

Parents' Experiences of Children's Residential Care

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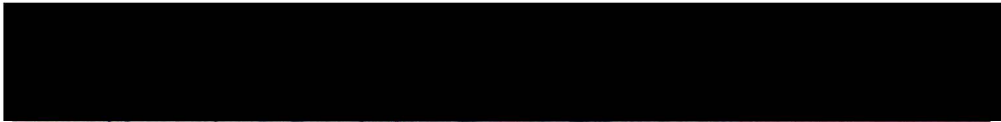
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We accept this thesis as conforming
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ABSTRACT

This study explores the experiences of parents whose children lived in residential care in terms of the significance of these experiences for group home practice. Using a qualitative inquiry and phenomenological approach, the voices of parents' experiences within residential care were recorded and analyzed. The data were clustered into five overarching categories: Complexity of Parents' Feelings Regarding Placement, The State of Parents at Pre-Placement, The Significance of the Parenting of Parents, Involvement of Parents with Group Homes, and Summarizing the Experience. From these categories five universal themes emerged: the Voices of Emotion, Defeat, Childhood, Participation and Retrospection. The findings suggest that residential programs could be re-focused to meet the needs of both the resident children and their parents. Possible avenues of further research are suggested.

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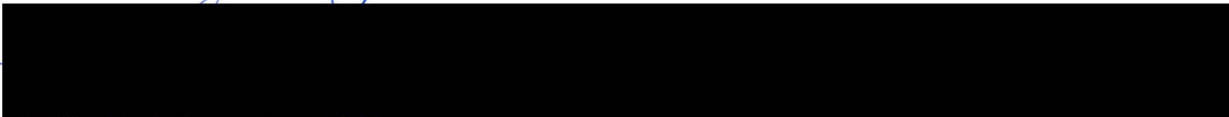

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CHAPTER I: INTRODUCTION

Residential Care of Children

The term *residential care* refers to the system of out-of-home placements available to children and youth who have been removed from their custodial homes, either voluntarily or involuntarily, by child protection authorities. This system of care encompasses a range of placement options including short term emergency beds, long term or permanent foster family homes, and group care or group homes staffed by child and youth care professionals. Children may progress through the full complement of services over a few years or move directly into group home care for an extended period of treatment. Group homes provide intensive professional care for groups of five or six children or youth, and are funded and monitored by provincial child welfare authorities.

Unlike the orphanages from which they are descended, most group homes are not meant to be long term placements. These earlier institutions, which flourished in the mid-to-late 1800's and early 1900's and often operated by religious organizations, were established to provide basic shelter and care for abandoned and destitute children and sibling groups found living on the streets. The children in these settings had few if any housing alternatives and often remained within the institution until reaching adulthood. Today's group home residents are neither orphaned nor destitute but rather are considered too emotionally and behaviourally disturbed to function in their own or another family setting.

Group homes are generally perceived as placements of last resort, the only alternative for children who, for one reason or another, cannot or will not function within the established norms of social and familial environments (Fewster & Garfat, 1993). Most frequently, the children placed have run the gamut of available resources, often establishing a chronic cycle of home-to-institution-to-home. As Weisman (1994) states, modern children who fall from the grace of their biological parents find themselves in what is known in the child welfare vernacular as "the child care continuum." At any given time, approximately

15% of the children and youth in government care live in small group settings or residential centres (Child Welfare League of Canada, personal communication, 2001).

The goal of residential care is to create an environment in which everyday events are turned to therapeutic use. Any activity in a child's day - from refusing to get dressed in the morning to answering a question correctly at school to picking a fight - offers the staff an opportunity to teach, change or reinforce behaviour through therapeutic intervention. During their stay, children are usually working towards some form of reconciliation and reunification with parents or extended family members. A typical stay in a group home lasts several months to two years, after which most children return to their birth families. To this end, residential programmes seek the active involvement of the child's family in his or her programme of treatment.

Over the past several decades, the trend in child welfare has been to adopt a family-centered approach to group care settings (Sinanoghu & Maluccio, 1981). The participation of a child's family in the residential programme is acknowledged to be a key factor in facilitating a more successful return home. Although the residential care literature addressing the issue of parental participation in group home programmes is extensive and generally supportive of the concept of parental inclusion, no evidence was found documenting the parents' point of view of the group home experience. It would seem reasonable that the perceptions of parents whose children have resided in a group home programme might offer some useful insights and understanding of the group home experience.

This research focuses on this aspect of the group home experience. By exploring, recording and reflecting on the perspectives and perceptions of parents, I set out to address several important issues with respect to the group home experience: first, to fill a gap in the literature pertaining to out-of-home care of children; second, to create knowledge that may inform policy and practice with respect to parental involvement in residential programmes,

and third, to fill a gap in my knowledge of the residential experience by hearing directly from parents about their experiences.

My Interest in the Topic

As a former child protection worker mandated to ensure the safety of children, I am familiar with the processes involved in removing a child from his/her home and placing them in alternative care settings. As a former supervisor of three separate group homes for children and youth, and current manager of two facilities, I have an extensive working knowledge of the residential care system and a familiarity with the internal operations of group settings including staffing requirements, individual programme planning and community liaison work. I have had the opportunity to work closely with parents in a variety of situations, and have experienced first hand the involvement of parents in their child's care. One of these group home programmes provides the setting for this study.

In 1986, I began an eight year career as the director of a local residential programme for young boys under 13 years of age. The programme originally had its roots in the local Catholic Church community, which operated the facility as a home for 'wayward girls' in the late 1960's. By the end of the 1970's, the programme had changed its mandate to focus on younger children and moved into the local network of services funded by the provincial child welfare system. It was staffed by a complement of ten child and youth care professionals and several support staff, including a cook and a part-time gardener/maintenance man. The facility was licensed under the Child Care Facilities Licensing Act to provide care for six children whose behaviours were severe enough to require full time professional care, as opposed to the less structured foster family care.

My initial task in 1986 involved re-opening and re-staffing the home following a temporary closure, and accepting a new group of children into the programme. The programme had historically focused its programming attention and resources to the child as the "identified" or problem client, and parents played a minor if any role in their child's day-to-day life. Staff had assumed full responsibility for the children in the programme,

including arranging and attending all school, medical and social work appointments. Parents were not informed of, nor were they involved in, any aspect of their child's routine. However, with the introduction of new staff and a new group of children into the programme, practices such as these were abandoned. Parents were accepted as, and expected to be, key partners in their child's care.

As a child protection worker earlier in my career, I had worked closely with many parents to ensure that their children were safe and well cared for in their own home. Or if a child had been removed from the family home, my responsibility was to work with parents to meet the requirements of the legal system to facilitate a return home of their children. On numerous occasions, my own biases about what constituted a "good" home were called into question as I struggled to overlook what I did not like so that I could acknowledge the importance of the parent-child bond. In addition, there were times when I was responsible for temporarily disrupting lives when carrying out my mandate of ensuring that children were protected from neglect and abuse.

Being instrumental in causing the parent-child bond to be severed was never a decision that I took lightly, or alone. Twice in my child protection career, parents took their own lives following my actions of removing their children from the family home. These were devastating experiences, and ones which led me to leave child protection work after only four years "on the front line." My conviction to work closely with parents when I assumed the directorship of the residential programme stemmed from these tragic and pivotal experiences.

The residential experience, from my perspective, consists of four primary components: the child's experience in the programme, my experiences of working with the child, my experiences of working with the child's parent(s), and the parents' experiences with the residential programme. I am confident that I have a strong sense of the first three components of the group home experience, reflecting on the my past experiences. Yet despite my many years of involvement with children's residential programmes, the fourth

component, that of the parents' experiences with their child's group home placement, remains an aspect about which I can only speculate. This research, therefore, will serve to fill the gap in my own knowledge of the residential experience, as well as addressing a neglected area in the child and youth care literature.

CHAPTER II: REVIEW OF THE LITERATURE

History of the Residential Care System in Canada

Residential institutions, of one form or another, have existed throughout recent history. From the monastic retreats and English public schools on the one hand, to the maximum security prisons and mental asylums on the other, residential institutions have functioned to remove particular individuals and groups from the mainstream of society in order to bring about control, enlightenment, change and protection (Fewster & Garfat, 1993). Admission has frequently been involuntary, based upon coercion or forcible removal, and 'success' has been determined by the funding authority.

Pawson (1983) provided a detailed review of the development of residential group care and treatment programmes in Canada, in which he identified three overlapping periods of influence. "The Puritan Era" (1600-1800) was one in which the group care of children was primarily a regional responsibility. The regions frequently turned to either religious institutions or charitable organizations to provide care. While the primary focus of residential programmes at this time was on the provision of housing and basic care for homeless, orphaned, or impoverished children, the disturbed or disturbing were often housed with the insane, the socially deviant, the mentally handicapped, and other so-called rejects from an intolerant society (Fewster & Garfat, 1993).

"The Refuge Manager Era" (1750-1890) saw the beginning of the development of facilities created specifically for children. This period also witnessed the evolution of the concept of protection for children in addition to the provision of housing. Canadian legislation both reflected and led this change in orientation (such as the Act for the Prevention of Cruelty to and Better Protection of Children, 1893).

"The Child Saving Era" (1850-1925) brought an increased emphasis on foster care for disturbed and delinquent children. This move toward de-institutionalization and specialization can be seen as the point from which differential treatment programmes for children and youth slowly began to emerge (Pawson, 1983).

During the 1930's and 1940's, there was a shift away from group care for the 'needy' child to the notion of the surrogate family. The residual children were those who challenged the patience and resources of the community (Fewster & Garfat, 1993). While some of these children, through their antisocial behaviour, qualified for correctional programmes, others were grouped according to specific problems such as physical handicap, functional retardation, or mental defectiveness (Pawson, 1983).

'Problem' children who functioned outside of these labels were frequently tagged as being 'emotionally disturbed.' Assessed in this manner, they became candidates for various forms of social control, including residential treatment (Fewster & Garfat, 1993). Basically, the theory was that children who demonstrated emotional and problems could be cured by isolating them from their families and communities, placing them in a structured facility with other disturbed children, and coercing change by inviting them to explore past issues of interest to their therapists (Greene & Holden, 1990).

By 1971, according to Fewster and Garfat (1993), 205,000 Canadian children under the age of 18 were not residing within the parental home. It was noted that 3.2 per cent of this group were in facilities for emotionally disturbed or delinquent youth. Although some organizations attempted to use the surrogate family model as the cornerstone of long-term developmental treatment, others began to refer to their front-line staff as 'child care workers' and charged them with the responsibility of meeting the day to day needs of the resident.

In developing a new sense of identity, residential programmes began to align themselves with particular therapeutic approaches, ranging from broad psychoanalytic orientations to more specific concepts such as reality therapy and behaviour modification (Fewster & Garfat, 1993), and in the process reinforcing the 'identified client' modality while becoming further removed from the concept of family inclusion. Regardless of the mandate, however, treatment had clearly become central to the residential care system (Maluccio, 1981). The task for programmes was to provide a total environment for residents

that incorporated, or replaced, the influences of home, school, and community. The family was often regarded as destructive, and suffering from their own pathologies, from which children needed to be protected.

Pitsch (1992) discovered in his review of the literature that as recently as 1960, authors stated that one of the purposes of residential care was to neutralize or inactivate temporarily the influence of the child's parents and to simultaneously put the child under the care of competent adults who became substitute parents. Advocates of alternative care went so far as to suggest that even the right of parents to communicate with the child must, if necessary, be abolished (Mayer, 1960).

With the growing concern for both escalating costs and the questionable long-term gains for the majority of children placed (Kwantes, 1992), the residential movement began to moderate during the mid-1970's. In an effort to retain community ties for children in residential care, progressive agencies began to involve families, use community resources, and wherever possible, move treatment practices beyond the residential milieu. This concept of including parents in this form of care, with the goal of effecting successful reunification has therefore been relatively recent.

History of Parental Inclusion

Because many of the early theorists believed that the problems presented by children and youth were family related, the family was rarely utilized as a resource for change (Slive & McConkey-Radetski, 1988). Residential treatment was viewed as a family substitute or replacement. The shift to a family-systems approach to residential care stems from a near-universal shift in the mid to late-1980's to a recognition of the importance of the family to the child's treatment plans (Martone, Kemp & Pearson, 1989; Edwards, 1991). Families gradually came to be accepted as full partners in the residential group care setting. Maier (1987) argued that parents want to know, should know, and are entitled to know of the child's life in the residential setting. Programmes generally now conceptualize the

involvement of parents as crucial and essential, acknowledging that the child cannot be treated in isolation.

Kwantes (1992) argued further that, in order to defeat the family pattern, it is necessary that the whole family be involved in taking a stand against it. Behaviour that changes in the context of treatment most likely regresses in the familial and community context. Therefore, it is too much to expect a child alone to carry the responsibility of change in the family. This system's viewpoint promotes treatment approaches that take into account other members of the family who may be impacting, or are impacted by the child's behaviour (Falk, 1990).

Haagenstad (1992) undertook a study of family members' perceptions of separation and placement when a child is placed in residential care, working from the assumption that all family members are affected by the placement. Building on the theory of filial deprivation developed by Jenkins and Norman (1972), Haagenstad broadened the concept to include sibling deprivation. Filial deprivation refers to the cluster of painful feelings parents have when a child is placed in foster care. Jenkins and Norman noted that the deprivation experience is reciprocal, that is, not only is the child deprived of his parents, but the parents are also deprived of their child. The concept of sibling deprivation is encompassed within family systems theory which posits that when one person in the family is affected, all members of the family are affected (Papp, 1983). Therefore the intense emotional reaction that accompanied disruption of the primary attachment relationships will affect the other family members.

Finkelstein (1974) stated that active parental involvement provides concrete evidence to the child that staff and family are working together, gaining support for and from each other. A perceived advantage of such involvement is that manipulation of and by the child can be eliminated. Children and parents begin to recognize and understand the triangulation involving themselves and staff, with all the partners working towards common goals.

Research on Group Care

In a 1974 editorial of the *Journal of Residential Treatment for Children and Youth*, Northrup noted that the field was showing continual experimentation with ways of involving the child's own family in the out-of-home process. Eisikovits and Schwartz (1991) argued that the future of residential care lies in not just housing and servicing the child, but in establishing residential programmes where families are not separated. They envisioned programmes where the entire family lives on-site, in cottage-style communities, while all family members receive intensive family therapy.

However, research data to support the concept of parental inclusion in residential programmes is scarce. Edwards (1991) conducted a study of 279 Residential Treatment Facilities (RTF's) throughout the United States which claim to provide some form of family therapy (defined as therapeutic intervention among youth, family and therapist). The study, in the form of a survey questionnaire, undertook to explore and describe the variations and similarities of parental-inclusion programmes. As Edwards discovered, definitions of "programme" and "involvement" varied across the facilities to such a wide degree, that evaluating any success which may come from this involvement was virtually impossible. A similar study in Britain (Davis, 1981) found this same difficulty with differences in programme descriptions and definitions. In both studies, it became apparent that a multitude of other related questions required answers prior to stating unequivocally that parental involvement was a success. Factors such as the child's length of stay in the programme, the qualifications of the residential staff, size of the programme, age and problems of other residents all must be taken into consideration. As well, if family reunification is the goal of placement, as opposed to merely providing an assessment of the child's behaviours, commitment on the part of the parents may vary widely.

Carlo (1991) stated that in attempting to ascertain why a model works, we first must know what component parts are effective and what have been thrown out. If a programme involves parents to a significant degree, thereby ensuring that parents have learned effective

interventions, can this be replicated in a variety of settings? Do we need to study adult learning as part of effective programming? In order to evaluate a model or system of programming, well defined procedures and practices that are fundamentally employed across a system must exist (Daly & Dowd, 1992).

Martone, Kemp and Pearson (1989) outlined a comprehensive model for researching the effectiveness of parental involvement. They identified and defined four areas of involvement that could be collected from all programmes in support of family-centred group care. The stages in their continuum of involvement included engagement (intake), participating (the beginning of learning), empowerment (resuming full parenting with new skills) and discharge (taking the child home to an empowered environment).

Opportunities abound for a multitude of studies to be undertaken investigating and supporting parental involvement concepts. Carlo (1985) has concluded that research models need to be developed that can measure and describe the short and long term outcomes of residential care and provide a scientific justification for the revamping of service delivery.

Policy

From my experience in government, current policy recognizes that to realize significant benefit from parental involvement in residential treatment programmes, a working partnership with parents needs to be developed. This partnership between the residential programme and parents will not necessarily be smooth and complete (Maier, 1987). In Canada, residential programming is informed by mandated policies that state that parental involvement is both advantageous and necessary. My review of selective provincial legislation pertaining to alternative care situations reveals a common acknowledgement that the parent/child bond not be frivolously severed. A guiding principle throughout the legislation is that reasonable measures of family support be provided, in the least intrusive manner, to preserve the integrity of the family. Removal of a child from his biological home is considered to be a last resort, only to occur where this is truly in the child's best interest

for reasons of health or safety (See for example: BC Child & Youth Secretariat, 1993; BC Government Bill #46, 1994; BC Ministry of Social Services, 1992; BC Office of the Ombudsman, 1990).

Clearly, “family preservation” has become the contemporary jargon for the myriad of programmes being developed to work with troubled families before they break up (Weisman, 1994). In such programmes, families receive intensive input and support from therapist who remain available on a 24 hour basis to deal with crises as and when they arise. The goal of the service is, ultimately, to keep families together as a unit, while teaching them the skills to handle problems in their own homes. Ideally, more intrusive, and expensive, forms of service will no longer be needed. However, a continuum of services must always exist to meet the diverse needs of children and youth at various stages of their lives. Because residential treatment centres tend to take the largest portion of the out-of-home-care budget while servicing the fewest children, governments are under pressure to develop options which see children move through the system more quickly.

In British Columbia, the Community Panel traveled throughout the province in the early 1990’s, receiving broad input on child welfare and family issues in order to inform the development of new legislation. The Panel recommended, as a principle of alternative care, that families must be involved to the maximum extent possible in decisions affecting how and where their children should live (Community Panel Report, 1992). Stemming from the Panel’s recommendations, the Child, Family, and Community Service Act (1994) outlines as a guiding principle, the need to place a child where contact with the family can be maintained when alternative care is required (Section 17(2)(a)).

Once placed in a residential setting, the child’s stay is regulated by standards of care which outline the principle of parental involvement. In Alberta, for example, the standard states that a programme will actively encourage families to participate in the various activities of its programme of services. Adherence to this standard within each programme is determined by way of a peer review process, involving on-site interviews of the staff and

clients (Alberta Association of Services for Child & Families, 1994). In 1998, the Province of British Columbia introduced Standards for Staffed Children's Residential Care which state:

Children and youth receive services within the context of the child's comprehensive plan of care which support the participation of their families and others of significance to them. (Standard D.2 Family Involvement).

The standard includes the following commentary:

A child's family including significant others is usually a central reference point in their life. Although children often come into residential care from circumstances that are less than ideal, the separation from their families is usually a traumatic event for them. To the extent that a caregiver understands the importance of family in the child's development and takes active measures to incorporate the family into the service being provided to the child, the extent of trauma will be lessened and the well functioning of the child and family will be enhanced.

Similar to Alberta, British Columbia has implemented a peer review process to monitor compliance with these residential standards. The review process outlined in the standards document sets the expectations for children and youth to confirm that their family members participated, and staff must confirm that they supported the concept of parental inclusion. However, neither the Alberta or British Columbia residential standards documents delineate expectations that parents confirm whether they participated or were supported to participate in their child's placement. These standards could be viewed as passive rather than active expectations due to their explicit lack of the parent's feedback.

Practice

Child and youth treatment in residential settings has been described as creating a 'powerful environment,' a term used to denote the capacity to exert control over residential clients. The term also refers to the potential to induce deep changes in behaviour, attitudes

or both, owing to a child's relative isolation from outside influences, including parents (Eisikovits & Schwartz, 1991).

Frequently staff have the perception that mistreatment by parents is one of the reasons that many children end up institutionalized. Littner (1975) lists several reasons why alternate caregivers may find natural parents disturbing: natural parents may be difficult to get along with, they may be late or not show up for visits, or they may have chaotic lifestyles with no semblance of routine. Childress (1992) acknowledges that one of the most difficult tasks of residential professionals working with children is to maintain an empathic stance toward both child and parent.

For residential staff, there has been a definite inclination to protect the child in their care from further perceived indifference or neglect. As Weisman (1994) pointed out, residential staff may be the first adults in a child's life to provide a true home-like setting, with safety, nurturing and three meals a day. Family members can quickly get the message that they are incompetent and in need of remediation, while the child needs discipline and structure that only the facility can supply (Greene & Holden, 1990).

Finkelstein (1974) believed that the primary task of the professional residential team is not to allow parents to abdicate their decision-making function, since they cannot be held accountable for decisions they did not make. Families of children in residential treatment have long histories of feeling powerless. When a worker reassuringly reports a child's progress, the parents' sense of failure is often increased.

To take a family systems approach to treatment in a structure that supports the child-focused approach, the clarity of boundaries becomes a practical and critical consideration (Kwantes, 1992). Family systems maintain their integrity by creating boundaries, so the boundaries between the child care worker as substitute parent-model and the parent must remain clear and unambiguous, for the sake of the child and the parent. The majority of the authors reviewed (Kwantes, 1992; Littauer, 1980; Pitsch, 1992; Maier, 1987) attested to the difficulties that staff experience in maintaining these clear boundaries, at the same time as

empowering parents to deal with behaviours. The effectiveness of the work seemed to depend on cooperation among all parties involved; however, as Finkelstein (1974) stated, if the goal is to help the family reunite as quickly as possible, parents must become frequent and active participants. The professionalization of the field of child and youth care work has contributed significantly to the residential worker having clarity of role in relation to other group home participants including parents, without loss of empathy in their work.

Much of the literature outlined specific residential treatment programme designs which could most effectively involve parents, making it possible for them to both observe and begin to participate in a fuller parenting role with their child. Suggestions for parental involvement include being present for cooking and meals, assisting with bedtime routines (with younger children), participating in recreational activities, and taking responsibility for all medical and school appointments (Falk, 1990; Krona, 1980; Littauer, 1980). As stated earlier, for the child to see parents involved to this degree helps to establish a new perception of the parent, and provides an opportunity for the staff and parent to be viewed as a team. The research has found that reunification of families is more likely to occur when residential programmes work systemically by enlisting family members as active participants.

Knowledge of the Profession

The business of residential group child and youth care has become much more complicated over the past several decades. Child care professionals are confronted by a confusing array of equally powerful points of view as they try to do their jobs (Carlo, 1991). Programme administrators must endure the pressures of increased demands for accountability, decreasing fiscal support, and the need to recruit and retain professional staff who are skilled at both child management and family support work. Maier (1987) refers to these often competing demands as the “interactive symphony of caring.” Eisikovits and Schwartz (1991) acknowledge this dilemma when they state that the child and youth profession often becomes bogged down in discussions about care delivery constructs, organizations and processes rather than concentrating attention at all times on the specific

human needs of the individuals served. Survival of the residential profession, the authors believe, will depend on the adoption of and training for a holistic approach to the care of children and their families.

In 1992, the British Columbia Taskforce for the Enhancement of Quality of Services to Children, Youth and Families At Risk conducted a province-wide survey within child and family serving agencies, leading to a report which was submitted to the Korbin Commission of Inquiry into the Public Service and Public Sector. The report outlined what was found to be a direct correlation between the quality of care of children and families and the qualifications and remuneration of child and youth servicing personnel. Consistent throughout the province was the concern that the expectations of child and youth care professionals, especially those assuming 24 hour supervision of children and youth, are high, while the lack of skilled staff combined with low wages made the job of ensuring quality service very problematic.

This perspective on the need for recognition of residential child and youth care as a crucial social service requiring professionally trained staff was also put forward in a 1990 report of the British Columbia Ombudsman's Office. As a result of a fatality in a contracted residential resource, the Ombudsman undertook a thorough investigation of the alternative care placement system in British Columbia. The report recommended that an integrated and professional team approach be adopted province wide, to ensure that quality care for children be provided by qualified, licensed and adequately paid personnel. To quote the report: "The greatest single assurance of quality in a residential care program is the presence of caring, skilled and experienced staff and caregivers, who are appropriately trained and provided with adequate supervisory, case management, and clinical consultation support."

On an international scale, expectations for alternative care systems worldwide are laid out in the UN Convention on the Rights of the Child: "States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall

conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision” (1989: Article 3.3). Provincial legislation is expected to utilize the Convention as a framework for the development of guiding principles for mandated child welfare services. The British Columbia Child, Family and Community Service Act (1994) is in compliance with the spirit of this section of the Convention.

For those involved with the professionalization of the child and youth care field, the above reports and positions are encouraging developments. To date, few investigations have established a correlation between effective programme outcomes and the level of training of staff. One study concluded, after conducting a cross-US survey of 270 child care workers, that personality characteristics were the best predictors of effectiveness, regardless of the age, experience, or education of the individual (Wasmund & Tate, 1988).

Summary

This review of the literature reveals that a paradigm shift in residential care theory and programming with respect to the significance of parental involvement has occurred over the past century. The attitude inherent in the legislation, policy and practice in this area has moved from a demonizing and discarding of parents and their influences evident in the early 1900’s to an acknowledging of the crucial role that parents must play in their child’s out-of-home care. However, as an important measure of program integrity, the voices of parents’ experiences in children’s residential care are glaringly absent from the research and literature to coincide with this attitudinal shift. Few if any studies have focused on this important aspect of the alternate care system.

Research Question

As a result of my review of the literature, my personal interest in the experiences of parents whose children lived in group care, and the lack of research on group homes from the parents’ point of view, I decided to study this aspect of the residential care system. The study was designed to reveal the experiences of parents in the residential care system

through an exploration and analysis of their own words. The specific research questions were:

What are parents' experiences of their involvement in their child's group home placement?

What is the significance of their experiences for effective group home practice?

Given the overall purpose of this study, the aims and objectives were as follows:

1. To develop an understanding of parents' group home experiences.
2. To explore the meaning of the experiences for the parent participants.
3. To communicate the understanding and meaning of the experience to those responsible for group home policy and programme development.
4. To make recommendations for further study in this area.

In order to determine and describe what the experiences were and what they meant for the parents involved, a phenomenological research methodology was followed. The next chapter provides a rationale for and a description of the methodology, and the processes followed to address the research questions.

CHAPTER III: RESEARCH METHODOLOGY

Cresswell (1998) described phenomenological inquiry as a method of revealing the meaning of lived experiences for individuals who have experienced a common phenomenon. With respect to this study, the common phenomenon experienced by the participants is that of having had a child placed out of the family home into a residential care setting. According to Osborne (1994) the human sciences often describe phenomena using the phenomenological method. The phenomenological method, he suggested, is typically a gathering of introspective reports of participants' personal experience of the phenomena under study, generated through verbal interviews or written accounts. This translates into an approach to studying the problem that includes entering the field of perception of the participants; hearing how they experience, live and reveal the phenomenon; and looking for the meaning of the participants' experiences (Osborne, 1994).

Inherent in the phenomenological approach are two key assumptions which corresponded with the objectives of this study:

To do phenomenology is to construct a full interpretive description of some aspect of the lifeworld, and yet remain aware that lived life is always more complex than any explication can reveal (van Manen, 1990).

Qualitative research seeks to represent reality through the eyes of participants and to be sensitive to the complexities of behaviour and meaning in context (Henwood & Pidgeon, 1994).

It was my express intention in this study to explore and develop an understanding of the experiences of parents whose children lived in residential care. It was my belief that the only way to develop an understanding which was true and reflective of their experience was to provide people with the opportunity and freedom to discuss their experiences without prejudice or constraint. Further, I recognized that what they said would represent a "snapshot" of their total experience and would probably not touch on all of the aspects of

being parents involved in residential care. If their descriptions were similar, then they would reflect the common themes of their experiences which they make noteworthy.

Through the use of basic empathic listening and relationship building skills, I created an interview setting where the participants would not feel compelled to limit their descriptions of their experiences to what they perceived I might want to hear. This was important because of my previous relationship as director of their son's group home. I did this in a number of ways: by initially meeting with the participants over the phone to describe the project in detail and answer any questions in advance of the interviews, by asking the participants to choose the time and location for the interview and through the use of humour and genuineness during the interview session.

At the same time, in a phenomenological inquiry, there will always be questions unasked and answers overlooked. This is true simply because the researcher as an outsider cannot fully comprehend what she has not experienced first hand. Additionally, there will be limitations in the written and verbal accounts of a phenomenon by virtue of the fact that the events happened in the past. In the case of this study, the children in question had moved on from the residential programme 8 months, 1 year and 2 years prior to the interviews with their parents taking place.

The second assumption noted speaks to the core of phenomenological methodology: an emphasis on understanding the experience of a phenomenon and situating any understanding within the context from which it originated. In other words, the only approach to understanding the experiences of parents within group homes is to involve those who can legitimately speak to the experience; in this case, that is the parents. As noted earlier, the group home experience has been studied from a number of other perspectives, from that of the child, the staff and the administrators. The parents' experiences within the context of the group home placement broaden our perspective and understanding of the group home experience.

After reviewing various other methodological positions within the qualitative paradigm, such as Strauss and Corbin's grounded theory (1994) and the case study approach (Stake, 1994), my choice was based on my understanding that the "aim of phenomenological research is to understand a phenomenon by allowing the data to speak for themselves" (Osborne, 1990).

Methods

The discussion which follows describes the design of this study covering the following components: researcher's assumptions, participants, procedures, data analysis and validation, and ethical considerations.

Researcher's Assumptions

Prior to undertaking this research, I engaged in an exercise of declaring and then setting aside my assumptions about parents' feelings toward their group home experience. Cresswell (1998) notes that the stating of assumptions is a critical piece of phenomenological analysis so that the researcher is able to then suspend what preconceptions she may bring to her listening to the experiences of the participants. In my situation, I felt confident that I knew what the parents would say about their experiences, based on my 20 years of experience in children's residential services. Overall, I assumed that parents would describe their group home experiences in terms of how their child functioned and changed as a result of his time in the group home. I felt that parents would be hesitant about describing their personal interactions with staff but in general that their comments would reveal an enthusiasm for their child's and their own exposure to this intensive care. More specifically, I expected to hear from the parents a sense of relief at being able to hand over their problem child to someone else. During my years of group home work, I had often perceived this sense of relief among parents, not as an isolated situation but as a common reaction to the group home placement. This was one of my lasting impressions of parents from my experiences, a definite spoken or unspoken expectation that the programme would fix their son then send him home. Only on rare

occurrences did I hear parents express a desire to partner or be involved in their child's placement.

Participants

Three groups of parents volunteered to participate in the study. Their common experience was that of having had a child placed in a local group home programme. The composition of the parent group was a parent/step-parent couple, a birth couple and a single birth mother. In the two situations where fathers were present in the home, only the mothers chose to be interviewed for this study. Both fathers were physically present during part or all of the interview but did not contribute to the discussions. In fact, during one of the interviews I was not aware that the father was quietly sitting within earshot behind a dining room buffet. I became aware of his presence after about 125 minutes of interview time only as he stood up to move to another part of the house.

In all three cases, the parents had reluctantly but voluntarily agreed to place their children in the specialized residential programme. They all described their efforts in trying to manage the problematic behaviours within their own homes without turning to the social services system for help. Their reticence about the group home placement stemmed primarily from two concerns voiced during the interviews: their fear that their sons may never return to their care, and their sense of failure and defeat as parents. The children had resided in the programme for periods of 11 months, 13 months and 1 year; however, none of the children were in the programme at the same time. At the time of their admissions, the boys were 11, 12 and 9 years old.

Procedures

Once the research proposal was agreed to by my committee, application was made to and approved by the Human Subjects Research Committee to proceed with the participant selection and interviews (Appendix A). Potential participants were approached by the programme director by way of an introductory letter (Appendix B). The parents were requested to contact the programme director directly if they wished to participate in the

study. The potential participants were then provided with a description of both the study's focus and the amount of time that would be required.

At the time of the interviews, participants were handed a written description of the project and requested to sign a consent form (Appendix C). Once the informed consent sheet was signed, the parents were interviewed privately in their own homes. This venue was deliberately chosen in an attempt to create as relaxed and informal an atmosphere as possible. The following series of questions and related probes were used across the interviews:

1. What lead up to your son being placed in the group home programme?

Probes: Were there other programmes for your son prior to this?

What are your child's identified problems?

Were you involved in choosing this group home?

Did you and your son visit prior to placement?

2. Can you describe for me some of these feelings associated with this time period for you?

Probes: What was the impact of this placement on your relationship with your son?

What was the impact on other family members?

3. Can you tell me about your involvement in the programme during your son's stay?

Probes: What are your thoughts on the programme and the approaches used by staff?

Was your involvement encouraged and valued?

4. What would you say to a parent about to place their child in this programme?

The participants were each interviewed once, with interviews lasting close to two hours on the three occasions. All interviews were tape recorded and transcribed. In order to probe into their experiences, the interview questions were utilized as a guide only. This allowed the conversations to be shaped by the participants, covering topics the participants thought important. The interviews ended when the topic was exhausted and the

conversations came to a natural closing point. To ensure that I have not embellished my interpretations beyond what parents meant during the interviews, I met with the only available participant to obtain her verification of my interpretations. I was unable to locate the other two participants, and I am aware that I only have validation of my understanding of what was being said from one participant.

However, Parent #1 reviewed both the section of the study relating to her conversation with me and the segment which fully discussed the findings. Although two years had passed since the original interview, this mother's sentiments about the experience were still very much in the forefront. She again recounted her numerous struggles with the various systems she had interacted with, schools, mental health professionals, and child welfare workers, with the same degree of anger and frustration that she had expressed two years earlier. She stated that I had captured the essence of her feelings accurately, and that the meaning I had revealed through an analysis of her words was an honest representation.

Data Analysis and Validation

Phenomenological data analysis, according to Creswell (1998), proceeds through a series of steps including: reduction of data to meaningful statements, analysis of specific statements and themes, and a search for all possible meanings. Osborne (1990, 1994) provided a more detailed approach to phenomenological data analysis that divided the procedure into two stages: the first constituted an individual participant analysis and the second an across participants analysis. In the first stage there were three steps: 1) identify the themes within each participant's data; 2) sort those themes into thematic clusters, and: 3) sort the clusters into hierarchical clusters. In the second stage the researcher cuts across the participants' data, identifies the shared themes and forms a structure of the phenomenon. This final structure was then "synthesized into a description which captured the meaning of the phenomenon" (Osborne, 1994).

Osborne's (1990, 1994) framework for data analysis corresponded with what Kvale (1983) called the fourth phase of interpretation, which included three levels of analysis: 1)

the interviewer's attempts to condense and formulate what the interviewee understood as the meaning of her/his experience; 2) the interviewer's attempts to get at the spirit of what was said by reading between the lines, and; 3) the interviewer may draw on more theoretical interpretations.

These two descriptions assisted me in identifying my strategies of analysis. I used five stages which included:

- Stage 1: Identified and extracted the salient information within each participant's interview.
- Stage 2: Sorted information provided into meaningful phrases for each participant.
- Stage 3: Identified the similarities in meaningful phrases of each participant.
- Stage 4: Identified themes reflected by the similarities in the meaningful phrases of the parents interviewed.
- Stage 5: Identified universal themes reflecting the similarities in the parents' experiences of the group home placement.

According to Kvale (1996), "the interview has often been denied scientific status" and this perspective seems to persist amongst some contemporary researchers (Fontana & Frey, 1994; Osborne, 1990, 1994). Acknowledging the need for research that is reliable, Osborne (1990) argued that "although there may be several interpretive perspectives on the same phenomenon, reliability can arise out of inconsistency, variability and relativity of human perception" and that "stable meaning, which is the goal of phenomenological research can transcend variable facts". Following Osborne's (1990) 'strategy for assessing validity in qualitative research, I took several steps to appraise the validity of the meanings and themes identified through the analysis of the interviews:

- Step 1. I clearly identified myself and those assumptions I held which impacted my orientation to the research process.
- Step 2. I continued to express my personal responses to this research endeavour, in the form of a written journal, kept during the data collection and analysis phases of the research process.
- Step 3. I documented and adhered to a specific process of data collection and analysis to ensure that my process could be understood by an outside reader.
- Step 4. In the presentation of the findings I used the narrative accounts of participants to support my analysis.
- Step 5. I shared the analysis with one of the participant parents to ensure that the essence of her experience was truthfully captured.

Ethical Considerations

Because the objects of inquiry in interviewing are human beings, extreme care must be taken to avoid any harm to them (Fontana & Frey, 1994). Fontana and Frey (1994) argue that traditionally ethical considerations have revolved around three areas of concern: informed consent, right to privacy and protection from harm. These issues first appeared in my research proposal and later in my application to the Human Subjects Committee at the University of Victoria. I met with the director of the group home to discuss the possibility of conducting my study with current and past parents associated with her programme. Once her endorsement for the study was received, she identified and approached potential participants to determine their interest in volunteering for the study. The number of individuals who may have been approached was not known to me. Once their interest in the project was confirmed, their names and phone numbers were provided to me.

My initial contact with all three parent participants was by telephone to once again confirm their interest, to describe the study in greater detail and to schedule interview dates. During this initial phone contact, the volunteers were reassured about the steps that would

be taken to ensure confidentiality and the privacy of their statements. To guarantee the anonymity of the participants their names have not been used; rather, they are referred to numerically as Parent #1, #2, and #3. Throughout the study there were no indications of concern expressed regarding their right to privacy and right to withdraw at any time.

CHAPTER IV: FINDINGS

The Group Home Setting

To put the findings into context, the following is a brief description of the group home setting which was the focus of this study. The group home was a six-bed programme operated by a local not-for-profit society and funded by the provincial government. The programme had been a fixture in the local residential system of care since 1969, providing professional child and youth care services for boys under the age of 12 years. The children resident in the programme often had lived in a variety of out-of-home placements prior to their referral to the group programme and were assessed as being in need of intensive care as opposed to less structured foster care. All children were in the care of the child protection ministry and under the supervision of a government social worker. The focus of this residential programme was to assist both the child and his parent(s) in stabilizing and understanding the child's problematic behaviours which had made living at home impossible. Individual staff members were assigned to manage all aspects of the child's plan of care during his stay, with particular emphasis on the key component of fully involving the child's parents.

In reporting the findings, each child/parent unit is briefly introduced and their situation leading up to the group home placements is described. Following this, the parents' individual experiences within the group home are identified through their words. Meaningful phrases from each interview were extracted from the interview data and are presented. The meaningful phrases are important because they represent significant aspects of the parents' experiences within the group home. The meaningful phrases were clustered into five universal themes which are presented and discussed with reference to the pertinent literature and the researcher's experience.

Parent #1

This parent raised two sons with a second husband who is not the father of the children. The boys were ages 1 and 3 when their birth father left the home and ages 2 and 4

when their step-father joined the family. The younger son was the subject of this study, and he was 12 years old at the time of the interview. At this point, he had returned to live with his family almost full time, with occasional respite care on weekends. His step-father did not participate in the interview.

The mother explained that they first encountered problems with her son's behaviour when he was four. He displayed violent and uncontrollable temper tantrums which did not follow any predictable pattern. They attempted to cope with this at home until he entered the school system at age six. At this point his problems became increasingly difficult to manage both at home and at school. His mother and step-father were repeatedly called to the school to take their son home due to disruptive behaviours such as picking fights in the classroom and defying the teacher. He was considered to be very rebellious and "constantly mouthy" toward adults.

Despite several changes in schools during his elementary years, his problem behaviours escalated. His mother expressed extreme frustration with the school system. It became apparent to her that the family was not seen as a support to her son, but rather as the root of his many problems. One principal, unbeknownst to the mother, requested that child protection authorities investigate the home for abuse and remove her son if necessary. Eventually, they encountered a teacher who recognized the symptoms their son displayed and suggested that certain tests might be in order. This teacher was instrumental in obtaining a referral for assessment and in directing the parents to community support services.

Their son's problem fell into the category known as "invisible disability," or out of control behaviours, that have no obvious cause or visible symptom. This simple diagnosis did not lead to immediate treatment. By the age of 9, her son's behaviours were beyond the capacity of the family to manage, even with added supports placed in the home. He was placed briefly in foster care with the reluctant consent of his parents. This placement lasted less than three months and, according to the mother, exacerbated the situation rather than

relieving it. Following this placement, he was referred to a 6-week psychiatric assessment programme where, much to his parents' relief, attention deficit disorder was finally diagnosed. The parents again requested services from social services and were offered a bed in the group home programme.

Once again, this parent was faced with making the difficult decision to place her son outside of the family home to meet his immediate care needs. She was distraught at the thought of a long-term out-of-home placement, but reluctantly agreed to "give it a go" for his sake. Her son remained in the group home for a 13-month period following which he returned to the family home full-time, with occasional respite weekends away. In summarizing her involvement and experience with the group home, she expresses enthusiasm about the changes her son made during his residential stay. She acknowledged that she benefited personally as well.

Meaningful Phrases

The text of this interview was examined several times to uncover phrases which highlighted the mother's experience with the group home setting. Initially she described the time leading up to her son's placement in the group home as very painful. She stated that she was "scared to put him in there because I was afraid he would never come home again." At the initial meeting with the group home staff she "started bawling because we had worked so hard with him, and from A to Z in the alphabet we were already up to N with all the things we had tried."

She further stated that "I was really fearful because I'm the one who knows him best and how long is this going to take anyway?" She often talked about being "railroaded" by the various systems, schools and social workers: "I know when I'm being railroaded into accepting what others see as best for him." So she "signed him in and had a good cry."

Following her son's placement in the group home, she stated "then I had a nervous breakdown because of all the stress of working and trying to deal with my kid and I was on

medication and it was so hard and trying to work and do home and fighting with schools and this and that and him kicked out and I had a nervous breakdown. I was just all mixed up.”

Parenting this child, prior to the group home placement, had been difficult and challenging. The mother stated that “he was rebellious, his temper was really bad and he had a hard time controlling himself. He was very mouthy, and he didn’t care whether you were a cop or who the hell you were.” On numerous occasions she felt harshly judged as a parent and very frequently blamed for her son’s problematic behaviours. As she expressed it: “Everybody said it was always Mom and Dad’s fault.” When her son was finally diagnosed with attention deficit disorder, she stated that she “didn’t know what to do—laugh or cry—so I just started laughing. I kept saying there was something wrong here, and everyone kept saying it was just poor parenting.”

She felt particularly “railroaded” by the school system which she sensed was “always against us.” In her words, “If he had diabetes or epilepsy and he needed to eat or have a shot, they would have jumped right in. But because my son was ADD, they treated him like a psychopath and wanted him out of the schools altogether.” One principal in particular “had the gall to try and have my son removed from the home. He did it twice. We had a meeting at the school and he had the gall to invite people from my son’s last school and they were already talking about contacting social services before I even got there.” She removed him from the school system at this point, declaring to the principal “go ahead and arrest me for not sending him to school, whatever you do he’s not coming back.”

After three years of fighting with schools and school changes, she requested and received home-based schooling arranged through mental health. These services were provided to her son by the school district up to the time of his group home placement. At the same time, she and her husband attended a parents’ group also offered through mental health services.

Despite all of the upheaval and chaos this mother experienced, she never lost sight of her son's positive attributes, as evidenced in the following statements:

Even though he has difficulties, he has a great sense of humour...

Like me, he gets along with most adults if they don't take themselves too seriously.

She briefly touched on her own upbringing when discussing her husband's role as a step-father. She was also raised by a step-father and felt abandoned by her own father.

She stated that:

I was raised up by a step-father and my real father tried to put down my step-father in my eyes. And I said "don't put down the man that's been raising your mistake because furthermore I do feel I am your mistake. He has fed your mistake, clothed your mistake, etc, etc." My father never said another word to me about my step-father, and I won't let my boys say anything against their step-father.

Although she frequently mentioned that she had reached her limit with her son, she expressed some understanding of his behaviour. In fact, some behaviours mirrored her own reactions to situations. In particular, she made the following statement in describing his temper:

There's a lot of people with tempers like his, I'm one. When you get mad, you need time out. There's a bunch of voices going yak, yak, yak and your temper is just rising and rising to volcano peak and people say "why are you like that?" I just say "yes I am." You get so aggravated inside and you have no control, and my son is just like that.

She also described herself as being "very strict with my children, I don't 'pitter patter' around them." She chose not to work so that she could be available for her son. At the same time, she dedicated herself to learning about her son's attention deficit disorder,

and she assumed leadership of a Boy Scouts Beaver troupe in an effort to gain more experience with boys her son's age.

This mother's experience with the group home, she stated, was initially confused and mixed. She felt badly leaving him there and cried uncontrollably. Even though she was exasperated and "at her wits end," she questioned the necessity of this move. Her choice was to remain closely involved in decisions around her son's care, without "going over and interfering all the time." She came to appreciate the "calm and relaxed atmosphere; it was a happy place and I enjoyed the staff." She recounts one particular episode with humour. The staff at one point decided that it was time for her son to be taken off his medication for a period of time so that he could learn to control his own behaviour without the assistance of drugs. She was consulted about this plan, but advised the staff that they may regret this. "They wanted to take him off his medication and I said, 'Are you nuts?'" The staff followed through with this plan, and, as the mother predicted, the staff were faced with an out of control child. The staff conceded defeat on this point. She laughed in a good-natured manner when recounting this event.

In summarizing her experience with the group home and the learning gained through her son's placement, she stated that "I don't know where I'd be without all that help, 'cause he's come a long way. He used to smash doors and walls and destroy things. Not anymore." Her son was able to return home more in control of his behaviours and able, for the most part, to take responsibility for his actions. In her words, "between them helping him and me helping him, we made real progress in calming him down. Now we are working on him wanting his own way all of the time and making progress." In retrospect, she stated that they would enthusiastically recommend this or a comparable programme to families struggling with similar issues. She would say to another parent that:

The staff are very helpful and always there to answer your questions, you can go night and day, talk to them anytime you want, and they'll help you to

find a solution that helps your child there, and they are willing to share this with you so you can work on it at home.

Parent #2

This interview involved both a mother and father, although the father left the house approximately 15 minutes into the interview. The couple have two children, the son who was placed in the group home and a younger daughter. Both parents work full-time outside of the home.

Their son began to display problem behaviours as soon as he started school at the age of five. His early school years were a constant pattern of suspensions, classroom changes and mounting frustrations at behaviour that was beyond anyone's control and without explanation. The parents decided to seek out counselling services for their son about this time. He was big for his age and seemed to have no sense of personal boundaries. He bullied younger children and physically challenged older boys. School reports described him as violent, uncooperative and undisciplined. In the classroom, he was unable to grasp new concepts and as a result was defiant and disruptive. During his first year of school, he was referred to a learning-disabled class and remained in special classes until the age of 12. His problem behaviours were only minimized and not eliminated by this change.

Life at home was equally difficult. In an attempt to come to grips with behaviours they could not handle, these parents attended many parenting courses. Even with this, they felt they had no success at either coping with or changing their son's behaviours. Finally, at the age of nine, their son was diagnosed with a fairly rare medical condition which required ongoing medication. Although the diagnosis provided an explanation for the behaviours and some relief for the parents' anxiety, by this time many of their son's behaviours were habitual, and he continued to have difficulties at both school and home.

At this point, these parents decided to approach social services for assistance. They realized that their son would most likely need to leave home to receive the treatment he

required, and they struggled with this decision. Eventually, they accepted the offer of a bed in the group home and moved him for what became an 11-month stay.

Despite their expressed feelings of shame and embarrassment at removing their son from the family home, they soon began to work closely with the staff in the group home. The staff assisted the family to adopt new approaches to dealing with their son's behaviours, and the parents in turn provided training to the group home staff on their son's medical condition.

After approximately 10 months in the group home, their son made a gradual return home, with week days at the group home and weekends at home. Eventually he moved home full-time while maintaining phone contact with key group home staff for several more months. At the time of this interview, he had been home for about one year, and they report he was coping well at both home and school.

Meaningful Phrases

Despite their stated relief at finding this group home programme, the overwhelming emotion for this couple was one of guilt. The decision to move their child out of their home for an indefinite period of time was catastrophic, especially for the mother who admits to "shutting down" emotionally. She also expressed anger towards herself and a sense of "let down at not being able to do what you expected to do." Haagenstad (1992) in her research on parents whose children moved to foster care, found that these parents frequently blamed themselves for their child's placement, believing that they had caused the problems that lead to the need for out of home care. She further states that "it's very tough to come out and say I can't handle this kid, I can't parent this child." Her feelings of guilt increased as her son was obviously much calmer and happier out of the home. His adjustment and immediate change in behaviour contributed to their shame at their inability to achieve this despite years of effort. She stated that "it took me about six months to start to interact with him without feeling 100% guilt."

In describing the years leading up to the group home placement, the mother stated that her son “needed structure and routine which we couldn’t give anymore because we were burned out.” They reached a point where “because he was so big for his age we couldn’t do physical restraint anymore. He was violent, uncooperative, undisciplined and we go to the point where it was a question of either fixing him or hurting him.” Even though they can now express warmth and love towards him, they had lost that feeling over time and “didn’t see anything good in him anymore.” They felt they had “given him every chance in the book to shape up or be shipped to a foster home.” As difficulties increased, they knew they must follow through on this “tough love,” no-backing-down approach.

In briefly touching on her and her husband’s background, she stated that they were both raised in military families, and they were accustomed to “orders being given and obeyed.” They were perplexed by their inability to bring order to their son’s life. Their familiar methods of discipline no longer worked, and, in addition, their younger daughter was now showing problem behaviours as well.

As the group home placement progressed, the parents began to incorporate themselves into the programme philosophy and approach. “We visited regularly and took him out frequently. We had lots of meetings with his key worker, and appreciated his support and encouragement.” They acknowledged that the group home staff and programme differed from their family home in one significant manner:

They have rotating staff who work eight hours on then they go home, and come back for another eight hours the next day. They were able to work with him because they were detached, they were not the parents, it was not the love and the guilt relationship that is involved with children and parents. For the staff it was a job and they were trained to that kind of work with difficult children so they knew how to voice exactly what they expected of the children and to follow through on the consequences. They also had the

manpower to go to school and pick up the kids who were misbehaving.

With two parents working that's hard to do.

For the mother, the break from full-time parenting in conjunction with her relaxation about the placement decision provided her with the opportunity to focus on herself during this period. She stated that she came to realize that personally she was an emotional wreck and that she was trying to cope with overwhelming feelings of desperation, depression and guilt:

Those were all the emotions that led to the burnout. I mean when you deal with a situation like that day in and day out, and you see yourself losing control, and you're a control type of person, well that's difficult. I was just so burned out.

In referring to both herself and her husband she stated "we could see ourselves just falling apart at the seams so quickly." But she also felt "relief as time went by and joy at seeing him doing so well."

Gradually, they began to recognize the re-emergence of their son's more favourable characteristics, in particular his loving and caring nature. They found themselves in the position of having to "re-learn what the good things were about this child." She stated that they reached a point of looking forward to their son's return home. In her words, "we were able to see the change in us and the change in him." She stated that:

Now we no longer have to repeat everything 2500 times, he seems to understand quickly now. He's doing well, he's handling himself well, he's learned quite a lot. He's learned to walk away from situations, to shut his mouth which is important. He's also learned how to express himself to people instead of screaming and yelling. But he's still having some problem with body language, tone of voice, social skills and he's entering teenage years which can be tough.

With respect to the group home placement, she admitted that:

The only thing we really would have liked is for the group home staff to come home with him and watch the interaction, to see how things go and to give some guidance. They were very good at picking up on things that might trigger problems in the group home and we missed that at home. That would have been a great help.”

In summary, she reported that:

We were really pleased with the staff and the results they had with our son. They are warm, caring knowledgeable and pleasant to deal with, and available. It was the best move we ever made. I would recommend this to someone in the same situation, who is burned out like we were, to the point where you just want to throw up your hands and say take him away, do something, I don't want to do this anymore. The group home was excellent for us. If you are willing and want to change and to follow the procedures established, it's a very good place. It's as good for the parent as it is for the child. The worst thing that happens to the parents of children with emotional problems is that they get burned out, you get ostracized by your friends, your family. You are just stuck. We have no qualms whatsoever recommending this place.

Parent #3

This mother had been separated from her son for the better part of his life. At the age of one and one half, “the kid” as she refers to him became too much for her to cope with, both as a result of traumatic injuries he received and her own chaotic lifestyle. Her story is somewhat perplexing. She states that she had been present at the murder of her husband and an older son and subsequently fled across the country to find safety with her birth mother. In the process, her son received unexplained injuries which led to an extended period of hospitalization and eventual intervention by child protection authorities. At the

time of this interview nine years had passed, and her second son had not yet been returned to her care.

By her own description, she was involved in a high-risk lifestyle focused around abuse of alcohol and drugs. She stated that she was clean for at least two years before her son was born, but the people she associated with, including her husband, were not. Following the alleged murders of her husband and son, this mother chose to break away from this lifestyle and with her remaining son traveled across the country in an attempt to establish a new and clean existence. This, however, eluded her. She admits she was ill-equipped to deal with both her own issues and a toddler who exhibited serious health and behaviour problems. Her own problems overshadowed his needs, and she reluctantly turned to social services for help.

Although her son eventually recovered from his injuries and other health problems, she stated that his behaviour from an early age was difficult for her to handle. Consequently, her son was placed in foster care at her request, while she spent several years attempting to put her life in order. She talked about going through a series of court battles focused on regaining custody of her son well aware that she could not care for him alone. She feared losing all control over her son's life. During the same period, her son experienced a succession of foster placements prior to his placement in the group home.

She was mindful of not wanting to lose touch with her son and attempted to maintain daily contact with him, wherever he lived. Some foster homes accommodated this amount of contact with her, while others expressed their discomfort with the increased expectations of caring for both a child and a parent. She recalls one foster mother who welcomed her as a member of the family, allowing her to come and go as she pleased. Often she was present in the evenings to put her son to bed, lie down with him and read him stories. She recounts this brief period in her son's care with a certain tone of nostalgia, as a time in which she and her son developed a very strong connection. She realized that this

placement was crucial for her in strengthening her resolve to care for her son full-time on her own.

However, she felt she was unable to convince social workers of her readiness to take full-time responsibility for her son. A disastrous series of “incompatible and inaccessible foster placements” followed this more positive foster experience, and she felt that the ground she had gained with her son was lost. He became increasingly difficult in her presence and seemed to be remote from her. She admitted that once again she was detached from him and losing control. She recounted a number of hostile encounters with social workers as she attempted to be part of the decision making.

With her son’s placement in the group home she regained a sense of control. She had specifically requested this placement on the recommendation of parents known to her, and she acknowledged that the group home placement suited her situation well. Once again she was able to come and go from her son’s placement at will. However, her initial pleasure with the group home, the professional staff and busy programme, turned to criticism as she spent more and more time at the home.

Despite the fact that she was often in conflict with the staff over their methods, she reported that the care her son received in this facility was excellent. She believed that her involvement in the home aided in making significant changes in her son’s behaviour. At the time of this interview, he was still living in the group home and making preparations to move to a foster home of his mother’s choosing. She was again preparing to approach the courts in an attempt to gain full custody of her son.

Meaningful Phrases

This mother is unique among the interviewees in that she specifically requested this placement.

My thought was only on the best interest of my child and I wanted him to go to that group home. I told the social worker that he’s going there, and if you won’t comply with me then I won’t be his mother anymore, you can

find him another mother. And I knew I wouldn't have done it. But I'm pigheaded and told them I would go somewhere else in the world to find help for him.

Following his placement in the group home she stated that her primary feeling was relief, tempered by concerns about trust: "I had to trust that I was doing the right thing for him and for me."

Trust is a theme that is repeated throughout the interview—trust between herself and her son, between caregivers and herself, and between social workers and herself. The group home placement was a chance to repair her relationship with her son because "leaving him in unhappy foster home placements had destroyed his trust in me." Guilt is another word she uses frequently, particularly with respect to "abandoning" her son to the foster care system. For this she felt "shame and guilt because I hear my grandmother saying to me 'You must never abandon your children.'"

But the early traumatic years with her son had left her isolated and "tremendously guilt ridden because of my failure to prevent the abuse he suffered. I had a responsibility in this and that was to provide my son with the best and I didn't do that. That was just more guilt but I am able to say that honestly and deal with it and I'm okay with that." She stated that her son "first got into care because I couldn't deal with anything anymore and I needed to take care of me in order to take care of him. And that was the hardest thing I did in my life."

Despite the long separations this mother had had from her son, she stated that "I have always been in this kid's life, I am the expert on his life, I know him best." However, parenting him was a tremendous challenge. "We didn't know what was wrong, he had seizures and big fevers and I got scared many times because I didn't know what to do." She reported that she was viewed by social workers as the abuser and did her best to fight this label. Her son showed signs of hostility towards her and "that was the beginning of him venting himself on me. So every day of his life till today this kid's been venting on me,

thinking that all this madness was my fault.” She felt that she “couldn’t do anything for him anymore because of his serious behaviour problems. He was compulsive, he didn’t want to listen to anything that was told to him, it had to be his way.” At the time of the group home placement she realized that she “didn’t have the resources to care for a child that needs five people to care for him.” She admitted that she had significant difficulties relinquishing complete care and control to others. At the same time she acknowledged that “in reality I never was in control of anything—someone else was always calling the shots.”

In discussing her own background, this mother is clear that she “wasn’t raised in a normal family and that’s a shame, right?” She elaborated that “drugs and alcohol ‘disturbed’ our family, and I ended up carrying on this disease in my life. I was a coke addict and then I quit and it took me many years before I quit, but I was young.” She stated that this led her “to attract the wrong people even though I believed that my children would never see drugs, alcohol disturbing our family, but their father was not leaving the addiction and I was already clean for two years when my first son was born. Being raised in family like that I didn’t want to see my children victims of that.” As an adult she turned to her own mother for safety and support despite a long and acrimonious separation. She briefly mentions her step-mother referring to her as her “advocate. I know it’s weird especially since she left us.” Clearly from this description of her family she points to three key aspects which no doubt affected her parenting - the concept of normal family, the influence of drugs and alcohol and the separation and abandonment by both her birth mother and her step-mother.

Similar to her son’s experience, she reported that she also suffered tremendous physical and emotional abuse prior to the move across the country. She stated she was:

Shocked and traumatized like I was crazy. I couldn’t talk to nobody, I was yelling, I couldn’t be rational I was banging tables with my fists I was so disturbed by everything that happened to us. I was ready to do something bad to someone.

Despite her admittedly rough background and “long period of not caring for myself”, this mother described herself as principled and a diplomat. She gave herself credit for “kicking my drug habit and healing myself.” She stated that “I’ve worked hard and I’m still working hard even though I should be doing something else for myself, but maybe I’ve got some more guilt to deal with yet.”

With her son in the group home, she had the opportunity to
Be a person on my own and have my own life, you know that’s so important for me. So I started growing and I grew a lot regarding my life and how I was treating people around me and how I want to be treated. I’m an honest person but there are some areas in my life that I find embarrassing so I won’t talk about them.

In reacting to her son’s placement in the group home, this mother stated that I thought it was the greatest place at the beginning but after that I started to see the dysfunction—I mean some of the ways the staff dealt with the kids I just didn’t like. But I don’t think they ever dealt with a parent like me. Because I was totally in there with them. I mean they became my buddies. I would say to them “I’m here because we’re both looking after one thing precious and that’s the children in this community.” I reminded them that all human beings are trying to do their best.

She was a frequent visitor and participated in many house activities:

I go down there on a regular basis and I became friends with the kids that are there, and I’m involved with them and the plans for my son and the other kids too. But my focus is always my son.

She felt her personal learning through her son’s group home placement was significant. Most importantly, she learned to show support for staff in front of her son, and to “be consistent with the rules so we’re all doing the same thing. That’s what I liked about the programme.” She expressed concern however that:

When he comes home I don't have the staff supporting me anymore. Even though my son is wanting normal family stuff, loving family, and his biggest goal is to come home I will be responsible all day and all week, and I need support. So it will be a struggle and maybe a disaster and I hope I'm not being set up for failure.

However, she felt that her son must accept some responsibility from here on as well: "they gave my son the tools to do some of the work too, to change his behaviours because he's bright, he can do that."

For her "the house, staff and programme were a blessing. I mean I believe that all mothers are experts on their children and nobody can step on top of a family and pretend they know best how to raise your child. There are really some genuinely good parents out there."

These emotions may not be readily apparent to the staff as they meet and greet the family. At the time of placement, the true emotions felt by the families may be masked behind displays of grief, hostility, indifference, bravado, and perhaps even flippancy. Each parent expresses feelings in a unique or sometimes oblique manner. Some staff believe that they have seen these emotions with earlier admissions, and label or categorize this parent based their prior experience of other parents. These expressions and interpretations of emotions may result in inappropriate assumptions and get in the way of developing the essential working relationships required amongst staff, parent and child.

The parents' words tell us that internally they experienced emotional turmoil at the time of placement. They felt anxious and guilty. They were confused because they failed, they were scared because they didn't know where this was leading, and they were embarrassed at having to turn to resources outside of the family to raise their child. These sentiments are confirmed by the literature on foster care, and in particular parents' reactions to placement. Haagenstad (1992) reported that "parents emotions and reactions varied according to the reason for placement and parent's perception of the necessity of the placement." Her study goes on to report that "mothers who believed that the placement was necessary reported reactions of thankfulness and relief, while mothers who felt the placement was not necessary showed reactions of anger, bitterness, and shame."

In light of how parents presented themselves, none of these and many other complex emotions may be readily apparent to group home staff on the first day. In fact, some parents chose to have another family member or a social worker deliver their son to the group home, thereby avoiding any public display of emotions. This may confuse the staff even more and lead them to make inaccurate assessments about the commitment of that parent to the child and programme. In essence, the complexity of parents' feelings regarding placement may be hidden or may appear to represent a single emotion rather than the myriad of emotions that are in fact challenging or confronting the parent.

Assumptions and misinterpretations about the true emotional state of the parents can be made by staff if they are not mindful of what is not being said or shown. If staff jump to conclusions about the relationship between a parent and child based on how they see the parent reacting at the time of the initial placement, this research suggests that their assumptions may well be inaccurate. For example, staff may assess a parent as indifferent and disinterested toward their child if they observe a cavalier attitude, when in reality the parent may be terrified that they are about to lose physical and emotional contact with their child or be railroaded into a solution which is confusing to or misunderstood by the parent.

These are not parents who would have prior knowledge of the group home environment. Parents do not know what to expect from a placement in the group home or how long their child will need to remain in the programme. While parents are provided with a thorough orientation to the programme prior to making the placement decision, they may be unable to fully absorb all the new information due to their internal emotional turmoil at that time. Things may not always be as they appear to be and group home staff must be sensitive to this reality in each case.

Table 2. Theme 2: Voices of Defeat: *The state of parents at pre-placement* .

Parent #1	Parent #2	Parent #3
All mixed up	Burned out	
Nervous breakdown	See no good in son	No control
Judged	Couldn't provide structure	Not able to care
Blamed	Threatened son	Needed to care for self
Needed help	Hopeless	Demanded
Worked so hard	Reached limit	
Service		"Abuser" label
Hopeless	Abandoned by family/friends	Will go elsewhere
Tried everything	Requested service	Failure
Resigned to move	Fix him or hurt him	
Feeling labeled	Falling apart	Didn't have
Reaching limit	No control	
Resources		

The question "What lead up to your son being placed in the group home?" provoked strong personal indictments by all three parents. Their words suggest that they had all but given up on their sons and on themselves as parents. They were exhausted and depleted. Children who fit the profile of these children have usually experienced less intrusive resources, from in-home services to short term out-of-home placements, prior to the group home placement. This was true in two of the three situations interviewed for this research. It should come as no surprise that parents were feeling mixed up, burned out, and out of control. Therefore these stories outlining the history of their sons' care to this point provided crucial pieces of information for group home staff. The full extent of parents' efforts to this point need to be explored at the outset and used to develop a complete picture of the child and his family. Group home staff need to understand the past efforts of these

parents as an indication of their commitment to their sons and to change. If the history is not appreciated and considered in light of the current and immediate circumstances, the programme is in jeopardy of re-treading old ground by creating yet another inappropriate plan of care.

A further observation of the interviewees' responses to what lead up to the placement was that each participant interwove descriptions of past efforts to manage their sons' problematic behaviours with their personal thoughts and reactions, from self-blame, to near-abandonment (take him away and fix him), to desperation about her own needs. What is common across these three descriptions of their situations is the extreme personal toll that the years of intensive efforts took on these parents. This was evidenced in their descriptions of "having a nervous breakdown," "falling apart" and "needing to care for self." Clearly, they appeared to be identifying their personal needs for help, although they did not directly ask for assistance.

When all efforts within the home seemed to have failed, in each case the decision to turn to social services for assistance was viewed as taking a drastic measure, and was not made lightly or frivolously. These parents appeared desperate for relief from their own needs and the overwhelming responsibility of caring for their children. They were acknowledging, verbally and non-verbally, that they were boxed in and have neither the skills nor the energy to make this situation any better. When their words were viewed collectively, they punctuated a strong signal from these parents that they are crying out for help for themselves as much as for their children. These outcries may not be heard in the group home context because staff focus on attending to the client that comes into their care and that client is the child. Therefore, what gets heard is what the child says, and what the parent says about that child.

In my experience, this is the point at which staff often decide that the problems exhibited by the child are directly the result of poor parenting skills because that is what the parents have told them. If staff are not sensitive to other verbal messages, in particular those

statements about the parents' personal conditions and histories, they may compound parents' feelings of failure at this time. Because staff are put in the position of taking over for the parents, it may be difficult for them to acknowledge that parents may in fact have put their best efforts forward and used the tools that they have to deal with their children, as limited as these may be. Staff may also not appreciate how difficult it has been for parents to admit failure and to seek help. Parents may be expressing interest in learning how to do a better job of raising their son, and may express a willingness to partner with staff in their son's care. What they may not be able to express explicitly is their own overwhelming personal needs for care which could limit their ability to participate, learn or even parent their child in the future.

It takes a certain degree of professional skill to pick up on the subtle but unspoken clues that parents may be communicating about their highly fragile states. Most parents do not come right out and say "I need your help as much as my son does." Group home staff may not encourage this or create an environment conducive to parents feeling comfortable about expressing their needs. Staff may even cut parents off from discussing their personal issues due to their nervousness about not having professional skill in dealing with adult identity in the context of parenting issues. Staff may feel that parents' problems are beyond the scope of their training as child care practitioners or not within the mandate of the group home programme designed to focus on children's issues.

When these unspoken pleas for help from parents are overlooked or ignored, the programme is in jeopardy of treating the child in isolation. To "fix" the child without due regard to tending to the parents complex needs would be comparable to putting clean oil into an engine that is not functioning. No amount of clean oil can get a broken engine to run. Staff need to be able to hear this cry for help and appreciate that parents may need as much "care" as their children. Stated another way, the parent may need as much "fixing" as their child does. Giving parents the opportunity to work through their current and past personal issues may bring them to the realization that they cannot parent their child until

their personal issues are resolved, or may not want to resume full time parenting responsibilities.

Table 3. Theme 3: Voices of Childhood: *Significance of the parenting of parents.*

Parent #1	Parent #2	Parent #3
Dad's "mistake"	Military	Not normal
Step-dad did his best	Follow orders	
Drugs/alcohol		
No mention of mom	Obey	Acrimonious
	Structured	Step-mom left
		Disease

As stated in Theme #2, these parents clearly struggled with a significant number of personal issues both as parents and as individuals. Without prompting, all three of the interviewees alluded to "chaotic," "unhealthy," even "toxic" upbringings from which they have not recovered. Not one of these situations was considered to be normal, in their view. They were each attempting to overcome deficits in the parenting and life style they in their earlier years. As a result of their upbringings, these parents were not equipped with the most basic tools to meet the challenges of parenting. More alarming they have been left to cope with the extreme and harsh descriptions of themselves and their family environments. These are worth noting in order to appreciate the impact of their own histories on their current lives.

For example, one mother describes herself as her father's "mistake," that is, in her mind a person who was not supposed to be born. Her low sense of self-worth as a result of this upbringing means she is probably in a state of self-doubt most of the time. She does not have the confidence to feel comfortable with who she is, never mind with her parenting. Her own issues of personal value have not yet been addressed.

The second parent described being raised in a military household where one was expected to follow orders and obey. This sort of environment does not lend itself to creative

thinking or any form of self-determination. When you grow up believing that rules and procedures are to be followed then there are no alternative behaviours to draw on. It is little wonder that parents in this situation feel challenged beyond their skill level because “doesn’t everyone follow the rules?” The clashing of child and parent cannot simply be resolved through a temporary placement in the group home. Parents need to understand how they have been conditioned for the parenting role of getting their child to “follow the rules” because that is what matters. Other options such as problem solving, making discretionary judgments, and asking questions to foster growth, simply are not options to choose from.

The third parent interviewed was extremely blunt in speaking of her home life. She portrayed a “diseased” home in which she was abandoned by both her mother and step-mother. In her words, her upbringing was not normal due to a number of factors not the least of which included extreme abuse of drugs and alcohol. Of all three parents she presented as the neediest and the least able to focus on her son’s needs. Her personal issues were monumental. She talked of being damaged, crippled by her upbringing and wounded enough to resent the fact that her son was getting all of the attention, when in her mind her needs were greater.

The literature supports the contention that historic individual issues that have weighed down parents and shaped them into the adults, must be acknowledged and treated. Ridgely and Carty (1999) note that “one of the crucial roles of the group home therapy is to hear and respect the full historic, intergenerational story.” Issues of abandonment, being unwanted, and feeling inadequate will continue to stand in the way of parents being able to assume full parental responsibilities if these issues are not heeded and addressed. As Barth and Price (1999) observed: “having had limited role models for good parenting, many adults must learn for the first time how to be effective parents while struggling with their own recovery and/or personal issues.” What the literature does not explicitly state with respect to group home programmes is that the commitment and involvement of parents who

have not resolved the effects of their deficit environments, will be limited and perhaps futile. This research suggests that these parents need to gain a sense of self, an understanding of what constitutes a healthy home, as well as what effective parenting is and how it works.

For group homes the message was clear. Parents whose children are placed in group care have stories of their own to tell and usually significant personal hurdles to overcome. Staff can play a pivotal role by listening and acknowledging these challenges, and assisting parents to receive the therapy they require to work through their issues.

Table 4. Theme 4: Voices of Participation: *Working with group homes.*

Parent #1	Parent #2	Parent #3
Didn't interfere	Visited frequently	Became my buddies
Closely involved	Took son out often	In there with them
Consulted with staff	Frequent meetings	Critical
Humoured staff	Taught staff	"Never met a parent like me"
Calm, relaxed	Enjoyed support	Liked consistency
So like mom	Felt encouraged	Expert on son
Sense of humour	Staff warm/caring	Always there for son
Open to learning		
Available for son		
I know him best		

This theme in combination with the theme following are the key categories for the purpose of this thesis. I found no evidence in the residential treatment literature which described, in parents' own words, their personal experiences within group home programmes. In my experience, many parents whose children are in group care opt for a minimal level of involvement from phone calls to occasional visits. They defer to what they perceive to be the superior knowledge of group home staff, leaving the job of caring for their son to the professionals. Some parents are conspicuously absent from group homes

for the duration of their child's placement, as they do not see a role for themselves in the programme.

The parents involved in this research however chose to be closely involved with the group home once they found their personal level of comfort with the staff and programme. For example, Parent #1 "didn't go over and interfere," but remained "closely involved." Parent #2 "visited frequently" and "took her son out often." Parent #3 was "in there with them" and became their "buddies." What is important about their words is that they reflect the parents' own experience of the group home, as opposed to that of their sons.

In addition to reporting on their individual levels of involvement, these parents described their feelings about their participation. Because these parents chose to remain closely connected to the programme, they were able to build therapeutic relationships resulting in benefits as expressed by a common sentiment. Their words reveal that they felt "calm and relaxed" at the house, they "enjoyed the support" and they "liked the consistency." In essence, they felt comfortable in the group home and experienced being accepted as part of the treatment team. It was apparent from the parents' words identified in earlier themes that none of these parents were able to achieve this level of comfort with their children within their own homes.

The thinking about parental involvement in residential programmes as reported in the literature changed radically over the past several decades. For example, in a 1960 article on residential treatment Mayer (as reported in Pitsch, 1992) stated: "One of the purposes of residential treatment is to neutralize or inactivate temporarily the influence of the child's parents, and even the right to communicate with the child must, if necessary, be abolished." By the 1990's residential programmes were recognized as a resource for the family not just for the child. Parental involvement in the programme became an expected and required component of group home treatment plans. The involvement of parents in the treatment aspect of group homes programmes was identified as leading to significant benefits for both the child and parents. For example, Kwantes (1992) states that the active involvement of

parents “lets the child see that the parents remain in charge, and that they are not being abandoned.” Additionally, Barth and Price (1999) state that “when parents are separated from their children, they lack the opportunity to learn how to interact with them effectively and to deal with the frustrations that are a normal part of parenting.” This shift in thinking about parents’ involvement in group home programmes reflected a growing acknowledgment that the children placed in these facilities belong to the family, not to the residential programme.

What the literature does not tell us however, but what this research suggests, is that the participation of parents in the group home programme leads to more than a re-learning or enhancement of parenting skills. When a programme is structured with due regard to the needs of parents, and if they are able to receive the care and attention they need to deal with their personal issues, then the parents experience a meaningful level of involvement. The parents who participated in this research were very involved and this led to a growing confidence in all three parents which resulted in a strong assessment of the programme. Their positive feelings about the programme reinforced their participation around the group home and within the programme. The more they participated in the programme, the better they felt about themselves, and the better they felt about themselves and their ability to parent. As a result, they felt better about their children and their ability to parent them, which in turn reinforced their commitment to the programme. This is one of the pivotal findings in this research. While theme #4 speaks to their involvement within the group home, the result of their involvement is captured in theme #5.

Table 5. Theme 5: Voices of Retrospection: *Summarizing the experience.*

Parent #1	Parent #2	Parent #3
Helped me	Helped son/us	Good parents out there
We made progress	Saw good in son	Blessing for me
He's come a long way	Re-learn good things	Show support for staff
Need follow up	Need guidance at home	Be consistent
They helped him/we helped him	Looked forward to son's return	Set up for failure
Making progress at home	Change in us/him	Gave son tools
Enthusiastic	Best move ever	Son is bright
Excellent place	Good for parents/good for child	Son can do some of the work now
Helpful staff	Excellent for us	Recommend it
Come and go freely		

This final theme gives full voice to the parents' experiences with the group home placement, and as mentioned previously, represents new and important data for the residential services field. There is little doubt, in reviewing the words used by these parents, that they made tremendous personal gains through their active participation in the group home programme. They expressed positive assessments about their experiences within the programme and the outcome of that involvement for them personally. For example, Parent #1 said the programme "helped me," while Parent #2 stated that the programme was as "good for the parents as it was for the child," and Parent #3 acknowledged that the programme was a "blessing for me." Despite the fact that their sons were the "identified clients" in the group home programme, the benefits accrued by these parents personally was an unanticipated spin-off benefit for them. Unbeknownst to themselves and perhaps the group home staff, they bootlegged attention and care for themselves from a programme that was designed to solely meet the needs of the children placed in the programme. While

parents were clearly expected to benefit in their parenting role from their child's placement in the group home, there were no expectation that changes should occur for parents with respect to other historic and personal issues. In equally strong voices these parents clearly stated that their group home experience was a critical piece in their personal therapeutic change.

In addition to the personal benefits mentioned by the parents, and as a result of the parents decisions to remain actively involved in the programme as discussed in theme #4, the words expressed indicated a re-awakening of their relationships with their children and a new appreciation for their sons' unique attributes. For example, Parent #1 was able to recognize that "he's come a long way," while Parent #2 stated that she "re-learned the good things" about her son. Parent #3 realized that "my son 'is bright and he can do some of the work now.'"

Because the benefits realized by these families as a result of their child's placement in the group home have taken place for both the children and the parents, the programme's ultimate outcome of a successful return by the child to the family home was more likely to occur. In this instance, "successful" means that the changes and learning which occurred during the placement were sustained over a period of time so that further removals from the family home may not be necessary. Despite the many personal deficits that these parents discussed, these families left the programme with a new sense of what competent parenting looks like. In order to maintain the gains achieved through the group home placement, all three parents voiced their need for ongoing support in the home. This issue of supporting families when the child has returned to the family home will be addressed in the following section which outlines the implications of this research for group home programme planning.

The parents' attitudes reflected in theme #1 (complexity of feelings regarding placement) captured how they saw themselves at the beginning of care. In theme #2 these parents depleted their personal resources in seeking an in-home solution to their child's

problems and were distraught, exhausted, angry and embarrassed at not being able to manage their child. They felt terrible, about themselves, about their parenting, about their child and about their decision to place him in out-of-home care. By the time of admission to the group home, it was clear from the evidence in theme #2 that the family had been in chaos for a long time, perhaps since the birth of this child or earlier. Most of the family's interactions and thinking had been around the "identified client." The families became organized around the child as represented by the child's symptoms. Family issues or long standing personal issues were not mentioned. These parents are burned out, feeling hopeless, and out of control.

Given the chance to tell the stories of their own childhoods as they were in this research and as revealed in theme #3, they collectively identified that their lives had been a mess for at least one previous generation, if not longer. In listening to the telling of these personal stories, it is little wonder that these individuals experienced difficulties functioning on many levels. However, as noted in theme #4, as the group home placement evolved, their active participation in the programme lead to an important period of personal growth for each of them. They learned to respect and appreciate themselves as individuals which was accompanied by a reawakening to their son's positive qualities. In theme #5, these parents summed up their group homes experiences with enthusiastic endorsements of the group home staff and programme.

In summary, by interviewing these parents about their experiences with their child's group home placement voice has been given to a previously unheard from and valuable source of information. In this research, all three parents endorsed the group home as "good all around," for themselves, for their children and for their families. However, it was not the outcome that made the real difference for them. By giving voice to the parents' group home experiences, light has been shed on otherwise untapped information about the parents' group home experiences. In their own voices, they made a significant contribution to our

knowledge about residential programmes by articulating the importance of understanding parents' past histories and needs that are equally as complex as their children's needs.

CHAPTER VI: IMPLICATIONS

Implications for the Researcher

My original motivation for this study stemmed from nagging fears that as a child protection worker earlier in my career I had been responsible for the suicide of two parents in two separate instances. I can only assume that these parents loved their children and had cared for them to the best of their abilities. By the standards of the day however, this care was considered inadequate, prompting the removal of these children from their parents to the care of substitute parents. In one situation, following an anonymous complaint of sexual abuse, five young children were removed from their single-parent father. Prior to a full investigation of the allegations taking place, this father committed suicide leaving his five children orphaned. The second situation involved a single mother and her three young boys. The boys had been removed from their mother's care a number of times due to her severe abuse of alcohol. With each return of the children to their mother's care, she promised to clean up her lifestyle and provide her children with adequate care. Finally an order to permanently remove the boys from their mother's care was granted. Shortly afterwards, the mother took her own life. As a result of the decisions in these two situations, a total of eight children no longer had birth parents in their lives. In both cases, I participated in the decisions to remove these children from their parents, and was responsible for the actual physical removal of the children.

These events took place more than twenty years ago but I remain acutely conscious of the feelings these traumatic events generated for me. The fact that I had the ability to cause parents to take their own lives was terrifying. This feeling has not diminished over time. In fact, now that I am a parent myself, I am horrified to re-live the events and contemplate what the ensuing years may have been like for these children. Up to that point I had viewed my responsibility as a child protection worker from *my* sense of what was in a child's best interest. My own middle-class upbringing shaped my personal values against which I measured others. Although I was aware of the immense power that protection

workers have to impact lives, prior to these events I had considered these powers to be positive, for the good of the child. I can clearly remember both parents in these cases, and the numerous conversations I had with them, particularly with the single mother. Her life was a tug-of-war between the competing demands of parenting and her own overwhelming personal issues. She was stunned that her commitment to her children was not considered to be enough to allow her to raise them in her own way.

Through interviewing the three parents for this study, and in reflecting on my past experiences, I am now firmly aware of the complexity of emotions associated with parenting, particularly for parents who struggle to raise their children despite immense personal handicaps. Having the opportunity to hear from parents in their own voices about their experiences left me surprised at what I did not know, and what I may have missed, misinterpreted or even ignored in my dealings with parents.

Having reflected on my interview with the one mother I contacted to validate the data, I was reminded of the emotions raised in the earlier interview. This mother's anger had not subsided and we spent some time reviewing what had taken place for her son in the intervening years. Her son is now 14 and in addition to ongoing struggles with the school system, he is now interacting regularly with police and youth corrections officers. She stated that it was like starting all over again with new players involved, and once again she has been tagged as a bad parent, this time by a police officer. Her son is not currently living in the family home. At her request and his insistence he was removed to a family foster care placement. According to his mother, 'his anger is beyond control a great deal of the time, and difficult for anyone to cope with including the foster family.' She does not interact with the foster parents, but she is in steady contact with her son. He recently expressed a desire to return to the group home of three years ago as he acknowledged that he knew he was doing well there. 'We both agree on that,' she stated.

Reacquainting myself with this mother was a valuable exercise from a number of perspectives. It was reaffirming to verify that the meanings I was able to reveal through her

words were accurate. It was also important to understand that life goes on, and to confront the fact that there are few quick fixes for these very complex child/parent relationships. In retrospect, it seems that the group home provided a brief respite and a glimmer of hope for this family at a time when their son was young enough to learn and incorporate changes. Even with a 13 month stay in the programme, the intervention was not long enough to deal with the myriad of issues for both the son and parent to effect some lasting changes.

Decisions affecting children's lives are very frequently based on assumptions, as evidenced by points raised in this study by the participants. Professionals and bureaucrats are often guilty of leaping to conclusions without fully investigating situations or asking the right questions. For myself, it was enlightening to discover that after many years as a practitioner I still needed to challenge my assumptions, to be reflective and look beyond what I knew in order to reveal the gap in my knowledge. Every situation has the potential to be a critical learning site for professionals if the blinkers come off, and we are able to acknowledge that we have not "seen it all before."

Implications for Group Home Management

How can the residential care system play a role in treating needy parents whether they resume full time parenting or not? Given the narrow focus of previous programmes, primarily centered on outcomes for children, considerable room exists to re-evaluate programmes against a new set of expectations. In British Columbia group homes are currently out of favour and being closed by government. The group home which provided the setting for this study was closed two years ago, with the result that no intensive professional group homes now exist for children under the age of twelve years in this city. The rationale for these closures usually refers first to the high daily cost of maintaining a child in a resource, and second to the negative influence that children exhibiting severe behavioural disturbances will have on each other in a residential setting.

Working with group home administrators to rethink and re-focus services has not been presented as a viable option. In the absence of such dialogue or data to support the

closure rationale, the decision to eliminate this component of the service delivery system seems short-sighted. As Weisman (1994) declared, closing group homes makes as much sense as closing down emergency rooms or intensive care units in order to lower hospital costs. Some kids are going to be in trouble all their lives and these kids and their families are always going to need help. With the elimination of group homes few intensive options remain available to parents who are unable to cope with their child's behavioural disturbances.

Even "normal" parents experience parenting problems, and worry about doing a good enough job. The emotions of guilt, shame, and embarrassment revealed in this study by the participants would no doubt be replicated in a study of normal parenting anxieties. However, only a small percentage of the overall child population is referred to child protection authorities and an even smaller percentage move to out-of-home placements. A critical question is where do most parents go when they need help? Are these parents different from those parents whose children live in a residential care facility? One factor revealed through this study was the nature of the full scope of parenting issues that are faced by residential parents. For example, the lack of support networks for residential families and how this lack of networks may be related to or indicative of economic difficulties. The families studied in this report, and perhaps others dependent on the residential care system, do not appear to have the resources for hiring professional help of their choosing, and so on. The problem in residential care is that "parenting programs" focus almost entirely on behaviour management problems of the child and do not assist parents in addressing the full scope of parenting issues.

An additional factor was the needy state of the parents. As became apparent from their descriptions, the parents included themselves as being admitted to the programme along with their child; although, neither the programme nor the parents were fully aware of this. Their needs seemed as great as those of their children partly because they have been coping with their stress for a longer period of time. Whether parents ultimately resume full

responsibility for their child or not, group care has the potential to incorporate a holistic approach to programming by structuring the service to include the parents or the whole family.

This represents an entirely different orientation from traditional group homes. Programme purposes and objectives could be refocused to seek outcomes for parents with both their personal and parenting issues, in conjunction with clearly stated outcomes for children focused on their personal and family issues. Further implications emanating from system's approaches to group care relate to the qualifications of residential staff. A different skill set would be required of staff who must demonstrate proficiency in both family and child-focused therapy.

Several examples exist of family focused residential programmes. Shared Parenting is in the early stages of service provision in one area of the United States. The programme aims to provide services to parents and children who are placed together in out-of-home care. Shared family care involves the planned provision of out-of-home care to parents and their children so that the parent and the host caregivers (family foster care) simultaneously share the care of the child and work toward independent in-home care by the parent (Barth & Price, 1999). From the little data that has been gathered on the programme to date, there is a promising trend towards reducing the cost of residential care. In shared parenting programmes, the length of stay in the programme tends to be much shorter than regular group home placements. More importantly, however, has been the finding that some parents who stayed in shared family care determined that they were not ready for the responsibilities of parenting and relinquished their child for adoption. For some children, this may prevent the home-to-institution-to-home cycle so frequently experienced by children who come into contact with the child protection system.

Boys Town in Michigan offers a range of out-of-home services for children and families including the opportunity for families to live in on-site cottages (Weisman, 1994). While children work through their issues within the residential setting parents participate in

sessions to deal with their personal concerns. Parents are expected to provide full time weekend care of their child on site, as well as to participate in the day to day residential care. The programme structure stems from a belief that when parents are separated from their children, they develop other relationships, lifestyles and interests. In essence, they grow apart from their child when the responsibility of day to day care is not there. This can make it difficult for parents to rebuild their interest in resuming the care of their children and their capacity to parent.

Sending vulnerable children home to fragile home situations leaves group home staff feeling uneasy, while not sending vulnerable children home can be equally as difficult. Staff in residential settings continually face a quandary to which there is no satisfactory solution. What should be done when, in spite of everyone's best intentions, the family placement is not in the best interest of the child? What the system has to offer is a life in alternate care followed by independent living.

The primary implications from this study for the management of group home programmes are numerous. First, there is a need to recognize the necessity of adopting a holistic approach to caring for children and their families and admit the family for service. Staff need to be willing to acknowledge that not all situations are salvageable in the group home setting. Additionally, administrators need to advocate for a broader range of services to better meet the unique requirements of needy families.

Implications for Human Services Training

In light of the recognition that group home programmes must reorient their purpose and structure to accommodate families, what are the implications for child and youth care training programmes? Professional skill development for child and youth care workers has been focused on building personal awareness and child-focused knowledge. These are skills that are highly appropriate for the residential settings. Staff in group homes are faced with the care of children 24 hours each day, and even if parents spend one hour a day with their child, the balance of the work day is focused on child management task. It is

understandable then that staff utilize and enhance their child-focused skills as an immediate requirement of their day to day work world.

However, an entirely different skill set is necessary when parents, families and a larger set of issues and problems become a part of the environment. When confronted with these situations, staff need to be able to draw on a broad set of professional skills including interpersonal skills of dealing with adults, awareness and intervention skills with family and other social systems, ethical decision skills to make choices within limited options, and more recent knowledge of human development theory which values the influence of context on development and change. Staff may resist these additional responsibilities, just as parents may resist involving themselves in their child's group home placement.

Many thousands of children come into the care of, or have contact with child protection services each year. Each one of these children has a constellation of attachment relationships around them that are impacted in some manner by the child's needs. The need to see these children in the full context of their whole environment is critical. Students of children's services need to acquire the skills to recognize the importance of the child's entire life space and the magnitude of the issues being dealt with by those in that life space.

Implications for Further Research

With the dearth of information on parents in relation to out-of-home placements including all forms of substitute care (foster families, group care, residential care) a number of possible sites for further research are apparent. A comparable area that has been researched extensively is that of children who are hospitalized frequently or for long periods of time. Studies have been conducted that look at the children's reactions to this phenomenon, the parents' coping and reactions, and the effects on family structure and functioning when children leave the home for extended hospitalization. Although some of the findings of these studies could be considered comparable to the group home phenomenon, children and parents who interact with other systems, such as child welfare, school and law enforcement, may be confronted by different attitudes and treatment. An in-

depth study of their perceptions and experiences of other parent groups might provide useful perceptions not unlike those expressed by the parents in this study. This raises questions that further studies on children's residential care may want to explore. For example, it would be interesting to investigate whether or not factors such as gender, age, or voluntary versus involuntary admission might reveal different findings in terms of parental experiences. Acknowledging that this study interviewed only mothers or sons, further research projects might consider focusing the study on fathers and daughters, fathers and sons, or mothers and daughters. An additional area of research that could round out the perspective on this aspect of the group home experience would be that of the perceptions of group home staff towards parents. A study of experienced group home workers might reveal findings that may have different implications for group home programming and for the design of training and education programmes.

Summary

This study was an investigation of the effects on parents of a child's placement in residential care. The purpose of the study was to explore parents' perceptions and responses when a child is placed in an out-of-home facility. This particular aspect of the residential care system had not previously been researched. The inquiry addressed three key issues regarding children's residential care: to address the gap in the residential literature pertaining to parental involvement; to create knowledge that may inform residential care policy and practice; to satisfy my own curiosity with respect to how parents would describe their experiences with the group home setting.

The key findings from this study are summarized here:

- 1) Separation and placement traumatically affected the parents in this study and was manifest in varying degrees of feelings of loss, anxiety and guilt about the placement.
- 2) These parents did not want to be perceived as bad parents and did their best to seek out support and assistance. As families they tended to draw on the internal

supports available to them, such as family and friends, prior to turning to public resources. Their sense of wrong for giving up on themselves and their child was experienced as overwhelming and demoralizing.

- 3) These individuals did not innately possess the knowledge or skills to be good parents; parents bring with them the effects of “poor” and “abnormal” parenting.
- 4) As parents who had been involved in their child’s care, they benefitted significantly, both personally and in their parenting skills.
- 5) Their doubts and anxieties about the placement shifted to one of support and enthusiasm.

From these key findings a number of implications emerged for myself as a professional, for group home management and for programmes which train human services workers.

Final Reflections

The process of completing this thesis has been “cathartic.” Taking the time to study the experience of a particular phenomenon, whatever it may be, provides the opportunity for, and luxury of retrospection and introspection that time and commitments may not otherwise allow. For me, the catharsis comes with being able to reflect on my experiences in the field of children’s services, and to connect some of those experiences to being a professional. Prior to undertaking this project, I had not understood some of the pivotal experiences in my background that shaped my philosophy, theories and approaches to my work. This research has been a reminder of my concern for the plight of parents and children who come into contact with the child welfare system, and my personal dedication to meeting the needs of these individuals with empathy, understanding and commitment.

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APPENDIX A

Human Research Ethics Committee
Certificate of Approval



University of Victoria

Human Research Ethics Committee

CERTIFICATE OF APPROVAL

Principal Investigators

Robin Pike
Graduate Student

Department/School

HSD

Supervisor

Dr. K. Teghtsoonian

Co-investigator(s):

Title: Parents' Experiences of Children's Out-of-Home Group Care

Project No.

191-99

Start Date

15 Jun 99

End Date

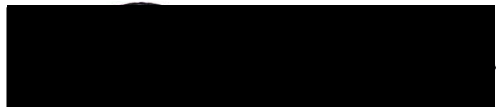
14 Jun 00

Approval Date

15 Jun 99

Certification

This is to certify that the University of Victoria Ethics Review Committee on Research and Other Activities Involving Human Subjects has examined the research proposal and concludes that, in all respects, the proposed research meets appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Subjects.



J. Howard Brunt,
Associate Vice-President, Research

This Certificate of Approval is valid for the above term provided there is no change in the procedures. Extensions/minor amendments may be granted upon receipt of "Request for Continuing Review or Amendment of an Approved Project" form.

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APPENDIX B

Research Study Contact Letter

Research Study Contact Letter

Date:

Address:

Dear:

University of Victoria graduate student, Robin Pike, is doing a research study entitled "Parents' Experiences of Children's Out-of-Home Group Care". The purpose of this study is to explore and record parents' experiences of their child's placement in an out-of-home, group residential care setting. Robin is seeking the assistance of parents who currently or very recently had a child living at *this group home*.

Robin was the director of *this group home* for over eight years, and during that time met with many parents whose children were living in the group home. Her interest in conducting this study is in understanding a parent's experience of having a child in a group home. In reviewing the literature on children's residential programmes, Robin has found that the voice of parents is noticeably absent. She, therefore, has two primary goals for her study: to fill a gap in her own knowledge of the group home experience by understanding it from the parents' perspective, and to fill a gap in the group home literature by ensuring that parents' experiences are heard and recorded.

Participation in the study is completely voluntary and confidential, and will involve one interview session of one to two hours in length. The interview which will be audio-taped (if you agree) and transcribed by Robin. You will have an opportunity to review the written narrative generated by the interviews, if you wish. All information gathered will remain confidential, and your name will not be used in reporting the findings of this study. You may choose to stop participating in the study at any time at your discretion, and all material gathered to that point will be destroyed. All audio-tapes, field notes and interview transcriptions will be destroyed at the completion of the project.

If you are interested in participating in this project or have any questions, please contact Robin Pike at 744-2930 (graduate student) or Kathy Teghtsoonian (thesis supervisor) at 472-4431.

Thank you.

Sincerely
Programme Director

APPENDIX C
Participant Consent Form

**Consent form for participation in the study entitled:
“Parents’ Experiences of Children’s Residential Care”**

Researcher: Robin Pike

I, -----, consent to participate in the study to examine parents’ experiences of their children living in out-of-home, group residential care. I understand that my involvement in the study is completely voluntary and that I may refuse to answer any question or decide to withdraw at any point without negative consequences. If I decide to withdraw mid-stream, any data collected to that point will be destroyed.

I understand that the purpose of the study is to explore and record parents’ experiences of their children living in group residential care, and that the objective is to fill a gap in the research literature with regard to parents’ experiences of this form of care.

I am aware that I will be interviewed by the researcher at a mutually agreed time and place, and will be asked a series of questions related to my experiences of having my child in residential care. I will be asked to participate in one interview of 1 - 2 hours, and I am aware that the interview will be tape recorded and notes will be taken. I may request that the interview not be tape recorded and that the interviewer take notes only.

I understand that the information will remain confidential and will be stored in a locked cabinet located in the researcher’s home. Anonymity will be protected by using coding numbers to identify results and my name will not appear in any documentation. Only the researcher and her thesis committee will have access to the raw data. All interview tapes, transcripts and field notes will be destroyed on completion of the thesis.

If I have concerns about the conduct of the research or the graduate student researcher, I can contact the researcher at 744-2930 or her Supervisor, Dr. Kathy Teghtsoonian, at the University of Victoria, at 472-4431.

The above information has been reviewed with me by the researcher.

Signed: _____

Date: _____

VITA

Surname: Pike

Given Names:

Robin Elizabeth

Place of Birth: Duncan, British Columbia

Educational Institutions Attended:

University of Victoria:

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1973 to 1975

University of British Columbia:

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Degrees Awarded:

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1975

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Title of Thesis:

Parents' Experiences of Children's Residential Care

Author



Robin Elizabeth Pike
December 11, 2001