

**MAKING CLIENTS OR REGENERATING CITIZENS
A Feminist Analysis of Community Work**

by


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ABSTRACT

This thesis explores the every day lives of four women, who have been perceived and labelled as 'at-risk' clients. These four women with young children, initially came to the James Bay Family Resource Centre with experiences of powerlessness and devaluation. Over time, through the mediating presence of the Family Resource Centre and the support of community workers, the women gained increased independence and self worth, and enhanced capacity to care for their children.


From taped interviews, I explicated the, often times, invisible work of women as they 'care for' and 'care about' their children. The experiences of these women, corroborated by their workers, are constructed into stories of 'being a client'. Committed to the methodology of institutional ethnography, I began the inquiry with the women's everyday encounters and related these experiences to the social relations of ruling, as *implicit* in their narratives. I explored the disjunctures with the larger social relations, and made *explicit* that which controls their local experience. The stories the women told of their interactions with family, with community, and with professionals were not uncommon to many of the women, who come to the Family Centre disenfranchised by an uncaring society.

From a feminist analysis the women's stories and relevant literature were reviewed. I determined that the every day

lives of these women have been socially constructed, so that the women themselves have been organized into a role of clientage. I contend that clientage is the process of being contained by organizational structures and professionalism, that adhere to the underpinnings of patriarchy and capitalism, and the concomitant ideology of individualism

The research further reveals the work of the women and their community workers at the Family Resource Centre, as the women gained personal power and endeavoured to regenerate as valued neighbourhood citizens. Analysis and literature uncovered the features of caring community work, which I assert, contribute to the deconstruction of making clients and the regeneration of citizens. I conclude that caring community work, with the feature of 'caring about' individuals, is guided by principles that focus on local action and promote the competence of citizens and neighbourhoods.

Examiners


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In my commitment to develop and provide human services different from, that upheld by my professional and institutional training, I have more and more taken on a leadership role. As a manager of a community organization, I strive to stay on the cutting edge of ideology aiming at a vision that will honour citizenship and caring neighbourhoods. However, my management work often distances me from the people I serve, and their everyday lives and struggles. My thesis work has given me the opportunity to connect with four women, and learn much about what really matters in caring community work. I would like to thank these four women for their courage and determination, and for sharing their gifts of knowledge with me and others. I would like to thank my co-workers, Hanne, Alex, and Kathy for their participation in my study, and credit the entire Family Resource Centre team for their tolerance in enduring a sometimes absent and preoccupied boss. In particular, I must thank Hanne for her longstanding commitment to engage with me in exploring our work and new ways of being.

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CHAPTER ONE

INTRODUCTION TO THE RESEARCH

Women's experiences as clients, caregivers, and care providers within and outside the family have been different from men's experiences. Typically, however, the male perspective shapes the identification, development, and interpretation of knowledge and, as a result, women's experiences have been marginalized and rendered largely invisible (Bains, Evans, & Neysmith, 1991, p 14)

This research inquiry is centred around women. It is about women, who for the most part, live in the neighbourhood of James Bay, and come to the James Bay Community Project, Family Resource Centre. The Family Resource Centre is intended to be a welcoming and friendly gathering place for women with commonality, namely their children and their caregiving work. The work of the Family Resource Centre is intended to support women to gain power and control in their lives, and to become valued citizens in community life. The Family Resource Centre is centrally located in James Bay.

James Bay, one of the oldest communities in Victoria, is in close proximity to the city centre, and is bordered by ocean and Beacon Hill Park. The neighbourhood is mixed residential with many apartments, a few high rise towers, plus single family detached dwellings, several of which have historical importance. The population of James Bay is extremely varied with respect to age, socio-economic levels, and lifestyle. According to the 1991 Canada census, 43% of

residents are over 55 years and 11% of residents are 19 years or under, 75% of dwellings are rental, and 48% of the population have income under \$30,000. The neighbourhood has shopping amenities, small business, and government offices. James Bay has two elementary schools, one combined with a small Community Centre, and the other designated as an alternative school. Students must travel out of neighbourhood to inner city schools for junior and senior education. The James Bay Community Project is the primary health and community service agency for the neighbourhood.

The Family Resource Centre was initially designed to support families with young children in the neighbourhood, and now is also reaching out to serve older children and youth. The families are typically mothers with young children, characteristic of our Canadian culture of women as primary caregivers. The workers are also women, who offer a 'hands-on' caregiving approach to service delivery. I have therefore, chosen to name participants as women, and subordinate the neutral term of family. The term family does not reflect the actuality, that it is mostly women who bring their young children to the Family Centre, and it is mostly women who shoulder the primary responsibility of caring for children.

There is a gendered reality, when the work of mothering is fundamentally a women's experience, and differs from how men care for children. Many women experience significant powerlessness in their circumstances of caring for children.

This caring work is so consuming, that women are rarely able to challenge their powerless conditions, and become destined to a life of devaluation and servitude. The Family Resource Centre recognizes the gender inequities of mothering, the importance of women's work in caring for children, and the powerlessness that faces many women. This inquiry explicates how women's powerlessness has been organized and how the work of the Family Resource Centre facilitates women's empowerment.

Chapter one describes the research problematic, expressed as incongruences or puzzles, which I experience in my work with women at the Family Resource Centre. As researcher, I have presented a social context for this problematic, followed by my understanding of the social relevance of the research. I have also included my personal significance in undertaking this inquiry and declared my feminist standpoint.

Chapter two outlines the conceptual framework for the inquiry and the research questions. An introduction to nonpositivist methodology, and the research design of institutional ethnography, as developed by Dorothy Smith is included. This is followed by a discussion of the research participants, and the process of collecting and analyzing the data.

Chapter three explores the first research question about 'Being a Client'. This condition of 'being a client' is presented from the 'soft voices' of women participants, who were interviewed in my study, Roberta, Teresa, Belinda and

Emily The research question is examined from the perspective of women who have experienced powerlessness, dependency, devaluation and stigma. In the absence of a client voice in the literature, I have explored labelling theory and deviancy-making and the impact of being in conflict with or contained by a professionalised human service system.

Chapter four examines the second research question of 'Caring Community Work'. Roberta, Teresa, Belinda, and Emily, along with their community workers Hanne, Kathy, and Alex, have provided insight into the work of women who are striving to gain personal control and become valued citizens in community. I have explored the literature of women's work and empowerment in relation to citizenship.

Chapter five concludes with a summary of the knowledge created by the 'soft voices', about the making of clients, as well as, a summary of caring community work and the regenerating of citizens. The implications for policy and practice, and the significance of further research is discussed.

Problematic

My work and learning experiences have directed my research and inspired me to explore the local events of everyday life. I am challenged to understand the puzzles of how and why we live our lives in struggle, some with much more suffering than others. From my 20 years of community health work, the most recent being the development and management of

a neighbourhood Family Resource Centre, I have come to know the struggles of women who are wounded and powerless in a society that often seems uncaring

From my vantage point of manager at the Family Resource Centre, I see many women who come to the Family Centre with experiences of powerlessness and devaluation, including such issues as isolation, poverty, poor health, low self-worth, family violence, child abuse and relationship breakdown. They are mostly afraid and their fears are well founded. For the way our society is organized, the message seems clear, their struggles are of their own doing. Women are often blamed for their circumstances by a society that has apparent expectations about the care of children. These women come to the Centre with labels of being 'at-risk' clients. I believe the women are often labelled, not from lack of personal commitment to their children, but because they lack the resources of money, extended family, friendship, and sometimes personal skills, health and emotions to adequately care for their children. The women assimilate this 'at-risk' label, and then, take on the devalued role of 'at-risk' client. This devalued client role, restricts the women's perceptions of themselves and their interactions within community, controls the work processes of their everyday living, and leads them into a client state, that I refer to as clientage.

Society structures are intended to support wounded and powerless women and their children, yet, in the policies and

practices of these structures, there appear to be wavering commitments. For instance, I encounter inadequate income security and family housing for the quality care of children, a crisis oriented child welfare system, violence managed mostly by reaction instead of prevention, and health care delivery based upon an illness care system. The community work of the Family Centre is also influenced by these ruling structures. The Family Resource Centre and its workers must everyday challenge the restrictions that social structures place on women and young children and the community work that supports them. Even so, the Family Centre seems able, through its mediating presence, to support women through a transformation from being an 'at-risk' client to being a more healthy citizen. I see women who gain increased confidence, constructive relationships, caring skills, and capacity to contribute to others.

This inquiry questions the line of fault, that is, the incongruence between the ruling social structures designed to 'care for' clients and the realities of everyday living for women who are labelled 'at-risk' client. One consequence of this disjuncture is that women being 'cared for' experience powerlessness and devaluation in their daily lives. Another consequence is that community work, which 'cares about' women, is restricted in supporting women to gain power and value in community life. I intend to describe the experiences of women, who are socially constructed into a client role and the work

processes that accompany this role I intend to uncover the work of these women as they gain personal power and endeavour to regenerate as citizens Finally, I intend to explicate the work of neighbourhood community workers, as they challenge clientage and support women in an empowerment process

The social construction of making clients involves the 'big picture', the social forces created over time, that overpower the individual, be it the caregiver or the cared for, and dictate actions, responses, and ultimately values To begin the thesis, I will first present my understanding of the broader socio-political context from which this research study, literature review, and analysis is derived, the social relations that impact the everyday order of life in Canadian society

Society and Social Relations

The role of gender and racism, of political and economic power and ideology, the uneven distribution of wealth and power - together create the social structures that dominate and confine our lives These social structures are like invisible walls that accompany our every move, stretching on throughout our lives (Carniol, 1987, p 14)

Patriarchy and capitalism are fundamental to the social relations of ruling Patriarchy is important, because it has a gender predominance of a few men controlling most of the power in our institutions of government, judiciary, business, media, etc (Smith, 1984, Carniol, 1987) Capitalism is

significant, for it has created a class system, where "a small number of people have vast economic power while the overwhelming majority has almost no power in the economic realm" (Lerner, 1991, p 14) Lerner says, those with economic power control decisions of production, employment, and the use of resources Economic power creates fundamental inequalities in most aspects of society, the rich have the resources to gain large victories, while the poor must struggle and are often discouraged by their small gains The institutions serve the interests of those with power, and regulate economics to maintain the unequal distribution of wealth, thereby perpetuating the class system (Carniol, 1987, Lerner, 1991)

The conventional definition of patriarchy is characterized by supremacy of the father figure, wives and children who are legally dependent, and inheritance that is carried through the male line This definition is far removed from recent meanings extended by the women's movement The feminist movement refers to patriarchy, as domination over women, both within the public domain of labour and the private sphere of relationships (Webster's, 1991, Carniol, 1987, Smith, 1984) Carniol (1987) extends this domination of women to include the welfare state He describes the welfare state, as not the benign safety net for society, but as the cover up for the dominant ideology of control and authority by the white male gender "Authoritative powers are granted to those who hold exclusive claims to expert knowledge, wealth and

privilege - professionals, political elites, corporate owners" (Nozick, 1992, p 27) The social, political, and economic institutions such as family, schools, churches and workplaces ratify and participate in this ideology of power (Nozick, 1992) Feminist writer Starhawk (1987) has offered an alternative view of power, expressed as a continuum, from domination to empowerment Power-over-others, which is a coercive power, based upon structures of hierarchy and domination, power-with-others, a collective power created by people acting together for a common purpose, and power-within, representing the personal power of self-awareness and action

Patriarchy also controls the political domain Policy making and politics are generally organized by top-down 'power-over' ruling, exclude those who are powerless, and restrict the liberation of dominated or oppressed citizens Top-down politics are often perceived as the arena where individuals pursue their own advancement at the expense of the public good (Lerner, 1991) Wharf (1992) argues "that long term change in societal priorities will come about only as ordinary citizens learn about the interrelatedness of public issues and private troubles" (p 16) Citizen involvement in ordinary policy issues will be a grounding for knowledge and experience in tackling the grand policy issues A feminist perspective would suggest that influence could only be attained from a bottom-up approach beginning with the experiences of the person "The personal is political that

there is nothing we do - no matter how individual and personal it seems - that does not reflect our part in a system of power" (Hooyman, 1991, p 251)

Historically, patriarchy has created gender divisions in public and domestic realms. These divisions are so ingrained into our everyday lives, that tangible changes like job equity and political rights do not impact the fundamental ideology of superiority and domination. The feminist movement has examined the historical source of women's oppression and identified both class inequities arising from a capitalist system and gender inequalities from patriarchal control of women's fertility and sexuality (Callahan, 1992, Wearing, 1986). In recent years the "heterogeneity of feminist thinking" (p 3) has resulted in feminist analysis of theories and practices that challenge both power and gender (Callahan, 1992).

Capitalism is an economic system characterized by ownership, private decision making, the production and distribution of goods, and competition in a free market (Webster's, 1991). Capitalism permeates our every day world, in such small ways as purchasing milk at the cornerstore to the corporate images sold through mass media, creating a global market and a global home. Nozick (1992) states, "our problem is not one of economics but one of estranged values, where our economics is divorced from ethics" (preface). She queries the dilemma of serving 'self' vs 'society' when she asks, "is the purpose of human life to serve the needs of an

economic system, or is the purpose of an economic system instead to serve the needs of human life, including the needs of belonging to a community?" (preface)

McQuaig (1993) states that the "world of the marketplace is an appropriate place for the trading of goods and services [but] who would like to relegate the whole area of human well-being back to the marketplace, where it was before the rise of our social welfare systems" (p 7) She maintains that the purpose of the welfare state is to divide up the resources of society more equitably and "it is this - not the welfare state's alleged impact on economic growth - that has led to the attack on the welfare state by those unsympathetic to the egalitarian cause" (p 3) She says that Canada's policies now benefit the banks, free trade, deficit reduction, high interest rates, an increase in RRSP deductions, and capital gains. This is at the expense of programs such as medicare, family allowance, international peace keepers, employment, and multiculturalism, all programs indicative of a tradition of caring, compassion, and social conscience By comparing the European and US models of social systems, McQuaig offers a convincing argument for a universal approach to social programs She says the reason targeted programs, such as social welfare for the poor, do not work is that it is difficult to maintain political support within a population where only a few benefit However, medicare, a universal program, continues to represent to Canadians a

national icon "It reveals a commitment to equality, to a society where everyone is included, where everyone has rights to certain basic things" (McQuaig, 1993, p 6)

The Social contract is dead We live in a decaying society in which large segments of our population are allowed to suffer the debilitating effects of homelessness, hunger, alienation, stress, discrimination, low self-esteem, alcoholism, drug dependency and physical violence The Canadian Association of Food Banks' preliminary counts for 1990 showed that nearly 500,000 people were lined up to get food from private charity handouts each month One percent of Canadians are homeless, while one in seven lives in substandard housing, yet the federal government has cut social housing programs by 15 percent (1990) Two million Canadians, including 750,000 children, were on social assistance in 1990 What is our future? (Nozick, 1992, p 142)

The effects of patriarchy, power, politics, and capitalism has created a society that honours greed, self, masculinity, winning, excellence, power, and status (Pilisuk & Parks, 1986) This is a society of impending individualism, where a few are rich and many are poor Pilisuk & Parks (1986) contend that there has been dramatic change in the structure of society in the past fifty years, with the individual replacing the family as the basic social unit of society

The movement toward individualism has surely opened a world of opportunity for many. For large numbers of women, in particular, it has meant a path away from de facto servitude. Yet the pursuit of personal pleasure or of self-realization - whatever its contribution to human well-being - is not adequate. Each self-indulgent individual removes one potentially committed person from the pool of caring people, leaves one less person upon whom others can invest a sense of trust. (p. 22)

Steinem (1992) differentiates between self-indulgence and self-care. She does not negate the importance of caring, instead, she recognizes the value of self care as prerequisite to caring for and about others. She writes "The idea of intrinsic worth is so dangerous to authoritarian systems that it is condemned as self indulgent, selfish, egocentric, godless, counter revolutionary and any other epithet that puts the individual in the wrong" (p. 68)

Lerner (1991) writes, "people were right to reject the older forms of community because they were pseudo-communities that masked domination. But they mistakenly brought the glorification of autonomous individuals and their needs into a new ideology which has created an equally oppressive new reality" (p. 199). He says, this is a repressed society that creates unhappiness and alienation, which shows up in family life, in relationships, at work, in recreation, in crime figures - and in people's health. Nozick (1992) believes, that

in a caring and sustainable community, there is a reciprocal social contract between the individual and community. Individuals are expected to contribute through work, participation in community life, and helping others in exchange for security, protection, opportunities for work, and personal fulfilment. Nozick explores strategies and developments that deal directly with the roots of community breakdown. She includes the declining economy, degradation of environment, loss of political autonomy, neglected human needs, and loss of community culture. This society of individualism, sustained by our economic and political ruling apparatus, is recreating a class system based upon economics. There is a declining middle class and an increase in poverty.

Poverty, an increasing reality, is often hidden by the silencing of the poor through inadequate social programs, segregation of communities, and statistics that do not give justice to the everyday lives of those who are impoverished. Sidel (1992) writes, "statistics, it has been said, are 'people with the tears washed off' we depersonalize and dehumanize the poor in order to justify our societies inhumane treatment of them" (xxiv). The poor are mostly women and children, ethnic peoples, the very young and the old (Sidel, 1992). The poor live a very transient lifestyle, frequently moving locally due to stigma and devaluation. As well, the changing economic and ethnic characteristics of neighbourhoods force them to relocate. A shocking statistic is that one in

five persons change residence each year, with almost half the population relocating within five years (Pilisuk & Park, 1986, Wolfensberger, 1994) Such transiency has serious implications for social supports, community connections, and quality of life

An analysis of poverty shows a feminization of poverty due to the convergence of such factors as the weakening of the traditional nuclear family, the rapid increase of female-headed households, the continued discrimination against female workers, a welfare system that maintains recipients below the poverty line, the unpaid or poorly paid domestic work of women, inadequate childcare, and political powers that are dismantling social programs (Sidel, 1992) Central to these effects is that women's lives are inextricably bound up with caring work Women are burdened with the responsibility of 'caring about' others and 'caring for' others, both of which are generally unpaid (Bains, Evans & Neysmith, 1993, Sidel, 1992)

Bains, et al (1993) has written, "that a woman is frequently only a man away from poverty" (p 180) She says this statement is a reflection of women's secondary economic status, their childcare responsibilities, and also that women's poverty has been masked by statistical measurement of the household unit Married women's poverty has been lost in assumptions that household financial resources are equally available to all its members Lenore Weitzman calls divorce a

'financial catastrophe' Her study found that women experience on average a 73 percent decline in standard of living at the end of the first year of divorce, while men's standard of living increased by 42 percent (Bains et al., 1993) Court orders for family support are 80 - 90 percent in full or partial default (Closer To Home, 1991)

The effects of poverty are substantial and permeate the overall health and wellbeing of individuals and community "Poverty has a profound effect on the risk of death or illness in adults and children and represent the most important factors in the rate of infant mortality and low birth weight children [having] wide-ranging implications for future health" (Closer To Home, 1991, C-5) Nozick (1992) says that welfare dependency imparts feelings of low self worth and powerlessness that erupts into frustration and anger These feelings find social expression in violence against oneself and others, such as drug addiction, mental illness, assaults and murder, "the social costs are tremendous" (p 143) In addition, there is a generalized lack of options and opportunities accompanying poverty The poor experience isolation, from the mainstream dream, from the stigma of being poor, and from the guilt of not making it in a society that honours independence and individual responsibility (Pilisuk & Parks, 1986, Sidel, 1992) Carniol (1987) states, the goal of pushing people toward individual independence also reproduces a supply of cheap labour The poverty cycle continues

The devaluation of people into a role of powerlessness and poverty by the effects of the social relations of ruling, thus, influences our personal relations and controls our local actions. The structural relations that are rooted in inequality such as gender, class, and economics, named by Carniol (1994) as primary structures, control the secondary structures such as those of organizations, community, family, and individuals. "As the externalized terrain of social relations expands" (Smith, 1987), the experiences in our everyday lives are further dominated by the ruling apparatus.

Social Relevance of the Research

The voice of clients in human services is distinctly absent in the literature and documentary procedures, in service planning and evaluation, and in community decision-making. In my experience, the more marginalized the client group, the more significant is the silencing. This research study brings forth the client voice of a few women with a depth of understanding into their personal everyday struggles. These women share their experiences and feelings of powerlessness with such authenticity, that it beseeches us as service providers to be more sensitive to the fragility of their lives.

Social change in the past few decades has significantly impacted the traditional family structure and weakened the links of community and extended family support. According to Pilisuk & Park (1986), World War II generated work and

independence experiences for women, as well as an increase in technology and economic recovery. The 1950's social order promised security to men and their families in return for conformity. The 1960's was distinguished with rising consumerism and media technology, and progressed to a sexual revolution and the resurrection of the women's movement. The 1970's saw women and men moving away from the family and community as the source of satisfaction, challenge, and intimacy. Separateness, independence, financial security led to a preoccupation with 'self'. The 1980's has been termed the Yuppie generation with concerns of health, physical activity, therapies, and an increase in 'caring' responsibility by the public sector. The 1990's are encountering financial deficits that threaten reduction of the public sector.

In spite of these changes, the Canadian family has adapted and endured to remain the central support for care of children. The state has, as well, adjusted its jurisdiction. At the early part of the 1900's, children by law were considered to be the property of their parents with minimal involvement of the state. By mid-century, a pendulum swing saw the state take a more coercive and intrusive role in the lives of families. The placement of children into health, social, and educational institutions challenged the basic rights of parenting, particularly in such marginalized groups as First Nations people. We are at a time now, where government is re-evaluating its role in the family and in the community.

Clearly in the 90's, the state is moving from a protective role of children, which was often at the expense of preserving family, to a supportive role of safeguarding children within the family context. This renewed mandate of support is carried out by the delivery of services and resources to families. However, these resources are being organized by policies and economics with traditionally limited parameters, and merely maintain families at baseline functioning. For children to be truly protected, by enhancing the capacities of families to provide quality care, government will need to address the issues of poverty, income security for women's work, retraining and employment opportunities, childcare options, and parent support and education. Will the social structures provide resources to families to merely maintain minimum standards of care or will the social structures promote quality of life by ensuring adequate resources as basic rights. This is the essence of commitment by a government that is either making clients or regenerating citizens.

As manager of a Family Resource Centre, I encounter a health and social service system that does not acknowledge women as knowers of their own experience, and hence, creates generalizations independent of the knower. These generalizations become theories, regulations and laws which are written up as factual empirical knowledge. Fundamental to organizational practices is also a documentary reality.

creating information that passes as knowledge and truth. For instance, single parents in our society are often perceived as inadequate parents. Regulations are, therefore, designed to reinforce this perception. Such an example is, single moms who have sleep-over or live-in male friends are not eligible to receive income assistance as single parents. Documentation, rules, and regulations have been designed to reinforce stigma. Ruling regimes have responded to parents' struggles by developing interventions such as monitoring and investigating parent abilities, providing short-term clinical counselling, giving training in parenting skills, or putting children in care. Issues of inadequate money, resources, time, or support networks that are common concerns for lone parents are not addressed through system responses.

This dominant and traditional process, whereby bureaucracy creates generalizations, labels those who are powerless in the name of service provision, and then characterizes responsiveness based upon a systems approach, serves both economy and professionalism. The social relations of ruling impact the individual sometimes directly, but more often through control of organizational and community structures. Organizations experience goal displacement by way of bureaucratic and structural controls on decision-making, restrictive mandates, resource allocations, professional standards and language, and documentary procedures.

In my position as manager of a community organization, it

takes tremendous amounts of time and energy to resist these powerful controls, in order to maintain our organizational goals of serving citizens. Much of my work is about obtaining adequate funding to offer relevant programs. The Family Resource Centre with an annual budget of less than \$300,000, must account to nine different funders for work relationships, program planning, reporting of finances and statistics, and evaluation. Funding is most often restricted to target groups in vogue, short term in nature, and limited by criteria dictating who will be the clients and how they will be served. Contract schedules outline service delivery for a specified 'at-risk' client group, thereby limiting program goals of client - citizen integration. Programs like these, that are driven by funding, risk disconnection from the community plan of caring for citizens by segregating clients from community.

This research study documents the voice of individual women, who have been made powerless by the social relations of ruling. The study examines the experiences of a few women as they receive service from the Family Resource Centre. From a position of powerlessness, the women work toward increased independence and self worth, with enhanced capacity to care for their children. As well, the study uncovers the work of women and their community workers through an empowerment process of regenerating citizens. This knowledge is intended to inform the practice of community work and influence policy at the community, service and political levels.

Personal Significance of the Research

When I look back at my twenty years of working as a nurse, I know that I have always been impassioned with community work. Even though I have had a variety of hospital work experiences, they were all short-lived and I soon found myself back in a development role of creating caring work in community. I have a rebellious streak, that was clear when in the early 70's and fresh out of nursing school, I developed a Birth Control Centre in Lethbridge, Alberta. Lethbridge is a community well known for its conservative nature and religious views of Catholicism and Latter Day Saints. I also know that my attention is drawn towards women and their children and with this comes a strong feminist inclination. I feel I have had an allegiance to women since my early twenties, when I began to explore who I was with other women. We gathered in large and small groups to share our thoughts, feelings and values, to explore new dimensions of being female, to nurture ourselves and each other, and to see our world in new ways. It was a very exciting time, I permitted a stronger, yet softer me to surface, and it gave direction to my life. Alongside feminism, I value 'the family' as a diverse structure, and view it as a reciprocal commitment of caring and support.

I have for most of my adulthood challenged traditional notions, both in my personal life and particularly in my professional life. I remember a significant incident as a nurse working in a 'cadillac' psychiatric unit. I mentioned to

a head nurse that I was planning to invite a young woman patient, who was admitted with depression, out for dinner and a movie. She had come a long distance to attend university and seemed very alone. I was told under no condition could I compromise my professional role with a personal relationship. I was devastated by the social control of professional ethics, which violated my capacity for caring. I cried with frustration and I quit quietly.

Other significant learning has come from being at my partner's side, while he worked under the teachings and direction of Wolfensberger. As a North American guru and change agent of community living for people with disabilities, Wolf has deeply influenced our values of serving others. There is a standing jest at the Family Resource Centre, when at least monthly a member of our team will refer to my bottom-line principles of 'try another way' or 'whatever it takes'. What this means in practical terms is that, whenever possible, we should take the blame from the wounded or powerless person and as facilitators be creative and in partnership with the person find a resolution. To verify resolutions, we must be sure that they are of sufficient quality to satisfy people of value, such as ourselves, as well as those we serve.

My three children have truly taught me about love and caring. I have learned about my emotions, of patience, the constant work of parenting - always being 'on', to not over-indulge in self, analysis for problem-solving, mediation,

really an endless list of skills. The challenges and rewards of parenting have been most valuable learning experiences. Being a parent is a big part of who I am.

Each of my work experiences have contributed a part of knowledge to my practice of serving women and children. When I came to work at James Bay Community Project with the mandate to teach parent education, I realized I was ready to go beyond the parts and examine the whole. Developing a neighbourhood Family Resource Centre offered me an opportunity to explore a holistic approach in serving families. The Family Centre offers flexibility so that families can come as often as they want and participate as much as they need. There is longevity, families can come for as long as they choose and with this comes history, trust and relationship. We nurture relationship at the Family Centre, between workers who have now worked together for many years, between workers and participants by valuing, respecting, and caring, and by fostering friendships between participants that go beyond the Family Centre into their own homes.

My most recent learning experience of being a student, has encouraged me to explore a larger context for the wounding stories and everyday struggles that I confront in my work with women and children. My graduate studies on the social relations of ruling and the discourses of power (Smith, 1987) have given a framework for longstanding feelings that I have experienced, when I encounter oppression in my work. I have

embraced Smith's methodology as one that permits me to have a standpoint, that values subjects, not their objectification, and outlines inquiry as a work of cooperation between the skills and experience of the researcher and the participant's knowledge of her everyday world

My Feminist Standpoint

In my work, I encounter women who experience powerlessness, poverty, dependency, isolation, silencing, hiding, damaged self worth, stigma, victimization, and an absence of health and wellbeing. These, I believe, are the circumstances generated by the social construction of women as clients into a condition of clientage. Smith (1987) says the silencing of women is a systematic process constructed from the extralocal organization of ruling that has historically excluded women from the making of ideology, of knowledge, and of culture. The social relations that have organized this exclusion have subordinated 'women's ways of knowing', that is women's experiences, women's subjective knowledge, and women's authority (Belenky, Clinchy, Goldberger, & Tarule, 1986). How our world works, all our perceptions are seen through this lens of dominant social ruling. Beneath the apparent gender neutrality of traditional objectivity is the reality of a patriarchal history that colours our thinking, our language and texts, our knowledge production and our ruling relations.

Smith (1987) contends that embracing the standpoint of women means taking up a standpoint outside the organization of

social relations, which have been created by men occupying positions of ruling "Women are outside the extralocal relations of ruling, for the most part located in work processes that sustain it and are essential to its existence" (p 79) The standpoint of women redefines the inquiry from the generalized conceptual explanations to the actual concrete everyday experiences of their lives To create a new lens that locates women in their local world and recognizes the subjective and abstract nature of their experiences is to acknowledge 'women's ways of knowing' Belenky et al (1986) describe this perspective of women in their research, which uncovers the categories of silence, received knowledge, subjective knowledge, procedural knowledge and constructed knowledge Making visible women's realities, their work, and their knowledge will bring forth the voice and presence of women This is the feminist standpoint that I will take, as researcher, in building the conceptual framework, examining the literature and carrying out the research inquiry

CHAPTER TWO

THE RESEARCH INQUIRY

The sociology I have wanted to create proposes discourse organized differently, where knowledge does not become a body of knowledge, where issues are not crystallized, where the conventions and relevances of discourse do not assume an independent authority over against its speakers and readers of continually opening up a different experience of the world, as women who have not yet spoken now speak Each speaker from a new site discloses a new problematic for inquiry (Smith, 1987, p 222)

Conceptual Framework

Through my literature review on society and social relations, I have explored the overriding influences of patriarchy and capitalism These primary structures, as they are named by Carniol (1987) are about power and control Patriarchy and capitalism provide the values base, which controls the secondary structures of politics, government, organization, and business These secondary structures are the mechanisms that delineate the functioning of our society, the decision-making bodies The secondary structures and their policy-making roles have organized a society of gender and economic inequities, and a society which reveres the ideology of individualism Individualism assumes equalness in opportunity, ability, and control of one's life It idealizes

individual responsibility, initiative, and action. However, gender and economic inequities, contrary to the assumptions made by individualism, result in male domination in almost all realms and an economic distribution, that has generated a class of poverty. Together these forces of gender and economic inequities have made many women powerless and feminized poverty. It is mostly women and children who are the recipients of powerlessness and poverty, from a society ultimately controlled by patriarchy and capitalism.

Our society manages these social dilemmas of human suffering, through the secondary structures of government and organizations. The same structures, that actually created these social dilemmas through policy-making, are given the mandate to manage them. Organizational ruling is also built on the underpinnings of patriarchy and capitalism, and as well, promotes the ideology of individualism. Professionalism is intertwined with organizational ruling to bring more service providers into service and advance the knowledge and skills of workers. The classification of workers, through professionalism, induces status and security for workers. Classification also creates distance between workers and clients. The workers controlled by their organizations and professionalism become the messengers of individualism. Services, based upon this ideology, are established to serve the powerless and impoverished women and children. When the services do not resolve human suffering, the failure is

attached to the recipients of service Women and children become failures of individualism and are labelled deviant and dependent They are relegated to a role and career of clientage Clientage forces a negative spiral of diminishing self-worth and competencies, and perpetuates devaluation

The deconstruction of making clients means reversing the downward spiral Services, professionals, organizations must recognize their 'power over' status and reposition themselves towards citizen empowerment Citizenship comes from a place of caring community Hence, to regenerate citizens and community, organizational structures must mediate, facilitate, advocate, allocate resources, and give power back As communities gain competence in caring, this shift in values will be reflected by the secondary structures through creating egalitarian policies that redress gender and economic inequities

My Research Questions

My research inquiry arises out of the apparent incongruence between the dominant ruling relations and the every day experience of women By inquiring into the experiences of women who receive services and community workers who offer services, I will examine

* What were the experiences of women labelled and perceived as 'at-risk clients' prior to coming to the neighbourhood Family Resource Centre? What were the experiences of the women as they came up against social relations of ruling? What was the work involved in this condition of clientage?

* What were the experiences of women while they came to the neighbourhood Family Resource Centre? What is the work of the women as they gain personal power and endeavour to regenerate themselves as citizens? What is the work of community workers as they challenge clientage and support the women in an empowerment process?

Interpretive Paradigm

The style of research I have chosen for this thesis inquiry is institutional ethnography. Institutional ethnography, a methodology proposed by Dorothy Smith (1987), is based upon an interpretive non-positivist paradigm. Consistent with Smith, I have presented this methodology from a feminist standpoint, and specific issues of objectivity and generalizability are addressed as part of this discussion.

The interpretive non-positivist paradigm is an alternative form of knowing, from the traditional scientific ideal. The interpretive paradigm reveals how individual and group interpretations of reality influence personal and social actions. This non-positivist approach supports the production of knowledge that will uncover and change the constructs of domination and power, for emancipatory purposes (Maguire, 1987). Through focusing on the world from the standpoint of the subject who has been marginalized, the interpretive paradigm reconstructs knowledge from the 'knowers' experience. According to Kirby & McKenna (1989), researching from the margins is grounded in the following assumptions:

knowledge is socially constructed, social interactions form the basis of social knowledge, different people experience the world differently, because they have different experience people have different knowledge, knowledge changes over time, and differences in power have resulted in the commodification of knowledge, and a monopoly on knowledge production (p 26)

Maguire (1987) writes, the interpretive paradigm "returns to ordinary people the power to participate in knowledge creation, the power that results from such participation, and the power to utilize knowledge" (p 39) Smith (1987) cautions us that "knowledge does not become a body of knowledge" to again contain us, but instead experiential knowledge is linked to the social relations of ruling, where "a historical process in which we are active and to which we are captive" is revealed (p 222)

The traditional scientific paradigm, on the other hand, is "grounded in positivism, the view that recognizes only positive facts and observable 'objective' phenomena" (Maguire, 1987, p 9). This dominant paradigm acknowledges empirical-analytical inquiry and technical knowledge that is produced objectively and aimed to be value-free. The positivist concept of objectivity "assumes the existence of a social world external to individuals' consciousness" (Maguire, 1987, p 18) Scientific methodology gives merit to research validity based upon objective, reliable, and generalizable findings

The interpretive paradigm differs by valuing human subjectivity and consciousness in the creation of knowledge. This knowledge has the purpose "to enhance local people's understanding and ability to control their own reality" (Maguire, 1987, p. 22). A feminist sociology, such as Smith proposes, does not detach the 'knower' from their authentic experience and location in the world. Instead, it is committed to explicating women's experience and work of everyday living, of creating legitimate knowledge from the 'knowers' standpoint, and of bringing voice and presence to 'women's ways of knowing' (Smith, 1987). The interpretive paradigm recognizes that there are no definitive boundaries between personal and political, nor between theory and practice.

Institutional Ethnography

Countering Objectivity

Preserving the Subject's Knowledge as Valid

Smith (1987) applies the interpretive paradigm to reconstruct inquiry from the standpoint of women. She proposes an inquiry intended to disclose how people's everyday experiences are organized and determined by the social relations of the larger social and economic process. The research inquiry explores and explicates the invisible social relations, which individuals are often unaware of, yet significantly effected by

Their lack of information and preoccupation with daily survival interferes with their understanding of how power

structures work, and affect their lives the oppressed often share the oppressor's viewpoint, blaming themselves for their own poverty and powerlessness (Maguire, 1987, p 37)

Institutional ethnography as a methodology does not transform people into objects, but preserves their presence in the everyday experience of living in the world as subjects, as actual participating individuals The researcher and the participant develop a cooperative relationship, with the participant's knowledge of her everyday world being the point of entry into the inquiry "Beginning with the everyday world as problematic" (Smith, 1987, p 157), the researcher inquires into the subject's everyday experience and identifies disjuncture The points of disjuncture between the individual's experience and the larger social and economic process directs the researcher to examine the contradictions "The questions themselves, the inquiry, the puzzles, and perhaps the issues are the means of developing the problematic as an inquiry" (Smith, 1987, p 91) The subjective experience begins the inquiry, but is not intended to be analyzed for its rightness or accuracy The subjective experience leads the researcher to look beyond the local relations into the organizational relations, which control the local experience The researcher endeavours to uncover new ways to practice and create change reflective of social justice

In this inquiry of making clients or regenerating

citizens, I examine the disjuncture of women who become clients often due to societal circumstances, yet experience being 'cared for' by social organization in ways which make them more powerless and dependent. Women who began as clients receiving a specific service become contained by a system that reconstitutes them into a state of clientage.

Institutional ethnography as a method of inquiry values relationship and experience of both researcher and subject. Explication of knowledge begins with the 'everyday world as problematic' and explores the experiences as perceived by the subject. The researcher brings forth intuitive and acquired knowledge in recognizing disjuncture and questions how the disjuncture is organized and by what social relations is it generated? The process creates a 'consciousness-raising', aiming to find the objective correlates of what had seemed a private experience of struggle and oppression (Smith, 1990).

the social organization of the standpoint of actual individuals in the real world, in turn depends upon the fact that knowing in this everyday world is reflexively, rather than objectively organized. Objective knowledge is no longer the truth. Rather it is a form of knowing used to rule society that contingently, but inextricably incorporates the standpoint of men. This is not a shift from an objective to a subjective epistemology but rather a move from an objective to a reflexive one (Smith, 1990, p 633)

Smith (1990) refers to reflexivity as the everchanging reality, where objectivity is not constant, but influenced by subjective interaction and experience. The sociology of institutional ethnography is also reflexive. Reflexive research inquires into the everyday experience of a subject and then, with the researchers' intuitive and learned knowledge, questions and explores further the subject's experience and relates this experience to the social relations of ruling.

Generalizability

Traditional research is designed to address validity and generalizability. Merriam (1988) states that generalizability or external validity "is concerned with the extent to which the findings of one study can be applied to other situations" (p. 173). Maguire (1987) writes, "the ultimate goal of science is ordering of facts into general, consistent laws from which predictions may be made. Human behaviour, like the physical world, is assumed to be subject to universal laws" (p. 21). However, the complexity and plurality of people's experiences, knowledge, and contexts, which create individual standpoints, also enter into the perceptions that generate multiple realities. Smith (1987) maintains that generalizing individual experiences transforms "private troubles into public issues" (p. 21). These issues become externalized and individual experiences are made invisible. Institutional forms of discourse, such as traditional research, have monopolized the creation of objective, value-free, apolitical knowledge,

leaving out the experiences of marginalized people and their invisible work of survival. Beginning the inquiry from the everyday experiences of individual subjects, is intended to include the people 'on the edges', and bring their authentic and individualized knowledge forward.

Kirby and McKenna (1989) speak of reliability which refers to the "trust or confidence we have when speaking about the description and analysis of our data" (p. 35). Smith (1987) contends that the particular and subjective experience is but a point of entry into a larger social and economic process. It is these "abstracted forms of social relations organizing a division of labour in society at large that can be generalized" (p. 157). Through institutional ethnography, the everyday experiences of women are linked to the larger social relations, which are themselves externally organized and therefore generalizable.

Traditional methods of large sampling, survey questions and statistical analysis are intended for generalized knowledge production, such as population trends. The criteria for sampling in interpretive research is not the sample size, but the relevancy of the data collected for the purpose of uncovering the hidden social relations and to disclose the reality of the lived social process (Smith, 1987). "We do not require a sample, we are not trying to generalize from a small number to the characteristics of a larger population. Rather, we are trying to explore how the institutional

practices penetrate and organize the experience of different individual women" (p 187) Non-positivist research is intended to generate indepth, descriptive, and 'real' knowledge from a few subjects in order to explore their experiences as being structured through externalized social relations

This particular inquiry of collecting data from accounts of four women's everyday lives uncovers disjuncture between local experiences and the social relations that have organized these experiences. Each of the women's stories were confirmed by the workers who were interviewed. The women's perceptions of their struggles were very similar to the perceptions expressed by their workers. By having the women participants tell their stories, the data has led the researcher to examine the larger social context of patriarchy and capitalism, the consequential social relations of organizational ruling and professionalism, and the resultant effects on quality of life for people who are marginalized.

Explicating Invisible Work

This research inquiry illuminates the invisible work of women, as organized by social relations of ruling. The family ethic and the work ethic have contributed to the devaluation of women's work, both within the home and to outside markets. Institutional ideologies through professional training, membership, class structures and accountability procedures have reconstructed work processes, "depriving them of their

necessary anchorage in an economy of material conditions, time, and effort" (Smith, 1987, p 163) Consequently actual everyday work is rendered insignificant or categorized, so as to make it invisible To take up an inquiry from the standpoint of women means to be "conscious of work essential to the accomplishment of accountable order, that is not itself made observable-reportable as work" (p 165) Smith's feminist sociology offers a research methodology that recognizes the silencing of women and their invisible work as caregivers She starts by analyzing the ideological procedures that account for the work organization, as determined by the relations of economy and ruling apparatus Smith has proposed a 'generous' notion of work as, "what people do that require some effort, that they mean to do, and that involves some acquired competence" (p 165) Then, she examines the control and effects of these social relations over local work practices

In this inquiry valid work is uncovered from the real stories of women, who in their everyday lives struggle in the care of their children As lone and poor mothers, these women live in small apartments, with children frustrated and difficult to manage due to lack of space, toys, and interactions They are women with burdensome experiences of food that runs out on the third week of the month, of one appointment out of many taking a whole day of effort in the absence of childcare or transportation, of having no one to turn to when they are tired or run down In a life of

powerlessness these are the everyday experiences of invisible work in 'caring for' and 'caring about' - the work of 'mothering'

Participants

This research inquiry proceeded from my experience as manager and as researcher. The point of entry for the inquiry was the experiences of women with young children, who have come to the Family Resource Centre to receive support, and the experiences of community workers who offer support. As manager of the Centre, I have limited personal contact with women receiving service. Therefore, I relied on the assistance of the community workers with whom I work, to connect me with participants for my research. I asked my co-workers to suggest women using the following criteria: women who initially came to the Family Centre in circumstances of powerlessness and were perceived to be 'at-risk', women who, over time, appeared to regain some personal power and wellbeing in their lives, and finally, women who would be willing to articulate their insights in individual interviews. I asked the workers to approach the potential subjects, describe briefly the research intent and ask their consent for me to contact them. I contacted the women, explained more fully the research and requested their participation. In addition to interviewing the women, I also requested individual interviews of the community workers who were identified by the women as their primary support. Interviewing the workers directly, and exploring

their perceptions of their work, was a means of validating the women's stories, as well as further explicating the often times invisible nature of community work

Collecting Data

I interviewed four women participants, whom I have named Roberta, Teresa, Belinda, and Emily. Each interview took about two hours. I requested an additional interview from Roberta and Teresa, in order to complete the questioning and further clarify their stories. I then, interviewed three community workers: Hanne, who supported Roberta and Teresa, Kathy, who supported Belinda, and Alex, who was most connected to Emily. These interviews again took just under two hours. I tape recorded all conversations totalling 15 hours of interviewing and transcribed the interviews soon after each one was completed. My data collection, once transcribed, totalled near 100 pages. It was rich in description of the struggles of everyday life for women, and the intensity of the work that accompanies their powerlessness. There was substantial content in their stories of striving to gain personal control, and health and wellbeing in their lives. I concluded that my data sample was sufficient to illuminate my research questions.

Interviews with women participants were organized either in-home or at the Family Centre, ensuring privacy and interview comfort. Childcare and transportation were offered to each participant and provided as needed. Issues of written consent, confidentiality, and my research role, as different

from my role of manager were addressed. Interviews began with broad-based questions and a flexible approach, in order that participant responses could lead to further and more indepth questioning. The women participants were asked to talk about their experiences that led up to attending the Family Resource Centre, how they became powerless or in struggle, and the everyday typical work entailed in this position of struggle. The women were also asked to speak about their experiences of attending the Family Resource Centre, how they have changed, and the everyday work involved in this change. The concept of work was a particular focus through the interviews, as a way to discover both the usual recognized work, as well as the invisible work arising from their everyday lives.

As the interviews progressed, common themes began to emerge and were followed up with each successive interview. There were points when their personal stories revealed situations, experiences, and emotions that required indepth questioning and support. This reflexive style of interviewing was meant to create a sense of equality, so that the participant could help guide and shape the research interaction (Kirby & McKenna, 1989). In moments of intense emotion and disclosure, it was ethically important to me to provide support and nurturing, as my part in the research process. This meant comments like "I think you are a great mom in the way you are trying so hard to support your children" or "this seems to be an issue that keeps surfacing and may be

something that you want to talk to Hanne about" I asked questions like "do you ever get angry at the situations that control you, instead of blaming yourself?" This encouraged them to look beyond self-blame and begin to understand the controlling relations that dictate their struggles and the resources and supports that foster personal wellbeing

Interviews with the community workers were held in private at the Family Centre Again, we discussed client confidentiality, written consent, and assurance that my role of researcher, different from my role of manager, would not directly effect their working relationships and employment status I explored with the workers their perceptions of the women from when they first met them and how these women had changed over time I asked the workers for interpretations of certain situations that the women had discussed I asked them about their everyday typical work in supporting women to regain personal power and wellbeing Finally, I asked them to comment on the themes that were emerging from the interviews, such as aloneness, self worth, and no one caring

Doing Analysis

Analysis in this research began early in the inquiry I used my own expert knowledge of work with women and children to uncover how the lives of these women were organized As the women talked about their everyday lives, their experiences became entry points to examine the social relations of gender, economics, deviancy-making, organizational structure, and

professional practice. Although these social relations were only *implicit* in their talk, my challenge was to make *explicit*, through the research process, how the ruling relations controlled and organized their lives. Through the methodology of institutional ethnography and using a feminist analysis, I explicated the experiences lived by these women and situated them into the social relations of ruling.

Collecting data from both women participants and their community workers, while providing two perspectives of experience, was also a means of validating much of the narrative. The workers were able to validate the women's stories and their relationships. The workers had very similar accounts of the struggles and experiences that constituted the women's lives of powerlessness. The women's narratives, in turn, confirmed the workers' understanding of their work. I requested a second interview from two of the women, in order to expand on and explore puzzling questions. During these second interviews, I reiterated many of the first interview responses to verify my understanding of their narrative. This reassured me that the women were comfortable with the accuracy of their stories. I debated on whether I should return the transcripts to the women and ask for their validation. During the actual interviewing, their stories were emotional and troubling, but the dialogue and presence of an environment seemed to soften and minimize their struggles. As I listened to the tapes and transcribed them, I became more aware of the

depth of wounding Reading the transcripts became a harsh reality I was very anxious about asking the women to read their own transcripts and be forced to re-live their experiences in the black and white of type written pages The women have lived these experiences and suffered from them The women are still fragile and I did not want to further jeopardize their well being, I therefore, did not request them to read their transcripts

As I analyzed the extensive data, I began to categorize statements and stories into experiences about parenting, about feelings, about the Family Centre, and about rules and controls Through discussions with my committee members, I framed these experiences into themes of personal and lived emotion about 'being a client' The themes emerged and were named as self-blame, aloneness, who cares, and devalued work The encounters that the women had with professionals, organizational controls, and daily life in society, illustrated their powerlessness in the social relations The everyday work of being contained in a human service system and an uncaring society was also uncovered Throughout the analysis, I separated out their stories of being connected to the Family Resource Centre and to their workers This data was used to make visible and examine a way of practice that supports women to gain power in their lives and work toward health and wellbeing This kind of practice I termed 'caring community work' and was categorized into work named as

nurturing relationships, being valued, facilitating empowerment, and sharing knowledge Caring community work was revealed to have invisible qualities, therefore exploring the perspectives of both clients and workers was valuable in uncovering this invisible work The women and workers shared stories that illuminated how caring community work mediates between the everyday struggles of women and children and the social relations of ruling Caring community work facilitates the regeneration of women from 'at-risk' clients to citizens with capacities

CHAPTER THREE

BEING A CLIENT

What if all the people in your world were paid to be there? If you or I came to such a sad realization about ourselves, it would rip at our souls to even talk about it. Chances are some of us would cover it up with one noisy, awkward bluff after another. And chances are, some professionals seeing us act this way, would say we had 'maladaptive behaviour'. Think about what it would feel like to have even one person come to us because he or she wanted to to literally accept us as we are. Then think of the unspeakable feelings we might possess if - when others were 'talking down' to us and 'putting us in our place' - that kind person could be counted on to defend us and stick up for us as well' (Perske, 1980)

The Soft Voices Speak

Through interviewing four women, listening to the audio-tapes, transcribing, and then reading many times these transcriptions, I learned a little of what it feels like to be powerless and perceived as a client of the system. Through my analysis, themes began to emerge out of the many feelings expressed, as the women described their experiences. I did not ask, *per se*, their perceptions of being an 'at-risk' client, primarily because I accept the fragility of someone who

struggles with a damaged self-image I also believe, as do Smith (1987) and Maguire (1987), that individuals caught up in everyday survival are not always able to look beyond their struggle, to understand its origin or significance I therefore, asked these women about their lives the work of a typical day or week, the supports and resources they recalled, and their perceptions of how these experiences impacted themselves and their families

I have condensed their knowledge into four themes, that seem to put order to their emotions and perceptions It was difficult at times to categorize their experience under just one theme, when it has multiple properties, yet I have attempted to do so with a sense of wholeness to the person The terms I have used to describe these themes are self-blame, aloneness, who cares, and devalued work Before I present my analysis of these themes, I will introduce the four women, who shared with me their confidences I will provide some of their history and describe a recent typical day as they care for their young children I will name these women Roberta, Teresa, Belinda, and Emily

Roberta

Roberta had her first child, a son, when she was 16 She continued to live with her parents for about a year, then her parents took custody of the baby and Roberta went into foster care She regained custody when the boy was 4 years, although her parents continue to retain guardianship Roberta is now 25

years old, has since had two more sons, and is presently living in an apartment, outside of James Bay She lives with a 21 year old man, who is the father of the third baby A typical day for Roberta begins at about 5 00 am when the baby, Brody wakes

He doesn't believe in letting me sleep I think that's the hardest part of being a mom is with infants getting up in the night Especially with Simon, my 3 year old, at home during the day, I can't nap during the day Sam and I have lived together for 3 years At first he took on the responsibility, but it wasn't something he had to do [because they were not his children] He now sleeps till 11 or 12 00 He's very lazy We have a lot of problems I would like it very much if he was out working

Simon gets up about 8 00 Brody has just started pulling himself up and falls over and gets hurt I have to make sure there's nothing in harms way, especially with Simon leaving things around Between Brody and Simon I get exhausted Most of my energy during the day is tied up with them Lance is in an after-school program and comes home later and then will go out and play with his friends

Simon hasn't figured out yet that Brody can't have certain things Brody has had a lot of trouble eating solids, throws up a lot He is allergic to milk products and Simon gave him part of his cheese sandwich and then gave him a chocolate bar from his halloween candy I wonder what this will do to his system Yesterday Simon took his breakfast into the livingroom, bacon and eggs and toast When I went in Brody had his fork Oh great, he'll fork himself in the eye Simon has his best interest at heart but just doesn't understand .

Overall the two kids play well together, so I'm really lucky They're in the living room I'm in the kitchen washing my floors, doing dishes, doing laundry Being a parent really sucks sometimes I live for doing laundry After housework I made cookies, and then made lunch Brody sleeps in the morning and afternoon Simon watches alot of TV He likes Barney, Sesame Street, Mr Rogers and he's really into nature shows When Brody goes down, I spend alot of one-to-one time with Simon He sits in my lap and watches TV or plays with his cars I try to read to him but he can't sit still

Then supper comes along None of my children seem to like to eat anymore Feeding my kids is a nightmare I made chili one night and then made chili dogs the next night They would only eat the weiner, but they ate the chili the night before Then they expect dessert - halloween candy, but I say you have to have real food before you have junk Especially Lance he can't have MSG, sugar, or red dye What does he want, french

fries, ketchup, and candy I don't mind them having their candy, but they weren't happy, eating one wiener isn't going to cut it with mom, they got no candy They were very angry with me, they didn't want to have their bath, wash their hair, listen to me Simon is a tooth brush nut but Lance doesn't like to brush He's being eating candy for 4 days now, since halloween We finally had to force it in his mouth

I never do my dishes at night It's 7 00 by the time we are finished eating because Lance doesn't get home till later now I stack the dishes on the counter Start with baths, brush teeth, get into PJs, watch TV, quiet time to read a book Lance has a hard time going to sleep, he reads for almost an hour and then drops off I have this great belief that the only time I have to myself is at night, when the kids are in their bed From 8 00 until I go to bed is my time I relax, have a cup of coffee, watch a show or read a book in peace I love to lay in the tub, with bath oils, incense, a candle I pick up the toys laying around, general tidy I don't do anything else

Teresa

Teresa was married at 19 years and then had two sons who are now 2 and 4 years old She does not feel her family are supportive and she has never met her husband's family, who live in the east When her second baby was just 2 weeks old and without any notice, her husband left them She has since been a lone parent and presently lives in an apartment, a distance from James Bay

Yesterday wasn't too good I got up about 5 45 Bobby hasn't been sleeping well in his crib for about two months now I'm in my bed with my four year old who still sleeps with me The baby always slept fine in his crib Put him in there at 8 00, close the door and never see him till morning Always bragged about what a wonderful baby he was For a couple of months he's been in and out of the crib 10-15 times a night, screaming down the hall, mommy's room, teddies in his hand I'd let him get in to my bed and when he falls asleep I'd put him back A few minutes later he'd wake I'm on the edge of the bed with both of them and their teddies in bed

So, I didn't have much sleep that night I was up early with Bobby, full of energy I didn't do much yesterday I got the kids fed and dressed, did the chores, took the garbage out I saw a few people in the building, but I didn't have them in to hang out or chat The kids played and watched Mr

Dressup in the morning - we did some felts together, pictures, drawings

Lunchtime rolled along I finally went and had a bath, washed my hair When I can get the moment, I have to take it I can't leave Bobby unattended He's a wonderful little guy, but gets into things that Cameron would have known better at that age He'll get the salad dressing from the fridge and drink it He'll get the Windex I had safety locks on cupboards in James Bay I don't have them in this one. For one thing I don't know how to put them on - so nothing is locked His favourite thing is to clean He'll spray Windex on everything in the house I usually take him right in the bathroom with me

I finally got ready I thought it was cheque day I got the kids ready in the stroller I got downstairs to the mail, it was 2 00 I said we're going to town My cheque wasn't there, it wasn't till today So, I didn't really feel like going to the Park, especially because we were all dressed up to go downtown The kids were in their nice clothes We just turned around and came upstairs because there was no where to go I thought what a bad mom you are I get these feelings at times - taking them right upstairs

Bobby fell asleep 20 minutes later It was naptime for him I put him in the crib I made a pot of tea for Cameron and me We did some puzzles He watched TV I folded some laundry, cleaned, made dinner, Bobby was up then We all had dinner, tidied up the dishes Then two kids came up last night and asked us to play, so we all went outside I can't send my kids out We have one area where its kind of safe, where there is no road We went out from 6-7 30, which was good cause they hadn't been out all day We came in, watched Afraid of the Dark, Cameron's favourite show Shut the TV off, vacuumed, cleaned the playroom Rolled some cigarettes, that takes time to roll my own I guess I did some more cleaning (laugh) All I do is cleaning Got them bathed and in pyjamas Fed them their snack Got a book and read them stories That was it' My life doesn't change It's the same thing everyday There's no weekend

Belinda

Belinda was married to James at 23 years and they now have two children, a 3 year old daughter and a 2 year old son Belinda is from Malaysia, where all her extended family still live She came to Canada to attend University and met her husband They moved to Victoria four years ago when she was pregnant with her first child and lived in an apartment in

James Bay They had no family or friends in Victoria, although his family reside in Vancouver They have since moved to an adjacent community where they have been able to afford the purchase of a home

Everyday me and kids get up at 6 00 I make breakfast at 6 30 James gets up, has breakfast, and goes to work about 7 30 Kids finish and I bath and dress them I put Barney on for half hour I go shower and finish about 8 30 I put out blocks, crayons for them I clean my house everyday I wash my windows, mop the floor, bathroom Make sure dishes all done and I'm finished about 9 30 Sometimes I fold the laundry On days I come to Centre I leave by 9 40 We come home at 12 00 for lunch and put them down to sleep

I have my lunch and start to prepare my dinner I watch One Life to Live and everyday the baby gets up at 1 30 and sleeps on my shoulder I have to make sure I've had my lunch and gone to bathroom because I have to rock him while I watch my show Then Cary gets up Sometimes they go outside or I put toys out I make dinner Everyday at 3 30 James calls to see if I can pick him up If I'm home I go to pick him up at 4 30

I play with them most of the time because they won't leave me alone I have to be patient about that I talk to mothers here about it a lot How they do it I'm not such a play person I don't want to go to the park too much I take them twice a week In the summer twice a week, I would meet my friend and we would bring lunch I come to the Centre twice a week and other than that I do my shopping and things I also do my Step class and exercise about four times a week

Emily

Emily was 16 and living with her boyfriend in a motel when her daughter was born A typical day with her new baby was almost entirely taken up with baby care, alone in a small motel unit She felt she could not ask for support, because both family and others would rush in and take over Her boyfriend worked long hours each day, their relationship split up about a year later Emily now lives in an apartment in James Bay with Michelle, who is 5 years old Emily recently started back at school at the Community College and Michelle

is in kindergarten

I wake up at 7 00 with Michelle jumping on the bed I asked Michelle to make breakfast She makes pop tarts, toast, scrambled egg in the microwave She makes ovaltine I hopped in the shower She made a pot of coffee She asked me if I wanted her to brush my hair She put on a Liberace video She opened up the balcony window She told me my bed blankets were too messy - her bed is so neat

She's like my mom I don't treat her like a child I think its because I'm back in school so I'm being like a sister [We've changed roles], because I'm needing help and I'm not the type of person to ask for help She makes her lunch for daycare She's running around making sure I'm ready It's embarrassing and amazing We leave the house and I drop her off at daycare I'll tell the daycare lady how long I'll be She'll give me a kiss goodbye and tell me she'll be OK

I'll go to the bus stop with the other students and feel very self conscious I get to school feeling more self conscious, because I'm the youngest person in the classroom I force my self to write my name on the board, which means I need help I start to talk to other students and I start to feel better and when I talk to the teacher, I shrivel up all over again I pick Michelle up at daycare and then go to my moms, which we do on a daily basis I try to make my mom think I'm doing OK and school is wonderful, but I'm still feeling very self conscious I don't think I'll ever get use to it

I spend my time at my moms defending myself making her think that everything is OK and I'm just great I go because I need her, although I don't want her to know this I make her think I go to please her And when I go, she treats me like a baby and it makes me feel good, because she never did that when I was little She'll cook the dinner, brush my hair, do my laundry She was exactly like me as a young mom .I find myself doing everything just like her for Michelle

These are the women that spoke about self-blame, aloneness, who cares, and devalued work.

Analysis Reveals

Self-Blame

Self-blame is meant to describe the consequences of repeatedly experiencing negative interactions with society, be it family, friends, community, social structures, or media Self-blame is a reflexively organized experience Each

interaction or incident leaves, if not a memory, certainly an impression that contributes to our self-image. Our self-image is more than a conception of ourselves based upon experiences, it encompasses subjective emotions that reinforce this conception. A person's self-image spirals downward into self-blame as they internalize devaluing experiences. Self-image is influenced throughout our lives with each passing interaction, and begins in childhood with the omnipotence of family.

Each of the women I interviewed had been significantly influenced by the culture of her family. By this I mean by the family's beliefs, social patterns, knowledge, and actions.

Roberta spoke about her childhood of sexual abuse.

I couldn't have looked after Lance by myself at 16. I was abused as a child and coming to terms with that. My father sexually abused me from age 7 to 14. I was very attached to my father, when I was young and it was first happening to me. It was the only signs of affection we had in our family and with my mom, I might as well have not existed as far as my mom was concerned. When I turned 14, it became physical abuse instead of sexual abuse, because I realized what was going on and I started fighting back trying to protect myself. So it turned into physical abuse. I've got to a point at 25 years old that I tell people I know, about my background. Especially in relationships it has affected me. I use to have flashbacks, getting involved especially in a sexual relationship took a lot out of me. Being touched in a certain way would produce these emotions in front of my eyes and I would push away. Most of my relationships in my life have been under three months, except for Roy, an abusive man I lived with and now Sam.

Teresa, as well grew up in a home with an abusive father.

I think it's about the way I was raised. We weren't even allowed to have friends. My dad was just family, family, family, that's all you need, you don't need a friend. When I brought friends home, we weren't usually allowed home. I know that I'm an adult now and I know that it was wrong, but it was just the way it was. I know I'm doing a good job with my kids, basically I do. I also have inner stuff that tells me I'm not and it's from the way I was raised by an asshole.

father Someone who sits you down when you are 16 and tells you, you are a nobody and you have to repeat this back when he says, who are you now? There you are a young lady and your repeating I'm a nobody and crying He says, I own you, I own those clothes on your back, I tell you how to think, and you have to repeat all that back So I have some inner stuff that makes me feel not sure of myself a lot of times I'm more like this since my husband left It wasn't that he made me feel more secure, he didn't, but I felt I looked more secure in the public's eye

Belinda remembers her childhood as very nurturing in a religious culture that esteems the 'institution of marriage' and extended family

My family lives in Malaysia The last time I saw them was three years ago I had a big problem then and I left and went home I couldn't take James anymore He verbally abuse me, he call me names In my head I couldn't take it I talk to my lawyer and she said I should go and don't tell James I also talk to my counsellor I was so scared I left him a letter telling him where I am, my number James flipped out and said I was kidnapping Cary He kept calling I said he had to come there, so he came after two weeks to Malaysia

When he come to Malaysia everyone think he behave so good I couldn't talk to my mom I too embarrassed I talk to my sister a bit She said in a relationship in Malaysia you are suppose to obey your husband, this is culture, you shouldn't leave My sister say he a really nice guy, maybe you should talk to him We went to an island for a vacation with Cary, to have time to talk James say he sorry he called me names I say he can't do this anymore If he want me to do something he just have to say He say I can't take the kid away So we both hurt and had something to work on I asked him to leave first to give me time to think I was now 4 months pregnant so it more critical for me. I had lots to think over, pros and cons He a good father and my family said don't run away from husband My sister said I have to be strong, this is a challenge, stand your ground with him I said he better not do this anymore or I will leave him My sister said he would believe me now

I came back, it was 50-50 I was scared to face the abuse again The only thing that helped me come back was my friends. James is changing and the friends here help a lot

Emily described her relationship with her mother and how similar it was to her relationship with her daughter - repeating cycles

I had an older sister, a year before me, which I was jealous of. My grandparents adopted her when she came out of the hospital because they said my mom was too young - and then she had me. She wanted to prove to them that she wasn't too young, so she was very strict and kept me clean and fed to prove she could do it. And I guess that it was good to an extent, but then my mom and dad split up when I was 3.

When I was a little girl, my mom treated me like I treat Michelle. Up until 4 years I never played with other children. I wasn't in daycare centres. I started hanging around children only when I went to school. The only kids I hung around with were babysitters who were teenagers. When I was about 9, my mother started partying a lot and I was left home alone a lot. I was what you call a latch-key kid. I lived on my own. My mother didn't come home till maybe 8 or 9 at night. When I got out of school I was alone the whole day. I started going to under 19 teen clubs when I was 11. I developed who I was right away. I was constantly hanging out with people older than myself even as a teenager.

This powerlessness with family was a learning ground for further hurtful and fearful experiences outside the family. It was not necessarily taught or made obvious by family, that these women should be fearful or distrusting of others, it was a learned intuitive survival skill. Many of the women's actions, their responses to situations were protective. The strategies they used were often spontaneous because fear and hiding were such a big part of their everyday life. For instance, they all took great effort to dress their children well, when they went out in public. With financial limitations this meant great sacrifice to their own personal care. They came to the Family Centre with their children often dressed in their best clothes, knowing that painting and other messy activities would take place. Consequently, they would be anxious and frustrated when their children got messy. Teresa and Emily did not use childcare arrangements, for fear that

others would perceive them as not coping Emily did not let her young child go to the park or play with other, children for fear that she would get a cold and then be perceived by others to be "not a good mom" Roberta compensated for her fears by calling her social worker each time she calculated an incident may possibly result in some one reporting her Teresa compensated for her insecurities about parenting by providing impeccable physical care of her children

Roberta talked of her struggles after she regained custody of Lance, and her reaction to the demands of this new parenting role

I was lost, scared of discipline and of not discipline Lance controlling me or me controlling Lance I didn't have a lot of knowledge on how to be a parent, what a parent was I didn't learn much from my parents - got spankings I didn't want to spank my child so I didn't do anything Lance is very demanding He was spoiled by my parents I was on welfare so finances weren't the greatest He had high expectations of what he wanted and wanted it now I couldn't take him somewhere He would kick and throw a fit if he wanted something and I wouldn't buy it for him He would literally bash his head into walls and not feel anything He just goes nuts I didn't know what to do, how to control it so I would just stay in a little corner there, let life go on and watch him 'spasm out' in my house when he didn't get his way

Teresa struggled with the label of single parent and because of her marital status, often felt hurt by others treating her differently

Getting back to society, after Kenny left me, I kept my engagement and wedding rings on for six months before I took them off I took them off when I could break the bond, that was a first step for me Then I found myself weeks later, putting them on and off When I went to get groceries or was out I would put them on If I was in the lineup with my kids acting up, people would notice I had beautiful rings on and would be more accepting I don't do it anymore I now think I should wear them but for a different reason. They are

beautiful rings, he left, so why should I not get to wear them and enjoy them That's being pretty honest, I've never told anybody that I wanted to be married-looking when I went out I was going through this single mother bullshit that he did to me I don't feel that now I still have some of that stigma but I'm not ashamed anymore

Some people look at single moms different If you have a boy running wild in the park, full of energy, and with a husband, people say oh, he's a nice healthy boy But if its a single mom alone with a boy running wild, full of energy, they say oh, she can't control her kids I think we have that tagged to us in a certain way

Emily feared her age would bring the watchful eyes of others and they would take away or lessen her parenting role

It was how they phrased it at the hospital They kept pushing this, you need this, they need to help you, they are there to help you They made me feel like I was handicapped or something Walking out of the hospital door, they are saying make sure her head is covered I thought, you didn't do that to the other mom Just because she was older they assumed that she knew what she was doing

When asked if she used daycare for her child she said

It ties in with the family I didn't want them to know that I needed help - to think I couldn't handle her all day I wanted to prove that I could keep her and not shuffle her off to friend or daycare I was nervous to say I wanted a couple of hours of time They would say, well don't shuffle her off to stranger, we will take care of her It was easier to tolerate the stress and depression

Self-blame developed in these women from repeated disapproval by people they valued, such as family, husbands, friends, school teachers and community members Women without power, who have rigid and conditional relationships, internalize devaluation They become sensitized to a society that is judgemental and perceive and fear a sense of surveillance Self-blame comes with intense emotion - fear, guilt, shame, feeling not worthy of love All of these women experienced these emotions to some degree Hanne, the Family

Centre worker for Roberta and Teresa believes that the more damaged the person's self-image, the more profound are these emotions. Much of these emotions are tied up with myth about parenting and family life.

Roberta was teary while she spoke of her feelings about Lance - of giving him up and regaining custody.

I felt giving him up for adoption would have been the best. I didn't think I'd ever be able to become a mom. I didn't think I had what it took to be a mom. I was young and under the impression that maternal instincts come naturally. I did love him. I felt it was in his best interest to give him up for adoption. I did it out of love.

When I got him back, I had a lot of anger at myself for giving him up - for the whole situation. I had all the decisions and dealing with the consequences wasn't easy. Always questioning, did I do the right thing, the wrong thing. There was a lot of hard times. I was always worried if I was going to hurt him, that he was getting away with so much and then, not knowing what to do. Not a time I would like to repeat.

Teresa expressed a tremendous amount of guilt about yelling at her children. She cried as she talked about a recent incident with Cameron, and how she frequently yells at him.

I get mad at him and think, why can't you be like Bobby. He knows and says, mommy how come you tell Bobby he is so precious. I say you are too, when you are a good boy and he says, but not when I'm bad. I blame myself and feel lousy when he comes out with things like that. I think I'm doing such a lousy job, yelling at him. I think, you want him to go to bed each night feeling good about himself and wake up each morning and love himself, to be secure when you send him out into the world. I'm having a hard time doing that. For my kids there is so much I want them to be, and I'm making so many mistakes. I am to blame and I hear that from others - its the parent.

Teresa also talked about her shame of being a single parent with inadequate resources. "It was waiting in that

line-up [at the Mustard Seed food bank] with all those people I'm no better than them, but I felt humiliated. It was like I didn't want anyone to see me on the street that I knew - that I was going to this place." She frequently referred to the need for having a home and backyard and "the idea of going to grandma and grandpa's for dinner on Sunday"

I don't have much control. You have to look at reality though. I don't have an old man, I'm never going to make a lot of money unless I luck out and meet someone. I'm not going to have my own home. I could try to get into some housing place. When I take the garbage out, Cameron runs ahead and yells we're free, we're free. I said to Hanne, it sounds like they never get out, but they do almost every day. I felt so sorry for him and said son where did you learn that word free? He's only four and knows what the word free means. I know there are thousands of kids that have been raised in apartments. I don't know what's wrong with these two boys of mine, but we have a hard time in an apartment. They're active, not hyperactive, but they love being outside. I basically think kids belong outside on nice days. They need the sunshine on their skin and hair - fresh air.

Belinda's emotions were tied to a marriage that was constantly in struggle. She was ashamed to confide in her family and to worry them when they lived so far away. She knows that leaving her husband is culturally unacceptable and would be frowned upon by her family. She, consequently, has gone weekly for personal and marital counselling for three years. "I have been in counselling a long time. I'm not ashamed of it because it helped the marriage stay together."

Much of Emily's story was about being so young, fearing reprisals from most anybody she came into contact with - her mother, nurses, the young moms group, the Family Centre, people on the street.

I felt young moms felt the same pressures - dirty looks on the buses, smirking in the banks I was completely on my own and I was too chicken to tell my family that I was alone I was too ashamed I think I got a little too harsh instead of just making my point and then, when I started needing the help they weren't there It was too late to say I was sorry, I was wrong, and I need help

Aloneness

Parenting young children in our culture is most often an isolating experience Many families have only themselves to rely on, extended family are often busy with other commitments, absent, or not supportive Stay-at-home moms are further isolated by being restricted to the privacy of their homes or apartments, while they care for their children Public places are generally lacking in child friendly environments Physical space and the routines of care shape the work of each day and the possibilities to connect with others Women who struggle with self-esteem issues, such as shame of their circumstances, restricted competencies, or fear of people who will control them, often welcome isolation as a way of coping with self-blame Depression is a common occurrence for women with infants and toddlers Isolation from interaction with others, depression, confined physical space, and knowing there is no one to help creates a deep sense of aloneness Each of the women in this study experienced this aloneness

Roberta cried when she talked of having no one to turn to during the time that Lance was in the custody of her parents "Before I had kids I lived in a shell - isolated My father

because of my abuse didn't allow me to associate with other kids very much. I was a very unhappy child." When Roberta's parents took custody of Lance, they moved to Victoria and left Roberta in a foster home in Williams Lake. Eventually Roberta came out to Victoria to see more of her son and regain custody. The social worker in Williams Lake gave her the choice of 'Juvie' or staying with her parents.

I was not a bad kid, I was a mixed up kid, I was an emotional kid and I was going through a lot. I had done three suicide attempts. My social workers biggest fear was this kid was going to kill herself and it would be on her head, so she told me I had a choice of staying with my parents in Victoria or going to Juvie. No way in hell I was going to Juvie. I lived with my parents all of three months, I was 18 years old then and back on the run. [Before I got Lance back] I had been out here about a year seeing him on and off. I didn't get along with my family so I wouldn't go over there and I wasn't allowed to take him out much. [When he came to live with me], I thought I was ready but I was sadly mistaken. I wasn't ready.

Teresa spoke of the hurt that came with her aloneness. She continues two years after her separation to feel isolated and alone. She presented during much of the interview with a flat depressed voice, cried often, and generally appeared sad.

I was living in James Bay in a one bedroom apartment with two boys, a baby and 2 year old - recently separated. I had family but not supportive. My family is pretty messed up, so I didn't really see any of them. Just me and the kids. I didn't really have any friends anymore. I was pretty much alone with kids and secluded. I went out but not with other moms and kids. I went to parks and things, alone with the kids. I was pretty mixed up then, because my husband had left me. I was pretty hurt - going through a lot of emotional stress. I yelled a lot at my older boy, taking things out on him because I was so hurt.

When asked about breaks from her children, she responded

I think I could use a break. I have them all the time. I've never hired a sitter. I've never been out, since

basically my wedding night I got married when Cameron was one You're looking at 3 years, except to go in the hospital to have Bobby I don't have the money for sitters I don't have any friends free to go out and do things with me There never is anyone else to take one of them

Belinda spoke about having "not even one friend"

[When we came to Victoria], I had been married one year I didn't have any friends - nobody I knew in the apartment I didn't have anybody so I was scared .Mostly I am in the house I cook, breast feed and preoccupied with Cary I have some baby blues, think about my mother - miss her I start crying, it was depressing Those first few weeks was such a sad time

Kathy, her Family Centre worker, referred to Belinda during that time as "a walking bundle of anxiety, who had little confidence in any of her decisions about what to do with a fussy baby She was depressed and isolated"

Emily referred to her state of depression in the first year after birthing "I think I did really well [on my own], but it could have been a lot better, because I just got more alone, isolated, and depressed" Emily tells an interesting story of how she instinctively retreats into isolation, and loses her sense of self, as a result When she reclaims socialization, she finds the 'me' again

I think it came from actually getting time away from Michelle I started finding myself again I wasn't just a mom sitting in the corner holding a baby - there was a me inside I started getting stronger When I lived in the motel and met that first friend, I started thinking about me - not worrying about Michelle so much Then when [my friend] got a job I went back to just worrying about Michelle - cleaning house, doing dishes I joined the young moms and thinking about me and then, I forgot it because when I moved, I was stuck at home for 6 months and couldn't find this Family Centre When I say find me, it means doing things that make me happy [When I'm happy] I find I can leave Michelle alone - be me I can be her mom instead of trying to be like her sister

Roberta also spoke about this 'loss of me'

Everytime I've lost Lance, I have turned to drugs and to drinking really bad. I think I spent too much time in life worrying about being a parent, worrying about them, that I forgot about me. Hanne asked me a while back, what are my hobbies - what do I want for myself as a person. I kept saying I'm not a person. I'm a parent. It took a lot for me to understand that to be a parent you have to be a person. I needed Lance, to be me, to be a parent. Now I'm getting respite and babysitting and I get a weekend to myself to watch TV with Sam, go out for coffee. I enjoy just being me.

Teresa certainly described a life alone with only her children to fulfil her needs. She worried about her inability to make decisions, to take action on her future.

I don't know. I put things off. I have a hard time making decisions. I'm an adult but it's from the way I was raised by an overpowering domineering father. I just clued in a couple of months ago. I think that's why I have a hard time making decisions - so I just don't make them. I just keep doing what I'm doing and do nothing.

Loss of sense of self has consequences on the care of the children. Teresa yelled a lot, and reported drinking and crying, Belinda was sad and cried often, Roberta turned to drugs and alcohol, Emily reported isolating and feeling depressed. This aloneness seemed to keep the mothers overly connected to their children and with unrealistic expectations of their children's behaviour. Hanne spoke of Teresa's demands on her children, and how they related at times to her own personal needs.

It's become really obvious to me, especially in the last while, that Teresa fills a lot of her own needs for, not so much intimacy, but touch, comfort, hugs, that's nurturing. She's pushing more of this on Bobby than he wants right now. Because he was a baby and in a stage where you appropriately do a lot of cuddling and nurturing, that it got muddled up when her husband left. He's filled her replacement needs for intimacy. Cameron in a way has betrayed her need to look

like a good mom, because he doesn't act like she wants him to in public. Cameron brings attention to her more so than Bobby does. Cameron has pulled negative attention to her and she's very conscious of her image as a parent and what people think of her. I think she's angry with him for that.

Emily was very conflicted in her relationship with her daughter. Her role fluctuated between being the mother and the sister to Michelle depending upon her presence of self. When she felt alone and insecure, she prompted her daughter to take the mothering role, as was described in her story of a typical day. Conversely, when she was feeling connected to others and happy, she was able to mother Michelle. However, maintaining connections with others was difficult. It required energy, being outgoing, and a determination to resist her fears. Her instinctual response was to isolate. A negative interaction, such as another mom talking down to her or her child, could swiftly induce a retreat.

I don't agree with how other parents treat their children. Michelle's attitude really went down because she started acting badly from watching other children. I found myself not coming [to the Family Centre]. I told her I can't lower my standards because other parents' standards weren't high enough. As I started to find me, it didn't seem so bad.

When asked if she would continue coming to the Family Centre once Michelle started school, she said, "No, I don't think I need connections with other moms right now. I've found me again. Michelle will have kids at school so she won't need kids with parents. We're fine right now."

Alex, the Family Centre Coordinator, worried about Emily and Michelle, over time she saw changes in Emily. Emily became more relaxed, more permissive with Michelle, more confident,

and made a close friend Alex questions whether these positive changes will withstand another interval of isolation Emily may choose to not return to the Family Centre, however Alex would prefer her to continue receiving support There are at times disparities between what the worker believes and what the individual living the circumstance perceives

Her relationship with Michelle made me very nervous [at the beginning] because what I saw was Emily really rigidly controlling this child She controlled her with just even a look, her body language would be really angry and could make Michelle see she was really mad She never raised a hand to hit her or anything like that, but you could tell that the child was scared or very worried about moms reaction She didn't allow her the normal ebb and flow of being a kid She seemed to need her to be perfect all the time

Michelle loved playing with the other kids She was a child that really needed a lot of attention She was hard to have in a group because she always had to be first - me, me, me kind of kid In your face all the time, wants to take over from other kids, seemed to crave attention

[Michelle and Emily need to have continued support], because Michelle is far from subdued and may become very rebellious as she gets older It's difficult though if they are not reaching out or opening the door a bit Emily is a master at covering up what's going on.

Who Cares

Who cares is meant to capture the reality of women who live their everyday lives without the support and nurturing of another soul There are of course people in their lives, some of them paid, some of them not, but they are not people these women are bonded to, feel trust with, have history with, and who can be relied upon when there is heartache Who cares is about having no 'grownups' who really listen and care, and about rules that constrain caring

Roberta introduced this idea of needing a grownup

I'm 25 years, I have 3 children each with a different father I'm not proud of this I only planned one child and I didn't learn from my parents It happened because of my upbringing It could have changed if I had friends I could count on, be with the right company If I had someone who was older, grown-up, more mature, who was a parent or even an adult, who was settled down in life - that I could have talked to, that could have taught me

What she got, instead, was many social workers and childcare workers with time constraints, some have been kind and understanding, some have disempowered and hurt her

There was Philip - I don't like men with authority, telling me what to do I didn't understand what he was saying Jane - not good, she felt I should give her all the answers I didn't know the answers that's why I needed her Penny - she seemed to be trying to manipulate me and get me in trouble with Social Services She wanted me to go to the bar when I was pregnant

They would come to my house I started to avoid them I would cancel appointments especially with Jane She didn't treat me as a person - but as a problem She wanted me to help myself and give her all the answers I know I need to make the decisions, but I needed help coming up with the answers, the choices - to know different ways to deal with things All I new was what I learned from my parents.

When my 3 year old was born Lance went through major jealousy He tried to stab him, electrocute him, throw him off the balcony It was really scary If it hadn't been for Hanne he probably would have killed him I told the social worker repeatedly and she told me it was sibling rivalry My kids now have sibling rivalry - disagreements, pull hair, smacks etc but its not violent, where someone is going to get hurt It was dangerous, my social worker didn't listen to me

They tell me Lance is an alcohol syndrome baby but I didn't drink when I was pregnant His father is an alcoholic and if it can come from the father, which I believe it could, then maybe he is But they tell me no, it has to come through the mother drinking and I didn't drink, so they are out of luck' How many times I've been told I used drugs and drank when I know I didn't I'd be quite willing to admit I know with the first 3 months of being pregnant with Simon I was drinking, I was using pot I admitted it to my Doctor, to MSS I knew I had a problem As long as they keep telling me its from the mother alone then he is not an alcohol syndrome baby

Roberta got rules that didn't make sense If people and society really cared, would rules and regulations be so rigid?

The FAW rules are plain and simple. This is what you get and that's it. There are months that go by and we struggle to make ends meet. From Social Services they have rules that you must feed, clothe your child. If kids go out in dirty torn up clothes, then you as a parent get looked at as neglecting your child's needs.

We finally put the money together to buy the washer and dryer because we were paying over \$60/month and we couldn't keep up with it. We knew our FAW wouldn't give us more money and the social worker would come down on us if the kids clothes weren't in good shape. What we were doing is keeping the kids clothes in perfect shape but our clothes weren't - we couldn't do everything.

Because we are a family, we don't get dental and extra medical. Only a single parent gets dental and we live common-law. As soon as Sam started living here, we were cut. Simon has finally got off the bottle at 3 years and his teeth are starting to rot - bottle decay and they won't pay for dental. I'm better off as a single parent - they actually help more.

Teresa had not been involved with social workers, but other experiences led her to feeling that no one really cares.

Going through a marriage ceremony, taking those vows was very serious to me. I present this man with another beautiful son and he leaves me two weeks later, how low. You just don't do things like that, go to the store and don't come back. I tell him, what would happen if I said I just can't take this anymore. He said, well they would be in a foster home. I can't do that, they are my kids and my responsibility. I say, why don't you have that attitude.

Getting social assistance was no big deal. I just had to tell them my husband had left. I was going to be a single parent with 2 kids. But I mean, they are not supportive people. You don't go and visit them and sit down and talk to them - maybe some people do. I've never heard of them in that way. I get my cheque mailed to me. I never see my worker - Maybe I have to go down to the office once or twice a year for something. They are very busy.

Things were real tight in the beginning with money. When Bobby was on all that baby food, all the pablum - boxes and boxes each week. My kids ate a lot of pablum - morning, noon, and night, and all the jarred baby foods. Welfare went and got me a blender so I could make my own baby food, which I did for him. It was a lot more work, but I enjoyed doing it. But the money, two fulltime in diapers. I went down to that food bank 2 or 3 times and I never went back. I get by without going. I went down 2 or 3 times with my kids. I'd get in there and they would ask me what I need - tea, oats, sugar. I'd say, I don't want any of that stuff. All I'm really short of - I need pablum, its costing me a lot of money - pablum and baby food.

is all I want They gave me what I needed, but they can give only so much They're not going to say, OK lady here is 5 boxes of pablum I'd get maybe one box of pablum and some jarred food For the way I felt going there, it just wasn't worth it I stopped going

She, as well, struggled with rules and regulations that kept her powerless

I was going to get my 4 year old in preschool this year, to prepare him for kindergarten - because he's a real cling on The only preschool near me is at the Community Centre It turns out they are not licensed and welfare wouldn't cover it for me They have to be licensed So I decided I wasn't going to pay that out of my support money - my grocery money I'm already paying all my bills out of my grocery money So the only other alternative would have been to take a bus and take him to preschool somewhere I couldn't see doing that - its not that I'm lazy I couldn't see doing that for a couple of hours Coming all the way back on a bus with a baby for an hour and then getting ready, going back to get Cameron I just couldn't see doing it just for preschool

Emily's experience like Teresa's came out of mistrust with the very people in our society who are entrusted to provide caring

When I was pregnant, everyone was very eager to help I took it as they love me and care about me and are interested in our lives After I had her they all wanted to take the baby from me They all wanted to take over for me And then when the hospital started saying I should do this, I got scared

My doctor had been the family doctor since I was 4 months old, so I really felt uncomfortable telling him anything Immediately after I had Michelle, I switched to a paediatrician in the same building Everything I told the paediatrician, he would tell the family doctor, who would tell my mom Everyone in the office had been working there for at least 8 years There was no confidentiality and at that time I didn't know legally I could do something about it - speak up It was better just to not say anything I had a public health nurse come twice when she was first born to weigh her She didn't ask about my emotional support If they had I would have told them I was very depressed for the first 7 months I had no social worker They assumed I had a family

I was on social assistance It was fine, but I didn't know all the things they could do for you I didn't know about bus passes If you could give them reasons why you needed a bus pass, they had to give it to you. They didn't tell me

about extra food supplements or if you needed extra special diet money, so for the first few months it was really hard I didn't understand about filling out the stub - it was so embarrassing I actually for the first 3 months was ready to give up and just accept the money from my father and accept him visiting 5 days a week, because I knew I couldn't handle living on my own I couldn't understand how everyone else was getting by and I was too proud to ask people

Devalued Work

Parenting young children is work It undeniably takes endless amounts of time, energy, commitment, and skill Yet parenting is unpaid work, generally unrecognized, and certainly many parts of it are invisible Parenting work is devalued in our culture It is minimally accounted for by government, services, community, and extended family The devalued work of parenting is complicated by the fact that parenting or mothering is also a role Consequently, if one's work is devalued and it is tied so closely to one's role, then sense of self becomes devalued Stay-at-home mothers, especially those who have not had other work roles, internalize this devaluation They do not recognize their competencies, they minimize their expectations of resources, and they blame themselves for parenting difficulties The work of parenting was a significant element in each of the women's interviews

Roberta spoke of being not emotionally ready to care for a child, being overwhelmed by the demands, not having the knowledge and skills required, and constantly being unsure of, sometimes critical, decisions she was expected to make

When I was 16, I felt the problem of being a parent was because I was working and going to school and trying to support him I had no life I couldn't do it all, it was too much for me

People have lots of kids and no one gets a booklet with children - some parents are better than others and I didn't think I had any parenting skills, was capable of being a parent, was maternal in any way Even now I sometimes wonder if I'm maternal - 3 kids later - there are times where all of them are nerve racking on me

I was very distant with [Lance, when he was returned] I didn't know how to give him love, be a mom to him I didn't give him discipline We hadn't bonded He would get sick and call my mom up I'd get upset and burst into tears and then I'd be angry at him "Why can't you talk to me, tell me" I didn't relate to the fact that he was 4 years old and didn't know his mom or feel comfortable talking to his mom I didn't understand that he needed to get to know me as much as I needed to get to know him I didn't understand that he needed rules and guidelines for our relationship to work and for him to grow up properly

There are times when I don't know if I did the right or wrong thing, but I do know I love my son

Teresa knew that she gave excellent physical care to her children, but recognized that was not enough She blamed herself for the anger and frustration that she often projected on her children

I am raising them, you get the breast feeding down, the bathing, the schedules, the appointments, but there is more to learn about disciplining There are times that I feel really good and think, you two kids are pretty lucky, you have a good mom who takes care of you. I feed you well, dress you well, bathed every night, buy good quality toys You don't have a yard and a pet There are times that I feel you poor things

Ten minutes ago you were hugging them saying my precious ones and five minutes ago you are screaming and yelling at them An hour from now you'll be laying on the floor playing with them and then you are going to be yelling at them saying god damn you, jesus christ

Yesterday I said, Cameron would be a different boy if he didn't live in this apartment If I could afford even a basement suite with a yard They like to run and jump and yell I'm not going to sit and freeze my ass off in the park all winter

What Teresa didn't recognize is that she would also be a different person, if she had adequate resources to parent her children. Both Roberta and Teresa lived below the poverty line on welfare subsistence. Roberta lived in a two bedroom apartment with three children and a non-working man, near two busy roads and no play yard. Teresa was given one month notice to vacate an apartment in James Bay. She felt lucky to find a two bedroom in another community, with a sunny kitchen overlooking some fruit trees. Even though, with her two children she had "to go by bus for everything", including groceries. Physical space is a critical feature of caring for children. Cramped apartment living with active children, no safe outside play area, no room to entertain adult or children friends, no space to have private moments, makes the work of parenting arduous. Restricted financial resources, complicated by a limited support network and access to respite is a set-up for family breakdown.

Belinda and Emily, although lacking some of the skills and readiness for parenting, had some resources. Belinda had a university education and a husband with a good job. She was able over time to establish a network of friends, and with her husband's income purchase a house. Emily had responsibility for only one child and recently was endowed with inheritance. "Money has changed for me. I received an inheritance two years ago, so that situation has changed drastically. Now that I have the money, I can work on me more by getting sitters,

daycare I've changed dramatically" Since receiving this inheritance, she has registered at Camosun College to upgrade Belinda has plans for her future, as well "I want to work in three years I want to do something for me I now do my exercises Something I can control myself and have my discipline " With financial resources and educational opportunities these two women have a better chance of turning around the spiral of clientage Work or school will give them typical opportunities to connect with people in enhanced roles However, Roberta and Teresa remain dependent upon a system that will maintain their state of poverty and powerlessness Their only opportunity to redirect the spiral of clientage may be by reaching out for a support network A support network that will care about them, protect them, and nurture them, while they juggle the work of caring for their children, of developing competencies and of strengthening their self worth

Stories of Disjuncture

There are many instances in the interviews and transcriptions, where the women struggled with their everyday circumstances, which were organized outside of their control housing inadequate to care for children, insufficient resources such as food, clothing, medical care, toys, and school supplies, transportation difficulties, lack of childcare options, educational opportunities, and others The effects of poverty are immense Lacking in so many basic needs

has rippling effects to self worth, caring relationships, and health and wellbeing. The work of overcoming such huge barriers is complex and requires planning and perseverance. Bureaucratic and professionalised human service systems are resources that often complicate and restrict recovery of wellbeing.

For each of the women I interviewed, there appeared to be at least one striking example of disjuncture, that through closer examination uncovered the social relations of ruling. To examine each story for disjuncture, I looked beyond everyday struggle and focused on situations with obvious incongruence. As a researcher with knowledge of people who have been marginalized, I was able to identify and question the puzzles in each story. Why if Roberta was sexually abused by her father, would Social Services give her mother and father custody of her first child? Why if Teresa had such devotion and commitment to her children would she treat them with abuse? Why are women like Belinda so isolated and neglected during their postpartum experience of caring for a fragile infant? Why were Emily's perceived gains tentative and in jeopardy, once she left the support of the Family Centre?

Roberta

The troubling question about Roberta emerged from my first interview and prompted me to return for a second interview. Roberta had disclosed that her father had been abusive to her in childhood, yet her parents were given

custody and guardianship of her first child I explored this situation with her and this is Roberta's story

My father sexually abused me from age 7 to 14 [at which time it became physical abuse] From when I was 12-13 years old I'd been going to Social Services asking to be removed from my home I would never give them a reason until I was 16 The school was looking into it It wasn't just me I had counsellors and a principal that had talked to Social Services I was a withdrawn child, there were all the signs that something was wrong in my home Social Services wanted a direct answer from me of what was wrong and I wouldn't give them one Instead of investigating, talking to family, friends, neighbours they just assumed I was a 13 year old who didn't like the rules

I was a minor living in their [parents] home I was 16 and went to Social Services and asked to give Lance up for adoption, because I was scared I was going to hurt him I expected he would go to a nice family

Social Services thought that if I actually gave him up for adoption in the end it would hurt me more, because they thought I loved him enough They were right, I did love him I felt it was in his best interest to give him up for adoption I did it out of love [They thought] if he went to live with my parents, then I could have the opportunity to take him back

When I was 16, my mom had gone out and my dad had gotten mad [physical fight] so I ran away I went to Social Services and the Police and laid charges against my dad From that point, I went into foster care and was involved in a survivors group in Williams Lake It was survivors of all sorts of situations, alcohol, sexual abuse etc I did a lot of talking through the group, role playing, passed out a few times from hyperventilating, getting emotional Lance was given to my parents before my father was charged ..

[Her parents moved to Victoria and about a year later Roberta came out to visit Lance and was given the option from her social worker to live back with her parents or be placed in Juvie]

While I was still in my parents home, the police officer handling my case in Williams Lake found out what had happened and came out to see me He told me for my own best interest, because I was back in my parent's home and Social Services refused to take me back due to my age I was too old to go back to foster home but they didn't want to put me on Independent Living because of my suicide attempts - that's my assumption. Anyways he told me if my dad went to jail which is what would happen, I would be living with my mom on my own Lance would stay with my mom because they had legal custody He was pretty sure my dad would go to jail because there was enough evidence against him He asked me if I would drop the

charges and instead dad would go in for psychiatric rehabilitation, for my own best interests. Living with my mother would be a nightmare come true and it would make life difficult for Lance who was only 2 years old. I dropped the charges but he never did go in for psychiatric evaluation. My dad to this day hates shrinks.

When Lance was three years old he went into the hospital and that's when we found out he had been sexually abused. They thought it was the man I was living with. Lance had only lived with me for two months, we had him only twice a week and there was no time he was alone with this man, I was always there. Yes it's possible, it could have happened. When he was five and it happened again, I had just got him back from being with my parents. There's just too much coincidence. I had told my mom that something was wrong. Lance was pooping his pants, he was clinging to me, wouldn't leave my side, he was having nightmares, wetting the bed. There was something wrong. All Lance would tell me, that it was a bad word. I talked to a contract worker about it but nothing happened, so I talked to my mom. My mom talked to Lance and got nothing from him and my dad talked to him and got all the answers from him. I told the Police. A woman constable believes me, but she has no proof. When she interviewed Lance, she said everything he said was like he had been trained to say. To this day, 4 years later, I still don't know what he said to my father or the Police, what really has or has not happened to Lance.

I've been told that I can be charged with slander for saying my father did it, because there is no proof to back up my words. To this day my dad can walk scott free and be doing it to any kid he wants. My father has never seen my other kids and he never will, because I'm not going to risk my other kids. I can't do anything about Lance. They have joint guardianship, they have free access and visitation rights. I've been told by a court counsellor that I can try and take it away and risk losing Lance. They have two parents, a steady job, money, only one child and no proof they have done anything wrong. On the other side, I had him taken away by my parents when I tried to give him up for adoption, I had him taken away again at 5 years old because he tried running away from home, I was in an abusive situation and I've told the truth to counsellors, which is killing me in the end. I sit here now suspecting it and absolutely can't do a thing about it. I have no power. Every weekend my son goes to my parent's place and I wonder what's happening now. Is my mom there? Is my dad alone with him? Is it my dad? The system is really screwed up [crying]

For me, this story is not about proving truth, as the courts would choose to consider it. It is instead, about the absence of listening to a young woman's pleas for support to

care for her own child Roberta never wanted her parents to care for Lance, that's why she approached Social Services about adoption She was given no real options - take care of him yourself or let your parents take him

In my experience of mediating between Social Services and the women that they investigate, monitor, and sometimes apprehend children from, Social Services provides very limited alternatives to preserving and strengthening families Typically social workers look to the extended family first as a resource The consequences of using family as the resource, when such a fragile relationship already exists, is to only damage it further The extended family, despite its shortcomings, may seem the best or only alternative to the system's resources of foster care Foster care has historically been organized for the purpose of caring for children who have been neglected or abused This care system is grounded in assumptions that parents, mostly mothers, are 'bad', neglectful, uncaring, and abusive Foster care is not organized to maintain or nurture the parent-child relationship, or support parents to improve the care of their children Often times, the foster care home is a long distance from the child's home, which disconnects the child from their neighbourhood, school, and friends, and restricts parent access Other regulations further restrict parents, such as when a parent has their child apprehended, they are threatened by loss of social assistance income, as they no longer receive

the child portion, and therefore have difficulty maintaining their family housing. The social worker, restricted by regulations and resources, often perceives the extended family as a preferable option. Hanne commented on this:

In families where I've been involved, the social workers knew perfectly well that the extended family was far from an ideal situation. They were strapped for what to do, whether because they are too busy to hunt out other resources, or they don't have an adequate budget, there aren't enough respite or foster homes and so use what they can get their hands on. They often know it's not great.

Teresa

Teresa had such a deep commitment to her children, she worked very hard at taking excellent physical care of them. I wanted to know more about her fluctuating emotions that seemed to restrict her wellbeing. She disclosed a recent incident that we were able to explore further:

Last night I'm serving dinner. Bobby had almost finished his dinner and Cameron was watching a show. I fried up another pan of bacon because Bobby had eaten the first pan. When Cameron came he was hanging off the chair and I tell him to turn around. I came from a very strict family and I have certain standards - you sit properly at the table. I said five times to that kid turn around and eat your dinner. You have to look at it all - Bobby didn't go down for a nap yesterday which he usually does. I had a student worker over. I didn't get a break, my pot of tea in peace and was overreacting. I have the two of them from 6:00 in the morning and my pot of tea gives me that break. I said five times right into his face yelling at him to turn around. He's four bloody years old, I'm the mother. I want him to do what I say the first or second time. I don't want him to just look at me, after I've made him bacon, roast potatoes, broccoli, and carrots. He loves roast potatoes, I cater to that kid. I take him his tea on the couch, I wrap him in a blanket. I'm a good parent - I could have thrown Kraft dinner together but my kids get vegetables every night, a good meal, while I go without, if it's at the end of the month. That's my job. Sometimes I throw that at him, Jesus Christ son I made you a nice meal. But I can't expect them to comprehend that.

I just like him to do what I tell him. With that one it always comes to yelling. I grabbed him by the scruff of his shoulders and pushed him into that chair. Here's all his dinner getting cold and I know his next response will be, I don't want it, it's too cold. It will go into the garbage and he'll be asking me for junk, I know him. If I don't give in to him being hungry the tantrums will start and they don't end until I give in. I think it's because I give in. I'm using bad language - you eat that god damn dinner right now or I'm going to throw it in your bloody face, but I don't mean that. It's a terrible thing to say and he's crying. I left the table and started cleaning up. Bobby is acting up now. Bobby comes to his side and is saying bad mommy, which is nice to see. Cameron is saying he wants to get down but he hasn't eaten anything. I've calmed down now and I go sit beside him, put my arm around his back. I don't like to see him like that.

I remember being like that as a kid but it was over being beaten and stuff, treated bad for nothing. He can't eat dinner now because he's upset inside. I had to calm down to get him to calm down and he started to eat. It's to do with how you are brought up. That's why I don't want to yell at my kids. I yell at him all the time and I don't want little Bobby, who is no problem, growing up remembering things like, she was always yelling at Cameron. My dad fucked our whole family. We're all a mess in the family. I feel so bad for them because I've all they've got. I want more for them than just me.

There are days I do my best and then, there are others when you yell too much. How is that kid going to feel good about himself, when I tuck him in every night, when I've called him this and that? Here I feel this bad. Can you imagine how bad parents must feel who physically abuse their kids? Didn't my dad ever feel that? [crying] Didn't he ever feel that? I guess he didn't know how to parent either. Didn't he ever think all those times he was beating us, how are they going to grow up to feel good about themselves, how is she going to grow up to be a good mother if I beat her? Obviously he didn't think about it.

Teresa's very insightful response about her father was a departure from her usual understanding, where her father was the abuser and charged with the blame of her distress. Her father, although apparently more abusive in parenting than Teresa, may have been a victim of circumstance too. Teresa speaks of her deep love for her children. She works hard at caring for her children. She expresses feelings of guilt and

remorse about her emotional outbursts Teresa came to her parenting role with a damaged self, with abusive parent role models, with no one who cared, and with few resources Teresa's disjuncture is not with herself, but with a society that would be so neglectful to forsake a young mom and her children What Teresa wants is authentic support longlasting friendships, people who care, housing that works for children, childcare options that are not overly demanding, adequate income, and healing time

Belinda

In talking with Belinda, I was reminded that birthing and caring for young children is very arduous, even for women who have resources and personal wellbeing The perinatal period constitutes extreme physiological changes, habitual sleep deprivation, serious lifestyle changes, intense caring demands, and sometimes ill health, such as complications from pregnancy and birth, postpartum depression, and other Belinda's interview was much about being recovered With her first baby she had no family or friends to support her, was culturally new to Canada, had a demanding baby, a struggling marriage, and a postpartum depression Belinda connected with the Family Resource Centre when her first baby was only two weeks old She has consistently used the Family Centre for four years, although only the first year she received significant support Much of her connection with the Family Centre since then, has been giving back to others who need

support Kathy spoke of Belinda's recovery

I'd say she has finally grown into herself as a parent. She is culturally a bit different, but she is confident and seems to be able to handle two children. She is confident to establish relationships with others, and to help out others - come to someone else's need. She seems to have a healthier relationship with her partner. If I hadn't known Belinda historically, I would think she was an exceptionally healthy and happy parent.

My interview with Kathy further illuminated the trauma of postpartum and its disjuncture with a human service system. Throughout the interview Kathy had difficulty discussing Belinda. She was distressed about another mom she had visited that morning, who needed immediate home care. This is a typical story from Kathy's work.

The appointment I just came from, is a parent who is very warm and capable of making decisions about her children's care. She is overloaded and doesn't have adequate finances, even though the father provides some child support. I see a person who is a good parent. She has three kids living with her now and one living with her mother in another province, she's poor, and she's depressed. How do you support a person in this position? I have known her for three months. In the first few appointments I tried to help point out to her, without being too patronizing, the things that she does do well. Give her that acknowledgment and reinforcement and then help her to look at other resources. To see her family doctor, to get a referral to a psychiatrist. That was her decision to see a psychiatrist, which other than going to Citizens Counselling was her only option. She has a family of origin issue, she was sexually abused. She has just had a baby, which often brings to the surface feelings, reoccurring depression. She has had no free time to stop and examine this past issue and so it's always in the background while being on survival mode. She was coping on the surface well, family was fed, clothed, did the laundry. But any added stress makes the facade crumble. We talked about the resources and she did follow through, which made my job easier.

A couple of months later she had to move her home and this stress put her to the brink. I helped phone about a home support worker. She was still waiting for the psychiatrist appointment, even though she was seeing her family doctor in the interim. She moved and this is typical, she had arranged to share the home with a roommate who at the last moment

backed out. So she was back to the brink again. She couldn't afford the rent. She did get to the psychiatrist but again typical, she had no one to leave the children with, no support. She had to call the ex-husband, who had to take time off work and sat in the parking lot with the children in the car, while she was at her appointment with the psychiatrist. Meanwhile her mother phones saying she is sending the third child back to live with her. He has some serious transition problems to deal with. As well, has some learning problems and the school doesn't seem to be very supportive.

She needs a couple of close friends in her life. Although they probably can't call the FAW and insist that she gets a home support worker again, so that she can get to these psychiatric appointments. It seems to me if the psychiatrist thinks it is urgent to get her started on antidepressants for a deep depression, then she has a medical reason for additional support beyond what friendship should offer.

The teaching part of my job is to try to demonstrate to a very fragile mother, some ways she can manage her children's behaviour, respecting her fragility. She's at the end of her rope. I see she is ready to scream at her two year old, who she is trying to get to nap, but she is napping him in her bed with the door open and ten feet from where we are talking. He isn't going to stay there. He's not getting the message he needs to get. Modelling some of that without stepping on her feelings, plus it's a pro-D day and the twelve year old is home and the baby is crying. She's losing it with everybody. She's a warm and competent parent. I know that, but I also see she is emotionally distraught and has too much to cope with in that condition.

I find it frustrating that often I have to go to bat for a client who hasn't been heard. In this situation the mom went to her FAW and only got grief - shame and blame about why she isn't parenting well. I can go to the same FAW and in my professional role make an assessment and recommendation of what they need - like money for a crib, help in the home etc. This client is very obviously emotionally fragile and needs a home support worker. They are asking me to write this up in a child protection light, that the children need protection, there needs to be another person in the home. I explained to the client this morning, that I wasn't willing to paint a picture of her as someone who is inadequate or at the verge of abusing her children. I understand that she is afraid, yet she is willing to risk saying to me that I need help and ask me to phone for her. I think it is so demeaning for a person to have to go to a counter and say in front of who knows how many people, "I'm falling apart, get me some help." They will say back, "there is no one here to see you today or like to me, put it in writing." I'm skilled, have energy, and am angry enough about this situation that I am willing to jump through these hoops. If I was the fragile person I don't know if I would be able to get through the hoops to get myself the help.

We have a health care system that focuses on illness - an illness care system. We offer organized prenatal care for women who will attend College based programs and go to regular doctor appointments. We provide expensive medicalized birthing in hospital based settings. We provide structured and time limited physician care when either mom or baby become ill. We have a public health system, which focuses on epidemiology, and is underfunded for health promotion in populations with significant health risks. Limited funding to public health in the last decade has diminished perinatal care. Public health nurses provide one home visit or phone call to postpartum women, to ask if there are any questions or concerns. The restricted work mandate of public health nurses has influenced their relationships with postpartum women and thus, their ability to provide caring support or parenting information. At the Family Resource Centre we have encountered only a very few nurses who have strong connections and commitment to women in their everyday lives of caring for children. The consequences of such system structure is that there is little relevant health care for an overwhelmed mom, struggling with lack of sleep, depression, poverty, daily parenting demands, and general unwellness.

Emily

Alex suggested that I interview Emily, as she had a lot of involvement with the Family Centre and had made significant personal gains. She had become sociable, she had made a good

friend, and she was more nurturing with her child. When I interviewed Emily, I was disturbed by the fragile nature of this transformation. Her description of a typical day made me realize the controlling and dependent relationship she had established with her daughter. Michelle's needs for mothering, for self-discovery, and for peer relationships were being restricted. Emily's resolve to hide any of her troubles made it very difficult for workers, friends, or family to intervene. Her willingness to reach out was limited and easily negated by a untoward interaction.

A young mom moved into the area about the same time. A couple of times she visited me and said you really should come to this Family Centre. It's new, it's not just for young moms. I didn't know anything about community centres and I remembered that I was wrong about the Young Moms group at the YWCA and it was great, so I thought I would try it. She never told me exactly where it was, so I went to the James Bay Community School and asked them where it was and they didn't have a clue. The girl was really snappy - rolling her eyes. I snapped right back and told her if it wasn't for customers like me, she wouldn't have a job and she should remember this the next time she chooses to snap at someone's questions. It was horrible trying to find this place. I didn't find it for about 4 months. I was in the area a good six months before I found it.

Alex talked about Emily when she first came to the Family Resource Centre with Michelle who was 4 years old. It took Emily many months to relax and begin to integrate into the setting with others. Alex also talked about Emily joining a group program, and how increasing the structure caused her to be more guarded.

When Emily first started she would bring a magazine, go to the backroom, and sit there, read the magazine and send her child to play. She would not talk to anyone, or make eye contact, or spend time with her child. We were worried about

her because whenever she disciplined her child there seemed to be no warmth, so distanced. She just kept coming every week, I could see the changes - getting warmer. She did Nobody's Perfect, although I didn't think she had a great experience. She was much younger than the group of parents who happened to be older that time, plus she was the only one with a child of 5 and the others had 2-3 year olds. I don't think it was very useful for her and she didn't seem to connect with the others. She's open in some ways, but pretty defensive in others. She has a very rigid way of thinking and would say, well you just do this and this and this. She wasn't open to hearing other's ways, which restricted what she got out of it too.

When Michelle started kindergarten, Emily found that without her child, she did not fit in, as well at the drop-in and stopped coming. The school did not offer a friendly, nurturing environment, where a parent who lacked social confidence, would be supported to connect with the school milieu.

I didn't know what to expect when she started school. I didn't know she was going to change. I was terrified. I sat at home for the first couple of weeks watching the clock waiting to pick her up. When she came home she was acting a bit different. My expectations always seem too high. She noticed how other kids walked with each other and I didn't really offer her that. She never really hung around other kids. If I said come she would come, where other kids would do what they needed to do if they were playing.

Emily may resist her tendency to isolate, particularly since she has inherited the financial resources to attend College. She has the opportunity to integrate into a valued social environment and acquire both developmental and career skills. This maturation may enhance her self worth, and thereby secure her role as parent and Michelle's role as child.

What of the many parents who retreat into isolation, when resources such as the Family Centre are not readily available,

or are unsuited to the circumstances? Our human service system, including the schools is disconnected from home and neighbourhood. Individuals are expected to acknowledge they have problems, identify the nature of their problems, search out the appropriate specialized resource, and then advocate for themselves in order to receive the service. Service criteria often restrict access to only those who have problem definition and are significantly troubled or in crisis. The intervention model supersedes prevention or health promotion. 'Entry' resources, such as the Family Resource Centres, are present in only a few communities, are poorly funded, and are often disregarded by mandated services. There is a need for resources, close to home, that will support the inclusion of troubled people with healthy and valued citizens. This will require assistance from caring citizens or workers who will partner with people 'on the edge' to advocate and coordinate the extraordinary supports necessary for them to live in community. There are no safeguards to living in community, if one does not belong to community.

Searching for 'Soft Voices' in the Literature

Webster's dictionary (1991) defines client as "one that is under the protection of another", inferring a state of dependence, and is counter to our society's values about autonomy and individualism. A second definition is "one who engages the professional advice or services of another". The term client is differentiated from customer or consumer by the

actual professional status given to the provider. The concept of 'being a client' is constituted by the relationship between the provider and the recipient. 'Being a client' moves beyond a temporary relationship, where the client receives a service from a professional, to a client state, where the client has 'needs' that must be fulfilled by the professional. "The mark of the professional is his authority to define a person as a client, to determine the person's need and to hand the person a prescription" (Illich, Zola, McKnight, Caplan, & Shaiken 1977, p 17). This client state is defined by Webster's dictionary as clientage. In clientage there exists a power imbalance between the professional providing the service and the client receiving the service, and the parameters of the service begin to control the client's experiences. Wolfensberger (1994) also spoke of clientage as a condition of containment by human service systems. The social relations of system structures influence or control client self concept, relationships, understanding of daily living, actual living space, and opportunities for advancement. For this research inquiry, I explore 'being a client' for women with young children, who have experiences of powerlessness and devaluation in their daily lives. These are women who have been abused and wounded by others, have low self worth and poor self-care, are isolated and in poverty, and are fearful of people and services that they perceive control them.

Absence of Voice

There is a significant lack of documentation regarding the perceptions and experiences of people constituted as clients. The 1960's generated the beginnings of a client voice, which seems to have been lost in recent decades with a proliferation of professional based interests and perspectives. Mayer and Timms (1970) identify four reasons for this absence of client views: psychoanalytic concepts discount the clients view as 'subjective', the professional status of the worker, that is, the professional knows best versus, ironically, the customer is always right, clients are generally isolated from each other inhibiting collective knowledge or action, and rigorous quantitative research being favoured over qualitative client perceptions. Rapp, Shera & Kishardt (1993) who have studied the field of mental health say much of the existing research reflects a 'blaming the victim' ideology. Individuals suffering the illness are defined by problems that are person centred, such as lack of skills, compliance, motivation, etc. This person-centered model disregards social context, focuses on deficits rather than strengths, and stresses interventions over empowerment. Diorio (1992) accounts for this literature inadequacy in regards to clients of the child welfare system. He speaks of the historical dominant ideology of 'child saving', and the authoritative casework relationship between professionals and their clients. Callahan (1992) offers a feminist perspective,

citing that both clients and line workers in child welfare have been primarily women, while men in recent decades have occupied the supervisory and management positions. Consequently, women have had very little influence on policy and practice. Smith (1987) speaks of a feminist sociology, where the silencing of women is structured by a history of women's exclusion from man's culture. The ideological practices of our society based upon man's authority have constrained women in exploring and expressing 'women's ways of knowing' (Belenky et al, 1986). Women as clients are contained by an apparatus of both organization and gender ruling.

In the absence of an experiential voice on 'being a client', I have, instead, explored the work of scholars on labelling theory, deviancy-making, conflict in organization - client relationships, and client containment by professionalism and human service structures.

Labelling Theory

The notion of being an 'at-risk client' originates from professionals identifying risk behaviours or circumstances and then linking them to the person. When these behaviours or circumstances are perceived as a threat to the common good, are harmful to oneself or others, or contest symbolic norms and beliefs, they are labelled deviant behaviours (Wolfson, 1984). "Those who engage in the behaviour, the deviants, are generally held to be at least partially, if not fully, responsible for their actions" (p. 7).

According to Wolfson (1984), there are central tenets to labelling theory, constructing a process whereby the person or citizen gets transformed into a role with a less valued position, as when the client becomes labelled 'at-risk' First, he contends that "deviance, or nonconforming behaviour arises out of diverse sources or circumstances" (p 76) Generally, the cause of the deviant behaviour is ascribed to the individual situation This is illustrated by the mother who is being investigated for child abuse and is blamed for her alcoholic behaviour, instead of recognizing her impoverished circumstances as the cause Second, he states "deviant acts alone do not make deviants" (p 77) Deviations become significant when they are attributed to an individual as a social role, change the person's public image, and activate a set of external responses, as in the woman who loses her valued social role as mother due to behaviours that give her a deviant role of prostitute

Wolfson's third tenet is that formal or official labelling has significantly more potent effects on people than that of informal labelling Official labels assigned by social control structures validate vague perceptions that the individual's behaviour is true deviance, and not merely a variation of normalcy Fetal alcohol syndrome is a recent label attached to both child and mother With this label the child inherits a long list of potential behaviours, and the stigma of having an uncaring mother The mother assimilates

this label into a perception of herself as negligent mother Roberta and her son experienced this label and its serious implications The consequences of this official labelling is tenet four, the individual can no longer rationalize the behaviour and incorporates the label into their self-image The fifth step in the process is the connection of the deviant self image with the consequential stigma of moral inferiority

Goffman (1963) defined social stigma as "an attribute that is deeply discrediting" (p 3), and is fundamentally relational in nature Wolfson (1984) says, stigmatization "is a collective process carried forward in organizational and community context" (p 80) Stigmatization restricts the person's options for returning to normalcy and becomes an independent force creating circumstances beyond the control of the individual An example of this is found with the many homeless women, who due to rental increases or divorce find themselves in circumstances where they then lose their children to accusations of neglect (Kozol, 1988)

Deviancy-Making

The unfolding of the deviant career becomes tenet six The deviant career regulates whom the individual associates with, their recreation, participation in community, employment opportunities, in essence their everyday life experiences The deviant career like a valued career often is formalized with ceremony, such as a trial, a diagnosis, or a documented status. Women with young children being investigated by Social

Services for child protection issues certainly experience the formality of investigation, of documentation, and of court proceedings. These profound experiences of being threatened with the loss of one's children and the fear of having no personal control cause lifelong wounding and anxiety. Both Roberta and Teresa felt the social stigma of clientage, and the fear of child protection threatening their children and their role as mother.

Wolfensberger (1994) contributes to this understanding of loss of individual liberty and deviancy-making. He contends that the individual, due to some form of restriction, be it disability, lack of resources, or overwhelming circumstances, experiences loss of autonomy and loss of rights. The person is "regimented as part of agency mass management and deindividualized" (Conference). The person experiences exploitation, sometimes through financial means, in the aim for professional enhancement, and endures loss of exercise of competencies, followed by image degradation or stigma. Once stigmatized the individual may be juxtaposed with others who are similarly devalued and begin a life-long career of service clientage with increasingly more dependency. With this career of clientage comes the experience of guilt and being burdensome to others, as well as expectations of being grateful, 'big time', for the services received. Wolfensberger has painted a picture of progressive role circularity, where incompetence leads to dependency, which leads to lack of

opportunities and minimized expectations The cycle repeats with progressively decreasing competence

The final tenet of labelling theorists is that "human service organizations play a key role in seeking to resolve problems of deviance and in so doing produce [antithetical] results" (Wolfson, 1984, p 83) Organizations have the authority and power to interpret behaviour as deviant, define persons as deviant, and accord the necessary treatment to such deviants Wolfson says that the ultimate goal of deviance definition is power it improves the status and wellbeing of a profession and its members, increases its autonomy, allows for self-regulation, and permits professional definitions and decisions to go unchallenged "[Professionals] claim a monopoly over the definition of deviance and the remedies needed" (Illich, et al, 1977, p 19) Wolfensberger maintains that people are being systematically rendered incompetent and dependent and cites examples of children in the school system and families in poverty The proportion of dependent people is increasing, despite a society that has an expanding economy (Illich, et al, 1977, McQuaig, 1993, Wolfensberger, 1994) Wolfensberger (1994) says, "the powers of society through improved technology have tremendous means and capacities for surveillance, tracking, and controlling citizenry" (Conference). Organizations have so much power, that they are able to extend the parameters of deviancy and subsequent control over deviancy By enveloping individuals at the

margins of normalcy within their definitions and processes of deviance, organizations broaden their mandates

Organizational Ruling

Organizational ruling is deeply influenced by the structural relations of gender, class, and economics (Carniol, Public forum, 1994) Organization is typically hierarchial in order and is purposeful in delineating 'norms', in order to service those outside the normal range Organizational structures ensure that personal troubles get reframed into public issues These public issues are then categorized and separated from the total experience of living (Lipsky, 1980, Smith, 1987) Smith (1987) writes, "if class is less visible today as a basis of struggle, it is in part at least because the institutional organization of ruling has dispersed class over a range of institutional sites" (p 217) The domestic situation of women is fragmented into various jurisdictions of housing, public health, mental illness, poverty, social assistance, and child welfare Ferguson (1984) writes of the dispersal of resource allocations as a "web of institutional controls that serve to isolate the poor from the surrounding society, to contain them, and ultimately to render them politically passive" (p 125) This notion of containment is illustrated in the social assistance regulations that maintain women below the poverty line with few opportunities for advancement Women are relegated by funding formulas to inadequate housing/apartments, distanced from social

interaction and living amenities. The option of employment is often rejected because outside work increases their poverty. The cost and adequacy of childcare is untenable. Women lose their eligibility for medical and dental benefits. Transportation, food, and clothing costs are increased, and the time, energy, and strain of carrying the double load of employment and parenting is often overwhelming. Women are forced to choose the 'welfare life' or the 'life of the working poor'. With each of these choices the social relations of ruling circumscribe daily living.

In Child Welfare Literature

Women and children as 'at-risk' clients are evident in the literature on child welfare and in some aspects of health care. Hutchison (1992) summarizes Gordon's work on the history of child welfare and highlights how the 1970's saw a more narrow reconstruction of child welfare into child protection. The consequences have been costly for women, who in this patriarchal society, continue to bear almost exclusive responsibility and accountability for the welfare of children. Hutchison says "when children's needs are not being met, mothers are scrutinized and held accountable", and this includes all forms of child welfare, physical and sexual abuse, as well as neglect (p. 72). Physical and sexual abuse, although primarily induced by male perpetrators, is ascribed to mothers. Mothers are held accountable for monitoring men's violence toward their children, protecting the children from

their perpetrators, and colluding with husbands in sexual abuse of their daughters (Hutchison, 1992, Carter, 1993)

Carter (1993) studied the impact on mothers whose children had disclosed sexual abuse. The majority of the women in the study experienced negative psychological and social treatment from professionals, partners, friends, family and employers, as well as economic consequences as a result of their children's disclosure. Neglect, although consistently correlated with poverty and lack of resources, is blamed on the mother as offender (Callahan, 1992, Hutchison, 1992, Ronnau & Marlow, 1993, Dore, 1993)

Everyday, mothers must make choices about what to neglect. The more impoverished their lives, the more significant the choices. Decisions about cultural and spiritual needs for some mothers, become basic food and shelter needs for others. Women with financial resources make choices about the quality of childcare, while 'working poor' women must choose to not work or leave their children either unattended or with inadequate caregiving arrangements. Women experience serious inequities in decision-making, based upon their available resources. Emily received an inheritance and said, "now I have money, I can work on me by getting sitters, having daycare, going to school. I've changed dramatically"

In Health Care Literature

Women and children as 'at-risk' clients in the health care system are contained in literature related to mental

health, high-risk adolescent pregnancy, public health home visiting, and compliance of treatment Women's mental health, particularly depression, has been linked to the conflicting demands and multiple roles assigned to women (Piechowski, 1992) Family role demands of overwhelming housework, childrearing, marital relationships, as well as job stress are significant predictors of depression and other psychological symptoms Piechowski (1992) found problem-focused coping that influences or changes the environment, to be more effective than emotion-focused coping Olson and DiBrigida (1994) report, in a study of 233 mothers with 12-24 month old toddlers, that nearly half of the mothers had symptoms of depression, twice that of adult females measured with the same research instrument They reported that mothers who worked part-time had lower rates of depression, than either at-home mothers or those who worked full-time employment The level of depressive symptoms were higher among those not satisfied with their work situation. These results led Olson and DiBrigida to conclude that role conflict and role overload play a significant part in women's mental health status All four women I interviewed in this inquiry, with the role overload of being lone and alone parents, struggled with depression

Combs-Orme (1993) has studied adolescent pregnancy and concluded that poor pregnancy outcomes experienced by adolescents are unlikely caused by physiological factors, and are instead related to poor socioeconomic prospects for the

family. Similarly, increased risk of child abuse among adolescent parents is related to socioeconomic variables. Combs-Orme emphasises the poor use of health care resources by pregnant adolescents and advocates for early and consistent prenatal and postpartum care. However, she also says, pregnant teens have "identified assistance with concrete needs as the most important thing anyone can do for them" (p. 352). Mayer & Timms (1970) found clients seeking survival needs had significantly increased sensitivity to their situation and required even more receptiveness by workers. By being receptive, workers are directed to take a stance of advocacy with clients, in order to first secure basic survival needs.

Non-compliance or Conflict

There is much literature on how to effectively engage clients, who are resistant to intervention (Hunt & Robinson, 1987, Luker & Chalmers, 1990). These studies demonstrate the rather narrow perspective typically taken by visiting professionals, who disregard client directed relationships. Hunt & Robinson (1987) discuss the implications of summoning a home visit. They contend that a summons implies that the summoner, the nurse, has rights of access to the client, and although in theory the client can refuse, "all parties in the interaction act as if no such choice could be made" (p. 163). The challenge for the nurse becomes not one of access, but how well she can engage the client. Luker & Chalmers (1990) found that, even when health visitors experienced difficulty

engaging clients, permanent withdrawal was not used as an option, instead the strategies of 'keep trying' or 'just stick to the routine work' were upheld

There is a smaller body of literature that explores the perspective of the client in conflict with or contained by social systems (Illich, et al, 1976, 1977, Lipsky, 1980, McKnight, 1987, 1989). Lipsky (1980) discusses the social construction of clients. He contends this occurs from the intrinsic conflict between the client and the street-level bureaucrat over their respective objectives, and because the relationship is drastically unequal. Conflict appears to be a significant component of being an at-risk client, but the conflict is often redefined as noncompliance. For example, seldom is it claimed that students who engage in maladaptive behaviour are responding to oppressive school regimes, nor women who have noncompliant relationships with social workers are reacting to oppressive family policies.

Through this designation of noncompliance, individuals with unique personalities, experiences, and circumstances are categorized by street-level bureaucracies into "standardized definitions of units consigned to specific bureaucratic slots" (Lipsky, 1980, p 59). The processing of clients not only generates bureaucratic work, but it also functions in the control and accountability of this work, by creating boundaries or limits around work practice and work relationships. Accountability is seen as the link between

workers and bureaucracy, and between bureaucracy and democracy Lipsky argues that accountability policy undermines service quality by decreasing the amount of discretion allowed to workers and thus, limits their ability to individualize responses to clients A local District Supervisor stated that for every parent reported for a child protection concern, the Ministry of Social Services must first respond with a child protection investigation An investigation requires an accountable process and documentation which takes considerable work time Only a small portion of the investigations result in serious concerns Most parents are traumatized by investigation and would more appropriately benefit from the Ministry of Social Services responding with parent resources (Gove workshop, 1995)

Containment

Bureaucratic organizations serve to reinforce class structure First, by their staffing procedures, "lower class comes to be served by the least qualified personnel" Second, class structure is maintained through client selection, choosing clients likely to succeed and thereby sustaining their funding base Third organizations control the relationship and sharing of knowledge between worker and client (Sjoberg, Brymer & Farris, 1966, Ng, 1988)

The impact of social and economic barriers in overlapping networks of urban resource allocation - the housing market, the job structure, the political system, the

educational system, and the law - has been to create a 'web' of institutional controls that serve to isolate the poor from the surrounding society, to contain them, and ultimately render them politically passive (Ferguson, 1984, p 125)

Kozol (1988) writes about stories of homeless families in America He illustrates absurd policies, where families are prevented from receiving welfare increases to accommodate rental increases Yet, once they lose their housing the families are sheltered for sometimes years in slum hotels, that cost the state ten times the initial monthly rental increase "All these public policy holes - and public policy is as much about the unmaking of people's lives as it is about the making - coalesce to form the peculiar set of circumstances that worsen the feminization of poverty" (Polakow, 1993)

Smith (1987) refers to textually mediated social organization as the process of creating a body of knowledge that becomes rigid and institutionalized, and is then used to control and legitimate information flow Chomsky states, "in a democracy consent is not often achieved through force, but through the domination of the flow of information and the means for expressing opinion or analysis" (from Kirby & McKenna, 1989, p 23) Smith (1987) contends "texts are organizers of social relations and methods of writing them produce their capacity to organize" (p 140) Ng (1988) offers

a detailed examination of documentary control in her study of a community employment agency for immigrant women "On the day-to-day level, there was a persistent tension between the provision of services to clients, and the rising demand for producing documentary materials, from time sheets recording the counsellors' working hours to statistical and case records, not to mention bookkeeping and other financial records" (p 13), all of which effect the funding procedures that in turn shape the function of the organization Documentary procedures are fundamental to organizational ruling

Dunst, Trivette & Deal (1988) have explored different organizational 'Helping Models' Each of these models have intrinsic values that regulate client power The Moral model, which presupposes the client is responsible for creating problems and for solving them, is exemplified in the issue of poverty The Medical model, indicative of the client not being responsible for either the problems or solutions, maintains dependency upon the medical profession The Enlightenment model, meaning the client is responsible for the problems but not viewed as capable in solving them, describes the model of child protection agencies The Compensatory model, where the client is not responsible for the problems but is expected to generate the solutions is illustrated in families with handicapped children The final Enabling model is described by the client not being responsible for the problems, however

assisting with the solutions. A community-based service, such as the Family Resource Centre patterns itself after the enabling model.

These models and their incumbent public policy and documentary accountability show how organizational values easily become transmitted into everyday work practice that control relationships between worker and client. Client containment by organizational ruling becomes a life of clientage. Even workers and agencies with egalitarian intentions are drawn into the web of organizational ruling. The process of goal displacement occurs

running an organization generates problems which have no necessary (and often an opposed) relationship to the professed or 'original' goals of the organization. The day-to-day behaviour of the group becomes centred around specific problems and proximate goals which have primarily an internal relevance. Then, since these activities come to consume an increasing proportion of the time and thrust of the participants they are, from the point of view of actual behaviour, substituted for the professed goals (Wolfensberger, 1984, conference proceedings)

Professionalism

Professionalism has arisen out of a patriarchal order which honours science and scientific method as the only valid

base of knowledge. Scientific method is three to four hundred years old, originating in religious centres of learning that had very restrictive beliefs about women's worth (Steinem, 1992). Professionalism emerged in the late nineteenth century as white middle-class males created new roles, such as medicine and law, and then monopolized their functions. "Critiques of professionalization suggest that although special knowledge and expertise are characteristics attributed to the professions, the key element is social power" (Bains, Evans & Neysmith, 1991, p. 37).

Caring Directs Professionalism

Women have traditionally occupied the human service work of nursing, social work and teaching, although male dominated controls have significantly influenced and hindered the development of these professions. The institutionalization of health created a division of labour with men taking the role of 'curing' and women the traditional role of 'caring'. Health care became a male dominated medical hierarchy (Bains, et al., 1991). Trolander (1987) describes the settlement house movement in the United States. From the upper-class charity work done mostly by women who resided in the settlement houses or neighbourhoods there was a shift to Master's level social workers, who were mostly male. She maintains that this professionalising shift fragmented the settlement house movement. According to Bains et al. (1991), male domination caused social work to take on a scientific or medical model.

slant with casework as the cornerstone of the profession. The professionalization of teaching, by accepting the male university research model, took the control away from women and left them in the marginalized caring grades of elementary schools. Professionalization in caring work has resulted in the "attempt to objectify the cared-for and has led to blaming the victims, i.e., the clientele" (p. 67).

Haug and Susman (1969) wrote about the revolt of the client, due to a loss of individual autonomy and resultant opposition to professionalization. They found that client revolts were evident when clients had the opportunity to be together over an extended time, and predicted that this client-professional tension would lead either to a process of deprofessionalization or a specialization of professions. It is evident in the last two decades that the latter phenomena has occurred.

Lerner (1991) discusses the role that psychotherapy has had in creating powerlessness. By not attending to the social relations that control people's lives, psychotherapy has contributed to victimization.

Lacking a sense of social causality, most therapists interpret the frustrations of family and personal life as individual failings. Instead of bringing their clients to an understanding of the larger social forces that shape their individual experiences, therapists implicitly suggest that the problems are individual in scope, and

can be adequately solved by changes in individual psyches or through changes in their family systems (p 323)

Carniol (1987) states that "social work counselling has equated women's unhappiness with 'sickness' instead of ascribing the oppression of women within the family and the workplace" (p 88) The specialization of professionals in a system of medical and scientific social and economic control, has induced a medical construction of 'femininity as a disease' (Apple, 1990, Steinem, 1992)

Certification

Professionalism has had its negative effects on workers, as well. The standardization of formal training and control of professional development through certification has generated a mass of professional theory. Theoretical knowledge often conflicts with the realities of professional practice and client satisfaction. Professionals insulate themselves from this disjuncture by being accountable to their peers, instead of their clients. Professionalism has established a power differential between worker and client, which diminishes responsiveness to the client. Accountability of professional practice is controlled by organizational ruling through documentary procedures. Discretion by professionals varies with the requirements of theoretical documentary procedures (Lipsky, 1980). Unions have affected the professionalization of workers by distancing workers from clients. Unions preoccupied with salary increases, grievance procedures and

working conditions, have not attended to decision-making participation. They have perpetuated hierarchical structure (Carniol, 1987, Illich, et al, 1977). Unions continue to operate with adversarial stances, correctly representing employees first, while regarding clients and practice a very distant second. In efforts to gain improved working conditions workers have professionalised their regulations, standards, and language, often at the expense of client and personal work ethics they have committed to support.

McKnight (1989) addresses four structurally negative characteristics in the delivery of human services: professionals focus on deficiencies and call them needs, limited funds create a competition between the human service system and cash income for labelled people, professionals and services replace community and associational life for those labelled deviant, when enough services surround a person, the services themselves create a new environment with its own peculiar incentives, rewards, and penalties.

These iatrogenic effects tell us that policymakers and practitioners should be constantly aware that the use of human service tools places a person at risk of a reduced sense of self worth, being poor, being segregated from community life and being disempowered as a citizen.

(p 14)

McKnight advocates for policy which places the burden of proof on the professional to identify negative side effects, prove

benefits are greater, as well as "present evidence that intervention will not be cumulative, creating a service forest" (p 15)

Caring Redirects Professional Work

There are positive aspects to professionalism. The increased knowledge and skill levels of workers have contributed to increased quality of service offered to clients and community. When this advanced knowledge and skill is linked with values of caring in the delivery of service, professionalism can be safeguarded. Feminist ideology promotes workers to facilitate empowerment opportunities, to flatten the organizational structures, and to work in partnership with citizens and community against the oppression of social relations (Kuyek, 1993). The Family Resource Centre works within these principles of quality of service, caring work, empowerment, partnership, and social justice.

The Condition of Clientage

To frame this literature then, into an understanding of the condition of clientage is to describe an individual's experience of powerlessness with a spiral of diminishing self worth. Women who endure devalued circumstances such as, poverty with its distinction of insufficient resources, inadequate family and support networks, or restricted competencies, become labelled by social structures in order to receive services. These women become stigmatized with a formal deviant or devalued role, experience loss of rights, limited

opportunities, and an increasing sense of aloneness. This process further negates their circumstances by reducing competencies and increasing dependency and powerlessness. The serious damage to the individual's self-worth as they travel down this negative spiral affects their overall health and wellbeing. Women who struggle in the care and nurturing of their children are labelled by professionals as 'at-risk' single parents, prostitutes, incompetent or neglectful mothers. Their self-image, portrayed as private, yet so regulated by social structures and society norms, becomes a public stigmatized role and a career of dependency and powerlessness with work processes dictated by this role.

In our neighbourhoods, sometimes just next door, there are women with young children, who have been constructed into clientage. They are an invisible group, 'contained' within houses doing caring work that takes up all of their energy, time and identity. They are a voiceless group, preoccupied with lack of sleep, dramatic lifestyle change, extreme physical change and recovery, and overwhelming responsibility.

Women with small children, who I encounter at the Family Resource Centre, whether married or single, rich or poor frequently experience isolation. Extended families are often absent due to long distances or personal constraints. These women feel the pressure of society's expectation that raising children is the responsibility of each individual family, regardless of resources. The women, who are poor, have

intensified experiences of isolation due to inadequate housing and transportation, insufficient money for social outings and childcare, and the necessity of hiding their poverty to protect their status as a stable family. These isolated women have histories of oppressive encounters, degradation, and powerlessness through their interactions with social assistance, child protection, medical care, job training welfare programs, and others. The women feel the struggle with organizational structures but either blame themselves for this disjuncture or feel powerless to change it. They rarely reframe these individualized experiences, as being generated from the social relations of ruling. These are the typical experiences of women who come to the Family Centre in struggle with self-blame and devalued with professionalised labels.

CHAPTER FOUR

CARING COMMUNITY WORK

The community of associations provides a social tool where consent is the primary motivation, interdependence creates holistic environments, people of all capacities and fallibilities are incorporated, quick responses are possible, creativity is multiplied rather than channelled, individualized responses are characteristic, care is able to replace service, and citizenship is possible (McKnight, 1987, p 57)

The Voice of Citizens

In my interviews with Roberta, Teresa, Belinda, and Emily, I asked about their experiences at the Family Resource Centre and how these experiences had contributed to changes in their everyday lives. When I interviewed their community workers, I questioned the workers about their typical work day that assisted these women to change. Out of these interviews, my analysis uncovered themes about the work of caring in community. I have categorized and named these themes as nurturing relationships, being valued, facilitating empowerment, and sharing knowledge. I will begin by telling the women's experiences of becoming connected to the Family Resource Centre.

Roberta

Roberta's experience began with her social worker

referring her to the Family Resource Centre Outreach Program and Hanne became involved with weekly home visits to Roberta

Hanne helped me with setting up guidelines and realizing that as a parent no one makes all the right decisions - no one is perfect. That helped me a lot knowing that it just wasn't me. We talked about different kinds of discipline, taking privileges away, time out in a corner or in his room. It was a real struggle for him - he went from no discipline to discipline so I never felt it was working. I wouldn't give him enough time and then she would coach me to be patient - it takes more than one try. Patience was a real big thing and I think I expected instant results, but that's not the way it works - it took time.

Hanne talks to me like a person. She understands I'm not perfect, that parenting is a struggle. I'm not always making the right decisions, have the answers. She helps me work things through. She listens to me when there is a problem. She's willing to help with Social Services, to recognize my faults but not criticize me. She takes time out. Even when she wasn't working with me (officially) she would call me every couple of weeks to ask how things were going, do you need extra help. Tells me about groups.

She gives me the choice. One counsellor told me if I didn't go to counselling Lance would be taken away. Hanne doesn't say a decision is wrong. She approaches it by asking me what I want in a situation, from Lance's behaviour/anger. She asks what would be better than Lance tearing up his room when he's angry. We'd talk about it and we made a list that we hung on his wall of ideas he could do to deal with his anger so that he understood not to hurt someone else. It doesn't always work but we try hard.

She got me involved in two groups - Nobody's Perfect and Family Matters. Probably the best groups I have ever been in because there were other parents in my situation. A girl who I still talk to, had a son one year older than Lance. It made me realize that I'm not alone. The whole group, everyone was having their problems so nobody was condemning anybody else and everyone was helping everyone.

When I first met Hanne I had just started spanking Lance, I hadn't given him many but I didn't think there was much left to do, he doesn't listen, so I started spanking. Now I use time-out and consequences for his actions. Today was a perfect example, he took his roller blades to school after I told him not to. I told him if that was what he was going to choose to do, I would not be replacing them if anything happened to them, like being stolen. The school has already told them not to bring them, so they may take them away. These will be consequences for his actions if he is not going to listen to me. Time-out instead of spanking, giving him 5 minutes on his own as well as me, so we can figure how we can each deal with

the problem. Then he thinks about it, what he's done, and what he can do next time.

A lot of things he's in trouble for are because he's not thinking about what he's doing - impulsive because he's too wound up and hyper. Lance is a very mixed up child because he has gone through so much with me. Simon is a much more stable child at 3 years old, talking better. I get down and talk to Simon at eye level, where with Lance, I would be speaking but not really to him. Simon has always had the same guidelines, rules, and treatment so he's much more stable.

Hanne has been working with me on and off for 5 years. The first 1 1/2 years I wasn't really ready to settle down. I wasn't in a good situation to be a parent. I was with an abusive man, alcoholic - a lot of what she said didn't sink through. It was probably frustrating for her and I'm surprised she came back to me. You have to be ready, willing to make choices and do them because you want to do them. It's like an alcoholic. You have to want to change. I'm more concerned about the whole surroundings, environment that I live in. I think I care about myself more. I think I've grown up a lot and I got out of the bad situation I was in. I've realized what I want for myself and what my kids need from me.

Teresa

Teresa initially dropped in to the Family Centre and met a counsellor, who assessed her need for extra support and initiated home visits.

We became pretty close - Joyce and I. I miss her. She came out to my home each week and started visiting, like a counsellor, someone to talk to about issues - my children, discipline, my separation, husband, my past childhood. We talked about everything. I continued to come to the drop-in every Wednesday - sometimes twice a week. There was always somewhere to go - to take my kids to. They would feel welcomed and loved. People cared about them and me here. [crying]

[The changes for me were] getting involved with Centre, meeting Joyce, having someone who cares, looking forward to someone coming every week, having somewhere to go with kids. Even when it wasn't drop-in, I'd bring them up here when it was raining out, when the kids were getting house bound. I'd come up here and if there wasn't a group on, I could just go in there. Home away from home. Somewhere for my kids to go where they can make a bit of noise, which they can't do in an apartment. So we come and play, read stories to them. It was a break. [The drop-in with] Alex and the other moms, talking with them. I picked out different ones that I became friendly with and looked forward to seeing them every week. What's important is showing my kids to Alex each week - her caring

towards them, her comments about how well they look today
Snack time, clean-up, sing-a-long, Alex does it all good

Joyce left the Project I was told I could chose who I wanted to see I didn't even know Hanne I chose her, to come out like Joyce was doing I remember I was heartbroken when Joyce left I remember breaking down crying to someone here, saying What am I going to do? I really don't want someone new Joyce knows all about me But, she was gone and that was it So I met Hanne She's been pretty faithful to us I don't see that much of her now, but every couple of weeks she tries to get together with us She's helped me out a lot

I had some trouble in my last place and had to move I was actually evicted, because of my children's noise - two little boys in a one bedroom apartment I mean they are no quieter in a 2 bedroom now, but people's tolerance is better I was evicted and I disputed I took my manager to court and Hanne was right there for me She came along with paperwork about me She was right there holding my hand, basically We lost, but she was there for me I had to move out of James Bay I haven't been here in a long time - maybe three months I come here and see all the toys out My kids and realizing we're alone out there I have no where to take them [crying]

Belinda

I started coming to the Family Centre in April 91 to the Moms and Babes group When I first came, I saw about five other mothers I didn't really talk to them Kathy talked to me and I watched the kids play I was quiet and I looked Kathy reassured me if I had problems I could talk to her

I came every week We decided to have potluck I wanted to cook She came to my place to pick up the curry She saw where I lived I felt appreciated and I got closer to her I really appreciate her She's very nice, she listens mostly I had a problem afterwards and she the only one I can talk to, because I didn't have anyone then Cary didn't weigh very much and she was concerned She offered me advice, talked about health food She came to my house 3 to 4 times I feel like I can rely on her to talk to her about things when I needed help I didn't sleep because Cary was crying at night She gave me books, talked to me I also talked to public health nurse She and Kathy are close One time they both came at the same time and we discussed together and they want me to write down things I feel someone really cares - that time I didn't have anyone - not even one friend When you were closed from April to September, before opening the new Family Centre, Kathy came then to visit me

I met some moms and started having real friends A mom moved into apartment next to mine and I start having her as a close friend and we both came to Family Centre Her child is 11 months older than Cary I also have new friends - new mothers I start always looking forward to come - something to

look forward to each week with the kids Cary can see other kids - its wonderful

The first year when I moved to James Bay, I looked forward to come to Moms and Babes I didn't come to drop-in because my kids were too small At Moms and Babes there were nine mothers with their small kids Kathy would be there and we always have a topic to discuss, food, coffee It was just great When the topic was decided [friend] and I would talk about what was coming up and I would come home and talk to James about what topic we had talked about that morning, It gave me some education, some stuff I didn't know, that's why I feel great about it It would make James understand that baby wakes not because they are hungry but maybe just because they are happy and I don't have to pick them up and he doesn't have to give into them We had problem then and the group would suggest to me and I would try different things, experiment until you get the right one - every kid is different That's how it changed how I parent my kids

I moved two years ago to Saanich I didn't come for 5 months because I moved I went to Tillicum Family Centre but I didn't know anyone - even after 5-6 months The mothers already had friends and I felt left out - the kids just played There was nobody there that I could talk to like Kathy or a group of mothers to talk about problems, so I came back I think its worth it even the drive. I try to come twice a week, but always Wednesday I even make appointments so I'm able to come Wednesdays The kids like to come - the drawing, circle time

I use to be afraid because James filed custody for Cary, when I was in Milan When I come back it was annulled Now he would lose the custody I would fight for them I'm the one who nurture them and love them I work for my marriage now I still love him but I ask Kathy what I should do when he does this to me Kathy gives me such good advice She says think about what you want I feel much happier than two years ago This week when I came to the Family Centre, I met a new mom, who has a month old baby So we sat down and talked I made her feel welcome to the Family Centre

I can't believe its been three years I've known Kathy She is such a good friend

Emily

It took Emily a number of months to locate the Family Centre, after hearing about it from another young mom This surprised me, because the Family Resource Centre is located in the local shopping Mall and we frequently advertise in the neighbourhood

It was a big change for us when we finally started coming. I noticed a big change in Michelle. Instead of getting up at 8 we got up at 7. We started worrying about what we looked like and we started spending less time on stretches [exercised four hours a day]. We didn't make a big deal about feasting, which is what we did before, because those were the only two things we had to do in a day. I found myself eager to please people. I started worrying about how I looked. I started making sure the house was clean just in case I had a friend over. I started making sure I carried some money just in case I went for coffee. I think I was anxious, very nervous and self-conscious of what people were thinking of me, because I was very young. I was self-conscious all over again.

I found Michelle not needing me. She was never a clingy baby, but I was constantly grabbing her every time she fell and double checking her knee. I was afraid she would have a scratch, that my mom would see and question me about. Then she started going into the bathroom on her own and not telling me, because I wouldn't let her do that before. I started talking to [my new friend], I got to know the older moms and remembered who I was again. I actually met a few young moms here, but I didn't find myself automatically trying to talk to them. I didn't feel the need anymore, because I had found out all I needed to know about being a young parent.

I started to think about me - reasons for me to be here. When I went to the Young Moms group I was finding reasons for Michelle to go, answers for her needs. By the time she turned 4, I started realizing she was not a baby anymore - this is for me.

It's nice to have a place to go, it's nice to have a place for anyone to meet others - it makes it so much easier.

Analysis Uncovers

Nurturing Relationships

The stories and experiences I have presented identify many qualities of nurturing relationships. Relationships involve choice, choosing who to care about. Friendships evolve over time and with personalities that are a good 'fit'. Nurturing relationships are about trust, reaching out for others, and reciprocity - getting something back. Roberta talked about Hanne's willingness to listen and then to offer her guidance, not advice, in her situations. Teresa spoke of

feeling "cared about", and trusted the workers enough to "talk about everything" Belinda expressed the "reassurance" she felt with having someone who cared and would listen and talk with her Emily, through connecting with other moms, began to focus less on her child and more on herself, "this is for me"

Through interviewing the workers it became apparent that women who have been damaged in relationships require more time, choices, listening, trust, and reaching out before the healing of friendship can alleviate their experiences of self-blame and aloneness

Alex talked about her developing relationship with Emily

When I first met Emily she came to the drop-in with her daughter She would typically leave Michelle alone, get her set up doing something and then go to the back room She would bring a pile of magazines and isolate herself, sit in the backroom by herself and read the magazines Emily said she came purely for Michelle's good, she didn't want to meet anybody because she had enough friends, and she didn't care to get to know anybody This went on for about a couple of months

It made me nervous and the student noticed her too, so it wasn't just me I didn't know what to do about this except to hope that she would still keep coming I tried to talk to her, say hello and make her feel welcome when she came, make Michelle feel welcome The student seemed really young and started talking to her occasionally and Emily started to open up to her a bit I'm probably older than Emily's mother Then she started to get into the art projects that we put out Emily spent alot of time doing art, not with Michelle, she did it for herself She was starting to participate a little at that point

Then she had a problem leaving the Centre one day, when Michelle ran out into the [small] Mall and she didn't know where she was Emily's reaction, she freaked out, she was furious, Michelle was in tears It was a big blow-up thing that happened at the end of drop-in in front of the student and I At that point she said she didn't think she handled it very well, was feeling bad, and asked for some help I gave her some information and the book 'How To Talk So Kids Will Listen', the student continued to talk to her She came and talked to me a couple of times and we talked about material in

the book She seemed open to it, was trying to use some of it She told me how her mother was rigidly controlling them I talked to her about letting Michelle be more free with showing her emotions

She started to get involved with some of the other parents A mom and her still help each other with kids, meet for lunch and things She started to fit in at the drop-in quite well, met a few parents and started to relax She felt wanted and needed, began to help with the art Emily contributed quite a bit to the Family Centre and came regularly with Michelle

Kathy commented on relationships and their impact on self worth and aloneness

If we respected parents as caretakers, we would respect their needs for care and social connections Its very difficult for parents to continue giving without getting something back Coming to the Family Centre provides that opportunity as well as seeing other parents cope with children's behaviour They then have more than just their own ways of dealing with children, which may have been unhealthy from their own upbringing If we think about our statistics, we see many moms who have been abused and have not had the opportunity to work on that issue They do not have healthy feelings of self and therefore can't transfer healthy feelings to their children or any other relationship

Hanne felt very strongly about the essentialness of nurturing relationships in the work of caring

I think we have to find a way to help people develop some kind of self worth I think it requires skills and competencies, but I also think it requires someone who really cares about them I would actually prefer to say someone who loves them But you can't say to a social worker, you have to go out and love your clients I think that is actually what really heals people, someone who enjoys them, likes them, loves them, cares for them, will hang out with them, do things with them, and nurture that Someone who will actually believe in them, that they are okay, they can develop their skills, they can develop their potential That's pretty hard to demand from a service provider

Maybe its only fleeting moments when the real item [love] is there in a helping relationship I think actually it is what starts that little seed growing If a paid person is able to start a little seed of self worth growing, the person reaches a point where it maybe safe enough to show someone else

For people who have a few problems and have some sense of

being okay and have some skills then a parenting or assertiveness workshop is going to help a lot. But if you have someone who is really beat up inside then this isn't going to touch them. I just feel more and more as I do this work that the basis has to be about who cares and who will nurture the person in as unconditional way as possible. That doesn't mean that I don't have judgments about Teresa or Roberta's parenting - my heart hurts sometimes when I see the impact on kids. But, there has to be an understanding that I'm not going to judge them as a bad person and I do care about them. This has to be there first before you can work on the other stuff.

Being Valued

Being valued for Roberta, Teresa, Belinda, and Emily was a major struggle in their everyday lives. Their experiences of insecurity in a society that devalues them through exclusion, disregard, and poverty, they expressed with fear and isolation. They feared for their family safety, sometimes physical safety, but particularly in preserving their families. They were always on guard and secluded themselves away from social relations and structures that would harm or take their children. In poverty, every part of their daily lives was troublesome. They were transient from being forced to relocate their homes and therefore, disconnected from their neighbourhoods. Housing was a significant issue for Roberta and Teresa. They struggled in small overpriced apartments, inadequate for the care of children. Daycare was also raised as an issue, exploding the myth of daycare as a resource for at-risk clients. Quality childcare is more costly than subsidy rates provided by government. Even if parents or workers are innovative in finding affordable, convenient, and good childcare, there appears to be further obstacles for parents.

to overcome All four women were distrustful of childcare for their young children According to Hanne this is typical of women who are powerless

Daycare is a demand You have to be up at a certain time, get your kid ready, and out of the house That kind of routine is hard for some people Finding the kind of daycare people want is hard A group type of daycare which seems to be most appealing, especially to Teresa, is mostly fulltime spots, so there are logistical issues For people who have difficulty with their kids, behavioral problems of one sort or another get open for the world to see If you put your child in daycare, someone is going to see that I think that's probably one of the blocks for Teresa Is her child going to have a fit when she leaves him because he can't separate and this will be hard, embarrassing, and difficult Is he still going to want to bottle, when he's 4 and no one else has a bottle Is he going to say that he still sleeps with his mom, then this behaviour is going to be scrutinized and so there's that kind of hiding I think it also must feel painful, if suppose the kids do really well in daycare and don't have any kind of behaviour problems in daycare What does that say, that somebody else can manage this child better than the parent

Being valued by society means having access to a quality of life that advantages women, so they can care for themselves and their children These women need stable and adequate housing, enough money for basic resources such as food, clothing and health needs, educational opportunities, childcare options, and friendships or advocates who can safeguard them in times of crisis They need to be liberated beyond paid worker-client relations that 'care for' into nurturing relationships that 'care about' Opportunities must be created for women to connect with each other and experience the security of being valued Being valued is feeling 'cared about' and having opportunities to 'care about' others Women need to give back through sharing their strengths and

capacities with others. Roberta expressed her appreciation of Hanne maintaining the relationship through frustrations and times of minimal gains. The support and advocacy of Hanne's work, as well as the longevity of their relationship has given security to Roberta. Teresa spoke of having a place to go to where her children "would feel welcomed and loved". She also talked of Hanne's support and advocacy over her housing crisis. For Belinda being valued came from having a place where she could share her skills with new friends, and be able to rely on Kathy and other moms in times of struggle. Emily too, found coming to the Family Centre uplifting, and a place where she and her daughter uncovered their social skills by connecting with others. In a nurturing milieu, these women found they had common interests with other moms and budding social skills with which to make friendships.

Many of the comments from the women were about isolation and having inadequate environments to care for their children. The Family Centre is organized as a friendly gathering place and promotes valuing through its 'caring space'. Access is friendly and uncomplicated, relationships can be maintained, programming is flexible, and learning is natural and authentic. Natural and authentic learning experiences are spontaneous, genuine, and diverse, yet, can be intentional to foster trust, role model caring, and nurture developmental growth. Hanne speaks about the Family Centre space in terms of facilitating caring relationships.

I guess you can set up structures that facilitate [caring], I don't think you can guarantee it, I don't think the Family Centre guarantees it. It increases the odds of those real nurturing things happening, if you set up a friendly environment that has certain standards of how people are treated, provision of activities that will call out the best in people to increase the odds.

Alex is the Family Centre coordinator, which includes organizing the Drop-in Program, coordinating the space, toys, and equipment, and facilitating community participation programs, such as the food cupboard, family events, and numerous other duties. This is how she describes her work.

It's kind of like having a party, you wonder how many are coming, if this is going to be a successful morning or if I'm going to wish I could rewind that and try it again. Some days you can go in and the kids are all scratchy, there's lots of stuff going on. I sometimes wonder what my role is. In a daycare, you are in charge, the parents aren't there, you have your own set of rules, the children know what they are - more control in that kind of setting. I don't have that - yah I'm sort of in control but very minimally. If things start to breakdown or go wrong, I have to wait and see if the parent will step in. Or if a parent gets on another parent's case, I have to think about whether this requires help. If I do jump in, I have to think about whether it will offend someone, will I damage someone who is fragile, will they come back. It's a hard role because there is no warning, I never know what I'm going to be faced with. I don't think, that I think well on my feet so this is challenging for me, I just have to go with my guts and hope I was right.

The whole morning is like one big interruption. I just start to do something or talk to someone and I get asked where something is. I'm making muffins and then I see someone who needs to be welcomed in, and then someone says, "Oh man, I didn't sleep last night". Do I go to finish the muffins or do I stop and inquire about that comment. It's like being a mommy all morning long. At the end, I think did I finish anything, did I complete a conversation with anyone that I started with, did I hurt anyone's feelings, did I respond well enough? People bring up important things right in the middle of another activity. "My child has nightmares", it's important to them and they've chosen to share it with me. I'm torn as to whether I can deal with it in the moment, when there are other things to attend to.

I like it too, because it stretches me to cope with all these things. I think I can be rigid and it's good for me to

have to respond in the moment and trust my gut feelings I'm getting better at doing that I just like all these moms who are great people Some have come in and said they have been to other groups, however here they feel welcomed and belonging, that it's gentle and easy and relaxed I don't think I do that The moms create the atmosphere I suppose I do it in a background kind of way by setting out the structure, show how you treat people and that it sets things up I think most people enjoy drop-in

I do a lot of PR kind of stuff People come in for bread, questions I get sidelined a lot, someone needs to be the welcomer, that we're not all behind our desks I see that as part of my job Also getting supplies, and keeping things organized, even though it doesn't look organized half the time There's a lot of community work that creeps into my work John Howard Society for instance I know it's suppose to give time back but it takes time The Community School requests help, fund raising, supporting Vicky in her work experience, students, encouraging parent participation, the newsletter, just keeping track

I'm tired at the end of the day but I enjoy it There are times I struggle with what to do in a given situation There are times when you are in the drop-in, where you feel a parent needs more support or you need to do more, or they have dropped a bomb on you You can't respond adequately to it I'd like to say would you like to see me about that, or we could provide you with outreach But I think there are times when we need to provide something that is much more in the moment, spot counselling, which could be carried on later. Sometimes the bomb gets dropped on the person who look busiest because it's safer But we could follow up with people after I don't have the time for much of that We have quite a few gaits still on our program - the waiting period, sign up for the next group in 3 weeks For people with self esteem issues we lose them. We need a bridge between the informal and the more formal structures of groups and programs Somebody who cares and can follow-up

Facilitating Empowerment

Empowerment in caring community work is intentional Facilitating individual empowerment is done by supporting women in any opportunities that may arise, to gain more control in their life Empowerment often involves advocacy in small ways such as assisting with making an appointment or filling out a form correctly Other times it means challenging

influential professionals and systems in order to protect the family's wellbeing. Advocacy can intimidate workers and jeopardize their relationships with other professionals and funders. Community workers representing the standpoint of the women they support often find themselves in conflict with professionals who represent the standpoint of system regulations. Empowerment is about sharing your power as a worker with women who have been made powerless. Facilitating opportunities, sharing knowledge, and creating trust in relationship are features of empowerment. Hanne spoke about Roberta's "counterculture lifestyle" and that although her judgements were sometimes contrary to society norms, these judgements arise from experiences different from workers.

Well, other than supporting people and trusting that they really have the wisdom about what their needs are, even if it is not cosy and pretty and what conventional society wants them to do. Everybody would think it odd if Roberta gave up a third child, but she probably knows her limits. In this case it was extended family that pressured her to keep the baby.

Empowerment also means caring and sharing through collective participation. People sharing their gifts and capacities with others leads to personal empowerment, by the giving back to community, and contributes to collective empowerment by the strengthening of common issues. Learning that their individualized problems are shared issues, brings common ground for mutual support and group action. Kathy talked about, supporting the contribution of Belinda's skills in the group in order to enhance Belinda's self-worth and personal power.

Belinda grew up through the groups First the postpartum, then Moms and Babes She established some deep connections with other moms She goes to the drop-in She had some power in establishing some pot-lucks We had a baby shower for her and James, which he attended There were opportunities for them to feel a sense of community She could say I want to have a pot-luck this month and then as a group we would organize that

Alex organizes her work primarily to facilitate parent participation, community ownership and empowerment

I don't wear a name tag with staff, I don't obviously identify myself I think most people eventually figure it out I like that I don't want to be a figure-head, that's really not what the drop-in is about I like parents to feel they have equal opportunity to take on any role In a way that's a compliment [Emily did not know she was in charge of the drop-in for the first few months] I usually welcome people and say I'm suppose to be running this program, but really it often runs itself - it has a mind of its own If I don't, the moms who are regulars always do the welcoming, tell them where the coffee is, some kind of entry effort I think the moms are sensitive to that

I've been feeling guilty because for about two weeks I haven't been doing any good art projects, I've been tired Last week the moms started saying why don't we make some halloween art, I would like to make some ghosts etc I said go for it They brought stuff in, they arranged to face paint on halloween I asked if they wanted me to buy some paints and one said, no I'll bring mine If you do step out and don't be such a runner of things then others will step in and start to take ownership I think that's good The more they bring to it the more they get out of it ..

It would be great to have more parent participation, like with the newsletter I don't know if we haven't facilitated that happening properly or whether parents who have preschool children just can't be regular and committed It's very hard for them, things come up, sick kids, naps, etc - so much energy to be a mom.

Sharing Knowledge

Parenting is work that requires knowledge and skills. In our present society we have structured the learning of parenting knowledge through a system of class and economy There is an economy of books and literature written for the

literate class of well-read parents There are costly parenting courses designed for the educated and affluent However, parenting has not been valued as a required skilled work and therefore, has not been pursued with formalized learning, such as is necessary in career preparation Many women, who are outside the realm of literacy and affluence, assume that parenting knowledge is inherent to being a woman, that they are simply endowed with this wisdom, or not Consequently women's experiences of parenting become their knowledge base and they become the experts for younger, less experienced women Myths of parenting are, hence, perpetuated Kathy, in her work with moms and infants, encounters this phenomenon of parenting myth Young moms become inundated with conflicting advice on everything from feeding to diaper rash to discipline

Hanne referred to the fairy tale myth of parenting

The more that people keep themselves and their kids in isolation, the worse the behavioral problems become Some of these behaviours come out of boredom and being together too much Some come from not seeing other people's ways Learning that they aren't living in a fairy tale myth - it helps to see the other kids in the drop-in having a tantrum

Knowledge is an essential element of positive parenting For women who have grown up with positive parent role models and attained skills in interpreting knowledge, literature and common advice can be enough Women who have been disadvantaged, will most likely struggle in their parenting role Parenting knowledge for these women may need to be adapted, so that it is accurate, clear, relevant, caring, and

individualized. Roberta talked about spanking Lance, and Hanne's influence over time in changing her discipline strategies. Belinda gained much information from Kathy during the parenting stage of infancy. She was able to share this information with her husband and improve their relationship as partners in parenting. According to Alex, Emily's changes seemed to come about from watching others, the role modelling of positive parenting.

She got Vicky as a friend. I'm not sure what she got out of the few conversations we had about parenting. I think it was useful for her to see other people handling their children differently from her. I think that is what prompted her to change her behaviours, exposed her to new ways other than her rigid experience from childhood ..

Being alone decreases your self esteem. You can't just give people a course and improve their self esteem. It takes accomplishments and feeling competent about something, which means we need to provide opportunities for positive outcomes. The drop-in offers opportunities like helping with an art project - even though that sounds little, it's not.

Hanne spoke of balancing the work of facilitating personal growth with providing knowledge.

I've tried to provide her with information and ideas. It's hard to know what's gone in. Sometimes it goes through her filters and comes out looking different than what I would have intended. It's sometimes scary for me, when she says Hanne said ..and I think that's not what I meant to say. In terms of the information, suggestions and strategies, I don't know if they are helpful or not. I think she has so much need to be seen as an OK person that it will take a long time to fill that up. Until she gets to a certain point, I don't think the suggestions are going to help that much.

Caring Community Work Regenerates Citizens

Supporting women to learn and mature is work that takes time, energy, commitment, skill acquisition, and acknowledgement of the small steps forward. It starts with

recognizing individual strengths and capacities For some readiness is a critical issue and developmental growth is the first requirement Conflicts arise when a young parent's developmental needs displace the child's needs for care Service options are few, when the young parent needs as much parenting and nurturing as their child

Kathy visits many young moms with infants, who grow up with their babies Step by step, they are nurtured and supported to learn the skills needed, as the every day work of parenting changes with the child's development Parents are encouraged to explore their strengths and share them with others, as Belinda was

In the early days when [Belinda] seemed lonely, fragile, she cried alot, she was homesick, she wanted to make friendships She talked about how different Malaysia would be, culturally she would have the support of extended family She didn't even have the relationship, that was the reason for her living here Now she had a baby and no one to lean on There were glimpses of her humour, her conviviality, her ability to draw people together The pot-luck was her idea, her energy. I saw that she was intelligent, resourceful in that she could read, make reasonable decisions When she started feeding the baby, she seemed to know appropriate foods One thing I thought was a great idea was that when she fed Cary, she took off the baby's shirt so that she could make a mess To me that was an example of excellent judgement I would see these examples one-to-one and I would ask her to share these insights in the group

Hanne speaks to the issue of maturation time for developmental growth of the parent

I just remember [Teresa] much as how I see her now Coming in with her big double stroller, two little kids, looking always somewhat frazzled, kids all over the place, friendly, loud voice, sort of knew when she was there because you could hear her In terms of how she has changed I don't know if I see a lot of change in who she essentially is I think she is growing along with her children and it's such a

gradual process that I don't see her as a different person in any kind of way. She's in a continual struggle, but that's a negative word, so I'd like to say she is working very hard to be a parent to her kids and keep up with their development.

Often these moms have had kids before they have had a chance to develop their own identity. Chronologically, if you have a child at 17, probably nobody is really very fully developed in their identity. But it's worse for them, they have not had their identity nurtured along the way because their own family of origin wasn't supportive, so they are way behind. I am sure Roberta at 15 before she had a child, had never thought about what she wanted to do with her life. The things that, I as a parent are already starting to nurture in my 10 and 13 year old, in a soft way. It is a reality for them that they will have an adult life. I don't think this gets done for these moms, for whatever reason. They really don't have a clue what form their life will take and then all of a sudden there is a baby. It becomes obvious what they will be doing is looking after this baby, but the internal need to have some kind of self is still going to be there. I have often talked to moms about what do you like to do, what are your dreams. So many times they just don't have a thought about that, not even a clue. I don't think Teresa does much of anything except look after her kids in an apartment.

Hanne talks about her caring work of not judging, but instead, caring about the individual by valuing, teaching, advocating, empowering and being there over time.

I think it's because I came in and sat down in as nonjudgmental way as I know how to do. In [Roberta's] apartment, especially the first place she lived, it was the kind of place you would think twice about going into - it was such a wreck. The house was in terrible repair, it was smelly, dirty, junk all over. I just figure if I am going to go in, I can't judge that. I have to just sit down on the couch and drink a cup of coffee, if they offer me one. I think she felt me as a safe person, even though her situation was surely not safe in the beginning. I helped her do some real concrete things - like clean up. I think working along side somebody is a really powerful way to build trust - to wash dishes beside someone.

She has also received support with me in navigating the system. When she has to deal with a school principal who is going to talk differently to me than to someone like Roberta. Sometimes I have given her advice or suggestions about that. For instance, I told her not to wear her T-shirt that says 'Caution I Scream When I Come', when she went to the school to see the principal. He's not going to treat her well when she comes dressed like that. I think she has utilized me, not used

because that has a negative connotation. She has utilized my support in getting information out of social workers and school principals. To sit beside her and make her look like an authentic person sometimes. To me that is a terrible thing that she should have to use me for that - but it is a reality. She has aligned herself with me sometimes to get some kind of credibility or support. I have felt okay about doing that. Again, I have tried to set goals, give information, set strategies. Its hit and miss, some of it she uses.

I'm a great believer that people can feel, even if its at an intuitive level, when someone actually cares about them, likes them, and genuinely respects something about them. I do feel all those things for Teresa, and I think she knows that she has been treated with respect. She's pretty open, she lets me walk into her house and see things as they really are. I think that indicates to me that she trusts me, and that's helpful to our relationship.

The Family Resource Centre, since its inception, has been a stable accessible resource for many families. Women have become connected to the Family Centre, established caring relationships with both workers and other local women, learned and grown as much as their circumstances allowed, sometimes drifted away as their daily life stabilized, and then reconnected when their needs for support and learning intensified. Women are in control of when and how they choose to use this local resource which offers 'caring about' work.

However, the Family Resource Centre has its limitations, as well. Women labelled 'at-risk' clients often come to the Centre with their own developmental needs, which have displaced their children's needs for care. The community workers struggle over the dilemma of the immediate needs of the children to receive positive parenting, and the length of time it takes for a parent to mature and learn the necessary skills for positive parenting. Often by the time the parent

has the competencies to parent well, the child may be wounded and beyond the reach of their parents. Roberta had this experience with her first son. She feels he has been damaged and continues to have difficulties parenting him. She is confident her second and third boys will fare better, as they have had the benefit of her improved parenting, since infancy.

The issue here is that women who need significant maturation and learning to parent, require a lengthy duration and sometimes increased program intensity. The Family Centre has flexible programming that allows for prolonged parent involvement, however is restrained by funding and staffing limitations with respect to program intensity. The Family Resource Centre has several times approached the Ministry of Social Services with requests for individual families to have increased support or more flexible parenting arrangements. To ensure safe and adequate care of children, the model of co-parenting has been requested. This model differs from foster care, in that the parent and child are matched with a care-family, who supports the parent in caring for their child, including providing respite when necessary. The Ministry of Social Services has been unable or unwilling to organize innovative arrangements. The community workers, powerless to access intensive support for families, watch silently, while women struggle with overwhelming responsibilities and children getting insufficient care become wounded.

Exploring Caring Community Work in the Literature

Caring community work is about how we facilitate and support people who are disenfranchised and powerless, to become included and valued in community life. Caring community work creates opportunities and spaces for people to share their gifts and capacities, become renewed with self worth and maturation, and develop and maintain relationships of trust. In exploring the literature, caring community work was illuminated through literature on Women's Work and Empowerment.

Women's Work

Women comprise half of the world's adult population but perform nearly two-thirds of all the work hours, receive only one-tenth of the world's income, and own less than one one-hundredth of the world's property (UN figures, 1990, from Bains, Evans & Neysmith, 1993).

The history and ideology of women's work is deeply connected to the social relations of patriarchy and capitalism. Profound outcomes have followed, including the feminization of poverty, the erosion of family solidarity, and the impairment of individual identity (Sinclair, 1993, Bains et al, 1993). A history of the evolution of women's work and its relationship to family was presented by Sinclair on CBC's *Ideas*. Based upon this discussion is the following summary.

Women's work took a significant turn when work production moved into the factories away from home industry and created

two separate spheres of labour - outside work and housework. Political initiatives such as the census reinforced these classifications by simply not listing housework as an occupation, thereby constituting it as invisible, and creating the term 'dependents'. The social implications were an undervaluing of women's contribution to the economy, even though much of family sustainability relied on women's labour, such as farm work, food production, child care, and home-based income earning activities. As well, there was justification for less pay for women who worked outside the home. Men now perceived as the sole support of their families deserved higher wages. These higher wages were considered the family wage, and gained significant labour rights, as well as perpetuated male authority over wives and children.

With industrialization and the concept of a wage labour system, there came a separation of family needs from the wage. The pursuit of industry was economic growth at the expense of wages, and resulted in considerable stress to family life. However, abandoned children and families, increased use of illegal birth control and abortion, and the growth of orphanages and workhouses strengthened the movement for a family wage. The government responded with legislation to restrict women and children in the workforce, and the introduction of social policies such as workmen's compensation, unemployment insurance, and family allowance. These social policies were conceived as economic policies in

order to control wages and give Canada a competitive edge after the war. However, they were sold to the Canadian population as social policies. The 1950's brought additional programs and an expanding economy with increased male wages. Legislative barriers to women's employment were removed, and women being less expensive labour, were soon drawn into the labour force. By the mid-seventies wage levels for male workers were declining, female labour was increasing, and the stress on the family, particularly women and children, escalated.

This emerging crisis, with consequences of double workload for women and disregard for children, is an outcome from the extreme undervaluing of domestic work. The burden on family life has been further intensified by economic decline and diminishing commitments by government to social programs. Even with increased participation of women in the labour force, real family incomes have been static or declining since the late seventies. Families have responded not by lowering their standard of living, but by intensifying the work load. Time has become a fundamental premium for individual and family wellbeing. The time budget is a growing problem for women with a family and is at least as influential as the financial budget (Lister, 1990). Over 70% of women with children between the ages of six and twelve work outside the home and 66% of women with children under three years work full time. As well, 31% of all caregivers to the elderly are

employed outside the home (Matusicky, 1994) Women are much more likely than men to work part-time or interrupt employment to accommodate the needs of family and household The family ethic that limits availability for paid work and the work ethic with its emphasis on market-based productivity operate together to discount the significance of women's work in the labour market and devalue its importance in the home (Bains et al, 1993, Illich, et al, 1977)

Lister (1990) relates women's economic dependency and citizenship status to that of powerlessness, "for true citizenship will mean women operating as subjects and not objects" (p 465) Women must question the dichotomy between policies that claim fostering of self-reliance and independence for women, yet keep them in a position of poverty - the working poor Women's history of economic dependency on individual men has been shifted to public dependence on the state According to Lister, these social policies, that created women's public dependence, were not about advances for women, but just another illusion for keeping women in a position of powerlessness

Women's position as the economic dependent of a male partner, as the double-shift worker juggling the responsibilities of paid employment and caring work, or as a welfare benefit recipient struggling to raise children in poverty or to manage on an inadequate pension, is incompatible with the full exercise of the

social and political rights of citizenship (Lister, 1990, p 465)

DeVault (1991) maintains that women's caring work is a social construction built on women's service to men and implicated in class relations that reinforce men's entitlement and women's subservience. Women's caring work is largely invisible work without a language to describe central activities of women's lives and the effort of being constantly responsible and attentive. Invisible work is noticed only when it is not completed. Social Services takes serious notice of children who are poorly fed or clothed, or when parents are unable to control child (mis)behaviour. All four women in this study were on social assistance. They were often anxious that they would be criticized about the care of their children, yet did not expect nor experience acknowledgement for their significant commitment, and their efforts, to feed, clothe, or manage their children. DeVault investigated and found that the work of feeding the family was complex, mostly invisible, and had important outcomes. Feeding produces family and group life, there are significant differences in feeding, yet there is an illusion of similarity, there are assumptions about material settings, in that, more than money is needed, also needed are time, space, equipment, security of home, and safety of neighbourhood, and finally social policies which blame mothers for deprivation.

According to Bains et al (1993) the development of the

caring services as women's work reflect the traditional demarcation of roles in families "The devaluation of caring, coupled with its invisibility, can place those who are cared for, whether family members or clients of human service organizations, in a position of extreme dependency on others" (p 29). The burden of caring is experienced both by the women who care and by those who are cared for. Caring fluctuates between a source of pride and identity and a basis for self-sacrifice and resentment Callahan (1993) asserts, there are "profound implications in child welfare resulting from the invisibility of important [caring] work" (p 11) when it is not visible and not rewarded, workers and the organization devalue this work and view it as not requiring skill, merit or high priority, visible work is what is noticed, measured, and recorded, when things go wrong the visible work is examined, parents are investigated based upon their inability to parent, work that is mostly invisible, yet they are judged by largely visible criteria such as children's health, clothing, behaviour etc Clearly the stories of Roberta, Teresa, Belinda, and Emily reveal the profound love, commitment, caring about, caring for, and sacrifice these mothers give to their children The everyday work of being there for their children with these significant, yet invisible, gifts goes unrecognized.

Women's work beyond the responsibilities of family is evident in the literature on social support Many of the

social support networks, as described by Whittaker & Garbarino (1983) refer to work organized and carried out by women. They defined social support network as a "set of interconnected relationships among a group of people that provides enduring patterns of nurturance (in any or all forms) and provides contingent reinforcement for efforts to cope with life on a day-to-day basis" (p 5) The informal social support networks include those connected to family, friends, and neighbours The formal networks are more established structures such as school or church, or those connected to associations or organizations Mutual support is a more inclusive version of social support, by extending its capacity through intentional planning, to incorporate or integrate those citizens in community who are marginalized or at risk. Mutual aid is yet another form identified by its more organized administrative direction and targets a range of high-risk populations Cameron, Hayward & Mamatis (1992) refers to mutual aid as "created, rather than embedded relationships, apparent within the context of formal agencies and professional workers (p 24) The Family Resource Centre operates with the principle of mutual support The Centre facilitates space where local women connect with and nurture each other The Centre also reaches out to women who are marginalized and supports them to be included in the social networks

Dominelli (1990) has explored women's community work by linking the models of community work described by Rothman

(1974) with a new dimension she proposes as Feminist Community Action. Feminist Community Action focuses on gender equality as a central feature of collective action. It challenges "fundamentally the nature of capitalist patriarchal social relations between men and women, women and the state, and adults and children through action which begins in the routine activities of daily life" (p. 12). It is contrary to the dominant tradition of 'blaming the victim', which increases law and order, decreases welfare costs, and allocates funds for increased professional expertise and corporate management techniques. Dominelli contends that introducing the 'needs' element in the allocation of funding, and redistributing monies to the greatest needs and least resources is a form of controlling and policing communities.

According to Dominelli, feminist campaigns and networks have aimed to restore women's human, political, economic, and social rights by addressing gender based oppression through practice reflective of egalitarian principles. Such new methods and ideology are consciousness raising, focusing on power sharing with win-win principles, acknowledging the contributions of women both visible and hidden in society, and promoting the tenets of the 'personal is political' and 'sisterhood is universal'. Issues such as abortion, violence against women, welfare rights, and health care are examples of feminist community action uncovering powerlessness experienced by women and children. Dominelli maintains that in order for

feminist ideology to make significant gains, women will have to form alliances with others such as trade unionists, politicians, and professionals, however, women must safeguard and prevent incorporation by these alliances. Feminist community action offers direction to the Family Resource Centre in addressing the social ruling of secondary structures such as human service systems and acknowledging the dominant influence of patriarchy and capitalism.

Arnstein (1969) writes that, "citizen participation is citizen power" (p. 216). She has outlined a typology, illustrating significant gradations of citizen participation.

It is the redistribution of power that enables the have-not citizens, presently excluded from the political and economic processes, to be deliberately included in the future. It is the strategy by which the have-nots join in determining how information is shared, goals and policies are set, tax resources are allocated, programs are operated, and benefits like contracts and patronage are parcelled out. In short, it is the means by which they can induce significant social reform which enables them to share in the benefits of the affluent society. (p. 216)

Arnstein's typology is depicted in a ladder pattern with the bottom rungs being 'manipulation' and 'therapy', and described as levels of 'nonparticipation', that enable powerholders to educate or cure the client/citizen. Rungs 3 and 4, 'informing' and 'consultation' are considered tokenism, as they permit

citizens to hear and be heard, although there is no assurance of follow through Rung 5, 'placation' is perceived as a higher level of tokenism, as the powerholders continue to hold the decision making authority 'Partnership' at rung 6 enable citizens to negotiate and engage in trade-offs with traditional powerholders Power is redistributed, but in most cases as a result of citizens taking the power, not readily given it At the topmost rungs are 'delegated power' where citizens have a clear majority of seats and genuine specified powers 'Citizen control' representing have-not citizens obtain the majority of decision-making seats, or full managerial power

The Family Resource Centre recognizes the importance of feminist community action and ultimately citizen control, however community workers grapple with how to mobilize women with young children Mothers who are struggling with sleep deprivation, the demands of caring for children, and the daily needs such as keeping food on the table, consequently are limited in their participation in collective action In fact to promote these expectations may be at the expense of their essential commitment and energy for parenting and self-care Community workers have the capacity to foster feminist community action by raising the individual consciousness of women about how the social relations of ruling control their everyday lives Community workers can support women to stop the self-blame, be valued for the strengths that they have,

and assist them to have nurturing relationships with other women. As these women gain personal strength, wellness, and competency, and their children grow older and require less daily care, the women may then participate in feminist community action for citizen control of decision-making. Community workers question whether they can initiate any further feminist community action than this?

Empowerment

Empowerment is a word, which became popular in the 1980's, and has permeated much of the human service literature. It has become a significant concept to many interest groups including health education (Wallerstein & Bernstein, 1988), family support, (Cochran, 1990), child and public welfare (Hegar & Hunseker, 1988), community development (McKnight, 1987), professional focus (Gibson, 1991, Rappaport, 1985), and oppressed groups (Friere, 1972), to name a few. The commonality amongst these diverse interests may best be described by Hegar & Hunzeker (1988), empowerment is a democratic concept, as the underlying process suggests a redistribution of power and advancement of social justice.

Empowerment has been a difficult concept to define. It has been described largely by the absence of such attributes as powerlessness, helplessness, victimization, oppression, alienation, and dependency. Empowerment has also been associated with the concepts of social support, community organization, neighbourhood participation, personal efficacy

and self esteem (Hegar & Hunzeker, 1988, Rappaport, 1985, McKnight, 1987, Kieffer, 1984, Wallerstein & Bernstein, 1988)

A review of the literature indicates the diverse conceptualization of empowerment from an individual level to community to organizational structure to social policy. Kopp (1989) refers to empowerment as a means of providing clients with opportunities to recognize their personal value and to attain their goals through their own efforts Gibson (1991) defines empowerment as "a social process of recognizing, promoting and enhancing people's abilities to meet their own needs, solve their own problems and mobilize the necessary resources in order to feel in control of their own lives" (p 359) Rappaport (1985) speaks of 'mutual empowerment', as people having control in their own lives, through social and mutual support initiatives, hence has implications for the professional's role in empowerment.

The Cornell Empowerment Group (1989) defines empowerment as "an intentional, ongoing process centred in the local community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources" (p 2) The definition of Cochran (1989) as researched by the Cornell Empowerment Group and presented to the City of Victoria Mayor's Task Force on Children (October, 1990) seemed significantly congruent to my experience and practice Cochran spoke of *an ongoing process*

and *critical reflection* as an evolving recurring process. This notion is similar to Friere's (1972) description of a recurrent spiral of action-reflection-action and congruent with Smith's (1987) presentation of reflexivity. Cochran spoke of *mutual respect* and *caring* which embodies the capacities and experiences valued by individuals and relationships. In particular, he included the aspects of *group participation* and *centred in the local community*. The process of becoming empowered involves connectedness, participation, and actions and interactions that are practical, responsive, and culturally, socially, and individually relevant. The shifting of power/control, so that inequities can be redressed, is the outcome and is facilitated by the presence of a community-level process. The role of the professional in this process requires a transformation

in a way that helps participants believe in themselves and in the value of their knowledge, be able to identify the ways that their society is oppressive, and be willing and able to develop a vision of a better world and the actions needed to make that world come about. (Barr & Cochran, 1992, p 5)

The role of the professional is to facilitate empowerment opportunities for individuals and for group connectedness. Workers do not empower their clients or groups, they instead facilitate opportunities for citizens to empower themselves.

Wallerstein & Bernstein (1988) speak of empowerment

education as "an effective health education and prevention model for personal and social change" They define empowerment as "a social action process that promotes participation of people, organizations, and communities in gaining control over their lives in their community and larger society" (p 379)

Empowerment education is closely aligned with the literature on Health Promotion Epp (1986) outlined a health promotion framework utilizing the World Health Organization definition of health promotion "as the process of enabling people to increase control over and to improve, their health" (p 6) In his aim of 'achieving health for all', Epp identifies the health challenges as reducing inequities, increasing prevention, and enhancing coping. These challenges require public participation, strengthening community health services, and coordinating healthy public policy He identifies the health promotion initiatives of self-care, healthy environments and mutual-aid Since Epp's document was published, there have been some obvious gains made in these initiatives Epp is frequently referred to in the human service literature of empowerment, public participation, community development, healthy communities, child welfare, etc (Lord, 1990, Siler-Wells, 1988, Labonte, 1987, Gibson, 1991, Wallerstein & Bernstein, 1988) Health promotion related to self-care and healthy environments are evident Public health practice has emphasized individual self-care using strategies such as health teaching, client friendly health

literature, and involvement of the individual in planning and coordinating services. With the public pressure of a sustainable future, many healthy environment initiatives have been fostered. However, there seems to be much less evidence of health promotion directed at mutual aid.

Mutual aid initiatives are able to focus on community-based programs. They offer a model for being highly participatory, having significantly more control from the bottom-up, and utilizing the expertise and resources of professionals and organizational structure to facilitate and empower community process. Barriers to implementation of mutual aid include a lack of recognition and resources directed towards community development, resourcing poverty and its associated consequences, equal partnership between consumers, community groups, organizations, and funding bureaucracies, a role transformation for the professional that addresses the power imbalances, multidimensional approaches that accentuate the informal, and the needed research, strategies, and education to make this paradigm shift (McKnight, 1987, Whittaker & Garbarino, 1983, Lord, 1990, Cameron, Hayward & Mamatis, 1992).

The Health reform process in B C is an example of a mutual aid initiative. The Family Resource Centre represents a local programming model for health reform actualized at the neighbourhood level. The principles of *Closer to Home* (1991) recognize the social determinants of health as specific

indicators that create conditions for a predicted outcome. Due to rising health care costs and economic realities, research and ideology of population health has become associated not with medical intervention, but with the wealth-creating ability of the country (Closer to Home, 1991, Mustard, 1991). Mustard identifies factors which contribute to health as illness care - 25%, genetics - 15%, and physical environment - 10%, the remaining 50% consists of social and economic factors such as poverty, unemployment, education, income distribution, social supports, and social justice. These statistics are derived from various research investigations carried out around the world by the Canadian Institute for Advanced Research.

The evidence is strong that these factors operate through their effects on the human host defence mechanisms and that the degree to which people are empowered and equipped with adequate coping skills to deal with life's stresses will determine how healthy they are. There is very strong evidence that the first few years of life are critical in equipping a child with the coping skills that will enable him or her to be healthy in later life (Mustard, 1991, p. 22).

A broad understanding of health, includes a recognition of well-being. Drover & Kerans (1992) define well-being as, "the pursuit and fulfilment of personal aspirations and the development and exercise of human capacities, within a context

of mutual recognition, equality, and interdependence" This definition outlines the determinants of wellbeing as self-determination that focuses on capacity and choice, being perceived and recognized as a valued person, and having the resources necessary for differing aspirations They maintain that social, economic and political commitment is necessary in order to address authentic policies of personal security, sustainable development, democracy, and citizenship Rappaport (1985) and McKnight (1987) share in this view of empowerment ideology and demand that the construction of knowledge, social relations, and public policy be a bottom-up process starting with the diverse experience of citizens

Regenerating Citizens

The principle of normalization makes a significant contribution in understanding the regeneration of citizenship Wolfensberger (1983) brought this concept to North America in the late 1960's He defines normalization "As much as possible, the use of culturally valued means in order to enable, establish, and/or maintain valued social roles for people" (p 23) Wolfensberger formulated seven core themes to normalization These themes pertain to the underpinnings of citizenship, particularly for individuals who have been devalued and marginalized in our society. The first is the "role of (un)consciousness in human services" (p 24) and promotes conscious strategies for remediating devalued social status Second is similar to the self-fulfilling prophecy,

where role expectancy begets experiences of deviancy-making. These role expectancies are conveyed by the structure of the environment, the activities offered, the language used, the social imagery, and the people who are juxtaposed. To counter these phenomena, Wolfensberger maintains that individuals must be supported in as many positive social roles as possible.

The third theme is the conservatism corollary, which maintains the more deviant an individual or the more deviant people who are congregated, the more significant the societal response. In order to compensate, the devalued person must be more conservative in enhancing their image than is expected by the average individual. Fourth is the tenet of the developmental model or the importance and opportunity for enhancing personal competency. Fifth is the power of imitation. Normalization requires that devalued people be given the opportunity to function routinely with those who are valued models. The sixth theme is the dynamics and relevance of social imagery. This speaks to the strong influence of common and maybe unconscious image associations, which are important to address through positive enhancement. Finally, "normalization requires that, to the highest degree and in as many life areas as feasible, a (devalued) person or group have the opportunity to be personally integrated into the valued life of society" (p. 27). Normalization and social role valorization offer value-based strategies to counter devaluation and enhance citizenship in community.

The Family Resource Centre in many ways utilizes the principle of normalization to promote citizenship of women and children who experience devaluation. The community workers are conscious of valued social roles, and focus as much as possible on women's strengths within their roles. The Family Resource Centre through its programming and space fosters positive social imagery and integration of women with diverse experiences and skills. Workers support women to enhance their competencies through education and role-modelling, and promote social relationships and inclusion into community life.

McKnight (1987) defines community as "the space where citizens prevail - a social space in continuous creation by its citizens, who claim by the very fact of their citizenship, authority and responsibility in this space" (p. 3). He believes community to be "threatened by institutionally defined social programs with the power to establish authoritative definitions of need" (p. 3). McKnight maintains that focusing attention on the needs of the individual, rather than on the physical, social, and political structure of the environment, and inducing dependency on professionals and unstable public funding, makes clients and suppresses citizenship. He has little faith in community restoration from the outside, but rather asserts community regeneration be from the inside. McKnight (1987) says "everybody has a gift and a good community is a place where all those gifts are given" (p. 26). By creating collectives of citizens, or associations, the

community work of problem-solving, celebration, consolation, and creation unfolds McKnight (1987) concludes that, as communities grow richer in social services, they become poorer in competence and solidarity Some communities are so broken, even the most "expensive, highly trained, lavishly equipped" (p 9) organizations cannot fix them.

I have worked in community-based programs most of my adult life, in both small and large communities Recognizing the essential feature of local (geographical) community has enabled me to create a vision for effective community work Local community, neighbourhood, is a place where citizens know each other, where there is a vested interest in local decision making, where there is capacity for caring that leads to citizenship *Caring community work is about creating opportunities and spaces for people to share their capacities and be valued by others* It involves participation, collaboration, and inclusion of the 'soft voices' The soft voices bring to community a sense of diversity that representative democracy can not offer They are a source of social innovation and creative responsiveness for new ideas, processes, and structures By telling their stories, the soft voices 'normalize' their common and personalized experiences, reframing them from the problemized labels they have been given Their contributions become their personal empowerment and wellness into community living As women with 'soft voices' gain personal strength, wellness and inclusion into

community life their regeneration as citizens will give them opportunities to speak out, to participate in community action, to challenge the social relations of ruling, and to ultimately have increased power and control over their lives
'Women's ways of knowing' will be revealed

CHAPTER FIVE

THE DECONSTRUCTION OF MAKING CLIENTS

If you don't know what your 'self' is and what little you know of your 'self', you feel isn't okay and you are ashamed of it and hide it and protect it, you are going to end up alone with nobody caring. Being alone means that you will have to do all the work of parenting without help, and you won't benefit from the experiences of learning and watching others parent. Therefore, your skills and competencies don't develop and in turn your self worth decreases. It's a negative spiral. I know for me, the more I feel good about myself, the more I am willing to come out and play in the world. For parents who feel so bad about themselves, it seems to me they would naturally hide and protect - some protect with bravado and some hide with sophisticated strategies (Hanne, Interview, 1994)

The 'Soft Voices' Create Knowledge

Chapter three, 'Being A Client', focused on my first research question, which explored the experiences of women labelled and perceived as 'at-risk' clients. By listening to the stories of Roberta, Teresa, Belinda, and Emily, I uncovered themes, which I named self-blame, aloneness, who cares, and devalued work. These themes describe the experience of women, whose lives of powerlessness and devaluation have been organized by social relations of ruling in our society.

Self-blame, as my analysis reveals, begins in childhood with the development of self-image within the culture of the family. The culture of the family is comprised of beliefs, social patterns, knowledge, actions, caring, and abuse. The culture of the family is significantly influenced by the culture of society. These four women, as children, began their learning about powerlessness and devaluation from their families. Roberta endured sexual and physical abuse from her father, a distant and seemingly uncaring mother, and isolation from friends and caring adults. Teresa also encountered emotional and physical abuse from her father, and similar forced isolation. Belinda grew up in a middle-eastern culture, where men have supremacy in the family, women are dependent and are the servers of men. Emily was second born to a teenage mom, who had experienced loss of the first child to the grandparents. Emily's mom, in her fear of a second loss, parented her daughter with high expectations to be the 'perfect child'. These experiences with family gave these women internalized perceptions that they were burdens to family, and unworthy of self care and care from others.

As the women grew from children to young adults and their relationships expanded beyond family, their learned survival skills intuitively kept them fearful or distrusting of the outside world. They learned to be protective of their own children and themselves, and hide the parts of their everyday lives that society devalued. Roberta didn't know how to manage

her son's tantrums, so she isolated with him "I would just stay in a little corner there, let life go on and watch him 'spasm out' in my house when he didn't get his way" (Roberta, p 55) Teresa ashamed of being left by her husband to be a single parent, was afraid that others would judge her parenting abilities "But if its a single mom alone with a boy running wild, full of energy, they say oh, she can't control her kids" (Teresa, p 56) Emily as a teen mom, like her own mother, was fearful that her child would be 'taken away' or 'taken over' The fear of being powerless came from real lived experiences, and was taken on as shame for not knowing how to parent, for being a single parent, for being poor, for not being a good wife, for being too young and on and on

These are some of the internalized perceptions of self-blame that come from structured myths about parenting and family life in the social relations of our society. Roberta had myths that "maternal instincts come naturally" (p 57) Teresa had illusions that having a backyard and being able to take her children to grandma and grandpa's for Sunday dinner would be a measure of her parenting success. Belinda's experience was the onerous responsibility of keeping the marriage together Emily's myths were that her child must be well behaved, talented, well dressed, and above all healthy for her to be perceived as a 'good mother' These women did not fabricate these notions of parenting and family life These are the ideals of our society which continue to value

traditional and extended family, independence, wealth, skills and aptitude, parenting competence, and child obedience

The theme of aloneness, however, comes from the reality of society. The reality is that many, if not most, people do not have traditional family lives with the support of extended family. Roberta, Teresa, and Emily had been restricted from friendships as they were growing up. Belinda was from a different culture and new to the community. These four women found themselves caring for young children in very alone circumstances. With an absence of friends, husbands, and caring families, they were restricted to the isolation of small apartments with physical spaces not conducive for care of children. On outings they found their neighbourhoods to be lacking in child friendly environments and people to be intolerant of child (mis)behaviour. Isolation was not chosen, it was forced, from lack of options from which to choose.

The women had few self-care skills, and experienced a further loss of self, when their children were born. Their needs for self-care were submerged under the demands of caring for children, and this suppression had consequences to their health and wellbeing and to their parenting. All four women experienced depression in postpartum. Teresa and Emily used their children to fulfil their needs for nurturing, while Roberta turned to alcohol and drugs. Roberta, Teresa and Emily had unrealistic expectations of their children, and became easily frustrated with child (mis)behaviour. Belinda, who

seemed to have the strongest sense of self and had skills in self-care has "grown into herself as a parent" (p 79) Women who have a low self-image, are fearful of others, and are shamed by their circumstances or limited abilities, welcome isolation as a way of coping with self-blame. Self-blame which has been structured by uncaring community leads to aloneness. Aloneness for women and their children limits learning about parenting. Alone women do not benefit from the role modelling of other parents. Aloneness places tremendous emotional and physical demands on mothers, restricts developmental growth of children, and jeopardizes child safety and family security.

Who cares about women and young children who are powerless, devalued and labelled 'at-risk'? As these women's everyday lives unfolded, infants became toddlers, then school aged, and first born became two and three children. The women realized that no one cared. They reached out for resources in their communities. Roberta, when she was 12 years old, asked Social Services for help. Unable to speak about her experiences of abuse, she unsuccessfully requested to be removed from her home, and then began to express her wounding through behaviour. She is now 25 years old and still hoping that some worker will listen to what she is asking for. She cries about her powerlessness of being forced to relinquish her son for weekends to the care of her parents.

Roberta, Teresa, and Emily experienced the rules and regulations of Social Services. Income assistance does not

cover the monthly living necessities, information about extra funding is undisclosed, living with a man makes the family ineligible for extended medical and dental, only licensed preschools and daycares can be funded. Being poor affected all parts of their lives, yet no one seemed to care. Workers had their own agendas and chose not to listen or care from the standpoints of these women in struggle.

Emily was unable to get support from her doctors, because she felt "there was no confidentiality and at that time I didn't know legally I could do something about it" (p. 67). All four women experienced postpartum depression, yet were not supported through their health crisis by health professionals or resources. Roberta, Teresa, and Emily have gone on to have long term struggles with parenting. The theme of 'who cares' addresses the absence of a support network that will assist women to have success in caring for their children.

Devalued work focuses on the lack of recognition of parenting. In our social relations, visible work which contributes to production and economy is valued. Based upon visible work, parenting is measured by having children well fed, clothed, housed, behaved and healthy in appearance. However, much of the work of parenting is invisible and is highly influenced by access to adequate physical space, and advanced knowledge and skills. Physical space in caring for children is a crucial resource and significantly affects parent-child relationships. Knowledge, skills, and resources

required for positive parenting are complicated, yet often go unrecognized. For instance, behind feeding includes money, kitchens, shopping, planning, cooking, cleaning, and relationships. For clothing, there is money, closets, laundry, shopping, exchanging, mending, and storage. Housing requires money again, searching, security, damage deposits, furniture, inside space, outside space, and safety. Child behaviour has complex invisible work, such as knowing about child growth and development, creating stimulating environments, facilitating play and relationships, nurturing, setting limits, and teaching children to learn from their experiences. Keeping children healthy means having sleepless nights, knowing about health risks and illness, finding good health resources, supervising child safety, and monitoring children's sleep, eating, emotions, learning, and much more. This is some of the invisible parenting work of women with young children.

Women must acquire a tremendous amount of knowledge, competency, and resources to be mothers. Roberta at 16 years was overwhelmed by the demands and wanted to give her son up for adoption. Teresa, was able to carry out much of the physical care, but managing child behaviour was too much. She became frustrated with always 'being on', and had difficulty controlling her anger. "It's the same thing every day. There's no weekend" (Teresa, p. 49). Both Roberta and Emily talked about the 'me' inside that was easily lost with the demands of parenting. Belinda learned how to parent over time, but at the

expense of her own personal aspirations Emily managed the demands by placing rigid controls and high expectations on her daughter When parenting became too stressful, she switched roles and forced her daughter into the mothering role

From my position as manager of the Family Resource Centre, the stories of Roberta, Teresa, Belinda, and Emily are not unlike the everyday lives of many women who come to the Centre The social relations that structure women's everyday lives, as described in these four stories and substantiated through relevant literature, create a condition of clientage As this inquiry reveals the making of clients comes from secondary structures, that do not permit workers or citizens to 'care about' There are rules and regulations which contain women below the poverty line, housing constraints which impede parenting, a social service system that threatens the preservation of family, a medical care system that does not attend to family health, an education system that does not teach about parenting, a complex community service network that makes access impenetrable, and communities which force women and their young children into isolation These secondary structures with underpinnings of patriarchy and capitalism value independence and competency For many women and children, their experiences have not led to independence and competency Instead, their lives have brought poverty, powerlessness, silencing, exclusion, devaluation, and a career of clientage

The Actions and Outcomes of Caring Community Work

Chapter four, 'Caring Community Work' explored my second research question about the experiences and work of women and their community workers at the Family Resource Centre. Roberta, Teresa, Belinda, and Emily told stories of how their lives changed, while coming to the Family Resource Centre. Their stories, as well as the narratives of their workers, Hanne, Kathy, and Alex, uncovered both the visible and invisible work of regenerating citizens. I named the work nurturing relationships, being valued, facilitating empowerment, and sharing knowledge.

Nurturing relationships, as the inquiry reveals, has certain qualities. Roberta and Belinda emphasized the importance of listening. They also talked about patience. Roberta said, "patience was a real big thing and I think I expected instant results, but that's not the way it works - it took time" (p 109). Nurturing relationships involves 'reaching out', as Roberta commented, "even when she wasn't working with me, she would call me every couple of weeks to ask how things were going" (p 110). The workers recognized that 'personality fit' increases the success of reaching out. Teresa and Belinda identified trust as important. Teresa remarked, "we talked about everything" (p 110), and Belinda said, "I can rely on her" (p 111). Teresa talked about the caring she felt. "People cared about them and me here. What's important is showing my kids to Alex each week - her caring

towards them" (p 110) Belinda described Kathy as "such a good friend" (p 112) Emily's experience of nurturing relationships induced self-care "We started worrying about what we looked like I started to think about me - reasons for me to be here" (p 113) Belinda went beyond self-care and provided caring to others "So we sat down and talked. I made her feel welcome to the Family Centre" (p 112)

Being valued is having the perception that people care Individuals are recognized and valued for their uniqueness and special gifts Roberta said, "Hanne talks to me like a person" (p 109) Belinda appreciated the understanding that "every kid is different" (p 112) Being valued is also about society caring Women and children who have adequate food, clothing, housing, positive relationships, advocates, childcare options, health care, and education opportunities feel valued in community The Family Resource Centre demonstrates the value of women and children by offering a nurturing and stimulating space. The Family Resource Centre was described as being friendly, welcoming, clean, organized, flexible, spontaneous, natural, developmental, lots of toys, good food, and celebration Alex said, "It's kind of like having a party" (p 119) Hanne remarked, that such spaces "will call out the best in people" (p 119) Alex facilitates the Family Resource Centre space by role-modelling the skills of listening, communicating, managing children, organizing, being creative, caring and sharing power She says, "if you do step out and

don't be such a runner of things then others will step in and start to take ownership" (p 122)

Facilitating empowerment is about supporting people to have ownership or control of themselves, their circumstances, and their local community. Facilitating empowerment starts with not being judgemental. Roberta said, [Hanne] "understands I'm not perfect she's willing to recognize my faults but not criticize me" (p 109). The next step is to value the standpoint of the person being supported, and recognize when your standpoint differs. Roberta and Hanne had much different experiences and standpoints, yet Roberta appreciated Hanne's willingness to understand her. Roberta commented, "[Hanne] approaches it by asking me what I want in a situation" (p 109). However, Roberta acknowledged that "you have to be ready you have to want to change" (p 110). Seizing opportunities, both individually and collectively, for sharing knowledge and gifts, sharing power, advocating with, and taking action together facilitates empowerment. Teresa remarked, "Hanne was right there for me" (p 111). Belinda appreciated the encouragement of initiating a pot-luck with her group.

Sharing knowledge, that is, teaching parenting skills, is often perceived as the primary work of community workers. The Family Resource Centre recognizes the importance of sharing knowledge, however, within the context of the other work of nurturing relationships, being valued, and facilitating

empowerment The study revealed that women who have been disadvantaged require often individualized and caring approaches to sharing knowledge Parenting information must be accurate, clear, relevant, and often delivered step-by-step, as the parenting demands change with the child's development Roberta said, "Hanne helped me with setting up guidelines it takes more than one try" (p 109) Belinda commented about a group, "we always have a topic to discuss, food, coffee" (p 112)

What I have concluded about this caring community work is that it has both action in the work and outcome in the work The community workers in caring and authentic practice role-model the actions of nurturing relationships, being valued, facilitating empowerment, and sharing knowledge to women As women experience this caring, they are able to replicate these actions with their workers, their children, and their new friends The women begin as 'at-risk' clients and recipients of caring community work As they gain personal power and wellness, they are able to role-model their new competencies, and consequently become providers of caring community work The reciprocity of caring community work creates citizens of community living The women in this study, through 'caring about' each other and sharing their gifts and capacities have begun to validate the extralocal forces that structure circumstances of powerlessness and devaluation "It is only when as women we can treat one another, and ourselves, as

those who count for one another that we can break out of our silence - to make ourselves heard " (Smith, 1987)

Implications for Policy and Practice

This research examines how the social relations of society construct organizational ruling and professionalism. Organizational ruling and professionalism in turn, control the services, workers, and people served. To reverse the process of making clients, that is, to initiate a paradigm shift in the social relations of ruling and regenerate citizens, the study suggests beginning from the bottom-up by taking action at the local level.

Act Local

Community workers and their organizations are in a strategic position to promote social justice and create change. They are connected to community, either a geographic area or an interest group. Communities that have competence determine what really matters, are invested in the action and the outcome, and care about their members, because they have faces and known lives. Community workers and their organizations that work to promote the competence of communities, do so by 'caring about' its citizens. Exploring the work of community workers in this study has uncovered principles that give direction to the neighbourhood Family Resource Centre. The Family Resource Centre has knowingly operated by some of these principles, such as inclusion, accessibility, the importance of family, and the rights of

children This thesis has strengthened the importance of underlying principles and has brought depth and clarity to new and existing principles I believe the following principles represent the caring community work of the neighbourhood Family Resource Centre

- * fosters **healthy neighbourhood** by valuing diversity of its citizens, participation of local leaders and community members, and community action leading to social justice
- * promotes **participation** of neighbourhood citizens in local planning, decision-making, and initiatives
- * acknowledges the impact of social issues on personal lives and is committed to **reducing inequities** through social change
- * believes that a child's most valuable resource is their **family**, and families as 'knowers' of their experience will make the best decisions, given supportive options and opportunities.
- * advocates for children and their families, in order that their **rights** for health, wellbeing, and ongoing maturation are ensured
- * **values individuals** for their strengths and their capacities to contribute to community living
- * reaches out for **inclusion** of all children and families, as valued citizens in community life
- * **cares about** children and their families, and encourages local citizens to care about each other

- * offers welcoming and stimulating **space** to create opportunities for families to share experiences, learn with each other, and develop caring connections
- * provides families **easy access** to basic resources, information and referral, and support and education

The work of nurturing relationships, being valued, facilitating empowerment, and sharing knowledge in the deconstruction of client-making is directed from the bottom-up by these guiding principles. On an individual level, as both workers and citizens, these principles will guide our interactions and relationships with others. The aim is to be 'caring about' individuals, who have experiences different than ourselves. 'Caring about' recognizes diverse standpoints and offers individuals opportunities for reciprocity in sharing their gifts. From a program level, these principles give us direction in structuring programs and organizations. Programs and organizations must nurture the strength and capacities of individuals they serve, value their inclusion in community control, and promote increasingly competent citizens and neighbourhoods. At the level of professionalism, the principles bring focus to how we educate and regulate workers. In education, the challenge is to offer knowledge without creating distinction and divergence between workers and the people they serve. Through professional regulation, the challenge is to strive for quality practice, while at the same time providing quality service. Finally at the political and

policy level, these principles guide our actions for social justice. We must recognize how the social relations of ruling restrict our everyday lives and then advocate with those who are most powerless to gain back control. Through collective participation, and including those most affected, we must work to reduce inequities, and safeguard quality of community life.

These guiding principles and consequential work of the neighbourhood Family Resource Centre are a significant shift from authoritative policy and practice. Caring community work, which is deeply connected to and influenced by community, is both action and outcome, and has the capacity to shift the paradigm of traditional service delivery, hierarchical organizational structure, and the dominant political regime.

Significance of Further Research

I have experienced different forms of community work, and I have come to believe that neighbourhood-based community work has the capacity to deconstruct the making of clients, and regenerate competent citizens and community. The big-picture, the global world, is too overwhelming to know where to start our action, and to know if our action has had impact. Taking action locally where we have influence can be measured. As neighbourhoods gain competency in caring about its citizens, in environment preservation, in business, and in policy development, I believe control will become localized. Community living becomes possible in a global world.

This research inquiry, using the methodology of

institutional ethnography, has uncovered the 'soft voices' of women with young children, characterized the experience of clientage, described the work of regenerating citizens, and portrayed the significance of the neighbourhood Family Resource Centre. Exploring caring community work has revealed certain practice dilemmas for the Family Resource Centre. For instance, caring work is largely invisible work. Caring community work models this invisible work intentionally, yet must account for work within an organization structure. By making visible this caring work will it change the nature of the caring? Community workers are paid workers and must struggle with their 'caring about' relationships from this position of being paid and being accountable to organization structure. Can paid workers authentically fill the role of caring citizens? Women with young children must maintain their essential commitment and energy to their family, yet, deconstructing clientage means taking action against the social structures. How can women engage in social action in ways that also honour their commitment of caring for their children? Feminist community action often takes women to a place of gaining increased power. How can women gain control in a male culture, yet uncover and practice 'women's ways of knowing'? These are questions of balance that will need further exploration by women most connected to the Family Resource Centre.

At a policy and political level, research is also needed

to incorporate the principles and practice of neighbourhood-based service delivery into the health and social reform of 'closer-to-home' The regionalization and decentralization of statutory and community services, the amalgamation and collaboration of services, the reallocation of existing funding, and the evaluation of program and organization effectiveness will be areas of research, relevant to neighbourhood-based service delivery Caring community work has a significant history, yet there is still much to learn about the qualities of regenerating citizenship

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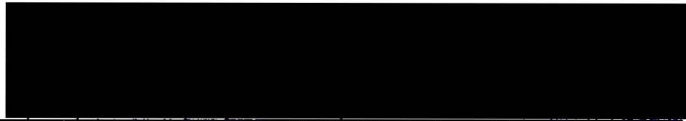
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Title of Thesis

Making Clients or Regenerating Citizens
A Feminist Analysis of Community Work

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