

**How Professional Systems Instruct Mothers**

**Recovering from Substance Misuse**

by

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B S W , University of Calgary, 1988

A Thesis Submitted in Partial Fulfillment of the  
Requirements for the Degree of

MASTER OF SOCIAL WORK

in the School of Social Work

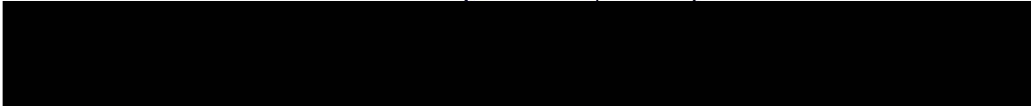
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## **ABSTRACT**

This study uncovers social relations which penetrate the everyday life of a mother recovering from abuse of alcohol or other drugs. I explore ruling practices of our society, as they organize the relationships between mothers with addiction problems, and professionals in the child welfare and addiction treatment systems.

The problematic for this research originates in my confusion as an in-home counsellor about the instructions provided by the two institutions to mothers in the early stage of recovery. Adopting the methodology of institutional ethnography, I sought to uncover how mothers' experiences unfold as they do, by exploring the "institutional" framing of their experiences. Institutional ethnography begins from a standpoint of those who are subject to ruling relations to uncover the social relations which determine, shape and organize everyday life. From interviews with mothers, I traced their experiences to legislation governing child welfare work, and social work education and training.


I found that mothers received contradictory instructions from the two institutions about how to conduct themselves in relations of power. The instructions of the addiction treatment system encourage the use of personal power, or their own authority, in order to be successful in recovery, in contradiction to the instructions of the child welfare system to surrender, submit and comply. In the cases I studied, mothers accepted the authority of a child welfare worker and attended addiction treatment in order to regain custody of their children. However, when they attained sobriety, their child welfare workers did not begin a course of action toward reunification, as the mothers expected. Instead, I found that workers continued to work from an adversarial frame, and suspected mothers as manipulative. Mothers attributed the eventual reunification of their family to judicial and professional opinion, not to their own efforts.

Using the methods of institutional ethnography, I discovered ways in which relations of ruling govern worker-client relationships. I found that workers' rejection of mothers' opinions, expertise and authority parallels child welfare legislation. The legislation renders mothers invisible - their mothering work, their relationship with their children, and their opinions about the situation. The embeddedness of child welfare work in the court system creates adversaries of mother and worker. I found that the entanglement of authority and helping in the legislation, where 'help' is provided in the form of "protective services", contributes to adversarial worker-client relations. My findings show that child

welfare workers' limited professional knowledge of the power relations of their work, and of addiction, arises from the organization of social work education and child welfare training. I suggest that workers lack effective strategies for intervening with mothers with addiction problems, and for managing adversarial relationships with clients.

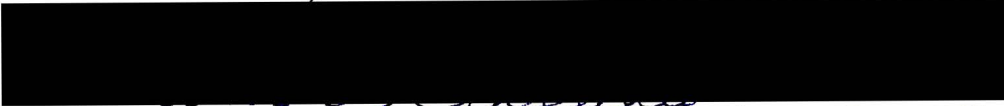
I recommend changes at several levels to facilitate the recovery of mothers who have been misusing substances, which will improve service delivery within the current organization of child welfare work within a legislative framework. However, my analysis concurs with that of other authors in suggesting that separating child welfare work from the legal system will be required to enact a new vision of social relations - where women's work of mothering is claimed as feminist territory, and where egalitarian, respectful relationships with clients are practiced.

### Examiners




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## How Professional Systems Instruct Mothers Recovering from Substance Misuse

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## Acknowledgements

When I was preparing to go back to school for a master's degree a few years ago, I came upon a drawing that represented for me what it was all about. It pictured a graduation cap ("mortar board") as a hot air balloon, rising into the air. On the ground were many people waving or helping the balloon to embark on its journey, and several people in the basket travelling together. Although researching and writing a thesis is in many ways a solitary endeavor, I received wisdom, encouragement and companionship from many people along the way.

First of all, I want to thank the mothers and social workers who shared their experiences and thoughts with me during interviews for this study. I also want to thank those who read various drafts and portions of this thesis, and offered their suggestions.

I am grateful for the support from my supervisor, committee members, colleagues, family and friends, who taught me, guided me and believed in me. I am indebted to those who went before me, whose research and analysis made my work possible, especially to Dorothy Smith who developed the methodology I have utilized. I appreciate the long-suffering of my partner, my children and my friends who tolerated my preoccupation, and sustained and nurtured me during the journey. And a special thanks to those who offered their prayers. God was the source of my courage and creativity, and Julia Cameron's The Artist's Way was an inspiration and practical guide for me.

## Chapter One

### Introduction

I began my research with an interest in mothers who were simultaneously clients of the addiction treatment system and the child protection system. In my work as an in-home counsellor, I became concerned about one mother's integration of the work of mothering and recovery, her integration of caring for her children with caring for herself. I wondered if professional instructions about mothering and recovery were contradictory when a woman was a client of these two institutions. The 'problematic' for this thesis arises from my experience of disjuncture. My accountability to my employers, who were contracted by the child welfare system, and my responsibility to her children, led me to concentrate on her mothering, while my own experiences as a mother, my budding feminism, and my trust in the wisdom of twelve-step programs suggested primacy for her recovery from substance abuse. I wondered what knowledge was available for me, for mothers, and for the child protection system to assist in resolving the apparent contradiction between mothering and recovery.

I searched in the literature for knowledge about mothering and women during the early part of their recovery from abuse of alcohol or other drugs. As I read the literature, my conceptual framework became clearer. I had sensed that communication between myself and the woman I was assigned to help was hampered by her position as a client of the child welfare system. I came to realize that both of us, client and counsellor, were caught up in a powerful institution, the child welfare system, whose operation was directed by purposes which were not our own, and whose power challenged our ability to follow our own inner wisdom. Analysis of my problematic and the literature took me, in a reflexive process, to examination of the literature in the areas of social relations, child

protection, power and ruling relations, and power relations in social work practice I became intrigued with uncovering how this part of the everyday world, where the child welfare system encountered recovering mothers, worked, and what effects it was having on mothers

Through the literature search, I learned that recovering from addiction is considered a major life transition Although resolution of practical issues is cited as important in the early stage of recovery, authors have written little about the everyday issues of mothering work during recovery While a text about child welfare practice advises child welfare workers to act as the 'good parent', a benevolent authority, in dealing with clients, the addiction treatment literature advises practitioners to build a sense of self and personal power in women in order to ensure continued sobriety

Authors view the work of child welfare workers as incorporating the two functions of authority and helping The literature discusses how the authority to intervene, even to the extent of separating the mother and child, is conferred on the child welfare worker by the state through legislation I learned that the social relations of mothering and child welfare construct a mother's misuse of substances as a problem, to be dealt with by the child welfare system Researchers are identifying current problems which the child welfare system is experiencing in working with parents who are misusing substances

In the literature, studies show how social relations external to the interaction between a social worker and her client penetrate their activities and experiences "Standing behind the personal relationship of client and worker are the power relations of the society" (Swift, 1995a, p 162) Authors have found power differences between worker and client to be a neglected area of discussion in social work practice texts The existing relations of power in child welfare work appear to conflict with egalitarian methods and structures which represent a new vision of power relations based on co-operation and equality I began with a research question to inform my work as an in-home counsellor "How do the

child protection and addiction treatment systems instruct women recovering from substance misuse in the work of mothering?" As I analyzed my data, my research question became "What are the implications for recovering mothers of being the recipient of instructions that arise in two different institutions?"

I selected the methodology of institutional ethnography. It made sense to me as a way of understanding how power is distributed and maintained in our society. A goal of the methodology is to uncover the relationship between everyday lives and the actual ruling practices of society. Validity lies in the ability of the methodology to open up a puzzle and provide an interpretation that "makes sense" of the problematic or has resonance for reader utilizing normal logic. The findings are seen to reflect the standpoint of the subjects located in space and time, so that others like them who share this standpoint would agree. I employ its methods of analysis of the procedures which determine work processes, examination of 'work' as related to the institutional process, and analysis of local work practices as related to the economy and the matrix of institutions which govern and administer our society.

The methodology directs me to begin my inquiry from the point of entry of a "knower" who is subject to the ruling order. I selected women who became clients of the child welfare and addiction treatment systems. I interviewed women whose children had been apprehended by child welfare, and who had completed an addiction treatment program. I also interviewed three social workers, two currently working in front-line child welfare work. As I juxtaposed the accounts of their experiences and understandings, I began to see connections between social relations and the experiences of the mother I interviewed.

I will argue that a mother who enters addiction treatment as a client of the child welfare system becomes the recipient of contradictory instructions about how to conduct herself in relations of power. In the chapter entitled, "Authority in the Worker-Client

Relationship", I will show how a mother who wants to regain custody of her children comes to be submissive to the authority of the child welfare system. I show the ways in which child welfare workers exercised authority over mothers, and how the effects of authority penetrated mothers' lives. In the chapter entitled, "Surrender and Take Charge", I will show how the instructions of the addiction treatment system contradict the instructions of the child welfare system. I show how the instructions which child welfare workers convey advising women to surrender, submit and comply, are in direct contradiction to the encouragement of agency, or personal power, by addiction treatment professionals. In the chapter entitled, "Bringing the Children Home Asserting Their Own Power", I show how mothers actively worked to influence their workers to return their children, that is, followed instructions to use their personal power. I show the different approaches mothers utilized with their workers. I examine the power relations between mothers, workers and other professionals, to reveal how mothers relied on professionals or the legal system to amplify their voices. In the chapter entitled, "How Their Children Came Home The Role of Third Parties", I show how child welfare workers discounted the authority of recovering mothers in making decisions about reunification with their children. I show that following the instructions of neither system brought mothers closer to their objective of regaining custody of their children. I suggest that professional or judicial opinion was required to produce the child welfare system's altered course toward reunification. In the chapter entitled, "Adversarial Relations", I show how child welfare workers' rejection of mothers' opinions, expertise, and authority arises from the legislation governing child welfare work which organizes their relationship as adversarial, and from their education and training. I uncover social relations which shape a worker-client relationship. In the conclusion, I discuss my findings, implications for practice, areas for further research, and my personal learning.

## Chapter Two

### Problematic

My research interest centered on the circumstances of women who are in an early stage of recovery from alcohol and/or drug use and who are clients of the child protection system. It stemmed from my work as a counsellor under contract with child protection, sensing but not fully understanding the difficulties of their position.

In my practice, I encountered mothers who had been misusing substances, and who had agreed through their child welfare worker to participate in in-home counselling with me. The ultimate goal of our work was for a mother to improve her mothering to meet the standards required by the child protection legislation, as assessed by her child welfare worker. To achieve this goal we often needed to address issues which undermined her ability to care for her children.

I worked with one mother during the first two months after she had left an addiction treatment program, and reclaimed her children from foster care. I was disturbed by her declaration that her children took second place to her recovery from cocaine misuse. While I supported the primacy of her recovery, I was concerned that it reinforced a pattern in her addiction of putting herself first, which had originally contributed to neglect of her children. Although I remembered episodes of "selfishness" in my own experience as a mother of preschoolers, I struggled with my perception that she was acting irresponsibly in being unwilling to put the needs of her children first. I felt caught between my empathy for her as a mother, and my accountability to the child protection system. I experienced a conflict between supporting the directions of her addiction treatment program to take care of herself, and advocating for increased attention to her four children.

At the same time, I sensed that she was constrained in making effective use of the therapeutic relationship with me. I suspected that she feared confiding in me as a

counsellor contracted to child welfare. If she disclosed to me any use of cocaine or any activities that might lead to substance misuse, she might be judged as jeopardizing her children, resulting in increased child protection intervention. Thus, she may have been guarding her disclosures as a strategy to protect herself and her family from my power. Ordinarily, child welfare workers referred women to addiction specialists, in addition to in-home counselling, when misuse of alcohol, or illicit or prescription drugs was a factor, and encouraged attendance at a twelve-step program such as Narcotics Anonymous (NA) or Alcoholics Anonymous (AA). Such supports would provide a safer place to disclose relapses. However, in this case, the woman had no alternative confidants: her treatment program had been in another province, her live-in partner attended NA meetings with her and, in his mind, supported her recovery by reporting her activities back to me, she was without a telephone in her home to make private calls, and despite her worker's encouragement she had not accessed addiction counselling locally. Thus her personal support system was very limited.

As I attempted to make sense of my experiences with such families, I recognized my confusion about how the balance between caring for the children and caring for the self was to be accomplished. I wondered what instructions about mothering a woman receives both directly and indirectly from addiction treatment programs during early recovery. In my own experience as a mother of young children when I looked for a source of wisdom which could address my concerns and doubts about myself as a mother, I was referred to a peer network of mothers. There I tapped into the prevailing wisdom of the culture, mediated by the everyday experience of mothers like myself. The recovering mother described previously relied heavily at that time on her recollection of what the professionals in the treatment program, who had played a key role in her progress to date, had told her. As a counsellor, it would have been valuable to have known the viewpoint of addiction specialists on recovery for women who were mothers. I questioned whether the child

protection system was placing children with their mothers too early in the recovery process, heedless of the vulnerability of both mother and children

In addition to the addiction treatment system, a woman who is involved with child protection is also receiving instructions from that source, critical to follow if she wants to regain or retain custody of her children. I was interested in child protection's instructions about mothering and recovery, and how its organization transmits these instructions to mothers. I wondered if mothers observe or encounter contradictions between the messages of the two professional systems.

## Chapter Three

### Conceptual Framework

The concepts emerging from my problematic which provide a connection to the literature are social relations, mothering, recovery, child protection, power and ruling relations, and practices of power in social work

#### Social Relations

The concept of social relations, as developed by Dorothy Smith (1987b), is a way of understanding the connection between everyday events, and decisions and actions taken elsewhere (Heap, 1995) In the problematic which I have described, there are relations outside of the relationship between myself and the client mother which seem to be influencing our actions and experiences "We begin with a knower, a subject, whose everyday world is determined, shaped, organized by social processes beyond her experience and arising out of the interrelations of many such experienced worlds They are relations that coordinate and codetermine the worlds, activities, and experiences of people entered into them at different points" (Smith, 1987b, p 134)

Smith (1987b) employs the concept of social relations to study the social organization of the lives of mothers Through social relations, the job of mothering can be seen as one piece of work in a larger work process taking place in the society, the work process of child rearing Mothering work is constructed ideologically by those who rule to mesh with other institutions such as the education (see Griffith and Smith, 1987) and child protection systems (see Swift, 1995a), in order to produce individuals with the requisite qualities to maintain the operation of society (Smith, 1985)

## Mothering

The rearing of children on a practical, daily basis in our society, is the responsibility of women (Smith, 1985, Ramazanoglu, 1989, Lorber, 1994) The perception of the mother as self-sacrificing in western society (Lorber, 1994, Leonard, 1984, Eliason and Skinstad, 1995) has given rise to a mother's dilemma between self-enhancement and self-sacrifice, which has been explored in the feminist literature (Aronson, 1991) The quality of the experience of motherhood in western societies is determined by the social and economic circumstances of a woman (Ramazanoglu, 1989) poverty and spousal violence undermine a woman's ability to care for and protect her children and herself (Barnsley et al , 1980, Callahan, 1993) One author calls motherhood institutionalized violence (Ong, 1985) because it is structured as an isolating experience in our western society, and because the care of children is largely invisible and unrewarded

When an individual woman's ability to live up to the ideals of motherhood breaks down under difficult social and economic conditions, she is seen as the source of her troubles, including addiction (Ramazanoglu, 1989) Troubles mothers experience are seen as personal rather than societal, and the structure of the child welfare system reflects this construction of motherhood (Swift, 1995a)

## Recovery

I searched the literature for knowledge about recovery from addiction, focusing on the experiences of women and of mothers, rather than those of men I have selected

approaches to recovery whose method is abstention from use of alcohol and other drugs, as it is currently the most available treatment. Harm reduction is an alternative approach which aims at "limiting the amount of damage caused by chemical(s) until the individual achieves total abstinence" (Doweiko, 1996, p. 347).

The condition of physical and psychological dependence on substances of alcohol, prescription drugs or illicit drugs, are variously termed addiction, substance abuse, alcoholism or chemical dependency. I will use these terms interchangeably. They are seen "as different manifestations of a single condition - addiction" (Doweiko, 1993, p. 9). In a similar manner, I will use the term "sobriety" to refer to abstinence from drugs as well as alcohol. Distinctions in terminology based on use of alcohol or chemicals can also be inaccurate, because a woman may be concurrently using more than one substance, termed 'polydrug use', which is increasingly common (Aadac, 1992). Substance 'misuse' is a term which in this study indicates that a woman has not declared her alcohol and/or drug use as an addiction, although a professional has assessed it as interfering with some vital area of her life such as family, friends, job or school, or health (Finkelstein, Duncan, Derman & Smeltz, 1993). Recovery in the context of substance abuse will be used to mean a process of healing the effects of alcohol and drug misuse, and getting well - mentally, emotionally, physically and spiritually. Recovery is more than sobriety. Some authors believe the recovery process "begins not when the client gets sober, but when a caring professional first expresses concern about drinking and makes a diagnosis of alcoholism" (Finkelstein et al., 1993, p. 79). Recovery has been divided into stages, and early sobriety occurs during the first one to two years (Finkelstein et al., 1993). The term 'recovery' has its origins in the medical system, meaning to get well or recuperate. Kasl (1992) does not concur with the use of the word "recovery", which she believes implies "covering something up" or "regaining a normal or usual condition" (p. 336) (see Miller, 1976). She sees herself as having reprogrammed her mind from what was called 'normal'

for women, and thus she rejects the image of recovering. Instead she uses 'un-discovery' to mean "getting out from under addiction, and 'discovery' to mean opening up, learning, growing, and exercising free choice" (p. 8). In this study, I will use the term "recovery" as its meaning is more commonly understood.

Substance abuse as seen from a feminist perspective is "a complex social issue with specific political implications rather than an epidemiological concern" (Ettore, 1992, p. 5). Kasl (1992) concurs in her book for women and minorities recovering from addiction: "people who have been victimized and oppressed need to build a sense of ego and affirm their power in order to take charge of their lives" (Kasl, 1992, p. 9). She uncovers the relations of addiction in the following argument: patriarchy creates a hierarchy by assigning a secondary position to women, and thus "promotes the death of spirit, because people are rendered as objects. Patriarchy maintains the subordination of women through manipulation, violence, exclusion from decision-making groups, and economic deprivation - all of which create shame, exhaustion, fear and pain, the fuel of addiction" (p. 55).

The approach of addiction treatment for those who have been victimized and oppressed, such as women and minority group members, are addressed specifically in Kasl's (1992) book. Kasl critiques treatment programs, specifically Alcoholics Anonymous, which operate from unchallenged external rules based on fear, as fostering a dependency. Personal growth is limited when the program acts as a paternalistic authority, she claims. She contends that maintaining sobriety requires "willful, conscious use of the mind" (p. 151). Thus, her instructions for recovering from addiction are to "address and heal" the lack of self or personal power (Kasl, 1992, p. 26).

Plasse (1995) suggests that moving from addiction to recovery is a major life transition. In the early stage of recovery, a woman may be experiencing a number of practical difficulties, related to finances, housing, and childcare, as well as emotional and

physical issues which surface after the numbing effects of alcohol or other drugs wear off (Kasl, 1992) A recovering person is especially vulnerable to "relapse" during the first ninety days after treatment, and few achieve total abstinence (Doweiko, 1996) Rather, a pattern of abstinence alternating with relapse is most common (DeJong, 1994) Her history often has not prepared her to deal with the responsibilities of rearing children (Hagan, 1987, Kaplan-Sanoff and Rice, 1992, Finkelstein et al , 1993), and her ability to find and sustain relationships which offer safety and support is often limited (Kaplan-Sanoff and Rice, 1992, Tracy, 1990) Her children may be severely traumatized by the effects of her addiction, as well as by repeated child protection apprehensions intended to be helpful to them (Swift, 1995a) In recovering from addiction, the steps in temporal order are achieving physical sobriety, connecting with successfully sober women and treatment services, and addressing "practical issues such as finances, jobs, school, parenting and the logistics of making time to get to meetings regularly (especially if child care is an issue)" (Finkelstein et al 1993, p 144) Although resolving practical issues is cited as essential to a mother's successful recovery (Finnegan, Hagan and Kaltenbach, 1991), the literature does not discuss how to integrate the everyday work of remaining sober with that of mothering work

'Aftercare' is a form of treatment which follows residential or day program treatment Its goals are to establish a habit of sobriety, make lifestyle changes, monitor sobriety, address issues leading to relapse, and address underlying addiction issues identified in treatment Treatment is framed as merely the first part of a lifetime program of recovery (Doweiko, 1996)

During the time women are recovering in addiction treatment programs, some of them are also functioning as mothers The amount of guidance and instruction about mothering can vary widely among addiction treatment programs The recognition that mothering is an issue affecting women in recovery is not consistent (see Plasse, 1995,

Nelsen, Intner and Lott, 1992, Aadam, 1992) One notable exception is the treatment guide for those working with recovering women, prepared by Finkelstein et al (1993) Resources directed toward mothering responsibilities, including provision for childcare or facilities which house the entire family, are overlooked as components for successful recovery (Turnbull, 1989, Doweiko, 1996) One model of a residential treatment program housing mothers and children is described in the literature (Saunders, 1993) The effects of social policies on treatment programs to determine funding and treatment practices are explored to a limited extent in the literature (Ostermann, 1995)

### The "Problem" of Parental Substance Abuse

The protection of a child is the responsibility of his or her parents in our society, through an implicit contract between parents and the state (Swift, 1995a) The institution of child welfare has been assigned authority and power through legislation to maintain this social order, based on the family as the fundamental unit of society (de Montigny, 1995), and social workers are the agents who exercise authority to enforce the contract (Swift, 1995a) The child welfare system is currently organized to intervene on the basis of harm to a child (Kufeldt and Theriault, 1995), rather than the character of a parent, although at one time in Canadian history, being a drunkard was sufficient cause for intervention by the child protection workers regardless of their mothering actions (Swift, 1995a) When a child welfare worker finds evidence that a parent is not adequately protecting a child, she is justified in intruding into the family (Swift, 1995a), and apprehending the child is one of her options However the actual welfare of the child may not be improved as the "unintended consequences of child welfare interventions have often been worse than the harm they were intended to prevent" (Jackson, 1995, p 335)

From a social relations perspective, the social and economic aspects of child abuse and neglect are overlooked, as the institution is organized to frame problems in a family as an individual issue (Griffith and Smith, 1987, de Montigny, 1995, Kufeldt and Theriault, 1995) Despite the obvious link between poverty and care for children, child protection services do not organize their work to address poverty, and researchers and policymakers focus their efforts elsewhere, while accepting poverty as an unchangeable context for child welfare work (Callahan 1993)

The child welfare system and social work education are organized within a scientific, problem-solving frame (de Montigny, 1995) Substance misuse has emerged as a 'problem' for child welfare systems in the last ten years (Curtis & McCullough, 1993), coming to public attention through the overburdening of the foster care resources in the United States in the late 1980s (Besharov, 1989) I have analyzed recent child welfare literature to determine the difficulties which authors identify in the area of parental substance abuse I have found four categories detection and assessment issues (Child Welfare League of America, 1990, Tracy and Farkas, 1994, Curtis & McCullough, 1993, Azzì-Lessing & Olsen, 1996, Wolock & Magura, 1996, Thompson, 1990), service delivery problems (Child Welfare League of America, 1990, Curtis & McCullough, 1993, Tracy and Farkas, 1994, Azzì-Lessing & Olsen, 1996, Wolock & Magura, 1996), legal and ethical issues (Tracy, 1994, Azzì-Lessing & Olsen, 1996), and increased workloads (Child Welfare League of America, 1990, Tracy, 1994, Curtis & McCullough, 1993, Wolock & Magura, 1996)

Solutions reflecting differing perspectives have been proposed, including criminalization of drug use for pregnant women as a deterrent (see Gustavsson, 1991), and revision of legislation to address the disjuncture between the mother's "cycle" of addiction recovery, the child's needs, and the decision-making timelines of the child protection system (Azzì-Lessing and Olsen, 1996) Some are suggesting case planning approaches

which will improve the likelihood of successful recovery from addiction (Dore, Doris and Wright, 1994) Some are advocating for adequate income, employment, housing and education (Azzi-Lessing and Olsen, 1996)

The service delivery resources currently available to the child welfare system substance abuse treatment and family preservation programs, are inadequate Substance abuse treatment was not designed to meet the social and economic needs of women or to treat families (Azzi-Lessing and Olsen, 1996) Family preservation programs offer short-term service which is not well-suited for the chronic, relapsing nature of addiction (Wells and Tracy, 1996, Azzi-Lessing and Olsen, 1996, see also Blau, Whewell, Gullotta and Bloom, 1994) Resources are lagging behind the needs of the child welfare system, and some authors propose that an array of services be available (Azzi-Lessing and Olsen, 1996)

The problem a front line worker is facing, according to de Montigny's (1995) description of a child welfare worker's approach with a suspected 'alcoholic' (p 117-8), is the problem of transforming everyday events and conditions into a professional account, recording their account on documents within a limited time, and developing knowledge with colleagues about problems and their solutions Swift (1995a) suggests workers have a problem understanding addiction among mothers and tend to empathize with the children "We assume that the mother can be cured if she chooses, and that the joys of children, the rewards for a mother of having them with her, should constitute sufficient motivation to overcome addiction" (p 258) Supervision to process the "intense feelings and associated stress that arise in our work with families" (Kaplan-Sanoff and Rice, 1992, p 131) is recommended for those doing clinical work in the context of addiction

In summary, the construction of a mother's misuse of substances as a problem is rooted in the social relations of mothering She is held responsible to adequately protect her child from harm If evidence is mounted to challenge her fulfilment of those

responsibilities, a child welfare worker investigates and intervenes to protect the child. With the rise of the use of crack cocaine, parental substance abuse has become more visible as a cause for apprehension of children, and the child welfare system is finding its knowledge, legal and ethical groundwork, and referral resources inadequate. As it scrambles to find ways to deal with its problems, front line workers are challenged to convert the everyday world of families into authoritative accounts that will meet the requirements of the institution, and to cope with the stress associated with working with families abusing alcohol and other drugs.

### Power and Ruling Relations

In examining the concept of power, Foucault (1988) contends that "Power is not a substance. Power is only a certain type of relation between individuals" (p. 84). Construction of the relations between individuals and institutions in our society is visible in the social structure and distribution of power. A feminist analysis of the social structure shows that individuals "have differential amounts of power and privilege based on their sex/gender, class, race, and sexual orientation" (Adamson, Briskin and McPhail, 1988, p. 137). Chinn (1995) defines power in patriarchal terms as "the capacity to impose one's will on others, accompanied by a willingness to apply negative sanctions against those who oppose that will" (p. 8). She observes that those who are subject to this kind of power, which she calls "power over", do not recognize the relations inherent in them because they have been taught that this kind of power structure is the 'only way'. Although we may take for granted this distribution of power, authors such as Callahan (1996) suggest that the inclusive methods and flat organizational structures utilized in feminist organizations enact a "new vision of social relations" (p. 16). Adamson, Briskin and McPhail (1988) contend that the "desire for power is not intrinsic to human nature but is constructed out of the

organization and distribution of resources, and the social validation of power and privilege, rather than of co-operation and equality" (p 137) In Callahan's terms, a cooperative, egalitarian distribution would form a new vision of social relations "These relations of power are embedded in all Canadian institutions, such as schools, workplaces and the state They shape the way these institutions function " (p 137) The child welfare and addiction treatment systems are embedded in these relations of power, and are part of the "ruling apparatus", formulated as that complex matrix of institutions and organizations that together govern and administer our society (Smith, 1987b)

de Montigny's (1995) analysis of "ideological practices" in the institution of child welfare shows how relations of power function Ideological practices are procedures characteristic of institutions which lift everyday events out of the context of lived experience, and reassemble them according to the framework of the institution As an example of an ideological practice, he observes that a social worker making a visit to a mother's house, selects and reorganizes the "facts", not in the way that the client sees them, but according to what constitutes a "proper organizational account" (p 32), based on theories, frames and models utilized in the institution's discourse He contends that through this practice, the social worker, as one who is authorized to create an account, is socially separated from those who are subjects of the accounts Thus, inequalities of power, prestige, and authority are created and maintained According to de Montigny, ideological practices are designed to address the problems of ruling They arise from the standpoint of the rulers who attempt to monitor, control, and govern the lives of the ruled, and from the relations of power

## Practices of Power in Social Work

In this section, I examine what the literature says about the power relations of social work practice, and in particular, of the worker-client relationship

The 'client' or recipient of services under the child protection mandate is intended to be the child, according to legislation. However, child welfare workers and the literature more commonly use the term 'client' to mean the parent(s), as the person to be changed and subject to authority, rather than the children (Swift, 1995). Children are seen to benefit through helping the parent to function better (Kadushin and Martin, 1988)

The authority or social control role of child welfare workers arises out of child welfare's origins as child saving (Gordon, 1996, Swift, 1995a). "Activities through which child welfare workers exert authority, including investigation of complaints, insistence upon particular changes in parental behaviour, and removal of children from parents, always have primacy" (Swift, 1995a, p. 155). Additionally, a helping role has developed over the past one hundred years with the professionalization of social work (Swift, 1995a). The 'good parent' role is suggested as a casework approach (Kadushin and Martin, 1988) which combines the helping and authority role. Swift (1995a) critiques the approach as treating clients as childlike, and as blaming client characteristics and ignoring work processes as barriers to relationship building. de Montigny admits that "for clients, the result of our work is the imposition of institutionalized authority and order over their lives by social workers who seem able to blame but unable to help" (p. 216)

Several authors have analyzed the practices and effects of authority. de Montigny (1995) suggests that in the course of their practice, social workers do the work of "invasion, domestication, and colonization" (p. 39). "To work inside organizations, we reduce clients to things. Clients are studied. Their lives are penetrated. Most importantly, clients must change their lives according to our rules, according to the values of

rationality. As social workers, we do not merely help our clients. Instead, clients' lives become the terrain for exercising our professional powers" (de Montigny, p. 222). The social worker is given the power to determine problems in the lives of clients and decide what solutions will be helpful, within the constraints of policy and resources. If a client protests a diagnosis, it is framed by the experts as a "denial" or "escape to health" (pretending to be healthy to avoid the 'discovery' of 'problems') (Ferguson, 1984, p. 138). If a client expects ordinary courtesies from a child welfare worker, they may be labelled resistant. "I don't like the idea of a social worker coming to my door without phoning or sending a letter. I like to feel I have some control. If I tell you to go away, I've established a relationship where I'm resistant" (a client quoted in Callahan and Lumb, 1995). The power to name, label and define rests with the professional, not the client.

Freire (1970) argues that domination can be concealed in the guise of helping, as well as being physical and overt. "all domination involves invasion - at times physical and overt, at times camouflaged, with the invader assuming the role of a helping friend. In the last analysis, invasion is a form of economic and cultural domination" (p. 150). Thus, even the helping activities of a child welfare worker can be examined for their disempowering effects.

Swift (1995a) proposes that Foucault's (1977) analysis of the function of disciplinary tactics in military camps applies to the modern child welfare bureaucracy. "[The camp] was a way to render visible those who are inside it - to transform individuals - to act on those it shelters, to provide a hold on their conduct, to carry the effects of power right to them, to make it possible to know them, to alter them" (p. 174). In the discourse on mothering, discipline is a form of control that shapes behavior, and induces obedience. Discipline comes from the same root as the word "disciple" - a person being disciplined becomes a follower, whereas someone being rewarded or punished remains a separate, resistant entity. Discipline is said to create self-discipline because the

rules become internalized. Discipline conducted by a powerful agent over a person with limited options imposes a way of living on her, for example parent-child, child welfare worker-mother, banker-borrower. In the Grameen Bank (Holcombe, 1995, p. 139-40, 160), the "discipline" imposed on members, such as attendance at meetings and shouting slogans, worked to inculcate the beliefs and expectations of the Bank into the daily lives of women members. The discipline was a "means" of penetrating the women's lives with the philosophy of the Bank. The requirement of certain habits, certain weekly activities, enabled Grameen members to become "successful" as entrepreneurs, and the disciplinary process inculcated into members the way of thinking and living that the originators of the Grameen Bank believed would mean "progress" for them. Members became disciples of that way of living.

However, Foucault (1988) reminds us that power does not lie entirely in the hands of the authorities. "The characteristic feature of power is that some men can more or less entirely determine other men's conduct - but never exhaustively or coercively. A man who is chained up and beaten is subject to force being exerted over him. Not power" (p. 84). Diorio's (1991) study of the reactions of parents to the authority of child welfare workers found that parents chose to 'cooperate', by concealing their disagreements, doing what they were told, and creating an impression of themselves, because they perceived that it was the *only* way they could regain custody of their children or free themselves from child welfare involvement.

Adopting a stance of submissiveness within a relationship is a way of surviving relations of power. Ferguson (1984) compares a client to "the second sex", arguing that adopting the skills of femininity is necessary for survival in a human service organization. Miller (1976) earlier compared the characteristics of subordinates - such as submissiveness, passivity, docility, dependency, lack of initiative, inability to act, to decide, and to think - to those the dominant group uses to describe 'well-adjusted' women.

The majority of families involved with public social service systems already come from groups which are disempowered in our society – poor, members of racial or cultural minorities, or female single parents (Heger and Hunzeker, 1988, Swift, 1995). However, social workers are taught to subsume class, and focus on individual problems as the cause of child abuse and neglect (de Montigny, 1995). Social casework originated in gender and class relations (Swift, 1995, p. 48). de Montigny (1995) in comparing the power gap between social workers and clients to that between doctors and patients, finds clients considerably more powerless.

An addicted woman is stigmatized, particularly if she is alcoholic, and doubly stigmatized if she is also accused of failing to care for her children, protect them from others, or of abusing them herself (Callahan and Lumb, 1995). She has internalized the standards for good and bad mothers, and judges herself for being unable to live up to the standards (Finkelstein et al., 1993). Thus we can see how a woman who has been abusing substances enters a worker-client relationship from a stigmatized position, and the power relations of the child welfare system would exacerbate her sense of powerlessness.

Swift (1995a) calls the separation of parents and children 'repressive' in that it is legally forced and enforced. She observes that "workers consciously and often use this power to coerce clients although expressed intentions of workers relate to what they believe are the client's best interests" (p. 151). The power to apprehend children from their parents is of particular relevance to this study. Historically, protection was most commonly provided by removing children from their mothers and placing them in alternative care (Savoury and Kufeldt, 1997). However, research and literature over the past forty years have denounced this approach for the deficiencies of alternative care and the disruption of family ties, thus challenging the child rescue approach (Savoury and Kufeldt, 1997). de Montigny (1995) suggests apprehension is used "to reach resistant or irresponsible clients" (p. 126). He characterizes social workers as compassionate and

"compelled [by policy legislation, and directives] to act in ways that clients experienced as coercive, punitive, and threatening" (p 125) Authors note that apprehension is a 'last resort' (Swift, 1995a, de Montigny, 1995) Alternatives to apprehension involve prevention of child abuse and neglect (de Montigny, 1995, Savoury and Kufeldt, 1997) and utilization of in-home services (Swift, 1995a) de Montigny (1995) argues that "the relations of coercion, force, conflict, and power are embedded in child protection legislation and the legally mandated apparatus that has been created to enforce that legislation Child protection is organized as an adversarial work process that pits social workers against parents" (p 127)

The power relations of the social worker-client relationship are neglected in practice theory (Hasenfeld, 1987, de Montigny, 1995) de Montigny critiqued Shulman (1992) in his text on helping skills for social workers for failing to acknowledge the power dynamics arising from the social organization of the worker-client relationship, and for framing the problem of authority as one of client perception The implication is that if the worker is skilled enough, the client will perceive that the authority inherent in the worker-client relationship is inconsequential The emphasis on 'relationship building' in the social work discourse arises from the need to obtain accurate information from clients (de Montigny, 1995) 'Trusting' relationships with clients are subordinate to a worker's relationship with the organization and the profession If a client reveals certain information within a trusting relationship, a worker will be "compelled" to act despite the best interests of clients (de Montigny, 1995)

Moreau's structural approach is designed to enable social workers to consciously reduce the difference in client-worker power (Carniol, 1992) He contends that secondary structures, including family and bureaucracy, "express and perpetuate" (p 5) the primary structures of oppression (patriarchy, racism, capitalism, heterosexism, ageism and ableism) In practicing the structural approach, social workers develop mutual respect and

egalitarian relationships between worker and client through several strategies: sharing information and the rationale behind their actions, offering choices, and negotiating the logistics of the relationship, acknowledging their professional limitations and encouraging challenges from the client, inviting clients to name rather than suppress the systemic oppressions that impact their everyday living conditions, encouraging clients to overcome the internalized self-hatred and guilt that reflects oppressive relations and develop self-respect and self-care, actively seeking resources in defense of client needs, and joining in political change by becoming activists and encouraging clients to link with groups around common issues. Through these strategies, the power relations of society upon the client are acknowledged.

## Summary

The discourse on addiction pays little attention to the everyday issues of mothering work during recovery. Recovering from addiction is recognized as a major life transition, with many practical issues to resolve in the early stage of recovery. However, integrating mothering and recovery work is not addressed. When the principles of addiction treatment for women are juxtaposed with those of child welfare practice, a contradiction emerges between building a sense of self and personal power in order to ensure continued sobriety, and acting as the 'good parent', a benevolent authority treating clients like children.

I found that child welfare's construction of a mother's misuse of substances as a problem is related to the social relations of mothering. The state through legislation gives the child welfare worker the authority to ensure the protection of a child, even to the extent of separating the mother and child, an approach termed repressive by one author. Currently, the child welfare system has problems coping with the inadequacy of its knowledge, legal and ethical groundwork, and service delivery resources in dealing with substance misuse among parents. Workers have problems transforming everyday events and conditions into professional accounts, recording their accounts on documents within a limited time, developing knowledge with colleagues about problems and their solutions, and coping with the stresses associated with families affected by substance abuse.

I found that some authors have undertaken an analysis of the relations external to the interaction between a social worker and her client which penetrate their activities and experiences. "Standing behind the personal relationship of client and worker are the power relations of the society" (Swift, 1995a, p. 162). The existing relations of power shape the way all Canadian institutions function, including child welfare. The historical origins and social relations of the child welfare system construct the authority function of child welfare workers as primary. Social work practice texts which form the basis of a child welfare

workers education neglect discussion of worker-client power relations, which arise out the ruling relations and are implemented in child welfare practice, according to researchers Although methods and structures representing a new vision of social relations based on co-operation and equality exist in some feminist organizations, they conflict with the existing power relations

Thus, I have discovered that my analysis of social relations of mothering and child welfare work can begin from the work of previous researchers I have found that discussion and research in the overlap between child welfare and addiction practice comes from the standpoint of the institutions and their staff, focusing on their problems, not from the standpoint of mothers who are clients of both systems and their problems

### Research Question

What are the implications for recovering mothers of being the recipient of instructions that arise in two different institutions?

## Chapter Four

### Methodology

In this chapter, I describe my orientation to research, the methodology "institutional ethnography", how it is applied to my research question, and how I utilized the methodology in this study. I discuss how the findings of this study might be useful and to whom.

#### Selection of Methodology

Through my research, I wanted to penetrate the surface appearances of instruction in mothering to produce knowledge of the contradictory effect and of the barriers to open communication between a client mother and myself which stemmed from our relative positions in the child welfare system. In asking my research question, "What are the implications for recovering mothers of being the recipient of instructions that arise in two different institutions?", I wanted to illuminate my work as an in-home counsellor of women in a similar position. I wanted a fuller understanding of their world from their standpoint. I utilized my experience as a mother to expand my understanding, but it was not sufficient. Beyond the "words" of instruction, I wanted to understand the context in which they were said, identify some of the unspoken and unseen pressures on mothers, and clarify the ways in which the structure of the systems conveyed messages to the mothers. I felt frustrated by my inability to be more helpful to my clients, and guessed that the women were protecting themselves from me, not because of who I was, but because of how they perceived me. I wondered what other instructions they had received and what those instructions had meant to them. I believed I needed to hear from mothers themselves,

rather than solely from social workers, counsellors or administrators, to gain an authoritative answer to my research question

I favored a constructivist approach to research because of its apparent integrity. To my way of thinking, it shows integrity in two senses—wholeness and honesty. A constructivist approach contends that everything we can know about the world is constructed by someone, somewhere, sometime, and that the purpose of the research is to explicate how the world works. Constructivism entails wholeness in that it tries to look at a phenomenon in context, rather than trying to isolate it as objectivism does. Objectivity, as I understand it, is a state of being detached from the objects, in this case persons, who are being studied. It is impersonal, in that the researcher is not considered to be in relationship to those being observed. The purpose of objectivity is to create knowledge which is independent of the researcher and can be replicated by other researchers with the same results, thus showing the results to be the "truth." I cannot conceive of pure objectivity, or of one truth.

Jackson (1984) has noted that the meaning of accounts provided by a subject arises from both the individual's experiences *and* in the circumstances of the recounting. Furthermore, what sense is made of the account depends on both the speaker and the hearer/researcher. That is, who I am and what I do as a researcher affects the findings of the research. It also affects how I understand and analyze the data. To omit me, to pretend to be objective, discounting my person in relation to those I am observing, is to offer an incomplete, perhaps even distorted representation. Such a representation lacks integrity in the sense that it is not an honest representation. When I acknowledge and utilize the existence of my standpoint, or the separate world of those whom I am observing, I have reframed the research situation into a more systemic one which acknowledges the reflexivity that occurs (Smith, 1987a)

In another aspect of wholeness in research, informants are seen as individuals with histories and connections to the larger society, rather than being depersonalized into features, characteristics or variables as in traditional methods of social research

Wholeness must include the societal picture, which shows the points at which political, social and economic circumstances and relations, that are created by the decision-makers in our kind of society, construct the everyday lives of our subjects. This rests on a central premise of constructivism that our world is socially constructed. Person(s) located in space and time created decisions, laws or regulations that govern the nature of our everyday lives (Smith 1987b)

Objective sociology is an authoritative version of the way things are in society, which discredits and deprives those who know the society differently of the authority to speak (Smith, 1987a). Its "objective" findings are understood by those in a ruling position, and are utilized to further the interest of ruling (the governing, managing and administering of our society). Smith and others have developed feminist methodologies that shed some light on how things happen as they do for those who are being ruled.

I had been drawn to institutional ethnography as developed by Dorothy Smith because of its feminist orientation, its concept of standpoint, and its potential for showing the context of client experience. It seemed well suited to explicating how the world works from the standpoint of a client mother.

" 'Ethnography' means simply 'writing about a way of life' " (McNeill, 1990, p. 64)

Institutional ethnography would then study the way of life of people within and not separate from institutions or organizations that shape their lives. Swift (1995a) and de Montigny (1995) have written about the way of life in the child protection system as social workers. My research question oriented me toward studying the way of life of a mother who is at the client level of the child protection system. Although many organizational

analyses leave clients out, they are part of the hierarchy of human service organizations, at the "lowest rung of the organization's internal class structure" (Ferguson, 1984, p 123)

I wanted to show the context in which clients are constructed as mothers, and I believed mothers themselves would be an authoritative source of their experiences. To understand how their experiences arise as they do, I would need to explore the "institutional" framing of their experiences. Research consistent with the constructivist view would provide a comprehensive approach. Institutional ethnography as developed by Dorothy Smith seemed appropriate for my research question, and taking the standpoint of clients rather than professionals was a unique approach within the methodology.

### Institutional Ethnography

Smith's institutional ethnography goes beyond merely studying a way of life, to uncovering the relationship between everyday lives and the actual ruling practices of society. It begins with a "knower" who is subject to ruling relations rather than within the established ruling order. It examines "the actual and immediate organization of the experienced world to disclose its articulation to extended social relations" (Smith, 1987b, p 134). A research practice integral to institutional ethnography is to utilize the experiences of a knower as an entry point into the inquiry.

"[Dorothy Smith's] sociology of knowledge takes up the organization of work processes, and their embeddedness in social relations, from the standpoint of persons engaged in those processes" (Heap, 1995, p x1). Smith (1987b) utilizes Hegel's illustration of the master-servant relationship to show how women's contributions are invisible from the standpoint of the ruling class. Women support the work of managers and professionals by attending to the routine, concrete, bodily tasks that need to be done in order for them to function in a conceptual mode. In the same way, in utilizing the client

standpoint, I am hoping to be able to make visible the relations and actual practices that shape a client mother's experience that might be invisible from a social worker's position. Smith makes the assumption that "there are human activities, intentions, and relations that are not apparent as such in the actual material conditions of our work. The social organization of the setting is not wholly available to us in its appearance" (1987b, p. 87).

Institutional ethnography shows how things are socially organized at a local level, and how what is happening is governed by extralocal relations of ruling. Smith (1987b) argues that "we are ruled by forms of organization vested in and mediated by texts and documents" (p. 3). This methodology directs our attention to the analysis of texts as "they actively draw people into relations and organize what can be thought, said, and done in getting on with the practical tasks in a setting, and lay the ground for what can be said and done next" (Turner, 1995, p. 136).

Institutional ethnography has three methods. The first is analysis of the "ideological procedures" that make the organization of work processes within an institution consistent with its function. Smith is referring to procedures like legislation, regulations, policies and practices that convey ideas, images, symbols, concepts and vocabularies. The second method is examination of "work" in the everyday world which is organized by and sustains the institutional process. The third method is analysis of the local work practices as articulated to and determined by the relations of economy and the ruling apparatus (Smith, 1987b, p. 166-7).

Smith's institutional ethnography discloses the extended social relations which organize our everyday lives. She argues that from a standpoint of those subordinate to the ruling order, articulated work processes which constitute the actual ruling practices of society can be observed. Texts and documents are seen as the means of organizing courses of action in institutions at sites which are at a distance from the centre of ruling.

Utilizing institutional ethnography, I set out to discover the extended social relations that determine the construction of mothers in the child welfare and addiction treatment systems, beginning from the experiences of mothers as an entry point

### The Research Process

I collected data from interviews with three mothers who had been clients of both the addiction treatment and child welfare system. I also interviewed three social workers, who were *not* the workers of the mothers I interviewed. I studied the child welfare file of one of the mothers, the diary kept during residential programs of another of the mothers, and the provincial legislation governing child welfare in Alberta. I studied the brochures and introductory information provided to clients of two addiction recovery programs.

### Participants

I was seeking adult women who had previously misused alcohol and/or other drugs, had been sober/clean for two years or less, who had been a participant in an addiction treatment program, and had been a client of child protection during some of their time in sobriety. In addition, they had to be capable of communicating their experiences to me and geographically accessible.

I decided to focus on non-native women because, in this urban area, native women are referred to a separate child welfare unit which functions independently from the rest of the system. Its practices and social relations may differ significantly from the rest of the child welfare system.

I looked for mothers who had completed an addiction treatment program because it was a client who had been to a treatment program that activated the questioning which

became the problematic for this study. In addition, it solved a logistical problem. I had approached a child welfare worker who I hoped would be a source of informants. She stated that she found it difficult to get agreement from clients that substance misuse was a problem. I knew that substance misuse occurred among child welfare clients because there had been a significant number of them in my counselling practice. I would need alternate source of informants who would view their use of substances as a problem, and addiction treatment programs seemed a likely possibility.

Participants were recruited through personal contacts with professionals working with women. Two mothers were referred by the addiction treatment centre and one by an agency which serves child welfare clients. Telephone contact was made with potential interviewees, followed by a letter describing the study.

I interviewed three women who became involved with the child protection system when their children were apprehended, and who were currently in the early stage of sobriety. My informants were three Caucasian single parent mothers, aged 32, 36 and 39, who had previously been misusing drugs or alcohol, and whose children had been placed in foster care by child welfare authorities. They had all been reported to child welfare by a third party, believed to be either a family member or a neighbor. They had completed a residential addiction treatment program, and subsequently entered an associated halfway house. All three participants had attended the same addiction treatment program, although at different times. They were currently living in their own housing. Two of the women had regained custody of their children, and their child welfare file had been closed, and the third was still involved with child welfare authorities. I have changed their names and details which might enable readers to identify them.

"Donna" had been misusing cocaine, heroin, morphine and alcohol over a period of thirteen years from the age of eighteen. She had been supporting herself through prostitution, with no fixed address, immediately prior to child welfare involvement. She

had been sober for seventeen months when interviewed. She completed a one-month residential addiction program sixteen months prior to my interviews with her, entered a halfway house, and had been living independently for nine months. She had four children ranging in age from nine years to nineteen months. Three of them lived with her, the fourth was adopted several years ago. The child welfare system became involved for the first time ("and last time" she declares) at the birth in the hospital of the youngest child who was premature, undernourished and had cocaine in its system. The child was returned to her custody five months prior to my interviews.

"Goldie" had been misusing alcohol and prescription drugs. She began the misuse of alcohol twenty three years previously when she was fifteen years old. She was supporting herself through social assistance when child welfare became involved. Panic attacks which precluded employment were the reason she gave for social assistance income, she was seeing a psychiatrist monthly. She had been sober for fourteen months when interviewed. She had completed a residential treatment program one year prior, and had been living independently for six months. She had one child, age 10, who had been returned to her by child welfare authorities five and a half months previously. Child welfare had investigated her family three or four times without opening a case file, prior to apprehending her child.

"Suzanne" had been misusing alcohol for a period of four and a half years, and had misused cocaine prior to that for several years. Suzanne had been continuously employed full time throughout her years of abusing alcohol and other drugs. Although she had not used cocaine for eleven years, she stated that she did not trust herself in its vicinity even now. She had been sober for five months when interviewed. She had completed her first addiction treatment in a day program nine months previously. She completed a second program in the same facility as a resident three months prior to my interview, moved into the halfway house thereafter, and had been living on her own about one month. She had

one child, age five, who remains in foster care. Child welfare had investigated her situation three times over a period of ten months, prior to apprehending her child.

I interviewed two social workers and a colleague, who each had over five years experience in various aspects of front line child welfare work, including investigation, family support and crisis response.

### Data Collection

Women were interviewed individually in a location of their choosing. Donna and Goldie invited me to their homes, Suzanne met with me at the halfway house of the addiction treatment centre. The interviews were audiotaped and transcribed. Donna and Goldie were interviewed two times for one and a half hours each time. Suzanne was interviewed once only, she cancelled the second interview, but talked to me by telephone on two occasions. One child welfare worker was interviewed in a coffee shop for one hour, and the other was interviewed by telephone. I made handwritten notes during both of these interviews. I asked open-ended questions of all interviewees, except when collecting demographic data, and utilized prompts and questions to probe for more information.

Although with this methodology, inquiry could be based on the data from one interviewee, I chose to interview three mothers. Collection of data and analysis influenced subsequent data collection and analysis in a reflexive process. I was initially uncertain of the reliability of the information from the first informant, as she had replied to my questions in the form of stories and recounted dialogues which did not, on first impression, seem connected to the questions. At the beginning of the first interview, in the middle of my explanation about the consent form, she launched into a story. I became aware of the penetration of the legal system even into the actuality of the interviews. I began the second

interview with her by building rapport and allowing her to ask me questions. This approach seemed to have little effect on the nature of her replies. I found some of what she related about her experience with the child welfare system hard to believe. I decided to set her data aside until I had interviewed the second informant. I began the interview with the second informant by asking about her parenting before, during and after her sobriety. Rapport and communication was easier to establish with this informant. To my surprise, her data confirmed much of what the first informant had said about her experiences as a client with the child welfare and addiction treatment systems. I sought a third informant who was currently a child welfare client and who could provide contemporary rather than retrospective data. As her interview verified previous data, I decided to stop interviewing mothers.

One mother gave me the diaries she had kept during her stay in residential programs. She also provided her copies of child welfare service plans, and various memos from the three treatment facilities she had attended. I asked another mother if she was willing to allow me to study her child's child welfare file and she agreed. When I contacted the supervisor that was handling her case before it was closed, she advised me to have the woman apply for a copy under the Freedom of Information and Protection of Privacy Act as it was a complicated process to access it through child welfare channels. She stated that I would need to prove that it was in the best interests of the child that I have access to the file, and it would take a considerable period of time. After carefully ascertaining with the informant the possible consequences of seeing the contents of her child's child welfare file, we decided to proceed. The government office processing the request advised her it would cost over one hundred and fifty dollars to obtain a copy of the entire file. After consulting with me, she requested only the contact notes and forms completed by child welfare workers. Presumably, what would be missing would be reports from contracted agencies, medical reports about the child, and reports and

documents pertaining to foster care. The abbreviated file was forty-five dollars, a cost borne by myself. In addition to child welfare documentation, it contains correspondence with the lawyer who represented child welfare at the permanent guardianship trial for the child.

Analysis initially focused on common themes among the stories the women told. I juxtaposed this information with the data collected from child welfare workers and in the literature. I used analysis of the "ideological procedures" in examining the documents on the child welfare file. I looked for traces of these procedures in the vocabularies of the interviewees. I looked for articulation in the work processes of clients and workers which created the institutional process. I traced to a limited extent how the local work practices relate to the economy and the ruling apparatus.

I did not study the addiction recovery centre, except in relations to its brochures, nor interview addiction treatment workers, as I had originally intended. I decided that since the amount of data collected was already substantial, and answers to my research question were already appearing in the data, to focus on the child welfare system.

### Application of the Findings

In this section, I will address the value and limitations of my research.

Validity lies in the ability of the methodology to open up a puzzle and provide an interpretation that "makes sense" of the problematic or has resonance for readers utilizing normal logic. The validity of the constructivist approach lies in the ability of those being studied (or others like them) to confirm that the findings help make sense of their puzzling experiences. The findings are seen to reflect the standpoint of the subjects located in space.

and time, so that "others like them" who share this standpoint, in at least some of its aspects, would agree

Motivation for informants' participation in the research was varied. I intentionally selected women who were successful in regaining custody of their children or who were on the verge of it, in order to preclude accounts motivated by revenge over losing custody of their children. However, I am aware that professionals may have selected individuals who had a troublesome experience with the child welfare system. The reader must therefore keep in mind that this study is not an evaluation of the child welfare system. In my explanation of why I was doing the research, I emphasized that I wanted to tell their stories and, in setting them side by side with the world of child welfare workers, shed light on decisions made in their cases. One woman wanted to provide a role model for other mothers to give them hope. One was curious about other women like her, interested in seeing the unfolding of the puzzle of why things happened to her in the child welfare system as they did. One woman felt very grateful for the help that she had received from the treatment centre and wanted to give in return. I believe these women were genuine in their desire to help me in my research, and help other women attain sobriety and have the opportunity to mother their children again.

One interviewee pointed out that many changes were planned in the organization of the child welfare system in the province. The administration of services will be transferred to community local boards rather than rest entirely with civil servants. Contracting child protection services to a non-government agency was an option that the government discarded while I was doing my research. However, even had such a change occurred, the social relations of the child welfare system that determine management decisions would have continued, an opinion I base on Smith's (1987a) analysis of social structures. Child protection continues to be mandated under legislation, and regulated under the Department of Social Services, which provides the continuity of social relations.

My intention in undertaking this research was to put to rest my own puzzlement about how the case in my problematic happened as it did. It seeks an understanding of how the work of mothering in our society is organized by the child welfare and addiction treatment systems. I anticipate that professionals may benefit from my research. I believe the findings of this research will inform the work of professionals working with women who misuse substances, their children, their partners, or their families of origin. It may help professionals become more aware of how their work fits into a larger work process and show them how the work of ruling occurs in their everyday practices. Perhaps clients can be seen with more compassion, and professionals and clients can see the struggles they have in common. It will enable professionals to participate in and/or struggle against established practices of the addiction treatment and child welfare systems in an informed way. I would like client mothers themselves to be able to access and utilize the findings, and I hope that suitable mediums for that end can be found.

My research will be judged to be valid in two ways: in disclosing pieces of a puzzle in such a way that it makes logical sense to the reader, and in providing an account in which informants, and others like them, find a broadened understanding of what has happened to them. Participants in the research were motivated by a desire to be helpful to others like them, to myself, and to develop knowledge of how the child welfare system works. Despite on-going changes in the administrative structure of the child welfare system, the social relations that determine decisions will continue to exist.

Upon completion of the thesis, I will be meeting with the mothers I interviewed to discuss my findings, and to hear from them if the explication of the puzzle makes sense to them. I am prepared to meet with them individually or collectively - depending on their feelings about foregoing their anonymity with each other, and about the value of discussing the research together. I will be interested to hear their suggestions about how to proceed with the findings.

Professionals who work with women who abuse substances and those associated with them will be better able to participate in and/or struggle against the systems in which they work. I will seek a means of making the findings available to women such as those I interviewed.

## Chapter Five

### Authority in The Worker-Client Relationship

Donna You know all they care about is if you re gonna relapse or not

In this chapter, I argue that when substance abuse is defined as the 'problem', a mother who wants to regain custody of her child has to submit to the authority of child welfare workers, and allow her life to be socially organized by it

In the conceptual framework, we have seen that authors view the work of child welfare workers as incorporating the two functions of authority and helping Swift (1995a) contends that practices of authority - investigation of complaints, demands for specified changes in parental behavior, and apprehension of children - have "primacy" over helping practices (p 155) I have identified four kinds of authority which child welfare workers employ and exert over their clients legal authority, the authority to define problems and solutions, the authority to control contact between mother and child, and the authority to reorganize clients' everyday lives

The methodology of institutional ethnography directs me to begin with a knower who is subject to ruling relations, which in this study is the women who became clients of the child welfare and addiction treatment systems A goal of the methodology is to uncover the relationship between their everyday lives and the actual ruling practices of society Therefore, I analyze the experiences which mothers reported, to uncover the work practices of authority and the extent to which they affect mothers' lives

### Legal Authority during Initial Contact and Investigation

In the initial contact and investigation phase, mothers felt powerless when confronted by the legal authority which child welfare workers wielded. Mothers reported experiencing fear, powerlessness, and being treated unjustly and disrespectfully in their interactions with child welfare workers. Their children were apprehended, physically and legally from their custody; they lost control of the relationship with their children. With apprehension, the mothers were entangled in the legal system, and felt coerced to sign documents whose legal implications they did not understand.

Swift (1995a) suggests that one of the practices of authority is to investigate a "complaint." In the initial interview, workers determine if there is enough evidence of child abuse or neglect to warrant further action. The organization limits the amount of time for an investigation, and makes a decision at the end of that period whether to "open" a case. For the mothers I interviewed, the unannounced interview by a child welfare worker resulted in apprehension of their children.

The initial interview was a frightening experience for the mothers. Goldie and Donna were not sober, unprepared for a confrontation by the child welfare authorities, and in Donna's case, she had just given birth to a child. (In Suzanne's case, she had been forewarned by the person who reported her.)

Goldie: and when the first child welfare lady came with her supervisor to my girlfriend's house to talk to me the day they put [my child] in a foster home she was very pushy. You know I was sitting there I still wasn't, uh, sober because the alcohol was still in my system. I was sitting there like you know [sound and body language indicating languid] - I've got a picture of me before when I drank - it's just awful. Anyway they more or less told me - they were very pushy - they scared me - they started saying things like - that I was hitting [my child] - Was I hitting him? and things like that. I said No no no no no I never did that. And my girlfriend was there and she said Oh no Goldie is -

A worker I interviewed stated that it was standard procedure for a supervisor to accompany a worker when the complaint involves alcohol or drug use, for the worker's protection.

Goldie felt frightened and intimidated by the questions and demeanor of the two representatives of the child welfare system

Mothers believed that the child welfare workers had taken advantage of them, by extracting information from them in a way that was neither just nor respectful. They felt powerless in the interview situation. On Goldie's second day at the detoxification centre while she was still recovering from the physical effects of alcohol and prescription drugs, her worker interviewed her, instructing her to sign documents. It was only later that Goldie learned she had given the state temporary guardianship of her child for six months (According to the Child Welfare Act, a temporary guardianship order provides for *joint* custody of the state with a parent, but Goldie did not become aware of this provision.) The second interview later that week was conducted while Goldie was groggy and "relaxed" under the influence of Librium, administered by the detoxification centre staff to control withdrawal symptoms. Goldie believed it was "wrong" for the worker to pressure her to sign papers, make decisions, and disclose information pertinent to the legal case of the state before she was lucid.

Donna felt betrayed when the information she had given to a worker was used in court to support an application for permanent guardianship of her child. Not realizing that the worker was gathering evidence, she "poured [her] heart out", telling her about her lifestyle, her drug habit, her homelessness, and who was caring for her other children. Donna: "But, um with child welfare like I said at the beginning I didn't exactly know what I was gonna do what I had to do and I opened up to them completely I told them everything

q Was this when you were in the hospital?

Yeah and when she had come to see me [three months later] Yeah And they used everything like that in a court of law and that I felt was unfair I, I you know they should - it's like being a police officer you shouldn't just tell them anything you should have a lawyer present Cause I had no idea that this was what they had intended Get all the information they could and then take it to court and use it against you

Donna believed that she was not treated justly by the workers, and vehemently asserted that after her experiences, she would rather talk to a police officer than a child welfare worker,

and rather go to jail than have them take her child. She believed that she should have been read her rights and had access to a lawyer who could have protected her legal rights.

Findings by Diorio (1991) concur with the data from Donna and Goldie, about the imposition of legal authority. In his study of involuntary clients of the child welfare system, he found that parents "did not know and understand the nature and extent of the legal authority that was vested in the Agency, *nor* their own legal rights" (p. 220). Some of the parents he interviewed stated that workers had failed to provide "fair warning" that they could or would use information gathered in interviews in legal action.

Donna's feelings of betrayal and her vulnerability to disclosing information to the worker which was not in her own best interests arose from her worker's approach. Advising a mother that all the information she discloses can and will be used in court would make it more difficult for the worker to collect evidence. The worker faces a difficult dilemma. According to a child welfare worker I interviewed, one judge suggests workers read clients their rights. However, this worker saw it as counterproductive to begin a relationship by saying, "Should I get subpoenaed, anything you say can be used against you in a court of law," comparing the situation to a counsellor beginning a therapeutic relationship with this statement. We can see the confusion of the authority and helping roles in a worker's mind in her comparison: a counsellor is in a helping relationship with a client, whereas a child welfare worker is enforcing the state's authority to enter a family and investigate. We can see how Donna's feelings of betrayal and her vulnerability to disclosing information to the worker may have arisen from the confusion in her worker's mind.

Workers argue that they have no choice when they betray clients' trust. The investigating worker in Donna's case was skilled at 'relationship building', as Shulman (1992) described it, getting Donna to trust her and reveal information.

Donna And that was a very open conversation [with the investigating worker] It was pouring my heart out Crying for help

q What made it possible for you to be so open with her?

She - she showed me that she like - she appeared to be *concerned* for my well being You know she appeared to be sensitive to what I needed you know And of course it was all a facade It was all a sham You know she wasn't really caring about me, she was just preparing for evidence That's all she wanted And that was kind of a bad starter

de Montigny (1995) is critical of Shulman's neglect of the ruling relations inherent in the practice of relationship building "Even as workers construct relations of 'trust' with clients they teeter on the knife-edge of organizationally demanded betrayal" (de Montigny, 1995, p. 123) One worker I interviewed stated that, "If it comes to court, a worker has no choice but to unveil the truth " Similarly, de Montigny (1995) spoke of workers as being "compelled [by policy, legislation, and directives] to act in ways that clients experienced as coercive, punitive, and threatening" (p. 125) Workers defend their practices on the basis of the demands from the legislation and organization to produce evidence of child abuse and neglect They do not consider developing a trusting relationship with a client and then exploiting it to gather evidence to use against them as an ethical problem

I contend that legal recourse, although available to a mother, is unlikely to be undertaken by a woman whose child has just been apprehended According to a worker I interviewed, social workers interviewing clients try to explain the legal process They usually suggest clients fight if they disagree with an application, and that they get a lawyer A mother is reliant on the child welfare worker who is apprehending her child to interpret the legal process in which she has become entangled The worker is in a contradictory position of advocating for the mother, a helping role, while apprehending her child, an authority role

If a client protested the apprehension of her child and wanted an immediate hearing, she could apply within five days for a "demand notice", according to the child welfare legislation (Child Welfare Act, 1997) However, a social worker familiar with the legal

system suggested that such an action would not result in return of the child to her custody. With the backlog of the court's workload, the trial would be set for six months ahead, and her child would be retained in care during this time. Thus, a mother has no choice but to submit to the worker's authority to apprehend her child.

She can protest the apprehension when the application for interim custody is presented in court. The worker must inform the mother within ten days that her child has been taken into interim custody, and must give two full days notice of the court hearing. If a mother is in a detoxification centre, she can have someone go to court on her behalf, a lawyer or friend, and ask for an adjournment. When I apply these possibilities to Goldie's situation, or to that of any mother whose child has just been apprehended, I find it unrealistic to expect a mother to manage them. I suggest that emotionally, she would be feeling grief, anger, shame, remorse, and fear. Mentally, the after-effects of the drug misuse would impair her ability to comprehend and navigate the complexity of the legal processes without an advocate. When I imagine the social worker carefully explaining the options available to a mother, at the time of the apprehension or within a few days, I see a mother unable to concentrate and remember the details of the unfamiliar legal processes due to her emotional and mental condition. de Montigny (1995) notes that a mother who had been misusing substances, whose child he apprehended, did not attempt to defend her actions. He speculates that her shame and guilt, and intimidation by a white professional (himself), her parents, and the courts, prevented her from appearing to make arguments before a judge. Thus, although legal recourse is technically available to a mother after her child is apprehended, it seems highly unlikely she would be able to avail herself of the opportunity.

In this section, I have described mothers' experiences of fear, betrayal, powerlessness, and unjust and disrespectful treatment, which occur when a child welfare worker, usually accompanied by her supervisor, investigates a 'complaint' involving drug

or alcohol abuse, and apprehends a child. The mother is thrust into a legal procedure which she is reliant on the worker to explain, and may not be fully informed about the consequences of disclosing information to the worker. Workers do not recognize an ethical problem in the betrayal of client trust, citing the legal and organizational requirements placed on them. A mother is obliged to submit to the authority of the worker to apprehend her child, and her ability to legally respond within ten days to the state's custody of her child is limited by her emotional and mental state.

### Authority to Determine the 'Problem'

In this section, I argue that the authority of child welfare workers to determine that addiction is the 'problem' obliges mothers to make a shift in their self-perception, wherein they begin to see their 'problem' from the standpoint of the child welfare system, or to give up custody of their children permanently.

The way social workers make the connection between child abuse or neglect and addiction is delineated by de Montigny (1995) in his ethnography of front-line child welfare practice. "Social workers know that because [the mother] drinks she neglects her daughter. [The mother's] alcoholism 'causes' neglect. If she stops drinking, a factor in the pattern of neglect is removed, therefore, she should be removed to an alcohol treatment centre" (p. 88). When I asked one worker about her beliefs about mothers and addiction, she stated that, "addiction affects her ability to provide nurturing care. Even though some mothers can provide the physical care, they are not providing emotional care which has a negative impact on her children." Thus workers link child abuse or neglect, to substance abuse, to addiction treatment programs.

According to child protection legislation, the character of the parent, for example being an alcoholic or a drug addict, cannot be the criterion for intervention. It is the

protection of the child which justifies intrusion into a family. Thus, workers would not have been able to apprehend the children of the mothers I interviewed on the basis of addiction. However, whether workers specifically named the solution as 'sobriety' becomes irrelevant in light of the mothers' certainty of its necessity as a requirement for return of the children.

Mothers were convinced that addiction was *the* primary concern of their child welfare worker. Donna saw evidence that her child welfare workers saw addiction as the problem: they asked her directly to quit, they inspected her arms for needle marks, and they monitored her over a period of months for resumption of drug or alcohol use. Her 'choice' to remain sober was controlled as long as her case was 'open': she feared that the child welfare worker would have apprehended her child if she had resumed drug use.

Goldie believed that it was only her misuse of alcohol that led to the apprehension of her child: the child welfare investigator's inquiries about physical abuse were unsubstantiated, she urged Goldie to check into a detoxification centre, and the placement of the child in her parents' home was discontinued after Goldie reported her mother's drinking habits to her worker. Goldie thought that her sobriety was enough and was confused when access to her child was still restricted after several weeks of sobriety, because she was not considered "stable" by her worker.

In Suzanne's case, the worker limited Suzanne's choices and insisted on more intrusive intervention which focussed on sobriety with each ensuing investigation. She and the worker were convinced that her drinking problem was resolved after the first investigation. After the second investigation several months later, Suzanne agreed to go into addiction treatment in a day program, and the third time, her child was apprehended and the worker insisted on residential treatment. Suzanne remembers being told by her worker during the third investigation, that she had to get into residential treatment: "I didn't want to. Child welfare told me I had to go residence. I didn't want to. To come here [to

the treatment centre] for twenty eight days was like a death sentence to me " Thus, we can see how mothers came to see addiction as their 'problem' as the result of social work intervention

de Montigny (1995) argues that "through their intervention work, social workers teach clients how to think their own lives in discursively organized terms as marked by specific 'problems'" (de Montigny, 1995, p 39) Traces of this effect are evident in the data

Suzanne She contacted Child Welfare because of course - I was belligerent with her - she tried to approach me about it There s nothing wrong Leave me alone I don t want you in my life I m [child] s mother he s fine Because [child] was always fed clothed I was taking care - you know - babysat He wasn t left You know to me the child welfare image was the mother down in [slum neighborhood] who left her child and went to the bar I wasn t drinking in a bar That was that stereotypical image (And I still have a bit of a bias on it because I still see that that was another type of alcoholic ) And I was horrible I was absolutely horrible I was emotionally abusing that child But you know because I wasn t physically abusing him I didn t see it the same way

In this account, Suzanne tells us about the change in her perception of herself, from being a good mother to one who was emotionally abusive In the data she provided, there are several other instances where she describes herself and her life in terms which reflect the categories, theories and themes (de Montigny, 1995) of the child welfare discourse

The women's stories demonstrate a remarkable shift in standpoint in which they came to see themselves as the social workers saw them All of the women continued to ingest alcohol or drugs for a time after the apprehension of their children, perhaps in a kind of rebellion against the authority of their child welfare worker Goldie drank alcohol for the remainder of that day, consuming her last beer during the five minutes before the detoxification centre closed at eleven p m Donna states that having her baby apprehended was just one more reason to abuse drugs, which she did for the following month Then, "Something just snapped in my head I said, 'Okay I gotta do this ' And that's when I began turning my life around " She affirms that had it not been for the apprehension of her

child she would probably still be "out there" The intervention of the child welfare system was crucial in determining her view of her problems and their solutions

The women made the decision to enter an addiction treatment program rather than just abstaining from alcohol or other drugs on their own Child welfare workers did not recommend a particular addiction treatment program, or make any efforts to secure a program space for the women, the women had to make the phone calls themselves Donna and Goldie phoned because they believed completion of a treatment program would enable them to achieve sustained sobriety, which would lead to return of their children Goldie made a commitment during the initial child welfare interview, during which she was inebriated, to enter the detoxification centre the same day

Donna's experience illustrates how clients may come to see an addiction treatment program as the solution The hospital social worker, testifying at the trial, characterized Donna's attitude toward addiction as not seeing cocaine as a problem, wanting to start fresh, and desiring to manage on her own without professional resources, according to the running records in the child welfare file Donna's protests that she could stop using drugs on her own failed to convince the professionals, a hospital social worker and child welfare worker, that she was capable of attaining sobriety and getting herself 'off the streets', and a decision was taken to apply for permanent rather than temporary guardianship She was penalized for rejecting professional resources to overcome her substance abuse

In the literature, denial is seen as a response to the power of experts and as an protective response from painful emotions A social worker has the authority to assess a client's problems, and to frame a client's protest of the diagnosis, the reality as defined by the worker, as 'denial' (Ferguson, 1984) "Denial itself is professionally understood as signifying that there is in 'fact' a problem - a Catch-22 articulating the social worker's power to define a case reality" (de Montigny, 1995, p 118) According to de Montigny (1995), the term 'being in denial' is attached to the client who maintains that she can stop

drinking. Fear contributes to a client's denial of problems at the beginning of a relationship, and is difficult to overcome, according to a child welfare worker I interviewed. In these explanations, we can see denial in relationship to the power of experts. Denial is also described as "a form of self-deception used to help the individual avoid anxiety and emotional distress" (Doweiko, 1996, p. 242, citing Shader, 1994). In this instance, denial is seen to be protecting the person from experiencing painful emotions.

At the time of investigation, within days of her baby's birth, the child welfare worker perceived Donna as being 'in denial' of the harm caused to her child, even though she was admitting that she needed to get sober and find a source of income other than prostitution. The investigating worker recorded in her case analysis: "it appears at present that she does not accept the harm to [the child] of her lifestyle." Donna's contention that there were no ill effects on her baby from her cocaine use, and her claim that the doctor agreed with her, were used to build a case against her as a suitable parent. A letter in her child welfare file from the neonatologist to the court, written later as testimony of an expert witness, confirms that the baby did *not* show any evidence of drug withdrawal. He states that her high risk behavioral history of smoking, street drug abuse, prostitution and lack of prenatal care - and the premature rupture of membranes which triggered premature birth - are "highly associated". One could say that Donna seized upon the good news that there were no withdrawal symptoms, which was ignored or denied by the professionals, and expanded it into a belief that she had not harmed her child. We can imagine Donna's fear, arising from the power imbalance, showing itself as denial, which was used to blame her rather than help her. The social workers saw her as being in denial of the 'problem'.

The investigating child welfare worker, in her record of what she told Donna she could do to regain custody, does not specifically mention treatment: "Have stable life, no use of non-prescription drugs, support other than prostitution, understanding of child's

special needs " However, the neonatologist who treated Donna's child stated in the letter to the court that he had advised Donna that "failing to successfully participate in a rehabilitative process [to deal with her lifestyle issues and mothering skills] would result in apprehension of the baby " Donna did not refer to this warning in her interview with me However, it is likely that the doctor's warning, together with the social workers' dismissal of her plan to end her substance abuse on her own, contributed to her belief that addiction treatment would be instrumental in regaining custody of her child

Three months later, a child welfare worker came out to see Donna She examined her arms and found fresh needle marks Donna was aware that she could have chosen to once again reject addiction treatment However, she knew that the court case for permanent guardianship of her infant child was approaching rapidly

q So [the child welfare worker] wasn't saying, 'You have to go there or else'  
 Donna (Emphatically) No No, you don't have to do any of it That's your choice But I know I know it looks like you should if you have any you know if you're interested in your child I mean you should take these routes anyway - I guess - depending on where you're at And I'm sure child welfare either way you know it's up to you it's your choice and I think they understand that they can't force you to do anything So no there was no pressure there They just recommended that Yes treatment should be I asked them I asked them what I needed to do to get [my child] 'Like what do I have to do?' So I did ask that and that's when she said 'You need to get recovery You need to go get a parenting book'

Donna seems to be struggling to express that she was experiencing a forced choice She had learned that quitting on her own was not an acceptable alternative to child welfare workers Choosing to attend a program would ensure her eligibility to regain custody of her child It would demonstrate to child welfare authorities a commitment to her child, to being a mother

Child welfare workers make contracts with clients confirming what a mother has agreed to do to solve the 'problem' According to a worker I interviewed, workers clarify problems with clients, get some agreement, and then ask, "How are you going to deal with the problem?" The child welfare worker 'helps' a woman to make an informed decision as

to whether she wants to do the work which will entitle her to have her child returned, which would mean acceptance of child welfare authority in her life for a period of time. The clients' solutions are documented in a 'service plan', co-signed by the worker and mother. The worker expects the mother to do the work to solve the problems, while providing the necessary resources. Through this work process, a mother is locked into meeting the tasks on her service plan, enforced by the authority of the worker and her custody of the children. If worker and mother cannot agree to a course of action, or if the 'agreement' breaks down, the worker applies for a court order for custody, guardianship, or supervision.

In applying for a court order, a child welfare worker uses the authority of the legal system to further enforce the child welfare system's view of the problem. In terms of the legislation, court orders are designed for the protection of the child. Although this is their primary function, I am arguing that one of their effects on the mother is to impose the worker's view of reality upon her. Child welfare workers defend their exercise of authority as helping clients. One worker I interviewed suggested a trial was "good for a client", in that she sees her life in review, hears all her child welfare workers testify, and hears about the clinical process. Child protection workers see therapeutic benefits for their actions, developing "elaborate justifications and rationalizations for their actions" (de Montigny, 1995, p. 130).

It made sense to me that a client in the court setting would feel pressure to see that the professional version of the story is the 'truth', to abandon her own version, due to the foreign, intimidating, legal environment where everyone swears to tell the whole 'truth'. de Montigny (1995) suggests that a worker comes into a client's life and steals her story, edits and rewrites it through the lens of his/her professional judgment. Thus, I speculated that a trial would act as one more intervention to get women to see the 'problem' when previous ones have failed.

However, the data from Donna challenges the interpretation that a trial imposes the child welfare view of the problem on a client. Donna felt vindicated after the court case for permanent custody, which she contested and won. Donna had letters of support from the treatment centre and from friends, her parents came, and a friend testified on her behalf.

q So what do you think convinced the judge?

Donna I think it was my girlfriend's testimony when she got up on the stand. I actually do. I mean um - they were saying - [my baby] of course was born with cocaine in his system and they were saying he got [a deformity] because of the cocaine and [deformed body part] and blah blah blah. So you know they were trying to make me look like I had harmed the baby when in fact - So I had evidence otherwise proving otherwise. I had [the same deformity] my nephew was born with [the same deformity]. I had pictures of all this that went into court. So there was no harm to [my baby], thank - it was miracle. So that kinda squashed that part. Yeah which was fine. And then her testimony was really strong. I could not believe what she was saying up there.

Donna was so firmly convinced of her own story that she had not disclosed anything to the hospital social worker, that she saw the social worker as lying on the stand when she claimed to have interviewed her.

Donna It was something about Donna told me this. I thought No I did not. I've never talked to her cause she was through the hospital. By this time I had already outside workers coming in. So I thought You fibber. So that was kind of, hmmm. So where's this going? What kind of stories are they making up? But that was the only really fib. The rest was all what I had said which was true. So yeah that was a little bit shocking.

Through the vehicle of a trial, and the support Donna received in preparing for it, Donna became even more convinced of her own story, which casts doubt on my speculation that the professional version of the truth would be impressed on the client in a trial setting. Goldie did not mention her experiences in court in relation to contributing to her ability to see the 'problem', nor to her recovery or capacity to mother. Suzanne mentioned court only in reference to resolving a dispute with her worker over the date for removing her child from foster care. Thus, there is not enough evidence in my data to indicate the effect of a custody trial on a mother.

We can see the shift women made from being involuntary clients of the child welfare system to voluntary patients of an addiction treatment program over the course of a few months. Mothers, who had not seen or acknowledged any problem with the care of their child, came to see their mothering as inadequate, and drugs or alcohol as interfering with their mothering. They made a decision to abstain - and they thought it was their idea. "People may be controlled to act more or less voluntarily according to the interests or wishes of the more powerful. That is, it may be much more effective to control the minds of others through persuasion - by making them comply out of their own free will." (van Dijk, 1993, p. 101). We can see how investigation, apprehension, inspection and monitoring, contracts, agreements and court orders serve to define addiction as a problem and sobriety as a solution. Apprehension of their children has entered the mothers into social relations which shift them to seeing themselves through the eyes of the child welfare system.

### The Discipline of Controlled Access

With the apprehension of their children, mothers surrendered control of the relationship with their children to workers who were authorized to regulate their access while the children were in foster care. In this section, I analyze the data from mothers and workers to show how the child welfare bureaucracy uses a disciplinary process to control women's lives and diminish their power.

I argue that the child welfare bureaucracy disciplines the lives of the mothers who are their clients in ways which diminish their capacity to use their own power. Using Foucault's (1977) analysis of the function of disciplinary tactics in military camps as applied to the modern child welfare bureaucracy (Swift, 1995), we can see the child welfare bureaucracy as making certain mothers in our society visible - those who yearn to be

reunited with their children "[The camp] was a way to render visible those who are inside it to transform individuals to act on those it shelters, to provide a hold on their conduct, to carry the effects of power right to them, to make it possible to know them, to alter them" (Foucault, 1977, p 174)

Applying the concept of discipline of mothers' conduct in a worker-client relationship is an alternative to seeing the control of access as a punitive measure, as Goldie did. Workers see their actions as protecting the child and gathering evidence of a mother's interest in her child. A child welfare worker I interviewed stated that she takes into account a mother's interest in her child while the child is in foster care, and notes the amount of contact a mother initiates with herself and with the child. She looks for an active interest in the child and maintenance of her interest over time. She uses these indicators when making custody decisions about a child.

I am viewing the child welfare worker as disciplining the conduct of mothers with addiction problems with her requirements: regular contact with their worker and with their child, abstention from drugs/alcohol, and completion of the tasks on the service plan. Through these requirements, mothers develop habits that enable them to become successful in getting their children returned, in a way similar to the Grameen Bank's system of discipline.

Workers' control of access to the children had the effect of controlling mothers' conduct, in a way which disempowered them. The workers strictly limited access by these mothers to their children for several months, subsequent to their attainment of sobriety. It was a very powerful tool for eliciting compliance, especially from Goldie and Suzanne. Goldie complied with demands to pick up and deliver her child from the foster home, although it meant using public transportation to travel across the city twice a day on the weekends. In her journal she says, "I'm not complaining for I'd do anything to see him." Clients were willing to tolerate what they perceived as misuse of authority in order to

ensure access to their children. Goldie believed her first child welfare worker made it very difficult to see her child, and was punishing her. In her journal, Goldie stated that she has "got to be careful" as the first child welfare worker warned her not to get on the "wrong side" of her. From Goldie's perspective, the worker was threatening her with repercussions if she did not comply with her wishes. Other child welfare clients have also perceived that they were "at the mercy of a caseworker's perceptions, judgments, and decision-making" and that some caseworker's "misused or abused their authority and power in interaction with those parents" (Diorio, 1991, p. 241-2).

The mothers were subject to seemingly arbitrary decisions about increased access to their children in care. The arbitrariness maintained the power imbalance in the worker-client relationship, and kept mothers from being able to plan and predict their own lives. Suzanne recounted the scene when her worker announced the imminent return of her child after months of "begging" for unsupervised and extended visits.

Suzanne: She called me in and I'm sitting there and she goes "So this is what we're gonna do. You know my bottom line is [your child's] gonna be home living with [you] by [one month from now]. And I'm sitting there going "I've never seen you this calm." Well, probably because I'm in shock. A week ago I could have nothing. And all of a sudden, you're giving me everything? I mean literally starting next week I'm having overnights and I've got - but I don't know where it came from, what happened, no idea. And it's very difficult to understand because it isn't like all this - [like] yesterday I started doing well. And it isn't like it's been the three months she said she wanted. So what it's about I don't know. Other than that [the addiction treatment centre director] phoned child welfare and talked to them about it. But I don't have any idea that that has anything to do with it.

Looking at her own behavior, she could not account for the change to the worker's prior requirement that she live sober for three months out of the treatment centre's halfway house. The most access she had been allowed until that day was supervised visits. The case was legally under a temporary guardianship order for three more months. Suzanne was confused, dumbfounded. Her ability to organize her own life was limited by the worker's unpredictable decisions about returning her child. This scenario is consistent with the reported experiences of other clients. "Recipients of benefits are not apprised of

procedures but are continually confronted with apparently arbitrary action" (Piven and Cloward, 1965) Suzanne's experience illustrates the power imbalance between worker and client, and how workers' used their mandate to exercise authority in a way that diminished clients' capacity to use their own power

An exception to the pattern of compliance was in mothers' power over the course of their addiction treatment. Instead of doing only what was prescribed, the bare minimum as a submissive person would, they used their own authority about what they needed to accomplish sustained sobriety. Mothers recognized that they needed to go beyond the minimum addiction treatment recommended by child welfare workers, detoxification for example, because the minimums had not produced sustained sobriety on previous occasions. In addition to the one-month residential treatment program, Donna took a parenting course, and attended self-esteem, relapse prevention and assertiveness classes at an addiction treatment agency, Suzanne attended psychological counselling, and re-registered in the treatment program for an additional month, and Goldie committed to six months in a residential program. In addition, they attended AA meetings and accepted family preservation counsellors coming into their homes weekly for many months. The mothers voluntarily did more than their child welfare workers required, which surprised me. It may indicate that the women used their own expert knowledge of themselves to decide what was needed to accomplish sustained sobriety, instead of doing only what was prescribed.

I have argued that workers' use of controlled access to her children who are in care serves to discipline a mother's conduct. It teaches her to sustain contact with the worker and her child, to maintain sobriety, and to comply with workers' demands, however unreasonable or inconvenient they may be. Women experienced the effects of power in their individual lives. Faced with apparently arbitrary decisions about reunification with her child, a mother surrenders to the worker and loses control over her own life. It is

uncomfortable to suggest that workers deliberately keep their clients off balance as a way of gaining compliance. What I am suggesting is that the *effect* of the worker's actions is submission and compliance, not empowerment.

### Reorganization of Women's Everyday Lives

Child welfare workers legally enforce the separation of parents and children, shaping the conduct of mothers. We see the effects of that authority in the mothers' compliance with extensive changes to their routines and relationships. They surrendered control of their everyday lives. Their children were being held hostage (de Montigny, 1995) until they demonstrated sobriety.

The most significant change was the absence of their everyday relationship with their children. Contact with their children was reduced initially to nothing, then to supervised visits of an hour or two, to unsupervised visits, to overnight visits, and finally to full custody over a period of many months. Goldie was not able to see her child for the first two weeks. This was the first time she had ever been separated from her child, who was eight years old at the time. Goldie wrote in her diary of her loneliness and her concern about him. He was living with foster parents that she knew only through phone calls. The following week, she wrote, "Yes, [my child]'s been on my mind a lot. I miss him so much! It's like someone took half of me away. Even though I eat, still feels like an empty pit in my stomach! It's not the same without him."

Initially, her worker allowed two three-hour supervised visits on weekends, and two twenty-minute phone conversations during the week, then two unsupervised seven-hour visits on weekends, overnight visits after six months, and full custody after nine months.

The limited contact allowed during the months in which her child was in foster care was painful for both of them

q And did you have phone calls with [your child]?

Goldie Yeah I was only allowed to talk to him (pause)

Child Ten minutes

Goldie Ten minutes twice a week That was it

Child So twenty minutes seven days No five days

Goldie Every two days I was allowed to talk to [child]

Child Yup Tuesdays and Thursdays

Goldie After supper

q And whose schedule was that?

Goldie [Child welfare worker] s [My worker] said that, and also [foster mother]

q And what was that like for you having 10 minutes twice a week?

Goldie Oh it was hard I didn't wanna say goodbye He didn't wanna say goodbye And you know you hang up and you sit there and you cry cry, and cry And go in my room or whatever Sometimes I just -

Child You know what?

Goldie [Another resident] would go in and call me down but -

Child Mom you know what? [Foster mother] she'd always let me talk to you before dinner

Goldie Yeah She was good about it But I mean Just to have you on a schedule like that To talk to your own child I mean it was - and you were sober you know, and in recovery and everything and they still -

The authority of the worker to separate children from their mothers resulted in pain, frustration and loneliness

The women were uprooted from their communities and their relationships in the course of addiction treatment Upon apprehension of her child, Goldie went immediately into residential programs for a total of three months When she lived in the halfway house, her routine included attending six AA meetings a week, and taking buses to transport her child to the foster home on Saturdays and Sundays Suzanne resisted the reordering of her life, initially consenting only to a day treatment for twenty-eight days, while taking a leave of absence from her employment For her second attempt at the treatment program a few

months later, her child welfare worker insisted that she enter residential treatment, where she stayed for two months, followed by residence in a halfway house. Donna, who had been living on the streets, spent seven months in residence (in the addiction program for one month, followed by a halfway house program). When the women opted to enter residential addiction treatment programs, the routines and people in their lives were re-ordered for them.

Child welfare exerted control over personal relationships. The change in community and relationships was especially difficult for Donna. She expressed difficulties entering what she called "a whole different society" from the drug world. She adjusted to the halfway house where she was surrounded by women, then when she moved into her own housing, the lack of social contact was painful for her. "And so the loneliness kicks in and you're limited to where you go, and you can't go out during the day cause [my oldest child] comes home at lunchtime. So by the time you step out, you're turnin' around and coming home. So you couldn't - there was no 'you' - and ah, it got very lonely." Professionals recommended that relationships with addicted friends be discontinued. Donna tore up her personal telephone book when she left the treatment centre, because it listed the people she had known in the drug world. In Goldie's case, when she was living with her boyfriend, they prohibited her child from visiting. The nature of certain relationships was determined by the worker.

We can see comprehensive changes taking place in women's everyday routines and relationships, most significantly with their children. They lose control of their routines and their companions, they are uprooted from their communities, and their personal relationships are disrupted. These changes indicate pervasiveness of the authority of the child welfare system.

## Summary

In this chapter, I have argued that a mother who wants to get her child back from the child welfare authorities has to allow her life to be socially organized by that institution. I have shown that child welfare workers exercised several kinds of authority over their clients. They employed and exerted legal authority, the authority to define problems and solutions, the authority to control contact between mother and child, and the authority to reorganize clients' everyday lives.

They exercised authority through the work processes of investigation (relationship building, information gathering, assessment), apprehension, controlling access, inspection and monitoring of clients, making contracts/agreements, and applying for court orders.

Authority invaded many areas of the mothers' lives:

- their emotions (fear, betrayal, anger, loneliness, pain, frustration),
- their consciousness (changed conception of themselves as mothers, viewed themselves through the eyes of bureaucracy - became 'clients' who were powerless and disrespected),
- their social lives (disrupted everyday routines, personal relationships, companions, community),
- their legal status (submitted to apprehension, thrust into legal processes, coerced to sign documents), and
- their conduct (regularly contacted worker and child in care, maintained sobriety, surrendered, submitted to, and complied with workers' demands)

Through the lens of relations of power, we have seen that mothers felt the effects of authority reaching into their individual lives. In their own time, induced by the retention of their children in care, they made a decision to get sober, and determined a path to sustained sobriety. They made a shift from involuntary to voluntary participation in addiction treatment, the course of action designated by social workers as the path to reunification.

with their children. In response to the exercise of authority, they surrendered control of their lives, and submitted to and complied with their workers' demands and conditions.

Why would a mother accept the authority of a child welfare worker to control her life? Her child is being held hostage in return for her sobriety. I contend that the mother who wants her child back from the child welfare authorities has to allow her life to be socially organized by that institution.

## Chapter Six

### Surrender and Take Charge

Goldie It made me feel more like, Geez, you know, like I m sober now I haven t had a drink in so many months and they re still saying I can t see him And here I am sober so what s their excuse?

In this chapter, I argue that the child welfare and addiction treatment systems gave contradictory instructions to women about how to conduct themselves I show that the addiction recovery program instructed women to use their personal power, their own authority, to take responsibility for their sobriety, to recognize abuse in their lives, and to use power effectively in conflicts with the child welfare system However, these instructions directly contradicted those of the child welfare system In relations with authority, people are expected to follow orders, to surrender control and submit to the demands and conditions that are set down by the authorized agent I show how the authority, expertise and point of view of a mother recovering from substance abuse is discounted or rejected by the worker, within the power relations of the worker-client relationship I show the instructions child welfare workers convey in the course of exercising their authority, which advise women to surrender, submit and comply, and how these instructions are in direct contradiction to the encouragement of agency, or personal power, by addiction treatment professionals

#### Instructions from Child Welfare Surrender, Submit and Comply

In this section I show how, in the course of exercising their authority, child welfare workers convey instructions to surrender control, submit to and comply with their demands and conditions I argue that compliance or submission is a dilemma for mothers in the context of worker-client power relations I examine mothers' responses to the authority of

workers to show how compliance worked for and against them. Child welfare workers responded with suspicion to mothers' submission, and to their lack of submission with labelling or categorization. The authority, expertise, and point of view of a mother recovering from substance abuse was dismissed or rejected by the worker.

Facing the various kinds of authority described in the previous chapter, the choices which I see for mothers are to comply with the worker's authority, to fight or resist it, or to try to negotiate. Mothers can appeal to a higher authority, such as the worker's supervisor, the Children's Advocate, and the courts, or third parties can intervene. I examine the option of appealing to a higher authority and to third parties in the following two chapters. The women I interviewed ultimately complied, although they tried fighting, appealing, and negotiating as well.

The authority vested in the worker by the state puts her in the more powerful position of being able to dictate the terms for the return of a child. In a disagreement over terms, the worker can enforce her judgment of the situation by withholding the children. Within the boundaries of the worker-client relationship, the worker has the power to decide when a mother has qualified to have her children returned.

The child welfare worker has the power to establish the conditions for return of the children. Although one worker I interviewed stated that she confined her authority to assessing the 'problem', and tried to allow clients to determine how to solve it, we have seen in the previous chapter, that if a worker decides addiction is the problem, then treatment is a forced choice for a mother. The worker has the ultimate authority to decide what conditions she writes on the service plan. One worker I interviewed indicated that there are some general conditions with which a mother must comply, when I asked her what she tells a mother:

Worker [as quoted in interview notes] More generally, the worker tells her to go to treatment, set up a follow up program, maintain consistent contact with the child while it's in care. Visits are gradually increased. She is expected to look at parenting (take a course, or assess her skills, what she needs to focus

and work on - child welfare can cover the costs) and of course adequate housing. Eventually in-home support

Mothers must go to treatment to establish their sobriety. They must demonstrate a sustained interest in their children through regular contact with the worker and child. They must make changes in their behavior, as determined by their worker.

The workers took control of the mother-child relationship and the mothers' were implicitly instructed to surrender it to the workers' judgments and decisions. In the previous chapter, we saw how Goldie reacted to her worker's warning not to get on the "wrong side" of her. Goldie decided that she had "to be careful." She believed the worker punished her by making it very difficult to see her child.

Categorization was an indication of the workers' judgments, to which clients were obliged to submit. A worker I interviewed categorized a mother on her caseload (I did not interview this woman) as "noncompliant." She stated that the mother had thought parenting was instinctive, and was uncertain of her willingness to participate in learning how to parent (which the worker was demanding).

Worker [from my notes]: [She] is now faced with deciding whether she will do the work to get [her child] returned to her. She's noncompliant. Won't reach for support.

This illustrates how workers come to see the client as "noncompliant" if they disagree with the worker's authority.

Mothers were expected to submit to child welfare workers' categorizations. "Chronic" and "unstable" were the categories into which Suzanne and Goldie were respectively assigned by their workers.

Suzanne: It's just the alcoholism, but it's chronic. And I hate that word, but it's the one [my worker] always uses. And

q: The alcoholism is chronic?

Yeah, chronic. 'She's chronic. I just hate every time she says that because she doesn't say the alcoholism is chronic, she goes, 'Suzanne's chronic.'

q: Oh, Suzanne is chronic.

Yeah. And I hate when she says that because I already feel really sick. I mean emotionally. I already know that. I've got lots of stuff in my life to tell me that I'm not emotionally healthy. And so I was really. I was really - I don't like that.

Suzanne was angry about being called 'chronic', but she was expected to submit to the authority of her worker to categorize her.

Assignment to the category 'unstable' locked Goldie into an organizational course of action which involved restricted access to her child.

They discouraged me a lot in the beginning. I was thinking that I can't believe that they get away with this, you know. And it made me feel in recovery in the beginning that I was a failure. I was a failure.

q At what?

At being a mother. And it took a long time before this lady realized - like I went right up to my worker at the welfare [social assistance] and said to her, 'Do I look unstable to you?' She said, 'No.' Because they say I'm unstable. You know, and unstable to me meant that I didn't have it together. That hurt my feelings too. And with having this on your mind and having to do the work of recovery and everything else, it was hard in the beginning. It was really hard in the beginning and um, but like I say, you know, the work is - it comes out rewarding and if there's any way that I can help people realize that they do make mistakes, big ones, but I mean we all do but a lot of it is bogus.

q Yup. When you said that you couldn't believe that child welfare could get away with this, what were you referring to?

Well, not allowing my son to see me when I was sober when I was in treatment. It made me feel more like, 'Geez, you know, like I'm sober now, I haven't had a drink in so many months, and they're still saying I can't see him. And here I am sober, so what's their excuse?' And that was when she said that I wasn't stable. In other words, I wasn't living in my own home, taking care of myself or anything. But I was taking care of - we had responsibilities in treatment, you know. You had to take care of yourself. You have to take care of and have respect of the place you're in.

As an 'unstable' mother, Goldie was not entitled to have access to her child. The mothers did not experience themselves as being unstable or chronic. These were not concepts they attributed to themselves. From their standpoint, the notions impaired the mothers' work of getting sober in order to get their children returned.

I contend that these notions of 'chronic' and 'unstable' organized for the worker the relation of mothers to the institution of child welfare, in terms of their children's problem of

permanent placement "Once the person's story is shaped by that person's assignment to the terms of a recognized category that person becomes subject to the themes, patterns, types, and interventions best designed to address the problem category " (de Montigny, p 25-6) In the same way that Smith (1987b, p 168) analyzes the category of 'single parent' in relation to the school system, I examine here the relation of the labels 'chronic' and 'unstable' to the child welfare system, as they arise out of work processes to prevent numerous placements of a child, which has been a criticism of the child welfare system Categorization initiates institutional courses of action, which in the case of parental substance abuse, includes stabilized placement of the child in a foster home "[Workers] witness the anguish of children as they are shuttled back and forth from home to foster placements, and they are aware of the risk and harm children sustain as dependents of an addict" (Swift, 1995a, p 122) Within the context of the child welfare system, a child's problem accounted for by the instability or chronicity of its mother, initiates procedures which enter the child, worker, foster parents, and child welfare administration into courses of action predetermined to address this category of 'problem'

The categorizations while being a convenient shorthand for workers in organizing their work, were utilized to establish relations of power with clients It is significant to note that it was not the mothers' addiction that the workers deemed chronic or unstable, but the women themselves The use of categorization in this way is more like labelling, or name-calling, in the sense that it is disparaging and shaming to the client

Workers assigned clients to categories that kept them locked into a frame, even after it no longer fit them The mothers' courses of action were not in step with those of the child welfare system, for the mothers I interviewed did not accept their instability or chronicity after they entered addiction treatment They were recovering from their addictions, changing their behaviors They were learning, as we will see in the next

section, how to take the initiative in producing their own recovery. They knew their activities would result in the permanent placement of their children at home.

Suzanne: I don't really care [about what my worker decides for child welfare status] because I'm not gonna screw up. I'm really confident of that because the work I've done, I can. I can, I'm really able right now to pinpoint - I really can pinpoint things in my life that are not just triggers for me but that are beginnings to relapse. I've thought them.

The mothers had changed from involuntary, reluctant clients to voluntary, eager participants in their own recovery.

Although the workers referred the mothers to addiction treatment, they had apprehended the children, and organized their work on the basis that the mothers would not recover from their addiction.

Suzanne: [My worker] never - I explained to her how it worked here. But whether or not she chose that to be one of the things she didn't believe from me, I don't know but she never asked - finding out other information about it. In fact on [date] when we went into court [addiction treatment counsellor] came with me, and at that point she was kind of frustrated because she had been trying to get in touch with [my worker]. And [my worker] at that time had no time to talk to her. But meanwhile this is where [my worker] wanted me to go. This is where they send people from child welfare but this is kind of like the - what do they think it is? - like well 'we'll process them through there' and then that's where they went - it's on the paper, but you know it doesn't really matter what they did there. It doesn't make sense to me. This could be a reflection of only that child welfare worker.

Suzanne was surmising that the referral to treatment was only a formality without an expectation that it would be effective, just paperwork. As an in-home worker, it was my impression that workers referred some clients to me in order to be able to show in court that a variety of services had been provided and failed. de Montigny (1995) and Swift (1995a) both refer to this phenomenon, regarding it as fulfilling statutory obligations in the context of a heavy caseload, and contributing to the production of 'bad' mothers.

To summarize to this point, we have seen that workers, as the authorities, expected clients to submit to and comply with their conditions and categorizations. However, submission was a no-win solution for clients to their problem of how to conduct themselves.

From within workers' frame of relations of power, submission is interpreted as impression management (Swift, 1995a). A worker discounted one mother's statements and behavior as manipulative.

Suzanne Her words about - her word to describe me is that - this is how she looks at me and in some cases with some - I guess I could say that [in] some cases she would be correct - but not always and that's my problem right now. She says that I am manipulative - a very common characteristic in an addicted personality - and that she doesn't believe a word I say.

In the relations of power, we can see that workers dismissed the mothers' protests and arguments as improper, and their point of view as a manipulative stance. As a result, the authority, expertise and point of view of mothers recovering from substance abuse is unheard by the child welfare system. Their voices are silenced.

We can understand this phenomenon by looking at the relations of power in the worker-client relationship. From a workers' perspective, the clients are playing a game of power (Swift, 1995a) and compliant behavior is met with suspicion.

Like the administrators who staff bureaucracies, clients who receive the goods and services issuing from bureaucracies are required to attend constantly to the image which they present to the organization, to engage in successful impression management, to anticipate the demands that the organization or its representatives will make, and to modify their own behaviour accordingly, or be denied crucial services. (Ferguson, 1984, p. 128)

Submission is a no-win situation for clients. If clients submit to demands, their behavior is mistrusted by workers, who are judging from a standpoint within the existing relations of power.

If clients do not submit, they do not meet the conditions of their service plan and their children will not be returned. In Goldie's case, early in her involvement with the child welfare system, instead of submitting, she expressed her anger with her worker at what she found to be unreasonable constraints. I suspect it was an incident that was used as evidence that she was unstable.

Goldie No, I never put on a show for anybody. I even got upset with [my first worker] one time and hung up on her, you know, swearing at her and - I'm gonna check into this further. I said to her, because

this is not right, and whatever, whatever whatever I don't know why you're saying he can't be around [my boyfriend] because [my boyfriend] is not abusing him

Child And, and and then she said [your friend]

Goldie Oh yeah And then [the worker] said that [my child] couldn't even go and see [my friend] any more He couldn't be around my [friend] and he couldn't be around [my boyfriend] So that left me with - I didn't know where to go with him [She was living in a residence where she could not have her child visit overnight ]

Workers' categories kept mothers locked into a frame which no longer fit them They failed to recognize when the shift occurred in the mothers' motivation for participation, and in calling them manipulative, chronic, or unstable, continued to treat the mothers as they had when the mothers first became involved with the child welfare system

Mothers identified the shift from complying as a way of getting their children back, to recognizing the value of the changes for their own well-being

Suzanne And somewhere around the second week of my coming in here [ to the treatment program], it changed from I had to be in here to get [my child] back, to I wanted to be here because I wanted to get better And if I couldn't get better I was never gonna be a mother, but I had to get me better And it wasn't because somebody told me that I had to feel that way I really felt that way I really felt that way

I am convinced by her description of the meaning of recovery for her that the shift in

Suzanne is genuine, not motivated by winning a power struggle, that is, manipulative

q What - what would you say you're recovering from?

Suzanne (long silence) Hating myself From living in this totally guilt-ridden body And like my - and that's probably really talking about parenting

q So when you say you're recovering from hating yourself how does that connect to parenting?

Well how can - you can't give to someone else if you don't - I mean I can't - I don't know about anybody else I - How could I be a very good mother to [my child] if I didn't even like myself? I mean what am I giving him?

Suzanne understood recovery as enabling her to be a good mother

Goldie who entered the detoxification centre the same day her child was apprehended, found a personal motivation for recovery which went beyond compliance

q I want to ask you something about treatment I'm not sure quite where I want to begin You went into the [treatment centre] Did child welfare say you had to go in there? Or how was that?

Goldie No They didn't say I had to go anywhere They basically thought it would be a good idea for me to dry out in [the detoxification centre] And after talking with a [detoxification centre] worker and being there for a while I realized that this is a problem And I don't want this to happen any more, the suicides the you know I was taking antidepressants but obviously they weren't working because I was drinking And that's

q Counters the effects

Well yeah And so I wasn't a very happy person I had no self esteem at all I just I don't know - it wasn't like I didn't care because I did because I just finally said I need extensive help with this [more] than just drying out in [the detoxification centre] here and walking out there again Because I did it before and it didn't work for me So I need some kind of treatment here Child welfare didn't tell me I had to do it or anything, I did this on my own I went to [treatment residence] - I took the longest one - a six month program you know

Donna had attended the treatment centre program three years previously, in order to get out of a financial predicament, and according to her, it had no effect on her addiction

Donna Well what had happened was that I had my cheque stolen my welfare cheque so I had a friend of mine tell me "Tell welfare that you spent it on dope and they will replace it So I did this and then they made me go into a detoxification centre - a rehabilitation So that I wasn't ready or nothing so I hadn't hit rock bottom yet

However, she decided that she was ready for sobriety after the interview with the worker in which she "poured her heart out", which was her "rock bottom"

Donna Something just snapped in my head, said Okay I gotta do this And that's when I began turning my life around I don't think it was so much child welfare because you know I think if they wouldn't have apprehended [my child] I'd probably still be out there And I'm sure that I know they had a part in the recovery but the person themselves has to do the recovery If you are not ready if you are not willing if you're not - you know you got to be willing want to quit or you're not going to It doesn't matter how many people are in your life you're not going to you have to want to

She has faced great obstacles in coming from the society of the streets to a "whole new society" Donna cut her ties to friends who misused alcohol and drugs The distance to her goal, which was to become employable, was overwhelming at times However she has learned skills to help her cope, and has been very successful in finishing her high school courses Her commitment to sobriety goes far beyond compliance

Thus, we can see how it happens in human service organizations that despite a change in a client's consciousness and motivation, she continues to be viewed with suspicion by her worker. The authority, expertise or point of view of a client is dismissed or rejected by her worker.

Child welfare workers instructed mothers to surrender control of their relationships with their children, and to submit to and comply with the demands, conditions and categories which workers were authorized to determine as representatives of the state.

### Instructions from Addiction Treatment

In this section, I argue that addiction treatment for women encourages personal power, self-initiative, and taking control of their recovery, in contradiction to the instructions from the child welfare system. I show ways in which addiction treatment encourages the agency or personal power of women recovering from addictions, examining the brochures prepared by an addiction recovery centre and by the government addiction treatment agency. I present data which show what mothers say they learned in recovery programs, and how they learned to conduct themselves in order to recover from addiction.

The addiction recovery centre for women which the women I interviewed attended encourages personal power and taking control of their recovery. It states in its brochure that the vision is, "To empower women to discover and enhance their true potential by evaluating and understanding their addiction and lifestyle choices." They "show them that by making different choices they are capable of change," according to their description of the program.

The treatment program offered by the provincial government addiction treatment agency clearly encourages the development of personal power, self-initiative, and management of their own recovery. It addresses topics that "help participants identify

skills and address problems important to their successful recovery", according to their brochure. The topics are assertiveness, twelve step programs, self esteem, stress management, communication, physical recovery, anger management, relapse prevention, personal planning, relationships, employment skills, values, family, goal setting, leisure/recreation, lifestyle decisions, and family of origin. It also offers courses in anger management, assertiveness training, eliminating self-defeating behaviors, relapse management, relationships, self esteem and stress management. The description for assertiveness training, in particular, speaks to the contrast with the surrender, submit and comply directives of the child welfare system. "assertive behavior enables people to act in their own best interest, to stand up for themselves, to express their honest feelings comfortably and to exercise their own rights without denying the rights of others." The provincial government alcohol and drug abuse agency has selected these topics for those recovering from addiction. If we interpret their selection as instructive of how to conduct oneself in order to recover, the importance of personal power or agency of the recovering person is evident.

We can see the contradictions between the two systems. In Kasl's critique of treatment programs for their use of unchallenged external rules, fear, and paternalistic authority, we can see the contradiction between a feminist approach and the dynamics of the worker-client relationship as described in the previous section. According to Kasl, recovery involves reprogramming the mind from what was called 'normal' for women, adopting the characteristics of subordinates (see Miller, 1976). 'Normal' refers to the skills of femininity which Ferguson (1984) argued are a survival strategy for clients in large human service bureaucracies such as the child welfare system. Kasl's approach to recovery is diametrically opposed to the practices of child welfare workers who employ the 'good parent' approach, wherein the child welfare worker acts as a benevolent parent. Kasl contends Alcoholics Anonymous denies the personal power from within, the "willful,

conscious use of the mind" (p 151) I find this critique puzzling, as I note that the recovery centre and government programs refer clients to twelve step programs, including Alcoholics Anonymous I speculate that the support from twelve-step programs is the only readily available aftercare option for mothers in recovery, and/or that Kasl has not fully grasped the spirit of twelve-step programs Nevertheless, her instructions for recovering from addiction are clearly to "address and heal" the lack of self or personal power, becoming "the authority in their own life" (Kasl, 1992, p 26), compared to the child welfare system which expects clients to surrender to their authority

In the data, I looked for evidence of the instructions about power mothers received from the addiction recovery program

In the treatment program, the women were instructed to use their power or authority to take responsibility for their recovery in several ways First of all, they learned to attend to signs of pending relapses

Donna Well, there's always a chance I could fall back I've gotta watch for the stress levels gotta know when somethin s wrong You've gotta realize when somethin s wrong And if there is something wrong it s - well I gotta get to a meeting and I always have the chance of relapse, which is almost scary So when things start to get stressed I have to take action and do it fast

Secondly, they were instructed to take care of themselves holistically to prevent relapses

Donna Well, I learned in recovery that you have to make time for yourself and what they suggest is that you go out whether it s to a meeting or just your time You need your time And I don't go to meeting well to meetings very often I definitely don't go out very much so - so it s just my time is my time Like I want an hour out of the day, you know, don't talk to me, go play, go work it out problem solve yourself It's just my time And I'll tell the kids that too, especially [my oldest child] He s old enough to understand that just leave me alone so I m - And within that hour he might come in twice and interrupt me and that s it, whereas [the youngest child] is a little different - They taught me that in recovery that you need to have a - you know a - how do they -what was it - that you had to have an even in all your areas of life whether it s ah, you know with your kids, your recreational, your social life you have to have them all, all even kind of Yeah

Thirdly, they were instructed to be their own authority for deciding what strategies would work for them in maintaining their sobriety

q And is there a time when recovery will end for you?

Donna Everyone says you should go to meetings I have yet - I think I've been to one meeting I don't know what the end of recovery is I mean they say go to meetings all the time - you should be going to meetings - meetings didn't work for me And I guess they don't work for everybody and I don't know if I'm fooling myself with that but I haven't gone and I'm still sober A girlfriend of mine doesn't go either and she's two years sober So who knows, it works for me I mean when I get lonely I'm on the phone I'm right on the phone If I have problems I'm on the phone You know anything going on in my life that's tragic, emotional that I just don't feel right with I'm on the phone talkin So that works for me the support So I don't know what the end of recovery is

Thus, we can see the instructions which the treatment program gave women in the areas of relapse prevention and maintaining their sobriety, which necessitated using their power or authority to take responsibility for their recovery

In addition, the women were instructed to exercise their personal power in making lifestyle choices

Goldie Well, because in treatment I learned about abuse too There's verbal abuse, there's physical abuse emotional abuse all this abuse I've been through all of the abuses And so I started realizing I don't have to take this I don't have to take this And so the people that I drank with were usually abusive people once they got it in their system It's instant yelling screaming starting a fight anything And so now I wouldn't take any of that No way I wouldn't take myself into that and I was invited to a party on Saturday night with - there was gonna be lots of drinking, and drugs, and this person doesn't seem to understand why I won't go

Goldie began to recognize abuse, people abusing their power in relation to her, and she learned that she did not have to submit herself to situations which exposed her to abuse

The staff of the treatment program instructed Donna and Suzanne in how to effectively use their own personal power, by coaching them in their opposition to the child welfare system While Donna was living in the halfway house, she faced the court case for permanent guardianship of her child They coached her in how to challenge the court case and how to manage her emotions

Donna Yeah, they were a wonder Trying to keep me positive, positive outlook and everything happens for a reason, so if I was to lose the court case it was you know There was a reason for that Focus in on what you can do next or what steps you're gonna take So they had me overlooking you know - win/lose

the court case what the next steps were gonna be. So that's what I was very focused on way past the court case. I was beyond. I was Court of Queen's Bench and going into higher court and fighting there.

q And they really prepared you for that?

Oh yeah. I was prepped for that. Emotionally too. I went in there and - I did good. So it wasn't until after the court case I just sat and bawled.

The treatment program staff also gave her tools to use which enhanced her personal power, such as focussing on short term goals and taking one day at a time, which she has been using to achieve her goal of becoming employable.

While the addiction recovery program encouraged personal power in clients, they also exercised their authority to set conditions which included abstinence from any chemical use while in treatment. This condition is clearly spelled out in a statement of expectations for applicants to the program.

Although assertiveness, ability to take the initiative, and utilization of personal power are encouraged in addiction recovery as we have seen, in the world of child welfare they contribute to being perceived as 'manipulative', according to Suzanne's experience. She believed that taking the initiative, her articulate speech, and her assertiveness disadvantaged her as a client. She perceived those qualities as detriments.

Suzanne: I think because she - no, I don't know whether it's correct. My feeling is that [my worker] - if I had been the poor child who came from an alcoholic home who didn't have an education and didn't know any better, I might have been better off. Because I think she - that's why she saw even to a more degree the manipulation - is that she, even when I wasn't, is because I can speak for myself and I think I'm relatively articulate and things like that that I wasn't the normal case and so I was worse rather than - Does that make sense? Rather than that being a benefit to me that I had all kinds of prosocial skills and all kinds of other things it was a negative for me in this case. That's how I felt. Whether it's true or not I don't know. And I still feel that way to a degree.

The label 'manipulative' which her worker assigned to her communicates disbelief and rejection. It silences clients and diminishes their personal power. It discounts their expertise and authority to know themselves and their children.

In this chapter, I have examined the contradictions in the instructions which mothers were receiving from the child welfare and addiction treatment systems about how to conduct themselves. The addiction recovery program instructed women to use their personal power, their own authority, to take responsibility for their sobriety, to recognize abuse in their lives, and to use power effectively in conflicts with the child welfare system. However, these instructions directly contradicted those of the child welfare system. In the following chapter, I show how mothers actively worked to influence their workers to return their children, following the instructions to use their personal power.

## Chapter Seven

### Bringing the Children Home Asserting Their Own Power

Suzanne and I said to [my worker] 'If you don't believe what I'm saying, why don't you talk to these people at the [treatment centre] or with other people, and ask them?'

In the previous chapter, we have seen the contradictions in the instructions to mothers recovering from addictions concerning how to conduct themselves. In this chapter, I argue that mothers actively worked to influence their workers to return their children, that is, followed instructions to use their personal power. I show the different approaches mothers utilized with their workers. I show how mothers resolved the contradiction by figuring out how to conduct themselves from a powerless position, without surrendering their own power. I uncover the power relations between mothers, workers and other professionals.

Through the lens of power relations, we can see how women conducted themselves strategically in influencing their workers to meet their objective, the custody of their children. Mothers, rather than passively waiting for workers to take steps toward reunification, attempted to persuade their workers that they had met the conditions. As they gained control over their addiction (attained sobriety and demonstrated an ability to sustain it), they anticipated being rewarded with increased access to their children, or in Donna's case with discontinuance of the application for permanent custody, which was not forthcoming from their workers. The expectation of a response from child welfare was confirmed by staff at the addiction recovery centre, who said that women feel like "failures" as mothers if the children are not returned immediately after they complete treatment.

Mothers utilized four different approaches in their efforts to promote reunification.

They confronted their workers directly. Donna disagreed strongly over an issue concerning her child in the foster home. She first called her lawyer, who suggested that

she call the child welfare worker herself. The issue was significant for her because she "knew" she and her child would be reunited, whereas the child welfare system was still proceeding with an application for permanent custody. Donna was furious that the foster parents were calling themselves "Mom" and "Dad" in speaking with her baby, and that they were calling him by a different name in order to avoid confusion with their dog, who had the same name.

Donna: I just went ballistic with child welfare with [my baby], regarding [my baby] when I first started out with the foster home. The things I, you know, I - First um, they were Mom and Dad. And that was a major issue for me. I said, No. So, and they changed [my baby]'s name. They had changed [his] name and started calling him a different name, [alternate name]. They were calling him [alternate name] and calling themselves Mom and Dad, so I - so there was issues that really ate away at me. And -

q: And who did you have to talk to about those?

Social worker: The social worker. Which I did, and, but they were saying more or less, Don't worry about the Mom and Dad. I mean, you know, I felt that's not right though, and I did know our relationship at that time would, you know, turn into something like we've got now [the child is home with his mother]. So I'm thinking on the basis of that, it's not healthy for my child to be in a situation having a mom and dad and then they're gone at the end. Or changing his name. And the reason they changed his name was because they had a dog named [name with same first syllable as baby] which they called [same name as baby]. And of course the boy [my son], they thought - well - so they just changed his name. And I didn't agree with that. I thought, He's gonna get used to being called a different name.

q: About your experience of them changing [your child]'s name in the foster home. Tell me some more about the process was.

I had phoned my lawyer actually. And I had spoken to him and this was when we were still going through the court proceedings. And I said that they had changed his name. And I said they were now calling him [alternate name]. And then I had phoned welfare on it, my worker, child welfare worker. And I said, Listen, they're calling him a different name. And they were calling him [alternate name]. And she said, Oh. And I said, Yeah, the child was calling them Mom and Dad. And so it was the child welfare worker that actually had talked to the foster parents about his name. Cause I mean if they were to have him for two years, he's gonna grow up thinking his name's [alternate name]. So, no, that was changed. [Donna was considering two years, as the legislation states that it is the maximum length of time a child can remain in the custody of the child welfare system.]

This account provides an example of a client approaching her worker directly and successfully. The child welfare worker was not planning for reunification, and Donna's confrontation strategy was successful in slowing the momentum of the system toward permanent custody. The foster parents appeared to be under the impression that they had the authority to rename the child, and to relate to him as mother and father. Although it is not clear from Donna's account where her worker stood personally on the issue, from a document on the child welfare file, it is clear that the worker was under the impression that the child would not be reunited with his mother. A document entitled "Information Consolidation", completed by her worker when the child was seven weeks old, indicates a permanency plan for adoption. "The plan is for Permanent Guardianship which the mother is contesting. If this is successful, an adoptive home would be sought for him." There is no contingency for Donna attaining sobriety, and the application being unsuccessful (which is what actually happened). Donna's confrontation strategy was successful in preparing for eventual reunification.

A second approach which mothers utilized with their workers was one of negotiation. Suzanne when she became sober in the treatment centre tried to negotiate visits with her child, whom she had not seen for several months. She had persuaded her worker, first of all, to agree to visits. The cost of supervision was the next barrier to access to her child. According to one worker I interviewed, adequate supervision is a primary condition for visits during treatment. Suzanne unsuccessfully tried to arrange a time during the day for visits, when supervision would be less expensive, that would accommodate the schedule of the treatment program. When the worker resisted the cost of evening visits, Suzanne offered to pay for them herself, which was not acceptable.

Suzanne: then they can't do visits. Well it's expensive for them to do visits at night. But I'm going to treatment all day. I can't - they finally agreed to do visits. I'm trying to do this - trying to do that. And they don't want to - Then I said, Well I'll pay for the supervising to bring - Well we can't do that. Well you can't pay for it. I'm not allowed to pay for it. And I can't see him in the daytime.

because I'm in classes - 'where you want me to be where I want to be I couldn't get anywhere I was just - and the staff here they were really frustrated They were honestly -

Negotiation was not successful for Suzanne I contend that the power relations between them precluded negotiation as an effective strategy Negotiation works when there is a more equal power balance between individuals Her worker's categorization of her as 'manipulative', and her own awareness that her assertiveness and articulateness was a disadvantage to her, indicate the power imbalance in the relationship

The most common approach in the data was the involvement of third parties who advocated on the mothers' behalf in promoting reunification Through this method, they could attain a voice with their workers, albeit second-hand The director of the treatment centre telephoned Suzanne's child welfare supervisor to convince them to allow contact between mother and child when Suzanne first entered residential treatment

Suzanne It took almost a month of my being here before I even had no that's not true [My worker] was on holidays, so we couldn't do anything Her supervisor wouldn't even override her case [The director] actually phoned - made an immediate phone call with them And what I'm thinking is He doesn't know that Mommy is okay In his mind if he doesn't know if he can't talk to me he thinks I'm drunk And that's why I kept saying 'I need to

It is not clear from Suzanne's account whether she convinced the director to telephone However, it is likely that she influenced the director with her protests over the lack of contact with her child

Suzanne unsuccessfully tried to persuade her worker to call the recovery centre, and rely on their expertise in her decision-making about allowing unsupervised visits

Suzanne She says that I am manipulative - a very common characteristic in an addicted personality - and that she doesn't believe a word I say Okay So my thing to [my worker] - and she's said that to me - and I said to [my worker] 'If you don't believe what I'm saying, why don't you talk to these people at the [treatment centre] or with other people, and ask them?' Because believe me [worker's name] the people at the [treatment centre] have seen thousands of me's (laughs) and I'm not conning them even if I was trying - and I'm not

'But these people have seen all kinds of me's - they've seen all kinds of people with bigger stories than me way more manipulative than me, and everything And they see through it They may sit there and nod

their heads and do whatever but they know I have signed a consent agreement for any exchange of information so she had full rights to do that So I was upset by that [that the worker did not phone] Although the worker did not initiate contact with the recovery program as a result of Suzanne's persuasive argument, I speculate that the groundwork was laid for a subsequent phone call from the director of the centre to advocate on Suzanne's behalf

Suzanne credited her psychologist with advancing the date for reunification with her child She was aware that he was part of the child welfare system, was contracted by them, and believed that he had more credibility as a result In attempting to persuade her worker to shorten the length of a temporary guardianship order so that she and her child could settle in before the beginning of the school year, her psychologist appealed to the worker (unsuccessfully) on her behalf

Suzanne It didn't make sense to [the psychologist] because my plan is so specific I've done so much research I've got everything in line for what I have to do when I'm in [the location I'm moving to] who I'm gonna see, what programs I'm gonna be involved in [The psychologist] said [addressing the worker] I've never seen - such a well-organized plan and it's not like she's just drawn it up She's been working on it for months And she's followed through on everything she said she was going to do on it However, his offer of an in-home counsellor from his staff to their case was accepted by the worker

Suzanne I should let you know that [the psychologist's] office [psychologist's name] went out of his way to help And I'm sure he'd do it for other people I'm not special or anything But he runs his agency in that manner And I don't know what kind of money they, how they're contracted through child welfare or anything like that but it seems to me that he spent an additional amount of time on my case than he could possibly be being paid for He's arranging to have an in-home support worker from his office because [my worker] said there was waiting lists for their in-home people He's got one from his office that's going to be doing the in-home

His assignment of a staff person was instrumental in enabling the child to return home sooner than if they had waited for the child welfare worker to locate another in-home service

Goldie credits the advocacy of an in-home counsellor who could verify and substantiate Goldie's accounts, as significant in the initiation of overnight visits, the first step toward returning a child home

Goldie [The in-home counsellor] was an awful lot of help for us and [my child] was really disappointed when I went to court that one time in the summer. And [my first worker] had been there and [my child] just - he just lost it. I mean he just - she said no sleepovers and he was just he got on his bike and he just rode back to the house. And we walked back and he was in his room, cuddled up under the covers and he was just bawlin'. He didn't want to talk to anybody or nothing. He was screaming out [the worker]'s name and you know "Why is she doing this to us?" and all of this stuff. And maybe [the in-home counsellor] saw too all that. And when [the in-home counsellor] saw all that she just knew it wasn't right. So anyway things started changing he was allowed sleepovers.

Although the mothers may not have directly recruited the other professionals to advocate for them, mothers were strategic in presenting their situations to professionals who could verify their accounts and would advocate for them.

In the fourth approach, mothers learned to utilize the legal system for their benefit. In the permanent custody application trial, Donna marshalled an array of evidence. She produced letters of support, pictures verifying her child's deformity as genetic, and a friend to testify effectively on her behalf. The judge decided on an extension of the temporary guardianship order for four months, during which time Donna was able to meet the conditions to pave the way for reunification.

Suzanne and her worker settled the issue concerning the length of a temporary guardianship order in court. Suzanne began by attempting to negotiate for an order of three months duration which would minimize the number of changes of schools for her child. Three months would allow her child to remain in the foster home, his schooling undisturbed till the end of the year, and to move him during the summer before the beginning of the next school year. When negotiation failed, the worker and Suzanne agreed to a compromise of a four-month temporary guardianship order in court.

Suzanne [Addressing her worker] 'And because I obviously kept drinking into the six-month TGO [temporary guardianship order] I would like to ask for an additional three months which I think is what

[unintelligible] And anyway it changed somewhere along the line and she said she was gonna go for six more months. And we ended up going to court. We ended up consenting to four. Well it didn't matter if [the placement in foster care] went three weeks into September into the TGO, that [my child] could get hauled out of school again to get - I said No. Why for the sake of three weeks would you take this already traumatized little boy and have him picked up out of school after three weeks, moved to a new school where he's already just coming back to Mommy and he has to go a whole bunch of new people? I said It doesn't make sense for the sake of three weeks if I'd [stayed] sober. (At that point I would have been sober for nine months.) It just didn't make sense to me. But no go. Anyway. So we got this four month TGO.

These mothers, when other avenues failed, confronted their workers in court to enable a third party to rule on a dispute over reunification.

The four approaches the mothers took show how they asserted their personal power in worker-client relations, resolving the contradictory instructions in how to conduct themselves. Mothers were seeking to be included in the decision-making about access and reunification with their children. When their attempts to have a voice, in the form of direct confrontation or negotiation, were unsuccessful, they relied on the credibility of professionals or used the legal system to increase their power in relation to the child welfare system, as represented by their workers. When mothers followed instructions to assert their personal power in worker-client relations, and workers rejected/refused their inclusion/excluded their opinions, they relied on professionals or the legal system to amplify their voices.

In this chapter, I have argued that mothers actively worked to influence their workers to return their children, that is, followed instructions to use their personal power. I have shown the different approaches mothers utilized with their workers. I have uncovered the power relations between mothers, workers and other professionals.

## Chapter Eight

### How Their Children Came Home The Role of Third Parties

Goldie I was getting very very disturbed with [my worker] Like What is it you want from me? I've done everything I'm supposed to do you know everything you've told me to do and it's still not good enough for you?

In the previous chapter, I have shown how mothers were applying the instructions to use their personal power, which was working so successfully in regard to their addiction, to the child welfare setting. I examined the power relations between mothers, workers and other professionals, to reveal how mothers relied on professionals or the legal system to amplify their voices, when following instructions to assert their personal power was ineffective with workers in accelerating reunification with their children.

In this chapter, I argue that child welfare workers did not incorporate the authority of recovering mothers into decision making about the reunification with their children. I show that following the instructions of neither system brought mothers closer to their goal of reunification with their children. I suggest that professional or judicial opinion was required to produce the child welfare system's altered course toward reunification.

The turning point for the cases, when the child welfare system began to expand access for the mothers, did not happen as a direct outcome of the mothers' efforts. Events which they did not control triggered the new organizational course of action toward reunification. An accompanying shift in the relations between worker and client occurred, wherein mothers gained more credibility with their workers and the relationship became less adversarial.

Two new sets of eyes on Goldie's case coincided with the decision to allow overnight visits with her child, a major step toward reunification. The shift in worker-

client relations occurred with the assignment of a new worker and an in-home counsellor. Goldie's previous worker had remained steadfast in her conviction that Goldie was not 'stable', despite Goldie's efforts to convince her otherwise. Goldie had complied with her worker's conditions, which were to abstain from alcohol, to attend anger management classes, and to find suitable housing. Goldie anticipated permission for overnight visits to be the result. However, her worker refused, saying Goldie was not 'stable'.

Her dilemma was how to convince her worker. Her compliance had been ineffective, she did not have any credibility with her worker, and if she expressed her anger, she risked strengthening her worker's belief that she was unstable.

Goldie was complying with the conditions which the worker had set down, even when they were a sacrifice or did not make sense to her.

q Before you go on, talk to me some more about [when] you were really hurt. What was it that hurt you the most about it?

Goldie Well, it was that I was trying so hard and I was doing everything that I was supposed to do - abstaining from the alcohol and going to anger management with [my child] on Saturdays which she wanted us to do and we did. That was a damper on our weekend because we'd have to go make that. That took up time. Saturday would just be - poop - almost over with.

Goldie did not have any credibility with her worker.

Goldie She would never let him go to [my boyfriend's] or stay over and there was not absolutely nothing wrong with over there because he has custody of his own son and he has a daughter that he sees every second weekend again that's over there. And the two boys get along fine now you know it was touch and go in the beginning but they get along and they watch a movie or they play. And then [his child] likes to build things with his hands and [my child] gets down with him too. And we rent them a movie and it's quiet - and she didn't believe any of this, and yet she wouldn't come out and see it either.

The worker would not believe her and yet would not come out to verify for herself.

If Goldie expressed anger, she was afraid it would strengthen her worker's belief that she was unstable.

Goldie So I wasn't allowed to see him a lot when I was supposed to during the summer and stuff. And I didn't know whether to get really angry with her or just let it go, because I thought if I get angry then she's gonna say, Well look - listen to you - you know you're not ready and all this stuff. I was getting

very very disturbed with her Like 'What is it you want from me? I've done everything I'm supposed to do, you know everything you've told me to do and it's still not good enough for you?'

Thus, we can see that Goldie's efforts created no progress toward reunification. She was unable to convince her worker, and the worker would not make an effort to verify Goldie's accounts. The turning point occurred after Goldie was assigned to a new worker, and within four months they were reunited.

Goldie: Well, I think - to me I don't think it was any skin off [my first worker]'s nose to leave [my child] in a foster home - period - and just - you know I don't think anything I could have done - like - would have been good enough for her. So it would have just been ongoing, ongoing, and ongoing. I think. It would have been a rougher go - until the new - till [my second worker] came in. And then things started happening. And [my child] - (to child) have you met [the second worker]?

Child: Uhhh [meaning he's uncertain]

Goldie: But [my in-home counsellor] was really in close contact with [my child] and I, being our counsellor at the time, and letting welfare know.

Goldie suspected that the in-home counsellor may have verified her accounts and advocated for her, recognizing her accomplishments.

Goldie implied that the accounts of the in-home counsellor about the child's distress over the child welfare worker's denial of overnight visits, and her assurance of the likelihood of Goldie's continued sobriety, convinced the worker. Goldie felt encouraged and relieved with progress toward reunification.

Goldie: So anyway things started changing he was allowed sleepovers and it started becoming more fun and it started looking more positive. I was trying more harder. Well I always try harder. But it gave me more of a feeling of. Well I don't have to deal with her anymore so that's a real load off my shoulders.

From Goldie's standpoint, her own efforts were fruitless. The involvement of a new worker, the advocacy of an in-home counsellor, and the child's distress over being denied overnight visits with his mother, were the significant factors in triggering a new organizational course toward reunification of the family and ending the adversarial relations with the child welfare system.

In Suzanne's case, as we learned in the previous chapter, the turning point toward increased access and reunification was marked by the seemingly arbitrary decision by the worker to enact a plan to return the child in a month. After months of "begging" for unsupervised and extended visits, it did not make sense to Suzanne - it was not logical or rational - to shift toward reunification without a coinciding improvement in her progress in recovery, or without completion of the conditions the worker had set down. It makes sense when we consider the effectiveness of third party advocacy: the addiction treatment centre director had phoned the child welfare worker.

Suzanne: I mean literally starting next week, I'm having overnights, and I've got - but I don't know where it came from, what happened, no idea. Other than that [the addiction treatment centre director] phoned child welfare and talked to them about it. But I don't have any idea that that has anything to do with it.

With the plan for imminent reunification, a shift to a less adversarial relationship between Suzanne and her worker occurred, subsequent to the director's telephone call.

q: And what - has there - how would you describe your relationship with [your worker]?

Suzanne: Horrible. Well wait. [My worker] is - this sounds horrible - even if she was not in child welfare, she is kind of like a non-personality. She has - she's just - I'm a really outgoing, gregarious - people call me hyper - active person and she's just like this lump. And so I would never relate to her in any circumstance. Only if I was forced to, and in this case I'm forced to.

Suzanne then related her frustrations with her worker, who called her manipulative and chronic, and refused to believe what she says. She described the difficulties in getting permission to contact her child when she first entered treatment, and the lack of privacy in supervised visits. She described their current relationship as "sort of okay".

Suzanne: As I'm saying this, with [my worker], we're sort of okay. But I'm just saying some of the frustrations about dealing with them.

On a previous occasion, Suzanne had told her worker of the treatment centre staff's extensive experience with women like her, and expertise at discerning who was trying to 'con' the professionals. It may have laid the groundwork for the director's call.

In Donna's case, a judge intervened to deny the worker's application for permanent guardianship of her child, and to allow her four additional months to demonstrate her

sobriety and capacity to parent. The trial was the turning point in her case, when the child welfare system began to see her as a mother whose child might be returned home. In the previous chapter, I presented information about the court case in which she contested the child welfare system's application for permanent custody. Donna, presumably with the help of her lawyer and the staff at the treatment centre, produced letters of support, pictures, and a friend to testify on her behalf. I have also referred to the passages in the "Information Consolidation" document which indicate that her worker had plans to initiate adoption. The child welfare system was not on the road to reunification of this child and his mother. According to the records in her child's file, Donna had phoned, ten days before the trial, to advise the supervisor who was managing her case, that she was in treatment, sober, and had a follow-up plan in place to maintain her sobriety. Although the information could have initiated a reconsideration of reunification, the last line of the record written by the supervisor states, "Referred her back to her lawyer". It was the judge's intervention which changed the direction of the child welfare system from permanent guardianship.

In the stories of these three mothers, we can see that the turning point when the child welfare system began to allow more access for the mothers, did not happen as a direct outcome of the mothers' efforts. Their extensive efforts to influence and persuade their workers to consider steps toward reunification with their children were ineffective. It was not the intention of their workers to initiate reunification when they did. In Goldie's case, a new worker together with the substantiation of the in-home counsellor, ended the adversarial relationship. In Suzanne's case, the addiction treatment system asserted itself on her behalf. In Donna's case, the legal system considering all the evidence, decided to give her a chance to prove herself. Events which the mothers did not control triggered the new organizational course of action toward reunification.

In uncovering the power relations, I find it significant that in Goldie's and Suzanne's cases, the mothers were not very certain what actually initiated the shift in the system's management of the case. The agency of the mothers in affecting the timing of reunification was unacknowledged or nonexistent. Their own efforts were unacknowledged, and they attributed the altered course of their case to third parties, or were uncertain how it happened that they became more credible and the adversarial nature of the relationships changed. The actions of the workers did not make sense to the mothers. Following the instructions of the addiction treatment system to assert their personal power did not, from the mothers' standpoint, result in progress. Following the instructions of the child welfare system, to surrender control of the mother-child relationship, did not provide them with any indication that they were getting closer to regaining custody of their children.

I suggest that the workers did not incorporate the mothers' authority about their sobriety and readiness to begin reunification into their decision making process. In the following chapter, I examine the social organization of child welfare practice for an explication of their rejection of mothers' authority.

## Chapter Nine

### Adversarial Relations

Donna And the [treatment centre] s on the people s side The addict s side

In this chapter, I argue that child welfare workers' rejection of the opinions, expertise and authority of the mothers who are their clients arises from the legislation governing child welfare work, which organizes their relationship as adversarial, and from their education and training. I uncover some of the social relations which shape a worker-client relationship.

#### Adversarial Relationships

In this section, I describe what adversarial worker-client relations look like. From the data I collected, I show that they are characterized by mistrust, suspicion, limited disclosures, conflicting interests, and fear, on the client's part, and on the worker's part, authority. A non-adversarial relationship might be neutral, disengaged, what Suzanne called "sort of okay", or it might be trusting, according to Donna's conception.

Donna described how she understood the difference between an adversarial relationship in which workers judged her and whose purpose was to collect evidence against her, and an open, nonjudgmental, trusting one.

Donna Actually at first I didn't of course trust them - any of them. I didn't trust any of them after what they did. [The second worker] was the first one I opened up to and that's who took all the information and used it against me. I don't know it was kind of like I didn't want to get close to any of them. Why get close cause they're just gonna change anyway? So of course you're telling them only what you have to only what they ask. You're not freely giving information any more. You know I did that once and there was a bond. I would not open up to them after - and especially after they used everything against me. Why

should I? Who knows where it's gonna go next you know? And you have no bond. You're not - open - with them as I am with you. I would not tell them anything any more after that. You don't want to get too close because they're only temporarily there. So you're not going to go to them with your emotional problems and maybe have them judge you, use it against you - or - so you're not - you don't get close.

From Donna's account, we can see that in an adversarial relationship, a client does not trust, suspects the motives of the worker, censors her talk, withholds information and fears the power of the worker.

In the data, I found some evidence of how a worker perceived worker-client relations as adversarial. She believed the adversarial effects of the legal system on their relationship could be overcome by both parties. She implied it was more of a challenge when the relationship began with an apprehension.

Worker (from interview notes) Because of the legal system it becomes adversarial. It's our system. Perhaps there are other systems elsewhere but this is the one we have. The worker and client can get beyond it [the relationships' adversarial nature] on a relationship basis. If child welfare involvement begins with an apprehension, the legal process is more right in the face of the client right away.

She was aware that the court could compel her to betray the relationship by testifying against a client. She resolved her betrayal by incorporating the process of a trial into clinical (helping) work. She blamed the client for making the relationship adversarial.

Worker (my notes) If it comes to court 'a worker has no choice but to unveil the truth'. Court can be good for client. Over the course of 3 or 4 days their life is laid out. All workers testify who have worked with this family over five years. The clinical process is unveiled. The client sees and hears everything - of course it's done for the judge, but some clients benefit. For example a woman with a longstanding addiction problem quite manipulative had been involved with both the criminal and child welfare legal systems. She tries to sound convincing and well-meaning. Clients get systematized especially if they have been through two systems. By the time she got to child welfare she dealt with it the same as the criminal system.

The worker framed the client as fighting the legal process, not herself.

Worker (my notes) Client has to learn how to fight the legal process.

In cases of addiction, she admitted that workers suspect clients and order drug testing to obtain evidence against them.

Worker (my notes) If the addiction problem continues to be seen as severe and if the worker is suspicious of continued usage of drugs direct screening for example random drug tests with an agency here in [city] can be required before seeing her child

q Is this done to protect that child from a mother who is impaired?

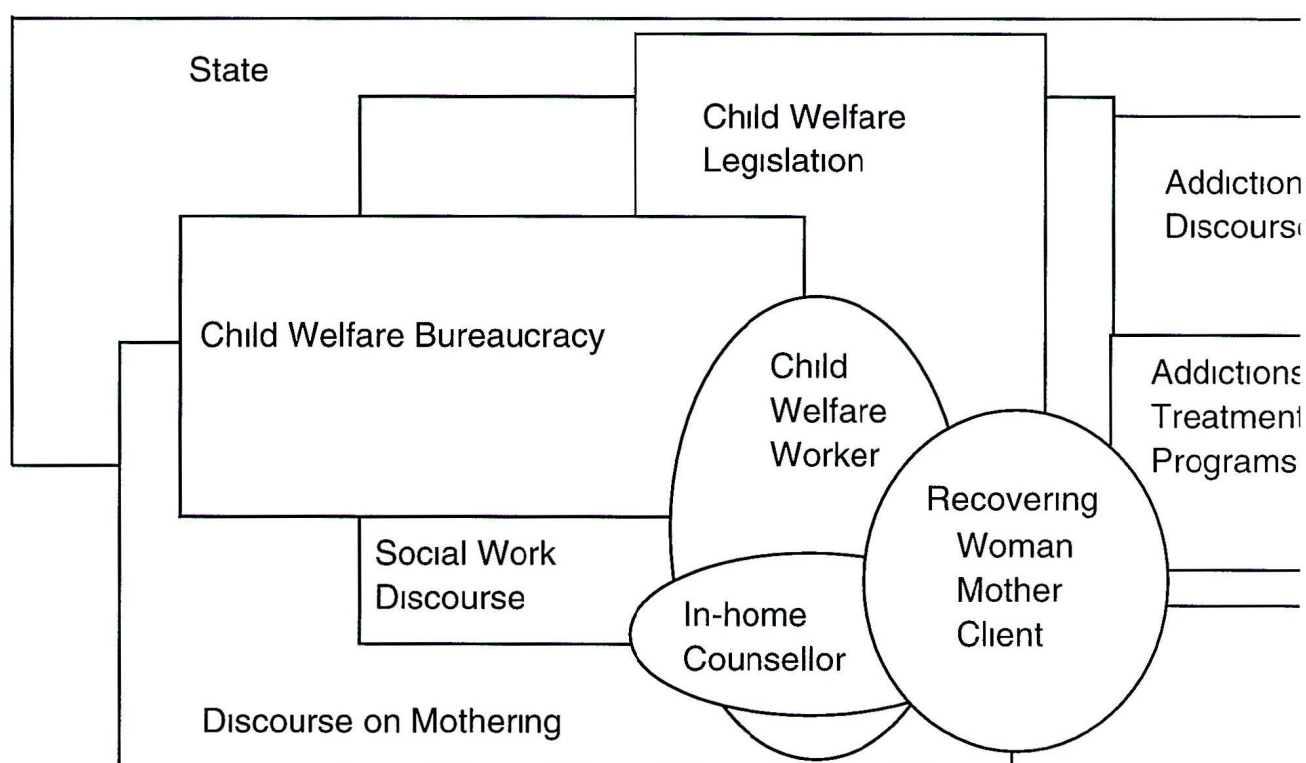
Worker For two reasons 1) to see if client is being truthful, 2) to see if drug use continues This is done especially if a baby was born with cocaine or other drugs in its system It is used especially if an infant is involved Sometimes urine tests are court-ordered

From the worker's account, we can see that she views her power in a worker-client relationship as constrained by the power of the legal system Her power to detach herself from an adversarial position is limited to building a (trusting) relationship with the client, rationalizing her compliance with the legal process as helping the client, or locating herself outside of the struggle (the client is fighting the legal process, not the worker) In cases of addiction, workers are suspicious of clients and especially when the protection of an infant is involved, use their authority to compel mothers to comply with testing, which becomes evidence against them When I juxtapose the two accounts, we can see that a client has reason to mistrust, to suspect motives, to limit the amount of evidence she provides, and to fear the power of the worker What a client may not perceive is the constraints on the worker's actions

### Legislation

In this section, I argue that the legislative approach to child welfare constructs adversarial relations between worker and mother by orienting child welfare work toward the court system and the protection of the child, by making mothers, their mothering work, their relationship with their children, and their opinions, invisible, and by confusing authority with help I utilize the institutional ethnography method of documentary analysis to uncover the interconnection between the worker-client relationship and ruling relations

In the conceptual framework, we learned that child welfare practice entails enforcing the contract between parents and state to provide for the welfare of children within the family unit. According to the literature, the child welfare system grew out of the child saving movement of the late nineteenth century (Gordon, 1996, Swift, 1995a). Historically, protection was most commonly provided by removing children from their mothers and placing them in alternative care (Savoury and Kufeldt, 1997).



In examining the legislation, I see several ways in which it constructs adversarial relations. The setting, the backdrop, for child welfare work is the court system, an adversarial system where there are two sides in opposition to each other. The intent of the Act is to protect a child's interests; a mother's interests are secondary and her opinions, as opposed to the child's, are not recognized. His/her mother becomes invisible in the Act,

subsumed under the term "guardian" or "family" The glossing of differences between welfare and protection, and between authority and helping, frames the relationship between a worker and mother as exploitive and manipulative The legislation confers authority to determine risks to children through investigative procedures, which organize worker-client relations as judgmental A mother cannot voluntarily enter the system, only if she is judged to be deficient Child welfare practice is wedged into a legal framework which is based on adversarial relations

The power of the queen, funnelled through the legislative assembly of the province, establishes the law governing the 'welfare' of children In Alberta, the legislation is entitled, "Child Welfare Act"

HER MAJESTY by and with the advice and consent of the Legislative Assembly of Alberta enacts as follows (Child Welfare Act, 1997, p 4)

The text of the Act leaps from "welfare" in its title, to a focus on "protection" of the child, glossing over the differences which these two terms may contain Section 1 defines terms, among which "welfare" is not included Nine circumstances which would endanger the survival, security or development of the child are described, as part of the definition of terms, and roughly fall into what we know as child abuse and neglect

The legislation provides the parameters which define a child welfare worker's work as protecting children The intent of the legislation is to provide protective services to children, and the Act situates children within families The mother or parent is subsumed under the terms "guardian of the child" and "family" in the text of the legislation

2 A Court and all persons shall exercise any authority or make any decision relating to a child who is in need of protective services under this Act in the best interests of the child and in doing so shall consider the following as well as any other relevant matter

(a) the family is the basic unit of society and its well-being should be supported and preserved

(b) the interests of a child should be recognized and protected

A worker I interviewed showed how conflict arises, and mothers' interests fail to be represented in child welfare practice, in answer to a question about decision-making processes concerning custody. She stated that she asks herself the question, "What is in the best interests of the child? The first preference is for the child to go home. If I don't think changes were made by a parent, I have to look out for what's good for the child. This may create conflict. I consider the child's long-term welfare. It may really hurt the parent. I don't want to do that. My job is to look out for the child, which may conflict with what is best for the parent." An adversarial relationship, in which the worker takes the side of the child, against the mother has been constructed. I can see that the skills of the worker to be able to build a non-adversarial relationship in this situation, though which a mother can unite with a worker to put the child's interests before her own, are critical. However, as de Montigny (1995) says, the trusting relationship glosses over power differences. The worker can overrule a mother as she has been given the authority, and their dispute will have to be settled in court.

In section (c) the family's right to privacy and freedom is protected, when not in conflict with those of itself, individual family members and society.

In the next section, a child's opinions are recognized and accepted.

(d) a child if the child is capable of forming an opinion is entitled to an opportunity to express that opinion on matter affecting the child and the child's opinion should be considered by those making decisions that affect the child.

Although the decision-makers are directed to consider the opinion of the child on matters affecting him/her, the opinion of the parent is not mentioned. The parent, usually a single parent mother, according to the literature, is rendered invisible in the legislation.

The implication in the section on family responsibilities is that a child's welfare arises from being cherished within a family unit. The mother-child relationship is not recognized in the legislation, only the relationship between a child and his/her family.

(e) the family is responsible for the care and supervision of its children and every child should have an opportunity to be a wanted and valued member of a family. (Child Welfare Act, 1997 p. 8)

The text goes on to frame "protective services" as assisting the family to provide care

(e) continues and to that end (1) if protective services are necessary to assist the family in providing for the care of a child those services should be supplied to the family in so far as it is reasonably practicable to do so in order to support the family unit and to prevent the need to remove the child from the family (ibid )

Separation of a child from his/her family is intended as a last resort

(e) (11) and a child should be removed from the family only when other less intrusive measures are not sufficient to protect the survival security or development of the child (ibid )

Help for the child is to be provided in the form of "removal" from his/her family under certain circumstances, which cannot be remedied by less intrusive measures The apprehension of a child is delicately referred to as "removal of a child from the child's family", which glosses over the power relations conveyed by the word "apprehension"

Although the legislation confers authority to determine risks to children through investigative procedures, and supply services only to a child whose "survival, security or development" is endangered, the Act does not designate who is to determine the endangerment By implication, with the backdrop of the court system, a person in authority would be designated to find evidence of danger I have not examined how power to investigate a mother's capacity to be "guardian" of her child is delegated through legislation, regulations, and child welfare organization policies and procedures However, from my observations, the designated authority is ordinarily a child welfare worker She is usually accompanied by her supervisor when the complaint involves drug or alcohol abuse, according to a worker I interviewed, for their own protection

The authority to investigate organizes worker-client relations as judgmental, rather than a collaborative one in which the welfare of the child is a common goal Swift (1995c) recognizes the issue "The legalization of child protection (Bala et al , 1991) exacerbates this approach [which targets the family as the locus of problems] by requiring social workers to continually collect evidence against mothers in anticipation of future court

action" (p 87) The outcome of the implementation of investigative powers are adversaries workers who do not trust clients, such as those who saw their client as manipulative, chronic or unstable, and clients who do not trust their workers, such as those who felt betrayed, disrespected, or objectified as paperwork

In section (f) issues are delineated for authorities to take into account in making decisions regarding the apprehension of a child A decision is to consider the child's heritage, stability and continuity of care and relationships the risks of apprehension, leaving the child, and returning the child, and the comparative merits of leaving and removing the child

Support and preservation of the "family" of a child is provided through referrals to resources in the community

(g) if it is not inconsistent with the protection of a child who may be in need of protective services the child's family should be referred to community resources for services that would support and preserve the family and prevent the need for any other intervention under this Act (Child Welfare Act 1997 p 9)

Resources are intended to prevent further intervention by the authorities, rather than to foster the welfare of a child These resources are not for a child's mother except as she is a member of a family unit, which is designated as the provider of care for a child

The legislation delegates service delivery to community resources In the cases I have studied these referrals were to addiction and detoxification programs, psychologists, youth workers, and family preservation agencies who offer in-home counselling The help mothers received to attain sobriety, learn parenting and living skills, and address issues underlying their substance abuse, was fulfilled by professionals, to whom clients were referred by their workers The referrals leave proportionately more of the child welfare workers' relationship with mother focused on legal processes, such as signing contracts and serving court documents which represent the adversarial court process

I argue that the glossing of differences between welfare and protection, and between authority and helping, frames the relationship between a worker and mother as exploitive and manipulative. The provision of help to a family in the form of protective services to a child confuses the helping and authority roles in the minds of workers and clients. Inappropriate expectations for the child welfare worker can result, which create an adversarial relationship. We can see in Donna's sense of betrayal at having her disclosures used as evidence against her, the confusion of roles in her mind. While appearing to be in a helping role, Donna's worker was gathering evidence, an authority role. "You know she wasn't really caring about me, she was just preparing for evidence. That's all she wanted. And that was kind of a bad starter," as Donna said of her relationship with her worker. Her expectations for her worker were inconsistent with the worker's authority role as a collector of evidence for the court process. The worker exploited the relationship with Donna to do her job of collecting evidence.

The confusion of roles exists in the worker's mind as well. I contend that workers are denying the adversarial construction of the worker-client relationship when they fail to warn a mother that what she reveals will be used as evidence in court to determine her suitability as a parent, when they interpret the legal process as if they were an advocate, not an adversary, when they 'help' a mother to see the 'problem' and determine the solution, and when they see presenting her story to herself in a trial as good for her.

Rationalizing their actions resolves, for workers, the confusion of roles. I was initially puzzled when I encountered de Montigny's (1995) claim that social workers develop rationalizations for their actions. "Their function as child protection police does not match their idealized versions of professional helping. To recover a sense of professional congruence and integrity, social workers must develop elaborate justifications and rationalizations to account for their actions. Workers also argue that their actions have therapeutic effects" (p. 130). They come in the guise of a helper, but they "dominate"

(Freire, 1970) through manipulation of the relationship, in such activities as failing to warn a mother that her disclosures will become evidence, interpreting the legal process for clients, imposing a 'problem' and solution frame, and utilizing a trial to intervene with a client. They must exert authority, in accordance with the construction of the legislation. However, their denial of the adversarial construction of their relationship to clients shows itself as a deception of the clients, and themselves. The entanglement of the authority and helping functions is a problem for workers, and for clients. For the clients, it exacerbates the already conflictual and mistrustful relationship with their workers.

I contend that a mother must be judged as deficient, and cannot voluntarily enter the system. The legislation's determination that assistance can only be provided when the authorities judge a child to be endangered by the authorities means that the child welfare system cannot help mothers who request help until they are investigated and found deficient. Donna related the story of a mother whom she had convinced to phone child welfare to get help with the problem of coping with her children while she attended addiction treatment. The mother had relapsed, distracted by the problems of children at home with a babysitter. Donna pointed out that the way the child welfare is organized, in order to become eligible for services, a mother has to "hit rock bottom" and the children have to suffer.

Donna: If someone's crying for help I think they need to intervene. Before it gets to the point where these people do hit rock bottom. I mean, they're crying for help before they get to the bottom. And I think they should intervene before they actually hit rock bottom. Lose their kids, have to go through court proceedings all of that. And so that's a big step to phone and admit that you need help. And for them to shut their door. I just don't understand. But yet they're quick to be there and to judge you when you're fallen right to rock bottom. You know, without help you cannot get out of that rut. So you hear these women out crying for help and yet there's nothing can be done until they actually do hit rock bottom.

1 And are there any kind of resources or counselling information like that or does child welfare -

d In her situation she's got the kids. Now she has no one to watch the kids. So why can't they be placed somewhere. You know, and given that opportunity to go and get the help. That's the way I look at it. They should be allowed to, and it will come to that anyway. So why not, when they're asking for the

help, why wait another year? And let the child the children go through this another year when it can be you know stopped beforehand?

Donna found workers to be quick to intervene to "judge", to exercise their authority, but not to help. The system is organized to subject a mother to humiliation, powerlessness, and judgment in order to get services. Thus, the mother who invites the collaboration of the system in providing care for her children is refused. She can only enter under adversarial conditions.

To summarize, the legislation constructs adversarial relations by utilizing the adversarial court system, as a setting, a backdrop, for child welfare work, where risks to children are proved through investigative procedures, and being judged as deficient is required to access services, by recognizing only a child's interests and opinions, by making a mother, her mothering work, and her relationship with her child invisible, subsumed under family or guardian, and by glossing over differences between welfare and protection, and between authority and helping. The legislative approach to child welfare practice constructs it as adversarial.

### Education and Training for Child Welfare Workers

In this section, I argue that child welfare workers' rejection of mother's opinions or authority arises from their education and training in the area of power relations and addictions practice.

### Knowledge of Power Relations

While the organization places them in a position of authority, enforcing the legislation, the education of child welfare workers does not prepare them for exercising authority nor managing relationships with clients who have addiction problems. Generally,

child welfare workers are social workers, educated within the discourse of the social work profession (Swift, 1995, de Montigny, 1995)

I suggest that the rejection of the mothers as participants contributing their opinions and knowledge to the decision making process of the workers, arises in part from their lack of education and training in power relations

The social work practice texts have been found to provide little analysis or guidance in the area of power relations (de Montigny, 1995, Swift, 1995a) de Montigny (1995) has found that the "coercive and manipulative nature of professional power" (p 126) and the social organization of that power is neglected by social work practice texts When a worker is unable to relate to a client in terms of a helping relationship, if the client is hostile to a worker, for example, the alternative within the framework of relationship theory or the authority-helping schema is to resort to authority (Swift, 1995a) In the training literature, Swift found that blending authority and help in a paternalistic 'good parent' approach is recommended (see Kadushin and Martin, 1988, p 270), which she critiqued for its construction of clients as childlike Thus, the social work practice texts do not provide strategies which are respectful of clients within an adversarial relationship Diorio (1991) has found that the discourse on the effectiveness of casework and practice with involuntary, resistant clients, neglects discussion of a social worker's responsibility to raise the political consciousness of clients and to allow clients to act as a result of that awareness

Training in the area of power relations and exercising authority may also be deficient A colleague of mine, a former child welfare worker, suggested that in general, child welfare workers are lacking knowledge about working with clients in a way that will help them "get better" She questioned the extent of workers knowledge about overcoming the barrier of being a social control agent, in order to explain a service plan, for example, without being judgmental, and about dealing with the adversarial relations that the legal processes introduce To her knowledge, the child welfare system provided no specific

training in these areas "It's crucial to their job They don't have to be a clinician It's like having two parents who are fighting all the time if [worker and mother are] adversarial " She viewed skill and knowledge as essential to work within the dichotomy of keeping the child's best interests uppermost, while working effectively with the parent, and doubted that training addresses this area Although some workers "write off" parents who present as angry and adversarial, workers exist who know how to deal with the power dynamics and use their relationship skills, according to my colleague However, training to prepare workers for effective practice in managing power relations and adversarial relationships was not available to her knowledge

I suggest that a worker, whom I have shown to be lacking a selection of alternative strategies, either relies on authority or writes off clients, thereby producing the effect we have seen in the cases I studied where workers reject a mother's opinions and authority I wonder if this tendency may be exacerbated in cases where the client has more knowledge about addiction than the worker

### Knowledge of Addictions

In this section, I argue that workers' ability to intervene effectively with their clients with addiction problems is limited by their lack of professional knowledge about addiction, its patterns, and recovery Opportunities to gain knowledge in social work practice in the addictions field are limited

Professional education and training do not prepare them for child welfare practice in the area of addictions In my social work undergraduate degree, the one course offered on addiction was not a part of the mandatory curriculum Exposure of social workers to the discourse of addiction once they are employed as child welfare workers is minimal, and their interchange of information with addiction treatment professionals concerning clients

which they have in common is scant, according to the data I obtained. Lack of training among child welfare workers and substance abuse treatment practitioners in each other's area of expertise is a problem, according to the literature (Thompson, 1990; Curtis and McCullough, 1993; Gregoire, 1994; Tracy and Farkas, 1994; Dore, Doris and Wright, 1995). One child welfare worker I interviewed received some initial training in addiction, with regard to assessment only. According to another worker, addiction courses for child welfare workers in this province are optional, which does not make sense to her, considering that she has observed addiction issues in seventy to eighty percent of her cases. She has taken a two-day non-mandatory course offered through their staff development division. However, she observed that few workers take the training course in addiction as the staff turnover precludes completing even the mandatory courses.

Another source of knowledge for workers is addiction professionals with whom they have clients in common. One worker stated that her knowledge of relapse had been augmented recently by an addiction counsellor, who compared a client's relapses to leaving a battering partner many times before the separation becomes permanent. This communication of the nature of addiction and relapse was an incidental occurrence as a result of working with the same client.

The mothers reported that their workers had little or no contact with the recovery program staff concerning their case. A worker I interviewed concurred stating that contact generally consists of irregular telephone contact to check on a client's progress. Another worker disagreed, stating that there is often contact between the treatment program, the child welfare worker and the client, in the form of conferencing. If conferencing does not occur, she stated that telephone contact is usual. When I pointed out that it had not occurred for the mothers I interviewed, she suggested that some treatment programs choose to remain separate from child welfare. This chosen separateness does not apply in Suzanne's case, based on the number of telephone calls which she reported had been made

by the treatment centre staff to her worker. A worker I interviewed appreciated the communication in the form of a one-page summary, which often contains recommendations for the follow-up program, prepared at the time of discharge. Another worker stated that ideally she would like to set up a relapse prevention program with the treatment staff and the mother at discharge, but it seldom happens. Thus, we can see that opportunities for gaining knowledge about addiction from the treatment professionals are limited. The two systems have little interchange of information, even when they have clients in common.

The mothers indicated that their workers' knowledge of addiction was scant. When asked about their workers' knowledge of addiction, relapse, and recovery, they were unable to recall any indications that workers were familiar with the recovery work which a woman does to attain sobriety. Donna perceived the attitude of her workers to be black and white. If she relapsed even once, she expected that they would take her child and apply for permanent guardianship again. They did not indicate to her that they understood relapse in the context of recovery.

Workers rely on their own observations and interpretations to illuminate their work. A worker I interviewed stated that she has observed a pattern in the lives of recovering mothers. They were in crisis when they entered treatment, really "gung ho" and wanting to have their children back home. If they completed treatment, they were elated at doing well in the program. Then slowly, their lives deteriorated and their abuse of alcohol or other drugs resumed. She expressed regret that the cycle repeated itself, and speculated about the issues that undermine the changes that mothers have made through treatment. The initial decision that Suzanne's worker made to refuse contact with her child makes sense when we consider that a worker may be expecting mothers who have been abusing substances to follow this pattern. Suzanne had not succeeded with addiction treatment when she had attended previously, and she had been reported to child welfare three times for relapses over a ten-month period. Workers might be able to put their own observations and

interpretations into context, qualifying their expectations for mothers to fail, with more professional knowledge

The child welfare worker has a significant opportunity to put a mother on the path to sobriety. The recovery process "begins not when the client gets sober, but when a caring professional first expresses concern about drinking and makes a diagnosis of alcoholism" (Finkelstein et al, 1993, p 79). The literature cites the attitudes of addiction counsellors as crucial in recovery (Finkelstein et al, 1993, Harrison, 1993). "[I examine] one's ability to empathize with the woman as the primary ingredient in helping her recover. Attitudes and empathy are two key ingredients" (Harrison, 1993, p 200). Although the statement refers to counselling, the empathy and attitudes of workers encountering a mother who has been misusing substances will also contribute to her recovery.

I contend that negative attitudes toward mothers who have been misusing substances are not uncommon among child welfare workers. According to a child welfare worker whom I interviewed, the perceptions of addiction among workers are similar to those of the general public. Some workers think, "Why waste energy on a family like that?" According to the literature, negative attitudes toward the mothering done by addicted women are evident among practitioners (Finkelstein et al, 1993, Plasse, 1995, Swift, 1995a). Swift (1995a) provides a window into the thoughts and feelings of a child welfare worker with a social work perspective, but lacking an understanding of the nature of recovery from addiction.

For child welfare workers, however, an alcoholic mother means poor care for the children. Even if the father is present, the mother is still expected to be the primary caregiver, and the onus for recovery will be on her. She will be expected to choose a recovery program to follow through and to maintain sobriety. Workers understandably become frustrated when mothers fail in these attempts. They witness the anguish of children as they are shuttled back and forth from home to foster placements, and they are aware of the risk and harm children sustain as dependents of an

addict. As a reader of such files, I also yearn for the mother to right herself, to get back to the business of raising the children. Workers often visualize the mother as an individual of free choice, and they express shock and disapproval if she backslides. (p. 122-3)

Relapses, according to the literature, are common in the process of recovery and do not preclude eventual achievement of sustained sobriety. Negative attitudes, particularly toward women with addiction problems, are found among child welfare workers.

I contend that in the absence of a full understanding of the nature of addiction, its patterns, and recovery, workers' ability to intervene effectively with their clients with addiction problems is limited. Professional education and training are inconsistent with the realities of child welfare practice in the area of addictions.

### Summary

In this chapter, I have argued that child welfare workers' rejection of mother's opinions or authority arises from the legislation governing child welfare work, organizing their relationship as adversarial, and from their education and training. I have uncovered an interconnection between the worker-client relationship and ruling relations.

I have shown what an adversarial relationship between worker and client looks like, citing mistrust, suspicion, limited disclosures, conflicting interests, and client's fear and worker's authority, as characteristics. I have shown how the legislative approach to child welfare constructs adversarial relations, by orienting child welfare work toward the court system and the protection of the child, by making mothers invisible, and by confusing authority with help. I have shown how limited education and training in working within adversarial power relations and managing relationships with clients who have addictions shapes child welfare workers' rejection of mother's opinions or authority. I have shown

how a lack of professional knowledge about addiction, its patterns, and recovery may limit workers' ability to intervene effectively with their clients with addiction problems. I have shown how limited the opportunities are for social workers to gain knowledge in social work practice in the addictions field.

## Chapter Ten

### Conclusion

In undertaking this research, I sought to uncover the social relations which penetrated the work of a mother recovering from substance abuse. I was interested in understanding ruling practices which distribute and maintain power in our society, especially in relation to my work with mothers with addiction problems. I wanted to view their experience as it is constructed by the child welfare and addiction treatment systems.

Through the course of the previous chapters, I have presented the following argument: that a mother who enters addiction treatment as a client of the child welfare system becomes the recipient of contradictory instructions about how to conduct herself in relations of power. A mother has to be submissive in relation to the authority of the child welfare system if she wants to demonstrate her desire to regain custody of her children. The instructions of the addiction treatment system encourage the use of personal power, their own authority, in order to be successful in recovery, in contradiction to the instructions of the child welfare system to surrender, submit and comply. Mothers perceived that sobriety through addiction treatment was the way to become eligible for reunification. However, when they attained sobriety, workers would not expand access to their children, or discontinue their court application for permanent custody. Following the instructions of neither system brought mothers closer to their objective of regaining custody of their children. Events which the mothers did not initiate brought reunification with their children closer - workers accepted judicial and professional opinion - or were merely arbitrary in their decisions. Rejection of mother's opinions, expertise and authority arises from the legislation governing child welfare work, which organizes their relationship as adversarial, and from workers education and training. Based on institutional ethnography,

I have shown that what is happening in worker-client relationships is governed by relations of ruling which are not visible in the immediate situation

In this chapter, I discuss the findings, implications for practice, and areas for further research which arise from the data and my analysis. I also explore my own personal learning

### Findings

My findings indicate that a mother who wants to regain custody of her child has to allow her life to be socially organized by that institution. I found that she accepted the authority of a child welfare worker to control her life because her child is being held as a hostage until she demonstrates sobriety. From mothers' accounts, I saw how they came to view attaining sobriety through addiction treatment as the path to reunification with their children, based on its endorsement by child welfare workers who were retaining their children in foster care.

I found that mothers reached a point at which they began to participate wholeheartedly in addiction treatment and saw their mothering as benefiting from their recovery. However, in my analysis, their workers did not perceive the shift, or at least did not respond to it. I found that workers continued to work from an adversarial frame and suspected mothers as manipulative.

I found a contradiction in the instructions which women received from the child welfare and addiction treatment systems concerning how to conduct themselves as clients. I discovered that addiction treatment encouraged women to assert their personal power and self-initiative to take control of their recovery, in contradiction to the child welfare workers' instructions of surrender, submission and compliance.

My findings show how mothers actively worked to influence their child welfare workers to return their children, following the instructions of the addiction treatment system to use their personal power. In my analysis, mothers used four approaches to assert themselves in worker-client relations. I found that when their attempts to have a voice, in the form of direct confrontation or negotiation, were unsuccessful, they relied on the credibility of professionals or used the legal system to amplify their voices.

I found that when mothers employed either the compliant or assertive way of conducting themselves, they did not make any progress toward regaining custody of their children. My findings indicate mothers attributed the power to produce a change in direction of the child welfare system's management of their case to third parties, not their own efforts.

I found in the cases I studied, that when the child welfare system began to allow more access for a mother, from severely restricted contact with their children to allowing overnight visits with them, it did not happen as a direct outcome of the mother's efforts. From the mother's standpoint, it appeared to be events which she did not control which triggered the new organizational course of action toward reunification.

My findings show that workers discount mothers' accounts of their accomplishment of sobriety, and fail to acknowledge their work of recovery. I suggest that the workers did not incorporate the mothers' authority about their sobriety and readiness to begin reunification into their decision-making process. I found the nature of the relationship between workers and mothers who are in the early stage of recovery, in the cases I studied, to be authoritarian and adversarial. I found adversarial relationships between mothers and workers, in which both parties were mistrustful, suspicious, and had conflicting interests in all the cases which I studied. Compliance from mothers with addictions problems was met with suspicion by workers, and mothers' lack of compliance with labelling or categorization.

My findings indicate that workers, in the cases I studied, rejected the opinions, knowledge and point of view of mothers who were recovering from addiction. I uncovered a lack of education and training for child welfare workers in managing the power relations of their work. I tentatively suggest that they were lacking effective strategies for managing adversarial relationships with clients.

As a portion of the analysis of the social relations, I have traced my findings to the legislation, and social work education and training. In my analysis, I discovered how child welfare workers' rejection of mother's opinions, expertise and authority originates in the legislation governing child welfare work.

I tentatively suggest that the everyday work of client mothers - that of remaining sober, of mothering, and the work of being a client - is invisible to child welfare workers.

Despite the perception in the literature that it is mothers who are responsible for children, and are found to be their primary caregivers, I found that the legislation renders mothers invisible - their mothering work, their relationship with their children, and their opinions about the situation. The legislation speaks of a family being responsible for the care and supervision of a child. The family is a concept, which is not capable of doing work - it is the mothers who are doing the caring and supervising. However, they are not recognized for this work, in the legislation, their work is subsumed under "family" work.

I have discovered how the legislative approach to child welfare work organizes the worker-client relationship as adversarial. I found that its embeddedness in the court system creates adversaries of mother and worker. I uncovered how the legislation organizes the function of worker-client relationships by holding workers to a concern for protecting the child, necessitating the exercise of authority in the form of investigative procedures through which workers collect evidence for court of a mother's deficiency.

I found that workers do not fully inform mothers at the time of investigation of their intention and legal obligation to reveal mothers' disclosures in court. I discovered that

workers do not see this as a betrayal of the client's trust, but as a pragmatic issue. The child welfare system designates to them the responsibility to collect evidence, and workers fear that the process will be hampered by advising a mother that they could be subpoenaed to testify in a trial for custody of the child. In my analysis, I see a conflict between the workers' accountability to the client and to their employers. I found that mothers feel betrayed by this way of resolving the conflict. In my analysis, I found other examples of workers and mothers mistaking workers' authority for helping functions. The entanglement of authority and helping contributes to an adversarial relationship by creating unrealistic expectations for workers, in my analysis. I discovered how this entanglement originates in the legislation's provision of 'help' to the family in the form of "protective services"

The effects of authority penetrated many areas of mothers' lives, according to my analysis: their emotions, their consciousness, their social lives, their legal status, and their conduct. My analysis of mothers' accounts uncovered several kinds of authority which workers employ and exert over clients: legal authority, the authority to define problems and solutions, the authority to control contact between mother and child, and the authority to reorganize clients' everyday lives. I have identified some work processes which embody authority: investigation, apprehension, control of a mother's access to her child, inspection and monitoring of clients, making contracts (agreements), and applying for court orders.

My findings indicate that workers' professional knowledge of addiction patterns, treatment and recovery is limited. I traced how worker's professional knowledge arises from the organization of social work education and child welfare training. I have discovered how limited the opportunities are for social workers to gain knowledge in the addictions field. I suggest that workers' ability to intervene effectively with mothers with addiction problems is limited.

I do not want to suggest to readers that all mothers in the early stage of recovery have the same kind of experiences as these mothers. I am certain that the professionals I contacted for participants referred me to mothers who had particularly troublesome experiences with the child welfare system. However, in the methodology of institutional ethnography, the focus is not on the features of a particular phenomenon, but on understanding how mothers' experiences arise as they do, by exploring the "institutional" framing of their experiences. Thus, my analysis of how it happened that these mothers had these experiences stands as valid although other clients may have different experiences.

### Discussion of Findings

Separating the roles of helping and authority may be too simple as a solution. Authority and helping under the current system are being offered together in the person of a child welfare worker. Neither mothers nor workers seemed to be able to separate the roles. Workers were attempting to build enduring relationships while collecting evidence, and mothers felt betrayed when what they wanted was help, instead of a worker intent on building a case for court. If the current practice is a repressive one, as Swift (1995) charges, in which the policing of poor mothers is done with velvet gloves, then perhaps a more definitive separation where the police department apprehended children would clarify mothers' and workers' expectations. The child welfare system could become solely a service provider (see Callahan, 1993, p. 204). What would be lost in this kind of solution? The danger is that the police might act entirely from a frame of law, evidence and criminal intent, which might eliminate the possibility of creative solutions which could arise in a less highly-charged atmosphere. However, the mothers I interviewed were very intimidated when confronted by two people with their briefcases from the child welfare department -

would it really be any worse if policemen with their guns and little black books appeared at their door?

I am recognizing that what mothers require is a rebalancing of power in the investigation process. Mothers have suggested a lawyer be present. I am suggesting that a “mother’s advocate” be available, a person who was “on the mother’s side” to equalize the power imbalance. This person could provide information, hope, advocacy, and support, in a similar way to that of the addiction treatment counsellors who coached Donna all the way to court, or the psychologist who advocated for Goldie. This solution might enable mothers to tap their own authority and provide a mediator who could allow child welfare workers, or policemen, to listen more acutely for the signs of recovery such as those demonstrated by the mothers I interviewed.

Another issue discussed at the oral defense was that of workers missing these obvious signs of recovery. Workers were relying on their knowledge of addictions, which arises in the public discourse. It is my hope that professional education and training would counter the misinformation conveyed in the public discourse on addiction. However, education needs to teach social workers to analyze the public discourse for the ways in which they and their clients are being perceived. In other words, it needs to teach them *how* to think, not just *what* to think.

### Implications for Practice

From the findings of this study, I see several ways within the current organization of child welfare services, in which practice could be changed - at the levels of individual social work practice, child welfare training, and service delivery by other professionals - to facilitate the recovery of mothers who have been misusing substances.

I see that an awareness by workers of their power to initiate and facilitate recovery would make their case planning and relations with recovering mothers and their children more effective

Moreau's structural social work (Carniol, 1992) may provide a useful approach for child welfare workers and in-home counsellors regarding power relations. Carniol suggests feminist strategies for social work practice which contribute to the "dismantling of structural inequalities" (p. 16), developing more egalitarian relationships. Through these strategies, workers could mediate the adversarial structure of the worker-client relationship. Workers, and in-home counsellors contracted by the child welfare system, could reduce the imbalance in power, and make the relations which determine their actions more visible to clients.

Workers can change their practice to mediate the effects of the system on clients. Using Moreau's approach, workers could offer choices to a client, rather than imposing their authority to make decisions. We can see how some workers are attempting to do this in defining only the problem, and allowing clients to choose among solutions. They could share information and the rationale for their actions, including an account of the social relations which constrain their actions. They could negotiate the logistics of the relationship with the mother, particularly with regard to visits while the child is in care and the timing of the moving of children out of foster care. They could discuss the limitations of their perceptions, rather than assuming as endorsed by the profession and organization that their account of the 'facts' of a case are the 'truth'. In addition, they could join with the client in naming the oppressions which affect both of their lives and in becoming active in opposing those oppressions.

Workers can begin to clarify for themselves the dilemmas created by their dual authority and helping functions. Discussion about the purposes of relationship building, and the implications of failing to advise a mother of the worker's obligation to testify about

her disclosures, could be initiated among workers. Diorio's (1991) suggestion that a social worker has a responsibility to raise the political consciousness of clients and to allow clients to act as a result of that awareness could be a beginning point for the discussion. Donna's and Goldie's experience of damaged relations arising from the way evidence was gathered during the investigation process might suggest an approach which clarifies the presence of legal issues in order to build trust.

The child welfare system can better prepare workers to be of service to mothers as part of the client system. Mothers although invisible in the legislation can be officially recognized as clients, especially when their child is classified in a temporary guardianship order status, to enable workers to expend more effort with them, as potential custodians of their children. Providing education and training about addiction and recovery will enable workers to intervene more effectively with mothers with addiction problems, and develop case planning approaches which allow children to either remain at home or be reunited sooner with their mothers. Training about addiction must address not merely its detection, but an understanding of patterns of relapse and recovery.

The child welfare organization can train workers in the exercise of authority over clients from the perspective of the effect on the worker-client relationship, based on the emerging literature which analyzes the power relations inherent in child welfare practice. Training would provide workers with knowledge and skills to manage the adversarial dynamics of relationships with their clients, and provide an occasion to discuss the ethical dilemmas of the contradictions in their functions.

The organization can also initiate and encourage collaboration with addiction treatment professionals to enhance knowledge, professional relationships, and case planning for individual families.

Other professionals working with child welfare clients can become more active as advocates for clients. With an awareness of the effect of their professional opinion in the

relations of power between worker and client, they can use their credibility to influence a worker to acknowledge the voices of her clients

In-home counsellors can utilize a broadened awareness of the power relations of child welfare practice to support both parties and intervene in adversarial worker-client relationships. Counsellors can facilitate communication between workers and mothers about access to children, assisting them to make sense of each other's actions. Reports required by the child welfare system can be provided without jeopardizing a therapeutic relationship with clients. As an example, Donna's in-home counsellor has shown Donna the reports which she has written for the child welfare worker prior to their submission.

Donna [My fifth worker] just knows what what's goin' on what I learnt how things are going you know. And of course I always say it's goin' great. You know what I mean? You're not gonna say. Oh God I feel really down. You can't say that to her. And [in-home counsellor] that comes my home [counsellor] I do talk with her quite a bit and I tell her things give her information cause she has to write reports. But if there's anything in the report I don't like it's omitted.

q She lets you see it?

Oh yeah. So even that is limited. So actually I have no contact with [my fifth worker] at all. It's my home [counsellor] you know she sends in reports.

The in-home worker's stance in the power relations between worker and client enables her to be accountable to both parties.

In reports to child welfare workers, other professionals working with mothers in recovery can make more visible the everyday work of client mothers in remaining sober, mothering and the work of being a client.

The effects of child welfare authority on mothers' lives and in-home counsellors' role in the exercise of that authority is a significant therapeutic issue for mothers in recovery and for the relationship.

In-home counsellors can understand their work with recovering mothers as 'aftercare' for addiction treatment. Following residential or day programs, the tasks of aftercare which an in-home counsellor can address are establishing a habit of sobriety,

making lifestyle changes, monitoring sobriety, addressing issues leading to relapse, and addressing underlying addiction issues identified in treatment. In-home counsellors could be included in the planning and implementation of a mother's follow-up recovery program after being discharged from addiction treatment.

However, the changes I have recommended are incremental, serving to improve service delivery within the current organization of child welfare work within a legislative framework. My analysis suggests that a new vision of social relations where women's work of mothering is claimed as feminist territory, and egalitarian, respectful relationships with clients are practiced, would require separating child welfare work from the legal system.

### Areas for further research

Dorothy Smith (1987b) envisions institutional ethnography as an enterprise in which researchers work from several different viewpoints to unfold the network of processes which determine an experience or event.

'Ideally an institutional ethnography is not a solitary pursuit or a single fieldwork enterprise. Grappling with the actualities of extensive social relations is best taken up by inquiries opening up a number of different windows, disclosing a number of different viewpoints from which the working of a whole (though open-ended) complex of relational processes come into view. Viewing this collective project as institutional ethnography allows us to specify what was formerly sketchy, to identify areas where more work is needed, and to develop a more exacting knowledge of the social relations determining women's everyday worlds. (p. 177)

Thus, I propose a number of ways to more fully disclose the social relations which shape the experience of a mother who has been misusing substances

Mothers in the early stage of recovery are likely to have had a variety of experiences with the child welfare system. I have interviewed mothers who have been successful in regaining custody of their children. Inquiry into cases in which mothers with addiction problems abandoned their children to the child welfare system may uncover other relations which shaped these mothers' decisions. de Montigny's (1995) observations about the mother whom he perceived as too ashamed and intimidated to contest the apprehension of her child indicate that there are other mothers who did not choose to fight for the return of their children. I particularly recommend inquiry into the relations of class, race and ethnicity in this regard.

I am interested in an inquiry into how child welfare workers' practice, and the recovery experience of mothers, are affected by education and training initiatives in addictions.

A more general inquiry into practice in the area of power relations in worker-client relationships would explicate the actions and decisions of workers reported by the mothers I interviewed. An investigation of the knowledge base of workers in the ways of working in adversarial relationships, and its origins would reveal how workers come to be skilled in this area. It would be interesting to see the effect of recent discussions in the discourse, including Dionio's (1991) call for workers to raise the political consciousness of clients. I would also like to study the case planning approach of extended separation of mothers and children in substance-abuse affected families to uncover the relations which determine this practice. I am also interested in how permanent guardianship applications arise from organizational directives such as permanency planning.

I am interested in how a custody trial affects mothers who have been misusing substances. Interviewing mothers and workers who are approaching, in the process of,

and who have completed their trial would reveal in more detail the relations which penetrate this child welfare legal process

Viewing the child welfare system from the standpoint of addiction treatment professionals may reveal other social relations which are not apparent from the standpoint of clients

The data I collected were not useful in answering my questions about the integration of the everyday work of remaining sober and mothering children. Direct observation of addiction treatment programs, the counselling work of other professionals to whom mothers are referred, and recovering mothers at work in their families are likely a better means of gathering data to answer this question

I am interested to know how mothers, having experienced the power relations of worker-client relationships, understand and exercise authority with their own children

### My Personal Learning

Returning to my problematic, I find I have a broadened vista as the background for my work with mothers in recovery and their workers. As an in-home counsellor, I can see my role from the standpoint of child welfare clients as intrusive and as monitoring, with potential to be supportive if I can negotiate the power relations of worker-client relationships. From the standpoint of child welfare workers whose concern has been revealed to be the safety of the child with his/her mother, I recognize that I am not only delegated to do the therapeutic work with a client who had been misusing substances, but to ensure and report on the child's safety and well-being

I have also recognized how my job as a counsellor fits in, from the addiction treatment perspective, as part of 'aftercare'. There are specific tasks required in aftercare which an in-home counsellor can undertake with mothers. Although they do not relate to

mothering as such, they do support sobriety which I have found from my data is a protection concern of child welfare workers

I have experienced emotional pain in doing this research study. I have faced my participation in ruling practices, and to some extent at least, accepted my role in the power relations of our society. I believe am in a better position to choose to continue to participate, or to claim power for myself and the people I work with, by identifying the ruling relations and their purposes.

I will implement Moreau's strategies of structural social work (Carniol, 1992) more consciously in my practice as an in-home counsellor, to reduce the power imbalance. Although some of these strategies I had already practiced, my knowledge of the social relations which penetrate my work and our relationship, has enhanced my ability to disclose them to clients. It can be a resource for clients as they identify those relations which affect their everyday living. I would like client mothers themselves to be able to access and utilize the findings of this study, and I have some ideas that I will share with the mothers and workers I interviewed for their opinions.

One lesson for me in this study has been the recognition of the significance of my professional opinion for with a woman who is a client of the child welfare system. As a professional who works with her, I am in a position to advocate for her needs. I cannot assume as I did prior to this study that her child welfare worker will be doing this advocacy work on a client's behalf within the organization, as I recognize more clearly the constraints on a worker's practice.

My study has uncovered the larger context in which my work of in-home counselling occurred, explicating the political, social and economic relations that constrained my effectiveness. As an individual who wants to see more justice for those who are oppressed in society, I am more informed to be able to act effectively from my

position. Additional research can be undertaken to provide more knowledge about the social relations of the recovering mother who is a client of the child welfare system.

The findings of this study may be useful to mothers and professionals of many disciplines whose work articulates to the larger work process of rearing children in our society, showing how the work of ruling occurs through their everyday practices. I anticipate that the findings of this research will inform the work of professionals working with women who misuse substances, their children, their partners, or their families of origin. I hope that recovering mothers who are child welfare clients can be seen with more understanding and respect, and that professionals and clients can see the struggles they have in common in our kind of society.

## Bibliography

- Aadac (Alberta Alcohol and Drug Abuse Commission) (1992) Treating Addicted Women: The Henwood Experience Edmonton: Government of Alberta
- Adamson, Nancy, Briskin, Linda and McPhail, Margaret (1988) The Politics of Making Change (Chapter Four) In Feminist Organizing for Change: The Contemporary Women's Movement in Canada Toronto: Oxford University Press pp 136-161
- Alcoholics Anonymous (1976) Alcoholics Anonymous Third Edition New York: Alcoholics Anonymous World Services, Inc
- Aronson, Jane (1991) Dutiful Daughters and Undemanding Mothers: Contrasting Images of Giving and Receiving Care in Middle and Later Life In Baines, C, Evans, P and Neysmith, S (eds) Women's Caring: Feminist Perspectives on Social Welfare Toronto: McClelland and Stewart pp 138-168
- Azzi-Lessing, Lenette and Olsen, Lenore J (1996) Substance Abuse-Affected Families in the Child Welfare System: New Challenges, New Alliances Social Work Vol 41 (1) pp 15-23
- Bala, N, Hornick, J, and Vogl, R (1991) Canadian Child Welfare Law, Children, Families and the State Toronto: Thompson Educational Publishing pg 5
- Besharov, D J (1989) The Children of Crack: Will We Protect Them? Public Welfare Fall, 1989 pp 6-11
- Blau, G, Whewell, M, Gullotta, T and Bloom, M (1994) The Prevention and Treatment of Child Abuse in Households of Substance Abusers: A Research Demonstration Progress Report Child Welfare Vol 73(1) pp 83-94
- Callahan, M (1985) Public Apathy and Government Parsimony In Levitt, K L and Wharf, B (eds) The Challenge of Child Welfare Vancouver: The University of British Columbia Press pp 1-27
- Callahan, M (1993) Feminist Approaches to Child Welfare In Wharf, B (Ed) Rethinking Child Welfare in Canada Toronto: McClelland and Stewart pp 172-209
- Callahan, M and Lumb, C (1995) My Cheque and My Children: The Long Road to Empowerment in Child Welfare Child Welfare Vol 74(3) pp 795-819
- Callahan, M (1996) Feminist Community Organizing in Canada: Postcards from the Edge Unpublished paper
- Campbell, M L (1992) Administering Child Protection: A Feminist Analysis of the Conceptual Practices of Organizational Power In Canadian Public Administration, 35(4) pp 501-518
- Canadian Living (1998) Vol 23(3) p 17
- Carniol, B (1992) Structural Social Work: Maurice Moreau's Challenge to Social Work Practice Journal of Progressive Human Services Vol 3(1) pp 1-20

Child Welfare Act (1997) Edmonton Queen's Printer for Alberta

Child Welfare League of America (1990) Crack and Other Addictions. Old Realities and New Challenges for Child Welfare Washington, D C Child Welfare League of America

Curtis, P A and McCullough, C (1993) The Impact of Alcohol and Other Drugs on the Child Welfare System Child Welfare Vol 72(6) pp 533-542

DeJong, W (1994) Relapse Prevention An Emerging Technology for Promoting Long-term Abstinence International Journal of the Addictions Vol 29 pp 681-785

De Montigny, Gerald A J (1995) Social Working An Ethnography of Front-Line Practice Toronto University of Toronto Press

Diorio, W D (1991) An Exploratory Study of "Treatment" as Political Process A Qualitative Analysis of the Experiences of "Involuntary Clients" in Public Child Welfare Ph D Dissertation Case Western Reserve University, Social Welfare Faculty

Dore, Martha Morrison, Doris, Joan M , and Wright, Pearl 1995 Identifying Substance Abuse in Maltreating Families A Child Welfare Challenge Child Abuse and Neglect Vol 19(5) pp 531-543

Doweiko, H (1993) Concepts of Chemical Dependency (Second Edition) Pacific Grove, California Brooks-Cole

Eliason, Michele J and Skinstad, Anne H (1995) Drug/Alcohol Addictions and Mothering Alcoholism Treatment Quarterly Vol 12(1) pp 83-96

Ferguson, Kathy E (1984) The Client as the Second Sex In The Feminist Case Against Bureaucracy Philadelphia Temple University Press pp 122-153, 239-246

Finkelstein, Norma, Duncan, Sally Anne, Derman, Laura, & Smeltz, Janet (1993) Getting Sober, Getting Well A Treatment Guide for Caregivers Who Work with Women Cambridge, Mass The Women's Alcoholism Program of CASPAR, Inc

Finnegan, Loretta, Hagan, Teresa and Kaltenbach, Karol A (1991) Scientific Foundation of Clinical Practice Opiate Use in Pregnant Women New York Academy of Medicine Vol 67 (3) May-June 1991 pp 55-71

Foucault, Michel (1977) Discipline and Punish Toronto Random House As quoted in Swift, Karen (1995) Manufacturing 'Bad Mothers' A Critical Perspective on Child Neglect Toronto University of Toronto Press p 26

Freire, Paulo (1970) Pedagogy of the Oppressed New York Harder and Harder

Gregoire, T K (1994) Assessing the Benefits and Increasing the Utility of Addiction Training for Public Child Welfare Workers A Pilot Study Child Welfare Vol 73(1) pp 69-81

- Griffith, A I and Smith, D E (1987) Constructing Cultural Knowledge Mothering as Discourse In Gaskell, J and McLaren, A (eds) Women and Education A Canadian Perspective Second ed Calgary Detselig Enterprises
- Gustavsson, Nora S (1991) Pregnant Chemically Dependent Women The New Criminals Affilia Vol 6 (2) pp 61-73
- Hagan, T A (1987) A Retrospective Search for the Etiology of Drug Abuse A Background Comparison of a Drug-Addicted Population of Women and a Control Group of Non-addicted Women NIDA Research Monograph Series of Health and Human Services
- Harrison, Susan (1993) Working with Women In Howard, B , Harrison, S , Carver, V and Lightfoot, L Alcohol and Drug Problems A Practical Guide for Counsellors Toronto Addiction Research Foundation pp 195-213
- Hasenfeld, Yeheskel (1987) Power in Social Work Practice Social Service Review pp 469-483
- Heap, J L (1995) Foreword In Campbell, M and Manicom, A Knowledge, Experience, and Ruling Relations Studies in the Social Organization of Knowledge Toronto University of Toronto Press pp ix - xv
- Hegel, G W F (1977) The Phenomenology of Mind, trans A V Miller Oxford Oxford University Press as quoted in Smith, Dorothy E (1987b) The Everyday World as Problematic A Feminist Sociology Toronto University of Toronto Press p 78
- Holcombe, Susan (1995) Managing to Empower The Grameen Bank's Experience of Poverty Alleviation London Zed Books
- Jackson, Nancy S (1984) Work and Education The Case of Business Education In Paper presented at the Learned Societies Conference, Guelph, Ontario pp 1 - 15 June, 1984
- Jackson, Sonia (1995) Looking After Children Better An Interactive Model for Research and Practice In Hudson, J and Galaway, B (eds ) Child Welfare in Canada Research and Policy Implications Toronto Thompson Educational Publishing, Inc pp 324-336
- Kadushin, Alfred and Martin, Judith (1988) Child Welfare Services New York Macmillan p 322 As quoted in Swift, Karen (1995a) Manufacturing 'Bad Mothers' A Critical Perspective on Child Neglect Toronto University of Toronto Press p 155
- Kaplan-Sanoff, M and Rice, K (1992) Working with Addicted Women in Recovery and Their Children Lessons Learned in Boston City Hospital's Women and Infants Clinic Zero to Three National Centre for Clinical Infant Programs August-September pp 127-132
- Kasl, Charlotte (1992) Many Roads, One Journey Moving Beyond the 12 Steps New York Harper Collins

- Kufeldt, I and Theriault, E (1995) Child Welfare Experiences and Outcomes Themes, Policy Implications and Research Agenda In Hudson, J and Galaway, B (eds ) Child Welfare in Canada Research and Policy Implications Toronto Thompson Educational Publishing, Inc pp 358-366
- Leonard, Peter (1984) Personality and Ideology Towards a Materialist Understanding of the Individual Atlantic Highlands NJ Humanities Press
- Lorber, Judith (1994) Paradoxes of Gender New Haven, CT Yale University Press
- Levine, Helen (1982) The Personal is Political Feminism and the Helping Professions In Niles, A and Finn, G (eds ) Feminism in Canada From Pressure to Politics pp 175-209
- McKenzie, Brad and Hudson, Pete (1985) Native Children, Child Welfare, and the Colonization of Native People In Levitt, K L and Wharf, B (eds ) The Challenge of Child Welfare Vancouver The University of British Columbia Press pp 125- 141
- McNeill, Patrick (1990) Research Methods Second Edition New York Routledge pp 64-98
- Nelson, Jane, Intner, Riki and Lott, Lynn (1992) Clean and Sober Parenting A Guide to Help Recovering Parents Rocklin, Calif Prima Publishing \_
- Ong, Bie Nio (1985) Understanding Child Abuse Ideologies of Motherhood Women's Studies International Forum Vol 8(5) pp 411-419
- Ostermann, Suzanne (1995) A History of Treatment for Chemically Dependent Women Focus September 1995 pp 5-6
- Piven, F and Cloward, R (1965) Politics of Turmoil New York Random House p 23 As quoted in Ferguson, Kathy E (1984) The Client as the Second Sex In The Feminist Case Against Bureaucracy Philadelphia Temple University Press pp 144-5
- Plasse, Beatrice (1995) Parenting Groups for Recovering Addicts in a Day Treatment Center Social Work Vol 40(1) pp 65-74
- Ramazanoglu, Caroline (1989) Feminism and the Contradictions of Oppression London Routledge
- Robinson, E (1985) Permanent Planning for Children in Care In Levitt, K L and Wharf, B The Challenge of Child Welfare Vancouver University of British Columbia Press
- Sachs, Wolfgang (1992) Development A Guide to the Ruins New Internationalist No 232 June 1992 pp 4-28
- Saunders, Edward (1993) A New Model of Residential Care for Substance-Abusing Women and Their Children Adult Residential Care Journal Vol 7(2) pp 104 - 118
- Savoury, G R and Kufeldt, K (1997) Child Welfare - Protecting Children versus Supporting Families The Social Worker Vol 65(3) pp 146-154

- Shulman, L (1992) The Skills of Helping Individuals, Families and Groups Third Edition Itasca, Ill F E Peacock p 80
- Scott, Dorothy A and Campbell, Lynda M (1994) Family-centred Practice in the Interface Between Child Welfare and the Alcohol and Drug Field Drug and Alcohol Review Vol 13 pp 447-454
- Smith, Dorothy E (1975) The Social Construction of Documentary Reality Sociological Inquiry Vol 44 (4) pp 257-267
- Smith, Dorothy E (1985) Women, Class and Family In Burstyn, V and Smith, D Women, Class, Family and the State Toronto Garamond Press p 1-44
- Smith, Dorothy E (1987a) Women's Perspective as a Radical Critique of Sociology In Sandra Harding (ed ), Feminism and Methodology Bloomington Indiana University Press pp 84-96
- Smith, Dorothy E (1987b) The Everyday World As Problematic Toronto University of Toronto Press
- Swift, Karen (1995a) Manufacturing 'Bad Mothers' A Critical Perspective on Child Neglect Toronto University of Toronto Press
- Swift, Karen (1995b) Missing Persons Women in Child Welfare Child Welfare Vol 74(3) pp 486-502
- Swift, Karen (1995c) An Outrage to Common Decency Historical Perspectives on Child Neglect Child Welfare Vol 74(1) pp 71-91
- Thompson, Lois (1990) Working with Alcoholic Families in a Child Welfare Agency The Problem of Under Diagnosis Child Welfare Vol 69(5) pp 464-470
- Tracy, Carol (1990) Women, Abuse, Addiction, and Public Policy Special Currents Maternal Addiction
- Tracy, E M and Farkas, K J (1994) Preparing Practitioners for Child Welfare Practice with Substance-Abusing Families Child Welfare Vol 73(1) pp 57-68
- Turnbull, Joanne E (1989) Treatment Issues for Alcoholic Women Social Casework The Journal of Contemporary Social Work Vol 70(6) pp 364-369
- Turner, Susan M (1995) Rendering the Site Developable Texts and Local Government Decision Making in Land Use Planning In Campbell, M and Manicom, A Knowledge, Experience, and Ruling Relations Studies in the Social Organization of Knowledge Toronto University of Toronto Press
- van Dijk, Teun A (1993) Analyzing Racism Through Discourse Analysis In Stanfield, J H II and Rutledge, M D (eds ) Race and Ethnicity in Research Methods Sage Publications

Wells, Kathleen and Tracy, Elizabeth (1996) Reorienting Intensive Family Preservation Services in Relation to Public Child Welfare Practice Child Welfare Vol 75(6) pp 667-692

Wharf, B (1995) Organizing and Delivering Child Welfare Services The Contributions of Research In Hudson, J and Galaway, B (eds ) Child Welfare in Canada Research and Policy Implications Toronto Thompson Educational Publishing, Inc pp 2-12

Wolock, I and Magura, S (1996) Parental Substance Abuse as a Predictor of Child Maltreatment Re-Reports Child Abuse and Neglect Vol 10(12) pp 1183-1193

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