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Recommended Citation

Freymond, N. (2003). Mothers' everyday realities and child placement experiences (pp. 1-27, Summary Report). Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families Project.

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SUMMARY

Mothers' Everyday Realities and Child Placement Experiences

N. Freymond

Partnerships for Children and Families Project
2003

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Mothers' Everyday Realities and Child Placement Experiences

Introduction

The primary mandate of child welfare services is to protect children from harm in their immediate living environments. In Canada, the risk of child maltreatment is generally understood as resulting from deficient parenting. When the risk of child maltreatment is present, children may be removed from their parent's care and placed with a foster family or in a group care setting. The physical removal of a child from family and from familiar surroundings is a profound intervention. It is the most intrusive child welfare intervention and has a number of serious implications for children and for their families.

Child welfare research on placement tends to center on the particular form that it takes or on its adequacy as a substitute for parental care (Whittaker & Maluccio, 2002). Only recently have professionals become concerned with the thoughts and ideas of those who experience service involvements (Fine, Palmer, & Coady, 2001). In Canada, there is a growing body of literature that focuses on children's accounts of their placement experiences (see Kufeldt, Vachon, Simard, Baker, & Andrews, 2000; Leslie & Hare, 2000; Raychaba, 1993; Saskatchewan, 2000; Silva-Wayne, 1995). There are some beginning research initiatives that explore parents' accounts of their child welfare experiences (see Anderson, 1998; Callahan, Dominelli, Rutman, & Strega, 2000; McCullum, 1995).

Although parenting is now considered work that involves both mothers and fathers, child welfare has remained primarily concerned with the evaluation of biological mothers (Callahan, 1993; Miller, 1991; Swift, 1995, 1998). Recently, in Ontario, there has been an unprecedented 40.2 percent increase in the substitute care population. Over 13,000 children and their mothers

are currently experiencing the various impacts of substitute placement.¹ (Secretariat to the Federal/Provincial/Territorial Working Group on Child and Family Services Information, 2002) Given that biological mothers are a central focus of child welfare interventions, attention to their voices may be useful in shaping effective service interventions.

This summary is based on a study that examines the voices of 31 mothers whose children were placed in substitute care. The study has two purposes. Firstly, it examines the everyday realities of mothers who experience child placement, including the nature of adversity in their lives. Secondly, the study focuses on mothers' experience of child placement. This summary describes the experiences of mothers whose children are placed in substitute care arrangements. A full version of the research report can be obtained through the Partnerships for Children and Families Project.

This summary outlines the data gathering strategies and demographic information concerning the mothers who participated in this study. It explores mothers' experience of apprehension as well as mothers' experience of voluntary placement. The conclusions point to implications of mothers' placement experience, and how attention to their voices might reshape current approaches to child placement.

Data Gathering

Life histories are personal stories or narratives that reveal how people understand their world. Two interviewing strategies were used to collect the 31 life histories that comprise this data set. The first strategy involved a single, comprehensive interview where mothers were asked to describe life events from the past five years, including their child welfare experience.

¹ This percentage increase in the substitute care population occurred between March 31, 1997 and March 31, 2001. As of April 1, 1999 there were 13,343 children in substitute care arrangements in Ontario (Secretariat to the Federal/Provincial/Territorial Working Group on Child and Family Services Information, 2002).

The life histories of 26 mothers were gathered using the single interview strategy. The second interviewing strategy involved an oral story approach where mothers spoke about their lives over the course of multiple interviews. Minimal structure for the discussion was provided.

Participants were not asked directly about their child welfare involvement; however, this was a major focus of each of the discussions. Five mothers who had experienced the placement of a child in the foster care system participated in the oral story interviews.

Demography

Thirty mothers were born in Canada, and identified English as their first language. One mother was born in Laos, and identified Laotian as her first language, however, her English language skills were fluent. Mothers in this data set ranged in age from 20 to 52 years; the mean age was 33.

One general characteristic of the mothers who shared their life histories is that, with the exception of one mother, all live in conditions of non-privilege. Their income is low; some receive social assistance; many more belong to the ranks of the working poor. Housing conditions range from modest to substandard. Mothers are concerned about meeting basic needs for survival. The effects of oppression and non-privilege condition their life choices.

A second general characteristic of the lives of mothers who experience placement is that, in addition to the challenge to survive within conditions of non-privilege, their lives are filled with other hardships. Their life histories contain stories of hardships that include incidents of childhood abuse as well as incidents of abuse in adult relationships. Frequently mothers' stories describe the effects of childhood exposure to the addiction problems of one or both parents. Some recounted how in adulthood they became involved with men who are addicted. Others

spoke of their personal struggles with addiction. The life histories of many mothers described the hardships associated with the experience of depression.

The life histories suggest that adversity is so commonplace that it is both an expected and an accepted part of mothers' lives. One mother uses a metaphor that seems to be representative of the lives of mothers who experience child placement: "it's just a bunch of hurdles ... there's still probably going to be a thousand more hurdles in my life. So I'll still get over them, just like an Olympic athlete or something". Although mothers are frequently portrayed in the child welfare literature as unable or unwilling to manage their problems (Fernandez, 1996; Maluccio, 1981), their own accounts reveal a counter image of mothers actively engaged in addressing problems in ways that make sense within conditions of non-privilege.²

Mothers' Experience of Child Placement

Mothers who experience the placement of a child into substitute care have intense feelings about this event. Children may enter substitute care because they have been apprehended or because mothers want help, either requesting placement or accepting it as the only option. Depending on the crisis that prompted the involvement of child protection, mothers may be emotionally devastated or relieved.

Mothers describe two general patterns of placement experience. Mothers may experience involuntary apprehensions³ where children are placed against the wishes of the mother.

Apprehensions are preceded by difficulties in the family; however, mothers frequently do not

² For a full description of the adversities faced by mothers and the ways that mothers seek to overcome difficulties, please refer to the complete version of the research report.

³ The term apprehension is applied to situations where child protection becomes involved with a family and the children are placed in foster care against the wishes of the parent. Apprehensions happen when the investigating worker determines that there is sufficient evidence to demonstrate that the child is "at risk of harm" while in the care of the parents.

perceive connections between these difficulties and the risks of child maltreatment identified by child welfare authorities. Mothers are often confused about why the apprehension occurred and feel accused of being a “bad” mother. Child welfare workers stipulate treatment conditions that are focussed on changing the mother’s behaviour. Given the highly adversarial nature of their engagement with child welfare authorities, and their confusion about the purposes and usefulness of apprehension, these mothers typically are highly resistant to child welfare involvement. The stories of 18 mothers are consistent with this pattern of placement experience.

Mothers also experience placement on a voluntary⁴ basis, where they request placement for their child or accept placement as the only alternative. Mothers who experience voluntary placements consistently identify the behavioral issues of their child as the precipitating factor in the placement. In ten of the life histories, mothers specifically mention the diagnosis of Attention Deficit Disorder with Hyperactivity (ADHD). Some mothers may consent to the placement but are ambivalent about the possibility of a positive outcome for their child. When a child welfare worker concurs with the need for placement, these mothers often feel relieved. They understand themselves as “good” mothers who coped as well as could be expected under difficult circumstances. Given the collaborative nature of their engagement with child welfare authorities, these mothers are likely to cooperate with ongoing child welfare involvement. The stories of 13 mothers are consistent with this pattern.

⁴ Note that the term voluntary is sometimes used in a legal sense to suggest that mothers and the child welfare authority have reached an agreement on the terms of the placement. However, there may be considerable state coercion involved in the voluntary placement of a child, and therefore distinctions between voluntary placement and coercive placements can be illusory (Mnookin, 1973). In this study, the term voluntary is not used in the legal sense. Voluntary implies that mothers requested the placement, agreed to the placement when it was proposed, or agreed because they felt there were no other, or better, alternatives.

Whether children are apprehended or voluntarily placed, the processes surrounding both types of placement are similar. Mothers are usually experiencing some escalating difficulties that lead to child welfare involvement. The initial meeting between workers and mothers occurs in the context of a child protection investigation. When the outcome of the investigation is child placement, mothers experience intense reactions. Regardless of whether their reaction is positive or negative, mothers maintain ongoing relationships with child welfare workers, where compliance with treatment conditions can be demonstrated. Resolution comes when the child is returned to the mother's care. Only a very small percentage of children remain permanently in care.

The following discussion explores the placement process for mothers who experience apprehension as well as the placement process for mothers who experience voluntary placement. Verbatim quotations are used in an attempt to capture mothers' feelings, ideas, and beliefs about impact of child placement on their lives.

When a Child is Apprehended: Mothers Speak

Escalating Difficulties

Mothers are most likely to become involved with systems of child welfare when they are experiencing escalating difficulties in their lives. When children are apprehended, the predominant child welfare focus is on how these escalating difficulties are negatively impacting mothers' capacities to parent. Various difficulties weave together in the following mother's description of the crisis that precipitated the apprehension of her children:

I had a lot of stress on me, like, thinking of my childhood and trying to deal with my future ... He [partner] drank a lot, and done a lot of drugs. On the end of it, he started doing crack, and selling the kids' toys for crack ... It was frustrating, like, he used to smash beer bottles over my head, and [it was a] hard life...And, I just ... was stressed out a lot, and that's probably what made me have a break-down...Like, I was seeing my kids on T.V., and they weren't really there.

Some mothers describe investigations prompted by malicious reporting:

I'd have someone living with me that got mad at me, and they'd call -that sort of stuff - you know, revenge. But they [child welfare] would come, and they would talk to me, and then they'd close the case. So it wasn't really anything.

Eventually her children are apprehended because of an anonymous report:

Even now I still don't know why they pulled the kids but, you know... the last phone call, I don't know who it was, but someone called and said that my house was an appealing state due to dogs and dirt. So, that was why they came.

One mother talks about how a struggle with addictions in her family led to the apprehension of her daughter at birth:

My husband...had a case and a half of beer... And he had started getting pretty tipsy and, with me being [4 months] pregnant, I was nitpicking, I was begging him to stop drinking ...Anyway, we had gotten into a domestic dispute that night. The police were called. He was charged and it ended up in court. The judge had ordered me and my husband into marital counselling. She ordered me into victim's counselling to learn about abuse and things like that. They wanted my husband in anger management [courses]. There was a big write-up in the [local] newspaper...They [child welfare] put my name in the [local] hospitals, that if the child is born, they want to be notified.

Sometimes mothers acknowledge escalating difficulties and request help. They are often unable to secure assistance from child welfare services. Notice this mother's frustration after soliciting help:

They didn't help me is what I'm trying to say. I was crying out to them. I was saying, 'I've got a drug problem, help me'... but they weren't even giving me no research, nothing, to get help for my drug problem. Nothing ... I didn't understand. I was like okay, I guess nobody's going to help me here. So, I got myself a live-in babysitter so I could keep my stripping, keep doing my dancing. She was collecting welfare. So, I was getting money from her, I was getting money from dancing, and I was getting my baby bonus money.

Refused help, she reverts to familiar coping strategies. Her addiction spirals out of control and eventually her children are apprehended.

Investigation

Non-privileged mothers are aware of their vulnerability to child welfare involvement and are fearful because of the child welfare reputation for removing children. The investigative process is usually frightening. When a child welfare worker arrives at the hospital, one mother is alarmed and unprepared. She thinks, “oh my gawd, they’re going to take my kid”. Another mother speaks of her first exposure to child welfare:

They're like ‘can we sit down’? I'm like ‘fine’. And I get in hysterics. I should have stayed calm, but I couldn't. They kinda just sat down and start throwing questions at you. You have no chance to just know what they're saying, ‘cause they sound like chipmunks...Everything's in fast. So, I was like, what are you talking about?...Like the first minute they walk in that door, you can't breathe. You don't even know what to do. And then before you know it, your whole life's gone.

Given this intense climate of fear, there is a strong likelihood that breakdowns in communications will occur:

They came across and said, did you take [son] to the doctor's. And I'm like, ‘no, I thought they were bruises and you don't usually take a baby to the doctor's for bruises. If he bumped his knee, are you going to tell me I've got to take him to the doctor's because he's got a bruise on one knee’. And they misplaced that saying that I did take him to the doctor's, and the doctor told me it was bruises...I told them straight out, that I never took him to the doctor's because I thought it was bruising myself.

Language barriers may also cause breakdowns in communication to occur:

I feel I'm not using proper wording when I talk to them. I feel like I'm not being heard ... I don't know these big words. And that's the only way they'd understand me. Like if I start swearing and cursing well, then they just think I've got no education. Well, I don't want them to think that, right?

Discrepancies between what mothers mean and how workers interpret their statements may carry over into written legal materials. One mother prepares a bottle for her baby in the presence of the investigating workers:

I didn't think that we had time for the full sterilization thing and so I just used pure hot water underneath the tap and there was soap in there and cleaned it all out...They said, 'is that how you always do it'? And I'm like 'no, usually I sterilize it'...In the documents, they said that I said that's how I always do it. That's not what I said.

One of the barriers to sorting through communication breakdown and language differences is the absence of time. Decisions about apprehension happen quickly. Apprehension often results from the first contact with a mother.

During investigations, mothers become aware that their explanations are not understood, or are not believed, desperation sets in:

You come in here in my home telling me that I'm this and this. And she goes, 'are you not on anti-depressants'? And I said, 'ya, but I'm not taking them'. She goes, 'why'? I said, 'cause I don't need them'. She said, 'why?' I said, 'cause I didn't say that I was depressed, he [partner who called child welfare] said it'. And he looks at me and kinda grinned. I'm like 'you asshole'. She's like, 'well, we have to take [daughter]'. I said, 'like hell you do' ... She said, 'do you know of anybody that can come here because we don't know if you're gonna kill yourself'. And they wouldn't let me call my dad or nobody so I could have somebody there and have her there ... they said do you slit your wrists? Well I said, 'look at my wrists. I showed them my wrists' ... And they looked at them and she said, 'oh there's nothing there'. And he said 'well she cuts it through her sweaters'. I'm like 'you wanna see all my sweaters in my closet?' She's like, 'no, we believe him' ... So by then I was really mad; I was crying; I couldn't even breathe ... started getting mean. I called her every word in the book cause she kept saying, 'you slice your arms; you try to kill yourself, don't you'? ... I said he's an alcoholic who doesn't know what he's talking about and I'm getting labelled ... And I said, 'can I have my daughter back please'? She said, 'no'. I said, 'how long'? She goes, 'I don't know'.

It is difficult for mothers to make convincing explanations amidst the fear and desperation that accompanies a child protection investigation. It may also be difficult under these circumstances to propose or negotiate a plan of care for the child that will be acceptable to investigating workers.

Although mothers readily engage in discussions about the problems in their lives, they do not necessarily make connections between their problems and the child welfare perception that

these problems cause risk to children. During investigations, child welfare workers typically are unable to engage mothers in a manner that leads to a mutual understanding about the nature of the problems and the type of help required. As children are removed, mothers are left in a state of confusion about why this is happening. Their bewilderment often persists throughout the course of their child welfare involvement.

Mothers' Response

Mothers respond to situations of apprehension with intensely negative feelings including grief, fear, and shame. One mother speaks of her grief: "it was hard; I cried every night"; while another mother says: "everything we've planned has been taken away from us." Feelings of grief and loss were expressed in all stories, even when mothers agreed with the placement. Such feelings, however, were pervasive in the apprehension stories:

I almost died giving birth to this baby. I'm like, 'and then you're going to go and rip him out of my arms?' I didn't get to say bye to him, and I didn't get to see him for like a whole week...And I felt like why would somebody do this to you? Like why would God let that happen to you after all I've been through. Why would he take my baby away from me too? Why would he do that?

Questions about mothering identity arise in response to child placement. Mothers question their abilities and confront the spectre of themselves as a "bad" mother. One mother says, "at first it was really tough...I felt like the worst mother on the earth". Another says: "for me, it was hard. It was very emotional...I felt like...I wasn't really doing my job as a mother."

Some mothers will describe a 'bad' mother that they know, or point to a public child abuse scandal as a means of identifying their separateness from other 'bad' mothers. Notice this mother's comments about the 'other' mothers:

Anybody who is not providing necessities and love and compassion for their children and has children's aid called on them, well they basically deserve the awful treatment that you can receive...when they do come in your life, you are guilty until proven innocent.

Regardless of the circumstances surrounding child placement, mothers who experience child placement question their identity as a mother.

Ongoing Involvement

In this study, child welfare service providers develop quite similar plans of service in each situation of apprehension. Regular and often supervised visits with the child are stipulated. Mothers are required to attend a parenting course and a nutrition course for babies, when applicable. Counselling and random drug testing are required when addiction issues are identified. When violence is involved, both the mother and her partner are required to attend anger management counselling. In some stories, mothers are obliged to leave violent relationships and to enter individual counselling in order to improve their self-esteem.

Mothers whose children are apprehended have little power in relation to child welfare professionals. Regardless of their protests and counter proposals, mothers feel that they are left with little choice but to comply. As one mother says: “I didn't have no choice in anything ... I had no say in anything...we're trying to explain to her...she just won't understand it...she just seems to make it worse...by throwing more accusations in there”. Most often, “participation” amounts to the mother being informed of a list of court ordered conditions with which she must comply. Legal processes reinforce this helplessness:

It was like, I had no chance, or no choice, or no say, or nothing which I don't think is right...I wished I could have got up in the court and said what I felt. But, it was like, nobody gave me a chance to do it. Like, the C.A.S. worker was up there, talking in the courtroom, and he was just going on and on and on and on and on, and all these lies and stuff. Like making it out like we're these bad people, you know. I wasn't able to get up and say what I wanted.

There are many obstacles to mothers engaging fully in child welfare service plans. While the child welfare plan of service may be oriented toward long-term risk reduction; the mother of an apprehended child is focussed on the short-term return of her child. When mothers participate

solely to secure the return of their child, their commitment to embracing the proposed strategies for long-term change is questionable:

[The worker] looked right at my husband and said you realize your daughter would be at home with you if it wasn't for you...she's talking to me about abuse and [how] I need to learn about all different kinds of abuse...So, I realized that it was a game. I had to play the game. I sat down and I cried my face off to my husband. [Husband] this is what I have to do in order to get [daughter] back. I have to tell her [the worker], this was all your fault.

Since mothers whose children are apprehended seldom understand or agree with the protection concerns identified by child welfare, they may resort to demonstrating compliance rather than embracing meaningful change.

Mothers may comply with child welfare conditions that seem relevant to them. A mother who initially sought assistance with her drug addiction is co-operative with the conditions that seem relevant, but resists participation in counselling she considers non-relevant:

They made me take like parenting courses and stuff like... I took grade 12 parenting and yeah, I get to take home like the electronic baby, which has a computer. And like I got an A on the project...so what do I need to go to baby class for? And they're like 'oh, well we need you to, you know, learn a little bit more'. So, I took a baby class and took a baby course and other stuff, how to discipline your child properly. And then they wanted us to go into counselling. They told [boyfriend] he needs to go into anger management counselling. So, I'm like, 'okay, that's cool'. They told me I need to go into relationship counselling...They just said, 'you know, there's some things that you've got to learn to deal with' ...And they're like, 'you need to go build your self esteem'. And I'm like, 'I already have enough self esteem. I'm so aware of myself it's unbelievable'. Like I tell all my friends I'm the damn best looking thing you ever seen in your entire life...I know there's some odds and ends to me that could be fixed up and stuff, but I'm okay.

Another barrier to mothers engaging willingly in a plan of service is the strained working relationships that mothers have with certain workers. When children are apprehended, mothers frequently criticize workers for being "cold", "unfeeling" and "rude". Also, workers are perceived as demanding and controlling. One mother says "they're more or less trying to run your life, telling you how to do stuff".

The primary criterion that mothers use to evaluate workers is their perception of the amount of support received. Afterwards, mothers separate their emotional reaction to apprehension from their feelings about the individual service providers. Even though a very distressing apprehension is the result of the investigation, this mother appreciates the apprehending worker:

She was very understanding; this was the intake worker. She was more on our side as well. She couldn't understand what the teacher was saying. Why was the teacher coming up with these things? Why wasn't this stuff confronted with us [child welfare]. But the only thing she had to be bound on was the sexual abuse...she kept telling me about her son; she had trouble with her son and this and that. So she was more or less on both sides. She'd take the agency's side for the sexual bit and our side for the other bit. She was very understanding.

In the midst of an extremely emotional and confusing time, the feeling that someone is “on your side” is highly valued.

Regardless of the obstacles to mothers of apprehended children engaging fully in service plans, some report beneficial involvements. One mother responds positively to an addiction seminar:

I found that pretty interesting. I didn't know a lot of stuff, like, to do with alcohol and stuff, and what it does to your body, and it was helpful...I enjoyed the group. It was a three-hour group. It was only the one time.

Another mother, who was highly resistant to child welfare involvement, describes how the counselling helped her to manage her anger, and stop hitting her children:

She said where do you feel your body changes and this and that. At this point, I feel my body shaking. She said well that's your boiling point. That's when you gotta come up, and back down. So it's more or less a learning thing for myself as well...Hitting our kids, that's automatically stopped. Don't do that anymore.

Although these positive outcomes were identified by mothers, unfortunately the number of mothers linking child welfare interventions with positive changes in their lives was minimal.

Resolution

In this study, mothers reported few satisfactory resolutions to the child placement experience. In situations of apprehension, mothers were critical of workers who did not visit when children were returned to their care. They were confused and angered by this abrupt withdrawal of services. One mother says, “they disturbed my life. They gave her [daughter] back, and if I was so bad then they just dropped it like that.” The mother whose daughter was apprehended because of concerns about her slicing her arms and attempting suicide says this:

So I got a new worker. It was okay, I guess...they're so worried about you and what you do, and they put a supervision order on you. And for that whole six months they only checked on me once. What if I was suicidal? What if I was gonna kill somebody? They don't even bother you. What's the whole point of that order, if they're not gonna check on you. That's the part I didn't understand.

For mothers there is a disparity between the urgency of apprehension and the almost total withdrawal of service after the child is returned. This disparity suggests that mothers do not recognize changes within themselves that are substantial; otherwise the worker's withdrawal from their family would make sense.

Apprehension has lingering effects. Some mothers talk about negative consequences for their children:

She goes through, I guess it's anxiety, or feels like I'm gonna leave again. That's why she cries when she goes with her dad. She doesn't think I'm gonna come back anymore...I'm gonna tell her the truth when she's old enough. I'm gonna tell her what happened.... Even if I go to the store without her, she gets mad and upset...You can't explain to a two and a half year old, three year old, that you know, what happened...I'll never like Children's Aid for doing this, the way they did it. They didn't listen and now I have my daughter, I have to deal with every day to get her to understand.

Another mother speaks of the negative impact of foster care on her daughter's development:

Lots of delays, lots of regression. [My daughter] went back to talking baby talk. It seemed like she was gonna walk a year ago, she's not walking yet. She's just

starting to get to the point where she starts to take a few steps. Um, a lot of things that she was doing a year ago, she can't do.

Many mothers talk about feeling insecure in their ability to discipline their children after they return home:

We're more afraid...I'm afraid because they're going to turn around and say I want to go back to [foster parents] kind of thing. Because I don't know if they even discipline them over there. We're disciplining them, but not harshly. It's tough right now.

Another mother describes herself as "paranoid" that police cars will arrive to remove her daughter again. There is little ongoing support to mothers or children after care in these stories. They are left to cope as well as they can.

When a Child is Placed Voluntarily: Mother's Speak

Escalating Difficulties

In many respects, mothers' experience of voluntary placement is in direct contrast to mothers' experience of apprehension. In situations of voluntary placement, mothers have either requested child placement or consented to placement because they feel there are no other options. When voluntary placement is the result, the dominant focus tends to be on the unmanageable behaviour of the child. Mothers who initiate contact with child welfare authorities usually have voluntary placements.

The most frequently mentioned frustration of mothers who place calls for services is that they are unable to get child welfare services to respond. One woman speaks of her concerns about her child's behaviour and the challenge of getting child welfare to respond:

I was afraid of him, of my own child. I don't think I honestly believed that he would really do something to hurt me, but I couldn't trust him with his baby sister. I didn't...know why he was doing these things. When I got on the phone to the Children's Aid, I was extremely mad because they said they can't do anything for me. They said unfortunately, he's the one that's abusing and not you, so we can't do anything.

Another mother reframes her understanding of an assault on her by a boyfriend as a “blessing” because it captured the attention of child welfare:

And this is exactly what I told the courts, it is a blessing in a sense what happened with [boyfriend, in reference to his assault on her]. Because I can guarantee in my life sitting here now that if that didn’t go down...I would be in the same boat I was in. I don’t think anybody would still have recognized us. I don’t because ...well, how many times I phoned Children’s Aid and asked them for help.

Additionally, mothers may blame child welfare for not responding to their initial request for assistance:

I’ll never say thanks to them because there was no thanks to them because it should never have went this far. They should have been here long before anything ever happened. They waited for an assault to happen in the family before they even came to my doorstep.

For most mothers in this study who parent a child with behavioral difficulties, the challenge to engage service providers is formidable. When they seek child welfare assistance, mothers are likely to be exhausted and exasperated both by their child’s behavior and by the absence of supportive services in the community. Child welfare explanations for refusing or delaying involvement tend to add further frustration to the already escalating difficulties.

Investigation

In most situations where mothers desire placement, the investigative processes are experienced in positive ways. There tends to be mutual agreement about the nature of the concerns. One mother describes the investigating workers as two “wonderful ladies”. This mother describes how she was very upset and how the workers spent two hours talking with her about the frustrations of parenting her teenage daughter. She says: “I felt for the first time, I felt ...that somebody was actually listening to me. Like they actually wanted to help... they were really nice”. Another mother speaks of her experiences with the investigation process:

well, they were really kind at first. Like, they came to the house, and the lady spoke to [daughter] and I. And she said, you know, something has to be done, because your mom and you can't carry on like this.

Mothers who experience voluntary placement tend to feel that workers validate their parenting struggles. This sets the tone for a co-operative working relationship where support and encouragement can be central.

Although children may present extreme behavioural difficulties, not all mothers desire placement for their child. Often mothers in these situations are uncertain about the placement intervention. They accept the placement reluctantly as the only available help:

[I wanted them] just to guide me, to help support me and say: 'ok you know you're doing this right, you're doing this right' – someone to coach me. And it got to the point that we were court ordered to go to court...I had to go to these groups. My son went into foster care and I didn't want that to happen.

Mothers' Response

In situations of voluntary placement mothers experience a sense of loss, but also feelings of relief. They need the reprieve from parenting a child with behavioural problems that placement in substitute care allows. They express feelings of not being alone, or solely responsible, in caring for their child. Where children are diagnosed with ADHD or ODD, mothers receive confirmation that their parenting situation is unique and challenging.

Some mothers believe that their involvement with the system of child welfare is unique because "abuse" is not the issue. Their separate identity from the "bad", or "abusive" mother is important:

...they're not looking down on you for faults that you might think you have, and they try and explain that to you. They say just because you don't want your child here because of certain things, it's not saying you're a bad parent, and they're always reassuring you on that. They're very empathetic...a lot of people think of Family and Children's services, they call it Children's Aid, as soon as you hear that, people think that you're involved with them because you're an abusive parent or something. Like they're for the help of kids,...they're there to help the parents

of kids who are troubled as well. It's not just to protect kids and help abused kids, or whatever, but they're there for other things too.

By emphasizing child welfare work with non-abusive parents, this woman is able to make sense of her mothering identity in relation to her child welfare involvement.

Ongoing Involvement

Collaboration appears to be a very important to mothers whose children are placed voluntarily. Notice how this mother speaks of working in partnership with workers and with the foster mother:

If I phone them, and tell them that I've had problems with [daughter] on visits, they'll talk to her...And see, the idea here, is that we're trying to work together on bringing [daughter] home.

Of the foster mother she says:

She's very supportive of [daughter]. Like...she hears her say on the phone... she's like, 'oh, just a minute here. No, no, no. We don't talk to our mother like that.' I'm just giving you an example. She's very quick to put her in her place, if she's out of place.

Placement allows this mother and daughter to have a reprieve from destructive patterns of interaction. When this mother faces challenges with her daughter, she now has others that she can turn to for support. The importance of sharing parenting responsibility when behaviours are challenging must not be underestimated. Mothers who are able to communicate with foster mothers consistently report feeling supported and validated in the context of this interaction.

Some mothers are less optimistic that substantial changes will occur. Although they accept that their child needs help, they are unsure about placement into the child welfare system. Most mothers attempt to remain involved in their child's life, but fear the child's connection to the family will diminish. Connections to their children are undermined when treatment choices and other major decisions are made without the mother's knowledge or input. One mother offers these comments about how to improve child welfare services:

...give the parents the opportunity to be part of the process. If they decide not to, that's a different thing...I don't want to lose my child for a year, or two years, and then suddenly, have somebody that I really don't know, being thrown back at me, in two years time...just keep the focus on the families, and not on the individuals, and the individual child's behaviour...Cause you impact one person in the family, you're impacting the whole family. Every adjustment, is an adjustment for the whole family.

Resolution

In situations of voluntary placement, some mothers talk about placement having a positive effect on the family. One mother describes building a positive relationship with her daughter who eventually returns to her care. Where child behaviour is a primary concern, mothers feel validated when their parenting challenges are acknowledged. They are relieved to have a break from the stresses associated with the daily parenting and to share the burden of these strains with other caregivers. For mothers, these are positive outcomes. When children are unable to return home, mothers express fears that they will become, not only disconnected from their families, but “lost” in a system, where their treatment needs may be overlooked.

Implications

The removal of a child from the care of a biological mother and the subsequent placement of that child into the foster care system is a powerful, emotionally laden experience for mothers. Whether the placement is the result of an apprehension, or whether it is voluntary, the lives of mothers are profoundly affected by this experience, yet little attention has been given to their accounts of this experience. How mothers talk about their placement experiences has implications for child protection in Ontario. This analysis has been an attempt to draw attention to how mothers talk about placement. The conclusions are devoted to the questions and issues that are raised when mother's voice is considered in relation to child placement practices.

Mothers' stories suggest that apprehension is traumatic. Undoubtedly, the intensity of the

despair and powerlessness evoked by apprehension has a negative impact on mothers. The irony is that in the midst of these reactions, mothers are expected to engage in treatment processes, learn new skills, and sometimes make some very profound changes in their functioning. The life histories of mothers indicate that even after considerable time has elapsed from the point of apprehension, and regardless of the manner in which the precipitating crisis was resolved, mothers continue to see apprehension as unjust and unwarranted. The extent to which the negative feelings that result from the experience of apprehension interfere with the mother's ability to meet child welfare requirements for change is unknown.

Although mothers' experience of voluntary placement is less negative, many of these mothers are distressed by the child welfare tendency to seemingly delay assistance to their families by not responding to their initial requests for help. Some suggest that outcomes for their family might be more positive if child welfare services responded in preventative ways when help was requested. Mothers perceive the delay in providing service to their families as tantamount to waiting for a crisis to erupt. What are the implications of refusing or delaying help to mothers and to children when a parenting crisis is reported?

Mothers who experience child placement desire alliances with child welfare workers where their needs can be expressed and acknowledged. In situations of apprehension, families are engaged by child welfare workers in a highly adversarial manner. This sets the tone for working relationships where mistrust and fear are central. In situations of voluntary placement, families are engaged by child welfare workers in more collaborative manner. This sets the tone for working relationships where trust and co-operation can be central.

When comparing apprehensions and voluntary placements, questions arise about the effectiveness of coercive processes of apprehension in reducing long-term "risk" in families. Investigations lead immediately to coercion when mothers resist. Might mothers, if approached

with offers of assistance, and if differences of opinion provoked efforts at mediation and negotiation as a matter of course, cooperate more actively with helping efforts? Certainly, when placement is voluntary, the obstacles to collaboration are much less pronounced.

Reshaping Current Approaches to Child Placement

In Ontario, there appears to be a trend toward using placements to temporarily protect children while parental capacity is evaluated. Mothers report that placements may last for a few days, a few weeks, or a few months. Despite its increased usage, the long-term effects of short-term placement on mothers and on children are not known. It is unclear to what extent the relationship between mothers and children are affected by this form of separation.

Child placement has been a staple of the Canadian system of child welfare since its inception more than a century ago (Freymond, 2003). Mothers report that workers appear to be focused on child removal as the one solution for the problems. Whittaker & Maluccio (2002) in their reflective essay on child placement describe child welfare services as “preoccupied” with the physical location of the child, to the point that it “directs attention away from the twin goals of promoting healthy child development in a safe, nurturing context and enhancing the adequacy of family functioning” (p. 108). Perhaps better, less intrusive solutions are obscured by the central position of child placement within the broader child welfare services. Clearly, the accounts of mothers raise questions about the capacity of traditional models of foster care to provide a satisfactory response to their problems.

Mothers report that there is a focus on finding parental substitutes, while supporting them in maintaining their parental roles with children is de-emphasized. The absence of child welfare support for the continuity of mother-child relationships during child placement leads to unacceptable levels of trauma and disruption in the lives of mothers and their families. If mothers

and children could be placed together until appropriate assessments are completed, and the necessary supports are in place, continuity for the mother-child relationship could be maintained. It would seem, based on the concerns raised by mothers that a negotiated and supportive placement experience might serve to establish positive feelings toward child welfare authorities; thereby increasing the probability of accessing help should future crises arise.

Additionally, mothers' stories point to the potential of positive benefits for expanding the role of foster parents. Historically the system of child welfare has sought to maintain a separation between foster parents and biological mothers. This division is not as pronounced in situations of voluntary placement, although relationships between foster mothers and biological mothers did not appear to be encouraged. This division forces child welfare workers into a middle position between biological mothers and foster parents. Our child welfare system might acknowledge that parenting is a challenge for all mothers. When the child has behavioural problems, the challenges are enormous. Rather than this divisive response, foster parents and biological mothers might be encouraged to work together in developing parenting strategies, and in facilitating treatment goals. Such collaboration would assist mothers in feeling supported, and in maintaining connections with their child. It could increase the supportive networks for biological mothers and opportunities for foster mothers to model sound parenting skills.

Mothers in our study experience many challenges in their lives. Periodically they experience a crisis and may be unable to care for their children until the crisis subsides. In a respite care model, children receive routine care within the foster care system, where parents receive periods of relief from parenting responsibilities. A range of flexible forms of respite care, also known as modified care programs, have been identified (see Palmer, 1995), however mothers stories suggest that these forms of placement are seldom utilized. Examples might

include weekend placements, foster day care and periodic short-term placements to assist families during crises. Additionally, mothers of children with mental health diagnoses, where parents are coping with parenting challenges on a routine basis, may benefit from modified care programs. When child welfare workers fail to respond with appropriate relief, parental exhaustion intensifies and a crisis becomes inevitable.

The diverse needs of children and families indicate that more traditional forms of foster and residential placements continue to be necessary. However, engaging mothers and children in participating in a range of support care options, whenever possible, increases the probability that continuity of relationship between parent and child will be maintained. When confronted with a situation where there are potential risks to a child, workers who have various placement options from which to choose have an increased probability of customizing their intervention to the specific needs of the family. During periods of placement, they also have opportunities to form helping relationships with mothers and children as well as design strategies for ongoing services that will support mothers and ameliorate the risks of child maltreatment within the family.

Placing children and mothers together, increasing connections between mothers and foster parents, and establishing flexible forms of respite care are feasible alternatives under current child welfare arrangements. Although attention to mothers' voice in relation to child placement experience points to deeply rooted concerns with regard to our system of child welfare, an expanded range of child placement options is a beginning step toward creating helping relationships where mothers can be supported and children can be protected. The intensity of mothers' accounts of their placement experiences suggests that changes in the current approaches to child placement must not be delayed.

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