

Working the System:

Re-thinking the Role of Parents and the Reduction of 'Risk' in Child Protection Work

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ABSTRACT

This thesis examines how the British Columbia child protection system permeates the lives of the mothers it investigates. Dorothy Smith's *generous notion of work* (1986) and Arlie Hochschild's *emotion work* (1983) were combined to explicate the unpaid labour mothers contribute to the child protection process. Smith's *textually mediated relations of ruling* (1987) revealed how a contracted child protection agency uses various texts to organize these women's everyday activities. These texts are linked to others in work locations representing the institutional priorities of government and professional bodies, which uphold societal expectations of mothering.

Ten interviews and a focus group with mothers revealed the 'core competencies' necessary to successfully navigate the child protection system. Mothers also identified risks inherent in the system with the potential to negatively impact their children, themselves and their family's resiliency. Interviewing an experienced child protection counselor informed a textual analysis of the requisite paperwork within contracted agencies.

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'What happens to the parents who have their children apprehended?

Often times the parents in question are poor, single women who have their own history of childhood abuse and neglect. They typically have few if any social supports. ...I know of no other group that is more marginalized and disempowered in our society.'

(Dr. John Cook, Victoria Times Colonist)

Introduction

Few roles in life imply greater potential for contributing to society or promise more sense of personal accomplishment than that of being a mother. Despite such inducements it is also, undeniably, a lot of hard work. Protecting, nurturing and guiding a child from birth to adulthood is an enormously challenging undertaking, which carries with it considerable societal expectations requiring substantial personal skills and resources. Despite the fact that no preparatory training or experience is required, parents, and mothers in particular, are held personally accountable for doing a 'proper' job and achieving successful outcomes (Carter 1989, Krane and Davies 2000, Swift 1995). With this responsibility come the many forms of unpaid labour that are critical to reproducing the social relations of advanced capitalist society. When performed successfully, the myriad everyday tasks associated with facilitating children's physical, intellectual, social and emotional development receives little public attention. The actual time and effort required from mothers are pretty much taken for granted and seemingly invisible until perceived to be inadequate or absent, which signals the need for intervention by the state. Once found suspect, the process of demonstrating oneself to be a 'good' mother can also involve a lot of hard work.

In Canada, anyone who suspects a parent of mistreating or neglecting a child is legally bound to report their concern to child protection authorities, who then step in to investigate (Trocme et al. 1998:9). The process of inspecting the safety of home environments and evaluating the quality of parenting skills has evolved over more than a century to reflect changing perceptions and expectations of proper child rearing, and what

by comparison constitutes abuse or neglect. In the early 1900s, organizations composed predominantly of women volunteers relied on their white middle class sensibilities to 'save' children from the consequences of 'dangerous' or 'immoral' circumstances (Gordon 1988:20, Little 1998:1). Today, university trained child protection workers equipped with research-based assessment tools (Swift, 1995:65), identify and predict the 'risk' of physical, sexual, emotional, and intellectual harm or neglect (Trocme et al. 1998:5). However, the focus of investigation on individual mothers as the cause for concern has remained remarkably resistant to change (Carter 1993:72, D'Cruz 2002). For over one hundred years, ambivalence about motherhood has cast women alternately in the role of domestic angel, whose loving industriousness reproduces a healthy society and, conversely, as the root cause of flawed home environments giving rise to all manner of social deviance (Gordon 1988). These perceptions endure despite feminist critiques of both the social construction of motherhood and the research upon which child protection discourse is based (Swift 1995:11).

As a society, we exhibit little patience for the inadequacies of either mothers or child protection workers in their responsibility to keep children safe from abuse or neglect. Critical commentary both in the news media and in the findings of government-commissioned inquiries have clearly illustrated our collective outrage when children become victims of mistreatment and our insistence that the risk of such events be eliminated (Gove 1995, Ryan 1995, Parton et al. 1997). To satisfy these expectations, comprehensive risk assessment tools have been devised, enabling investigators to review mothers' life experience, level of parenting skill and current competence (Baird et al. 1999:725, Parton et al.1997:94).

The process of investigating child abuse and neglect is, in effect, a job performance appraisal of the unpaid labour of raising a child. Mothers alleged to have neglected, mistreated, or failed to prevent the mistreatment of their children by others are interviewed, evaluated and then required to address substandard aspects of their child rearing. Risk reduction plans are developed for 'bad' mothers to rectify problems in their care giving or home environment, which they must carry out successfully to avoid having their children apprehended. The paramount importance of insuring the safety and well being of children, which guides government child protection policy and practice (Swift

1995:155, Parton 1991:204), effectively mandates that a parent must upgrade her skills and performance level, or be ‘fired.’

There is no question that children need and deserve protection from abuse and neglect. Dependent physically, emotionally and economically, they are vulnerable to the ability of their primary caregivers to nurture and protect them. Mothering, in turn, is a demanding responsibility often fraught with compounding factors such as poverty, domestic violence, parenting alone and social isolation. Mothers and their children both need and deserve access to timely services that help them maintain safe and healthy family environments without imposing conditions or expectations that in themselves create additional hurdles. A review of the literature reveals that child protection strategies and the research that informs them have been undertaken almost exclusively from the perspectives of policy-makers and the helping professions. Even so, a considerable portion of this work is critical of current government approaches that focus on standardized risk management strategies and the efficient use of government resources rather than on the needs of families. However, very little of this critique incorporates the standpoint of the parent, and only a handful of published research has considered the experiences of mothers in activities mandated to achieve risk reduction expectations.

The purpose of this thesis is to seek out mother’s experiences and take up their standpoint in exploring the process of risk assessment and reduction in child protection work. The accounts of women whose family lives are caught up in the child protection system can reveal much about how the process organizes their daily thoughts and activities. Women’s stories can also highlight the skills they must develop, in addition to demonstrating improved parenting performance, to successfully navigate the child protection system and keep their families together. The central problematic, which emerged from a review of the literature, was:

How does the present child protection system, defined by a risk assessment work process and instruments, organize the everyday lives of the mothers it investigates and how does their work contribute to the overall risk management process? Are there inherent ‘risks’ to these women as individuals and to the strength and resiliency of their families?

Chapter One:

Review of the Literature

Because the subject of child protection is part of one of the most basic components of our culture – child rearing practices – the study of it reflects not only a professional organizational interest, but all the things that are relevant to it in our culture.

(Parton et al. 1997:77)

Defining Child Maltreatment:

Protecting children from abuse or neglect is an emotionally charged area of social policy entangled in the very fibre of society's beliefs, expectations and priorities. What is perceived as evidence of child maltreatment arises from a set of social values that change over time, both between and within cultures, and depends on how relevant information is interpreted in specific settings. As such it is a socially constructed problem mediated by textually organized response mechanisms that identify and protect children who have been, or are at risk of being harmed. Despite society's moral zeal to protect children, our collective understanding of what actually constitutes child maltreatment is surprisingly vague. A review of the literature reveals this to be a contentious topic bound up in long-standing debate in terms of theory, research, policy and practice (Parton et al. 1997:70). With the exception of a minority of extreme cases that receive considerable media attention, decades of discussion among academics, policy makers and professionals have yet to produce a clear and consistent definition.

Findings from various research perspectives have held sway over time as experts in various fields struggle to develop a sound theoretical and practical knowledge base. An influential medical-psychological model, put forward in the 1960s by Henry Kempe (Hutchison 1990:64) defined abusive parenting behaviour in terms of individual pathology with diagnosable symptoms known as 'battered child syndrome.' While this enabled the identification of individual offenders as the problem, social inequities were not factored into the scenario and dominant norms and expectations for parenting went unchallenged. The result was an influential and enduring theme of inadequate parenting.

In response to the gaps in this limited theoretical framework, social scientists began to explore broader issues of societal attitudes, structures and access to resources. Labeling theory pointed to how ‘crucial actors in the social system’ create rules and mechanisms that name some parenting behaviours as socially deviant (Giovanni and Becarra in Hutchison 1990:66). Feminist critique has subsequently revealed how assumptions based in patriarchy devalue the role of unpaid caregiving to the point where those who perform this labour are taken for granted and offered little or no tangible support (Tong, 1998:83-84). Intersectional analyses of gender and class relations have broadened awareness of how middle class expectations are imposed on women whose poverty and ‘non-productive’ status outside of the paid workforce designate them to the underclass (Swift 1995:162). Their lack of material resources is then used to define them as abusive or neglectful parents (Fraser 1989). Intercultural perspectives have also questioned the Western tendency to over-scrutinize the parenting practices of immigrant and indigenous peoples. While the failure of these families to fit in with dominant customs, tastes and child rearing norms are criticized, society turns a blind eye toward the impact of competition and individualism that dominate our own attitudes (Little 1998:66). Racial prejudice also creates impediments to employment, financial assistance, and various community supports, compounding the likelihood of child neglect (Swift 1995:101). Johnston (1983) exposed the tragic example of multigenerational damage done to First Nations communities by the ‘Sixties Scoop,’ when thousands of aboriginal children were removed from their families in the 1960s and placed in white middle-class homes.

Parton et al. (1997:67) suggest that operationalizing concepts of maltreatment operational for the purposes of child protection work is a product of ‘social negotiation’ between differing norms or beliefs and professional knowledge about child development and parenting. These researchers further assert that scrutiny focuses mainly on issues of parenting *style* evaluated on the basis of moral judgments rather than on actual harm done. This is problematic for: identifying specific concerns and creating adequate social policy responses, developing effective laws and appropriate court decisions, providing a clear mandate for child protection workers, and allowing research to accurately measure incidence and identify the costs both to individuals and society (Hutchinson 1990:61-64).

Perhaps most troubling, parents and caregivers face accusation and scrutiny on the basis of vaguely defined criteria.

Across Canada, a variety of jurisdictional interpretations exist, particularly around neglect, the most frequently reported type of suspected child maltreatment. Acts of neglect are often understood to be 'acts of omission' by the adult(s) responsible, that potentially threaten a child's physical, emotional, intellectual or social well being (Trocme et al. 1999:35). Unlike acts of physical or sexual abuse that can be identified by a specific event or physical evidence, neglect is typically less obvious, more long-term and harder to define. For example, of 135,573 reports of suspected abuse in Canada during 1998, over 40% (63,954 cases) were primarily concerned with neglect, and of those only 43% were later substantiated on investigation (p.36). It is the experience of families falling within this significant gray area in child protection work that is of particular interest to this thesis research.

Women as the Focus of Investigation:

Despite the range of interpretations and vagaries in definition, the most commonly held belief is that mothers are at fault either by directly mistreating their children or failing to protect them from abuse by others. Women of all classes and family circumstances have long been held responsible for the successful development of their children and blamed for negative outcomes (Benoit 2000:49, Ladd-Taylor and Umansky [eds.]1998:6). This is particularly true in cases of neglect where the mother's lack of parenting knowledge, immaturity or past history of personal abuse become significant risk factors (Swift 1995:89). Mothering work is carried out in an environment fraught with contradictions. Despite the common assumption that child rearing is a private responsibility of individual families, societal expectations of proper parenting are strongly influenced by what is acknowledged as the expert opinion of the day and its prescribed practices (Phoenix, Woollett and Lloyd 1991:7). This can be traced historically to the ideological shift from motherhood as an inborn feminine quality to a more scientifically based body of knowledge that had to be learned (Arnup 1994:34-42, Rose in Ladd-Taylor and Umansky [eds.]1998:67-68). The medicalization of motherhood even claimed childbirth as the realm of professionals (principally men) greatly reducing the value of women's experiential knowledge as it is passed down from mother to

daughter (Arnup 1994:57-83). First wave maternal feminists inadvertently focused critical attention on 'bad' mothering while invoking a middle class perception of the 'good' mother to improve the social stature of women and demand social support services for families (Arnup 1994, Christie 2000, Little 1998, Ladd-Taylor and Umansky [eds.] 1998:10-12). Advances in psychology intensified scrutiny of women as the intellectual and emotional troubles of children and adults alike were increasingly diagnosed as the result of bad mothering (Gordon 1988:4-5, Feldstein, Jones, Caplin in Ladd-Taylor and Umansky [eds.] 1998). Evolving professional discourses have framed the accepted norms of mothering through a constant stream of child rearing manuals, laying the blame for poor outcomes at the feet of individual women who ignore expert advice (Arnup 1994:125-136, Swift 1995:88-100, Jones in Ladd-Taylor and Umansky (eds.) 1998:101-02). From a sociological perspective, all manner of social deviance has been attributed to bad mothering, including communism, racism, homosexuality, homicidal tendencies, teen pregnancy, infertility, disability and poor work ethic (Ladd-Taylor and Umansky [eds.] 1998). In fact, bad mothering has provided an easy scapegoat for social problems that defy explanation or resolution (p.22). The popular media has reinforced notions of the 'bad' mother through works of fiction and coverage of 'real life' events (Featherstone 1996:178). Contemporary feminist analyses of this phenomenon have questioned both the professional discourses and misogynistic fallacies upon which mother blaming has proliferated and endures. Some examples of their concerns are:

...the labeling of the bad mother narrows for all of us the definition of good mothering, while luring us to participate in the limiting of our own options.

(Ladd-Taylor and Umansky 1998:23)

When a woman truly believes that she is a horrible mother, her self-esteem plunges and her sense of isolation grows, increasing the likelihood that she will be abusive.

(Caplin in Ladd-Taylor and Umansky 1998:136)

If only the mother wouldn't do what she is doing, she would be perfect.

(Swift 1995:103)

The Prevalence of Poverty in Suspected Cases of Maltreatment

Despite the high expectations society places on all mothers, women who are parenting alone and living on low incomes make up the largest client group within the child protection system. According to the *Canadian Incidence Study of Reported Child Abuse and Neglect* (Trocme et al, 1998) the people most frequently reported for suspected mistreatment are the children's biological mothers (61%), particularly single mothers (40%), although interestingly, well under half of these reports (42%) are substantiated upon investigation. Neglect, which is often associated with poverty, is by far the most frequent cause for investigating mothers (86%). In fact, the vast majority of *all* child abuse and neglect reports involve families who do not have full time employment income (71%).

In British Columbia, there were in excess of 10,700 children in government care in 2001 (Victoria Times Colonist, Oct. 23, 2001: B-01). This statistic does not represent a fixed group of children. Gordon Hogg, then Minister for Children and Family Development, described the dynamic nature of this figure (CBC radio interview, October 15, 2001). His ministry received an average of one hundred reports of suspected abuse or neglect every day, sixty of which typically led to active investigations. Eleven children were apprehended daily, yet forty percent them were returned to their families within three months. This indicates that the actual number of families touched by government responses to child protection issues is quite staggering. It also points to the potential magnitude of the unanticipated consequences of plunging families into the trauma and turmoil of child protection investigations. Current statistics available in BC do not provide as comprehensive a picture as the 2001 figures, but they do confirm poverty and lone parenting to be major correlates of involvement with the child protection system. Over 60% of families investigated annually are on some form of income assistance and 60% are single parent families. Aboriginal children make up 45% of the children in government care in BC. The Ministry continues to receive ninety reports of suspected mistreatment every day (Province of British Columbia 2002:11) resulting in sixty investigations. These figures present a disquieting picture, and invite a closer look at the policies, protocols and assessment tools that guide child protection investigations and determine risk.

Critique of Risk as an Organizing Paradigm for Policy & Case Management

Child protection work in British Columbia is based on a notion of ‘risk management’ that seeks to identify both existing evidence of abuse or neglect and predict the *potential* for future problems (Armitage 1998:90 and 102). This is in keeping with the paramount importance of child safety that directs child protection legislation and policy in BC. The *Risk Assessment Model for Child Protection in British Columbia (RAM)* (Child Protection and Consultation Services, 1997) provides the conceptual and procedural framework through which child protection casework is administratively organized. A central component of the *RAM* is the *Comprehensive Risk Assessment*. This evaluation tool focuses the investigator’s attention on measuring specific ‘risk factors’ on five-point rating scales, using evidence compiled from pre-existing file information as well as interviews with the family and community informants (community agencies, doctors, teachers, neighbours, etc.). The assessment does *not* similarly measure parental strengths such as personal resilience, coping strategies or success in addressing past ‘risks.’ Proponents of assessment tools like the *RAM* point to its grounding in scientific research to accurately identify potential risks to children, the streamlining and reduction of social worker bias in decision-making, and its value in enhancing professional thinking on a range of risk factors. Conversely, critics have referred to it as a ‘negatively-based’ tool that restricts social workers’ ability to complete *balanced* assessments that promote equal attention to positive parental attributes and family dynamics (Krane and Davies 2000:36-38).

The introduction of the *RAM* was preceded by over twenty years of government downsizing and reorganization, punctuated with several highly publicized inquiries into tragic cases of child abuse. The Gove Inquiry (1995), in particular, was pivotal to this process. Consultation was sought predominantly from legal (Hamilton 1995), administrative (Whitelaw 1995), case management (Carter 1995) and public policy (Cruickshank 1995) perspectives. Specialists within government scrambled to find effective and cost-efficient solutions in the wake of this highly public investigation process that scrutinized policies, procedures and individuals for failing to prevent tragedy. The policy and practice decisions that emerged have generated their own body of critical literature. For example, Jackson (2001) pointed to the unresolved tensions

between the best interests of the child and those of the family as problematic to successful outcomes. Armitage (1998) also criticized the underlying principles imposed on the legislation by the Gove Inquiry as counter productive. Callahan et al. (1998) explored reactions to the revised approach through interviews with child protection workers, community stakeholders and parents, identifying significant concerns and contradictions to social work best practice standards.

Similar risk assessment approaches to child protection, now widely used throughout North America and Great Britain, have undergone considerable criticism. A British study (Spratt et al. 2000) noted that large numbers of families are subjected to traumatizing child protection investigations that prove to be unfounded. The risk management orientation was faulted for funneling scarce resources away from much needed family support and preventive services, leaving many children's actual needs unmet (Parton et al. 1997: 14). In North America, while these policy directions claim to provide improved flexibility for the child welfare system, critical research has questioned this assertion. Nybell and Williamson (2001) describe 'flexibility' as a buzzword derived from post-industrial business reform. Initiatives take the form of cost-conscious, narrowly-targeted programs, in which social workers become *facilitators*, clients *consumers* and communities teams of *providers of services and managers of risk*. These critics warn that the meanings and assumptions embedded within purportedly flexible response strategies require careful scrutiny. Krane and Davies (2000:36) assert that risk assessments *...have the potential to entrench oppressive relations of gender, race and class in child welfare practice with mothers*.

Critique of Risk Assessment from the Perspective of Social Work Practice

Practitioners have also questioned the usefulness of the risk assessment tool, preferring to rely on their own professional judgment (Krane and Davies 2000:37). The skill levels of individual child protection workers and their interpersonal relations with the parents they investigate have also been explored as problematic to achieving consistent risk assessment outcomes. For example, Drury-Hudson (1999) found that novice investigators demonstrate only a superficial understanding of the concept of risk assessment, and lack a clear perception of the factors associated with child maltreatment that prevents them from weighing these factors appropriately. Holland (2000) identified

the influence of verbal interaction as significant to the outcomes of a number of investigations. Parents who worked well within the assessment relationship were described as articulate, provided plausible explanations for their behaviour and were both cooperative and motivated. Those who did not work well within the assessment relationship were viewed as inarticulate, inconsistent and passive. Of particular concern is Holland's finding that 'passive' parents were all women, and were perceived as lacking both insight and appropriate emotional responses. Gold et al. (2000) compared how the perceived level of cooperation exhibited by mothers under investigation influenced the assessment and subsequent recommendations of child protection workers in Canada and Israel. In contrast to Israel, policies in Canada tended to focus more on child protection than family preservation. Consequently, Canadian workers were more active and intrusive in their intervention recommendations, and more likely to remove a child from the home. The findings of these studies are important in terms of acknowledging interpersonal aspects of the risk assessment process and recognizing the work parents must do in order to be perceived as cooperative and motivated.

The Questionable Consistency of Risk Assessment Tools

Governments have embraced these strategies to effectively standardize and coordinate the process of risk management (Baird et al 1999:725). While conceptually they may provide the bureaucracy with a routinized process for decision-making, the uniformity of their application once in the hands of individual workers appears suspect. Baird et al. (1999) compared *actuarial* and *consensus-based* risk assessment instruments for consistency of risk estimations by social workers. Consensus-based systems focus on specific risk factors that have been identified by a consensus of experts. Investigators evaluate these factors based on their own professional judgment. Actuarial systems rely on pre-constructed rating scales developed through empirical studies of existing risk factors and their association with the likelihood of future abuse. While the actuarial model was found to be more reliable than the consensus-based option, none of the tested models scored high levels of consistent risk assessment. Further critique of the actuarial model suggest that it focuses primarily on efficient resource management rather than identifying social conditions needing reform (Silver and Miller 2002). In so doing it targets groups already at the fringes of society and perpetuates their marginalization.

Indeed, the lack of an objectively determined definition of child maltreatment calls into question the very science on which risk assessment matrices are based (Parton et al. 1997:67). Research designs can be extremely value laden or gender-biased, such as those directing intense study toward identifying maternal risk factors but almost none toward paternal indicators. For example, Sidebotham et al. (2001) conducted a series of surveys with expectant mothers whose children later became the subjects of child maltreatment investigations. The findings confirm risk factors such as the mother's age, educational attainment, history of psychiatric illness and having been sexually abused as prime components in predicting child abuse or neglect. While the authors noted the need for research into broader social determinants, this study is particularly interesting for the gender bias contained in the questionnaire. Histories of mothers and even grandmothers were carefully scrutinized while attention to fathers and grandfathers was limited to whether or not they remained with the family. Paradoxically, the authors identified the need for greater research into paternal factors along with broader social ones. Camasso and Jagannathan (2000) also found high levels of measurement error in structured risk assessment tools, concluding that their predictive validity is low. The ability of these tools to assess levels of risk *following* intervention services is also questionable (Lyle and Graham 2000).

The Questionable Success of Risk Reduction Strategies

The success of strategies to reduce risk once it has been determined has also been scrutinized. Swift (1995:4) observed that despite a century of effort by the social work profession, the instance of child abuse and neglect has steadily increased. Lovell and Richey (1995, 1997) reported little evidence to indicate that their experimental social skills training program had been beneficial for high-risk parents. They noted the fact that a significant percentage of their participants *...lived in a state of chronic upheaval involving episodes of illness, domestic violence, and financial and legal crises* (1995:44). These researchers candidly admitted to critical knowledge gaps in what high-risk families might identify and appreciate as support in their daily lives, admitting, *...we can only speculate as to the parameters of 'success'* (1997:241). In their review of welfare policy changes in the United States, Lichter and Jaykody (2002:127) noted the lack of attention paid to the impact of social policies on mothers, as individuals, saying that *...we know*

surprisingly little about the changing physical and emotional well-being of welfare mothers. Perhaps most telling, a study by Keller and McDade (2002) asked parents where they were most likely to turn for help with their parenting skills and concerns. The results ranked child protective services to be far and away the last choice among eleven possible options...*You don't go there for help. Somebody else tells them that you're no good. Then they come down on you* (p. 303).

Research Into Mothers' Experiences in the Child Protection System

While the predominance of policy evaluation has attended to issues of efficient case management and social work best practice, a small but enlightening body of literature is emerging to explore the experiences of women who have been the focus of attention by the child protection system. Shemmings (1991) evaluated the levels of participation available to British parents in allowing them open access to their case files and inclusion in case conferences. In finding some ambivalence to this practice on the part of practitioners, he noted that parental participation or 'empowering users' must involve more than merely the opportunity to be present (p.16-22). In another British study, Cleaver and Freeman (1995) explored the socially oriented perceptions mothers draw upon to develop their responses to child protection investigations and risk reduction plans. The initial encounter between parents and social workers was found to have a lasting impact. Consequently, mothers develop an 'operational perspective' very early in their interactions with authorities that strongly influence their subsequent working relationships with helping professionals. A Canadian study (Callahan, Lumb and Wharf 1994) documented the participation and reflections of women in a BC demonstration project in which single mothers were encouraged to work together to identify common concerns and develop responses. They noted a lack of attention paid to the needs of mothers in the child protection system, and called for a more equitable sharing of power between social workers and parents. Weller (1997) explored the differences between mothers' experiential understanding of their ability to care for their children and the official version constructed by social workers during the risk assessment process. Mothers' work of caring for their children, often in extremely challenging circumstances, was ignored by the child protection system because it was judged to be inadequate. As a

consequence, opportunities to pursue preventive rather than punitive solutions were often overlooked (p. 94).

Gaps in the Policy Evaluation Process

Considering the litany of concerns represented here, one cannot help but question the basis on which child protection policy is formulated and the process by which it is analyzed and evaluated. The effectiveness of government policy is routinely assessed from the perspectives of policy-makers and managers (Armitage 1996:171). By virtue of their social position as middle class professionals, they are less likely to experience being the object of the child abuse response mechanisms they formulate and implement. They occupy privileged locations in the child protection bureaucracy and associated professions that are far removed from the everyday/every night world of the women who must navigate the investigation and risk reduction process. Selecting the assessment tools and personnel needed to identify risks to children, and then evaluating the effectiveness and efficiency of risk reduction strategies, is for the most part a closed circuit of professional consultation.

Yet it is child protection field workers and parents that carry out the work of transforming government policy initiatives into safer environments for children. Wharf and McKenzie (1998) note that policy evaluation typically focuses on outcome measurements. The implementation stage where policy is put into practice in the everyday world is often neglected. Ignoring this phase can be a serious weakness in policy evaluation. At this critical transformation point, what policies are intended to entail can be altered or ignored. Front line workers must try to accommodate the priorities of policy-makers within their daily workload and their own personal principles, while also trying to address the needs of their clients (pp.70-73). Research into what actually takes place in government offices, family homes and the community to implement risk reduction strategies can significantly strengthen policy evaluation.

The experiences of mothers who participate in child protection investigations and risk reduction work are particularly valuable at a time when policy initiatives seek to reduce child protection caseloads and associated fiscal expenditures through family preservation rather than child apprehension (Province of British Columbia 2001-02:19). The *B.C. Child, Youth and Family Advocate* repeatedly noted the need for advocacy on behalf of

parents under investigation (Office of the Child, Youth and Family Advocate, 1998:35, 1999:48). In October of 2000, the *Victoria Times Colonist* newspaper published a letter from local psychologist, Dr. John Cook, expressing concern for the women in his practice whose children had been apprehended (October 26, 2000:A-17). A specialist in the treatment of post-traumatic stress disorders, he noted that social support services for these women, as individuals, are virtually non-existent.

The absence of the mother's voice is a significant gap in the evaluation of child protection policies that cause social workers to arrive at the homes of an average of sixty new families *each and every day* in British Columbia alone (Province of British Columbia 2001-02:11). While individual stories and reactions will inevitably vary, there is a standardized process that organizes all of these investigations. If we do not fully understand and appreciate what the child protection investigation process requires mothers to *do*, we cannot evaluate or, where necessary, compensate for the impact the experience has on their daily lives. Insights from the mother's perspective are of considerable importance in understanding the broader implications of risk reduction strategies, and in advocating the development of policies capable of helping families to build positive and resilient relationships.

In sum, despite the lack of clarity in Western society over the parameters of what actually constitutes child maltreatment, government strategies to address this social problem have increasingly relied upon standardized risk management techniques that promise consistency and bureaucratic efficiency. The effectiveness of the specialized assessment tools and risk reduction plans developed to facilitate this style of response, however, remains questionable. Evaluations of these policy directions and the risk reduction procedures through which they are made actionable have been limited to managerial and professional perspectives concerned primarily with measuring observable outcomes. Yet the literature reveals a lack of attention to what mothers identify as helpful or to the personal and social repercussions of current strategies on the women who undergo the investigation process. The potentially pivotal voice of the mother is excluded from evaluations of the process by which risks within families are investigated and addressed. The mother is cast as the *focus* of the risk assessment and the *recipient* of corrective treatment rather than an *active participant* in the process. Yet the physical,

intellectual and emotional effort required of mothers while being evaluated, and then while working to achieve the changes child protection authorities require of them, is critical to successful outcomes. Research must now contemplate and acknowledge mothers' purposeful contributions to this process as *work* so that women's experiential knowledge can inform government efforts to support them appropriately and effectively. Also of concern are the possible risks inherent in the process for the women who are scrutinized and the consequences that may result for them as individuals and as mothers. Such an inquiry involves re-thinking the taken-for-granted work of mothering to expand our understanding of women's unpaid (and largely invisible) labour, and to question the appropriateness of the current risk management strategies that underpin government approaches to child protection. The following chapter considers these factors individually and then weaves them into a conceptual framework with which to take up the research problematic.

Chapter 2:

Conceptual Framework

*...good mothers...
are supposed to be on the job twenty-four hours a day
and love every minute of it. Ironically...it is just this expectation
that causes many mothers to act in anything but 'motherly' ways.*

(Adrienne Rich, paraphrased in Tong 1998:83)

Discords in the Mothering Discourse

Rich's wry but insightful observation captures the *bifurcated consciousness* that motivated Dorothy Smith to develop her sociology for women (Smith 1987:86). The abstracted ideal against which individual mothers are measured is juxtaposed with the very tangible consequences in women's lives as they try to achieve that ideal. As Smith explains, women's perspectives have for the most part been located outside the male dominated ways of knowing. It is only by making the taken-for-granted activities of women's everyday lives problematic that these relations can be revealed for what they are. Perhaps nowhere in women's experience is the *gendered subtext* (Smith 1987: 47) more pervasive and persuasive than in the role of motherhood. The mother's selfless and devoted role of caring is widely embraced as a woman's pre-determined biological destiny. It is, however, shaped and reinforced by various social relations and externally organized processes that permeate her paid and unpaid labour throughout life as a wife, mother and daughter.

The twentieth century elevation of the value of children in our society and the increased focus on childhood as a critical stage of human development has distinguished this period as 'the century of the child' (Ehrenreich and English 1979:184). The mothering discourse, as an experiential body of knowledge passed down from mother to daughter, became a highly professionalized realm of predominantly masculine scientific expertise. Over time, theories and approaches to child rearing have swung wildly between extremes and many of the practices advocated by these experts have been questionable at best and potentially abusive at worst. Examples include enforced toilet training of newborn infants in the 1930s (Arnup 1994:92) and the recommendation

during the 1950s that mothers restrict displays of affection for their children to handshaking (Krane and Davies 2000:38). Regardless of the popular wisdom of the day, although the proper care and nurturing of children is highly valued by society, responsibility for the work and the blame for failed efforts remain that of individual mothers. As noted earlier, mothers have proven to be a useful scapegoat for all manner of personal and social ills in a 'child-centered' society (Krane and Davies 2000:38). The apparent solution has been to admonish women to try ever harder. What was defined in the early part of the twentieth century as 'good mothering' in order to produce healthy and well-adjusted children, has spiraled into an 'intensive mode of mothering' which consists of ...*lavishing copious amounts of time, energy, and material resources on the child* (Hays 1996:8). As a consequence, near impossible levels of commitment are now accepted as normal expectations.

In the groundbreaking *Of Woman Born* (1976), Adrienne Rich began the process of rethinking romantic notions of selfless mothering and warned of the costly consequences for women's health and sense of personal worth. She denounced the institutionally constructed constraints placed by society on the natural potential of women's relationship with their own reproductive power, identifying them as mechanisms that serve the needs of patriarchal society. Despite these concerns, the proliferation of professional child rearing advice and the once yearly celebration of women's selfless devotion to family on Mother's Day continues to focus on individual performance. This effectively diverts attention away from the devalued status of the work of caring, workplace inequities and attitudes toward family responsibilities, and increasingly inadequate levels of government support. These dominant attitudes and associated actions constitute the *relations of ruling* (Smith 1987) by which mothers' daily lives are sometimes enabled but often constrained.

McMahon (1995) explored the social processes through which women bear children and assume the role of mother. She found that while women had clear perceptions of what constituted good and bad mothering, these perceptions differed along class lines. Middle class mothers described the importance of quality in the mother-child relationship, while working class mothers identified the provision of material aspects of good care. As noted in the literature, these class-specific perceptions become important

considerations when the mothers' experiential knowledge of providing for their children with limited resources is at odds with the abstracted risk factors explored by Weller (1997) and moral judgments of parenting style discussed by Parton et al. (1997). Class-specific understandings of what constitutes good and bad parenting, along with the predominantly middle-class make up of the child protection workforce, complicate the work low-income mothers are required to contribute once they have been brought under the scrutiny of the system.

Issues of child protection add further intensity to the discourse on mothering. The paramount importance of the child in social work practice directs investigators to distinguish the children as their clients, not the parents. Mothers are seen not as complex individuals in their own right, but as a focus of concern for the negative impact their capabilities or life choices may have on their children (Featherstone 1999). A recent study of the construction of mothers in social work discourse notes that, despite the fact that men are more frequently the abusers, women are held responsible for failing to protect their children from male violence (Scourfield 2001). In essence, women are seen to have put their children at risk by choosing bad partners. This research also points out the professional assumption embedded in social work that individuals are capable of making changes if they really want to, and the implications of this assumption for mothers. From this perspective, women *choose* not to break cycles of abuse even for the sake of their children, by remaining in risky relationships, continuing to misuse drugs or alcohol and persisting in other entrenched negative behaviour patterns. Scourfield notes, *...More is expected of women, but when they fall they fall from a greater height* (p.85). This effectively shifts the blame away from the improper behaviour of individual partners or from systemic social inequities that limit women's choices.

The dramatic rise in female-headed households since the 1970s, combined with gendered wage inequities and a range of cutbacks to government family supports driven by fiscal restraint, has contributed strongly to what Diane Pearce called the 'feminization of poverty' (Fraser 1991:144-45). Canadian research has noted that currently one-third of children live in single-parent homes most of which are headed by women (Hays 2003:129). Regardless of educational attainment, women's wages in this country remain far below that of their male counterparts. Women as sole providers do not have the same

ability to meet normative expectations for housing their families in wholesome environments, providing a well-balanced diet and adequate clothing or affording good quality reliable daycare. Stringent income assistance criteria pressure lone mothers into marginal employment situations rather than supporting them to remain at home to parent their children. These jobs are typically low paid, and frequently offer little flexibility in hours of work or time off to accommodate family responsibilities. Swift has noted that while poverty is almost always associated with child neglect, the mother remains the crucial focus of maltreatment investigations (Swift 1995:89-90). She notes that poverty becomes background noise as research tries to determine why some poor women are more likely than others to mistreat their children. The challenges of mothering for women living in poverty are compounded when they must also participate in compulsory assessments, and the conditions imposed by child protection risk reduction plans once their care giving skills are determined to be unsatisfactory. Coping with the multi-level and sometimes incompatible expectations of child protection workers and employers, and sometimes contradictory beliefs about motherhood may impede a woman's ability to perform effectively and be at cross-purposes with government's stated aim of insuring the safety and well being of children.

The Role of the State Managing the 'Risk' of Harm to Children

The state's role in child protection is balanced precariously at the intersection of the public and private spheres. Western society recognizes the family as an autonomous unit responsible for its own particular circumstances, yet the family home is also the principal site for the reproduction of a healthy, properly socialized citizenry and workforce (Swift 1995:153). In Canada, the law of *parens patriae* requires government intervention when families do not provide children with a safe and healthy environment in which to develop and, when necessary, government is mandated to replace parents in the guardianship role (Cruikshank 1995:4). Parents who carry out their social responsibility to the satisfaction of the state remain autonomous, while those who are perceived to be failing at the job forfeit that right.

Parton et al. (1997:16-19) have argued that a fundamental shift in the way responses to child abuse/mistreatment have been framed has led to the notion of 'risk' becoming the foundation for decision-making in child protection policy and practice. The 1960s

perception of child abuse as a medico-social disease or syndrome requiring diagnosis, cure and prevention has been replaced by a socio-legal concern with investigating and weighing evidence. This research also notes an accompanying change in terminology from 'child abuse' to 'child protection,' suggesting a shift in attention from *harm done* to a child to *threat of harm*.

Paradoxically, rising public awareness of the problem of child maltreatment and ever increasing numbers of reports of suspected abuse are occurring while the ability of social welfare services to respond have been greatly reduced by government spending cutbacks. Krane and Davies (2000:36) note that public criticism of the system's inability to prevent high profile tragedies, and the non-confidence subsequently expressed around the practice of individual social workers, have prompted governments to replace the professional judgment and therapeutic responses central to social work with technocratic knowledge and bureaucratic responses. Government responses are increasingly framed by the neo-liberal agenda of deregulation and individualism and limited to 'fiscally prudent' solutions for identified risks (Culpitt 1999:7-8). Yet as Hunt (2003) points out,

...rational liberal governance coexists with another face that I will term 'liberal governance in the name of risk,' which while sustaining a concern with governing too much is prone to an ever-present urge to govern more.

(Hunt 2003:177)

A review of how BC's approach to child protection has evolved since the 1970s appears to support Hunt's observation. In the early 1970s, the British Seebolm Report (1968) and the Canadian *CELDIC Report (1970)* were highly influential in framing family social policy (Carter 1995). They called for timely delivery of comprehensive, integrated programming, the mobilization of community-based services and facilitating self help strategies for families through local voluntary agencies. The election of an NDP government in BC in 1972 provided a supportive political environment for decentralized, integrated services guided by community involvement. Community Resources Boards were set up as pilot projects to identify local needs, then plan and implement programs through non-profit organizations. Government-delivered child welfare services expanded to include child care and community development workers. A generalist approach to

family service and child welfare had the primary goal of supporting families and keeping them together.

Three years later, the election of a much more conservative Social Credit government in 1975 reversed BC's approach to social services. Centralized control and fiscal responsibility became the focus. Community Resources Boards were eliminated in order to consolidate and integrate services. Child protection work took on an increasingly aggressive and intrusive tone concerned primarily with assessing the need for apprehension. This punitive approach was due in large part to the introduction of BC's first restraint budget in 1983 and the subsequent downsizing of the public service. Six hundred ministry employees who worked almost exclusively in front line family service and child protection were declared redundant and fired. Their work was contracted out to private sector service providers. The remaining social workers were not permitted to involve themselves in the work of these contractors. They had *...lost the power to control the treatment plans they set up for their clients* (Carter 1995:18), signaling a fundamental shift in the role government and social workers were to play in family service and child protection work.

Until now they had been directly involved in the delivery of social services, and had developed lasting relationships with children and their families. Now they were becoming brokers of contracted services, and were losing contact with their clients. (Durie and Armitage 1995: 7)

By 1986, a case management model was in place in which social workers,

...had overall responsibility as manager of the case, making initial assessments, making decisions, referring to outside agencies for treatment and monitoring. (Carter 1995:21)

Continued government downsizing doubled and tripled caseloads, further distancing social workers from the day to day lives of their clients. High profile cases prompted harsh public criticism of both the child protection system and the workers charged with carrying out its mandate. Intervention became increasingly crisis-based, while the expectation for thorough investigation and documentation increased. A massive Ministry reorganization in 1988 completed the shift away from the integrated service delivery model in favour of a specialist approach. Clients were offered *...specific programs for*

specific needs (Carter 1995:22). A new layer of middle management was created to administer service contracts and insure that district offices met required operating standards. However, no additional front line social workers were provided, further limiting their role to that of case manager.

This distancing of social workers from those they are mandated to help and protect has persisted despite the writing of new child protection legislation in the 1990s, the creation of a special *Ministry for Children and Family Development (MCFD)* and nearly fifteen years of ongoing refinements to policy and practice. The standardized risk management approach to child protection described in the previous chapter dictates the kind of information social workers must attend to, limits the helping relationship to specific issues and influences the work mothers must do to prove themselves ‘good’ parents (Callahan et al. 1998). The working relationship between families and child protection workers is framed by principles that guide child protection legislation, including the following:

- ◆ *The safety and well being of children are the paramount considerations.*
- ◆ *Children are entitled to be protected from abuse, neglect, and harm or **threat of harm.***
- ◆ *A family is the **preferred** environment for the care and upbringing of children and the **responsibility** for the protection of children rests **primarily** with the parents.*
- ◆ *If, with **available support services**, a family can provide a safe and nurturing environment for a child, these services **should** be provided. (emphasis added)*

(Child Protection Division 1997:7)

The emphasis added to these guiding principles draws attention to the degree of latitude government has established for itself in both the presumption of risk and the provision of protective or supportive services. The words ‘*threat of harm*’ presume the ability to predict risk and take preemptive action before serious harm occurs. Describing the family as a ‘*preferred*’ environment ‘*primarily*’ responsible for children suggests that the state has the right to determine what constitutes a preferable environment and who will provide it. Interestingly, ‘*available support services*’ suggest these services are optional and vaguely defined as something that government *should* rather than *must* provide to families. There are power relations implicit in these choices of words that

constrain both individual family autonomy and parental agency due to the discretionary nature of government responsibility to make support services available.

While the explicit aim of protecting children may be laudable, the paramount importance of child safety precludes consideration of the impact of the investigation on the family. Family is discussed in terms of its responsibilities to children without also acknowledging parental needs and rights. Provision of family support service is qualified by availability, and remains vulnerable due to budget priorities, geographical location or community resources. Unless family support services are deemed sufficient to allow the child to remain in the home, no supports that may benefit the parent as an individual are mandated. This effectively enforces the notion of the unworthy poor, wherein individual mothers, whose efforts in the unpaid labour of child rearing are deemed inadequate, are bound up in the authority and largesse of the state (Swift 1995:155, Brodie 1996:31).

In light of this, it is important to look more closely at the shift in attention to ‘*threat of harm*,’ or future risk, that troubled Parton and his associates (Parton et al. 1997:16-19).

Ulrich Beck (1992) described the emergence of a process of *reflexive modernization* in Western society, whereby concern with the political and economic management of risks has produced the *Risk Society*.

...we are dealing with a ‘projected variable’, a ‘projected cause’ of present (personal and political) action. The relevance and importance of these variables is directly proportional to their unpredictability and their threat, and we (must) project the latter in order to determine and organize our present actions.

(Beck 1992: 34)

Beck’s observations were primarily concerned with the ways in which contemporary capitalist societies manage concerns arising from the environmental risks inherent in expanding production and wealth accumulation. These insights have subsequently been taken up and refined to illuminate the power relations and priorities inherent in policies aimed at managing identified risks through the mechanisms of the leaner, more strategically targeted, welfare state. Garland (2003:76) has pointed out the increasing importance of precaution in policy and law that has shifted attention away from the victim of actual harm to the potential perpetrator. Adams (2003:90) warns that uncertainty about ‘cause and effect’ relationships in issues of risk has led to a reliance on

probability. Indeed, Castel (1991) noted that the risk management approach embraces abstracted notions of risk that have displaced the individual person with a collection of risk factors.

A risk does not arise from the presence of particular precise danger embodied in a concrete individual or group. It is the effect of a combination of abstract factors, which render more or less probable the occurrence of undesirable modes of behaviour. (Castel 1991:287)

Many of these factors have strong moral implications suggesting personal responsibility for avoidance or making changes to risky behaviour (Hunt 2003:181). As a risk factor becomes identified, such as the potential link between second hand cigarette smoke and Sudden Infant Death Syndrome, it becomes the moral responsibility of individual mothers to quit smoking or protect their children from the potentially harmful smoking habits of others. Risk factors are also distributed along class and gender lines that are largely outside the control of individuals. Families with few material resources, especially those headed by women, may be economically dependent on violent partners, unable to afford housing in safe neighbourhoods or to secure reliable and responsible childcare. The poorer families are the more risks they are likely to become associated with. As a consequence, the notion of risk tends to strengthen class divisions (Beck 1992:35).

Strategic targeting of specific risk factors enables government to prioritize fiscal spending, but also creates gaps in the social safety net. Reducing identified risks becomes the focus, at the expense of service needs that are perceived to be less dire. Narrowing service provision also allows the consequences of social inequities to be increasingly defined as specific risk factors present in certain groups of individuals. 'Bad mothers' or 'children at risk' are identified as the problem to be 'fixed,' rather than as the collateral damage of neo-liberal political and economic agendas, systemic poverty (especially among women), racial discrimination or male violence. The re-entrenchment of the notion of private responsibility has eroded the political clout of current feminist critique by elevating the importance of the economic over the political, and the requirements of the market over those of women who provide unpaid care giving and domestic labour (Brodie 1996, McKeen 2001).

In sum, persistent class and gender assumptions embedded in child protection assessment tools, combined with neo-liberal ideological and managerial approaches to risk management, divert attention away from resolving potentially harmful social issues in the narrow pursuit of ameliorating specific risk factors in individual parents. The burden then shifts to workers within the child protection system to reliably predict and prevent tragedy while providing legally defensible rationales for intervention, emphasizing abstracted assessment criteria over professional judgment. This function is carried out in highly emotional and potentially volatile circumstances, leading to what Castel (1991) described as a ‘better safe than sorry’ approach to evaluations of parenting.

When in doubt it is better to act, since, even if unfounded intervention is an error, it is one that will certainly never be known as such; whereas if one abstains from intervening and the threatened act should still materialize, the mistake is obvious. (Castel 1991:283)

In such an environment, it is critical that the parents’ perspective be sought out and reflected in policy, identifying and addressing risks not only within families, but also within the child protection system itself. As one mother in my study remarked ...*It’s hard...you know...one mistake and you could lose everything* (interview #2). Her comment points to power relations with extreme consequences. The very act of assessing risk, in itself, may *create risks* for women and children that have not been adequately addressed. A child protection system that does not incorporate parents’ experiential knowledge of the process has the potential to cause harm in ways that current risk assessment tools are simply not constructed to measure. It is incumbent on institutions wielding such power over people’s lives to be keenly aware of what they are compelling mothers to do and of the impact those expectations are having on women and children in the process.

‘Core Competencies’ For Mothers’ Everyday Work in the Child Protection System

Recognizing the work mothers contribute to child protection requires thinking beyond both the materialist understandings of labour in the paid workforce, and more recent feminist adaptations that include non-waged domestic responsibilities. It must expand further to include reasoning practices, organizational skills, relationship maintenance and purposeful emotion management as they are carried out under the close scrutiny of a

professionally defined and institutionally organized assessment process. It must be flexible and intuitive to incorporate activities such as the *watching* and *waiting* women engage in as professionals enter into their daily lives to evaluate their mothering. Identifying these tasks reveal a set of skills or ‘core competencies’ developed of necessity by mothers. One that enables them to endure the institutional interpretation of their circumstances, await and comprehend official decisions, and perform risk reduction work that frequently involves conditional access to their children.

I have combined Smith’s *generous concept of work* (1986) with Hochschild’s *emotion work* (1983) to conceptualize this set of skills. Smith’s concept expands on Marx’s original understanding of labour to include any unpaid physical, intellectual and emotional tasks that call for conscious effort and skill (Campbell and Gregor 2000:72). Accordingly, these core competencies encompass everything women described to me as the physical, intellectual and emotional activities they felt motivated or compelled to do in the course of their everyday interaction with the child protection system. Tracing the step-by-step, trial and error process in which mothers engage reveals the competencies required for accomplishing this work. In so doing, it also reveals how social relations, originating outside women’s particular local experience set these activities in motion.

A critical insight from my earlier research is that the emotional labour of mothers takes on even greater significance in child protection work. The parent’s emotional presentation is a focus of the investigator’s ongoing assessment and is scrutinized and measured as a risk factor. Evaluation reports and case files routinely document the mother’s emotional responses and assess her level of cooperation from one observation to another (Holland 2000:155-156). In this watchful environment women must engage in the skills of actively managing their emotions, if they are to make a positive impression. According to Hochschild (1983:27)

If we conceive of feeling not as a periodic abdication to biology but as something we do attending to inner sensation in a given way, by defining situations in a given way, by managing in given ways, then it becomes plainer just how plastic and susceptible to reshaping techniques a feeling can be. The very act of managing emotion can be seen as part of what the emotion becomes.

While Hochschild's 'emotion work' or 'emotional labour' pertains to a workplace job skill that is subject to employer evaluation, similar expectations and evaluations confront women as participants in the child protection system. Lapses in appropriate emotional responses are identified as problematic (Holland 2000) and emotional mistreatment of children is defined as a form of abuse or neglect (Trocme et al.1998:XV). In this environment, mothers are expected to learn how to actively manage their emotions. While their emotional labour is of the unpaid variety, mothers anticipate other forms of compensation such as a positive evaluation from the child protection worker managing their case, achieving reunification with their children, or escaping the surveillance of the state. Of concern while exploring institutional processes that require this emotional labour are: the impact it has on women who perform it; their sense of being appropriately compensated for their efforts; and the costs that may emerge as consequences for the women, for their children and perhaps ultimately for society.

...Any functioning society makes effective use of its members' emotional labour ...It is not emotional labour itself, therefore, but the underlying system of recompense that raises the question of what the cost of it is. (Hochschild 1983:11)

Textually Mediated Relations of Ruling

A conceptual framework with which to explore the work of mothers in the child protection system requires maneuvering between different ways of knowing. Feminist theory has clearly demonstrated the wealth of information to be discovered by grounding research in women's experiential knowledge of their everyday world. Yet, abstracted professional discourses and research-based assessment tools shape how the women in my study become officially known by child welfare officials, and how their participation in child protection work is perceived. The tension between these two kinds of knowledge forms the basis of Dorothy Smith's *relations of ruling*. Smith's theory describes how the highly organized complex of professional and institutional practices that organize modern capitalist society (such as government, education, business and the law), contributes to women's continued struggle with male domination in their everyday lives (Smith 1987:3). In order to explore how women's everyday experiences are constrained by these powerful institutions, Smith developed a theoretical and methodological approach called *Institutional Ethnography*. According to Smith (1987:157)

The problematic of the everyday world arises precisely at the juncture of particular experience, with generalizing and abstracted forms of social relations organizing a division of labour in society at large.

An assumption fundamental to this type of inquiry is that all human activity takes place in a social context, and is, therefore, *socially organized* (Smith, 1987:97). Unless something causes us to question our activity, we are generally not aware that we are caught up in a dynamic, multi-locational process that “...*shapes and determines our everyday experience*” (p.110). When a mother and a child protection investigator sit down at the family kitchen table to discuss risks to a child’s safety or well being, they are participants in an interaction organized somewhere else, outside of the conversation taking place in that room. The fact that contact between the two individuals occurs at all, the process by which the meeting was arranged, the course and content of their discussion, the particular questions and observations the investigator attends to are all predetermined by protocols and decisions made elsewhere.

By taking part in the interview, the mother and investigator are engaging in but one component of the *social relations* that organize the multiple sites of activity (Smith 1987:183) involved in the process of child protection work. Other work locations carry out professional and administrative functions in contracted community service agencies and government offices. These work sites must, in turn, meet the information requirements of others located within law enforcement and the court system, enabling them to attend to the legal responsibility of the state to protect children, prosecute offenders where indicated by law, and inform judicial custody decisions. Mandatory reporting requirements also link child protection policies and practices to the work of doctors and nurses within the health care system and to those of teachers and counselors within education. Professionals and support staff in each setting must respond in accordance with established protocols, such as those set out in the *BC Handbook for Action on Child Abuse and Neglect* (Ministry of Attorney General et al. 1998) and produce the appropriate supporting documentation.

In this way, a variety of external and only partly visible influences converge to shape how a child protection investigator enters a home to assess parenting capabilities, and similarly how a mother will respond to the process. Societal beliefs about the value and

vulnerability of children, informed by various professional discourses concerning what constitutes ‘good’ and ‘bad’ parenting, merge with both the legal obligations and the political priorities of government to form powerful *ideologies of ruling* (Smith 1987:19-20) about how children will be protected. This power is given concrete form as government legislation, administrative management systems and professional conventions that shape daily activities through the *ruling apparatus* (p.108) of bureaucratic policies and practices. They become *ruling relations* when individual workers, like those in the child protection system, use them to interact with families and others in the community while completing the risk assessment, and in subsequent case management.

Much of the ruling in our society is textually mediated: political priorities through government legislation and policies; administrative management through hierarchical organizational charts and job descriptions; professional interests through codes of ethics and best practice guidelines. Each of these involves a specialized discourse, established procedures and completion of the requisite paperwork. These texts are extremely effective in standardizing and coordinating social activities taking place in multiple settings. As Smith has described, texts provide “...a mode of ruling that transcends local particularities but exists only in them.” (Smith 1987:108). This is of particular importance in child protection work, where the assessment of risk and the possible removal of children from their families take place in highly emotional and often volatile circumstances. Decisions must be legally defensible in the courts and publicly defensible in the political arena and the media.

To facilitate this, written risk assessment and case management protocols must be consistent in all local child protection offices, and based on expert knowledge of child welfare, risk management and the law. The power of these written directives and supporting documents hinges on their being accepted as necessary by child protection investigators who must activate them in order to achieve the intended purpose (Campbell and Gregor 2002:58). I suggest that achieving the intended purpose is also highly dependent on the acceptance and active participation of mothers as front line child protection workers, responsible for producing the desired changes in their families and themselves. Taking the standpoint of the mother, analysis of these texts and how they are

used can explicate the critical role of mothers in the work process and the power relations that organize and evaluate their participation. We can discover whose interests are ultimately being served, and how other interests are subsequently subordinated. Inspired by the materialist perspective employed by Marx, Smith asserts that the entry point to fruitful analysis is to be found in the everyday experience of those for whom we seek to know. As Smith advocates (1987:123-4)

...starting the investigation not in discourse or texts but in the same world we live in among real individuals, their activities, and the material conditions of their activities

In reviewing *Institutional Ethnography* as an appropriate theoretical approach to critiquing social policies, O'Neill (1998) found this mode of inquiry to be consistent with social work values of critical analysis grounded in everyday experience with an emphasis on social justice. Armitage (1996:170-171) also identified the value of this research approach in creating new understanding of women's experience previously ignored in social policy analysis and evaluation. Institutional Ethnography has proved its value in several studies of child protection from the professional perspective of the social worker. For example, Swift (1995) explored how child neglect is constructed and made visible through the social relations that constitute child protection practice. From the standpoint of the social work practitioner, she described how dominant ideologies, through government bureaucracy and professional child welfare discourse, direct the activities of individual social workers and shape the way women become officially known as 'bad' mothers. Weller (1997) explored the ways in which mothers' knowledge of caring is disregarded in child protection work, and redefined neglect from the standpoint of mothers struggling to raise their children with limited resources. Both of these studies yielded valuable information about how mothers become institutionally known within the child protection system, but neither concerned themselves specifically with the actual work that mothers contribute to the process of risk assessment and reduction nor the impact this experience has on women's daily lives.

Smith and Griffith used *Institutional Ethnography* to explore how the education system organizes mothers to provide remedial or enrichment opportunities for their children (Smith 1987:181-208). They showed how teachers' assumptions that 'good'

mothers will provide the extra attention children require, enable the downloading of responsibility for children's academic success from the educational system to the unpaid labour of mothers at home. The actual work mothers do to find the time, energy, space and acumen to accommodate these expectations remains invisible, as long as the child performs well. The bureaucratic and professional assumptions that organize mothers' involvement in education can be likened to those that shape child protection practice. Both require a mother's active participation, but in neither case does the mother's work receive acknowledgment in the job descriptions of teachers and social workers nor in report cards and risk assessment decisions.

Using a similar analytical approach, my inquiry explores mothers' experiences of being investigated and having their parenting capabilities 'fixed.' Building on the insights gleaned by the work of both Swift (1995) and Weller (1997), by using the techniques employed in Smith and Griffith's study, I describe the critical but largely invisible work of women as active participants in the child protection system. With knowledge gained from women's experiences, the considerable work they and their families contribute and the impact this has on their daily lives becomes visible. Their experiences share a common, institutionally organized process, with potential repercussions that may seriously impact these women and others in similar circumstances as individuals and as mothers.

Purpose of the Research

The purpose of this research is to improve our understanding of the contributions of mothers who have been consistently marginalized by society. This knowledge can be empowering to women as they interact with the child protection system, and helpful to child welfare professionals by providing insights from their clients' experiential knowledge. I do not ponder the guilt or innocence of individual women, or make value judgments concerning good or bad child rearing, or question the practice of individual social workers. Rather I explore a process, the work that process sets in motion for mothers, and the reflections of some of the women who are required to participate in it. Mothers' experiences provide a view from beneath the microscope of the risk assessment process from which to study the policies and procedures that scrutinize their everyday lives. This is a critical tool for policy evaluation on behalf of those whose lives are

penetrated by it. The following questions specify the central problematic and guide my research process.

1. *How does the notion of 'risk' affect the ways in which mothers become known within the child protection system, and determine what is required from them as they are investigated and 'helped'?*
2. *What constitutes the unpaid physical, intellectual and emotional labour that women feel motivated or compelled to contribute to this process? Does the necessary skill set change or evolve with mothers' experience within the child protection system?*
3. *How is the active participation of mothers construed and documented in child protection case files? How is this participation subsumed and subordinated within the professional priorities of child welfare, administrative management of government bureaucracy and the legal system?*
4. *What inconsistencies do mothers perceive between their experiential knowledge of mothering, and the procedures and practices which abstract selected elements from their experiences to determine how they are officially known by the child protection system? How are these disjunctures created?*
5. *How are the relations of ruling manifested in the child protection process, and what are the inherent 'risks' of working within these relations to mothers as persons in their own right and to positive and resilient family relations?*

Chapter 3:

Method of Inquiry

Institutional Ethnography uses data gathering techniques common to other qualitative methods such as interviews, focus groups, examining texts and analyzing discourses. However, the ways in which the data are used is distinct, lending itself naturally to analysis that seeks to know how social policies impact the lives of the people they are intended to serve. The experience of individuals are not in themselves the primary object of interest, but rather a point at which to enter into an analysis of the social relations that organize that experience. The generalized nature of these events is revealed in the ways they are put into practice. In my research, child protection workers and mothers interact in accordance with textually standardized and coordinated policies and procedures (Smith, 1979:12). My task has been to go beyond making visible and describing the work processes that constitute mothers' active contributions to the process, to explore the powerful nature of the social relations inherent in those activities. To explore *how* it happens rather than simply describing *what* parents have experienced. As Smith notes,

...you begin to show that in any one little piece of the world that you pull out...you can find a whole society in back of it as a kind of necessary presence in how it happens as it does. (1991 Lansdowne Lecture)

This type of research requires two levels of data collection. First level data exist in the local and particular settings of life, as it is known by people's everyday experiences. Both semi-structured interviews and focus group discussion can help to preserve participants' voices, document what actually occurred and remain attentive to aspects of their experience that they found to be disturbing or at odds with their experiential knowledge. Second level data move beyond what people can know about the events of their everyday lives from simply being there. Institutionally organized processes like the child protection system involve the work of various individuals beyond the local setting of each mother's interaction with it. Each of these job sites has its own priorities and paperwork that influence how mothers are perceived and what they are expected to do to reduce risks to their children. Connecting these various locations through the paperwork that coordinates their activities reveals the social relations that allow the local to be

organized extra-locally (Campbell and Gregor 2002:45). Processes of domination and subordination are activated by the standardized and coordinated activities of government workers in numerous locations, in accordance with the written policies and procedures that direct the bureaucratic administration of child protection policy. Taken together these constitute textually mediated relations of ruling that permeate the everyday lives of everyone who falls within their purview, calling for work – be it paid or unpaid.

The Participants: Finding Everyday Experience & Tapping into Women's Knowledge

I actively sought out low-income women who were parenting alone as a group over-represented in child protection statistics, and consequently one significantly impacted by existing policies and practices. All of the women needed to have experienced being the focus of a child protection investigation and to have participated in the work prescribed in a risk reduction strategy. The experiences of two parent families were also of interest in case there were noteworthy differences. The aboriginal community is also over-represented in child protection statistics, and the unique issues surrounding this reality requires specific attention. However, the provision of risk reduction services to aboriginal families is in the process of being transferred to organizations operated by the native community. Their case files are no longer active in the agency where my research project took place. Consequently, investigation of the experience of aboriginal mothers was not feasible as formal part of this study, but should form the basis of a separate inquiry.

As large numbers of participants are not required for this kind of research, interviews with ten mothers were considered sufficient to demonstrate that individual experiences are organized by a process and are not idiosyncratic. Two preliminary interviews were conducted with volunteers from the *Victoria Single Parent Resource Centre* support program for women whose children have been apprehended by the *Ministry for Children and Family Development (MCFD)*. These women had originally been recruited to assist with my Honours Graduating thesis research.

Locating other participants was achieved with the assistance of the *Victoria Child and Family Counseling Agency (CAFCA)*. This community-based family service agency conducts annual client feedback research, coordinated by their *Continuous Quality Improvement (CQI) Committee*. They were amenable to my proposal to incorporate their

research needs into my own. I met several times with *CAFCA*'s Executive Director and the *CQI Committee* to ascertain their needs. I also attended a regular staff meeting with each child protection team to discuss the project goals and hear what counselors would like to learn from the process. The counselors expressed a keen interest in better understanding how their clients perceived the parents' role in child protection work, feeling it would be of benefit to both counselors and clients alike. Their own experiences in the field prompted a request for feedback on how clients' encounters with the *MCFD* investigation process affects their perceptions of *CAFCA* and other community support services, and whether or not this impacts the family's willingness to work with them.

The agency's four child protection teams were asked to invite their clients to take part in one or both of the interview and focus group activities. Counselors were provided with a package containing background information to answer clients' initial questions, and a supply of brochures to leave with clients outlining the project and how to become involved (see Appendix A: *Recruiting Package & Moms in the Child Protection System Recruiting Flyer*). A community research grant from the *Sarah Spencer Foundation* made possible an honorarium in the form of a \$25.00 gift certificate to all participants from a grocery store of their choice and refreshments during the focus group session. *CAFCA* offered transportation for focus group participants and childcare services. Due to a slow response rate, ninety invitations and brochures were subsequently mailed to current and former women clients (see Appendix B: *Mailed Invitation to CAFCA Clients*).

Despite using a variety of recruitment techniques and incentives, women in this often-isolated group were reluctant to volunteer. The limited response did not allow me to conduct the hoped-for set of three focus groups with women at various stages in the child protection system originally planned in my proposal. Still, the volume and richness of the interview and focus group discussion shared by the women who did join the project provided 341 single-paced pages of transcribed information providing considerable insight into various stages of the experience. In addition to the two preliminary interviews, eight volunteers consented to interviews between July and December of 2003. Three of these women also joined the focus group. One additional volunteer took part in the focus group but declined the private interview. Initially, six women had indicated an

interest in participating in the focus group. Regardless of re-scheduling the session several times to accommodate everyone's changing availability two participants dropped out with regret at the last moment. The four women who attended had never before met with a group of mothers to discuss navigating the child protection system. The small number of attendees worked very well, and a larger group may not have lent itself to the relaxed exchange of experiences and ideas that emerged. While the specifics of each woman's situation varied, they shared many similarities. Their working knowledge of the child protection system blossomed into an articulate and well informed discussion of the process they had experienced. The opportunity for this group of women to talk about and acknowledge the work they have contributed to the process enabled them to realize how critical those contributions are. I sincerely hope they found the experience to be enlightening and empowering.

The women represented a variety of social locations, and ranged in age from 18 to 37. One woman belongs to a Vancouver Island First Nation, another is a member of the Metis community and the rest are from the general population. They share the common experience of living on very limited incomes. Three are currently engaged in full-time employment (although one was on maternity leave at the time of her interview), while eight are unemployed and receiving some form of disability pension or social assistance. Eight of the eleven are lone parents, while another is parenting her two grandchildren as well as her own child. Two are parents of special needs children, three mothers are managing their own chronic personal health issues as well as caring for their children, and two others are coping in drug or alcohol recovery-related challenges.

A subsequent audio-taped interview was conducted with an experienced *CAFCA* counselor to describe how various documents direct her work activities and organize the way she evaluates the performance of the mothers in her caseload. In addition, I attended three, half-day risk assessment training sessions for *MCFD* staff, and carried out informal discussions with child protection social workers to better inform my discussion of the use of a key risk assessment text used by the ministry.

A) Level One Data Collection & Analysis

I gathered data from women who had been involved with the child protection system, through ten in-depth private interviews and a focus group discussion involving four

attendees. It was of particular importance for the purposes of this project to allow participants considerable latitude in identifying work activities, events and concerns that were significant to them. These volunteers literally became my research consultants, contributing their experiential knowledge of what they believed to be relevant about participating in the child protection system, and the questions it has generated for them. The most comfortable way for them to do this was to tell their stories from the beginning, rather than impose a structured question and answer format. The interview guide topics were introduced when they became appropriate in the course of the conversation rather than as interruptions to the women's accounts (see Appendix C: *Interview Guide*). The interviews took place in the women's homes with the intention of providing a relaxed familiar atmosphere over which the women had maximum control. However, most of the women were engaged in feeding, changing, supervising or similar forms of care giving activities with their young children during our interview. The sessions varied in duration but averaged approximately two hours. All of the interviews were audio-taped and transcribed to insure accurate and comprehensive data collection, and to allow me to focus on the conversation rather than on extensive note-taking.

The interviews were then analyzed to identify specific physical, intellectual and emotional work activities and to identify issues the women found to be problematic. The skill set I envisioned in my conceptual framework was revealed as the women were encouraged to describe their thoughts and actions in response to the expectations of child protection workers. They also spoke of how that set of skills changed or developed over time with experience. Several common threads of concern emerged during interviews. These were used to develop a focus group discussion guide, which explored specific issues in more depth with mothers through brainstorming activities (see Appendix C: *Focus Group Discussion Guide*). The focus group brainstorming activities further refined the set of required tasks and necessary skills. Collectively, we generated categories of work activities and clarified issues of common concern that informed a closer examination of the interview data. Taken together, these insights greatly enhanced my subsequent textual analysis of the documents that organize the way counselors in a contracted child protection agency work with their clients to remain grounded in everyday experience.

B) Level Two Data Collection & Analysis

Due to the large number of documents and work sites involved in the child protection system, my inquiry focuses on a critical link between the everyday experiential knowledge of mothers to the abstracted perceptions of risk and child protection work within government and professional discourse. *CAFCA* is one of many non-profit family service organizations in BC, contracted by government to implement risk reduction expectations determined by social workers within the *MCFD*. This phase of the research focused on the child protection work carried out by *CAFCA*, and the ways in which it is institutionally organized by the case management policies and protocols of the *MCFD* as well as those that ensure their professional standing with the international *Counsel On Accreditation (COA)*.

The first task involved becoming familiar with how families become known to *CAFCA* as clients, the paperwork that constitutes each family's case file and how these texts are used in the course of their involvement with the agency. I interviewed an experienced counselor who talked me through the process. She described how she uses nine separate forms that frame how the needs of client families are defined, determine the work activities required by both counselor and parent and evaluate progress toward established goals. The texts were then mapped out to trace their connection both to work sites within *MCFD* and to the work of mothers in their daily lives. The agency forms were discussed in detail to explore how they transform the child protection concerns of *MCFD* social workers into specific work activities for mothers. My questions to her and subsequent perusal of a random selection of case files, were guided by the work described and concerns expressed by mothers during the interviews and focus group session. In examining the documents further I looked for how notions of risk influence what child protection counselors attend to when they work with their clients; how mothers' contributions and interactions with workers are described; and where there are suggestions of links to other work sites. Power relations became evident in the paper trail that links work carried out by *CAFCA* to work sites within the *MCFD*, and identified the professional and managerial priorities they represent and facilitate. Case files were examined to explore how they transform the child protection concerns of *MCFD* social workers into specific work activities for mothers. Another key document that organizes

child protection work within the *MCFD*, the *Comprehensive Risk Assessment* was also linked to this process.

Studying these documents from the mothers' perspective offers insight into the ruling relations that determine whose interests are actually given priority. Women's accounts reveal how effectively the best interests of mothers, and by extension their children, are being addressed. Their experiences are framed by powerful discourses that influence government responses to child protection, such as individual responsibility, risk management, evidence-based outcomes and the devaluing of the unpaid work of mothering.

According to the agency's own statistics (*Semi-Annual Service Outcomes Report, September 2003*) there were 158 open files during the research period, 115 of which involved families headed by women. I read through the files pertaining to thirty mothers to gain familiarity with what contract workers attend to while documenting their work with mothers and communicating the status of each case to *MCFD* social workers. They were selected by literally drawing numbers out of a hat and pulling the corresponding file on the agency's master case list. Files were occasionally rejected and new numbers drawn to insure that all of the *MCFD* district offices that refer cases to the agency were represented as well as files administered by a variety of the agency's contract workers. Some cases had originated from community referrals about suspected abuse/neglect, while others had approached the *MCFD* themselves for help.

The findings of my research are presented and analyzed in the next four chapters. In Chapter 4, I present interview and focus group data that describe women's early encounters with the child protection system and the process of being assessed as a risk to their children. Key components of the risk assessment tool are also described. The women express numerous concerns that are consistent with those raised about the risk assessment process in the literature review. Chapter 5 moves to the agency setting to describe how risk assessment evaluations transform families' everyday circumstances into risk factors that are institutionally actionable within the child protection system. Drawing on the *CAFCA* counselor's interview and the various texts used in the agency, I describe how *MCFD* concerns become risk reduction job descriptions for mothers as (unpaid) front line risk reduction workers. Analysis of agency client files provides

additional insight into how mothers' risk reduction work is organized and evaluated. This chapter provides the context within which to better appreciate the content in Chapter 6, which presents the *core competencies* necessary for mothers to produce mandated risk reduction work along with the environment in which this work is carried out. Chapter 7 explores the relations of ruling that lie behind the work discussed in the preceding chapters and both the institutional structures and individual choices by which they are enabled and sometimes manipulated. Recommendations are offered to contribute to the growing mothering discourse with which to inform future policy directions. Chapter 8 concludes the discussion by summarizing the research findings and lessons learned.

Chapter 4:

Entering the Child Protection System

*... when my daughter was three hours old she got apprehended.
...they put her in a foster home ...it was kind of really, really hard for me
walking out of the hospital with an empty car seat. (interview #6)*

Writing an account of this research involved a considerable amount of personal reflection. Once the women's stories had been told, the events, emotional reactions, expressed concerns and the many types of work they had performed lay transformed into a large stack of transcribed data beside my computer. Yet, their tears, anger, weariness and hopeful determination to keep their families together continued to echo in my mind. I had set for myself the task of documenting the social relations embedded in a process, rather than focusing on individual experiences. However, the child protection process I chose to study is one that consists of very tangible, often heart-breaking lived experiences. I have come to recognize that process as it is revealed by the mothers' pain. The wrenchingly personal trauma the women recounted with such vivid recall provides tangible evidence of the social relations into which they had been suddenly and irreversibly plunged.

...My son, who is almost ten years old, has got severe ADHD. So we were having trouble at home and it was causing fights between me and my spouse. I went too far one day and (child) kind of took it to school with him... and said, 'Oh, my mom and dad are fighting a lot,' ...anyway, that's how it started. The ministry came...They just showed up here about ten minutes after (child) returned from school. (interview #4)



...I've never had anything like this happen to me before. And I have been, within this instance basically thinking... 'Oh well, no one could take my child. That's my child!' ...You read that in countries where they are doing all these terrible things to people. But it's happening in BC. You know? My government! (focus group participant)

Having been called to task for substandard performance of their mothering work has dramatically altered how these women are perceived and dealt with by society. They experienced significant changes to or contradictions in their understanding of the taken-for-granted social relations that had previously comprised their everyday lives. Examples of these changes included:

- ◆ the unsolicited appearance of social workers and ‘help’ in various forms
- ◆ formalized performance expectations
- ◆ surveillance to measure progress or compliance
- ◆ the removal of their children from the home
- ◆ the conditional circumstances that determine family reunification
- ◆ the myriad tasks they are compelled or feel motivated to perform

The transition was typically an abrupt one. Their autonomy suddenly gone, the usual activities of life had to be recast, and accomplished along with new risk reduction expectations in this unfamiliar milieu. This place of rupture is where the research story properly begins to describe these social relations, the powerful discourses that inform them and the texts that organize them into practice.

The eleven women in this study were reported to the *MCFD* by various community members for a range of suspicions pointing to neglectful or potentially harmful parenting. These included inadequate supervision, inappropriate discipline, a physical home environment that was ‘below minimum standards’, a child’s frequent absences from school, the presence of a potentially abusive adult in the home or suspected alcohol/drug misuse. Only one woman had been suspected of physically harming her child by using corporal forms of discipline. Four had approached the *MCFD* voluntarily in hopes of receiving various forms of family support, but were unsuccessful. They were subsequently reported and became the focus of an investigation. All but one woman had their children at least temporarily removed from their homes. Of these, six had their children apprehended and later returned to them with risk reduction strategies in place, two voluntarily placed their children in temporary foster care, and two have had their children taken into long-term continuing care.

1. *Becoming a Risk: The Job Performance Appraisal of Mothering*

... they said that I had to do parenting courses and take an anger management course and I said, 'All right...no problem.' So I did those. They wanted me to do an assessment, and I did that. (interview #1)



...They told me that I had an inability to parent, a refusal to parent, that I put myself in unsafe situations and that I chose to use drugs and that...umm...the children would be better off with somebody else. (interview #2)



...they said that my house was unfit for animals to live in. So, they decided to seize the children...remove the children because of that situation – our living conditions and (step-daughter) wasn't supposed to be alone with the baby. (interview #3)

How does the notion of 'risk' affect the ways in which mothers become known within the child protection system, and determine what is required from them as they are investigated and 'helped'? Despite the range of individual circumstances, once brought to the attention of the system, mothers in BC become the focus of a standardized response to child protection concerns contained in the *Risk Assessment Model for Child Protection in British Columbia (RAM)*. This is the textual means through which mothers enter into the child protection system and their parenting skills become institutionally defined as unsatisfactory. The use of this document has recently come under review, and alternative strategies are currently under consideration. For the time being, this model continues to provide the framework for the investigation and decision-making process within the *MCFD*, and the subsequent risk reduction activities undertaken by parents with agencies like *CAFCA* is contingent upon it.

2. *Key Components of the Risk Assessment Model*

...a framework for organizing information related to risk in an objective and consistent manner...(to)...promote sound decisions, appropriate service plans, and the quick application of resources to high-risk cases.

(Child Protection Consultation Services 1997:12)

The *RAM* directs the work of *MCFD* personnel through nine critical risk decision points over the period of time the child protection case file is open. Decisions include whether or not a report of abuse or neglect warrants investigation, how quickly a response must be made, the child's need for protection now and in the future, and successive risk reduction steps that lead to family preservation/reunification or permanent removal of the child(ren) from the family home. Many of these decisions have mandated time frames. This is a 'consensus model,' meaning all decisions are arrived at jointly by social workers and their supervisors based on:

...the factors with the strongest research support of their predictive accuracy along with factors identified by child welfare practitioners as significant... (Child Protection Consultation Services 1997:12)

The *RAM* provides social workers with two assessment tools to identify and weigh 'significant' data. The three-page *Immediate Safety Assessment* is initiated upon receiving a report of suspected abuse or neglect, and directs the social worker's attention to fifteen safety factors to determine the degree of urgency. Workers then select from four categories of risk conditions with specific indicators or evidence of harm ranging from *Priority #1* (life threatening) to *Priority #4* (potentially damaging). Higher priority investigations must be initiated within twenty-four hours of the report being received while those assigned a lower priority must begin within five days. While interviews with parents and children are sometimes conducted during this phase, it is not mandatory. Information collected from the person making the report, other 'key informants,' and details drawn from pre-existing *MCFD* files are acceptable sources (*Child Protection Consultation Services, 1997:31*). Individuals who report suspected child maltreatment are not required to identify themselves, and their anonymity is protected if they do.

The second evaluation tool, the twelve-page *Comprehensive Risk Assessment*, is used once a child is determined to be 'at risk,' and gauges the likelihood of future abuse or neglect. It consists of five influence categories and twenty-three associated risk factors determined by clinical and research statistics to be accurate predictors of the likelihood of child mistreatment (See Appendix D: *Comprehensive Risk Assessment Influences and Risk Factors*). The influence categories consist of parental, child, family, abuse/neglect and intervention. Four risk factors in particular are considered to predispose children to

higher risk and social workers are directed to pay careful attention to the parent's own history of abuse, substance abuse, family violence, or sustained patterns of mistreatment (evidence of ongoing or escalating occurrences of abuse/neglect of child). Key indicators are provided to help investigators rank each risk factor on a five-point rating scale from '0' (no perceived risk) to '4' (severe risk). If the choice is unclear, workers are encouraged to select the higher rating to insure adequate planning for the child's safety. Once tabulated, all three and four ratings, along with 'significant twos' must be addressed in the *Risk Analysis Worksheet* and incorporated into a *Risk Reduction Service Plan* that form part of the risk assessment tool. While not specifically named or ranked, any identified family strengths are to be noted. Interviews with parents, children and community professionals provide possible sources of corroborating or clarifying data. Information obtained during the *Immediate Safety Assessment* may also be included, elevating the perceptions of the original complainant to a high level of credibility.

The information compiled in these assessments weighs heavily in the ministry's decision to apprehend children and take them into government care, and in determining what remedial activities are required of parents. As the existence of risk is by this time assumed, the parent is placed in a position of defending herself on the spot, without the ability to face her accuser. This puts enormous pressure on parents who must quickly reason through and articulate responses to questions concerning risk factors, like the following examples taken from the *Comprehensive Risk Assessment (Risk Assessment Model pp. 36-37)* listed below. I have bracketed a few of the issues mothers must consider when responding.

- ***Abuse/neglect of parent as a child*** (*Is it better to disclose painful memories or remain silent? What will happen if I do?*)
- ***Expectations of child (by parent)*** (*Experts have different opinions about parenting. What does the social worker want to hear?*)
- ***Mental/emotional ability to care for child*** (*Do I talk about feeling exhausted, isolated, frustrated or remain silent?*)
- ***Child's response to parent*** (*The investigation/apprehension has caused my child to act out in ways I've never seen them behave.*)

- **Ability (of parent) to cope with stress** (*With everything else I have to cope with this investigation is the last straw!*)
- **Intent and acknowledgment of responsibility** (*Am I to blame for poverty, lack of safe affordable housing or day care, parenting alone?*)
- **Parent's response to identified needs** (*Needs identified by this stranger who may not even have children of their own?*)
- **Parent's co-operation with intervention** (*How do I suppress my reactions to life changing expectations or the trauma of removing my child?*)

The risk ratings are intended to be objectively determined benchmarks upon which performance goals are established and parents' progress toward achieving them is measured. The reactions of the women in my study to the risk assessment process call into question both the reliability of the ratings and the potentially harmful negative impact of this experience on mothers' participation in risk reduction strategies. The reflections of the mothers on the assessment process offer important insights to inform current *MCFD* deliberations over alternative resources for the social worker's toolkit.

3. Mothers' Appraisal of the Risk Assessment

- *It's not accurate.*

- *It's very cut and dry.*

- *There is no flexibility to it.*

- *And they (social workers) are all so happy about it!*

(focus group discussion)



...I just sat there through it and like I started to cry a couple of times...

and umm...(social worker) just wanted to get it done and get out of there, right? I mean, she's very busy I guess, but... *(interview #10)*

Despite the *RAM*'s intended function of producing consistent and appropriate responses in all ministry offices, the women reported considerable variations in their experiences with the risk assessment process in Greater Victoria alone. While some had vivid recollections of a very formal procedure, and one woman had gone through this process at least twice, others had not taken part in a risk assessment at all. A few

described meetings that included both *MCFD* personnel and a variety of community workers. Another involved only the parents and a social worker at the *MCFD* office. Yet another took place at the family kitchen table with the mom, her *CAFCA* counselor and a *MCFD* worker present. However, parents cannot assume if they have not been present for a risk assessment that one (or several) has not been done.

...I've had many (risk assessments) done on me but never with me...

I was never involved with them. They did them all on their own. We didn't even know they were being done... (interview #3)

Becoming aware of the assessment after the fact and having been excluded from the process was definitely troubling for these women. They were greatly concerned about being misrepresented or incorrectly assessed. There was also disquiet about the fact that while they felt presumed guilty until proven innocent, there were no repercussions for anonymous callers who reported unsubstantiated suspicions. The comments made by the following two women demonstrate the considerable effort these mothers made to play a part in the risk assessment or at the very least to understand the basis for the outcomes.

*...With me they talk a lot about risk assessment. They've done risk assessments, and I brought up the fact that they have never done one with me. ...And I sat there and I listened to her and I was like, 'Do you know what? You do risk assessments **about** me. You don't do risk assessments **with** me. You only know what you hear. And you don't know what I am doing. You don't know how I've changed.' And I said, 'In order for anything to change, how are you going to know without asking me? You assume things. You assume that I haven't changed because you don't know what I have been doing.'* (interview #7)



...I wasn't even there and they did this risk assessment. They said, 'Here's your risk assessment.' And I went, 'Thanks. Like, what is this... and why am I a four? And what is this?' You know? (focus group participant)

All of the women were very aware that the focus on *risk* in these assessments strongly influenced how they were perceived and dealt with by the child protection system. They were also aware that the process of being assessed was organized around a standardized

textual procedure that made them very uneasy. Several commented on what they believed to be questionable criteria for decision-making.

...it was a risk assessment. So they weren't concerned with our strengths. They were only concerned with what might make a risk to the children.

(interview #3)



... they go, 'Well, you don't really fit there between a one and a two. Well, I guess I'll go two so then we have a way to go down.' Like this whole mentality that they've just got to score high so that you can come down. So that they can see that they've actually done something, so they can measure their outcome. So what if I'm not really a two? What if I'm really a 1.5? Or a 1.25? And then later... if someone complains again or something...then it's like, 'Oh, well she was a two!' And that really isn't true. You know? (focus group participant)



...(social worker) looked at it as being that if it came out that there were a lot of high risks, well, this is a good thing because if it comes out that there are lots of risks because, that just means that we get to help you a lot more than we could, he says, getting you more respite days and getting you this and getting you that.

(focus group participant)

All of the mothers who had actually participated in the risk assessment found it to be a confusing and distressing experience. While it is understandable to feel apprehensive and uncomfortable about taking part in such an activity, several of the concerns the women raised involve the long and complicated nature of the risk assessment document, requiring considerable time and thought to reason through and formulate responses. They felt inadequately prepared to contribute to the process, caught off guard or emotionally shaken by assumptions embedded in correlates of risk, and too rushed to either reflect upon or discuss the degree of risk assigned to each until it was too late.

...It was a very scary experience. It wasn't really explained to me before hand, it was just explained to me as being that they needed to find out what was happening in my home to understand whether...(child)...has risk for being abused or neglected or whether they should really be jumping in or not...I don't really

understand it now even though it's been done. (Social worker) whipped through it extremely fast. They asked me what kind of strategies I implemented to try to eliminate the risk...It was confusing...Half the time I didn't even know what page he was on. (interview #8)



...There were a couple of areas ...that I didn't agree with how they worded the stuff and how they categorized you...what chance of you committing child abuse...say, for example. ... And how if you use drugs then (child) could be at risk of being abused...I found that very emotional doing that... and it was really hurtful...I would never ever abuse any child...let alone my own child. I love children...I'd never let my kids see me when I was on drugs...

(interview #10)

The following excerpt demonstrates one family's honesty and commitment to the process by voluntarily disclosing painful past experiences of abuse and neglect during the assessment interview. However, despite believing that they had cooperated in good faith with the social worker and arrived at an accurate evaluation by consensus, their level of risk was ultimately determined without them. The consensus model apparently does not require the collaboration of the parent.

...the worst part was that when we came and saw him the following day he told us he changed all the numbers after we left. He'd gone over it with his supervisor and they changed their minds and he changed all the numbers and put us to higher numbers. I mean totally changed the whole thing...and I felt really betrayed. Like, then why in the hell did you get us in - in the first place and even discuss it? And why should we be honest with you if you're just gonna make your own mind up and change it anyway? (interview #3)

Of significance during most of the interviews and during the focus group discussion was a lack of confidence in the experiential knowledge of social workers, who were often perceived to be young and childless, to properly comprehend and assess the complexities of raising children. While research from the professional perspective has suggested that novice social workers were hampered in their assessment decision-making ability by weaknesses in theoretical, empirical and organizational knowledge (Drury-Hudson 1999),

mothers identify a lack of everyday experience in mothering to be problematic. Here is an excerpt from the focus group discussion that illustrates their concern.

- I think they should all be like forty before they can start, and have some life experience. You know?

- Yeah. At least like, at least have kids of their own. They don't understand the stress. Like me, I was a single parent.

- There is no comprehension of what it's like to have someone threaten to take your child.

(focus group discussion)

Participating in the assessment process required mothers to juggle personal schedules with little or no advanced notice. Both of the women who were working at the time had to drop everything in the midst of their shifts to report to social workers' offices. The others experienced similar short notice, or had police and social workers appear at their doors without any warning. The promptness of a parent's response does not translate into equally timely results. The consultations and deliberations around risk assessments can take weeks to complete, and children may be placed in foster care or have the threat of removal looming pending the outcome. Parents may have no idea where their children have been placed or when they will be able to see them. The issue of waiting for decisions, and the toll it exacts on parents is significant enough that it is given specific attention in the *Core Competencies* for mothers working in the child protection system in Chapter 6.

Every one of these women expressed deep concern and frustration with how they were defined by the child protection system and the working relationship that was subsequently imposed on them. Their disquiet begins with inconsistencies between their own experiential knowledge of their mothering and the way they become institutionally known by an assessment process that considers only their flaws. Here are a few examples.

...I mean my kids were pretty healthy...pretty active...I mean...V was in dance and singing and swimming. And K was in T-ball and gymnastics. So I mean we were doing things...K was in daycare. V was starting grade one...They could communicate well, they had good verbal skills, they didn't have manners

problems...you know...like they were good kids. I'd tuck them into bed at night and they'd be asleep in a half an hour...just amazing I couldn't ask for any greater kids...you know...So I knew in my heart that I'd done some good work. I didn't know how I did it but something good had happened. So when they told me that you haven't raised your kids... Now something's wrong. With what are you basing that on, you know? (interview #2)



...I didn't like (psychologist) at all. 'Cause he said that ...on the end of his report he said that, 'This person should never have been a parent.' And I'm like, 'How can you say that? You don't even know me. You barely even spoke to me. And you can judge me?' (interview #1)

Their disquiet is reflective of a process in which they feel devalued as a parent and an individual. I asked the women if their experiences with the *MCFD* investigation process had affected their ability to work with other helping professionals in the community, such as *CAFCA* counselors, teachers or doctors. Their responses indicate that their connections to support networks can be quite adversely affected. Perceptions formed during this initial phase persist as they carry out mandated risk reduction work.

... I don't tell anybody my private things anymore. I don't tell them nothing. I have very few friends. I keep it almost on an acquaintance level. I do not get really chummy with anybody. I don't like to leave my home anymore. I don't like to deal with professionals. I actually...just going to my doctor I break out into a sweat when I get there. (interview #3)



...When they (MCFD) said you have to have a CAFCA worker...and she's going to come into your home four times a week and stuff...and I thought it was going to be more like...like a Ministry worker...and I felt quite nervous about that... (interview #10)



...I had to go to a different doctor than I had...in (another town). And the first thing I said, like, when I was meeting this doctor in our introduction ... 'What can I tell you and what can't I tell you? Like, are you going to use stuff against me, or

can I tell you the truth of my situation?’ ... And I had to do the same with (CAFCA) for a while...I was sitting on the edge of my seat and only talking to her when she asked me a question...But it takes me a lot longer to trust people. As if it didn’t take me long enough already. (interview #9)

In the end, the risk reduction plans formed on the basis of the risk assessment do not necessarily correspond with mothers’ perceptions of their family needs. All of the mothers acknowledged that they could benefit from help, and were quite prepared to work on tasks that addressed their actual needs. They found it hard to motivate themselves to engage in tasks set out in risk reduction plans when they felt excluded from, or misrepresented by, the assessment process. For example, one family was offered temporary foster care and spousal relationship counseling to cope with their special needs child’s aggressive behaviour, when what they had requested (but could not afford to pay for) was a specialized parenting course. Ultimately, mothers came to view risk reduction strategies as moving through pre-determined stages of largely meaningless make-work projects, involving skills they already possessed but had to demonstrate, or around issues over which they had no control (i.e. budgeting courses when they had insufficient money to budget).

...And it’s just not going to make any sense. You know? Because... I really want to work on being a better parent...because he needs a special parent. You know? I know that. (interview #4)



...The social worker keeps on bringing up all these different groups. Like...teaching about playing with your children with toys. And they actually bring a box of toys! ...And I looked at her like, ‘Do you think I don’t know how to play with my children?’ (interview #3)



...You’re just going through the hoops. Only, you’re not allowed to say that phrase either, because that’s really disturbing to them that you know that’s what they want you to do. (focus group participant)

A number of the common concerns expressed by these women about the risk assessment process are consistent with findings in two of the few available studies that

focus on mothers' experiences with the child protection system. Weller (1997:67) reported that mothers found the power imbalance that enabled social workers to ask probing and invasive questions to be both 'demeaning and silencing,' leading to feelings of 'disempowerment and hopelessness.' Cleaver and Freeman (1995) also reported mothers' apprehension over professional control of the proceedings and fears that assessments were based in inaccurate information. Another similarity with Cleaver and Freeman's work is what they term the *operational perspective* that mothers develop as a result of the investigation process, which appears to negatively impact subsequent interactions with both *MCFD* and other community resources. All but one of the women I interviewed believed that their early encounters with investigating social workers made them fearful or hesitant to trust other professionals. Cleaver and Freeman suggest that internal factors such as past experience and personality combine with externally imposed factors like the power and process associated with the child protection system. These factors produce a set of socially-oriented perceptions used to understand and cope with the accusation of having mistreated their children (1995:69).

Due to the considerable number of concerns women raised about the risk assessment process, the focus group was asked for suggestions of alternative ways to address this admittedly uncomfortable interaction. Their responses call for a more respectful, less accusatory approach that includes an awareness of what the process actually requires parents to do and the impact it has on their lives.

...So, you could be phoned and say, listen, you know, we've had a call and it's brought a concern for us. Could we sit down and discuss this. I mean that's a little bit easier to accept than someone phoning up and saying, 'We've had some complaints about you neglecting your child or over-medicating your child. We need you to be in the office at 9:00 tomorrow morning' ...then they won't tell you what it's about over the phone, either. (focus group participant)



...If she had said that right from the beginning, that I really want to work with you. I really want to make sure everything's okay. I'm torn, I have to do that. But, you know, I want to support you, too. God, what a difference that would

have made. But no, never that. It's like, huh, it's not about you. I'm going to do this, and I don't care if I hurt (child) either. (focus group participant)



...we needed the help anyway. You know, I'm not saying that we didn't. But it was just kind of humiliating the way that it happened, 'cause I've never been against the Ministry. And they are there to help you. But you know, I like more family involvement...like, it was before. But it's not like that anymore.

(focus group participant)

This chapter has outlined the process by which mothers become known within *MCFD* as safety risks to their children. Although not explicitly stated, the mothers' comments indicate that they are well aware of participating in a textually mediated set of social relations. It is also clear that they feel ill prepared to participate effectively and scramble to understand the process. Reflection from the mothers' perspective on the process through which their mothering work is evaluated also provides important critique from those whose everyday lives are directly impacted by the outcomes. As their comments and concerns strongly suggest, the contribution of parents to the risk assessment process is ancillary at best. The complex nature of the assessment tool, as well as the realization that the level of risk can be determined or altered regardless of parents' involvement causes fear, confusion, powerlessness and mistrust. Yet, as will be explored in the next chapter, it is from this risk assessment that expectations of the mothers' skill development and improved performance emerge. This realization has negative implications for mothers' motivation to participate in risk reduction plans and their willingness to build support networks with community resource agencies and helping professionals. These unintended consequences of state intervention intended to ensure the safety and well being of children should be of considerable concern to helping professionals and to government policy-makers who regulate the child protection process.

Chapter 5: ***Texts that Connect Policy to Everyday Lives***

The child protection concerns identified by the *Risk Assessment Model* and the risk reduction work mothers put into daily practice are linked by a textually mediated process that transforms abstracted correlates of risk into tangible risk reduction tasks.

Increasingly in BC, these texts are activated through contracted family service agencies including *CAFCA*. Although the specific format may vary somewhat among contracted agencies, the same fundamental government priorities textually organize child protection work at various worksites in the community, including the family home. Unless ordered by the court, working with contracted agencies is technically voluntary for parents.

However, lack of cooperation with intervention is an identified risk factor that influences *MCFD* decision-making about degrees of risk and whether or not children should remain in their homes. Parents who do not participate of their own volition may later find themselves required to do so in order to keep their families together.

This purpose of this chapter is to report on my textual analysis of the documents used by *CAFCA*'s child protection counselors, and explore how their attention is of necessity directed toward certain priorities while minimizing the importance of others. Two questions have narrowed the focus of my problematic for the purposes of this chapter. How do abstracted notions of risk become transformed into the tangible risk reduction tasks mothers are required to do? How does the work mothers contribute to the risk reduction process become subsumed within the contractual obligations of family service agencies and the casework practices of agency counselors?

Of 113 new cases opened by *CAFCA* during the research period, between April and September of 2003, the five most frequently listed referral reasons were risk assessment (14), supervised access to children in foster care (10), support to access community resources (9), parental education (9), and domestic violence (8). Only two cases identified actual physical harm to children (*CACFA Semi-Annual Service Outcomes Report*, pp. 10-11). This would indicate that the work of the agency is predominantly concerned with neglect or the potential for harm, rather than actual physical injury to children. Many of the agency's families were coping with more than one concern, with

maternal depression and anxiety commonly identified as risk factors. The kinds of issues typically involved one or more of the following:

- ◆ re-establishing stable homes after leaving abusive relationships
- ◆ upgrading parenting skills or living conditions that are ‘below minimum standards’
- ◆ substance misuse
- ◆ devising parenting strategies to cope with children’s developmental challenges or inappropriate/risky behaviours.

The work of the agency is impacted by two sets of institutional frames - one concerned with professional standards, the other with carrying out government mandated child protection responsibilities. Professional standards for providing and managing child and family services practice are established and monitored by the *Council on Accreditation (COA)*. Achieving accreditation by this independent, international, not-for-profit organization confers high professional status to agencies that demonstrate adherence to specific standards and practices. The *COA* standards are designed to represent a multiplicity of interests, as described in this quote from the *COA* website.

The standards represent up-to-date research findings, regulations, and practice experience that together serve to define quality organizational practice... with input from service providers, funders, policy makers and consumers across the United States and Canada. (Council On Accreditation)

Having accredited status is valuable when competing for government contracts. When contracts are won, the *COA* standards must then be merged with the bureaucratic process that standardizes and coordinates the provision of government services. The risk reduction work carried out through family service agencies is textually integrated into the child protection system through contractual agreements detailing how services will be provided. As stated in the (*CAFCA Self-Study Manual G8.1.03*)

In all cases, the Ministry establishes the basic parameters of CAFCA service – number of hours, service duration and reasons for (agency) involvement.

CAFCA’s contract with the *MCFD* contains a *Component Services Schedule* that details the child protective services the agency agrees to provide. It also describes the ministry’s outcome expectations, the work *CAFCA* will do in order to meet those outcomes, and the measurement tools they will use to gauge how successfully their

objectives have been met. The following table lists the ministry's *desired outcomes* as stated on page one of the *Component Service Schedule*.

Table One: Component Service Schedule - MCFD Desired Outcomes

<p>Long-term outcomes (improved condition or status):</p> <ul style="list-style-type: none"> • Children safely reside with family • Children in-care move to/return to a permanent and safe family arrangement
<p>Intermediate outcomes (enhanced functioning or modified behaviour):</p> <ul style="list-style-type: none"> • Improved family relationships • Improved capacity to manage/cope with daily responsibilities • Increased use of positive parenting techniques
<p>Initial outcomes (new knowledge, increased skills, changed attitude):</p> <ul style="list-style-type: none"> • Parents increased knowledge of child development and positive parenting practices • Increased awareness of environmental stressors • Increased knowledge of community resources and supports

The contract then describes the range of services *CAFCA* offers...*to promote family strength and resilience* (p.3). These include providing information, teaching/modeling positive parenting practices and coping skills, and connecting families to a community network of resources and informal supports. Counselors assist parents to improve stress management and problem-solving, improve family relations, change long-standing negative patterns, increase self-esteem and confidence and be better prepared for unforeseen challenges. Various indicators of change in parental behaviour are provided as guidelines to evaluate progress toward the *desired outcomes*. It is important to note that the records compiled by agency counselors to document their daily work may be subpoenaed as evidence in court proceedings. Consequently, careful rationale must be given to justify all aspects of the risk reduction intervention.

Becoming Institutionally Actionable

Agency counselors receive their case assignments by way of a referral form completed by an *MCFD* social worker (see diagram on page 78 of this chapter: *Mapping the Textual Organization of Risk Reduction Work*). The following exchange illustrates how this introductory form links specific work sites within the *MCFD*, the agency and possibly

other community professionals and instructs them to both perceive and respond to families according to a particular set of concerns. The working relationship between the agency and the mother is effectively framed by these key concerns before her first meeting with the counselor takes place.

***Counselor:** ...this is the 'Intake Form' that we get from the social worker and it basically outlines who the worker is and the office and the intake date. The name of the client, the address, date of birth. Other professionals involved if there are any...number of children...if the kids are 'in care' who the foster parents are...specific risks that are going on in the family...if there is drug use, you know, just the top ones, you know, that you need to look at.*

***Interviewer:** I'm noticing here, it says, 'See risk assessment/risk reduction service plan.' These risks that you're talking about, does this come from the Risk Assessment Model?*

***Counselor:** Yeah. These are number threes and number fours in the Risk Assessment. Yeah, it's probably the most pertinent things that we would be working on.*

Also indicated on the referral are the hours per week either mandated by the court or estimated by the social worker that the contracted agency should need to implement risk reduction plans. This includes travel time, consultation with community partners, tracking down resources, report writing and other associated case management duties in addition to time spent working with the family. To some extent these parameters also frame the conditions of the mother/counselor working relationship before it begins.

The agency counselor then confers with the social worker about the specifics of the case and any pertinent personal safety issues prior to initiating contact with the family (i.e. restraining orders or potentially hazardous conditions). The identification of safety factors that may present risks to agency counselors during the course of their work is an example of a *COA* expectation rather than one stipulated by *MCFD*. The counselor commented on the challenges inherent in collecting information required by separate institutions when their respective paperwork is not entirely compatible.

...The COA required intake form, which is all the safety risks and stuff like that...which we have now trained the social workers to be very diligent about filling this out because they were forgetting to do this a lot.

The counselor transfers the information from the *MCFD* referral, along with the details obtained during the consultation with the social worker, onto the agency's *Client File Intake Form*, including the three top risk reduction priorities determined by the *MCFD* risk assessment. As the counselor explained, however, while the official forms collect the information necessary to document a case for institutional purposes, they do not provide her with all the information she needs to carry out her work or ensure that the mother is prepared to participate.

...So it's not just enough to hand this off to me. I need to have either a verbal conversation on the phone, or in person ahead of time because a lot of times there is information off the side that doesn't really fit in here...[Interviewer: What kind of information would that be?] Well, that might be who else might have just come into the picture, for example in this particular case I'm just working on now, I got the referral, but then there was a step-son that came into the picture after the fact, and doesn't quite know where that might fit...And certainly while I'm having these conversations...I would be jotting down notes and asking my questions...You know, so just sort of getting more of a generalized picture, and stuff like that. I think for me the most important thing is whether or not the social worker has told the client that I'm coming...and to have introduced my role to the client before I go. Because...way back when that was the biggest problem we had... we'd be phoning people up and they'd be wondering who the heck we were.

As part of the *COA* accreditation requirements, the agency has an established case management time frame for completing each part of the paperwork that constitutes a client's file. Counselors routinely contact new client families within two working days of receiving the referral. Three weeks are then allotted to become familiar with the family situation, familiarize the family with the agency's role, and complete the initial paperwork. Among these forms is the *Consent for Release of Information*. Signing this form authorizes the counselor to share with other community professionals certain

information about her work with the family. Mothers have some control over who has knowledge of their involvement with the child protection system but, ultimately, the courts determine the extent of the mother's right to privacy.

...So I mean, maybe I'm just doing supervised visits and there is nobody else involved but me, and so there is no reason to talk to anybody. Or I have another family right now, who is fine to work with me, but doesn't want me talking to the kids' teachers and doesn't want me talking to everybody else involved. And I mean that's between them and the social worker in court.

During these first few weeks, the counselor completes the two-page *Intake Assessment and Service Plan*, which carries forward *MCFD* referral concerns and documents initial progress in addressing them. Typically, there is little progress to report at this stage, but the task serves as a reminder that keeps the counselor's attention focused on the ministry's concerns. The counselor and mother then work through a three-page *Strengths Assessment*, which is designed to be compatible with the *MCFD Comprehensive Risk Assessment's* five-point rating scale format and clearly distinguishes specific questions that relate to that document. The agency version is designed with three separate rating columns to allow the parent, the agency counselor and the *MCFD* social worker to circle their own responses to each item. The agency counselor is required to complete this form, while the parent and *MCFD* social worker are encouraged, but not compelled, to do so. In describing how she collects the information she needs to produce her assessment, the counselor alludes to very tangible work contributed by the mother that enables the completion of this process.

...I always ask them first. So as much as possible I try to let them describe it for themselves. I don't want to put some label on them. So, for example, down here where it says, 'ability to cope with daily stress.' I explain it to them, I would them to tell me what they think it means. You know? So if I were to ask you...how would you feel about daily stress? Sometimes they just talk about how tired they are and sometimes they talk about all the things that they do in their life. So I rate it from where they feel it speaks best to them. And I don't know if that's what everybody else does, but that's how I try to do it with families because it's pretty ambiguous some of them. You know?

In order to provide the information the counselor requires, the mother must sort out what is being asked of her, reflect on her experience, weigh the likely consequences associated with her answers and then formulate an appropriate response. The *Strengths Assessment* contains two full pages of questions requiring this kind of intellectual work, all of which is carried out in a highly scrutinized working environment. In the thirty agency files I subsequently surveyed, parents often completed their own column on the assessment as well, but *MCFD* social workers rarely did so. While this gives the appearance that social workers have not participated in this evaluation, the primary concerns identified on the initial ministry referral are incorporated into the agency counselor's decision-making process in assigning her ratings. Counselors may select a rating level somewhere between those determined by parents and social workers. Nevertheless the ministry's service priorities direct attention to those specific questions for closer scrutiny.

...You have to have a pretty exceptional social worker who is very into paper work to get the time to do this. But a lot of the time, I might have got some of the story from talking with them. So 'ability to cope with daily stress' - Well, if they are sleeping all day because they are just so burnt out and so overwhelmed, then I would probably feel...if that was one of the referrals...mom is depressed, get her on anti-depressants with her doctor or something like that. But I would probably say that the social worker is ranking that fairly high as a three or a four or something. And then if the client is saying, 'Oh, you know, no big deal. I don't have any stress and I put it a zero...' then I'll go in the middle. Or, if I haven't really had a chance to meet with them very much, and I don't want to make a judgment call, then I'm going to put 'nine' (insufficient information). And I often do that when there is a big discrepancy because I don't want to be judging them too soon. I say, 'You know your social worker kind of has this feeling...' because a lot of times, if it's done right they already know what the social worker is concerned about. And if depression is one of them, and (client) is saying, 'I don't have depression' then I'm not going to get in between that. I'll just say 'nine' and say, 'Let's see how it goes.'

In the end, the work parents contribute to this assessment may have little impact on the services they receive or the risk reduction work they are required to do. As the counselor commented, the exercise may serve some purpose for them in reflecting back on progress made at a later date, but otherwise it is predominantly a means of producing statistical data required by *COA*.

... So when we're ready to close the file and I bring my Intake with them and I say this is where we are, where do you think we're at? And we have to match it up. It says the client optional, and I have to do it. Well, I think the client does need to see where we were and . . . but I'm not totally convinced that this is a really effective tool and I think parents know that. And it's time consuming and it doesn't serve them any purpose. It's just a tabulating thing for us.

Developing a Mother's Risk Reduction Job Description

The *Strengths Assessment* also includes a two-page section entitled *Child Protection Service Goals at Intake*. This part of the form carries forward *MCFD's initial, intermediate and long-term desired outcomes* from the agency service contract's *Component Service Schedule*, and incorporates them into a checklist of specific service goals pertaining to risk reduction and life skills. *MCFD desired outcomes* are located prominently at the beginning of each section and presented in bold type. Counselors check off the initial goals identified for the family on the *MCFD* referral and add any additional goals the family may have. The counselor stressed the importance of trying to work on her clients' priorities within the framework of attending to those of *MCFD*.

Interviewer: *How effectively can you address what parents might identify as things they need that aren't these sort of 'bolded' high-risk things the ministry is focusing on?*

Counselor: *So how am I able to address those of the clients' needs? I try to do both in parallel because a lot of times what the client identifies as what they need, is going to be a child protection concern later. It's your prevention in action. Maybe the client is saying 'I know the social worker doesn't think I need this, but I really do. And I need to have my child in daycare. I need a break, I need to get back to work...' or whatever it is, and they're not getting that service, then...it's not going to take very long for that parent to burn out. They're asking for help*

and if it's not given at that point, they are going to burn out and it is going to become a ministry concern. It's a circle, right?

Sometimes these goals overlap or can be accomplished together, but *MCFD* risk reduction priorities are non-negotiable and may receive a different kind of attention than those of the client.

...when it comes to the ministry stuff, yes we have to allocate time to do that and then the rest of the stuff, I'll certainly give (the client) tools to do it. But the responsibility is not all mine to make sure that we set time to do that.

In sum then, the *MCFD* risk reduction priorities must be addressed, while the work described as preventative in nature is the responsibility of the parent. The counselor ensures the former is addressed and, time permitting, is willing to support a parent who takes the initiative to pursue the latter. It is important to note that individual counselors do try to find opportunities within this institutional framework to exercise their professional agency in assisting with the goals identified by the mother.

... As long as we're in, again, I can't speak for the other teams, but as long as we're in there and we're saying, yes, there is...if housing, communication and violence were the three big things, as long as I've identified that...that we're working on that in some capacity, whatever else I do and how I do it, or however I manage to be with the client, that is up to me...that's my business.

Once *MCFD* and parent's goals have been identified, the counselor prepares a plan of action and writes it up as the *Client Service Plan*. This task-specific document transforms the *desired outcomes* identified from *MCFD*'s institutional perspective, and the priorities identified by mothers from their everyday perspective, into service goals with delegated roles/responsibilities, expected outcomes and anticipated time frames. The counselors have to learn to frame the actual work they do with mothers in terms of the evidence-based outcomes necessary to demonstrate to government that they have achieved their contractual obligations.

...Because I know when we were developing this, it was hard to come up with what are 'goals' and what are 'outcomes,' like what are 'objectives', you know? Because they are similar, but they are different, you know. And your 'outcome' is

what you want to see the long term plan to be. Whereas your 'goal' and your 'action plan' is how you're going to get there.

Established case management timelines require counselors to sort out these nuances and get service plans in place promptly. To accommodate this expectation they depend on their professional knowledge and practical experience to expedite the process. Mothers are typically presented with a preliminary plan, which they are encouraged to discuss. The following account describes the work of the counselor, but presumably, mothers also must draw on their experiential knowledge, reasoning practices and organizational skills to contribute to the production of a viable plan.

...I'm supposed to have this in, in three or four weeks or whatever. Maybe that's realistic. Maybe it's not...I like to fill out as much as I can before I actually go to the client, based on what we've been doing, because sometimes it's hard for clients to pull out the themes. I'm used to doing this. I do this all the time, right? So as a way to sort of save some time when I go there, I just put down, 'Okay, from the last few times we've talked these are the kinds of things that I kind of see that you'd like to work on and that the ministry is saying. This is what I think I can do. This is what I'm proposing for you to do. And this is the outcome. Do you have anything to add? Do you want me to change anything? Do you have any suggestions?'

What emerges is essentially a job description of the mothers' performance improvement plan. Detailed are the living conditions that must change, the skills they must upgrade, the remedial work they are expected to engage in, the instruction/support that will be provided, the anticipated benefits and how much time this work should require. Between the lines of the following account are concealed the work required of mothers in order to determine what is expected of them - sometimes by trial and error - and to accommodate various risk reduction strategies and tasks into their existing employment, family and personal responsibilities.

...if you've been involved with the ministry long enough, what is in a lot of people's minds, is 'I'll just jump through the hoops. I'll tick off the boxes, and still at the end of the day, I still don't get my kids back because the goal post keeps moving.' Right? [Interviewer: That's exactly what they say.] That's

because it's never been identified what it is they are supposed to do at the parenting course. What are they going to learn out of that? You know, you've got an anger problem, go to ...Family Violence Project...go to anger management. Okay, so they go. They don't get anything out of it because they really don't know what they're looking for. So that's what this Client Service Plan is supposed to identify. So you've got some very clear expectations and some polite ways of being able to explain. What does anger management mean? Well, it means communication. It means you can't yell at your kid. You know, like I'm being very, very specific about what it is that we're working on.

Once in place this text is pivotal in organizing the child protection work carried out in different worksites by the mother, the agency counselor and *MCFD* social worker. All three parties must sign off on the final version, thereby acknowledging their roles and responsibilities in this coordinated risk reduction project. The social worker in authorizing expenditures for service, the agency counselor in facilitating the plan and the mother in making the changes to her everyday life as a mother, a provider/protector, or as an individual with 'risky' behaviours to be addressed. We heard in Chapter 4, how inadequately mothers feel their suggestions are incorporated into risk reduction plans, and to what extent they concur with the prescribed courses of action. Nevertheless, the mother's risk reduction duties, in effect her job description as a front line worker in the child protection system, are established by this agreement.

...I will give them (mothers) a copy of this. And they can put this up on their fridge so they know what it is they're supposed to be doing and what I'm going to be doing, and that this is the plan.

I constructed the following table as an example of a *Client Service Plan* by combining goals and responsibilities commonly included in the agency's client case files. The first two goals are representative of those put in place in response to *MCFD* risk referral concerns, while the third entry is more common of goals identified by mothers themselves.

Table Two: Simulated Client Service Plan

<i>Service Goals/ Risk Reduction Plan</i>	<i>Counselor or other person's roles/ responsibilities</i>	<i>Client's roles/ responsibilities</i>	<i>Time Frame</i>	<i>Expected Results (outcomes related to goals)</i>
Mother will be able to demonstrate confident/age appropriate parenting skills	Provide feedback, teaching, support and problem solving strategies re: parenting style and child's behavioural issues.	Be open to feedback, practice skills, seek support, gain familiarity with age appropriate behaviour expectations and incorporate into daily life	three months	Mother is a safe and confident parent
Mother will establish daily routine for child through a system of pictures and symbols to create a predictable environment	Supply materials to create behaviour modification plan for child. Discuss adverse behaviour with mother to devise behaviour modification system.	Participate in creating, implementing and monitoring behaviour modification plan. Follow through with routines.	8 weeks	Child will have understanding of expected behaviour and be reinforced for good behaviour or absence of adverse behaviour. Will be able to predict what is expected of him.
Mother will attend personal counseling to address past issues of abuse	Discuss counseling resources with mother and assist in referrals if necessary	Attend personal counseling sessions regularly	Per wait listed availability of services	Mother will address past issues of abuse from childhood/ youth

Copies of the *Client Service Plan* are sent to the *MCFD* social worker to become part of the ministry client file and also retained in the agency client file. Nowhere in this plan do we see recognition of what actually constitutes the work mothers need to do in order to accomplish their ‘responsibilities’ and produce the ‘expected results.’

Over the course of their working relationship the counselor keeps case notes to document the work she is carrying out to facilitate the *Client Service Plan* and prepares monthly *Progress Reports*. These also become part of the agency and *MCFD* client files. *Case notes* record the counselor’s involvement with the family, social worker and other community resource people involved with the risk reduction plan. These include phone calls, office/home visits, etc. to account for time devoted to addressing the identified risks. Once again, this form directs the counselor to attend to *MCFD* priorities. She documents movement toward realizing the service plan goals and notes any observed changes in the primary risk factors identified in the initial *MCFD* referral. The case notes are condensed on the *Progress Report* to focus on the ministry’s identified priorities.

Mothers' work is subsumed within statements of the impact of services provided by the agency and progress toward *MCFD* desired outcomes.

Most of the mothers working through these *Client Service Plans* have their children living at home, and incorporate risk reduction activities into their daily routine of mothering and providing for their families physical, social and emotional needs. While not explicitly stated as an expectation of risk reduction work, failure to adequately fulfill any of these responsibilities can quickly become a risk factor. These sizable responsibilities are not acknowledged in the service plan, but they inevitably impact the time, energy and quality of attention mothers have available to focus on the list of assigned remedial tasks. Mothers' descriptions of the challenges of trying to juggle these responsibilities will be discussed in considerable detail in Chapter 6. There is an ironic parallel here to women's work in the paid workplace, where family and domestic chores are similarly invisible until they interfere with her productivity on the job. The major difference, of course, is that paid labour is at least acknowledged as work and allocated an agreed upon form of compensation.

Mothers whose children have been apprehended pending demonstration of improved performance may well be seen to have fewer domestic responsibilities. Yet, they must take on the additional work required to properly prepare for and perform appropriately during the structured and monitored visits that allow them to spend time with their children. These visits are usually supervised by an agency counselor who brings the child from the foster home to meet with parents at the local *MCFD* office or at a pre-arranged location in the community. The perceived success of these visits weighs heavily in *MCFD* decision-making about when children can return to their families. Parents are provided with written *Parent/Child Supervision Guidelines* that give specific instructions about how they are to manage their behaviour, such as what constitutes acceptable forms of interaction or topics of conversation, in order to ensure appropriately 'child-centered' visits. The following were excerpted from the *Parent/Child Supervision Guidelines* followed by the agency.

- ◆ The child is free to have an enjoyable experience with the parent.
- ◆ The child is physically safe.

- ◆ The child is not exposed to behaviours that would be unduly stressful and emotionally upsetting.

Parents must sign an agreement stating that they understand the guidelines and agree to abide by them. Non-compliance may result in termination of the visit and impact future access. Counselors submit a *Supervised Access Report* after each visit. This form lists the safety (risk) factors the counselor must monitor (from *Intake Form*), a brief description of what the visit entailed, appropriateness of the parent's involvement and interaction with the children, children's reaction to the parent, relevant observations and recommendations for future visits. Specific goals for a child-centred visit based on the family circumstances are recorded and the subsequent status of those goals is evaluated. Recommendations speak to the current and future structure of the visits, such as the readiness of parent and child for visits of longer duration or with less supervision. The worker I interviewed voiced tremendous compassion for the parents who must undertake this work. Her comments reveal, however, that despite the work's great difficulty, parents are expected to carry out specific emotional and intellectual tasks and their performance is closely monitored.

...I don't want to say that I don't expect or allow parents to cry or to hug their children or show affection. That's what makes the supervised visit particularly difficult...you want it to be a natural experience, but it's such an artificial environment, right? And certainly, the Goal for the Visit is always to have a child-focused, child-friendly visit...and sometimes that's very hard for parents to be able to feel like. You have another person (counselor) who's in the visit, who's monitoring it, who's judging what's going on. And like I said, the only way around that is to take the time ahead of time to explain to the parents what to expect and that, 'No, I'm not the enemy here. I know you feel like that may be sometimes, but I'm just giving you the information and this is about you seeing your child. But your child is already going through enough stuff, and you're the adult. So you're going to have to put your stuff on hold to be able to have a visit with them. And inevitably they (children) always say, when am I coming home? And that's a question that we always talk about ahead of time, too. 'What if that happens? How will you handle that? What are you going to say?' And nine

times out of ten, if they are prepped ahead of time, they are able to parrot out, something along the lines of, 'Mommy or Daddy are working right now on trying to do what we need to do to be a family again.'

As the goals on the *Client Service Plan* are achieved and the agency involvement draws to a close, the counselor completes a *Closing Report*, which is an outcomes measurement of the goals established on the *Intake Assessment Form*. The worker meets with the client to reflect on the *Intake Assessment* and determine if the service goals have been met. As the worker I spoke with phrased it...*hopefully fours are now twos and threes are now ones*. Clearly, the *MCFD* concerns and risk assessment framework organize the worker's thinking when formulating recommendations about file closure. Sometimes the agency's role is completed before *MCFD* closes their child protection file, but there are also times when the contract worker may feel that the ministry is withdrawing services from the family prematurely. Under the terms of their *COA* accreditation the agency has a moral and ethical obligation to continue supporting a family when there is likelihood of an impending crisis.

As the counselor noted earlier, the client's identified goals are generally preventative in nature rather than protective, and as such generally not qualify as critical to children's immediate safety and are not central to the *MCFD* risk reduction agenda. Interestingly, Swift's research on provision of services in child protection cases has also shown that while mothers' personal needs may be recognized as contributing factors in the problems a family may be encountering...*they are not the ultimate purpose of the intervention* (1995:115). A follow-up component three weeks after file closing provides an opportunity to address outstanding issues. However, funding arrangements with *MCFD* do not enable the agency to keep their file open indefinitely once the ministry's protection priorities have been satisfactorily addressed. The *MCFD* focus on the child's safety, rather than the needs of the family as a whole, means that parents must find support to continue working on their identified goals elsewhere in the community. Counselors can only try to ease the transition.

Interviewer: *...the parents I spoke with felt that CAFCA was pulled out too soon. They didn't feel it was your decision. They felt you were told to close the file because the kids went into care or because the risk was reduced below the radar*

or whatever, and they're losing you as a resource. As someone who is in there who can say to the ministry, 'Yes, this parent is doing things well' or who can advocate and so on.

Counselor: *...if I've been in there for two years and I'm told I have to close the file because (MCFD) are closing the file. (Parents) have got that relationship with me, and they know that I know a lot of stuff about them. They don't want to have to retell their story or reconnect with somebody else. So that's what I try to set up from the beginning that there a community outreach person even if they are only involved peripherally...Or there is somebody that you can call that you already have a face to a name and you feel a bit of comfort with.*

Asking a counselor to reveal their professional philosophy and practices for analysis is not a small request, and I am grateful for the insights our conversation provided. I believe we have provided an overview of a process that professes to build strong and resilient families for children, by holding the rights of one family member paramount while devaluing the priorities and contributions of another.

What the Files Say (...and Don't Say)

The case files present a highly compressed seemingly rapid-motion depiction of the actual circumstances they represent. The daily lives of families appear in case notes as often recurring strings of crises or poor choices requiring intervention, through a variety of services and consulting professionals intended to guide families away from potentially harmful behaviours and environments. Case notes are further reduced into standardized *Progress Reports* that advise MCFD social workers about incidents, concerns and evaluations of parents' choices and demeanour. They document evidence of the concerns stated in the ministry referral that provide a rationale for the risk reduction services being offered, and well as measuring progress toward achieving risk reduction goals. The actual time agency workers and families spend (together or individually) thinking, planning, carrying out various risk reduction activities in various settings, learning and practicing skills and discussing progress is not apparent in the case notes or progress reports.

This is not to suggest that counselors think of the families they work with in dismissive or abbreviated terms. On the contrary, over the course of my research through attending meetings, speaking informally with agency staff and overhearing their hallway

conversations, I came to know them as caring and committed practitioners. However, as Smith's theory of *textually-mediated* work practices would predict, the agency's paperwork is designed to coordinate work between various locations within government, the court system and in the community. This requires contract workers to collect and record relevant 'facts' about a case that are extracted out of the daily messiness of working with troubled families and insert them into categories on a report form. What constitutes work in this context is framed in terms of the tasks undertaken by the counselor to make an accounting for *MCFD* of the agency's involvement in each case. Only the risk reduction outcomes achieved are considered relevant in terms of parent involvement and afforded space on the agency forms. Creating an account of parents' work practices is not part of these expectations. As the counselor said,

...we have a very black and white system right now. And it doesn't really...you want to go from a strength-based perspective but the risk reduction model is nothing about strengths. They try to say that it is, but it's not. And it's all about what you're doing wrong and what you need to get better at so that you will be a better parent.

Harold Garfinkel has been credited with noting the difficulty of seeking answers to questions that are not framed in the same organizational context as the data sources being used (in Parton et al. 1997:78). Inevitably, information deemed central to the work in one milieu is omitted altogether or recorded in a way that conceals relevant knowledge when pondered in another context. This became apparent as I looked in case files for answers to my questions about the work mothers contribute to risk reduction. Other research has noted that the information contained in child protection files is relevant for the specific tasks of identifying evidence of maltreatment in the absence of actual physical harm (Parton et al. 1997) and constructing particular characteristics of mothering as neglectful (Swift 1995). Each of these studies shows how institutional concerns and priorities select some information as relevant while excluding others. What I found in the files was in line with the content both of these researchers described in their file reviews. Parton et al. observed in their examination of British child protection files *...a wide range of text about mothers, houses, children's behaviour and the like...*(1997:94). Swift commented on her analysis of child protection files in Ontario *...It is parenting that counts, and*

within that sphere it is gaps, lapses, and problems that appear as relevant (1995:110). Nowhere in my file review was the physical, intellectual and emotional effort required of mothers to achieve expected outcomes acknowledged.

Searching the files for evidence of the work that parents contribute requires taking the mothers' standpoint and reading between the lines to consider what actually transpires in mothers' daily lives to transform goals in the *Client Service Plan* into successful outcomes in file *Closing Reports*. Analyzing files from this perspective reveals strategic thinking and organizational skills, such as this excerpt that describes the careful timing of domestic chores this mother used to demonstrate her compliance with the risk reduction plan.

...In the last weeks, the home has been observed to meet community standards. (Mother) routinely doing cleaning when counselor arrives.

More importantly, however, what this demonstrates is how mothers' everyday activities become organized by institutionally defined expectations in order to be perceived as cooperating with the intervention. Parental cooperation was the most common descriptor of mothers' participation in the case notes rather than the actual work mothers had contributed. In fact, cooperation appeared to represent an extremely important indicator of progress toward achieving goals in all of the files reviewed. This was reflected both in case notes and progress reports in terms of mothers' commitment to service plans, consistent attendance at appointments, open communication, carrying through with expected tasks, etc.

(Mother) is eager to receive support from agency and presents as a caring and attentive mother.



(Mother) is meeting regularly with counselor, is attending all other appointments and is actively engaging in agency service.



(Mother) demonstrated a change in her approach with counselor and social worker... (mother) eventually demonstrated a willing and cooperative attitude.

Lack of cooperation on the other hand involved not carrying through with the work set out in written or verbally agreed upon aspects of risk reduction plans.

...Client initially presents very well...open, articulate, calm and seemingly motivated to make positive changes for her family...All referrals went unattended even when this worker offered to support and transport, etc...When this worker would question her motives, she would become irate and would verbally attack this worker.

However, cooperation, in itself, does not connote ownership of the process. It seems apparent from file notes, such as the ones stated above, that the work being done is that of the counselor. The mother's cooperation is perceived as the progress being made by the agency's intervention.

To begin to understand how *MCFD* expectations and agency intervention strategies shape mothers' work, I refer back to the counselor's description of the behaviour guidelines set out for parents during supervised visits. Her account identified expectations requiring specific kinds of work from parents in order to produce a child-centered visit. As we will see in the next chapter, there is considerable emotion work involved as mothers 'put (their) stuff on hold' and produce the appropriate demeanour in order to visit with a son or daughter who had been removed from the home. 'Parroting out' the right response might entail considerable thought, practice and self-control. The *Supervised Access Report* requires the counselor to evaluate how well these tasks have been carried out, but does not similarly ask for an accounting of how the mother managed to produce a successful visit. The following quotes are taken from three separate *Supervised Access Reports* in one mother's file over a period of several weeks documenting the progress in her self-control and presentation during visits with her children. The change in parental attitude is recorded, but not the actual work required from this woman to recognize and decide to accept that she must manage herself differently, and then produce the behaviour set out in the guidelines. Only she knows the nature of that effort.

(Mother) appears to be having mood swings as she appears to be happy and contented one minute and then angry and frustrated the next.



The writer suggested that it was not helpful to (mother's) situation to behave antagonistically towards the ministry, and (mother) again said that the ministry

could screw off. As (mother) appeared to be increasingly angry about the ministry's involvement, I stopped speaking with her and gave her some space to cool down.



Parent's cooperation with this intervention has improved.

During our interview the counselor acknowledged that these supervised visits present a very artificial set of circumstances. Nevertheless, this is the environment in which mothers must show themselves to be organized and equipped for planned activities and demonstrate their improving parenting skills. Adjusting to this working environment requires reasoning practices and learning by trial and error not reflected in the file recordings. The learning process required to understand expectations and produce the correct outcomes is subsumed within notations of omissions or mistakes. Here is the counselor's interview segment explaining the types of observations that are recorded followed by a quote from a *Supervised Access Report* in a case file.

...I'll comment on if they seem prepared. 'You're having a visit with your baby, did you bring the diapers...did you bring bottles? Do I have to tell you to do that? ... 'If we're going swimming did you check out to make sure there is swimming on that day?' I mean, that's not my responsibility. And that just shows me how prepared parents are to see their kids...I will go through that with them. But again I'm also...it always is very interesting to me to see how prepared parents are to have their kids, if I don't tell them that. (worker interview)



Today I reminded (mother) that it was up to her to demonstrate her ability to parent the children in the visit and that I would prefer to help as little as possible. (Mother) agreed with this expectation. (excerpt from case notes)

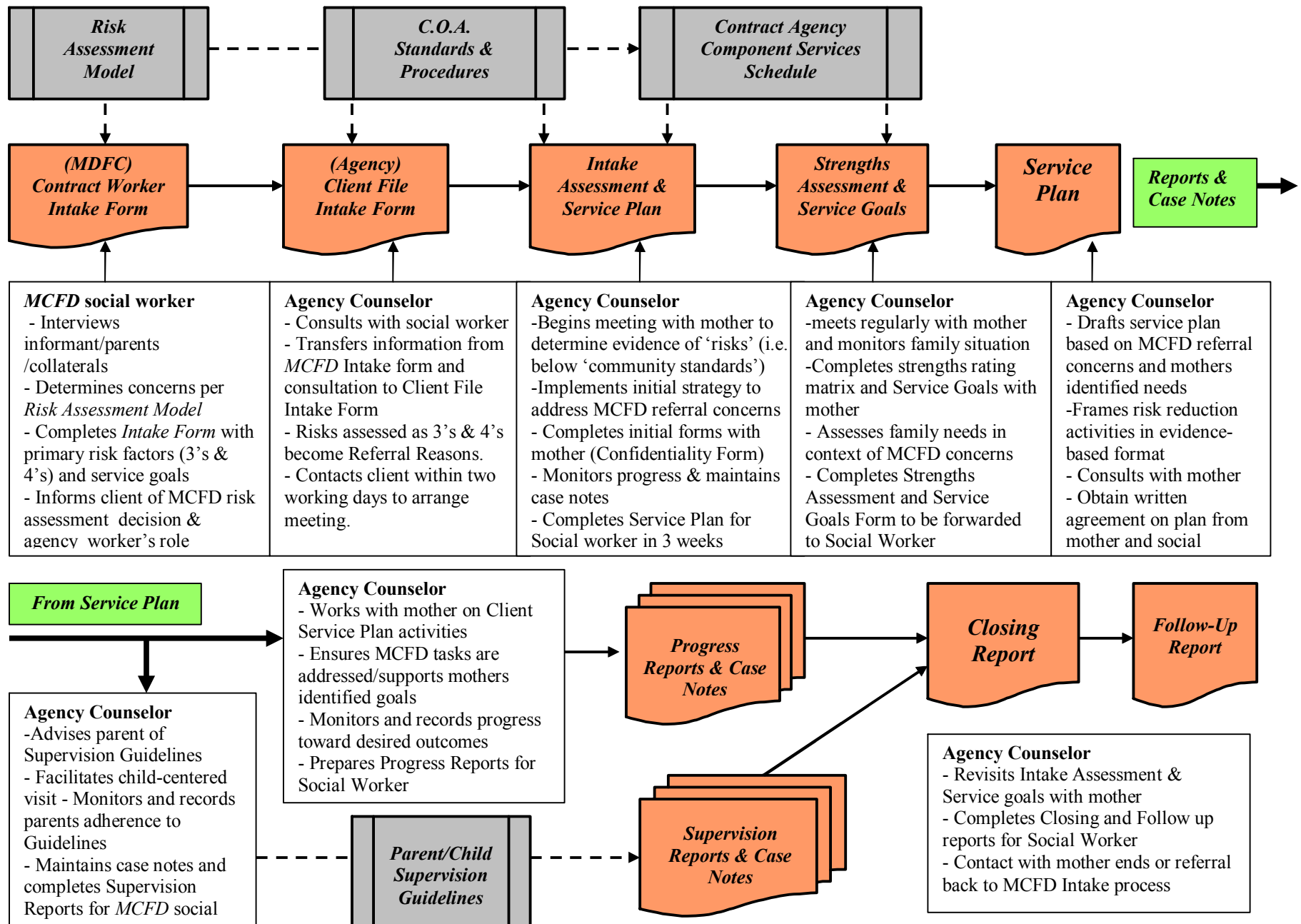
Mothers' contributions to risk reduction work are central to achieving stated goals and objectives, as is evidenced by the roles and responsibilities they are assigned. However, the actual work is subsumed within agency *Client Service Plans* and *Supervised Access Guidelines* that correct flawed parenting, and is transformed textually into measures of agency success in meeting contractual obligations. Mothers' often confusing and emotionally demanding work is carried out in an admittedly artificial environment under

constant scrutiny. Nevertheless, like the unpaid work of child rearing and homemaking, or that of supporting children's educational progress (Smith 1987), mothers' contributions are invisible until they are found lacking.

This chapter has mapped the textual process by which abstracted notions of risk on a standardized government assessment tool become tangible (but unrecognized) physical, intellectual and emotional work for mothers. As we have seen, from the initial referral from the *MCFD* social worker the mother becomes known and institutionally actionable by the perceived risk she poses to her children. Risk is clearly the organizing paradigm in child protection case management that connects and defines both the paid work of ministry and agency personnel and the unpaid labour of mothers. The *MCFD* focus on children rather than the family leads to case management strategies in which assessment tools based on abstracted notions of risk to children take priority over preventive services requested by mothers. The standardized forms counselors complete during their working relationships with mothers repeatedly draw their attention back to government risk reduction priorities, despite their recognition of the preventative value of mothers' identified priorities. Case management timelines put in place to meet institutional expectations may also affect the degree of involvement mothers are able to have in formulating goals and objectives. Ultimately, case files are deemed ready for closure when risks have been sufficiently reduced, regardless of the status of the mothers' identified needs.

To this point it may appear that the only agency mothers can exercise in this working relationship is deciding whether or not to cooperate with the risk reduction plans put in place for them. In fact, I noted a variety of circumstances in the files where mothers put their working relationship with counselors to use in order to access needed services or influence decisions. For example, one frustrated mother sought the intervention of her counselor when she felt her child's school was exercising poor judgment in repeatedly sending him home due to misbehaviour. Another asked her counselor to advocate to have her moved up the waiting list for a drug and alcohol assessment program when her own efforts were unsuccessful. A mother not yet ready to commit to formal counseling used her working relationship with her agency counselor to engage in informal exploratory discussions about her troubles. These represent the kinds of client-initiated

strategies that are evident from the agency counselor's perspective. The next chapter looks at risk reduction work from the mothers' perspective and demonstrates that what professionals recognize as mother's participation in child protection work is only a glimpse of what is there to be explicated in everyday experience.



Chapter 6:

'Core Competencies' for Mothers' Work in Child Protection

All of the women in my study felt strongly that the work they contribute to the child protection system is absolutely necessary, but almost completely ignored. For most of them, helping to document the many tasks mothers feel either motivated or compelled to do was the primary reason for their participation in this project. Research from the social work perspective indicates that the working relationship between parent and helping professional strongly influences the outcomes of child protection cases (Holland 2000). Of particular significance is parents' ability to express themselves in an articulate and plausible fashion while presenting a cooperative motivated demeanor, qualities requiring considerable skill and attention. This finding was strongly reflected in the case file review in the last chapter. This chapter provides the mothers' perspective on the competencies required to do this work, and ultimately, to keep their families together.

Accommodating child protection work into their everyday lives requires considerable time and effort that the women described as demanding, stressful and wearing.

...cliff jumping is what I call it...because you almost feel like you're jumping off a cliff everyday, trying to keep up and trying to get everything done and meetings and appointments and conferences... (interview #8)



...I go to bed at the end of the day and I collapse...and a lot of times, like I don't even sleep anymore. I wake up so many times during the night. And it's a fear of 'Oh, I missed an appointment.' (interview #3)

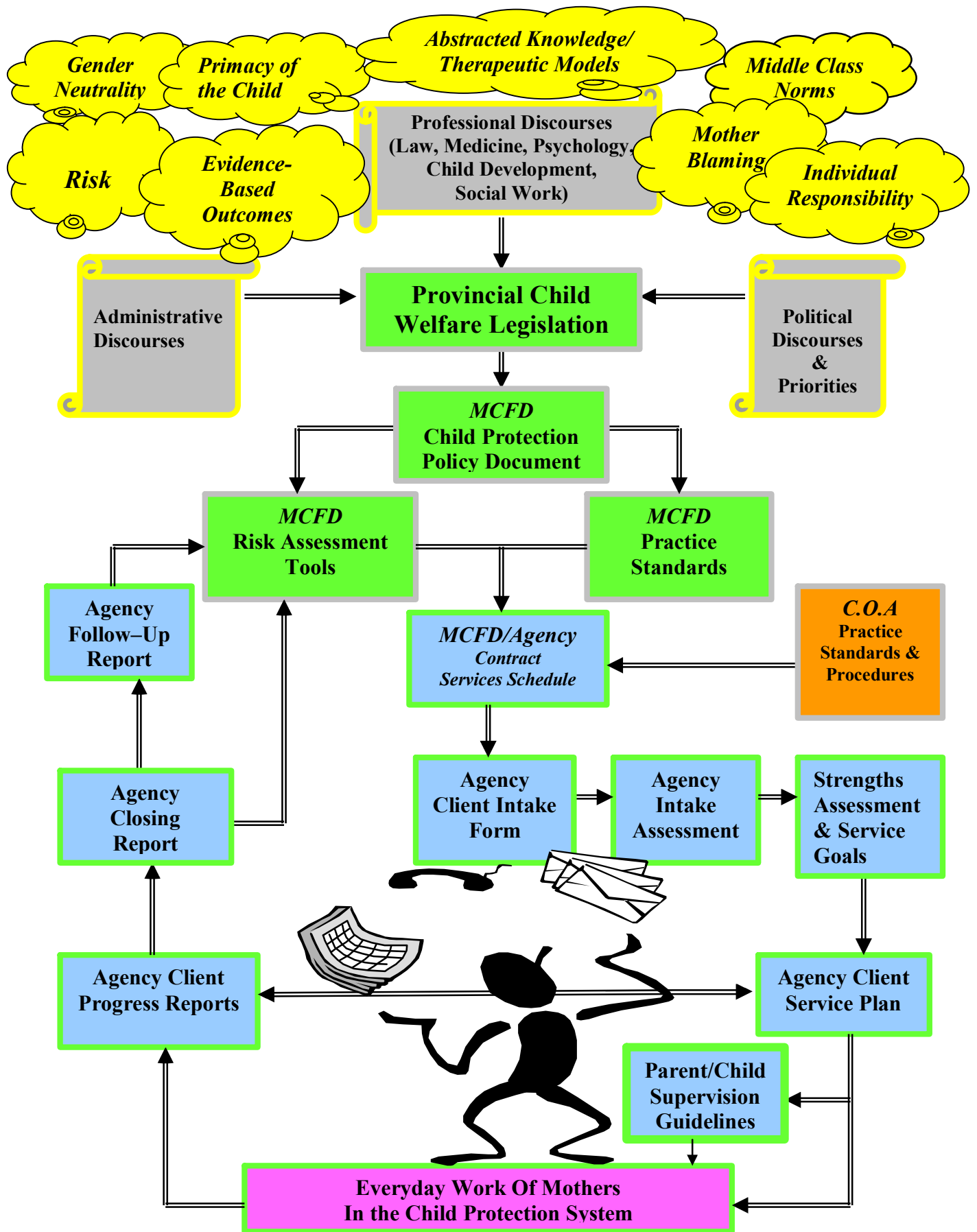
Even so, the women themselves did not always realize the complexity of their participation, until encouraged through the interview process to reflect on the skills and effort that constitute each activity. This is not an uncommon phenomenon in interviewing mothers, as they do not typically refer to their family-related tasks as work (DeVault and McCoy 2002:759). In the end, the interviews drew out a wealth of tasks women contribute to the risk reduction process in addition to carrying on with the agendas of their daily lives. A focus group brainstorming activity generated a sample of specific tasks by thinking of them in terms of physical, intellectual and emotional

examples of work. The diagram on page illustrates mothers' front line work site in the larger social enterprise of child protection.

Table Three: Mothers' Work in Child Protection

<p>Physical Work:</p> <ul style="list-style-type: none"> - keep a journal of interactions with child protection system - keep track of conversations (about what/with whom) and tape record meetings - drop everything to attend meetings - do the leg work for professionals - transport self and children - attend meetings and appointments (talking/listening/child minding) - make time for parenting/ relationship courses - time/energy/resources contributed by other family members to meet MCFD supervision requirements 	<ul style="list-style-type: none"> - move away from family/friends/ lifestyle to meet risk reduction expectations - deal with children's fear/turmoil (acting out in unusual ways) - pump breast milk for baby in foster care - carry out everyday parenting duties (cook/clean/shop/ wash and dress children/ help with homework/child guidance and activities/transportation/etc.) - monitor/document children's physical and emotional health to avoid blame for things that didn't happen in your care - keep going despite stress, fatigue and sleepless nights
<p>Intellectual Work:</p> <ul style="list-style-type: none"> - develop a strategy for how/what to document - library research on policies/rights - compose letters - navigate complaint/ appeal process - determine who you need to talk to - sort out policies and jurisdictions - understand/undergo parental capacity tests (personality profiling/how to answer yes/no questions/what tests mean) - respond to questions under pressure - perform/explain to school/doctor/ community 	<ul style="list-style-type: none"> - realize/accept you have to play along with the situation and figure out the rules - figure out what various people want - think carefully before you speak - help children understand and/or cope - choose lawyers/advocate and weigh advice - make difficult choices - counter balance negative assumptions of professionals - access support/counseling for children - cope with financial stress and find ways to manage - rearrange employment schedule
<p>Emotional Work:</p> <ul style="list-style-type: none"> - emotionally all consuming - repair emotional state caused by the investigation process (probably alone) - stay sane while hearing what you do wrong from numerous professionals - keep control while feeling humiliated/ degraded/demoralized/losing hope - courage to face change - cope with reversed decisions and ongoing fear of new accusations - keep up a calm front for the kids sake 	<ul style="list-style-type: none"> - swallow anger publicly/vent it privately - perform appropriately/correctly while being watched/under suspicion/feeling threatened - muster emotions to deal with fallout/ aftermath of investigation/risk reduction process at school/home/work/etc. - also work for family and friends who must support traumatized mother and children - grieve for all that has been lost - realize there is no sense of closure

I combined the tasks in Table Three with those described in the interviews, and considered them in the context of the service contract between the *MCFD* and child protection agencies like *CAFCA*. The document reveals aspects of the agency's contractual obligations that are contingent upon mothers' active participation.



I have elaborated on the texts and social relations that put this work into practice in the previous chapter. Now, I want to identify the connection between the agency's contractual obligations and mothers' work. I begin this aspect of my analysis by noting an interesting caveat to the list of *desired outcomes* and service provision plans agreed upon between *MCFD* and the family service agency.

...*The parties acknowledge that the Contractor does not warrant that the desired outcomes will be achieved.* (p.2)

What is implied, but not stated, is that the cooperation and competency of parents is an essential component in achieving the *desired outcomes*. In the same way that Smith and Griffith (Smith 1987:166) described mothers' unpaid contributions to the educational system as integral to achieving teachers' work in the classroom, so mothers' active participation in risk reduction plans is critical to the success of child protection work. Mothers are, in effect, the front line workers who must produce the safety and well-being of children at risk, under the management of child protection counselors like those at *CAFCA*. The *MCFD* risk reduction plans become mothers' job descriptions through the agency's *Client Service Plans*. Granted these mothers are probationary workers, who have been censured by the state, and are under close supervision while endeavoring to regain lost stature and autonomy in the larger social enterprise of rearing the next generation. Their probationary status adds additional weight to their workload by imposing time frames on compliance with expectations that may involve considerable personal change. The consequences for not measuring up are ever present and potentially life shattering, since performing poorly means losing their children - possibly forever. This provides an onerous working environment clearly evident in the women's interviews and focus group discussion but not accounted for in official records. This atmosphere is exacerbated by imposed terms and conditions, absence of material supports, negative assumptions of other workers in the process, the complexities of carrying out frequently time-sensitive assignments and the frustration of protracted bureaucratic processes. To counter-balance these challenges and succeed in the child protection system can require considerable know-how and personal fortitude. I have incorporated these factors into a set of skills, or *core competencies* as work-related abilities and expectations are now frequently labeled, that recognize mothers as an integral (if unwaged) part of the child

protection workforce. These skills develop and change with experience, sometimes in unexpected ways.

Table Four: ‘Core Competencies’ for Mothers as Risk Reduction Workers

<i>Provide & Maintain Appropriate Workspace</i>	<i>Effective Communicator</i>
<i>Working Knowledge of Institutional Policies and Practices</i>	<i>Persistent Researcher</i>
<i>Team Player: Integrates Instruction from Multiple Sources</i>	<i>Effective Organizer: Priorize & Adapt to Achieve Desired Outcomes</i>
<i>Problem Solver: Develops Creative Solutions with Limited Resources</i>	<i>Demonstrate Consistency through Multiple Performance Measures</i>
<i>Motivated & Cooperative Demeanor</i>	<i>Patience & Personal Resilience</i>
<i>Perform Effectively In A Challenging Work Environment</i>	<i>Recognize Risks & Initiate Preventive/Corrective Action</i>

1. Provide & Maintain Appropriate Workspace

...because I was involved in a respite [short-term placement of children out of the family home as a support service] the social worker came out to visit, smelled the mold... saw that because I moved from a six bedroom house into a two bedroom...I had the kids sleeping in my bed and I was on the couch, and their room was full of boxes. He saw this and he said, ‘No. This is bad. We’ll extend your respite...You have to move.’ So I moved again. (interview #2)

A basic expectation of mothers is that they provide a safe and healthy home environment for their children to live in. Limited affordable housing and family circumstances can make this a difficult expectation to meet. The mother quoted above had just packed up her children and left an abusive partner. There were few housing options available to her as an unemployed mother of two young children and she believed that her children were now in a safer environment than the previous family home. She did find another home, but the considerable physical effort and expense involved in moving her family again was not acknowledged. Other mothers described similar kinds of challenges, such as long waiting lists for cooperative housing projects and landlords’ hesitance to rent to families on income assistance. Despite the perceived appropriateness of options like subsidized housing, this alternative can also create a significant amount of additional work and worry, and constrain a mother’s ability to provide a suitable family

environment. The following comments were made by a woman whose living conditions were described by the investigating social worker as ‘not fit for animals to live in.’ As she points out, however, there are aspects of moving to ‘approved’ accommodation that she believes to be inappropriate for family life.

...We are desperately looking for something else...People don't rent to people on welfare, which is so frustrating. So you end up in a dump. Like this one...the electricity pops out all the time because she's got so many people living in here. So every time you plug in an extra thing the breakers blow. And then she made a suite where the breakers are. So if the person isn't home, you can't get in to turn the breakers back on...And this is what you live in...Well, it takes minimum two years to get into (low income housing) on the waiting list 'cause there isn't enough of it. And then the rules and regulations they got there, oh my God...No toys in the yard. Not allowed pets, blah, blah, blah. And this is supposed to be a family environment? Not allowed a barbeque on your back deck. You win money-wise, but you sure lose freedom with your family. (interview #3)

Mothers are not only responsible for providing a safe home environment for their children. They must also work to ensure a risk free environment for child protection counselors who carry out their range of services in the family home setting. CAFCA workers complete a two-page *Safety Assessment* when they begin working with a family that identifies any hazards or conditions that may place them at risk while performing their duties. The agency's information booklet for new clients describes parents' rights and responsibilities, and stipulates that parents are expected to provide a safe meeting place and share knowledge of any potential threats in the home.

2. Effective Communicator

...I wrote her a note and I said can you give me any pointers or lead me in the right direction to getting somebody to give me some ideas to kind of handle him, 'cause he's just being a little jerk in the mornings...and then they used that against me...and well, parents call their kids worse than a 'little jerk.'

(interview #1)

Effective communication skills are critical in parents' involvement in child protection work. This quote is an example of how conveying the wrong message can have very

negative consequences. All of the women I interviewed had come to realize the importance of developing specific communication skills in order to achieve various purposes. They fell into three general areas: providing the information child protection authorities or other professionals required, obtaining the information mothers needed, and documenting communication to ensure an accurate record of what had transpired.

The challenge of keeping lines of communication open between mothers and those with whom they carry out child protection activities was touched upon in the last chapter around the risk assessment experience. Communicating with *MCFD* and others in positions of authority is critical for mothers to achieve positive evaluations, obtain information about the status of their cases, or access the resources they need for their families. Busy government offices, periodic changes of personnel, large caseloads and the involvement of multiple professionals in a family's affairs can complicate these relations. Mothers, as the party with the most to win or lose from the process, have a strong motivation to make sure communication is accurate and effective.

...I'm going to have to spill my guts...totally...completely. You get tired of doing that... They should really pass on the notes. You know what I mean?

(interview # 4)

Child protection work requires mothers to retell events, repeat requests or articulate concerns a number of times in different settings. Talking to various experts about legal, medical or educational aspects of their situation requires attending to the information in specific ways. In each instance, in order for the specialist to carry out their work, the mother must reason through and produce the necessary information. Sometimes this occurs under physically and emotionally trying circumstances. One mother described participating in a drug and alcohol assessment interview while hearing her baby crying for her in the waiting room. The discussion had to be interrupted several times so that she could attend to her anxious child. Similar experiences were described during psychological assessments, meetings with social workers and during supervised access visits with their children. Women found obtaining needed information from these professionals to be equally labour intensive. All of the strategies the mothers used to access these admittedly very busy individuals required persistence.

...So, sometimes I would go there and (social worker) wouldn't be there...so they'd say 'She's not in, leave a message'. So I'd write a note...or I'd leave phone messages. Finally, I started leaving messages for her and the team leader... (interview #2)

However, it cannot be assumed that everyone has the material resources to make this strategy work effectively. Trying to communicate without the basic tools can be extremely hard work.

...I don't have a phone so it makes it really difficult for me 'cause I gotta pack up the whole damn household just to make a phone call. (interview #3)

For this woman trying to talk to government and community resource people while caring for three children was time consuming, physically wearing and unreliable. She spoke of spending entire days at the homes of friends or family waiting for calls that may or may not be returned. All of the women expressed some degree of dissatisfaction with interactions between themselves and individuals in roles that were pivotal to their cases. Each had experienced misconstrued facts, instructions or decisions that adversely impacted their families. They developed different strategies to cope with this. Some resigned themselves to the path of least resistance, while others were more proactive.

...Like what happened last time, I sort of tried to say like my side of the story and stuff like that. And they didn't really give me the chance to, but I still tried. This time I wouldn't even try. I'd just be like, 'Okay, sure. I'm wrong, you're right. Okay.' (interview #9)



...I journal everything. I document the time of phone calls, the date of the phone call, who I talked to, and everything that we said. And unfortunately my answering machine broke, but I used to two-way record all of my conversations... (focus group participant)

3. Knowledge of Institutional Policies & Practices

...I said, '...(social worker), I just don't understand how this works.' I said, 'I have to track everything down, and that.' I said, 'I have no problem doing that, but you know what – if you know something, tell me.' I said, 'If you want me to do this I need information...' (interview #5)

No matter how well organized a mother believes herself to be, it is difficult to accomplish what needs to be done without knowledge of how the system works. While some aspects of the process were clearly outlined or initiated by helping professionals, others were left to the mothers to reason through on their own. Mothers frequently learned what they were expected to say or do by trial and error. Interestingly, a common metaphor used by the women for acquiring this knowledge was ‘learning how to play the game.’ The following account of trying to determine what a social worker wanted to hear demonstrates the listening skills, mental acuity and verbal ability required to clarify what is expected.

...And (social worker) kept on saying that because I was going on about this stuff with my landlord that I wasn't taking responsibility for what happened. So I was, 'Okay, fine then. Obviously that's not what you want to hear' ...So I started telling her what she wanted to hear. And then she starts telling me that I'm doing all this self-blame and I should get counseling for it and blah, blah, blah. And I was like, 'Okay. You want me to take responsibility for it, but you don't want me to blame myself. So where is the fine line in there?' (interview #9)

Tracking down different pieces of risk reduction service plans in separate government offices was often delegated to parents by MCFD social workers with an apparent assumption that they would know how to go about putting services in place. Mothers spoke of feeling frustrated and sometimes demoralized while being held accountable for not catching on quickly enough to the logistics of accessing government services.

...To get (child's) day camp set up I had to go to Day Care Services. Nobody told me anything. I received a call yesterday. It was a pretty humiliating call, saying that I was irresponsible and that I should have done this. Nobody told me. I'm not an irresponsible person. I'm on top of everything because I'm one of those organized people...you know? And yeah, it was really humiliating. So I did what she told me to do and I went down and filled out the day care, and it turned out that I didn't need to...that she had made the mistake. (interview #4)

Mothers also emphasized the need to become attuned to the use of professional discourses and understand the significance of terminology before agreeing to any decisions. One mother mistakenly entered into an apprehension agreement when she was

very ill, thinking she was signing a temporary extension to her respite care agreement (interview #2). These two agreements carry with them very different implications for *MFC*D involvement with a family. While the latter provides flexible provision of child care as a family support service, the former relinquishes guardianship to the state. The following account demonstrates that it is not only parents that experience this confusion.

...Sometimes the way they say it...it's very confusing...like times in the case conference. And even the judge had a hard time, (saying) 'What is this, social worker's language?' Like, he was like it kinda didn't make any sense.

(interview #6)

Challenging ministry decisions that parents disagree with also involves considerable familiarity with government policy and practice, as well as navigating a multi-stage appeal process. The following is typical of several of the women's experiences, and describes the time and intellectual energy required to locate the materials, connect the various texts involved and gather the instructions necessary to participate in the system.

...The very first time I ever decided to appeal something with the ministry...I went down to the library...and they actually have all the regulations for all the ministries. Mind you it is very mind boggling trying to go through all those huge manual things, and try to figure out, okay, which piece applies to you...And then it's very difficult, just the way they write it because you have to keep on going from one part to another part to another part to another part to another part to put it all together. You know, they are always saying "subsection A(3)," or blah, blah, blah. So you have to sit there and try to put all that together.

(interview #3)

4. Assertive Researcher

...I'm one of those people that once I start digging I'll pull out a phone book and I'll start phoning just everybody. Because everywhere you phone that has something to do with children or whatever, they will all have a little piece of information that will end up leading me where I need to be. And I mean I've done it every time. ...But it was only through my determination. *(interview #3)*

Acquiring the new knowledge and increased skills necessary to achieve *desired outcomes* involves conducting independent research. Child protection workers may

connect parents to primary need services to facilitate mandated risk reduction plans (such as drug/alcohol or parenting programs), but parents require other information or sources of support that they must track down on their own. These may include affordable legal advice or an advocate to support them in dealing with child protection authorities, accessing specific counseling or support groups, obtaining services for their children and gathering information to carry out self advocacy when help is either unavailable or beyond their financial means. In this woman's account can be heard the time, thought and physical effort required to do library and internet research, check the accuracy of the facts she had discovered, translate them into written arguments supporting her children's rights to specific needs that were not being met by *MCFD*, and determine the appropriate positions of authority to whom they needed to be sent.

...I basically had to figure out what their rights were because I couldn't really understand by reading the child-in-care rights thingy...and then I found this page on this (web) site that said children that have been apprehended have rights...So, I printed that and I brought it to the social worker and I said, 'Is this true?' and she said well some of it's true. ...So that's when I started writing a letter saying according to section dah dah dah my children have the right to blah blah blah, ya know. So, it was a lot of letters and a lot of time. I don't know how I did it all.

(interview #2)

5. Cooperative Team Member Able to Integrate & Act Upon Instruction from Multiple Sources

Many aspects of risk reduction work can be regarded as team work. Mothers are expected to cooperate with representatives from a variety of government and community organizations by opening their homes, allowing themselves to be observed, attending meetings, accepting decisions and complying with conditions. Feeling themselves to be the vulnerable party if risk reduction plans falter, mothers are often placed in the position of sorting out responsibilities and adapting their activities to pre-established parameters set by these other work sites. For example, women spoke of trying to work cooperatively with foster parents while neither being permitted inside the foster home nor given assurance of timely telephone access. They described the scheduling challenges of accommodating various specialists working with individual family members. Case

meetings involve sorting through the recommendations of numerous participants. Women also spoke of feeling compelled to take up the slack if others did not fulfill their responsibilities or face being held responsible for the consequences.

...I mean the whole time when your kids are apprehended you're worried...Oh God...you know...the family support worker's going to show up at the house...She's...I'm not going to be there...she's supervising a visit...(ex) is supposed to be here...and I'm not supposed to have the kids alone. I'm supposed to pick them up and bring them over to the family support worker...you know...no questions asked. So, like this is bad. Um...plus, if I'm not on time that looks bad. I'm supposed to be perfect, you know? Which is impossible. (interview #2)

This mother had lost custody of her children to her former spouse, but had regular supervised access visits. The father was to have the children ready to go when she came to pick them up. Arriving to find them unattended and still in their pajamas compromised the terms of her access agreement, disrupted her planned activities and most frustrating to her, unfairly affected how she was perceived by child protection authorities.

Women also recounted the dilemma of being presented with contradictory expert advice and being judged negatively on the choices they made. In one case a messy house was of little concern to a public health nurse but indicated neglect to a child protection worker.

...when I first had (baby) I had a health nurse tell me when she came over to weigh her and everything, I was apologizing for the mess in the house and the dishes not being done. And she was like, you know, if I didn't see any dishes in your sink then I'd be worried because it would mean you weren't spending enough time taking care of your kid...Well, that's why it surprised me so much when (MCFD) made such a big deal about that. (interview #9)

A difference of opinion between a parenting expert and a family doctor placed the following mother in the uncomfortable situation of not following proper child care practice prescribed at a parenting course MCFD had required her to attend.

...there is one lady at (parenting program) that I didn't really get along with, but I dealt with her because of my children... you know, telling me what to do...You can't put sunscreen on your kid until they're a year. Well, that's not

true...My own doctor ...said, 'They are allowed having sun screen. Don't listen to what they're saying. They need sunscreen...Just don't put too much on them.'
(parenting program) was complaining about sunscreen and I just...I took my doctor's advice... (interview #6)

In both cases the women chose the option that they felt was best for their children, despite facing criticism for their decisions. Mothers clearly identified their need to support their own 'home team,' by working with or on behalf of family members in ways that did not necessarily reflect the institutional expectation of cooperation. Foremost among these was continuing to attend to their children's needs when they were placed in foster care. Women's determination to provide proper mothering often clashed with institutional perceptions about how children's safety and well-being were best achieved.

...I was going to the doctor...I had my breast milk tested. I pumped my breast milk...gave it to them... they sent it away and it came back negative... healthy... that wasn't good enough, so I went back and I typed up a letter on my computer asking questions...Is her breast milk safe? Is it healthy? Does it have cocaine in it? Do you think the child should be allowed to breast feed again? And (doctor) filled it all out and I brought it in to the social worker ...and she still wouldn't let me. (interview #2)



...And you kind of worry, like, (child) was really bothered about something. You know? And it's really hard to get things out of him...And then if you were to call the (foster home) that he was staying with, you can't get a hold of her. So I asked for a cell phone number. Which is reasonable...And I was refused, because it is a personal, private number, or whatever. (interview #4)

Parents of children with special needs have the additional challenge of combining child protection work with attending to their children's educational needs.

... School has definitely added a new dimension to the challenge...a lot of the teachers are not experienced in dealing with children that are AD/HD. You get a lot of the teachers sort of scrutinizing the situation...It almost felt like any excuse that she could find to send (child) home so that she didn't have to deal with him is what she did. It becomes a real big battle. You're having to fight for the extra

*help that, you know, he needs...(child's) time with the assistant is depleted...
because of budget cuts... (interview #8)*

The women were not always alone in their efforts, and recounted instances of parents, partners, siblings and extended family working together in a variety of ways to achieve MCFD expectations or to support each other through the trauma.

...if I hadn't had my Mom ...the support of my Mom. Like she flew out from Nova Scotia so that I could do this (drug treatment program), because (partner) has to work so my Mom's going to watch the baby. (interview #10)



...I had times that I'd have to go in my room and cry. And you know, (partner) would comfort me, and say, 'You're okay.' you know? It hurts, and that hurt him because it's hard to see your loved ones crying. (interview #6)



...I've got a best friend and her husband that are Auntie and Uncle to my kids. And I've got people in my church that are like aunts and uncles. So I've created this family for them (children) because we didn't have anybody. (interview #2)

6. Effective Organizer: Prioritize & Adapt to Achieve Desired Outcomes

...I took a bunch of classes...I took a class about how to make your meals last...two parenting classes...um...I went to Project Parent for nine months...I mean...not just organizing them...finding a sitter...getting to them...but, I mean the courses I took were at night...I was tired and I wanted to be home in bed...you know...I wanted to tuck (child) into bed and go to sleep. And because I was busy during the day. I did a lot of advocating for myself. I wrote a lot of letters. (interview #2)

This woman's comments reveal the layers of work needed to organize and carry out tasks that accomplish MCFD desired outcomes of acquiring new knowledge and increased skills. In addition to absorbing the required course content, she needed to arrange child care and transportation. Several of the classes took place at night delaying regular evening bedtime routines and lengthening an already busy workday. All of the women described behind the scenes planning, negotiating, coordinating and footwork to

facilitate interviews, case conferences, court dates, supervised visits, counseling sessions, courses, into existing employment and family related obligations.

...You have to have structure and routine in your own life in order to fit everything in and to deal with everything. (interview #8)

Women also spoke of the challenges of trying to incorporate activities into the risk reduction plans that *they* perceived to be important to achieving family strength and resilience. Finding time to play with children, attend independent counselling or develop job skills took a back seat to the institutional priorities that had been set in place.

...Like, between trying to keep the house spotless and everything in order and dealing with all these other things all the time, I don't even have time for my own children, which is supposed to be the whole point of this. But they have just filled me up with so much that I don't have time, and I really hate it. (interview #3)



...They had so much stuff, like, they want to make sure the kids were safe... And it was, it was quite a help, but there are some times that people do have to do their own things separate, too. Like, I'm going to counselling myself...not because of my social worker. I'm doing it for me and my children. (interview #6)



...(MCFD's) issue was that I was too busy in the community to be a parent...And this is where the idea was that ...I'm refusing to be a parent...a job I had...I got paid \$400. a month to help out at a women's recovery house. And I was there two days a week during school hours. Um...which was good...I learned lots...I was on the computer, I was working with the fax, I was working in the community, I was fund raising...the tools I got from that were phenomenal - you know - they're endless...they couldn't see that, you know. (interview #2)

Because mothers learn to be wary of institutional reactions when they deal with child protection authorities, they may be juggling additional issues and responsibilities of which child protection authorities are simply not aware.

...I was dealing with a lot of different issues that really they (MCFD) didn't even know about, 'cause I wasn't gonna tell them. I wasn't gonna tell them any

*more than they needed to know, because I trusted them as far as I could throw
'em.* (interview #3)

7. Problem Solve & Develop Creative Solutions with Limited Resources

*...After the kids were apprehended, they told me...my sitters were
'inappropriate.' I had to hire a nanny from an agency. And I paid ten dollars an
hour for a nanny. I worked...I had a housecleaning job so I used that money to
pay for it plus I used whatever extra I had. I was on a student loan, I wasn't on
welfare, so I budgeted to pay for that. But it was tough, you know?*
(interview #2)

All of the women in this study struggled with limited incomes that significantly limited their ability to provide for their families. They described a number of strategies they put into practice to comply with MCFD expectations. Food banks, clothing exchanges, non profit agencies and family were all invaluable partners in this work.

*...My mom helped me out with a washer. But in the meantime she was taking
my laundry home and washing it.* (interview #8)

Mothers who had approached the child protection system voluntarily for help with support services received some acknowledgement of the needs they identified but no money to put their plans into action. These women later found themselves reported to authorities and held accountable for suspected neglectful consequences. In effect, no funds were forthcoming until the circumstances were serious enough to warrant state intervention to protect children from their parents. Even then, services that were deemed necessary were not automatically provided. Funding responsibilities are divided between several ministries and the child protection concerns of one do not automatically translate in to the funding priorities of another.

*... ' We don't have control of the financial end of Human Resources, you know.
We don't have any clout there.' That was (social worker's) answer to me. I'm
just not quite sure how you are supposed to accomplish any of their expectations
without the tools to do it. And yet I am.* (interview #3)

All of the women found it troubling that there appeared to be sufficient government funds to apprehend children and place them in foster care, but not to provide preventive services that might have avoided that necessity. Equally troubling was that the child

related benefits they received as low income families from provincial and federal sources were quickly stopped or clawed back while children were in foster care. This made it extremely difficult for the women to improve, or even maintain, existing living conditions in order for their children to be returned home. The women were also called upon to pay for some of their children's expenses in foster care such as medicines or clothing despite the fact that their incomes had been reduced. They reported that processing the reinstatement of child benefits once children were returned home could take up to three months.

8. Demonstrate Consistency through Multiple Performance Measures

...and my God I was like, 'How dare you guys come in and take my baby? I've done everything you've asked me. I've co-operated 100%. I've never refused or canceled any appointments. I mean...I've done everything. It's just at the end...that last month things got off the track...but I mean, we thought this was all closing...and then boom...the Ministry is at the door. (interview #10)

Long-term stability is the ultimate desired outcome of government risk reduction plans and agency involvement with families. Parents must demonstrate their on-going ability to comply with *MCFD* expectations. In the initial phase mothers are closely monitored and evaluated during their interactions with ministry social workers and agency counselors. Unscheduled visits to family homes can take place at any time of the day or evening requiring parents to remain on-call to demonstrate their competence. Throughout their involvement with families, child protection authorities also link with credible partners in work sites such as neighbourhood houses, schools, daycares or medical offices to keep track of a family's progress. This network provides an effective parenting performance evaluation tool by ensuring maximum visibility in the community. Mothers were generally well aware of these multiple sites of performance evaluation and the sense of being constantly judged. Most of the women used this heightened visibility as a device to corroborate their progress in achieving *desired outcomes*, and feared losing the protection of these credible sources from future accusations once support services were withdrawn.

...my lawyer told me that if the Ministry pulls out then they'll pull (CAFCA) out. They'll pull back so all my supports are gone. Right? Then how do I prove

to them again?...They're (MCFD) going to look at me and they're going to say, 'No you're not... we want you to do this, this, this and this' ...and then where does that leave my baby...back in foster care again? (interview #10)

Staffing changes in these various organizations can also require mothers to prove themselves repeatedly. Women spoke of feeling vulnerable to spurious reports from estranged partners or former friends who bear them ill will or to the misconceptions of strangers. One mother with a chronic medical condition that affects her mobility had been approached by the police on one occasion and reported by parents at her child's school on another for symptoms of her illness that were perceived to be drunkenness.

Mothers also spoke of feeling held accountable for performance measures that were beyond their control. A typical example was managing unusual behaviours in their children, which they attributed to the trauma of apprehension and uncertainty about the future.

...It was horrible because after the apprehension the kids were just ...they were not my children... they were my kids in body and spirit...but not in behaviour... they were hitting themselves and fighting...like I'd never heard them fight before... and I was trying to control them and hold the baby and the worker was just shocked. And every time there was a behaviour problem it was about me. (Mom's) lack of follow through...her lack of parenting...her lack of control of her children...you know. (interview #2)

While concerns over ongoing evaluation of their parenting and the perceptions of others lead some women to withdraw from the community, others developed strategies to regain some control over their parenting activities and avoid direct scrutiny.

...I phone other organizations ...I'll get the phone book out and start phoning, without telling them who I am. So I'm just a voice on the phone. They don't know who I am, so they can't judge nothing. They can't come back and haunt me. (interview #3)

As this next woman's ambivalence about placing her child in voluntary foster care suggests mothers subject *themselves* to considerable scrutiny in addition to external performance evaluations.

...And believe me, it's no vacation for me. Like, even though he's not here, it's like he is, because I've always got him on my mind. You know? I'm feeling guilt, I'm feeling like, why did I do this? You know, like maybe there was another route. You know, and the route was parenting courses, which I've been waiting for forever. (interview #4)

As the focus group observed, regardless of the way women work with or around various forms of performance appraisal they fear that the scrutiny will never truly end.

- And the file is never really closed. They tell you, oh, we're going to close your file. And it's meaningless.

- It's like, yeah, we'll close it, but we'll open it whenever, whenever we want to.

- That's right. (focus group exchange)

All of the women expressed similar lingering fears that have potentially negative long-term consequences for interactions with society as well as for a mother's state of mind.

9. Motivated & Cooperative Demeanour: Emotion Work

...I have an anger problem, especially when it comes to them (MCFD). I'm the type of person that if I think it's important I will say it. And there is nothing that will stop me. I'm very honest and my husband and my mom think that's a big mistake. (interview #7)

Although she complied with many risk reduction expectations, the woman quoted above is one of two mothers in this study who have permanently lost guardianship of their children to the government. Producing the appropriate emotional responses is a skill recognized by all of the women as very important to working the child protection system successfully. As discussed in the section on risk assessment earlier in the chapter, parents are evaluated on their attitude from the outset. A mother's willingness to accept responsibility and desire to cooperate with interventions are both evaluated as risk factors. Observing decreased levels of depression, improved family relations and increased coping skills are performance measures tracked by *CAFCA* as evidence of achieving *desired outcomes*. The women described actively controlling their emotions or working to create the appropriate attitude because they believed to do otherwise was not in the long-term best interests of either their children or themselves.

...You really have to comply, and get your little pat on the head, get your tick beside your box. And then they are satisfied and you can go on your merry way. But I mean inside, yeah, there is a lot of anger. (focus group participant)

In her theorizing of emotion as work Hochschild (1983:148) observed, *'Between the 'what' and the 'how' of typing a letter lies the line between technical and emotional labour.'* James (1989:19) subsequently noted that emotional labour is often sorrowful and difficult. All of the mothers in this study were keenly aware of the institutional importance placed on working to achieve risk reduction expectations in an emotionally controlled and cooperative manner. The amount of conscious effort directed toward producing the appropriate demeanour was palpable in the women's accounts. For example, the previous chapter described the written and verbal instruction mothers receive in order to comport themselves properly during supervised access visits when their children have been apprehended. The following interview excerpt suggests the painful magnitude of the emotional work involved in producing the appropriate demeanour.

...And it was really hard to hold it together...but I did 'cause I knew if I broke down that would be it. You know you can't break down in front of (MCFD). If I broke down, then I'd just lose it. So, I had to hold it together... So, I didn't show anger...I didn't show pain...hurt... frustration...I didn't show anything to them. And afterwards they said how wonderfully we dealt with things. (interview #3)

Hochschild defines emotion work as having three distinct characteristics: it requires face-to-face interaction with others, produces a desired state of mind in others, and is monitored by a supervisor (1983:156). The many public sites of scrutiny described above, the intention of producing confidence in the minds of child protection authorities and allaying fears in the minds of their own children, and the on-going performance evaluation process, qualify mothers' contributions to child protection work as very demanding emotional labour. This emotional labour takes place within a social process (James 1989:21) that is organized by the worksites and contexts in which it is carried out. One participant, who now advises other parents on how to interact with representatives of the child protection system, sums up her strategy for managing this profoundly emotional experience in a calm and efficient manner.

...don't get highly emotional...don't lose your temper...be like we are...we're talking... you know like you're in a business arrangement. Because that's basically what it is. They have your kids...you want them...you know...pretend. And a lot of people they can't do that. (interview #2)

The women in this study described a variety of strategies they use to motivate themselves internally, in order to create the emotional state needed to successfully carry out this work.

...I'm going to go in there with a positive attitude. You don't want to go in there angry. You know? That will also reflect and you're already being judged. You know? I don't want to be judged any more than I'm already being judged. (interview #4)



...It gets stressful, but I deal with it because it's a part of life, and they are in my life until...you know...they're gone. And I deal with it...I know that my daughter got taken away, and I know it's not my fault. But I just have to have them in my life until they finally realize, 'Oh, well, she's doing good.' Which I have been. It's hard. But I cope with it. (interview #6)

10. Patience & Personal Resilience: The Work of Waiting While the Clock is Ticking

...Obviously you guys don't know what it's like to be a parent and have your kid taken. I don't care if I'm still fighting for him when I'm eighty. I'm going to fight you all the way until I get him home. (interview #1)

A striking facet of the mothers' accounts is the personal fortitude they must possess or cultivate in order to endure waiting for phone calls to be returned, investigation outcomes, court dates and decisions, access to their apprehended children, or spaces in required treatment and parenting programs. Although not stated as a *desired outcome* or measured as an indicator of success in institutional terms, the everyday experiences of women highlight patience and personal resilience as mandatory skills. One discussion group member summed up the key difference between the mother's position in the child protection hierarchy and those of MCFD or agency workers. *It's a job to them – but my life to me.* As such the work of waiting is described as all consuming.

Bureaucratic processes that take time to filter from work site to work site through the system, or being placed on waiting lists to access mandatory treatment/or skill development programs, are not merely an inconvenience that delays implementing risk reduction plans or closing a file. To mothers, waiting can mean not knowing where their children are, if or when they will be returned home, and under what conditions. It can leave women's reputations in the community as mothers in limbo. It can mean having little or no control over how their lives are organized for weeks and often months - one day at a time, twenty-four hours a day.

Waiting takes on an additional imperative for women whose children have been apprehended or placed under temporary custody orders. Two mothers feared a two-year time frame after which their children could be put up for adoption. Several others spoke of ninety-day supervision orders after which their children's status would be reviewed. While some feared losing their children for specified or indefinite periods of time, others simply dreaded the continued involvement of the child protection system if they did not meet expected performance improvement measures in time.

...I only got a couple hours visits with (child) a day and they told me that I would have to go and do Project Parent, and that took six months.

(Interviewer: Because of the waiting list?) Yes. (interview #6)



...When we did bring up things, they always had to go and investigate it...we keep waiting while they go and find the answers. They don't know any of them.

So that's frustrating. (interview #3)



...Yeah, waiting for services or decisions. I'm anxious. Yeah, and just kind of not knowing. You know? And that's the way it's been for the last little while, not knowing when they're going to come in. (interview #4)

This work of sitting beside silent telephones, anticipating the return of their children or waiting out the official decision-making process is completely ignored in assessment tools or outcome measures. Yet, it can strongly influence mothers' performances on risk factors that *are* tracked and measured like levels of cooperation or maternal depression and the capacity to cope with stressful situations. Waiting and uncertainty also threaten

the capacity of women to achieve difficult risk reduction expectations. Both of the women quoted below have been coping with substance addiction with considerable success. The waiting and uncertainty of the child protection process has severely tested their personal strength and resolve.

...at this point I have been trying to keep (children)...trying to keep them having hope, which is really hard because at this point I don't have any hope. Like, it's been two years. (interview #7)



...If I had of known they were going to give her right back to me, I probably wouldn't have done what I did that day (drug relapse). (interview #10)

11. Perform Effectively in a Challenging Work Environment

...You know...it was hard. But I made sure that when (baby) had visits there was formula, and there was diapers. I had lots of baby clothes that she never wore because I never had her home. (interview #6)

What has become evident from the accounts women shared, and which underscores the labour being made visible in this chapter, is the stressful atmosphere in which they carry out risk reduction work. While they had positive comments to make about their work with individual *CAFCA* counselors or other resource people in the community, their descriptions of interacting with the child protection system as an institution suggests a highly problematic working environment. This is particularly meaningful in light of achieving *desired outcomes* such as improving capacity to manage/cope with daily responsibilities, improving family relationships and changing personal attitudes. In the next account we can hear the chaos into which this woman's household was plunged as her thoughts and actions became organized not around family activities, but around anticipating random visits and producing the required state of domestic affairs.

...I'd been put through so much...and they invaded my house...I had between 5 and 8 visits a week...I had no privacy whatsoever. They were just in and out – in and out – in and out ...I didn't always know when they were coming. They'd just show up out of nowhere and I'm like – “Oh God, my dishes aren't done.” And you know – you're concerned cause the house isn't spotless or whatever. And God what are they going to nitpick at next? Why are they here? (interview #3)

The logic behind unannounced home visits as a child protection tool is straightforward, to catch families in the act of being themselves and assess the safety and suitability of the situation. This practice effectively transforms family homes into child protection worksites where mothers are always on call and subject to supervisory inspection. Women also spoke of the hurt and frustration that accompanied trying to contribute their parenting knowledge in settings that made them feel superfluous to the proceedings and disempowered to speak to their children's best interests.

...Like, there was meeting after meeting after meeting at the social worker's office. And I mean I went because I had to... but it was like I didn't have a say. The plans they were making didn't entail me, so I could have been there or not. Do you know what I mean? (interview #2)



...And the house where (child) lives right now, when we drop him off, we're not allowed to enter the house. I'm his parent. I should be allowed in there and see his room, and see his living arrangements, right? So that's bothering me and the ministry (says), 'Well that's the foster care parents' request.' (interview #4)

All of the women expressed considerable disquiet about the conditions under which they were expected to work. I asked the focus group participants how it felt to work in this kind of environment. They generated a lengthy list of reactions that included feeling confused, vulnerable, angry, disappointed, steamrollered and powerless. They further suggested that working under such conditions can lead to strain on mothers' mental health. Seven of the eleven women told me they had sought counselling to help to cope with the stress and uncertainty.

... I cried for like two weeks straight... some nights I couldn't sleep. Some nights I just wrapped myself in the cover and snuggled down into a ball and cried. I just didn't understand ...what I did wrong. (interview #6)

12. Recognize Risks & Initiate Preventive/Corrective Action

...When I got my file I started going through it. I started reading stuff. And I phoned my (agency) worker...And she said, 'Are you still dwelling on that? Can't you just leave it alone?' And I said, 'Well obviously you don't understand

what's going on here.' I said, 'Do you realize that my daughter is still having panic attacks because of what happened to her?' I was mad. (interview #2)



*...They (MCFD) keep on saying they're there for the children, but they really do not take the children into consideration whatsoever. They take everything **you** do into consideration. Not those children. It's you that has to take those kids into consideration. (interview #3)*

In the course of listening to mothers' accounts and then sifting through the transcribed data to construct this set of core competencies, something quite profound emerged. Amidst the details of how they accommodated various mandatory risk reduction activities, the women were also describing a conscious process of developing skills dedicated to protecting their children and themselves from risks inherent in the child protection system itself. Their disquiet about the how the process was impacting their families motivated them to develop strategies to document communication, become familiar with child protection policy, seek independent advice, learn to advocate for their children and themselves, monitor foster placements and make the most of the resources available to them. Women took up the notion of risk from their everyday standpoint as mothers, and carried out the work of protecting their children's safety and well-being, to the extent they were able within the confines of their marginalized position. This, in addition to participating in the risk reduction process as it is conceived from an institutional perspective. Their concerns were almost exclusively about their children, indicating that like the state, they too held the safety and well being of children to be paramount. They described actions they defined as abusive and neglectful during the apprehension process, questionable alternative care arrangements, flawed logic in supervised visitation strategies and weakening family relations.

A) Physical Neglect and Emotional Trauma During Apprehension

...And what they did, like, I would never dream of taking her out of somewhere, without changing her diaper, let alone feeding her. Like, that's not being a good parent...You don't just like snatch them out of somebody's house and take them somewhere they don't want to be when they are a colicky baby. Like, you just don't. It just makes them miserable...if they are supposed to be

showing me what it is to be a good parent, and that's what they are doing. Like, it makes me wonder, like, well then, what exactly is a good parent? (interview #9)



...when (MCFD) went to pick (child) up at school they didn't tell her she wasn't coming back. They told her, 'Mommy's really sick...and you need to come with me.' She thought I was dying and I didn't know this until a year later when she could verbalize it...No one told her she wasn't going back. They moved her to another school where she went to school the rest of September and October and then moved to her Dad's in November...And surprise! Today, she has major problems with separating. (interview #2)

B) Questionable Alternative Care Placements

...Here I am, I just went through this risk assessment, wanting to know if I was an abusive, neglectful parent. And here he's in a foster home where...she is being neglectful of his school routine, she's being neglectful of paying attention to make sure he's safe, and she's keeping him in his room so she can run her business and do whatever she wants to do...I'm not doing that bad of a job, that if he's in a foster home and she's being paid money to look after him, and she can't even provide him with everything that he needs. (interview #8)



...(child) should get the same care and treatment (in foster care) that he does at home, you know?...And we feel that he's not...Half the time he's dirty. Dirty clothes, or clothes that are three times too small...His teeth haven't been brushed in God knows how long. And I don't like that. You know, like at home that's not the way he's treated. (interview #4)

C) Flawed Logic in Family Visitation Strategies

...I love the foster parents – they're awesome - but the thing is that a lot of kids get very confused being transferred back and forth, back and forth, back and forth...Social services need to know that these children are not a ball you can throw back and forth. They are human beings... (interview #6)



...I was so afraid that if (baby) didn't see me for ...if a couple of weeks had passed by or something that I was afraid ...she would ...you know... she would forget... or get used to somebody else and just... it wouldn't matter, you know? Our bond would be broke...you know? (interview #10)

D) Weakened Family Relations

...I am now in a situation where the dad and I, we don't trust each other. It's destroyed our relationship as parents. And part of the whole plan, they say, you know, 'We want to be able to get you guys to be able to work as parents together.' And I'm like, are you out of your mind? You encouraged him . . . to like totally slam me. And now you want us to work together and that's one of your little check boxes. (focus group participant)

E) Specific Risks for Aboriginal Families

One of the two Aboriginal women in my research group voiced specific concern about notions of risk that were incompatible with the multi-generational oppression experienced by her people.

...they throw all of us in one big barrel and they treat us like we're all the same...But here I am, I've always wanted a better life. I've always wanted a different life for my kids, but how are you supposed to do that if they just keep throwing us in this big barrel and saying, 'Oh, you're just like them. We're just wasting time on you.' You know? ...Me and my husband have done a lot in this past two years. And they don't want to see it...Like, I know that every person is equal, but we are not set up that way. The life that I have lived with my kids was ten times, twenty times way better than the life that I had as a kid. Sure I'm grateful that there are social workers in the ministry, they are supposed to keep the best interest of the child in their head. But I don't see them doing that, because the best interest of the child is to get them back home with their parents... In my eyes they're not doing that...And it doesn't make sense. (interview #7)

Finding the Strength & Personal Resilience to Participate in Child Protection Work

*Every time they get involved,
I'm so scared that they're going to be there forever. You know?
That's how I'm feeling now. Am I never going to be over this?*
(interview #3)



*...You have to stay positive. You really do.
And you have to find the humour in things to get through it.*
(interview #8)

The mothers who took part in this study openly acknowledged that they did benefit from the kinds of services agencies like *CAFCA* provide, as can all mothers and fathers at certain times in their parenting careers. They also acknowledged that government had an important role to play in keeping children safe from harm and that families sometimes need supportive intervention from the state. Women responded in very individual ways when I asked them what gave them the strength to persevere in their child protection work. Some were motivated by fear and others by hope, but their common motivator was attending to the best interests of their children while preserving the integrity of their families.

*...Fear of losing my kids...the fear of it all. And I'm one of those people that
...I guess I can't stand for somebody else to win, especially in a situation like that,
where I felt that they were so wrong.*
(interview #3)



*...I feel like I'm being judged because my son is in care. But I put him there.
You know? Like I put him there because we wanted help.*
(interview #4)



*...I love my kids a lot. It took a long time. It took a year to get my (child)
back. But I fought. I never gave up.*
(interview #6)



*...Even though I hate it so much...maybe there is something here for (kids) to
learn also. I am not the only one learning from this whole experience. I'm*

hoping that when I do get them back, we will have a better life...I know they have a better life than did. And I know I have a better life than my mom did.

(interview #7)

In sum, the *MCFD desired outcomes* organize mothers' risk reduction work around developing the knowledge, skills and attitudes required to modify or enhance parenting skills and coping strategies. However, many of the skills that mothers must focus on developing and refining are those that help them to successfully comprehend and navigate the child protection system and protect their families from risks inherent in the process. Ironically, they develop a personal strength and resilience largely derived *not* from professional child welfare expertise, but from their everyday trial and error experiences of working the system.

...You sit back and let them do the talking, which is always the best thing to do with the ministry. Let them do the talking...Figure out how to go around them and respond to what they want. And like I said, more often it's just a big game...It's almost like a board game, I swear. They make their move...We counter move.

(interview #3)

Chapter 7:

Wrestling the Ruling Apparatus

...when your kids are apprehended...your lawyer says to you, 'Well if you agree, you'll get your kids back faster.' But that's not really true. Like what happened with me is my lawyer suggested I agree with them. Now, if I agree with them that means I believe everything they're saying about me. But I didn't. I know I had work to do. But I really didn't think I was that bad of a Mom.

(interview #2)

Child protection work is carried out amid pressures on the state to manage social problems efficiently without undermining the possessive individualistic values of the wider society. There are multiple mechanisms at work, including government policies, professionals' self-protection practices, as well as the class and gender experiences of parents and children. Smith (1990:2) conceptualized the *ruling apparatus* as consisting of the multiple intersecting practices of administrative management and the authority claimed by powerful discourses that regulate and organize contemporary capitalist societies. The dilemma described by the mother quoted above demonstrates how dominant discourses within government, the legal system and the helping professions, along with their attendant administrative priorities, stand in contrast to what a mother believes to be true from her lived experience. Her disquiet about the way she was officially perceived, and the options that were subsequently available to her, eloquently illustrate how ruling is manifested in the child protection system along with the dynamics of structure and agency at work in the process. One branch of the ruling apparatus has taken her children away from her and the representative of another is advising her to acquiesce against her better judgment for the sake of bringing the case to an expedient end.

The preceding chapters have explored how mothers enter the child protection system, the process through which they become actionable as risks to their children's well being, and the considerable risk reduction work they undertake as a result. The traumatic experiences of all the women in this study made them painfully aware of how elements of the ruling apparatus combine in their everyday lives to create the power imbalance that

constitute relations of ruling. The following reflections of two mothers provide insights into the profound effects that this kind of awareness has on their thoughts and actions.

...I always I felt nervous of the Ministry being around here...because they have that much power. I felt whatever you say I have to just go along with. Just shut up and go along with it and agree with whatever you say...because I...the fear of them taking my baby was there when I was pregnant, right. I carried that fear around for nine months...and then I carried it around every since she was born, right? So...she's my life...I mean I just can't even imagine...if they ever took her and put her in foster care again...I just couldn't even imagine going through that again.

(interview #10)



...I hate that they have all the power. Because even though I've fought and I go on and stuff, they still have all the power. 'Cause they can walk into a person's life at any single time and hold your children for ransom, and make you do whatever they want you to do. And they are not answerable to anybody...even when you bring it up with a judge. Like we brought it up, to Judge (NAME) ...And all (judge) said was, 'Well, that was then and this is now.' But my God, had it been us that lied... it would have been like a half an hour grilling us session about why we lied...They are not answerable to anybody. Then...then you are supposed to go to their supervisor if the social worker screws up? Well, guess who's telling the social worker what to do? They are not allowed to do anything without consulting their supervisors. So who are they answerable to? They are God. They can take your children away and win basically. And it's not right.

(interview #3)

Government preoccupation with reducing the role of the public sector in the provision of social services while regulating ever more efficient forms of risk management has created an environment in which individual mothers become little more than a tabulation of risk factors. The work of delivering the desired risk reduction outcomes is then contracted out to social service agencies. Ironically, despite the carefully organized process of monitoring and evaluating mothers' performance during risk reduction activities, there is little or no awareness within the system of the critical work that these

women contribute to achieving the desired outcomes. In addition, mothers are held accountable for risk factors that are largely beyond their control, such as poverty or having been the victim of past abuse. Ironically, as we have seen they also are expected to compensate for service gaps in an increasingly understaffed and overstrained public service. Ultimately, mothers' work is crucial to implementing the institutional practices of the leaner and supposed more efficient neo-liberal ideology.

In the eyes of the women who participated in my research, the institutional control that is exerted over their daily lives is personified in the *MCFD* social worker managing their child protection file. As the following interview excerpts illustrate, mothers hold this individual worker responsible for the consequences of decisions surrounding their children and themselves.

...It was just coming up to two years. And after two years they close your file. And I only had, like, maybe a month to go, two months to go before they closed my file when they, when (social worker) apprehended my kids. So I don't know, it could be just my thinking, but I think she had it all set up that way. And she knew that there would be no way for them to keep an eye on me. (interview #7)



...with the social workers it was, 'You're guilty until proven innocent.' And I look at the court system...and I mean like I look at that trial of Reena Virk... All those people were innocent until proven guilty...They got more...they had more rights than a Mom who loses her children. And from the evidence they're guilty...but they still have more rights...do you know what I mean? ...Like, nobody would look at my evidence. And there was one social worker that got to look at it and it didn't mean anything. And part of my problem with this system is that the social worker has too much power. (interview #2)

The mothers' focus group reinforced these comments in a brainstorming activity that generated a list of phrases to describe the impact of working with *MCFD* and how working in this environment made them feel. Their descriptors stand in sharp contrast to the perceptions of social work students poised to enter the field, which appears in a BC Association of Social Workers recruiting pamphlet. The first two of the following charts present excerpts from lists compiled by the mothers' focus group and the third is from the

social work recruiting pamphlet. Together they provide an enlightening illustration of how policies and procedures in the child protection system organize the activities of well-meaning and caring practitioners into forms that are perceived to be less than helpful to their clients.

Table Five: Mothers Working the MCFD System ‘...in a Word’

One-sided	Uncompromising
Not knowing our rights	Punitive process
Lots of work (2)	Unsupportive
Contradicting	Insensitive
Family torn	Aftermath
Lack of follow-through	Waste of time and money
Mother’s experience unacknowledged (no sense they appreciate this)	Social Workers focus on the negative (biased observation and recording)
Mistakes/Inaccuracies	Too many social workers
Job to them – my life to me	Uncaring
Hurts children - lifelong consequences	Changed how I act/think

Table Six: How Mothers Feel While Working in this Environment

Lied to	Violated	Uninformed
Misinformed	Misled	Vulnerable
Mental health problems	Steamrollered	Angry
Confused	Mad	Frustration

Table Seven: ‘The Power of Relationships’

...from list compiled by social work students (BC Association of Social Workers, p. 6)

Problems get solved	Families function	Anxiety decreases
Stress is managed	Loneliness is lifted	Houses become homes
Self-esteem increases	Emotions are healed	Loneliness is lifted
Life is more manageable	Fears shrink	Trust develops
Families reunite	Prevention outweighs treatment	Justice is served

Clearly, mothers under investigation experienced the ruling apparatus as coercive and disempowering, leading to a loss of control over their decision-making and actions. Yet, as the previous chapter revealed, within the confines of this institutional framework they also made proactive decisions on behalf of their families and themselves. They identified opportunities to tap into the influence associated with individuals occupying more powerful positions in the child protection hierarchy than their own. Principal among these was the counselor assigned to them from *CAFCA*. The role of the contracted agency occupies a place in the relations of ruling poised precariously between the authority of the state and the everyday lives of the clients they serve. Mothers

approached working relationships with their counselors with a degree of caution, knowing these individuals were an extension of the government with attendant loyalties. However, they clearly valued and made use of the knowledge, credibility and resources counselors possessed to navigate a time of great trauma in their lives. Of central importance appeared to be clarifying risk reduction expectations, providing authoritative confirmation of their cooperation in risk reduction work, the provision of emotional support, and mediating for them with a seemingly inaccessible government bureaucracy. The following quotes provide examples:

◆ ***Supporting parents during the risk assessment process***

...When it came to even doing the risk assessment, she tried to prepare me for it before the worker even came by trying to explain it to me. That did ease a lot of the tension. It's just the way that they came in and the social worker just sat down and just started plowing through it, without saying, 'Listen, we're not accusing you of anything. This is just what we have to do.' (Counselor) was very supportive through the whole thing. If I didn't understand something or if I looked too confused, she told (social worker) to stop and she'd try to explain it to me. I think that it would have gone a lot worse had she not been here.

(interview #8)

◆ ***Mediating Between Mothers and MCFD***

...We arranged a meeting with (MCFD) and (CAFCA counselor) helped me with that 'cause I've had my concerns with my social worker. And she helped me with that, arranged it all. And we usually go to case conferences together if she has time.

(interview #6)



...She works as a really good mediator between me and my social worker. And she explained to them, 'Listen, this mom...there is no way that she can do this 24 hours a day for the next month. Something has to be done.

(interview #8)

◆ ***Vouching for Progress on Risk Reduction Plans***

...I find that she, my (counselor) is very good with letting (MCFD social worker) know how you're doing and how the kids are doing and everything.

(interview #6)



...Like, she works with the ministry so she would have...um...a folder, especially when we went to court. If we went to court again she would be able to say, 'Yeah, I did meet with (mother).' I met her way more than I met the social worker. (interview #7)

◆ **Emotional support**

...there was a time I was crying...I was really sad...and she talked to me and she made me feel really better...She's awesome. I trust her. (interview #6)



...She listens to me...She listens to me. (interview #8)



...It was just like somebody to talk to pretty much. And I had wanted that at the time, anyway. So it was really nice. I actually really enjoyed being able to work with her. (interview #9)



...I've even had lots of phone calls with her and she was always someone I felt I could talk to or ...you know what I mean...about anything. (interview #10)

Perhaps the most compelling evidence of mothers' optimizing their working relationships with their counselors, both as a resource in risk reduction work and to compensate for their lowered status and compromised credibility, is the distress they voiced over the withdrawal of this support. Mothers felt cut adrift in a system that does not value their participation or listen to their concerns.

◆ **A mother whose child is in temporary foster care said –**

...I think they should make sure that parents have support. You know, even with their children in care, even though he's not here, I still need that. You know, and it would be great to have (counselor) still here. ...They were told to close the file. They said there was no protection issues anymore. (interview #4)

◆ **A mother whose children have been taken into permanent care said –**

...as soon as they got the Continuing Care Order, I didn't have a (counselor) anymore. I think that's really...I don't think that's fair considering I am still

wanting my kids and I still am trying to get my kids back. If they are supposed to be there for the family, why am I getting shut down? I still do have a family.

(Interview #7)

◆ **Three mothers with children at home under temporary supervision orders said –**

...I did ask the CAFCA workers at the beginning. I said, 'What sort of use are you anyway? Once the Ministry's gone, you're gone. Whether I need you or not, it's redundant...And they said, 'Well, actually, unfortunately that's the way it works.'

(interview #2)



...I don't really have anybody...and now what happened is that (MCFD) has said that, you don't need any more visits with (counselor) that there is no need for it. But I really don't agree with that because my (child) is still in care. I do need to talk to somebody about what's happening.

(interview #8)



...my lawyer told me that if the Ministry pulls out then they'll pull (CAFCA counselor). They'll pull back so all my supports are gone. Then how do I prove to them...how do I say 'Hey, somebody listen...hear me?'

(interview #10)

The institutional ears of the child protection system appear resolutely closed against the impact of risk reduction strategies on the everyday lives of individual mothers caught within its mandate.

Penetrating the Din of Competing Discourses in Child Protection Policy

Child Welfare legislation is the means by which a society prescribes how it will address the balance of interests between the parent's right of control over their children and family life, and the state's right to intervene in order to protect a child.

(Durie and Armitage 1995:4)

The process of determining government responses to child protection concerns is rife with tensions between discourses representing competing claims of rights, needs and interests. Fraser (1989:162) noted that this 'uneasy coexistence' is distinctive of discussions around social welfare policy in late capitalist political culture. Inequities between the discourses that represent different perspectives cause the validity of some

claims to be taken-for-granted while others struggle for recognition. Many current bureaucratic regulations and accountability practices stem from the pressures of neo-liberal ideology within government to spend wisely, be efficient, and avoid excessively accommodating those who should be helping themselves. Relations of ruling can be seen in government responses to competing claims, which discourses have the power to define issues and interpret needs, and whose best interests are ultimately served. In his analysis of neo-liberal tendency to intensify regulation of issues defined as risks, Hunt noted

...The rules and prescriptions for individual conduct devised by alliances of bureaucrats and experts, frequently pressured by one of more social movement organizations, are highly formalized and take little or no account of the practices of the everyday world. (2003:178)

Nancy Fraser described the influence of dominant discourses and their distinctive style of operation on social policy as a *juridical-administrative-therapeutic state apparatus* (Fraser 1989, p. 154-55). According to Fraser, the linking together of procedures representing these three elements enable the needs of various groups of individuals to be made institutionally actionable as legal, administrative and therapeutic matters. *Juridical* elements speak to the assignment of legal rights upon which eligibility for certain services or benefits are determined, such as the privileging of children's rights over those of the family. Individuals gain access to needed benefits only through conforming to specific needs criteria established by the *administrative* element, like the standardized risk assessment tools through which parents become institutionally known and actionable. The distribution of assistance through social programs is typically intended to help normalize or reform. Consequently the *therapeutic* element, such as the risk reduction activities endorsed by professional organizations such as *COA*, becomes influential in determining which services will be provided. While it is not within the scope of this research to undertake an in depth analysis of the policy formulation process, a summary of the emergence of the current legislation emerged offers insight into specific discourses have influenced child protection.

During the first half of the 1990s, the recommendations of two landmark Community Panel reports heralded a desire for change in BC's child protection legislation and policy to better address the needs of both parents and children. As noted earlier BC's child

protection policy lagged behind many other provinces with a highly invasive and aggressive approach focused on finding causes to apprehend children from abusive parents rather than providing supports to keep families together. *Making Changes: A Place to Start* (1992) offered 160 recommendations that acknowledged the role of poverty as an underlying issue in child welfare and pointed to the need for community involvement in family-centered, cooperative and supportive policy and practice. *Liberating Our Nations, Liberating Our Children* (1992) contributed over 100 recommendations and called for holistic and respectfully implemented child welfare services to First Nations families run by the Aboriginal community as part of a shift toward self government (Durie and Armitage 1995:ii).

Aside from acknowledging preferences for ‘least intrusive alternatives’ and ‘family preservation’ strategies that limited the right of the state to intervene in family life, the new *Child, Family and Community Service Act (1994)* fell far short of the panels’ recommendations (Cruikshank 1995:4-5). In their review of the legislation creation process, Durie and Armitage (1995:83-84) noted that the process that informed the *Making Changes* document consisted almost exclusively of government managers/policy people and invited experts from the child protection field. Hearings were formal in nature with inadequate notice provided to service consumers, thereby discouraging participation from already marginalized groups such as low-income women and cultural minorities. The smaller and more focused nature of the *Liberating our People* panel yielded recommendations that were more reflective of the Aboriginal community. However, the actual writing of the legislation was confined to a small number of policy-makers within the government bureaucracy.

In the midst of this process, the very public scrutiny of the experience of one little boy whom child welfare policy had failed to protect had enormous impact on the new legislation. The 1992 death of five-year-old Matthew Vaudreuil prompted the *Gove Inquiry (1994-95)* into this child’s tragic life of abuse and eventual death at the hands of his mother. Despite the rarity of such terrible events, the reports of the legal and administrative experts commissioned to inform the inquiry were highly critical of child protection policy and practice in BC. The recommendations of Judge Thomas Gove reflected his legal perspective by assigning blame and determining punishment based on

specific acts committed by a ‘bad mother’ and ‘incompetent social workers.’ Underlying factors such as a child protection system that offered only short-term remedial training to a struggling mother in need of longer-term support were ignored (Armitage 1998:105). Judge Gove was adamant in his juridical decision that the primacy of the rights of the child should remain the central consideration in child protection legislation and practice. Armitage warned that judicial inquiries conducted in a media- sensationalized environment ...*provide a poor forum for policy-making* (p.105).

Goves’ amendments to the originally proposed legislation upheld protection of the child as paramount over the consideration of any other interests (Durie and Armitage 1995:ii). The policy that emerged, emphasized better case management and administration to prevent recurrences, moving child protection work into line with the increasingly influential neo-liberal risk management discourse. The subsequent adoption of the goal-oriented, standardized *Risk Assessment Model* lent itself well to the routine of the bureaucratic organization, controlling and coordinating the work of individuals in numerous local sites (Swift 1995:51-52). The quantified assessment categories and decision stages facilitate transparent accountability through outcome-oriented measurement. The consensus-based decision format increases the appearance of credibility and accountability of ministry actions. The bureaucratic approach is impersonal and requires less attention to the specifics of individual cases. In addition, policies and procedures that are premised on standardized risk factors as individual pathologies within parents, but that exclude the parent’s individual needs, make possible the lowered priority of preventive family support services in government fiscal planning. Short-term targeted responses to a narrow range of risks are presumed to be the most cost efficient, if not ultimately effective, course of action.

Conspicuously absent from the final legislation was the community panel’s call for acknowledgment of the importance of the principles of dignity, respect and equity. The recommendation had been rooted in the belief that poverty and gender inequities were causal factors in child abuse and neglect that must be addressed in child welfare legislation (Durie and Armitage 1995:43-45). The failure to include these principles has allowed poverty and the power relations between parents and government to remain problematic in the practice of child protection and in the provision of support services.

Critiques quickly emerged from within the ministry and the office of the Child, Youth and Family Advocate. Of particular concern were barriers that have a direct impact on the accurate assessment of family circumstances, particularly the lack of recognition of parental strengths and holding parents accountable for risk factors that are beyond their ability to change. An important study *Best Practice in Child Welfare: Perspectives from Parents, Social Workers and Community Partners* (Callahan et al. 1998), explored the perspectives of both providers and consumers of family support services who are directly impacted by child protection policy. Initially, separate chapters were planned for the contributions of parents and social workers, but the concerns of these two groups were found to be so congruent that they were combined in a single chapter. The findings of Callahan et al. strongly reinforce those of my own research and highlight the critical importance of the working relationships between mothers and child protection professionals. Here are a few of the concerns reported to the researchers by both parents and social workers (*excerpted from pages 14-16*).

- ◆ *The fundamental job of the social worker is to determine the safety of the child and hence the first encounter between workers and parents can be fraught with suspicion.*
- ◆ *Parents feel the need to lie to the worker for to tell the truth is to risk the removal of their children.*
- ◆ *Workers may also feel that they are lying to the parents. When offering to help parents, they are also collecting evidence about their parenting, evidence that can be used in court against parents.*
- ◆ *Best practice was most likely to occur if social workers conveyed respect for parents as human beings, began with an appreciation of their strengths and were honest about their assessment of the situation...*
- ◆ *Both parents and workers talked about a policy of surveillance where workers watched parents and management watched workers to make sure that no one made a mistake.*

Clearly the policy of using the *Risk Assessment Model*, within the mandated imperative of child safety above all other factors is problematic from the perspectives of both child welfare practitioners and parents. This is somewhat ironic in light of the

mothers' perceptions of social workers expressed during my own interviews for this research. The researchers concluded that child protection policy had become as much concerned with public image as fulfilling the public service mandate. As one District Supervisor confided during the study

...(The ministry) works in the opposite direction of personal growth and yet we are expecting our clients to grow...it is almost abusive. Not supporting growth, not supporting change, not supporting anything except keep your Minister pleased, keep the politicians pleased. Keep the reporters away.

(Callahan et al. 1998:57)

In such an environment, a social worker's professional judgment is curtailed and her practice is subsequently constrained. Culpitt (1999:39) noted a general tendency for social policies based on risk management to become preoccupied more with case management than actual casework. The *Risk Assessment Model* and the *Practice Standards for Child Protection* which guide it, reflect the importance placed on accuracy and accountability through clearly stated step-by-step procedures using established ministry-wide guidelines and indicators. The requirement for consensus-based decision making in each stage requires documentation by social workers and approval by their supervisors. Staff who may wish to deviate from ministry prescribed practice to employ an alternative strategy on behalf of families may risk disciplinary or legal action.

The BC Child, Youth and Family Advocate was never mandated to speak on behalf of parents, however, the high numbers of complaints and requests for help from parents prompted mention in the 1998 Annual Report. While advocacy for parents remains entirely dependent on community resources and initiative, the report did acknowledge the consequences of focusing on child protection rather than family support services.

"Too often, services are offered only when a major crisis occurs." (p.27)

In a special report the following year, the Advocate again drew attention to complaints received from parents citing lack of respect from social workers, lack of proper investigation of family circumstances and lack of information provided to parents by the ministry *Children and Youth (1999:48)*. In the same year, BC's Children's Commissioner conducted a multi-disciplinary investigation across the province to reflect on a variety of child welfare issues. Entitled, *The Status of the Child and Family Service*

System in BC: Regional Issues for Managers and Front-Line Service Providers, the study raised a number of concerns, including the lack of prevention services that keep children and families together.

...Many parents realize that they cannot parent well without resolving their own issues, but there seems to be limited support for them to address these issues while parenting. (p.21)

The report further acknowledged that,

... 'neglect' can stem from poverty, cultural differences, and youthful parents. If you have the money you can access the supports you need. If not you're wait listed for programs and often don't get access until you reach the crisis point. (p.27)

The reflections of the agency counselor I interviewed for this research reinforced the continuing relevance of these concerns. She noted how changes in policy directives and service cutbacks have impacted the nature of her work with families.

...Well, housing and daycare and community referrals...when I first started I did a lot of that stuff. I mean I might have had a case for four hours that was just to find daycare for this family. And I went and I did that. And that was it. And then it was a case closed, end of story. The family may never come back. You know? But now if I'm to find daycare it's because there's like five other big things ahead of that. (CAFCA counselor interview)

Prioritizing Identified Risks to Children over Family-Identified Needs

Despite the concerns voiced by parents, practitioners and advocates, child protection policies have persistently failed to strike a balance between reducing risks to children and addressing the needs of families. The deep roots of this dilemma can be linked to assumptions underlying *possessive individualism* (McPherson 1962) and patriarchy. C.B. McPherson described the individual in a market society as possessing free will and control over his own thoughts and capabilities *...for which he owes nothing to society* and, therefore, has the freedom to voluntarily enter into self-interested relationships (pp.163-164). Yet, our male-dominated society persists in holding individual women responsible for providing unpaid care and protection to children. These powerful, if contradictory, expectations are reflected in decisions that define and mediate the rights

and needs of individuals, families and the state. Dally (1988:118) noted that self-reliance as the dominant feature of individualism, justifies withholding help from those who are not self-reliant. Fraser (1989) has asserted that provision of social welfare programs based on these assumptions denies women's rights and needs, as they are watched and controlled by the state bureaucracy. Women in these circumstances become ...*the negatives of possessive individuals* (p.132).

Social welfare policies, particularly child protection policies, are distinctly feminine territory (Fraser 1989, Baines, Evans and Neysmith, 1993, Swift 1995). Women constitute the vast majority of unpaid caregivers and are held responsible for raising the next generation, while women as the majority of social workers are charged with the responsibility of holding their sisters accountable for carrying out the work satisfactorily (Fraser 1989:145-47). Child protection policies may appear to be gender-neutral, yet class and gender subtexts (Smith 1987:4) have a significant impact on the everyday experiences of mothers who work the system. Risk assessment approaches, in particular, reinforce western middle class presumptions of equal opportunity and personal responsibility which hold individual mothers accountable for circumstances over which they often have little control (Krane and Davis 2000:40). Lower-class women, by virtue of their increased levels of dependence on income assistance programs, are particularly susceptible due to their increased exposure to state scrutiny (McMahon 1995). The focus of child protection investigations is ultimately directed toward individual poor mothers who do not possess the resources to live up to expectations of good mothering. Yet, blaming women and channeling them into risk reduction work such as parenting or budgeting courses cannot transform inner city neighbourhoods into healthy living environments, insure family-friendly working conditions and wage levels, or create caring supportive communities and adequate social programs.

In his seminal work on child welfare reform, Brian Wharf (1993:7) noted,

...child welfare reforms are typically directed at improving the co-ordination of services by rearranging departmental and agency structures, or at increasing the number and adequacy of services and occasionally increasing the priority of preventive programs. This preoccupation with the adequacy and co-ordination of services has

diverted attention from the assumptions that underpin child welfare and from the larger social policies that effectively set the context for child welfare.

What child protection legislation chooses not to identify and rate as risk factors on assessment tools are also factors that reinforce class and gender disparities. These include the potential *threat of harm* created by political decision making at various levels of government that give primacy to public fiscal restraint and private corporate business agendas. In so doing they fail to protect children and their families from risks such as eroding employment standards, gendered wage inequities, long-term poverty, inadequate availability of safe affordable housing and quality day care, violence against women and the continued devaluing of women's unpaid care giving.

Chapter 8: Conclusion

I began this thesis with the following research problematic:

How does the present child protection system, defined by a risk assessment work process and instruments, organize the everyday lives of the mothers it investigates and how does their work contribute to the overall risk management process? Are there inherent 'risks' to these women as individuals and to the strength and resiliency of their families?

The women who so articulately shared their experiences in this research identified numerous ways in which their everyday lives were permeated and organized by the child protection system. For some, their lives were affected from the day their children were born, while for others it came as the culmination of a series of challenging factors. Common to all of these women's stories is the profound and lasting impact the experience has had on their sense of themselves; as mothers, as individuals, and as members of their communities. Perhaps chief among their insights was the all-consuming nature of the work they contribute to risk assessment and reduction, and the incalculable cost to them of failing to do the job well enough.

Policy and practice related concerns are evident from the moment the child protection system enters women's lives. Despite over a decade of concentrated effort in BC, including changes in legislation, policies and procedures and even the creation of a new ministry, the experiences of mothers in the system have not improved. In light of continued cuts in social support services and government personnel, their working conditions may, in fact, be worsening. The responsibility for risk reduction is ostensibly assigned to social workers and then contracted to social service agencies, but skilled responses from mothers are required for the work process to be effective. Many aspects of the textually mediated investigation and risk assessment process create significant emotional and logistical challenges for parents, yet there is no demonstrated awareness by the *MCFD* of the demands the process places on families or the consequences it creates for them. Specifically, the *Comprehensive Risk Assessment Tool* is discriminatory in that it thwarts parental participation and devalues self help efforts in overcoming past experiences, while leaning heavily on a parent's own family history to

evaluate their present parenting abilities. The notion of risk as an organizing framework directs child protection workers to focus on faultfinding and risk rating, which both frightens and angers mothers, ultimately reducing their willingness to work with community resource people.

The women in this study who had voluntarily reached out to the *MCFD* for help felt they had been set up for failure in approaching the ‘system’ for help with poverty-ridden, chaotic, stressful lives. Requests for assistance were likely to result in an investigation or threat of apprehension rather than in offers of support for the family. When apprehensions did occur the women were afforded little demonstrated respect during the process, including no acknowledgment of their feelings. For example, they cited the terror of having their children taken without warning or insufficient *MCFD* investigation into the circumstances that prompted complaints, resulting in unnecessary removals. They were given no information about where their children were being taken or when they would see them again. The distress this causes cannot be dismissed as a temporary response to the ‘necessary evil’ of removing children to ensure their safety. Mothers experienced intense and lasting feelings of anger, fear and alienation that led them to become defensive and untrusting toward both *MCFD* workers and even their own support network. As a consequence of *MCFD* actions, mothers had great difficulty accepting and trusting *CAFCA* or other community agency personnel simply because of their connection with *MCFD*. They believed that the investigation itself, and by implication *CAFCA*’s risk reduction service plan decisions, were based on observations that did not take the very stressful context of the child protection process into consideration. They also felt at a distinct power disadvantage in their interactions with representatives of various arms of the ruling apparatus (legal, medical, bureaucratic). This is particularly problematic for them when very young social workers and counselors with limited life experience, and/or no children of their own, conduct assessments and determine risk.

Once this process had rendered mothers’ everyday lives institutionally actionable as standardized risk factors, risk reduction strategies frequently kept mothers under scrutiny and accountable for issues they felt were not applicable to their current family circumstances, or required material resources that were simply beyond their capacity and/or their control. For example, government cutbacks that reduce the availability of

social supports such as day care and transportation allowances, as well cuts to school and community-based support programs, are making mothers' work of raising their children in poverty increasingly difficult. As a result, the women felt much of the risk reduction work they were expected to do was simply 'going through the motions' or involved lessons in skills they already knew but for which they had to prove their competence. In addition, required courses were frequently tailored to the needs of very young and inexperienced parents, making some women feel out of place. They felt belittled when course instructors assumed a prescriptive 'I am the teacher - you are the student attitude' that did not acknowledge the experiential knowledge mature mothers had accumulated.

This research clearly demonstrated that mothers are not merely passive recipients of risk reduction instruction or treatment. The amount of critical but unacknowledged work that these women felt either compelled or motivated to contribute to the child protection system was considerable. Increased awareness of class inequities in recent years has produced new terms in child protection discourse, such as 'good enough mothering' or 'minimum community standards.' Yet the effects of deeply entrenched patriarchal views in current risk assessment and reduction strategies continue to render the work of mothers to be devalued to the point of invisibility. The *desired* (or, more properly, required) *outcomes* are set down in risk reduction plans with specific goals, responsibilities and expected time frames assigned to mothers. However, the actual effort required to achieve them is framed in terms of the work carried out by social workers and agency counselors, not mothers. Mothers' critical contributions are reduced to case management issues such as levels of parental cooperation with interventions and outcome measures.

It also became apparent during this research process that beyond performing the work stipulated in risk reduction strategies, mothers take on considerable responsibility for shortcomings in the system. They must become familiar with the working milieu of government and overcome the barriers of an overloaded, understaffed bureaucracy, in order to carry out what is expected of them in a 'cooperative' and 'consistent' manner. To be successful this requires core competencies including effective organization and communication skills, persistent research and problem solving ability, production of appropriate emotional responses, as well as significant amounts of patience and personal resilience. These skills are employed in a highly scrutinized, time-sensitive working

environment in which authorities focus on finding gaps or inconsistencies in performance.

In addition to producing the work necessary to meet desired outcomes and compensate for inadequate *MCFD* staff and resources, mothers also identify risks of harm or neglect to their children inherent in the child protection system and try to protect them accordingly. Concerns included the trauma and uncertainty experienced by children when they are apprehended, questionable levels of care they receive in foster homes, flawed logic in child visitation protocols and the overall weakening of family relations when they are organized by bureaucratic priorities. There were additional concerns expressed about multi-generational exposure to the child protection system specific to First Nations' families.

Sadly, the accounts of many of these women suggest that the need for intrusive investigation and risk reduction could be avoided if requests for help were answered sooner. Instead, children are placed in foster homes that mothers perceive to be 'risky,' and feel their reduced credibility as 'bad mothers' limits their ability to advocate on behalf of their children. Mothers are inclined to feel alienated in a non-supportive system rather than integrated into a responsive community. Clearly, the support services provided by agencies like *CAFCA* are highly valued by parents during a time of great trauma in their lives. Of central importance appear to be providing emotional support and mediating for them with a seemingly inaccessible bureaucracy. *CAFCA* was unanimously perceived to be more supportive and human in their interactions with clients than *MCFD*. All agreed that supports like *CAFCA*, once given, are withdrawn too soon.

This research has clearly shown that mothers have important insights regarding their family needs and their children's safety that are not adequately reflected in the discourses that influence policy-making. There is demonstrated need for policy deliberations to address family needs as well as risks to children, as the needs of today can quickly become the risks of tomorrow. Toward this end, government strategies must acknowledge the mother's vital role in child protection, recognize and become more responsive to the needs of parents, and provide appropriate support to those experiencing the trauma of state intervention in their family lives. This can only be achieved by including the experiential knowledge of mothers in child welfare policy formulation and

evaluation discussions. Ensuring the safety and well being of children is a goal common to mothers, communities and the state, which can provide a foundation for mutual respect and meaningful discussion.

Inviting Mothers Join the Discussion

People are saying, 'Why don't you just let go of it?

Just let go of it...just forget about it' ...

and I'm like 'No. I can't, because parts of what they did were wrong.'

(interview #2)

A primary purpose of this research has been to give voice to those with arguably the most critical role in child protection work but the least opportunity to be heard in a meaningful way. The women who participated in my research contributed a number of valuable insights to join with others in studies such as Callahan et al. (1994), Cleaver and Freeman (1995) and Weller (1997) to build a 'mothering narrative' (Krane and Davis 2000) with which to inform future policy discussions. The voices of women like these must be represented at the policy table if equitable strategies with achievable outcome expectations are to be formulated and evaluated.

...I think the Ministry should work more on...like they say they give families an equal opportunity but they don't. They say they work on keeping families together and they don't. They need to like focus more on those and really help...They need to balance it out and check it out more.

(interview #1)



...They are not living in the situation. So they don't understand the financial impact and the emotional impact that this (having a special needs child) has on your life. But then to be questioned about, are you abusive and, you know, try to figure out your mental stability and all this other stuff.

(interview #8)



...I don't care how much training they've had in sociology or anything else. They are still human beings. They all have feelings. They all have opinions. They all have had their own up bringing, so they have their own way of judging you. You know? And however they were taught or brought up, that's how they judge

you. And your life may be nothing like theirs. It may be totally different. It doesn't mean it's wrong. It's just different. (interview #3)



...I've always tried to keep an open mind, especially when it came to the ministry. Like, I have nothing to hide from them and if I have problems, I always tell them, 'I have this problem.' But this time, this past year (2002-03) has been the hardest. And I don't like the way the ministry is run at all. They say they are there for the children. I don't think it's just the children that they should be there for. It should be the families. And, and especially when it comes to single mothers I think there needs to be a lot more support...They make it harder – like – here you can't get a bus pass through the ministry. Here, you are lucky if you get a bus ticket to go to an appointment...And like, having things you can do with your kids, rather than sending your kids to respite care. Like, how, how is respite care supposed to help the family? ...the only times that they'll do anything is if they are making you do it...and that's not fair. What if...what if I feel that I need to go to an AA meeting three times a week? I can't bring my kids out at 8:00 at night three times week. And like, sure there are meetings during the day, but still I would still have one kid that's not in school. (interview #7)



...this is something I would love you to change. Like, to my death I would put my heart and soul into it, to getting them to change the way they take complaints. Because...they didn't know anything about me. They have this...pre-formed opinion of me, that I'm like this, and that's it. There was no other way about it. Right? I kind of think like, from one complaint they should try and consider where their source is coming from...Why don't you consider who it's coming from. Like I'm ten times more a believable source than them. (interview #9)



...I am not against the Ministry. I mean...God, where would children be without them? Children need protection. I understand all that, you know. But...I mean, I think they should just investigate more and look at what they're dealing with 'cause I'm sure there's a lot worse people out there than me. (interview #10)

There is no doubt that some children benefit from their removal from dangerous or destructive family situations, and from the opportunity to develop under more stable circumstances. Despite the myths surrounding women's natural aptitude for motherhood, not everyone capable of bearing a child is physically, intellectually, emotionally or developmentally prepared to take on the intense demands of motherhood so taken for granted by society. While eliminating the need for child protection policy and practice is ultimately desirable, its attainability is doubtful. Systems must be in place to identify problems, to monitor and support family needs, and to arrange alternate care for children when the need arises. However, it should be possible to increase sensitivity and substantive attention to the systemic inequities, as well as the personal issues that bring many families to the point of crisis; and to address the devastating impact the process of investigation and apprehension has on parents. The women in this study have identified important first steps toward that end. These include eliminating negatively based risk assessment tools, disrespectful procedures and punitive government responses that marginalize the contributions of parents in risk reduction work.

Paying Attention to Mothers' Experiential Knowledge

My research experience has led me to concur with the concerns raised by mothers and to explore strategies that acknowledge and help to facilitate the parent's active role in child protection work. *Differential Response* (Waldfoegel 2001) represents a range of strategies that pursue more customized solutions to child welfare concerns, by collaborating with families at risk. In theory, this flexible approach draws on community-based resources to address the specific needs of children and families *appropriately* and *effectively*. Pilot projects are currently attracting international attention, in North America and abroad, as possible alternatives to the more invasive risk assessment models. So far there have been mixed results (Trocme 2003).

Conceptually, this approach appears to address the concerns raised by the women in my thesis research. Yet to be explored is how effectively such a strategy facilitates the work families are required to do once they become involved with the child protection system. Strategic shifts within the *Ministry for Children and Family Development* in BC require replacing the *Risk Assessment Model* with more flexible, community-based alternatives. One Ministry office in Victoria has developed an approach, which shows

promise as an emerging Differential Response model. I have been invited by the Ministry to study this model as it evolves as the focus of my Ph.D work, providing a timely and valuable opportunity for both sociological inquiry and social policy evaluation. The research will be undertaken in the form of an *Institutional Ethnography* (Smith 1987), focusing specific attention on the policy implementation phase, so typically neglected in policy evaluation (Wharf and McKenzie 1998). As my thesis research has clearly demonstrated, the impact of policies in the everyday work of the individuals involved is a critical component in measuring their success. My continuing research agenda will focus similar attention on the experiences of *MCFD* social workers, community agency staff and families who are endeavouring to ensure safe and nurturing homes for children by providing supportive and empowering community environments for families.

Research into this approach must be mindful of the potential difficulties and pitfalls involved in attempting to improve child protection policies by securing a greater role for mothers. Where and how in the *juridical-administrative-therapeutic state apparatus* will mothers be given the opportunity to participate, and how will their insights impact both the larger institutional process and their own individual outcomes? Mothers under investigation form a stigmatized group that is at a distinct power disadvantage in the child protection system. Even my relatively non-threatening study demonstrated the considerable reluctance amongst these women to speak out. The experiential knowledge they have to offer to policy and practice deliberations can potentially be subsumed within the relations of ruling, as easily as their contributions to child protection work have been. Once in place, the logistics of providing more tailored inclusive responses to individual families may initially require more time from staff in both *MCFD* and community agencies. Fiscal considerations could prompt government to download the responsibility for accessing or coordinating this service delivery model to individual families. As my research has shown, articulate proactive parents are more likely to have their family needs addressed than those who are not as outgoing. Alternately, the level of bureaucratic organization and familiarity invested in the current process may tempt government policy-makers and practitioners alike to pay lip service to the expressed needs of families while retaining a risk assessment/reduction orientation and approach.

In so doing attention and resources may continue to be funneled away from family-identified needs. These are among the variety of challenges that will likely need to be addressed as the project unfolds.

Of course, mothers are not a homogeneous group, and their interactions with the child protection system may vary based on factors such as age, cultural background, economic status, physical ability and sexual orientation that cannot be adequately represented by one standpoint. For example, teenage mothers are a group of special interest, because as minors they may be required to interact with the system as children as well as in their role as parents. As discussed earlier, the aboriginal community is over-represented in child protection statistics. Issues surrounding this reality, including multi-generational involvement with the child protection system, require specific attention. Newly immigrant parents face the work of understanding and adapting to different social norms and expectations in addition to those mandated by the child protection system. While much fewer in number, the experiences of fathers, in both dual and lone parenting roles, should also be explored in order to compare their experiences with the accounts of mothers. Regardless of the approaches ultimately adopted, equal respect and attention must be given to the everyday needs and experiences of both the parents and the children who become involved in the child protection system, if the current priorities of protecting children and preserving families are to be achieved.

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Appendix A:
Recruiting Package
&
Moms in the Child Protection System
Recruiting Flyer

Moms In the Child Protection System

Understanding what the Child Protection system expects from you and participating in services designed to strengthen and support your family can take a lot of hard work.

CAFCA needs YOUR help to make sure the work we do together works well for both you and your family.

CAFCA wants to know what it really takes for you to get the help and support your family needs and what you think we can do better to help you.

We've asked a researcher from the University of Victoria to help us. Here's what you can do to be part of the project team...

- * Take part in a small group discussion with 5 other moms who have experienced a child protection investigation by MCFD, and who have participated in the CAFCA child protection program...and/or

- * Take part in a private interview to talk about your experiences with both CAFCA and the child protection system. The interviewer is not a CAFCA employee and your name and your comments will be kept strictly confidential.

What's in it for you?

- * Transportation and child care will be provided if you need it.
- * Refreshments will be served during the sessions.
- * A thank you gift certificate will also be presented to each participant.

What we'd like to hear about:

- * How do you develop a working relationship with your social worker and sort out the things they ask you to do?
 - * How do you get the information you need about your file or about services you want?
 - * How do you organize your life around appointments with counselors and other 'helping' professionals?
 - * How does waiting for services or decisions about your family make you feel and what strategies do you use to cope with that?
 - * Do the kinds of experiences you've had with social workers affect the way you work with other community service providers (like doctors, counselors, teachers)?
 - * What are some of the things that have helped you to do this work?
 - * What help could you have used that wasn't offered? Have you found this support somewhere else?
 - * What kinds of things do you do for yourself as a person (time out, courses, church, hobbies, etc.)?
 - * Your thoughts about the risk assessment process... How did you feel about the questions? Did you understand the assessment and why it turned out the way it did?
- If you're interested tell your CAFCA counselor or call the office at: 595-4423



CAFCA Continuous Quality Improvement and Parents' Role in Child Protection Work

Dear CAFCA Counselors,

As you know, a requirement of CAFCA's recent accreditation is to solicit feedback from clients on their involvement with services provided by the agency. As many of you are aware, the CQI committee has asked me to carry out this task in conjunction with my graduate field research into the experiences of parents in the child protection system. I have introduced this project to most of you at your team meetings over the past months, and have appreciated your thoughts and suggestions. Focus groups and individual interviews will be conducted with child protection clients over the summer months. Your help in inviting your clients to participate is crucial. This letter will give an overview of the project so that you can introduce it to the families you work with. Brochures explaining the project are also included with this letter to distribute to your current clients in the course of your regular meetings with them and to former clients that you think may wish to take part. If you would like more information please call me or send me an e-mail.

Thank You!!

Debra Brown

721-2208 or d.j.brown@shaw.ca.

Who We Want To Talk With: Both Moms and Dads who have been the focus of a child protection investigation by MCFD and who have taken part in CAFCA child protection services. Initially, eighteen women are needed to join three focus groups: one for mothers who have recently entered the child protection system; one for mothers who have been actively participating in risk reduction services for several months; and one for those who have completed their risk reduction plan. These women will all have been the focus of a child protection investigation by the *MCFD* and involved with *CAFCA* child protection services. A focus group for Dads will also be conducted if enough volunteers can be recruited. Volunteers for individual interviews with both Moms and Dads are also needed. Volunteers may participate in both the focus groups and interview or just one.

What We Want To Talk About: *****This is not intended to be a deeply personal or probing exploration, simply a practical discussion of the very real effort that goes into being helped.***** The process of helping and protecting families is typically analyzed and evaluated in terms of what is done 'to' or 'for' a client to achieve the safety and well being of children. Yet, parents are active participants in the investigation and risk reduction process, as well. Their contributions can be demanding work, involving physical, intellectual and emotional effort that may not be evident or acknowledged in case management strategies or risk reduction outcome measurements.

For example, parents must:

- ◆ juggling multiple responsibilities in order to attend appointments/court dates/supervised visits/counseling sessions
- ◆ employing reasoning practices to understand and respond to the expectations of helping professionals

- ◆ reflecting on and managing the feelings brought on by the investigation, therapy or counseling process
- ◆ coping with the impact on personal relationships or compromised standing in the community
- ◆ waiting for phone calls to be returned, investigation outcomes to be relayed, court appearances and judgments, opportunities to visit apprehended children or for spaces in treatment/counseling/support programs.

When and Where: Focus groups will be conducted in the CAFCA boardroom. Specific dates will be established once volunteers have been contacted and their preferences assessed. We would like to complete these sessions by the end of July. Interviews will likely take place during the month of August. Locations for these will be either the CAFCA office or the clients' homes.

How Clients Can Volunteer: Clients can volunteer in two ways: through their CAFCA worker or by contacting the CAFCA office themselves. If you are passing on their willingness to participate, please provide the CAFCA administrative staff with the client's name and phone number. If clients prefer to call themselves, please have them call the CAFCA office and tell the administrative staff that they wish to go on the focus group or interview participant list. I will contact volunteers to determine what their participation will involve and answer any questions that they may have.

What's In It For Them: Participants will be provided with refreshments and a \$25.00 gift certificate to thank them for their involvement. Daycare and transportation will also be provided where needed.

What's In It For Us: Considerable research has been done into the experiences of both helping professionals and children within the child welfare system, typically from the professional perspectives of social work and government administration. Acknowledging client's activities as 'work' emphasizes the active participation of parents in child protection practice making these contributions both visible and valuable. It also provides a way to evaluate child protection policies and services from a standpoint critical to the success of the endeavor, that of the parent. We need to explore how the investigation and risk management process affect parents' everyday lives. What aspects of being assessed and helped cause disquiet or raise questions for them? In what ways do these experiences affect the way parents view and interact with community helping agencies and their personal support system?

These insights allow us to examine the ways policies and practices, for better or worse, organize the activities of parents, their children and helping professionals. This is important in an agency setting where an increasing proportion of the work in child welfare is carried out and it has broader implications for future policy directions for families and parents. Whether parents perceive the investigation and subsequent helping process to be a supportive/empowering experience or an isolating/disempowering one, may subsequently affect their personal resilience and coping strategies, their interpersonal relationships with support networks and, most importantly, with their own children.

Appendix B:
Mailed Invitation to CAFCA Clients

Hello CAFCA clients past & present!

We hope you and your families are enjoying the summer sunshine. As some of you already know, CAFCA is conducting a client feedback study in cooperation with a researcher from the University of Victoria. We'd like to invite you to take part. The purpose of this project is to talk with parents about their experiences in the child protection system with CAFCA and the B.C. Ministry of Children and Family Development. The goal is to better understand the many things that parents are required to think about and do when they work with various helping professionals as well as the challenges they face in the process.

This kind of study is important because it will identify and acknowledge the time and effort parents contribute to child protection and family support work that often is not recognized as such. What we learn can help government ministries, community agencies like CAFCA and parents themselves understand and appreciate what parents actually do in order to understand and cope with what the child protection system expects from them, as well as finding and making the most of the services their families need. Feedback from the parent's point of view will also help CAFCA to deliver programs in ways that can help families get on with the job of building strong and positive relationships.

We are pleased to be able to offer a thank you gift to everyone who participates. The enclosed pamphlet will give you additional details. If you'd like to be part of our research team or talk more about it with the researcher, let your counselor know or call the CAFCA office at 595-7318.

Many Thanks,

On behalf of the Continuous Quality Improvement Committee of CAFCA

Appendix C:
Interview Guide &
Focus Group Discussion Guide

Interview Guide

- How did the child protection system come into your life?
- Did you to go through a risk assessment with the *MCFD* social worker? Tell me what that experience was like? *CAFCA* asks you to complete a strengths inventory. How did you feel about these questions?
- Did you and your *CAFCA* worker make a plan that included what you were expected to do and what they were going to do to help? Did this plan seem reasonable?
- We don't always recognize how much work is involved in getting help. How do you organize your family and yourself to get to programs, appointments with counselors or other professionals?
- What issues do waiting for decisions or services raise? What kind of feelings does waiting create and what do you do to cope with them?
- Did the kind of experience you had with *MCFD* affect the way you work with your *CAFCA* counselor?
- In what ways has *CAFCA* best supported the work you do? What other kinds of support could you have used? Did you find this support somewhere else?

Focus Group Discussion Guide

- Brainstorming and discussing a list of the physical, intellectual and emotional contributions mothers, and other family members, make to child protection work.
- How the *MCFD* investigation affects a family's willingness to work with helping agencies and community resources.
- How *CAFCA* supports or could better support parents' work.
- How effectively risk reduction service plans and services address women's family and personal support needs.
- Aspects of working with the child protection system that cause disquiet or seem inconsistent with supporting families.

Appendix D:
Comprehensive Risk Assessment
Influences and & Risk Factors

Assessing the risk of future abuse and neglect: the five influences and 23 risk factors:

(**) Risk factors highly correlated with likelihood of future child abuse/neglect

(in brackets) - some examples of key indicators over which mothers have little or no control

Parental Influence

- Abuse /neglect of parent as a child **** (including recurrent abuse/neglect of parent as a child, multiple placements with no significant attachments)
- Alcohol or drug use ****
- Expectations of child**
- Acceptance of child**
- Physical ability to care for child** (including acute/chronic/communicable/terminal illness or disability)
- Mental/emotional ability to care for child** (including serious mental/emotional disturbances that may affect parent's ability to perform child care tasks due to disturbances in judgment/thinking/emotions)
- Developmental ability to care for child**

✓ **Child Influence**

- Child's vulnerability** (age of child – younger children rated at higher risk level)
- Child's response to parent** (i.e. the child does not respond, over-responds or withdraws if parent displays affection or anger)
- Child's behaviour** (including fussy infant, sleep disorders, frequent school absence, no sense of boundaries or danger)
- Child's mental health and development** (including autism, schizophrenia, emotional instability, poor judgment, hyperactivity, anxiety attacks, self-doubt)
- Child's physical health and development** (including physical illness or disability that restricts child's activities and school performance and requires special care, which parent views as burdensome)

✓ **Family Influence**

- Family violence **** (including previous requests for police intervention, restraining order in place, one family member holds emotional and financial control, violent incidents occur in the presence of children)
- Ability to cope with stress** (including pregnancy or recent birth, unemployment, financial hardship, recent move, change in marital relationships, illness, inconsistent child care, overcrowding, loss of housing)
- Availability of social supports** (family geographically isolated, limited community services available, language or cultural barriers to support service provision, unreliable family support)
- Living conditions** (includes lack of water, broken/inadequate heating/plumbing/electricity)
- Family identity and interactions**

✓ **Abuse/Neglect Influence**

- Severity of abuse/neglect**
- Access to child by person who has abused or neglected or may abuse/neglect a child** (potential abuser lives with child and 2nd adult - uncertain if 2nd adult can/will protect child)
- Intent and acknowledgment of responsibility**
- History of abuse/neglect committed by present parents ****

✓ **Intervention Influence**

- Parent's response to identified needs**
- Parent's co-operation with intervention**

(from Risk Assessment Model pp.36-65)