mom and step dad being out most of the time. Sandy recalls that her mom and step dad drank together and would become quite violent.

There is variation in the stories these women told of growing up. Once again, Marie and Kaitlyn, this time joined by Janet (excerpts not included here), are the exceptions describing relatively stable childhood homes. Pam, Chen, Susan, and Rebecca tell of ongoing conflict in the home, troubles in school, being out on their own at a fairly young age, having children when they were young, and brothers and sisters getting into trouble with the law and at school. Particularly striking, however, was that all four women describe receiving substantial help from their parents when they became parents themselves. All of the women have close and frequent relationships with parents or other extended family members.

However, Julie, Donna, Jen, Amy, Sandy, Amber, Karen, Annette, and Elizabeth tell childhood stories which are at times particularly horrible. For example, Amy was in foster care as an infant and returned to a mother with substance abuse problems who was very abusive of her. Her mom brought lots of men home. Her mother and her step dad fought constantly. Her mom was diagnosed as bipolar. Amber came from "a very dysfunctional family" and was in a foster home at eleven and pregnant at fourteen. She was living on her own on the streets at fourteen

“close to prostitution”. Karen was adopted at two and, after being sexually molested by an adopted brother, moved through three foster homes until living on her own at seventeen. Annette’s dad was a drunk and very dangerously abusive. She left home at sixteen and hitchhiked on her own to Ontario.

The two First Nations women’s stories, Amber and Karen, have unique themes requiring attention. Besides being about very difficult personal journeys, these are also tales of collapsed communities. The parents of these two women were themselves “products” of foster care and detention homes. Janet’s stepson, who was also First Nations, had a similar story. These stories illustrate the challenges facing many First Nations communities, which have prompted a call for community healing as essential to Aboriginal child welfare (Mandell, Clouston Carlson, Fine, & Blackstock, 2003).

None of us could live through some of these occurrences and emerge unscathed. This is a reality recognized by many service providers; however, in their emphasis on “mothers dealing with their personal issues”, the limitations posed by time and resource constraints on these women, and the great amount of time and effort such “healing” efforts require, are often not talked about. Particularly important in understanding these stories is the great persistence and courage many of these women have shown in “overcoming” such obstacles. There is desire and strength in these stories usually not recognized in “official” dialogue about these women nor encouraged in our helping models.

Can we conceive of a child and family welfare system in which these women would have claims upon our compassion and assistance outside of their identities as mothers? Our official child protection framework focuses on the childhood struggles of these women mainly as “demerit

points” in a formal risk accounting system. This is a perspective that is critically out of balance both practically and ethically.

Besides assisting these women with “healing” and enhancing their educational and career opportunities, these stories point to a need for a community to share the responsibility for buffering their children from dangers and enhancing their well being. In addition, our research indicates that intervention focussed on children is a substantially neglected helping strategy with families in contact with child welfare agencies. In almost all instances, these mothers will continue to provide care and a sense of belonging for their children. Thus, we need to take better advantage of program approaches with a demonstrated potential to improve these mothers efforts to sustain their families and to benefit them and their children as individuals as well. (Cameron, O’Reilly, Laurendeau, & Chamberland, 2002; Nelson, Laurendeau, Chamberland, & Peirson, 2002).

A pivotal commonality for many of these stories, particularly surprising in stories of very abusive childhoods, is the central role that relations with parents, especially with their mothers, and other family members have for most of these women and their families. For example, Jennifer talks to her mom everyday, lives near her dad, is close with her brothers, and lives with her grandparents. Amy’s bipolar mom was particularly nurturing to her in the last five years before she died. She states that she could not have made it with four kids without the support of her parents. Sandy gets together with her mom, step dad and brother regularly. Amber is trying to rebuild her relationship with her mom. Elizabeth talks most days with her mom and believes that her mom really loves her. She wants to move with her kids to live closer to her mom and her step dad. There is an endurance and continuity of family in these stories which is central to

understanding the lives of many of these women. There are strengths in these family networks, which often go unrecognized in our focus on past troubles. Families will be around for many of these women long after social services have gone away.

Partner and Family Relations

Along with mothers and mothering, family functioning receives a major proportion of the attention in child welfare investigations and interventions. The literature is replete with descriptions of the “dysfunctional” nature of these families, including absent and irresponsible fathers, violence and conflict between partners, multiple partners, drug and alcohol abuse, neglected and abused children, unstable families, frequent moves, inadequate parenting, and so on. These family characteristics are presented as very harmful to children and provide the rationale for child protection interventions into homes.

These women’s stories do little to dispel such images; many of these characteristics are dramatically evident in many of their families. It is not hard to understand why there would be concern for the children in some of these homes. Yet there is another story fundamental to understanding and helping told by these mothers. It is a tale about the continuity and central importance of family in the lives of these women and their children, and their persistent desire and effort to have a family and a home. These contrasting stories co-exist and need to be understood in relationship to each other as we hear about ways of living that may be very different from our own.

Susan

Susan’s four children have different fathers; the first three men did not want the responsibility of children. When Susan’s kids were young, she tried to encourage a relationship

between the kids and their fathers, but she no longer has contact with any of the men. Susan was nineteen years old when she had Adam and her relationship was over when Adam's father found out she was pregnant. Susan then moved in with Owen's father and that relationship ended when she found out he was cheating on her. Susan was with Sarah's dad for three years and he was abusive. Susan's youngest child was planned with her current fiance, Nick. Nick has no previous children and wanted a child with Susan. Susan thinks they have a good relationship but things between them were tense when the Children's Aid Society removed the kids because her house was "full of dogs and dirt". Under the supervision order, Nick was required to attend an anger management group, which he has almost finished. Susan went to various counsellors and programs. Once the kids were returned home, Susan and Nick got along better again. Money remains tight, but they plan to marry once their finances improve.

Susan is currently on maternity leave with her new daughter and is happy to have her kids back in the house. She wants to make sure they don't get taken away again. She talks about caring for her newborn and her three year old:

The last three nights she's been really good. She slept pretty much all night. But before that yeah I was up in the middle of the night or up all night with her sometimes. Usually in the afternoons my daughter, she's three, if I can get her to sit quietly on the couch, she usually falls asleep.

Her two boys are more rambunctious: "Very stressful because the boys fight a lot but they're boys, right. They just think nothing is fair in life because he has more cereal than I do or something." The boys are also "special needs children". They acted out when she moved in with her current partner, Nick

Janet

Janet recalls that when Jenny was younger they had a lot of fun together, going to the park

and spending time together. Janet was happy to have stayed home with Jenny until she went to school because she taught her the alphabet, numbers, and how to print her name. Janet is proud of how smart Jenny is. Today, Janet describes their relationship as having a little bit of tension right now, but she attributes this to Jenny being a teenager. Jenny doesn't talk to Janet about her feelings much, but Janet says Jenny does open up to her therapist.

Janet says it was a struggle to manage Sam's youngest son Bobby. Bobby has behaviour problems and learning disabilities and Janet says this has been a challenge to her because she didn't know much about learning disabilities before meeting Bobby. After unsuccessfully requesting help from Children's Aid with Bobby, Sam lost his temper and hit his son. This resulted in a child protection investigation and Bobby was placed in a foster home. After a living in the foster home for a couple months, Bobby was returned home and their case was closed at the agency.

Jennifer

Jennifer and Tony have been together for four years. Although Jennifer had boyfriends before Tony, none of them were significant to her. Jennifer and Tony went through a period where they became very jealous of one another and began fighting almost daily. They went to couples counselling and they find that their relationship is improving.

Jennifer and Tony's child, Rachel, was born premature when Jennifer was sixteen and stayed in the hospital for two months after the birth. Jennifer really enjoys being with Rachael who is now two years old. She gets very involved in participating in different activities with her daughter. They also regularly go to the park and other community events. Jennifer recalls when she and Tony took Rachel to see firecrackers:

I was sitting on Tony's lap and Rachel was sitting on my lap. She was laying in my arms like this. I had the blanket on, I had her wrapped up, my hands

were freezing. I had to make sure her hands were underneath. I was just like shaking...And I said I don't care if I'm freezing. I'm making sure she's like not cold. I didn't care if I froze. I'm like I know I'm here shaking making sure she's warm...

Jennifer has recently noticed Rachel is playing better now with her cousins who live next door. Rachel has had problems with her speech. She was using a few words, but not stringing enough words together for a child her age. Jennifer began taking Rachel to a resource centre that offers childcare and speech therapy. She was surprised by how small Rachel was compared to other children her age. Socializing with other children has helped Rachel. Jennifer says that her daughter now strings two words together. The Children's Aid Society has been involved since Jennifer had Rachael in the hospital at sixteen. After a home inspection, Rachael was placed in a foster home for about six months. Rachel was returned home to Jennifer, but there is still a supervision order in place that Jennifer hopes will end soon.

These women's stories confirm the established story about the plight of many of these families; however, they also uncover a happier and stronger story of family. They show contrasting sides of family life and raise questions about the philosophy and methods of child welfare with these families.

While a few of these women talk about long term marriages, most of these discussions of partnerships tell of a series of relationships with different men over time. Most of these women have been involved in a physical and emotional relationship with a live-in male partner, some with several. Most of the children in these stories are not living with their biological fathers and many have minimal if any contact with them. Siblings have different biological fathers in quite a few stories. The images of many fathers in these women's stories are of irresponsible men who are not able or willing to play

an active role in parenting. Many of these men struggled with substance misuse, particularly alcohol. Several of these mothers talked about their own past addiction problems. While none of these women mentioned active drinking now, several stories suggest that the temptation to turn to alcohol to cope has not entirely vanished.

Yet there is another side to the image of partnerships. Several women expressed a desire to stay out of a partnership, at least for the foreseeable future and others remain committed to their well-established marriages. These stories tell of a strong motivation to partner, to try again, coupled with a strong desire for a “normal” family and home. In addition, in most of these current partnerships, the women feel that they are doing better than with past partners and, in many if not all tales, there are descriptions suggesting that their perceptions of improvements may be accurate.

The portraits of some families hint at continuing “chaotic and unstable” living arrangements. Many mothers talk of their very difficult trials in parenting an “explosive child”. Many children in these stories have endured the loss of a father, a number of “step fathers” coming and going, violence and conflict in the home, parents with alcohol or drug abuse problems and unstable living arrangements. Some children have moved back and forth between parents and other extended family members. The stories suggest that some of these mothers struggle with managing the stress of their work/school, parenting and home management “burdens”. The childhood stories of perhaps half of these women suggest that they might not have much to draw upon in terms of a “map” to guide their own parenting. Some are clearly repeating patterns from their own difficult childhoods.

Nonetheless, these families remain central to mothers and children “being well” and “feeling that they belong and that someone cares”. Mothers, including many with quite “horrendous” childhood experiences, established contact with their own mothers and other extended family

members when they were adults. Family was the most common source of emotional and practical support for many mothers and many of these women and their families do much of their socializing within their extended families. In almost all of these stories, mothers provide the only continuity of parenting and family for these children over time. In many of these stories, becoming and being a “mom” is central in these women’s lives. Many talk fondly about “who their children are” and strive to maintain a family and a home for themselves and their children, under sometimes very difficult circumstances.

Anyone who grew up experiencing the turmoil and disruptions of many of these families understands the fear, anger and confusion of children in such homes. They know about the price children pay over a lifetime. A price many of the mothers in these stories continue to pay in their own lives. Nonetheless, these are the families for these mothers and children and, for most; represent connections that will be desired for all of their lives. What this suggests strongly is that child welfare focussing mainly on changing mothers, enforcing parental behaviours, and removing children from these homes is insufficient. Greatly increased focuses on women’s well-being, supporting families and parenting, and helping children directly are required. This implies an acceptance and elaboration of the principle of sharing the responsibilities for caring for children among parents, extended family, friends and neighbours, and human services. In time, this perspective requires moving away from our longstanding reliance upon a “stand alone” child protection system.

Involvement with Child Protection Services

The dominant emphases in ‘Anglo-American’ child protection systems are on responding to allegations of maltreatment of children through investigations of parents, requiring changes in parenting practices, monitoring families through “voluntary” or court mandated supervision

agreements/orders, and removing children temporarily or permanently from “dangerous” homes into state care. While some argue that these child protection systems do what the public expects of them reasonably well (Parton, 1997), there have been increasingly insistent concerns raised about these child protection systems in the English-speaking countries in which they predominate. Among the most persistent critiques is the low level of assistance provided to most families involved with these services and their rapidly escalating costs, with little tangible evidence of enduring benefits to parents or children. Many have noted that a lot of parents fear and resist involvement with child protection agencies and there is a lack of congruence between the help offered and the realities of the lives of many families. In each of these countries, there is an active search for solutions to the increasing pressures on their child protection system. (Cameron, et al., 2001).

In these considerations of alternative possibilities, the voices that are missing are those of parents and children involved with child protection services. While these life stories did not focus on service involvements, it is not surprising that each of these mothers talked extensively about their experiences with child welfare. These stories provide insights into what it is like to be a parent “under investigation” and suggest how our helping might fit better with what is acceptable and useful to families.

Almost all of the children in families involved with child protection services, including most of those who enter care, will continue to live in their homes and communities of origin. Children and their parents in these stories derive their sense of belonging and identity through their families. Families are where many women and children look for social involvement, emotional support, and practical assistance long after child protective services have gone away. As tumultuous as the lives of mothers, families, and communities are in many of these stories, efforts to improve our helping efforts must focus on finding acceptable ways to be useful within these living environments.

There are clearly important positive elements in many of these women's stories about their experiences with child protection services. Quite a few of these women talked about a positive connection they were able to make with a child protection worker. What was most often appreciated was having someone who would listen to them and who believed that they were doing their best. Service providers were also appreciated for offering useful advice and finding helpful resources. For example, Rebecca appreciated finding a child protection worker with some life experience who knew what it was like to live with an alcoholic husband. Jennifer liked her second worker who, despite being older, had her eyebrow pierced and listened to her. She liked "having her come over and talking with me". Kaitlyn found her worker friendly and full of good advice. She "even offered to help clean the house".

Karen, Annette, and Elizabeth gave credit to the Children's Aid Society for helping them get out of an abusive relationship, though they did not necessarily appreciate how this was done. Involvement helped Jennifer argue less frequently with her boyfriend. Rebecca says that child welfare forced her to face issues in her life that she'd rather ignore. Women talked about helpful programs and services that they voluntarily used or were ordered to use by child welfare. Susan liked talking to her in-home visitor and found a women's group a good place to "get things off her chest". Rebecca thought that family counselling helped her relationship with her husband. Jennifer, a very young mother, liked the in-home services as well as some individual counselling and group involvements. She talked about trying out some new recipes she had learned from her home visitor. Karen valued her involvement with the "mutual support" group and her "summer placement" through the Native community centre.

However, these positive experiences were not the dominant themes in these women's child welfare stories. Having more than one child protection worker while their case was open was the

norm. Many commented about infrequent contact with child welfare workers and how hard it was to get a response to their calls. Some child welfare workers were clearly experienced as insensitive and judgmental. Some mothers talked about workers assuming that they were guilty until they proved themselves innocent. Others felt information about their circumstances was misrepresented or exaggerated. Others wished child welfare workers had listened to them before making up their minds.

Fear was a prevalent theme in most of these stories. Fear when child welfare first showed up, and fear that they might come back in the future. Even “voluntary clients” talked about not feeling that they had any choice but to agree with what the agency wanted. Most mothers were very clear that they believed that needed to do what they were told to do, especially if their child was in care. Some complained about feeling constrained as parents and unclear about what they could do with their children. Many expressed confusion about what child welfare expected of them, and even the status of their case at the agency. Others talked about going through the motions with some elements on their supervision orders, or simply not telling the child protection worker what was going on. Even when a supervision order was in effect or when a child had just returned home from care, child protection worker visits often were infrequent. Most mothers were anxious for child welfare to be out of their lives.

Chen was very unclear about what her next court appearance was about. She liked her new child welfare worker but preferred the mental health worker because she couldn't take her kids away. Susan and her partner fought the child welfare agency's version of events in court. She was unsure what was happening in her case and wanted the involvement to be over. Julie also didn't know the status of her case at the agency. Janet was not happy with the Children's Aid Society or her child protection worker and “would never ask for help again”. Rebecca is afraid to tell her child welfare worker, who she likes, about her husband's renewed drinking. She feels that they do not understand

how it feels to be caught between her commitment as a wife and as a mother.

Of note is that most of these families' lives seem to be going on after child welfare involvement much as they did before. Crises have abated and a few new behaviours may have been learned, but there is little evidence in these stories of substantial and enduring benefits for children, parents or families.

In these stories, child welfare prescribes a fairly standard and limited range of interventions for families: individual and group counselling of various types, anger management and parenting courses, and alcohol and drug testing and treatment are most common. Parents are monitored to make sure they follow through with "treatment" and behave appropriately with their children. The most cursory reading of these stories indicates that these helping strategies are neither congruent with the lives of these parents and their children nor sufficient to respond to the obstacles they confront.

There is a substantial absence of interventions designed to help children directly in these stories. Providing supports to children directly is an accessible avenue to protect children from harm and to enhance their development under these circumstances. For example, day-care, school tutoring and mentoring programs, after-school programming, access to recreational and social involvements, connections with pro-social adults, developing contact families or persons for children and families, family resource centres, and mentoring and apprenticeship programs for children and youth all have promise.

Of particular concern is the use of short-term placements in these stories [from 5 days to 6 months] as a precaution [e.g. Annette] and as leverage to secure changes in family functioning [e.g. Jennifer, Susan and Chen]. These placements were horrible ordeals for these mothers. Most of the mothers with young children apprehended and returned home talked of the insecurities and confusion of their child. It does not take much imagination to see how even a relatively brief placement of a

child can be a marking point in that child's memory of childhood.

Our contention is that, rather than taking a child out of his or her home for a short period of time for these purposes, it is both practical and humane to create alternative choices. Other countries have created "family-friendly" placement options such as contact families or placement homes for mothers and children together (Cameron & Freymond, 2003). It is possible to have access to short-term accommodations or even to have a trusted person stay in a home 24 hours a day for a while. In many instances, the assistance of extended family members or other community residents can be solicited.

Over half of these stories describe the trials of parents trying to cope with a child exhibiting very difficult behaviours [Pamela, Marie, Janet, Donna, Kaitlyn, Amy, Sandy, Amber, Annette]. None of these stories talked about receiving useful assistance from the Children's Aid Society. Clearly, many families facing these challenges become involved with child welfare and the absence of appropriate responses is troubling. In the Partnerships for Children and Families Project's residential care research over half of the children entering residential care had prior involvement with child welfare agencies. The parents of these children also reported dissatisfaction with their reception at Children's Aid Societies (Cameron, de Boer, Frensch, & Adams, 2003). This residential care research also illustrates the tremendous pressure such children can place upon their families and the often disastrous consequences of their efforts to adjust to life in the community. It is essential to explore better ways of recognizing and responding to families in such circumstances.

The stories about Karen, Amber, and Janet's partner's First Nations son remind us of the unique relationship of Aboriginal communities to child welfare. In each of these families, there is a similar tale of community dissolution and of generational involvement with child welfare. Child welfare has continued the relationship of mainstream culture to First Nations began by residential

schools and some argue that its negative impacts have been even more pervasive (Mandell et al., 2003). This underscores the inappropriateness of an exclusive emphasis on individual mothers with this population and the need to accommodate the First Nations emphasis upon a community healing approach to child welfare (Cameron et al., 2001).

Personal Challenges and Heroines' Stories

Heroine: “a woman admired for her courage” (Pearsall, 2002). This descriptor is deliberately chosen to illustrate a characteristic of these women too often obscured from our vision. The women themselves were not comfortable with the term heroine: “We’re not used to thinking about ourselves that way.” They were more comfortable with “survivors”. But does a heroine always succeed? Does a heroine emerge undamaged from her trials? Does a heroine never fail? Does she always succeed at everyday life? Not necessarily. Heroines endure under exceptionally difficulty. They continue to hope and to strive. Life has given most of these women many reasons to give up. Less resourceful women may have ended up in mental hospitals, prison, on the streets, or dead. Many have. Yet most of these women continue to talk about their joys and aspirations, despite the challenges in their lives. Is it possible for us to acknowledge the hope, persistence and courage in these lives?

Amber

Amber has faced a great deal of obstacles in her life. Growing up, she lived on the streets, hungry, and moved from place to place. When Amber moved to a new province, she started seeing a counselor, and she began having flashbacks as a result of her experiences of childhood sexual abuse. Amber recalls that she became suicidal. For many years, Amber used drugs and alcohol to deal with the pain caused by her childhood experiences. Amber still drinks occasionally, but she says that she

has now been “clean” for 12 years. Amber says that she avoids social activities because she fears she will drink if she is around people consuming alcohol. She avoids these situations because the Children’s Aid Society has instructed her not to drink around her children. To reduce stress, Amber enjoys cleaning, gardening, baking, and canning. While she finds it difficult to give herself praise, she explains that one of her proudest moments was when she received her grade 12 diploma. Amber spends most of her time around the house with her partner. They enjoy watching movies, going on motorcycle rides, walking the dog, and going on picnics. They are planning a weekend getaway up north for their anniversary.

Amber recalls that a psychic once said of her, “this person is a helper, this person helps people and looks at people different than other people...”. Amber exemplified this helpful nature by bringing a homeless senior into her home. The man’s home was destroyed in a fire and he was left destitute. Amber felt compelled to help him. Amber received treatment for cervical cancer several years ago. She was told she would have to have a hysterectomy, but she sought a second opinion. The second doctor said she could avoid the hysterectomy. She was happy because she was able to go on and have another child. Amber has dreams of one day opening her own restaurant business. She would like to be married some day and “ride off into the sunset” on a motorcycle.

Annette

Annette says that she feels lucky that she has survived many of the experiences in her life. She survived her abusive childhood, abusive relationships, an injury from a bad car accident, and she also survived cancer and a risky pregnancy. When Annette was diagnosed with cervical cancer, she recalls thinking, “I just had this determination that this is not going to get me, I’m going to keep on with my life and I’m going to look after myself, and hope to God I don’t have any more.” One of the happiest

days of Annette's life was when she received her high school diploma. She took this "ticket to freedom", and travelled to a different province to begin a "new life".

Reflecting upon her life, Annette states, "I've done well on my own, except for getting messed up with the wrong men." She recalls that when her husband was abusive, she would cope with her situation by distracting herself by painting with her son, or by going for walks. Annette believes that if you dwell on the past and negative things in life, you won't get very far. Annette says that the best part of her life is having her children in her life and knowing that both she and her children are safe. She describes how she remains hopeful for the future, "I'm a never-giver-upper. I'm determined that everybody around me is going to be happy, including myself...happiness awaits me."

John McKnight (1977) makes the controversial observation that professional helpers need people's dysfunctions, while communities want their abilities. Parent Mutual Aid Organizations, with members who were involved with child protective services, needed the strength and initiative of mothers (Cameron, Hayward, & Mamatis, 1992). One of these mutual aid organizations was characterized by its own children's bill of rights and a philosophy, which stated: "You can think. You can solve problems." Another prevention program, Onward Willow Better Beginnings, Better Futures includes a focus on neighbourhood empowerment and also relies on the talents of its members, many of whom have been social service "clients". Both of these projects reflect the work of their members and demonstrate their pride in what they've accomplished.

In the Partnerships for Children and Families project research, mothers coping with "very difficult" children, who've been involved with child protection and children's mental health services, contrast the recognition and encouragement received from children's mental health services with the judgment felt from child protection services (Cameron et al., 2003). There is strength and hope in these women's stories that needs to be acknowledged in more balanced models of child and family

welfare.

Parent and Child Protection Service Provider Reactions to the Stories

To gain multiple perspectives on the life stories, service providers and service participants were asked to read and talk about the sixteen stories. Two groups involving thirteen child protection service providers and two groups involving thirteen service participants [mothers] read all of the life stories and participated in a four hour focus group discussion. Service providers and service participants came from two different regions served by two different child protection agencies, with groups from each region meeting separately. The service provider and service participant focus groups were held at separate times and locations. A trained facilitator from outside the research team assisted with the focus group discussions.

Child Protection Service Providers' Reactions

Several participants were surprised and disappointed that many women in the stories misunderstood the role of Children's Aid Society. They were surprised how many of these women were unclear about why the Children's Aid Society was involved as well as unclear as to why children were being apprehended. One service provider notes, "It's as if, in all the work, I hadn't been speaking their language. That really surprised me." Several participants believed that the stories revealed that Children's Aid Society does not always effectively meet the needs of families. Service providers said things like: "I think there is a huge gap. I don't think what we do is effective for what they need", "we're not doing the right thing", and, "I don't think the services we offer are effective". A few service providers remarked that they feel the services offered to families are too rigid and formulaic, and that they are "setting these people up to fail".

Service providers talked at length about the challenges and difficulties associated with their work. A common concern was the challenge posed by the "dual roles" that their jobs entail. Service

providers felt great tension between the role of “social worker” and “investigator”. Many service providers recognized the importance of developing positive relationships with parents, but they find this difficult to balance with their child protection functions. One service provider noted, “The system, the way it is set up, forces you to police more than social work.” Another service provider felt that one of the mothers in the oral stories summed it up, “She said we are business-like professionals”.

Several service providers observed that the mothers in the story expressed great fear of the power of Children’s Aid Society service providers. They agreed that the moms’ fears are “pretty realistic”, and many service providers discussed the power differential that exists between service provider and parent.

Another common challenge for service providers was fear and stress associated with the position. Participants discussed how the fear of being liable for child death or injury is always on their minds. Several service providers felt as though they are being given an impossible job to do, with not enough time and resources. One service provider describes child protection work as, “like you have to take this broken piece of glass and find all the shards and all the little pieces and glue it all back together again. It can’t be done.” Several service providers noted that the time constraints placed upon their work often require them to make quick judgments about the people they work with. One service provider says that this may lead to relying on “stereotypes” of the people they work with.

Participants noted that they use their position to advocate for services for families, and they find this to be a satisfying aspect of their work. And one service provider described feeling pleased that she felt she had “helped more than one person free themselves from abusive partners”. Another service provider stated that she thinks the Children’s Aid Society involvement is a good thing because, “If that’s how bad it is with us in there, how bad would it have been had we not been there?”

Underlying some service provider comments was suspiciousness about the truth of some of the women's stories. One service provider reacted to one story, "But yet, I'm not trusting her assessment of the situation. And that's the investigator in me going 'lady, you're a liar and you're messed up'. And sometimes I feel that way about a client. Like 'You're a liar, and you're messed up and it's really hard for me to work with you' "

Many of the service providers understood the stories mostly from the perspective of individual and family "issues". Service providers described the women as having poor coping skills and as having many different "issues" related to: attachment, addictions, self-esteem, and mental health. Several service providers commented on what they called the mother's "lack of insight" into their problems. Some participants felt that some of the mothers in the stories did have insight into their problems and that they were "determined to change".

Service providers noticed that the mothers in the stories had very different life experiences than themselves. Several service providers referred to the "extreme trauma, crisis, and chaos" experienced by the women in the stories. They talked about finding it difficult to understand and relate to many of the decisions made by these mothers in the stories. Several service providers noted that they had different value systems than the women in the stories. Issues around cleanliness and lifestyle were mentioned at several points. A number of service providers found it difficult to understand why women in the stories maintained relationships with their family of origin, given the abuse they had suffered. Others expressed surprise that the women in the story seemed to give little thought to the needs of their children.

There was limited discussion among service provider about poverty or lack of opportunities in these women's lives. One participant explained that they tend to expect poverty to present in families they meet though their work: "... the majority of people that we work with are females who are

marginalized and who struggle with poverty...You don't even question it anymore because that's what it is." When prompted by the facilitator, service providers discussed gender concerns in these stories. They were not surprised that all of the stories were women's stories, because 95% of their cases focus on women: "...reading these is like reading your Children's Aid Society load". Several service providers noticed the lack of men's voices in the stories and in child welfare in general. They were not surprised by the lack of male stories. One service provider explained: "...a lot of the time the women that we work with have multiple partners and they can change fairly quick so that we automatically don't spend a whole lot of time holding them accountable unless there was an incident of domestic violence or physical abuse...For the everyday kind of stuff we really don't focus on the men".

While this was a less frequent focus of conversation, some service providers also talked about strengths of the women in the stories. One participant noted that many of the women were working hard to go back to school. Another felt that there were examples of "positive parenting" in many of the stories. Quite a few service providers commented on the resilience and "survival" ability of the women.

Several service providers expressed empathy for the women in the stories. One argued that the women did have "insight" into their lives, but external pressures make it difficult to get out of abusive situations. Another service provider concluded: "... they're women, they are people, they are mothers and sisters just like us." A service provider who is also a mom related to a mother's story about being frustrated by the lack of Children's Aid Society's support for her problems with a teenage daughter.

Some service providers felt the stories highlighted how they don't know the stories of many of their clients. The stories supplied more of an appreciation for the things people deal with daily.

Another service provider felt that the stories highlighted the damage Children's Aid Society can do to a family, and she felt that things like a dirty house shouldn't be given as much concern as it is. For others, the stories reminded them of the importance of seeing people as individuals and listening to and valuing their stories.

Mothers' Reactions

These women were upset that the women in the stories were confused and misinformed about what the Children's Aid Society was doing. Several parents said that the stories reinforced their unhappiness with the way Children's Aid Society works. Several participants said that the stories made them think that the Children's Aid Society is not effectively meeting the needs of parents. People in the groups were particularly disappointed that in many of the stories the Children's Aid Society did not provide help when parents ask for it.

Many participants resented the Children's Aid Society and other institutions such as the education system for putting the rights of children over the rights of parents and reducing parental authority. Several parents felt that after Children's Aid Society involvement, it was harder for parents to discipline their children. There were also parents that expressed being happy with children knowing their rights. One parent said that her daughter would never take advantage of the situation. Another parent commented that she was glad that her Children's Aid Society service provider informed her children that they still had to listen to their parents.

Many parents talked about their fear of the Children's Aid Society, especially when they first became involved. One parent reveals, "I was scared of their power. Cause we were told that it was a volunteer based and we're looking at it and going yeah right." Many participants were upset or angry at how the women in the stories were treated by the Children's Aid Society service providers. Specifically, people felt that service providers didn't show enough respect towards the women, and

often judged the women as “guilty” until they prove themselves innocent. Participants felt upset that the service providers did not believe some of the women’s stories. Another common issue talked about was the difficulty parents have taking advice from service providers that do not have children. A few mothers related to the stories about neighbours using Children’s Aid Society as a weapon against one another.

Participants also had positive things to say about the Children’s Aid Society: “My reaction was in most of them was there definitely a need for the Children’s Aid to be involved. They needed the help and the guidance and the interactions. Maybe the way it was gone about may have not have been right or handled properly. It could have been done a lot more gently”. Another parent felt that Children’s Aid Society involvement was beneficial to parents because it allows them to have access to more resources. There was some discussion about the fact that child protection is a needed service in the community. Also, many parents in one group revealed that they personally had positive experiences with a Children’s Aid Society that was using a “community-based model”. They were involved in support groups at agency resource centres.

Some parents wanted the Children’s Aid Society to employ a “partnership” model with parents rather than an adversarial model and the Children’s Aid Society should involve the school system and work more in partnership with other community programs. Participants felt strongly that service providers should really listen and talk to parents, respect parents, and treat them like humans, and not judge them.

Parents spoke a lot about the empathy they feel for the women and how they feel they understand the women’s stories. They spoke at great length about how the stories “hit close to home” for them. Several felt that many of the women in the stories lacked caring and love as they grew up, and that this explains a lot of the things that happens to them. When someone

criticized a choice a woman made, someone else would offer an explanation. There was also discussion about the fact that many of the women in the stories chose to have relationships with their abusive family members in their adulthood. A few of the mothers could not understand why anyone would do this, but several people offered another point of view: “Our mothers are the most wonderful gift on earth. You know, and I saw that because I lost my mom a year and a half ago and everything she went through, we went through you know, one thing never failed and that was my love for her”.

There was also discussion about women putting children before partners. Specifically, one parent was very disturbed that a woman in a story said that she had to stay committed to her partner because her children would eventually be gone. Another woman responds: “I don’t know, I sort of understand that too because before John came into my life, my whole life was my daughter and then we got together of course and we have five children all together and now I realize it’s not healthy for my whole life to be my daughter. You know, John is just as important”.

When the group discussed what it takes to make better choices and “change”, a woman offers her insight into why it is so difficult: “Sometimes being a survivor is not an easy thing to do. And it leads to a lot of feelings of guilt and stuff like that because, when you’re constantly at home in a downward spiral, people that are in it, don’t want to see you get out of it”.

Several parents related to the way women in the stories managed daily challenges. One woman said: “No body knows how you cope with things, you just go on I guess. I don’t think there’s an actual word with how we cope with our problems.”

These parents related to the stories of physical punishment. Many revealed that they had experienced physical punishment growing up, experiences which several parents

considered abusive.

Several people thought that these women had low self-esteem and that they had learned dysfunctional parenting styles from their parents. Several participants said the women need to “help themselves”, improve their coping skills, and change their lifestyles. A number of participants felt that individual or group counselling had helped them, and so this may also help the women in the stories.

Many participants thought that the women in the stories were “incredibly strong” managing to survive, despite having many negative experiences. Several people felt that the women clearly loved their children. Parents were impressed by the strength it took the women to tell their stories. Participants believed the women were trying hard and doing the best they can in life. A few were impressed that many women were going back to school. They commented favourably that the women expressed hope for the future.

Participants did not see the stories as having anything to do with “women’s issues”. Rather, they were disappointed that there was a lack of a man’s voice in the stories. A few participants highlighted the financial hardships faced by many of the women in the stories. However, for the most part, issues related to poverty and lack of opportunity were not discussed.

Comparing Service Provider and Parent Reactions

Perhaps the most important recognition from reading the separate reactions of parents and child protection workers to the life stories of these sixteen women is the great gap which divides them. From our perspective, this illustrates the substantial barriers separating the worlds of child protection service providers and the families with whom they engage and

highlights how difficult it can be, even with the best of intentions, to form collaborative partnerships for children and families.

Parents generally identified very strongly with the women in the stories and drew parallels with their own lives. They identified the women in the stories by their names in their comments. They offered “explanations” why the women sometimes made “erroneous” choices in their lives and suggestions about what might be helpful to them. For some, it was a comfort to know that they were not the only mothers who were struggling. They debated the appropriateness of some of the parenting behaviours in the stories and were quite unhappy with the help that the women received from the Children’s Aid Societies.

An unanticipated reaction from the service providers was their “reluctance” to focus their discussions upon the women in the sixteen stories. Much of the service provider discussion concentrated on the challenges in their own work and their comments about mothers were often generalized to the women that they work with rather than being specific to the women in the stories. In addition, these service providers, with some exceptions, made frequent surprisingly disparaging comments about the behaviours and abilities about the mothers with whom they work. Comments reflecting lack of confidence in these mothers’ potentials outnumbered positive observations in these discussions by about three to one.

There is no indication from these group discussions that parents were any less observant or insightful about these lives than service providers. But the difference in world views is evident and of concern. While it is not hard to imagine how the requirements of child protection would require an “emotional distancing” of these two groups, and there are definitely individual, program and organizational instances when such distances are effectively bridged, these barriers to active collaboration close out many positive possibilities for children,

parents and families, as well as for service providers, and must be a priority concern in our search for an improved child and family welfare system.

Concluding Discussion

This research provides an opportunity to hear the voices of mothers involved with child protection services and to learn how they understand their own lives and their involvement with Children's Aid Societies. It provides an alternative to professional and academic statements about who these women are. The research encourages thinking about these mothers' strengths and struggles. It invites service professionals to step into worlds which may be quite different from their own and to leave the presumptions and procedures their work places between them and these women aside. When there is no need to defend what is known, it is easier to open to other ways of understanding.

How these women talk about their lives has implications for child protection in Ontario. Most salient is the limited level of assistance forthcoming to most families involved with child protection services and the modest benefits for children, parents and families from these efforts. Some argue that the "Anglo-American child protection system" (Cameron et al., 2001) does a reasonable job of what many consider its core function, the detection and intervention into the dangerous living circumstances of the most vulnerable children (Parton, 1997). Nonetheless, the price of this single-minded focus is that most families with open child protection cases resent and fear an unwanted and unhelpful intrusion into their lives.

This research portrays a child protection system, which is both expensive and remarkably inefficient in bringing useful assistance to children and families. It is limited in its vision and the help made available. A preoccupation with a small percentage of extreme family situations dominates child protection to the detriment of most of the families. Building a more

balanced and flexible child and family welfare system requires greater congruency with the lives of the women and families in these stories.

Our child protection system continues to involve poorer and less privileged segments of our population. Lack of access to adequate resources and opportunities for enhancing child, parent and family well being, high vulnerability to disruption in existing supports, and high levels of daily living stress are commonplace in these stories. These women confront tremendous personal challenges in their childhood and adult lives. For many, relationships with partners and family functioning experience painful disruptions.

Yet these mothers remain very important in their children's lives often providing the only source of continuity and belonging. These women's stories illustrate persistence and the overcoming of obstacles, as well as continued commitment to their children and desire for a stable home and a family. Despite sometimes "horrendous" beginnings, there is a continuity and strength of family in these women's stories. New partnerships form and families of origin provide assistance and social connections for many women. Most relevant, these are the families and communities in which almost all of the children in these stories continue to live.

Front line child protection personnel talk about these women having lives very different from their own and the many barriers to their forming collaborative helping relationships with these families. The core challenge for child and family welfare remains connecting with the shared daily living realities of these children and parents in ways that they find acceptable and congruent with their lives.

While an extended discussion of promising possibilities for child and family welfare system design is beyond the scope of this report¹, there are some general strategies which

¹ For a discussion of some of these possibilities readers are referred to Cameron,

emanate directly from these stories. A “sine qua non” is increasing the level and diversity of helping options available to families and service providers, allowing for greater collaboration. This implies moving away from a stand-alone model of child protection towards sharing child protection mandate across service and community organizations. It benefits from greater partnerships among formal services and informal family and neighbourhood networks in promoting child and family welfare.

A corollary requirement is an acceptance of the principle of shared parenting. Holding stressed and distressed mothers responsible for remedying troublesome family circumstances is an insufficient response. This paradigm includes broader groupings of service providers as well as family and community members as partners in caring for children. In addition, an easily accessible but substantially unexploited avenue in protecting children from harm and promoting their well being is programs and supports for them directly.²

This paradigm accommodates the substantial strength and resilience evident in these women’s and families’ stories. It includes the development of “empowerment spaces”, creating opportunities for mutual aid, social connections and friendships, and communal cooperation. This paradigm complements professional helping by mutual reliance among families, neighbours, and others confronting similar life challenges. In addition, it values compassion and creativity in facilitating healing and personal growth for the mothers in these stories.

Echoing concerns in the recent child welfare literature (Cameron et al., 2001), this

Freymond, Cornfield, & Palmer, 2001.

² See the discussions in Cameron, Karabanow, et al. 2001; Nelson et al. 2002 and for examples.

research paints a troubling picture of child protection experiences for children and parents. And the suggested changes represent basic shifts in principle and practice from existing arrangements, arrangements which have proved resistant to modifications to core procedures for many years (Freymond, 2003b). Nonetheless, niches for innovation in Ontario's child protection system exist and changes can happen over time.

The imperative to reform a child protection system that is manifestly inefficient and unwelcome in the lives of children and parents coming remains. There is no contradiction between protecting children and promoting their welfare within families and communities. It is within our grasp to envision a more balanced and inclusive child and family welfare system.

References

- Cameron, G., de Boer, C., Frensch, K. M., & Adams, G. (2003). *Siege and response: Families' everyday lives and experiences with children's residential mental health services*. Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families

Project.

Cameron, G., & Freymond, N. (2003). *Canadian child welfare: Systems design dimensions and possibilities for innovation*. Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families Project.

Cameron, G., Freymond, N., Cornfield, D., & Palmer, S. (2001). *Positive possibilities for child and family welfare: Options for expanding the Anglo-American child protection paradigm*. Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families Project.

Cameron, G., Hayward, K., & Mamatis, D. (1992). *Mutual aid and child welfare: The parent mutual aid organizations in a child welfare demonstration project*. Waterloo, ON: Wilfrid Laurier University, Centre for Social Welfare Studies.

Cameron, G., Karabanow, J., Laurendeau, M. C., & Chamberland, C. (2002). Program implementation and diffusion. In I. Prilleltensky & G. Nelson & L. Peirson (Eds.), *Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action* (pp. 339-374). Toronto, ON: University of Toronto Press.

Cameron, G., O' Reilly, J., Laurendeau, M. C., & Chamberland, C. (2001). Programming for distressed and disadvantaged adolescents. In I. Prilleltensky & G. Nelson & L. Peirson (Eds.), *Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action* (pp. 289-338). Toronto, ON: University of Toronto Press.

Frensch, K. M., & Cameron, G. (2003). *Bridging or maintaining distance: A matched comparison of parent and service provider realities in child welfare*. Waterloo, ON:

Wilfrid Laurier University, Partnerships for Children and Families Project.

Freymond, N. (2003a). *Mothers' everyday realities and child placement experiences*.

Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families Project.

Freymond, N. (2003b). *Child placement and mothering ideologies: Images of mothers in child welfare*. Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families Project.

Mandell, D., Clouston-Carlson, J., Fine, M., & Blackstock, C. (2003). *Aboriginal Child Welfare*. Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families Project.

McKnight, J. (1977). The Professional Service Business. *Social Policy*, 8, 110-116.

Nelson, G., Laurendeau, M.C., Chamberland, C., & Peirson, L. (2001). A review and analysis of programs to promote family wellness and prevent the maltreatment of pre-school and elementary school-aged children. In I. Prilleltensky & G. Nelson & L. Peirson (Eds.), *Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action* (pp. 221-288). Toronto, ON: University of Toronto Press.

Parton, N. (1997). Current debates and future prospects. In N. Parton (Ed.), *Child protection and family support: Tensions, contradictions and possibilities* (pp. 1-24). New York,

NY: Routledge.

Pearsall, J. (2002). *The Concise English Dictionary* (10th ed., Revised). New York: Oxford University Press.