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Siege and Response: Families' Everyday Lives and Experiences with Children's Residential Mental Health Services (FULL REPORT)

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Partnerships for Children and Families Project

**Siege and Response:
Families' Everyday Lives and Experiences
with Children's Residential
Mental Health Services**

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SOCIAL WORK



June 2003

**Siege and Response: Families' Everyday Lives
and Experiences with Children's Residential Mental Health Services**

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**Partnerships for Children and Families Project
Wilfrid Laurier University
June 2003**

CONTENTS

Executive Summary	5
Introduction	7
Methodology	9
Chapter 1: Parent’s Perceptions of Residential Services	13
Chapter 2: Changes in Child Functioning Before, During, and After Residential Care	47
Chapter 3: Family and Parent Functioning	95
Chapter 4: Child Functioning Over Three Selected Developmental Periods	147
Conclusion	163

TABLES

Table 1.1:	Parents' Perceptions of Residential Service Providers	24
Table 2.1:	Child Outcomes for Older Cohort	50
Table 2.2:	Child Outcomes for Younger Cohort	57
Table 3.1:	Overview of Family Functioning and Focal Child Behaviours	98
Table 3.2:	Individual Case Summaries of Abusive Relationships	112

FIGURES

Figure 4.1:	Younger Cohort: Child Functioning Over Three Developmental Periods	150
Figure 4.2:	Older Cohort: Child Functioning Over Three Developmental Periods	151

Executive Summary

Purpose

Our purpose in interviewing parents with a child placed in residential mental health treatment was threefold: (1) to understand the functioning of children requiring residential mental health treatment before, during, and after treatment; (2) to characterize parents' perceptions of their families' involvement with residential treatment; and, (3) to address the popular notion that children requiring residential treatment come from highly dysfunctional and potentially harmful families by describing prevalent family functioning patterns.

Methodology

This report is based on information obtained by interviewing 29 primary caregivers who had a child placed in residential care at one of two Ontario children's mental health agencies. Parents were visited in their homes by an interviewer to engage in one-on-one dialogue to explore dimensions of their everyday lives and reflect on their service experiences. Interviews consisted of a series of open ended questions and were approximately 1 ½ to 2 hours in length. Because of the labour intensive nature of qualitative investigations, there are limitations to the number of cases that can practically be included in a study; however, what is lost in generalizability is compensated for by a richer sense of the struggles facing these families.

Parents' Perceptions of Residential Services

Parents were generally pleased with their child's placement in a residential treatment center. Parents feel respected, valued, and understood by service providers. They experience staff as competent, compassionate, and helpful. Residential services offered respite for families and containment for focal children. Many parents reported gains made for themselves and their children. Yet only 17% of parents felt that sufficient gains had been made to warrant the discharge of their child from the center. Parents tended not to blame the residential center for the lack of progress. They also seemed unable to articulate what the residential center could have done differently. Yet these parents, extremely hopeful when they first had their child placed in residence, had to come to terms with the realization that service outcomes had not matched their hopes. These stories highlight both the complexity and the tenacious nature of these children's mental health difficulties. They also provide a challenge to service providers. What do we do when good is not good enough?

Changes in Child Functioning Before, During and After Residential Care

These stories provide dramatic testimony that most of the older cohort children in this study leaving residential care had very serious ongoing problems in daily living. Problems which in many cases rivaled or exceeded the challenges faced prior to entering residential care. About one-third of these children had left home and many had unstable living arrangements or were "on the streets". With the exception of living on their own and involvement in delinquent activities, and notwithstanding moderately more evidence of "successful" or partially "successful" adaptations, the after care daily living portraits of younger cohort residential care graduates were not notably more encouraging. About half of these younger children did not return to their original homes

after residential care. Serious areas of concern shared by both groups of children include continuing major adaptation problems at school and continued high levels of pressure on the parents and siblings of many of these children.

Parent and Family Functioning

Caring for the focal child permeates every facet of daily life for these families including work, health, and relationships. Parents experience prolonged elevated levels of daily stress trying to juggle work schedules, appointments with professionals, household activities, and the needs of family members with caring for the focal child. Family climate is markedly tense and frequently involves conflict, particularly with the focal child. Relationships among other family members suffer as well, with parents reporting increased marital strain and little time to devote to siblings of the focal child. Caring for the focal child is taxing on parents' own physical and mental health. Most families (70%) reported experiencing substantial relief, at least for a short period of time, from tensions within the home when the focal child entered residential care.

Child Functioning Over Three Selected Developmental Periods

One of the interpretative challenges inherent in these stories is understanding the connection between the behaviour of these children, which is strikingly similar, and evidence suggestive of these children having a variety of problems, life histories and family environments. It can be argued that these children arrive at a similar point from many different trajectories. Who are the children represented in this sample? How are we to understand their difficulties? When it comes to understanding the behaviour of the focal children, both its presentation and its genesis, these stories raise as many questions as they answer. These stories challenge the notion of a single or root cause of extreme unmanageable behaviour. Instead they offer a complex and unsettling portrayal of these children, their familial and social environments, life histories, their strengths and challenges. These stories caution against the use of blanket or catch-all interpretations to help us understand the problematic behaviour of these children.

Conclusion

Despite the positive view of residential treatment held by parents long after treatment ends, the data suggest relatively poor outcome patterns for children leaving residential care. Serious areas of concern shared by both groups of children include continuing major adaptation problems at school and continued high levels of pressure on the parents and siblings of many of these children. The clearest area of benefit from these residential placements, at least in the short run, is for family members other than the focal child. This is an important consideration, given the incredible pressures families manage when the focal child is at home, and the extreme disruptions in family life described in these stories. An obvious question emanating from these stories is what can be expected for these children - in school, employment and relationships - over the years ahead. There is almost no support in our study for helping strategies predicated on "curing" or changing the focal child through short-term or medium-term interventions so that he or she can prosper in everyday life. Variations in living arrangements, enhancing school and employment opportunities, and continuing support to these children and their families with the challenges of daily living merit serious attention.

Introduction

Our purpose in interviewing families who had a child placed in residential children's mental health treatment was to provide insight into the lives and service experiences of these families as they struggle to care for their child and find appropriate services. As we endeavored to code, categorize, and make sense of the information shared with us by families several other more pointed purposes emerged as integral to our efforts. More specifically we became interested in understanding the functioning of children requiring residential mental health treatment before, during, and after treatment with the aim to comment on general patterns of change for these children across these three time periods. Secondly, we also aimed to characterize parents' perceptions of their families' involvement with residential treatment. In particular we address parents' understanding of the services, their relationships with service providers, and parents' perceptions of their children's experiences.

And thirdly, in order to provide a family context for children's difficulties and the ensuing service involvement, we also discuss family functioning highlighting key family patterns under the domains of work, daily life, and relationships. The inclusion of prevalent family functioning patterns also helps us to address the popular notion that children requiring residential treatment come from highly dysfunctional and potentially harmful families. Each of these three purposes are addressed in turn in an effort to provide a more complete picture of the families involved in residential treatment and their service experiences.

This research was conducted under the umbrella of the Partnerships for Children and Families Project. The Project is a five-year (2000-2005) Community University Research Alliance funded by the Social Sciences and Humanities Research Council of Canada. Our research focuses

on understanding the lives and service experiences of families and children who are served by children's aid societies and children's mental health services in Southwestern Ontario, Canada. Our purpose is to foster improvements in existing child welfare and children's mental health policies, delivery systems, administration, and programming/interventions.

One of the Project's tenets is to ensure that the voices of parents involved in these services are given a forum in which to be heard. As such, excerpts from actual interviews with parents have been included herein to respectfully reflect the real life experiences of families, as well as animate patterns suggested in our analysis of the data. Where appropriate we have also included tables to summarize any emerging dominant patterns. Each chapter fits together to hopefully leave the reader with a richer sense of the struggles facing families with a child requiring residential mental health treatment. We conclude with some implications for service delivery and thoughts to pursue in future investigations.

Methodology

Sample

This report is based on information obtained by interviewing 29 primary caregivers who had a child placed in residential care at one of two Ontario children's mental health agencies. There were 27 female caregivers and 2 male caregivers interviewed. The mean age of interviewed parents was 40.75 with a range of 30-54 years. The average number of children per family was 2.93 with a range of one to eight children. The largest portion of parents (46.4%) had two children. The marital status of the sample (at the time of the interview) was as follows: single (N=4), married (N=9), common-law (N=4), divorced (N=9), widowed (N=1), and separated (N=2). Eighty-three percent of parents indicated being born in Canada. Other countries of birth included England, Jamaica, Scotland, Portugal, and the United States. Similarly, 89.7% of parents indicated that English was their first language spoken. Other languages first-spoken included German, French, and Polish.

Indicated length of agency service involvement ranged from one month to 14 years with an average of 1.84 years of agency involvement. Eighty-two percent of parents reported that their child had received agency services for two years or less. In this report, the names of each agency have been changed to Agency Y (Younger) serving children aged 5-12 and Agency O (Older) serving youth aged 12-15 to protect the identity of the agencies involved, as well as offering further protection of the identity of parents interviewed. In addition any other information that could be used to identify parents, children, and families has been changed. This includes, for example, the names of family members, cities in which families live, or specific life circumstances that, when combined, could be used to identify a particular family.

Procedure

The sample was selected by contacting all families who had been involved with either of the two participating agencies over the past two years at the time of our data collection. There were 29 parents who agreed to participate in an interview. Parents were visited in their homes by an interviewer to engage in one-on-one dialogue to explore dimensions of their everyday lives and reflect on their service experiences. Interviews consisted of a series of open ended questions and were approximately 1 ½ to 2 hours in length. All interviews were audio-taped and transcribed. Parents were given a gift of \$25.00 for participating in the study. Following the interview, parents were sent a copy of their interview to keep.

Limitations

Core limitations for this study are the small size of the sample and including families from only two mental health institutions serving different age children. Because of the labour intensive nature of qualitative investigations, there are rather severe limits to the number of cases that can practically be included in a study. On the other hand, since these children represent every family we could contact at one point in time, they probably represent an typical grouping of children and families for these two institutions at that time. Nonetheless, the relatively small sample from two locations does not allow confident generalizations to other settings and other times.

The interview method (open ended and semi-unstructured questioning) does not allow for standardization in data gathering procedures across interviews. We identify several cautions here. There is substantial variance in how interviews were conducted across interviews and interviewers. Some interviewers were more systematic at covering topics than others and some parents were more talkative and insightful than others. If an issue is raised in one interview and

not in another, we cannot be sure that this is not an artifact of the interview rather than a reflection of different family circumstances. Also, if one parent talks a great deal about a problem and another mentions the same issue only briefly, this does not mean the circumstances necessarily were more disruptive in one case than the other.

Respondent's attitudes and expectations influence their assessments of child and family functioning. Parents with "high and modest" life expectations for their children may interpret similar behaviours of their children quite differently. For example, in two of these interviews, the parent gave a relatively positive commentary on how the child was doing in conjunction with information that the child was no longer attending school and recently had to go to court because of a misdeed.

Particular to our interest in assessing child outcomes following residential care, there is no equivalent to a standardized measure in this study gathering information about a single construct across cases across time allowing us to estimate degree of change. These data do not allow us to calculate a percentage change over time or to be precise about greater or lower amounts of change among various sub-groupings. As well, there is a substantial variance across cases in the amount of time focal children have been out of residential care. Our review of the research (Frensch, Cameron & Adams, 2001) indicates that time since discharge has a substantial influence on outcome patterns.

Strengths

There are aspects of the study which give confidence to the patterns observed and others provide some advantages over more "precise" quantitative investigations of change patterns. While of necessity these stories are described in broad strokes, we can be confident that the

general patterns identified are reflective of many of these family members lives during those times. The living patterns identified are similar to those found in prior reviews (Frensch, Cameron & Adams, 2001). This gives confidence that the experiences of the families in this study are similar to those of many other families involved with residential children's mental health treatment programs. Furthermore, there is a great deal of consistency in the stories told by parents. Common perceptions of changes before, during, and after residential care emerged across most of these stories in our assessment of child functioning.

Structural information collected in our study such as the focal child being in school or involved with the police/courts or living on his or her own or in foster care is believable and useful for our assessment, with the caution that a few interviews may have simply failed to illicit information about these occurrences. Finally, the qualitative data allows for a deeper understanding and empathy with the experiences of daily living and involvement with residential care than is possible from standardized measures. What is lost in generalizability is compensated for by a richer sense of the struggles facing these families.

Chapter 1

Parents' Perceptions of Residential Services

Introduction

Parents of children requiring residential treatment are seasoned advocates for their children. Prior to considering this extreme option, these parents have negotiated their children and themselves through a range of services explicitly and peripherally connected to children's mental health. These services, such as those offered by children's mental health centers, children's aid societies, psychiatric in-patient and outpatient units, school-based programs, to name a few, are utilized with varying degrees of success. By the time the child is placed on the waiting list for residential treatment, the situation for the child could be described as critical. Parents are exhausted and overwhelmed.

The purpose of this chapter is to present parents' perceptions of residential children's mental health treatment services. This chapter is not intended to be an examination of treatment outcomes nor a program evaluation. Rather it will offer descriptions of parents' experiences with residential treatment services and the parents' perceptions of their child's experiences. In a broad sense, this paper will elucidate parents' understandings of the service, the relationships forged between them and the service providers, and the contextual placement of these experiences within in the broader framework of service and support they and their children have received from other sources. The chapter will be organized chronologically beginning with the child's name being placed on the waiting list and concluding with the child's discharge and the follow-up services delivered post discharge.

Placement on the Waiting List

Coming to terms with the weight of the decision.

In general, parents viewed residential treatment to be an extreme treatment option. It was a treatment of “last resort” considered because of the tenacious and escalating nature of their child’s behaviour, the ineffectiveness of previous treatment modalities, and parents’ mounting difficulties in containing and coping with their child’s behaviour. Residential treatment was also considered extreme because of the child’s age, in two instances as young as seven years of age, and its institutional nature, that is, the child living outside the home and being cared for by mental health professionals.

There was a subtle difference in how the parents of the children going to Agency Y (ages 5-12) and the parents of the children going to Agency O (ages 12-16) experienced the “extreme” nature of the program. Several Agency Y parents worried about their young child being away from home, feeling alone and unloved, and being “tucked in” by strangers. By comparison several of Agency O parents worried about their child feeling their family was “giving up” on them, trying to “get rid” of them, and putting them away.

It was nerve-wracking because you didn’t know what to expect. You know? I didn’t know what they were going to say, what kind of an institution was this, what are you going to do with my child, you know, where are you going to put him? You know? Because you go in, you have blinders on, you have no idea what this is all about. So ...it’s scary because you know, you’re going to wonder too, like how is your child going to feel? It’s not, it can’t be good for your child to go in and not have mom there right now, yet he’s going in to total strangers, every one is a stranger to him. He gets sick in the night or he has nightmares, there’s nobody that he’s familiar with to be there for him...[Y90]

I called them [intake at Lutherwood] in I think it was April. It was hard because I knew we needed help, but we didn’t realize how drastically they helped them, or try to help them. It was like I was putting him away. And that’s the way he felt.

You're pushing me away, you want me out of the family, you don't want me here. You're just pushing me off because you don't want me anymore, you don't care about me. [O94]

Two parents noted that the “weight of the decision” led to them having second thoughts about applying. However, in general, ambivalence related to putting their child on the waiting list was mitigated by the crisis nature of the child’s behaviour coupled with a hopeful feeling that the service would indeed help.

Role of professionals in the intake process.

Over half (62%) of the parents first heard about residential treatment as an option for their child from professionals, such as teachers, doctors, and social workers already involved with the family. These professionals informed the parents about the service, its suitability for their child, and gave them valuable information about how to access the service. Of the sixteen parents who spoke about their initial contact with the residence, only four indicated that they had initiated the intake procedures on their own violation. By comparison, twelve parents had either professionals contact the residence on their behalf or they did so themselves following the advice and endorsement of professionals. The Children’s Aid Society initiated four of these residential placements. Although referrals for residential treatment can come directly from parents and do not require professionals to serve as “gatekeepers”, these families relied heavily on professionals to initiate and strengthen their child’s application.

After the child’s name was placed on the waiting list, professionals played a key role in hastening admission. Eleven families made reference to advocacy made by professionals on their child’s behalf. These professionals would place calls or attend meetings in an effort to convey to the residential facility the urgent need for the child’s immediate placement. For twenty children,

an escalation in behaviour outside of the home (e.g., school or community) caught the attention of professionals who then advocated for them. For example, eight families made mention of police involvement hastening admission. Four families indicated that an escalation in behaviour at school was the precipitating event. Nine children had their places bumped up on the waiting list after another out-of-the-home option (e.g., foster care, in-patient psychiatry, crisis bed at residence) had been temporarily secured due to a behavioural crisis (Note: these were not mutually exclusive categories.).

It would be accurate to conclude that few, if any, of these parents had their children move up the waiting list in a sequential way. One way to interpret this finding is to understand the extreme nature of the behaviour exhibited by these children requiring residential treatment. Referrals were made for children whose behaviour was out-of-control. Families and social service agencies were no longer able to meet the needs of these children. Situations had reached a crisis point and families no longer had the luxury of calmly and patiently wait their turn.

However, it should also be noted that connected and well-resourced families had an edge in securing placement as they had professionals who could alert intake workers of the severity of the behaviour and the desperate need for a hastened admission. By way of example, an “unconnected” mother recounted how she tried accessing residential treatment for her son for two years to no avail. It was only when the “school didn’t know what to do with him” that he was put on the waiting list and offered admission within two months. The mother said she “couldn’t do nothing” by acting on her own. However, when her son’s behaviour started to become a school problem “all of a sudden” things happened [Y103]. Two other parents spoke about their futile

efforts to access residential services for their children. In one instance it was only after an incident of spousal abuse in the home and CAS had to become involved and things started to change.

That's when people finally started to recognize me. That's when I started getting help. That's when Children's Aid says okay, yes, we will put him at the [temporary emergency shelter], yes, we'll try and get foster care for him, yes, we'll try and help you get him into [residential treatment]. He was in [residence] in the snap of a finger. When I tried doing it all by myself, oh, well, there might be a year's waiting list, there might be two years, blah, blah, blah, there's no beds, there's this, there's that, there's everything. I had no help...I think the only reason why [residential treatment center] accepted us as fast as they did was because Children's Aid was in the picture and the Children's Aid had to tell them about the abuse that happened between the father and me right? So I think that's the reason why [the residential treatment center] got us in there as fast as they did. Because if I would have went through myself, I wouldn't have gotten in as quick. I probably could be just getting in or I could still be waiting. [O116]

There are no services anywhere that I could phone up and say these are the issues with my child and I want to be on the wait list and when a room comes up, I take her in. It all has to go through Family and Children's Services or the mental health services. [Y134]

Waiting Lists.

Not surprisingly, the long waiting lists posed problems for some families. The time a child's name was on the waiting list ranged from one day to over one year. Two parents noted that they felt so discouraged by the length of the waiting list, they considered not applying.

Fifteen parents made reference to the urgent need for immediate admission which made any length of waiting difficult. One parent described this urgency in the following way:

It got to the point where, we had to keep using the ... crisis bed there, that you can use. And the first time, they let us use it for five days. Cause I was just...I had had it. If you're going through a lot of turmoil, and it's going on weeks...week after week after week, and often, you know, with these kids, when they're uh...in an elevated state, and they're...you know. Like, manic, they're not sleeping, and neither...you're not getting any sleep. And it's just constant chaos. And, it's just...it drains you. So at that time, they took him for the five days, and...that was

helpful, you know, to have five days of peace and rest....But, in the meantime, while we were waiting, I was phoning there, and calling and...where's our name on the list? Like, you're just... You're in a crisis, and it just goes on and on, and you just can't wait until your name comes up, because you think that this is going to be the answer. This is gonna help. [O86]

Yet in spite of the urgency, many parents indicated they had expected a waiting list and had been well informed of the wait by intake workers. Five parents felt the length of time on the waiting list was not a problem. Some indicated that being on the waiting list gave them hope because they knew help was coming. Four were appreciative of the help and support they received from residential service providers while their child was on the waiting list.

First Impressions

It is striking that seventeen of the twenty-nine parents reported favorable first impressions of residential treatment. In addition, four parents who were initially ambivalent about the service became assured and hopeful after the initial contact. A total of twenty-one parents (73%) reported feeling positive about residential treatment, only three (10%) reported negative first impressions. The remaining five parents (17%) never mentioned initial impressions.

Ambivalence was largely related to parents not knowing what to expect from treatment [Y90][Y134][Y129] and parents fearing that they would be blamed for their child's behaviour and considered "bad parents" [Y61][Y129]. One worried about losing control over the process (i.e., feeling pressured or threatened) and having her child apprehended [Y61]. After making contact with the residence, one initially ambivalent parent reported she had learned more about residential treatment and consequently began to feel "more comfortable". She said, "[I could tell] they cared for the kids...that they wanted to help your child and do what was in the best interest of your

child” [Y90]. The other ambivalent parents were similarly reassured and worries about being blamed or having their child apprehended quickly dissipated.

Not only did most parents report positive first impressions but these impressions were surprisingly similar. First, parents felt they were being given the straight goods, so to speak. For example, specifics about the program, its suitability for their child, and realistic treatment outcomes were honestly and directly explained. Parents felt staff were “up-front”, “co-operative”, and “open”. Second, there was an ease and comfort inherent in these early contacts. Third, staff presented as understanding, professional, nonjudgmental, and respectful. Parents did not feel the need to over explain or justify their child’s behaviour as staff seemed to understand immediately. Not only did staff present as experienced, knowledgeable, competent, and generally unflappable when it came to working with children with extreme behavioral problems, they also demonstrated both a compassion for the parent’s struggles and a concern for the child.

Parents’ first impressions of residential treatment are significant for two reasons. First, these positive first impressions hint at things to come. Throughout the course of their child’s treatment, parents’ impressions of the residence continued to be positive. Second, the residential treatment centers evoked a consistent positive impression regardless of point of contact. Positive first impressions were elicited from receptionists, intake workers, residential child care/youth workers, social workers, and psychologists. Some parents noted that they received their positive impression from promotional material and the intake package, others referred to the tour of the facilities as making them feel immediately “comfortable” [O138] and “at ease” [O57].

Relationships With Residential Staff Workers

The relationship is with the team not the players.

In talking about their relationships with workers at the residence, few if any, parents identified a prime or case worker. Many, in fact, spoke about their relationships with workers without ever identifying the worker's professional status or position. Sometimes positions were identified in a generic way. For example, the title of "teacher" was used upon occasion to refer to anyone working in the class room. One is given the impression that parents did not have a singular or primary relationship with one worker, who then mediated the treatment process and experience for them. Rather, parents related to the service as a whole. Perhaps a better way of explaining this is to say these parents developed a relationship with the team and not the specific players. For example,

Everybody that I met out there is very warm. They don't criticize you. They don't look down on you. They are willing to go to great lengths to help you out. Knowing that [son] is safe and happy, you know, it was just a sigh of relief, and knowing that I can work with these guys here. [Y106]

This is what I've noticed with all the [residence] staff, they are very positive. They always turn things around and find positive things. [O76]

Although most workers were well liked and considered helpful, parents tended not to associate these positive qualities to the worker's professional status. Going back to the team metaphor, all positions on the team were valued by the parents. If a position was vacant, the parent was eager to have it filled. Although parents did at times voice a preference for a particular worker "playing the position", they tended not to place more value on one particular position over the other. For example, one parent expressed satisfaction with the social worker,

the staff in the day school program and her son's youth worker in the residence. Unfortunately the youth worker left a few weeks after her son's arrival. She thought her son had started to develop a good connection with the youth worker and consequently he felt the loss. However, this parent was very pleased with the efforts the residence made to acknowledge her son's loss and the primacy they placed on the youth worker's position, and the efforts they made to find a replacement.

But there was another guy on board who they thought would work out with [son] but wasn't really supposed to be his case worker and fortunately I felt they went above and beyond the call of duty to pair this big great strong male figure which [son] has never had in his life. He desperately wants one and we've tried a lot of different things and there's just that constant loss. Anyways, this guy, the youth worker they paired him up with is just awesome...A male, a big big guy, cause my son is very big. A guy with a sense of humour and [son] really needs that. He's 35, just it's a personality thing too. It's very positive. The first weekend or two and [son] came home and he'd been with this guy, he had a lot of positive things to say. [O76]

Parents' Perceptions of Residential Service Providers

All but one respondent (28/29) spoke favorably of residential service providers. Eleven respondents also reported some negative perceptions. However, ten of these respondents isolated their comments to one of the service providers involved with their family, citing positive experiences with the others. A total of 139 positive responses were noted compared to only thirty negative responses, producing a ratio of 4.6:1. The attributes of service providers considered positive can be placed into the following categories: personality traits, ability to connect and support the child and family, accessibility, authenticity, and competence. For a more complete listing see Table 1.1.

Three general observations can be made with respect to the families' relationship with workers. First, relationships were predominately positive. Parents felt understood, listened too, respected, and engaged. Second, favorable first impressions, as noted above, seem to have been sustained throughout the duration of treatment. Third, if we compare the most frequently reported positive attributes of workers with the most frequently reported negative attributes, we can observe that the attributes can be placed in same categories and in fact can be ranked in the same order. The fact that a worker's personality traits were cited more often than the worker's skills and competence lends credence to an earlier observation that a worker's professional status or role seemed less important to parents than the worker's presence and ability to help.

Comparison of Residential Service Providers and CAS Workers

It seems that the largely positive perception of residential service providers held by parents may be atypical. To place these perceptions within a context, parents' perceptions of residential service workers will now be compared to parents' perceptions of CAS workers. This seems to be both a fair and useful comparison. Nineteen of the twenty-nine families (66%) had experiences of working with both CAS and residential treatment services. Thirteen of the families (45%) who had their children placed in residential treatment also had their child placed outside of the home by CAS in either a foster home, group home, or emergency shelter. Therefore, it is not only possible to compare parents' perceptions of each service, but we can be reasonably assured that the extreme nature of the treatment, that is, the out of home placement is intrinsic to each experience and will not negatively or positively bias perceptions.

Two parents specifically compared CAS and residential treatment services with respect to the out of home placement aspect. One mother noted that she felt included and valued by

residential service providers and excluded and blamed by CAS. The other mother noted that she had more access when her son was in residence. Both mothers found their child's absence from the home to be painful and were appreciative of the increased contact they had with their children when their child was placed in residence.

(What was the first meeting at [residence] like?) Scary, I didn't know if they were out to get me or pin point that I was a bad parent or anything like that because of what happened with Children's Aid I thought , you know, they were going to take my oldest boy away too and they didn't. *(It sounded like you were resistant at first of the idea of your son going into foster care.)* Yeah I was. *(Why were you not resistant?)* Because I got more support from [residential service providers]. I got a lot, a lot of support. I got positive [support]. Where with Children's Aid I didn't get.. feel the positive at first. I felt negative at first. With [the residential service providers] they didn't make me feel that. They made me feel like I was a good parent and I was doing the best I could with him. With Children's Aid they didn't do that...When he was in foster care I thought I had lost him to somebody else. When he was in residence I knew that I was going to get him back. I knew. I'm not saying nothing bad about Children's Aid but to me they pin out the parents that are bad where [residential service providers] didn't do that. They never ever put us down as bad parents. [Y61]

I could visit him the odd time [when he was in a foster home] but not very often because he lost the [visiting] privileges...I couldn't see him. It was hard. Now that he is in [residence] I see him more. [Y93]

The personality traits of the service providers can also serve as a point of contrast. Only a few of the families who had received services from CAS spoke favourably about the workers' personality. One parent found the CAS worker to be "a great woman" [O76]. The other parent referred to her experience with CAS as being "great". A woman came to her home and helped her out. She was "an extra set of hands...it was somebody else to help me out" [Y139].

Table 1.1: Parents' Perceptions of Residential Service Providers

Favourable Attributes (A total of 139 citations)	Attributes Considered Unfavourable (A total of 30 citations)
<p>Personality Traits 52 citations (37.5%)</p> <ul style="list-style-type: none"> • calm and relaxed • comfortable presence • nonjudgmental/respectful • encouraging/hopeful • sense of humour • unconventional • caring • warm • helpful • honest • open • friendly • cheerful • organized • patient • diplomatic • energetic • worker was a pleasant surprise and not what the family expected (not “cold”, not “jaded”, “not social workish”) 	<p>Personality Traits 8 citations (27%)</p> <ul style="list-style-type: none"> • inflexible • lacked gentleness • controlling • personal problems spilled into work
<p>Connection and Support 34 (24%)</p> <ul style="list-style-type: none"> • engaged child • parent felt understood • demonstrated care and supportive of all family members • decreased family's feeling of isolation • advocate 	<p>Failure to Connect and Offer Support 6 (20 %)</p> <ul style="list-style-type: none"> • parent never felt listened to or understood • worker never able to engage child
<p>Accessible 25 (18%)</p> <ul style="list-style-type: none"> • parent could call worker any time • worker was willing to talk to parents • worker took initiative in calling • worker and family stayed in touch • worker took time to explain things and answer questions • approachable 	<p>Inaccessible 2 (7%)</p> <ul style="list-style-type: none"> • worker unavailable • worker didn't return calls
<p>Authenticity 15 (11%)</p> <ul style="list-style-type: none"> • forthrightness • offered a balanced perspective • open and direct communication • parents felt they could be real with worker • genuine 	<p>Lacked Authenticity 1 (3%)</p> <ul style="list-style-type: none"> • worker wasn't upfront
<p>Competence 8 (6%)</p> <ul style="list-style-type: none"> • knew how to work with children • insightful • highly skilled • good at making assessments and treatment plans • “knew her stuff” 	<p>Incompetent 1 (3%)</p> <ul style="list-style-type: none"> • poor social networking skills
<p>Other 5 (3.5%)</p> <ul style="list-style-type: none"> • gender • worker was a parent 	<p>Other 12 (40%)</p> <ul style="list-style-type: none"> • gender • age • newness to job • worker reported family to CAS • worker confronted family about specific behaviours • change in workers

However, more typically, references to CAS workers were less favourable. Parents spoke about CAS workers being disrespectful, blaming, intimidating, and threatening:

I felt a lot of the times, I felt they were just trying to intimidate me, not help me. [...] Children's Aid was so disrespectful to me on the phone, it was pathetic. [...] I think at first they were trying to rule me and overpower me... [O116]

Like, you could see in [counsellor from residence] that he's not one to accuse a person. You know, which...if more counsellors were like that, there would probably be a lot less animosity in a lot of families. Because, ah, the parents, he doesn't make you feel as if you're guilty...you know, he doesn't look at well, you know, you're a criminal sort of thing. Whereas Children's Aid will look at you as a criminal. And they do. They make you feel as if you're dirt. You know, you ask them for help, and, you know, like, why do you need it, can't you do it yourself. Why can't you be a decent parent...So don't look at me as if it's my fault. You know, each person is his own individual person. Um, which in a way, is a good point with [counsellor from residence]. Cause he doesn't condemn. Like, he will wait for the story, he will look at the whole picture. Instead of going, yeah, you're guilty, and boom you're...you know. Because that's how people back off. People will resent a counsellor that...sort of...boom, it's your fault, sort of thing. And ah...and that doesn't help anything. So, like I said, more counsellors like [counsellor from residence] are needed [Y106].

Whereas many of the parents spoke positively about their first impressions of residential treatment, the two mothers who do mention their first encounters with CAS conveyed a less than positive experience.

He didn't want to know anything. He came in here with daggers in his eyes, ready to condemn somebody. To me, he gave me the impression that he was a child, either abused as a youngster and that he was going to be Superman when he got older and he was going to stop every parent that got a call. [O127]

I didn't like her the day she walked in my house. [O116]

The service providers' ability to connect and support parents serves as another point of contrast. Subsequent to their child's admission into the program, parents experienced residential service providers as "believing" and understanding their accounts of their child's behaviour. Not

only did these service providers seem familiar with the profiles of the children the parents presented, but they also conveyed a willingness and an ability to address their child's needs. Children's Aid workers, on the other hand, often presented as disbelieving and incapable of providing appropriate services. The fact that CAS initiated four of the residential placements may also serve as evidence that CAS was unable to meet the child's needs within their own system. It should be noted, however, that both CAS and residential treatment services presented as disbelieving prior to the child being accepted for service. Parents spoke about the difficulty accessing each agency and in each case feeling that their own accounts were not enough to convince these services to act. The parents accounts had to be supported by professionals before they were given any credence.

Below are two quotations from parents who describe their frustration at not being believed by their CAS workers. In both cases it was only when the parents' accounts of their child's behaviour were supported by others within the CAS system (i.e., foster mothers or group home staff) that the parents were believed.

It's very frustrating. Because at first, I would sit there and tell them this, and nobody would believe me. Finally we had a case conference and the first foster mother was there, and she sat there and backed me up 100% and I was like, thank god somebody's listening to me. Finally. [O122]

The only good thing that came out of that was that F&CS foster families, anybody else that was dealing with [daughter] began to believe what I was saying about her. So, it was validation, no, I'm not going crazy and you know, because I would actually underestimate or under declare what she was like. And so they were actually seeing a picture and going oh, my god, this is way worse that you've even described. We don't understand this....So, I mean the only good experience again was they began to see that and I wasn't just some ranting, you know, crazy woman. But there were some really, really difficult issues....So, then they began to soften and then she ... (*F&CS did?*) Yeah. They were kind of like okay, what can we do? (*And what were those issues that were starting to surface that they saw?*)

I think the violence, the behaviour and in me describing it I don't know that they believed it. I'm sure they did, they hear a lot of horror stories. But until they [F&CS] actually saw her in action [they didn't believe me].[Y134]

Parents frequently spoke about the accessibility of residential service providers. Not only were parents told they could call anytime to receive information, support, advice etc., but residential service providers also took the initiative and called parents on a regular and frequent basis. Parents were pleased by the frequency of telephone contact and face-to-face contact between themselves and service providers. Many parents looked forward to these contacts as the residential service providers presented "balanced" reports of their child, conveying both challenges and successes. Several parents spoke about the service providers' preparedness when contacting parents. Parents spoke about the workers "having the books in front of them" when they placed their call so that information conveyed was accurate and supported. Parents also spoke about how residential service providers returned their calls and made themselves available when parents wanted to talk. In contrast, parents expressed frustration with the inaccessibility of CAS workers:

[CAS worker] called just when the Christmas holidays were coming on. So I had no way to get a hold of anybody to talk to anybody. So, after the holidays were over I called her office and every flipping time you called there was never anybody there to take your call. It was always an answering machine. [O116]

[CAS] told us they would keep in contact with us and let us know how the child [son placed in a foster home] is doing. I have not heard from them. They told me they were going to have a worker deal with our needs because we don't have our child here...I have not heard from anyone [at CAS]. I got a call from [the residence] telling me that [son] had a new worker and her name was []. I have not heard from [CAS worker] since she is the new worker [six weeks ago]. [O127]

Although little is mentioned about the CAS workers' ability to connect to the child, parents' frequently noted that residential service providers "knew how to work with children". Parents

frequently spoke about the connection their child had to a particular worker at the residence. One parent compared CAS with the residential treatment services with respect to the engagement of her child:

We were always a family. We had meetings. Oldest boy was always involved in the meetings. He was never left out. With the Children's Aid he was. [Y61]

Experiences of the Residential Program

Description of Program

Although parents frequently referred to specific details about the residential program, they did not provide an overall description. We offer a brief description of the program as it helps us to reference parents' particular comments about the service. This description is based on the informational material given to parents by the residence.

Residential treatment, as the name implies, is characterized by the service recipients living in a "residence", that is, away from home. Children treated in a residential center live in a "home-like" environment. They are expected to participate in the established routine of the home and perform household chores. They are required to attend school, either the residential school on site (also referred to as the day treatment program) or if they are able, their own school in the community. The children live in a therapeutic milieu, which offers constant and consistent supervision, care, support and treatment. Hence problems can be identified immediately, observed and resolved within the context in which they arose. Treatment is provided using a psycho-educational model with a cognitive behavioural focus. Children attend the program five days a week and return home on weekends. The expected length of stay is four to eight months.

Although children live in a home-like environment, residential treatment is not designed to

replace the family. Efforts are made for the child to remain connected to the family in as much as the child's treatment plan will allow. Frequent contact between the child and his/her family during the week is encouraged (e.g., phone calls, sharing of meals, family participation in some social and recreational activities). Communication between workers and the family is also encouraged. Parents are expected to participate in their child's treatment plan. This could include involvement in a range of services and commitments such as: attending treatment planning and review meetings, attending family counselling sessions, participating in the parent educational and support group, receiving in-home support, and engaging in a parenting mentorship/coaching relationship with a worker.

Although a seeming contradiction of terms, most residential treatment centers offer children and their families an *individualized* program within a *standardized* model. A multidisciplinary treatment team, constituted following the admission of the child into residence, works collaboratively with the family and the child to assess the child's needs and design and implement an individualized treatment plan. Yet all plans are implemented within the therapeutic milieu framework using a psycho-dynamic, cognitive behavioural model.

Aspects of the program considered beneficial.

1) "Therapeutic Separation"

One of the stated service objectives of Agency O is "to provide a residential placement ...including a school placement, to assist the family in stabilizing by providing a period of therapeutic separation (*Agency O Treatment Service Area Manual - January, 1999, Section 1.2*). This phrase "therapeutic separation" accurately describes what many parents expressed as a key benefit of residential treatment. Six parents spoke about the "relief" they experienced when their

child was out of the home. Two elements seemed to contribute to this experience of relief: (1) having the child placed outside of the home decreased tensions and stresses within the home which enabled parents to attend to their own long overlooked needs and those of other members in the family; and, (2) there was a sense of relief associated with accessing a service which could address their child's needs and offer assistance. As one parent said, it was "knowing he is safe and happy...knowing they don't let him run the street there", that provided the relief [Y106].

...the program with the residency, I mean, that gave us time to...figure out exactly what issues were what, and gave us much needed space, you know? That...I wouldn't have had. Um...it gave him a chance to have individualized counseling. For the issues that he needed to deal with. And as well, it gave me individualized counseling. Um...when he came back home, and...like, you know, back home for the weekends and such, it gave us a chance to work on the things that we were learning in counseling, for short period of time. And then, he would be back into residency during the week. So, that program helped a lot. [Y124]

I thought that it was helpful, like I said, it gave the family a break. It helped me to deal with the issues that...I was sweeping under the rug. I was covering up. I was...trying to do all of it, and mentally, and physically, I really couldn't. I had to, to, address him. I had to say, (son), which was a lot of work. When you come in, before you leave, take out that garbage. And I mean that. You'd have to be behind (son). But he followed through, and I followed through, and...I think that was more work than me taking it out. Or doing whatever. And negotiating with (son). I learned those skills. I leaned um, to be firm again, but be fair. And not send him to his room for a week, which was totally ridiculous. [O99]

One parent described this period of therapeutic separation as "a big weight lifted off" [O122]. Another spoke about the residential placement as "taking the burden off" her other son who was frequently drawn into the fighting and chaos created by the focal child's presence in the home. This parent also spoke about "the burden of ...all that anger" being taken off her own shoulders [Y106]. Another parent explained, "it gave us a break" [Y103].

Several parents wished the "therapeutic separation" was for seven days a week rather than

five days with the child spending weekends home:

just...the Monday to Friday thing didn't work. Other than, you know. I'd go through this big fight every Monday, to get him there, and then...I'd have the whole week, to pull myself together, and get it together for the weekend, and do it all over again. [O86]

So that bothered me [to find out that son would come home on weekends], because I figured, when you're dealing with a child who is ill, who has problems and they are going through therapy, the child's got a lot of issues to deal with. I thought that they would keep him for a number length of time, then integrate the child back in to the home slowly. Well, much to our dismay, that didn't happen that way, so we had to get over our fear very fast and have the child back home the first weekend. It was hell, pure hell. We, I cried, the girls were crying, (boyfriend) was upset, he was hiding all weekend long. [Focal child said] "You's aren't my parents, I live there now, they're the ones that own me." I said "No, sorry, we still have custody of you. You are there because you need help." [O127]

2. "Institutional" Environment

Close to one third of the parents indicated that one benefit of having their child placed in an "institutional" setting was the constant supervision it offered. These parents identified their children as needing twenty-four hour a day supervision, something which is impossible to provide in the family home. Several parents noted that staff in the residence worked an eight hour shift and could return to their own homes at night, hence getting a break from the constant demands of looking after the child. They noted that as parents they never got to have that break and seldom were able to attend to the needs of their child when feeling rested and refreshed.

(What were they able to do then that you weren't able to do at home?) I think the 24 hour supervision is probably one of the key elements and the fact that they work in an eight hour shift. I'm not an eight hour a day parent. But they can work in an eight hour shift and go home afterwards and not have to take that stress 24-7 and they can say sit there and do it and they can say sit there and do it for eight hours and at the end of eight hours they can leave and somebody else comes in and says sit there and do it and they can stay at him and they can stay consistent...and that's what that's what (son) needs. (Son) needs consistency and he wasn't always getting that with me. And, you know, I'll admit that. With four kids and the

amount of stress that I'm under it's hard to be consistent. [Y88]

It's a whole different atmosphere, you can't replicate, ah...that type of a setting in your own home. There's just no way. You can't. And because...you know. The staff is staff, they're not family members. And they're going off shift, and they're having a break from it. You know what I mean? It's their job, they're getting paid to do it. And...they're having a break, and different people are coming on, so they're coming on fresh, able to deal with it. At home you can't do that. [O86]

I know that I can not provide the type of supervision that she needs unless I hire somebody to come in and you know, even on a part-time basis to help during the day and a full-time staff person at night. [Y134]

Ten parents noted that a residential treatment center was able to contain their child's extreme behaviour because they have licence and opportunity to work with their child in ways unavailable to parents in a home environment. For example, a child in a residence can be placed in restraints, placed in an isolation room, and can be forced to take medication. Three parents observed that the residence offered the "strict structure", "strict rules" and "consistency" their child needed and they had been unable to provide because of their own exhaustion and the ceaseless demands of their child. Two parents suggested that residential staff could effectively work with their child because "there was no emotional bond". Hence the child was not going to "give them the reaction" they gave their parents. In residence the child was on his/her best behaviour, but once home, the child would "relax" and couldn't "control themselves at all".

These parents who perceived the institutional nature of residential treatment to be of benefit to their child seemed pleased when their children began to exhibit more appropriate behaviour. Yet they tended to attribute progress to the institution being able to externally buttress their child rather than the child developing internal control structures. These parents worried about their child's behaviour upon returning home. They knew that as parents they could not

recreate the institutional environment in their home. As one parent remarked, he was “contained in that environment. He seemed to function pretty well. But that is not a normal life. You can’t place someone in that for the rest of their life” [Y106].

The parents of children at Agency O had some unique concerns. Due to their age a child entering Agency O had to consent to treatment. Several parents acknowledged that it took a lot of negotiation, gentle persistence, and patience before their child would consent. Five parents mentioned the ineffectiveness of the treatment because Agency O could not force their child to stay, again because of the child’s age, and their child kept running away from the residence. Two Agency O parents were worried about the negative influence other youth in residence had on their child.

They are at [Agency O] to learn some better skills and a better way and hopefully turn some things around. But they also learn a lot of things you don’t want your kids to learn. They are exposed to people with a whole lot of dysfunction...with these other kids and some of their issues in a whole network of undesirables. In our situation there was more than great suspicion of the kids when they were AWOL they were probably involved in stealing cars, could have been the porno ring and stuff going on around here. There was bad stuff happening. [O104]

3. Residential School Program

Many parents viewed the residential school as being a key element of their child’s treatment. The “small class size”, the “tailor made academic programs”, and the emphases placed on the development of social skills and behaviour management were viewed positively. Several parents were impressed with the quality of the teachers and the amount of 1-1 attention their child received. Several parents noticed that their child’s self-esteem and confidence increased as they began to improve academically. Several parents thought the residential school program was well integrated with the program their child would be returning to in their community school. Parents

valued the efforts made to bridge these academic programs.

4. Other Aspects Considered Helpful

While the residential and school components were highlighted as being especially helpful, most parents also referred to other aspects of the program which they considered positive, such as individual counseling for themselves and their child, recreational activities, the “stickers and reward system”, review meetings, parent educational and support group, anger management classes, family therapy, and parent education sessions. In general, parents were pleased with the manner in which service was delivered. Specifically, parents felt respected, supported and included in the treatment. Many parents identified “communication” between the residence and themselves as being very positive. Workers took the initiative in contacting parents on a regular bases. Parents felt workers were balanced reporting on their child’s progress and difficulties. In general, parents felt they were well-informed. Seventy-two percent of the parents specifically highlighted the accessibility of their workers as being beneficial. For example, several parents said they appreciated knowing they could access a worker if things became difficult when their child was home for the weekend. Parents observed that workers returned phone calls, and made time for them. Many parents noted that their workers’ suggestions to “call anytime” were serious and not glib offers.

Discharge and Follow-Up Services

Reasons for Discharge

Twenty-three of the twenty nine parents (79%) spoke about their child being discharged from residential treatment. Surprisingly only four of these parents (14%) indicated that their child

was discharged because significant progress had been made. Another four (14%) indicated that some progress had been made. Although they had hoped for more progress they could see that a lengthier stay would have been to the child's detriment. For example, two of these parents worried about the negative influence other residents were having on their child. The other two spoke about their child being unhappy at residence, specifically going "antzy" and going "nuts". Six parents (21%) noted their child was discharged because "the time was up". Three of these parents also expressed regret that "nothing more could be accomplished" and indicated that they had hoped more could be done. Seven of the parents of the older cohort (24%) indicated that their child "wanted out". Three of these children were continuously going AWOL and hence were discharged even though neither the parents nor the residence supported the decision. One was threatening to go AWOL if he wasn't discharged and the remaining three were refusing to cooperate with treatment and wanted to out. The final two parents (7%) had misgivings about the discharge.

Parents perceptions about the discharge of their child.

The parents of the younger cohort perceived their child's discharge from residence in slightly different ways than the parents of the older cohort. For the parents of the younger cohort, the discharge was planned by the residence working in cooperation with the parents. However, it should be noted that not all parents experienced the decision as a mutual one. Two of the ten parents of the younger cohort felt they had little say or control over the decision. The amount of time the child was in the program, the amount of progress made, and the ability/inability of the residence to offer anything more seemed to be the main factors considered in making the decision to discharge. Although these factors were also considered for the older children, it should be

noted that decision to discharge could also be triggered by the desires and wishes of the these older children. The reality that the children in the older cohort had the right to exit the program without their parents' consent and often against their parents' wishes meant that could advance their discharge before the time was up and treatment was completed. Over half (7/13) of the older cohort parents felt the desires and wishes of their children to be discharged hijacked the treatment process. Three of these parents felt torn between supporting their child's desire to be discharged and their own desire that their child remain in residential treatment.

[My son] didn't really want to stay at [Agency O] anymore. The kids were driving him nuts, the programs were driving him nuts. He thought that he had gotten all that he could possibly get out of it. [O104]

Well I guess I felt like there was still some ways that they could help him but I realized it was time for him to move on and in a lot of ways I didn't feel like he was ready to do that yet. There really wasn't any point of him staying there any longer. I guess he got out of the program what he could so it was time for him to move into life again, real life. [Y133]

We weren't given any choice, I don't think. I'd like to leave him there, another six months. I'm hoping then he's going to reach a maturity point, at some point, and...be able to get some control over his behaviour. And, he is reaching a maturity point but...it's not enough yet. Like, I think he could use another year out there. I wish he could stay there forever. [Y103]

I was part of it. It was (daughter)'s decision. Both [the residence] and myself thought it would be better if she stayed until January but she was pretty convincing and determined and we could see enough of a change that we thought that she might do well at a different school. So, I think with [the residence] it was kind of like against what they would advise. It was also not my complete decision but I had to think okay, well, she's really determined to go back to [her home] school...I want her to give it a shot and so it was it was [daughter] and I, I guess, and the school was like okay. And it was [daughter's] decision but we kind of went okay, you know, with these promises that she would go to school and we would have her enrolled and we told [daughter] it would only be on the agreement that she was enrolled in [her home school] which I got her enrolled in and we had to have a meeting there and she was there on a trial basis so and so we had great expectations that it would work out. [O138]

Eventually he was discharged from this program because he a-walled once too many times...He was a-walling from the program and he was ... he just wasn't taking charge. You know? He wasn't being compliant...I agreed [with discharge because] we were working towards it and [son] was getting all his levels and then four months since he had lived at home and we got so many tools and I had this big fantasy that it was all going to be okay. And like when you just have them home for a night or two...everything was great. You know? And somehow you think that's the way it's going to be when they get home but then the reality hits and it's like oh, my god and I can't take him back. [O120]

I was disappointed that it didn't work for him. You know, more than anything else because it was my last hope because, you know, nothing else seemed to work. [O55]

I don't think son is far enough...ahead. You know, there they don't see the son that I see here. [Son] is not far enough, to the point where, he can catch himself, fast enough, where he can control himself. [Y106]

They [service providers at the residence] didn't feel that there was a whole lot more they could do for him. And they don't like to keep kids a whole length of time and they figure they had done all they can do with him and because he was young and the others were older, he was picking up on things that he should not have been picking up on. They felt him staying longer would actually do more damage than good. So that's why they made the decision to have him come home...I agreed with it to a certain extent I could see where he was picking up some bad habits ...I felt maybe a little more work might have could have been done but I don't know but I was just assuming that...sometimes it kind of felt like it was unfinished. [Y90]

Her time was up. They weren't getting anywhere with her. [O75]

The generally positive perceptions parents had of residential treatment, largely sustained during the duration of their child's treatment, seems irreconcilable with the misgivings, ambivalence, and regret many parents articulated with respect to poor program outcomes and their perception of untimely discharge of their child. The impression that one is left with is of parents who felt listened to, understood, supported, encouraged, and respected by the service providers at the residence. Unlike the previous services these parents have been involved with,

the relationships forged between them and the residential treatment centers was not adversarial in nature. Many things were considered helpful for the parents and the family. Yet only 14% of the parents indicated their children were ready to go home. It is interesting to note that some parents did recognize this seeming contradiction and tried to make sense of it in various ways.

Some parents attempted to reconcile their positive view of the residential service with the poor treatment outcomes by blaming their child. If their child had only tried harder, or had not run away as often, or had been more invested in the treatment, or had been more ready, treatment results would have been better. The lack of progress, then, is perceived to be rooted in the child's lack of motivation rather than in the tenacious nature of the child's problems or ineffectual treatment. For example,

She went AWOL and they couldn't hold her bed anymore, because of the waiting list. So they couldn't, they held her bed longer than they should have, in hopes that she would come back, and she didn't, so they phoned and said we have to give up the bed by this date. There's nothing we can do, we can't find her, so you do what you have to do. It's totally understandable...You guys have tried to do what you can and thank you very much. Like I said from the beginning, [treatment will work] when she wants help. [O122]

She wasn't cooperating anymore. [O138]

She wasn't doing anything. It wasn't helping her anymore and she wasn't doing anything. [O69]

One parent attributed the lack of progress to no one yet finding the right medication that would help her son manage his behaviour. Several parents blamed themselves for the lack of progress. For example, one parent blamed herself for her son's inability to sustain changes because she was having trouble in her marriage and was going through a lot of personal issues [Y61]. Another parent attributed her son's recurrent negative behaviour to him mimicking his father, her ex-

partner, and to her own difficulties controlling her temper and “falling back into the same routine as before” [Y106].

Another approach to explaining the contradiction between positive experiences with poor treatment outcome seemed almost protective in nature. Some parents tried to protect the residence by offering a broad view of the problem. Some examples include the following: (1) the residence would have liked the child to stay longer but was unable to control the length of stay because of restrictions and governmental guidelines that dictate length of stay; (2) others are on the waiting list and the residence must prioritize the needs of the child in residence with the needs of those on the waiting list; and, (3) the lack of government funding. Other parents tried to protect the service providers by claiming “they tried the best they could”. Here are some examples of “protective” explanations:

(How involved are you in the decision for services to end?) Not a lot because they have their guidelines that they have to follow. [Y135]

It wasn't very good closure because we didn't really achieve our goals. There was a lot of, there were forms to fill out, you know? These were your original goals. How far along the way did you, you know, how much did you accomplish? We did this with a worker and we got the sense that, well, come on, you've probably accomplished something. We were encouraged to see progress which might have been there but we didn't see it as much as what they wanted us to see. I think. I mean, you know, I felt a little ambivalent because every program wants to feel that they can measure some successes and so we tried to help along with that respect but yeah, they did good work. [O69]

Well I guess I felt like there was still some things that they could help him with but I realized it was time for him to move on and in a lot of ways I didn't feel like he was ready to do that yet. There wasn't any point of him staying there any longer. I guess he got out of the program what he could so it was time for him to move into life again, real life...I knew it was a short program. It is just a short program. So I was made aware of that before we were involved with it and that he stayed as long as he could. [Y133]

Determining Criteria for Discharge

It seemed difficult for parents to discern the criteria used in making the decision for their child to be discharged. It is true that some cases are clearer than others. For example, parents seemed to understand that the residence could not hold a spot indefinitely for a child that kept going AWOL. However, many parents noted that their child left the residence because their “time was up”. It seemed that parents had a perception that a residential placement was for a set period of time. Yet children in the sample stayed in residence anywhere from a few months to several years. Obviously the residence could exercise more discretion than parents perceived was possible.

These stories also suggest that the criteria used to determine a child’s readiness to return home should be different than the criteria used to determine a child’s readiness to return to their regular school. Yet it seems that discharge from the school and the residence were often packaged together. Only five parents indicated that their child continued to attend the day program/school at the residence after being discharged home. Several of these parents said they were pleased that “exceptions” could be made for their son or daughter to continue at the school. Yet most parents expressed grave concerns about their child’s ability to cope in the regular school system. Many were fearful that an unfortunate school experience would make it impossible for their child to maintain their treatment gains:

My concern is, when [school] doesn’t work, where do we go next? We can’t go back [into residence]. We could go on a waiting list, but...if [school] kicks him out in October, then what do we do? He needs to go to school. [Y103]

And then when he’d come home full time, and still stayed at the school, eh? Which I’m really glad for, cause they didn’t have to do that, you know. Usually, they um...they leave the residency, they leave the school. However, (son) was a

different case, because...like I said, okay. His home is fine. We're doing great at home. But he was suspended fourteen times, for busting up the principal's office on the last note. So he's not ready to go back to his home school. You know, like in January or February, I...I don't think so. He's already having a change with home. You know, coming home full time. I think that's enough on his plate. He needs to work more on his schooling, and how he adjusts with teachers and authority. People in authority at school. And...which they agree, yeah it sounds reasonable. It's not usually what we do, it's not usually the way things are done.[Y124]

Follow-up Services

Nineteen parents made mention of the follow-up services provided by the residential treatment centers. Although many references were neutral in tone and tended to be a cataloguing of the services offered, parents were generally positive about the follow-up service. One parent seemed bitter about the entire residential experience including the follow-up services, and five parents felt that not enough services were offered. Follow-up services tended to fall into three categories: 1) bridging work (between residential school and community school and between residence and home), 2) tune ups (workers maintaining some contact with parents to offer guidance, encouragement, advice etc.), and 3) advocacy and service negotiation.

Follow-up services were usually delivered via telephone calls and home visits. However, several families made reference to a counsellor from the residence accompanying them to school meetings. Follow-up services seemed to have been tailored to the needs of the child and family. The length of time they were offered ranged from several weeks to several years.

[Residence worker] came out a few times just to kind of do a weaving in process I guess. You know? He'd come here and talk with let [son] just be himself and then if he did something he wasn't supposed to, [residence worker] would intervene and say "Now [son]". He'd sit and talk with him, you know, and say, "You know, this is not allowed. You don't do this at [the residence], why are you doing this to your mom? You know? And so we had a couple sessions like that so

[son] knew that I wasn't going to tolerate it. So, that he knew that other people knew and they were onto him. [Y90]

I think [husband] and I prepared for [daughter's] return somewhat with the help of the counsellor [from residence]. [O69]

There was ... a strategy plan, for him, for me as well. You know, if you find yourself getting too stressed out, or...you know, you can't control yourself or whatever, these are the steps that you can use to calm yourself down. These are your options. Like, they worked through all of that with him, with me, separately, and then with both of us together. It wasn't just...okay, you're cured, wonderful, see you later, bye, and that's it. They were realistically, looking at things. It's like hey, you know, this is like...you're in the honeymoon phase again, and then it's gonna be plunk, reality, and then here we go. It's just...life's gonna happen the same as it always has, it's just how you're gonna cope, and manage with it. Ah, and yourself as well. You know, you're still gonna feel angry and upset with certain things, but...you know. It's how you're gonna deal with that. Like, your strategy plans, your plans for...um...coping and...this is what you can do if your mom ticks you off, and...you know, these are the numbers that you can phone, and then...you know, if things get really bad, then you're gonna have to...you know, help your mom access, you know...[residence] again, if she feels she needs to. Like, that's one of the things as well. So...but that's the last thing, you know? About the list. It's like, okay. So at least, I think he's got that posted on his door, actually. So, it sort of reminds him. And it reminds me too. [Y124]

She tried to step the boundaries and they explained to me how to deal with her and they gave me a schedule if she threw a temper tantrum. Give her a time out or send her to her room. For me to run up there and be beside her and say that's okay behaviour, but I'd have to stop and let her be by herself, calm down, realize what she did was wrong and let off some steam. Instead of giving in all the time, I didn't give in. [Y129]

I called [the residence] twice and spoke with [worker] because I wanted to stay on the same wave length that they had set up at [the residence] when they were dealing with him so I wouldn't confuse his head or something like that. [O116]

As a frequently mentioned follow-up service, advocacy usually took the form of a worker from the residence meeting with outside service providers to negotiate the provision of adequate services for the family. By far the strongest advocacy role was played with the schools. Other

examples included workers advocating for drug and alcohol treatment services, mental health services, and counselling. In some respects, the experiences of parents following their child's discharge from residence resembles their earlier experiences before their child entered treatment. That is, parents working on their own are largely ineffectual in securing the appropriate services for their child. They reported being dismissed, deceived, and not believed. Professionals, once again, were required to validate the parents' concerns and lend credence to their requests. Here is an example of a mother and the residential service provider trying to get her child into a special program within the school board.

(What was it about those meetings [with the school board to plan son's reentry into the school] that were so unhelpful?) I heard the same thing over and over again. You know, they had this they had the report right in front of their eyes. They knew exactly what kind of a child they were dealing with and they even admitted it themselves. This is an unusual child, you know, but they said oh, no, we can't no, we can't, we don't have the spot, the funding, blah, blah, blah, blah. And finally when they realized that we [the mom and her family worker from the residence] weren't going to budge and okayed him to put him in a school system, all of the sudden aha, they came up with a plan and that's what I got tired of, I got tired of listening to the same thing. If you're going to tell me something new, great, I'll sit and listen. But don't tell me the same thing over and over. I mean I know that already. You know? So, that's what was frustrating about it. *(When you said that, I guess when they realized that you weren't going to budge, I guess how did how did you do that? How did you make them realize that your son needed something different?)* Well, it was actually me and the family worker [from the residence] she worked with him even when I wasn't there over the telephone. So, I think she did a lot of the consulting. [Y90]

The theme of worker accessibility, so strongly evidenced earlier in the parents' perceptions of residential treatment remains a strong theme even after the child is discharged.

The books are open, [the worker] said if you need a tune up once [son]'s out of [the residence]. The neat thing about [the residence] is I know that they'll keep the support in place as well but even in the next year I can see myself calling up

[worker] and saying do you want to go for coffee? I need some advice and can you help me? [O76]

She [family worker from the residence] even called a couple of weeks ago to find out if I wanted to come and talk, if I needed to talk about anything but with me working I can't find the time or else I would have. [Y90]

They made us feel comfortable. They made us feel that we could call anytime we wanted and talk to somebody. There was no problem there. [O64]

I was [receiving help from residential center after daughter's discharge]. Yeah. [Worker] was involved. For a while after that. Like she said, "I'll be available if you have a crisis or anything"...But that's it basically. And we did call her a few times...Even to this day, if I wanted to call her, I could call her. [O75]

They told me, she's going to disobey and you got [our] number...I just had to call once or twice. [Y129]

I can call [the residence] anytime I want to. If I have a problem, they told me I'm more than welcome to call anytime I wanted for support. I have called twice already for support and so I mean, if I do want I do have somebody to call. [O116]

(Has your involvement ended?) Mine personally has, but I always feel that if I need to pick up the phone that I can call [the worker]. I have that kind of relationship with them that I know they are there if I need them. [O120]

Parents' perceptions of follow-up services were not always positive. Two parents were quite upset that a foster treatment home had not been set up for their child after he was discharged. Each indicated that the discharge plan was for their child to enter a treatment foster home. When CAS and/or the residence could not make that happen, the child was left in limbo. Another parent was concerned because an Educational Assistant had been promised for her son but her son never received the assistant because of a funding problem. Two other parents viewed follow-up services as inadequate.

I think this is an area where it's lacking, the followup afterwards isn't there. It just isn't there. You come out, you know, and you're basically on your own again. *(What would you have liked to have seen?)* Maybe two or three weeks he went

over there. Maybe even for an hour a night or something and I suppose they don't have the staff to be able to do this and there would be so many kids but it just would be nice if there was some kind of even if they went over and played basketball and you know sort of connected with the professionals. You know? *(Any followup visits in the home here? You're suggesting have him go back to visit and play basketball.)* Or even here. I mean either way, I'm just saying ... *(So, there was a complete break?)* Yeah, yeah. [O57]

I felt we still needed some help in case we had a backfall or something or ran into a problem and if things turmoiled again...But the [worker] felt it was [time to end follow-up services]. They had gone on long enough and she thought we would be okay by ourselves and if we needed anything we could call and someone would come. [Y129]

Several parents expressed concern that treatment gains could not be maintained because of a lack of appropriate and available services in the community. These parents argue that it is not enough that programs be recommended to children and parents at discharge and names be put on waiting lists. Many of these programs have long waiting lists and if the child cannot be immediately plugged into the community program after discharge, the treatment gains may be lost.

We tried to [get counselling] but there again you run into the waiting lists. Like we were waiting to get him into he went to the assessment for the drugs and he was very honest on it and, you know, there is a problem and he was all gung-ho to go but then there's the waiting list. By the time his name comes up on the waiting list and he's back in custody and you know, it's a vicious circle all over again. In everything that's what we've run into is waiting lists for this, waiting lists for that and they are serious waiting lists. It's not just a matter of two or three weeks. [O57]

Again unfortunately the resources out there aren't a lot with the government cutbacks and the programs, the alternative programs in the high schools for the kids who do have special needs are extremely limited and that really affects kids that have made a lot of progress in places like [residence] or maybe through social agencies and they have to be re-integrated to society, but there aren't the support systems to carry them through. [O76]

Concluding Comments

Parents were generally pleased with their child's placement in the residential treatment center. Parents felt respected, valued, and understood. They experienced staff as competent, compassionate, and helpful. Residential services offered respite for families and containment for the focal children. Many parents were able to report gains made for themselves and their children. Yet only 17% of parents felt that sufficient gains had been made to warrant the discharge of their child from the center. Parents tended not to blame the residential center for the lack of progress. They also seemed unable to articulate what the residential center could have done differently. Yet these parents, extremely hopeful when they first had their child placed in residence, had to come to terms with the realization that service outcomes had not matched their hopes. These stories highlight both the complexity and the tenacious nature of these children's mental health difficulties. They also provide a challenge to service providers. What do we do when good is not good enough?

Chapter 2

Changes in Child Functioning Before, During and After Residential Care

Although the original purpose of this qualitative investigation was to generate insights into how the focal children's primary care givers perceived their families and their residential care involvements, the importance of understanding the long term benefits of residential care for these children and their families emerged from the analysis of these 29 narratives. This chapter examines the functioning of the focal children before, during and after their involvement with residential care.

Two primary strategies are used to describe changes in child functioning. Tables 2.1 and 2.2 provide an overview of child functioning at each of these three time periods for each case in the study. These tables are used to identify broad change patterns across all 29 cases and to highlight central topics for further study and discussion. To provide a context for understanding the nature of these general change patterns, a separate thematic analysis of central characteristics of the lives of these children and their families is provided for the younger and older cohort residential samples. The chapter concludes with a discussion of some possible implications of the change and living patterns observed.

These analyses use the data from qualitative interviews for purposes for which they are not ideal: to clarify patterns of change in individual and family functioning. While these data prove to be adequate for identifying important broad change patterns across these 29 family situations, it is essential in our interpretation to keep in mind the limitations identified earlier that are inherent in using qualitative data to estimate change in functioning over time. Once again, the concerns in

using this data to assess outcome patterns are there is no equivalent to a standardized measure in this study gathering information about a single construct across cases across time allowing us to estimate degree of change. These data do not allow us to calculate a percentage change over time or to be precise about greater or lower amounts of change among various sub-groupings. As well, there is a substantial variance across cases in the amount of time focal children have been out of residential care. Our review of the research (Frensch, Cameron & Adams, 2001) indicates that time since discharge has a substantial influence on outcome patterns.

General Change Patterns in Focal Child Functioning Across Three Time Periods

An examination of the fourth column in Table 2.1 shows that for the 15 older cohort children involved in residential care, only five of the responding parents described relatively enduring and positive changes for the focal child after leaving residential care. Of these five, four parents also described important ongoing concerns about the focal child's functioning. Ten parents commented that the focal child's problem behaviours were similar to or worse than prior to entering residential care. Of particular note is that every parent who commented on the focal child's schooling after residential care indicated that the child was no longer in school or was at risk of quitting school. These patterns point to clear reasons for concern about the future of older children leaving residential care. They highlight the importance of acquiring a better understanding of life trajectories for adolescents leaving residential care as well as the necessity to develop improvements to the long term care and support available to these children and their families.

Column four in Table 2.2 shows only mildly more encouraging general patterns of change for the younger focal children involved with residential across the three time periods. Slightly less than half of these parents commented on significant and continuing positive changes in the focal child's behaviours after leaving residential care. These perceptions of positive change were equally divided between parents who talked almost exclusively about positive changes and those who also expressed concerns about continuing behaviour challenges for the focal child. Slightly more parents [57%] said they did not notice any enduring positive changes for the focal child after leaving residential care with the child's behaviour similar to or worse than prior to entering care. Of particular note is that, of the parents who commented on schooling after residential care, 90% expressed concerns about continuing serious school challenges for the focal child. Only one parent indicated the child was doing adequately in a regular school program. Also significant is that 46% [6] of the focal children did not return to the same home after leaving residential care. Of these, five were in formal state care and one moved to live with his dad and two grandparents where as the only child he could receive more attention. Clearly, these data for the younger children also raise serious questions about their life trajectories after residential care. While a few of these children may have "recovered" from some of their earlier challenges, the dominant portrait here is continuing major difficulties. Of particular significance is that almost all of these children had ongoing serious struggles with their schooling. A relevant question is what will be the experiences of these children as they face the particular undertakings of adolescence and as academic expectations become more challenging.

TABLE 2.1: CHILD OUTCOMES FOR OLDER COHORT [BEFORE, DURING AND AFTER RESIDENTIAL CARE]

Case	Before	During	After	Change Patterns
(1) O55	<ul style="list-style-type: none"> • violence with weapon and police involvement • involvement with delinquent peers • truant from school and did not finish grade 9 	<ul style="list-style-type: none"> • ran away from residence many times • associated with delinquent peers some from residence • mom said "didn't work for him" 	<ul style="list-style-type: none"> • not as depressed now • more cooperative at home • mom less afraid of him now • has friends and social involvements • mom says "needs to improve social skills 16 and not in school" • still hangs out downtown 	<ul style="list-style-type: none"> • mom comments on substantial improvements in personal functioning and functioning in home • did not return to school • some lingering concerns about peer involvements • mom does not seem to attribute positive changes to involvement with residence
(2) O57	<ul style="list-style-type: none"> • learning difficulties and "very" ADHD • serious behaviour problems at school • breaking curfew at home • involved with delinquent peers • frequent involvement with police and courts • gifted at singing and theater 	<ul style="list-style-type: none"> • resisted program • involved with girl from program and delinquent activities: drugs, theft assault • arrested and charged 	<ul style="list-style-type: none"> • "still has monumental problems" • sentenced by court to 7 day secure custody on assault charges again • not in school • involved with delinquent peers • substance abuse 	<ul style="list-style-type: none"> • problems in every area worsened over the study period • not in school

Case	Before	During	After	Change Patterns
(3) O64 [limited information provided]	<ul style="list-style-type: none"> conflict at home ADHD diagnosis and acting out began at 4 or 5 years old 	<ul style="list-style-type: none"> enjoyed having him home on weekend "started thinking more about what he was doing" 	<ul style="list-style-type: none"> "not into hard core stuff" [e.g. drinking] "a good kid ... stays out of trouble" better with money now has court case "tomorrow" for car theft 	<ul style="list-style-type: none"> limited information and "suspect" data dad sees son behaving better now suggestion of continued involvement in delinquent activities and legal system
(4) O69	<ul style="list-style-type: none"> "did not consider herself part of the family difficulties and truant at school sexual "experimentation" with her brother "bed wetter" "overdosed on tylenol" hung out with foster kids who "knew the system" substance abuse conflict in her home 	<ul style="list-style-type: none"> "hated residence" "cooperated to a point" 	<ul style="list-style-type: none"> child says no benefit but mom sees some benefits living with boyfriend and had miscarriage substance abuse breast infection requiring surgery "from lifestyle" abusive in mom's home works at a gas station and is saving money not at school [in grade 11] mom says 'she's a wonderful person involved with Hell's Angles for a while [sex for money, drugs, alcohol] 	<ul style="list-style-type: none"> continued very serious behaviour problems for some time after residence not in school able to work and save money some recent behaviour improvements but continued substance abuse and conflict at home
(5) O75	<ul style="list-style-type: none"> verbally and physically abusive at home she was charged legally for assaulting mom 	<ul style="list-style-type: none"> initial difficulties in group home began to realize some of the time what she was doing wrong "extremely" abusive at home on the weekends ["good and bad weekends"] 	<ul style="list-style-type: none"> child does not care what she does wrong got better then worse giving grandmother where she lives a hard time [doesn't obey rules, takes off for days at a time] communicates better now better at observing limits at home 	<ul style="list-style-type: none"> initial improvements but no evidence of major changes to life style or behaviours some improvements in relations at home with mom no longer lives with mom no information about school involvement

Case	Before	During	After	Change Patterns
(6) O76	<ul style="list-style-type: none"> • violence with weapon leading to police and child welfare involvement • destructive, verbally abusive and “frightening” in home • first signs of ADHD in grade 4 • poor self image and bullied by peers • withdrawn and depressed and stayed at home a lot • repeated grade 7 • was in child psychiatric ward for a while 	<ul style="list-style-type: none"> • son 14 at time of interview and in care • less isolated • calmer and not as negative • brings lessons and skills home 		<ul style="list-style-type: none"> • improved personal and family relationship behaviours while in care • still in care • difficulties at school prior to entering care
(7) O86	<ul style="list-style-type: none"> • physical assault of parent • “very” disruptive at home • had trouble sleeping • involved with police who took him for a psychiatric assessment • stayed at Children’s Hospital a couple of times • some successful involvement in scouting 	<ul style="list-style-type: none"> • son refused to continue at residence after 3 months • assaulted parent on weekend stay • difficult weekend visits • “exhausting family” • “functioned well in really strict structures” 	<ul style="list-style-type: none"> • “presently shutting down and totally abusive” • assaults mom • going back to court for third time • saw several psychiatrists “a couple of weeks ago” 	<ul style="list-style-type: none"> • no evidence of any enduring improvements in personal functioning or family relationships • some improvements while in residential setting but not during home visits • no information about school

Case	Before	During	After	Change Patterns
(8) O94	<ul style="list-style-type: none"> • violence with weapon leading to police involvement • violent with siblings and very disruptive to family • substance abuse • fire setting • constant trouble at school: suspensions, failing academically 	<ul style="list-style-type: none"> • some violence towards staff • learned positive coping strategies which he used at home successfully 	<ul style="list-style-type: none"> • son "out of control now" • improved behaviour at home for a while • involved with delinquent peers • substance abuse • living on his own in unstable arrangements • parents refused his request to return home because he is "too dangerous" • first was ok in school then had problems; probably not attending 	<ul style="list-style-type: none"> • initial gains in residence dissipated until his behaviour is at least as bad as before residential care • problems in school
(9) O99	<ul style="list-style-type: none"> • violence with weapon when 12 leading to legal charges • conflict at home particularly with her partner • ADD diagnosis • behavioural and academic trouble in school • involved with "upset" peers 	<ul style="list-style-type: none"> • violence at residence was expelled for a time and ran away once • did well for a while then "stopped trying" • started hanging out with a tougher crowd • made friends with a younger neighbour child 	<ul style="list-style-type: none"> • "he messed up big time" • physically abusive to mom • substance abuse • re-arrested and "up on a charge now" • does not live at home: "left and walked out" • unstable living arrangements • refuse to attend school 	<ul style="list-style-type: none"> • no improvements during or after residential care • behaviours are at least as difficult as before residential care

Case	Before	During	After	Change Patterns
(10) O104	<ul style="list-style-type: none"> • escalating fights at school • enjoyed and good at sports but would withdraw if there were difficulties • substance abuse • 'hanging with the wrong crowd' • did well academically but had behaviour and truancy problems at school • arrested a number of times 	<ul style="list-style-type: none"> • ran away from residence for 10 days • "learned some bad habits from other kids" • home visits on weekends difficult in the beginning • some improvements after a while in the program • one arrest [police convinced him to return to care] leading to greater commitment afterwards • substance abuse 	<ul style="list-style-type: none"> • took some time to learn lessons from residential care • still applying the lessons at home but still needs more time • less disruptive at home • went on "costly rampage in neighbourhood" with other kids from residence • initially did well in special program but serious problems when shifted to regular program at school: "it was fatal" [unclear if still at school] 	<ul style="list-style-type: none"> • initial serious adjustment problems at residence but went better afterwards • mom sees some positive changes at home • one destructive rampage after leaving care • still serious problems at school
(11) O116	<ul style="list-style-type: none"> • "non-stop" disruption in family • trouble in school: school couldn't deal with him in grade 7 and sent him to a "special program which didn't work out" • involved with police and court for theft and vandalism 	<ul style="list-style-type: none"> • adapted to residential setting and started to like it • weekend visits home were difficult • child made unsubstantiated complaints to CAS 	<ul style="list-style-type: none"> • better relations with mom and less struggle at home • required residence assistance at home with some difficulties 	<ul style="list-style-type: none"> • Limited amount of data provided • child at home from residence only for a short time prior to interview • mom reports better relations with the child in the home • trouble at school prior to care • no information on school performance after care

Case	Before	During	After	Change Patterns
(12) O120	<ul style="list-style-type: none"> • child had anger problems • “out of control” • “weekly” behaviour problems at school • academic difficulties • stole a car and was charged at 13 	<ul style="list-style-type: none"> • “did not get a single thing from the 5 day program” • ran continuously from program until he was discharged • arrested while in 5 day program • home visits were “a challenge” 	<ul style="list-style-type: none"> • arrested and sent to 7 day secure custody • less power struggles at home after the 7 day secure custody • improved social skills after secure custody • still some bad days • doesn’t want more troubles with the law 	<ul style="list-style-type: none"> • negative behaviours escalated after residential care • arrested and placed in secure custody • some improvements after secure custody • school behaviour problems prior to care and no school information after leaving residential care
(13) O122	<ul style="list-style-type: none"> • conflict and “disrespect” at home • running from home for several days at a time • girl was “sexually promiscuous” • involved with delinquent peers • substance abuse • put in foster care by mom • ran from foster care to “down town streets” 	<ul style="list-style-type: none"> • ran repeatedly from residential care until she lost her bed • most of the time she was “gone” from residence • “one time disappeared for two months” 	<ul style="list-style-type: none"> • behaviours got worse “from being on the street” • living on the street at time of the interview • substance abuse leading to “a seizure” 	<ul style="list-style-type: none"> • no evidence of any positive change during or after being in residential care • escalation of problems after care • not in school

Case	Before	During	After	Change Patterns
(14) O127	<ul style="list-style-type: none"> • damaged home property • hurt sister and pets • threatened to “kill” mom; extreme violence in home • seen as “danger” to safety of sister and parents • medication “stopped working” • “cavities and partially deaf” when arrived at this foster home • theft and setting fires • multiple diagnoses: ADHD, FAS, bi-polar [his mom was bi-polar] • involved with police for theft • frequent fights at school • in psychiatric hospital for one month 	<ul style="list-style-type: none"> • limited data available • first home visits were “hell” • son called CAS to say he was being beaten [unsubstantiated] • damaged his room and needed to have lock on his door 	<ul style="list-style-type: none"> • very limited data available • child not at home and living on the street [“whereabouts unknown”] • “involved with street kids” 	<ul style="list-style-type: none"> • care takers prior to and after care were foster parents • behaviours as bad or worse after residential care • not in school

Case	Before	During	After	Change Patterns
(15) O138	<ul style="list-style-type: none"> • truant and struggles with mom over going to school when she was 14 • finished grade 8 • negative reaction to a friend's suicide • poor self care and personal hygiene • found "drunk and unconscious on train tracks" • charged with truancy at court but still did not attend • told CAS mom beat her [unsubstantiated] • mom thought she was "good with disabled children" 	<ul style="list-style-type: none"> • limited data available • stayed 3 months then wanted to attend regular school and refused to stay longer • "hated the experience ... mad as hell" • refusing to move back home 	<ul style="list-style-type: none"> • went to live with mom's brother for awhile • currently living with her boyfriend's sister's family • confrontation with parents and school principal over attending school and began skipping school again • started taking care of herself again and mom saw some of her old good traits coming back • relations better with mom • improved personal hygiene • at 17 she works part-time and doesn't attend school, trying home schooling 	<ul style="list-style-type: none"> • some indications of enduring positive change in daughter's self care and relations with her mom after residential care • did not live in her parent's home after leaving care • not in school • perhaps some transience in living arrangements after care

Table 2.2: CHILD OUTCOMES FOR YOUNGER COHORT [BEFORE, DURING AND AFTER RESIDENTIAL CARE]

Case	Before	During	After	Change Patterns
(1) Y61	<ul style="list-style-type: none"> • not sleeping and keeping family members awake • physical violence to mom and brother • instigator of conflict at home • on Ritalin • threats of self harm • theft and fighting outside of home • in CAS foster care for a while • school was "ok" 	<ul style="list-style-type: none"> • functioned well at residence • wanted to come home • son felt that he had accomplished a lot in the program • "really good" weekend visits 	<ul style="list-style-type: none"> • 14 years old and "drinks, uses drugs and smokes" • on legal charges for truancy • on probation for "breaking and entering" • behaviour improved when first came home then reverted to old ways 	<ul style="list-style-type: none"> • mom was very positive about son's changes while in residential care • behaviour improved when first came home from care • quickly reverted to old problem behaviours which escalated • serious problems at home and in the community • problems at school
(2) Y88	<ul style="list-style-type: none"> • very limited information • destructive of property at home • ADHD diagnosis • not paying attention and refusing to do homework at school 	<ul style="list-style-type: none"> • very limited information • hard to get him to do school work • became apparent he was unlikely to return home but go into care • some continuing behaviour problems 	<ul style="list-style-type: none"> • in CAS care and "he's a handful and a half" • "steals, breaks things, refuses to do school work" • "a high maintenance child" • lived with his father's sister; intended to be long term but he's going into foster care: "she had to give up on him" 	<ul style="list-style-type: none"> • no indication of enduring positive change either in residential care or afterwards • going into foster care after first out of home care arrangement broke down • difficulties with school

Case	Before	During	After	Change Patterns
(3) Y90	<ul style="list-style-type: none"> • sexual misconduct: "not safe with his sister" • "totally out of control: I couldn't handle him" • comprehension problems: "not reacting or learning" • social problems: "kicked out of summer camp" 	<ul style="list-style-type: none"> • very limited information • "felt like unfinished business, not a lot more they could do for him" • picking up some bad habits fro older kids 	<ul style="list-style-type: none"> • residential care helped him a lot, I think" • improved social skills and more responsible • "may never be a perfect child: still can be very frustrating, would need a 'special baby sitter" • sifter and more compliant • better academically but cannot be in regular school system [residence purchased a spot in special schooling for him] • "still cannot grasp a lot" 	<ul style="list-style-type: none"> • mom reports substantial and enduring positive changes in son's personal behaviours and functioning in the home • still clearly a special needs child with enduring challenges at home and in the community • in a "special" school program and still has comprehension problems
(4) Y103	<ul style="list-style-type: none"> • fighting and swearing at 4 years old • kicked out of "another" day camp: "had to be after 2 days • kicked out of day care at 3 years old • severe behaviour problems at school "calling me everyday to get son at school" • had few friends 	<ul style="list-style-type: none"> • limited information in residential care for 4 months • harder to manage "than house parent expected" • problems with the other kids 	<ul style="list-style-type: none"> • cannot be outside without supervision • fights with other kids • swearing and temper tantrums at home • few friends: "fights with them" • "today bit a teacher at summer camp in a rage" 	<ul style="list-style-type: none"> • no indication of enduring positive change • continued serious problems in home and community • problems with school

Case	Before	During	After	Change Patterns
(5) Y106	<ul style="list-style-type: none"> • threatened many times to kill mom and siblings • violence with weapon in home • terrified family members "couldn't sleep" • theft from neighbours and school [minor police involvement] • "scream the whole day and swear • weekly trouble at school • fire setting at school • in CAS care before residential care: "I couldn't take it any longer" 	<ul style="list-style-type: none"> • asked to be helper of younger kids • allowed to go on trips • very disruptive at grandmother's funeral early on in care [10 years old] 	<ul style="list-style-type: none"> • "40% of where he needs to be" • little more helpful at home • some understanding of his anger/less of a follower and less of a bully • doesn't live at home [no data on where he lives] • still disruptive of home and others • "says wishes mom had died instead of grandmother and mocks mom as a cripple" 	<ul style="list-style-type: none"> • some enduring but modest positive changes in child's personal behaviours and relations at home • lives in out of home care • continuing serious challenges at home and in the community • no information about school after care
(6) Y124	<ul style="list-style-type: none"> • violence in home: "head butted mom across room", attacked sister • constant conflict in home • can't stay in school: demolished the principal's office and attacked the principal • suspended 14 times from school • destroyed property when in a rage • on ritalin 	<ul style="list-style-type: none"> • limited information available in residence for 6 months • had to be restrained once • curfew issues during home visits 	<ul style="list-style-type: none"> • now 11 years old and strong and athletic • many things improved: relations within home, dealing with stress at school, social relations • took a year after care but home life better now • does well in scouts and athletics • doing better in grade 8: "improved reading skills" • still some challenges 	<ul style="list-style-type: none"> • after a year out of residential care his mother reports important and enduring changes at school, in social relations and at home • in regular grade 8 program

Case	Before	During	After	Change Patterns
(7) Y129	<ul style="list-style-type: none"> • physical violence towards mom • “totally out of control” • major temper tantrums in public places: “like a bomb waiting to explode” • “non-stop crying for 6 years ... couldn’t walk or talk until 4” • hurt other children; poor social relations • “hyperactive”, ADHD diagnosis [medication helped] • poor self image • disruptive and behind academically at school 	<ul style="list-style-type: none"> • limited information available • improvements after 3 or 4 months; mom optimistic • mom learned how to do some things at home [time out, hold her ground] 	<ul style="list-style-type: none"> • limited information available • been out of care for 3.5 years • “a remarkable child now” • “just a happy kid” • “love each other more and more everyday” • better reactions to people and more able to appropriately express her feelings • has temper tantrums if not kept busy: “on occasions uncontrollable and has to take medication” • has a positive friend for the past 5 years; more caring with friends • in grade 6 but functioning at grade 4 level • feels better about herself • still demanding: mom “never gets a day off” 	<ul style="list-style-type: none"> • mom describes many substantial and enduring positive changes in home relations, social relations and daughter’s self perception • still a demanding child to parent and some behaviour problems re-occur periodically • falling behind in her academic performance at school

Case	Before	During	After	Change Patterns
(8) Y133	<ul style="list-style-type: none"> • limit information available • aggression and lots of fights • big for his age and picked on by other kids • academic problems [particularly with math] and behaviour problems at school 	<ul style="list-style-type: none"> • “learned bad habits from other kids”: fire setting • ran away from care • mom not satisfied with his schooling in residence: “not pushed enough” • for a while, his aggression got worse • bad conflict in home during initial home visits • learned not to be physically aggressive 	<ul style="list-style-type: none"> • son feels better about himself • learned strategies to deal with his anger • improved social skills and relations • academics have fallen further behind • “aggression gone and into being social in grade 7” • enjoys involvement in sports now • more talkative and confident person 	<ul style="list-style-type: none"> • mom sees substantial and enduring positive changes for son in home relations, social involvements, feelings about himself and handling his anger • continuing problems in school: “falling further behind”
(9) Y134	<ul style="list-style-type: none"> • trouble verbalizing thoughts and emotions • very violent behaviour: threatened mom with weapon • violent in daycare [needed special supports] • hurt another child while in foster care • destroyed her room and others property • couldn’t take her out: “held us hostage” • on ritalin for ADHD • “bit her finger to the bone and went back to sleep” 	<ul style="list-style-type: none"> • no information available 	<ul style="list-style-type: none"> • started treatment process at 3 and is now turning 7 • very behind at school; repeating grade 1 • violent behaviour is still there and needs “24/7” supervision • now living in a group home and has made gains: “healthier, happier” • “still has a long way to go”; “still thinks can do anything to anyone” 	<ul style="list-style-type: none"> • moved from residential care into a structured group home environment • still has major behaviour problems • requiring “round the clock” supervision • major problems with school academics • no evidence of substantial enduring positive change in focal child’s functioning • mom sees her as a happier girl in the group home

Case	Before	During	After	Change Patterns
(10) Y135	<ul style="list-style-type: none"> “screamed in his room for 11 hours” tried to physically hurt his mom managed well in scouts Tourette’s diagnosis: “always a bit hyper” threatened to hurt himself mom called to school every week because of son’s behaviour problems: suspended many times “developmentally disabled” 	<ul style="list-style-type: none"> did better in residence school and did his homework without “me having to bug him” [during home visits] had more confidence in his school work had some friends his own age good home visits picked up some bad habits from older kids 	<ul style="list-style-type: none"> 11 years old at time of the interview “harder to manage now that he is older” verbally abusive at home: “can’t deal with him much” “can’t trust him to be by himself” “always a dull roar” fights with his sibling “ a chronic liar and steals” Tourette’s causes him to mimic things [e.g. violence on television] does well in scouting program and used to be in soccer “in grade 6 but doing grade 2 work” 	<ul style="list-style-type: none"> benefits seen by mom while he was in care no clear indication of enduring and substantial changes in son’s behaviour after residential care continuing serious school problems Tourette’s behaviour problems continue and becoming harder to manage as he get older
(11) Y137 [respondent was his foster mother]	<ul style="list-style-type: none"> “hostile attitude” physical violence towards sister and outside of home suspended from school suspicion of sexual “problems” with one sister son didn’t want to be with her as parent in CAS care 	<ul style="list-style-type: none"> no data available in residential care for 6-8 months 	<ul style="list-style-type: none"> limited data available “still the same as when he went into residential care” “gets mad and pounds the walls same as before but not as often” “still has ‘issues’ with his 8 year old sister tries to control his anger: “not hitting as much as before” 	<ul style="list-style-type: none"> while there has been some reduction in the frequency of problem behaviours, the impression is that his problem behaviours continue much the same as before residential care no information about school involvement after leaving residential care continues to live in a foster home

Case	Before	During	After	Change Patterns
(12) Y139	<ul style="list-style-type: none"> • violence with weapon in home: "stabbed 3 people" • physical assaults on mom and sisters: "terrorized family" • displayed aggressive behaviour at grade 3 • "sick with asthma when young and wouldn't bond with mom" • couldn't express his feelings • completely shut down at school: "couldn't count to 10 at age 7" • "acted out physically at school and was punished" • "refused to do school work" 	<ul style="list-style-type: none"> • limited information available • "at first awful ... all he did was cry" • learned more about how to deal with his feelings • "his self esteem went soaring" 	<ul style="list-style-type: none"> • now lives with his grandparents and dad • home life is better with son not there • better relations between son and mom with son living elsewhere • "talks all the time ... things blurt out like Tourette's" • "he can cry now, never used to cry" • held back a year in school; "going into grade 4 and still can't read or write that well" • "sometimes reverts back to old behaviours" • mom "fears school being too hard and him reverting back ... that would be deadly" • "willing to read things now on the computer" 	<ul style="list-style-type: none"> • positive change for focal child with a more supportive living arrangement where he is the only child with three adults • some positive changes in focal child's relations with mom, access and control of his emotions and less violent/aggressive behaviours • continued academic problems at school • mom worried about consequences of his not making it at school, will he revert back to old behaviours

Case	Before	During	After	Change Patterns
(13) Y140	no information available	no information available	<ul style="list-style-type: none"> • information provided by foster mother where child is living after residential care • boy was "highly destructive when he came to their home • losing gains he made in residence • went through a lot of "emotional stuff" with his mom "not feeling committed" • in local "regular" school with a one-on-one worker, has good and bad days • a bright boy who's way behind academically • hard for him to realize his classmates knew more than him • has very poor self esteem and takes risks: "I don't care" • be really good for a couple of days then "one thing after another for several days" • "set fires and stuff" when he first came to their home • "this boy has a lot of sexual issues" • had to cut off visits with his mom and step dad • "He loves [his mom], wants to be with her, but he's mad. She's rejected him." 	

Case	Before	During	After	Change Patterns
(14) Y93	<ul style="list-style-type: none"> • very limited information available • “very abusive towards me [mom]” • “gets very angry” 	<ul style="list-style-type: none"> • no information available 	<ul style="list-style-type: none"> • lives in foster care • “visits are pleasant if he is on his medication” : more polite, cooperative, less aggressive • still abusive towards mom 	<ul style="list-style-type: none"> • son lives in long term foster care • some improvement in his behaviour during home visits; “if on his medication” • no clear indication of substantial and enduring changes in son’s behaviours • some improvements within a context of continuing challenges • no information about school performance

Child Functioning Prior to Residential Care

Violence: About half of the parents of the older cohort children in residential care talked about instances of violence by the focal child prior to entering care. The most common targets of the violence in these accounts were the mother and siblings of the focal child. Violence towards peers was described in three stories. The overt and dangerous nature of some of the violence is striking: a knife was used to attack in four stories and threats to kill were made in five stories.

For example:

Last year when [son] was really sick, he became violent too and there was a lot of problems....That was the first defiance, I don't want to go to school, I don't wanna be in grade 7. but we kind of kept moving forward, but he pulled a knife on me in the kitchen and I called the police and at that point they said you gotta get some help. [O76]

Getting into scraps at school. Either him getting hurt or him hurting someone else. So it started to escalate during this period of time. [O104]

he'd break the furniture, put holes in the walls, hurting my animals as to where up until a month ago I had to have one of my animals destroyed because of the child ... How he used to try and hurt the young one... I would see (son) how he would hurt (daughter #2) and he had once took her head and banged it up against the table and she lost all her teeth... That he was going to kill me because he had threatened me many of times... But then he started to get older and the medication stopped helping and he started to get more violent ...he started to physically lash out at me... [O127]

he had a friend down and he was upset with the friend and he pulled a knife and I called the police... [O55]

she was very abusive. Verbally abusive, started to get physically abusive. I had to lay charges and stuff like that. [O75]

[son1] pulled a knife on me once and I was just terribly a mess... he stuck a stick in a hair spray can and the cops were chasing him and this can blew up in a cop's face and the cop ended up in the hospital. Things like that. That's nasty... [son1] had to watch the kids, [son3] had bruises on his back, [son1] threw him down the stairs because he was being nasty, It just went on and on and on.[O94]

when he realized he was losing, he took out this knife, and he said if you hit me one more time, I'll kill you. And (son) was only 12 years old.... [O99]

The first time [son went to residence], the only thing that was helpful was that he was there during the week, and he gave me a break, honestly. That was the only thing, because...it wasn't as stressful for him on Sunday's, it was stressful for me. Because I knew on Monday morning's, it would be a physical...like, you know, I was being assaulted almost every Monday ... [O86]

Slightly more than half of the older cohort parents indicated that the focal child had been involved with the police and/or courts prior to entering residential care. Indeed in many of these instances, court involvement was an immediate precursor or catalyst for gaining access to a residential bed. Assault, theft and truancy were the most common reasons for these legal entanglements:

Actually we couldn't find him for an hour and it was probably the worst moment of my life, he did come back to the office and the police were waiting for him and they handcuffed him. That was pretty hard. That was a tough one but I knew it was the right thing to do. [O76]

It went on to he was bringing home articles that were stolen, it was always someone else's fault and not his. Then he started to get in trouble with fires. When it was the stealing we had called in the police... [O127]

Then I started having to go to court for her for truancy, she got charged with truancy. Charged. This day and age charged for truancy because not only did she not go even after she was told, then she was threatened with being charged, then she still didn't go. [O138]

He's got I think like 15 charges that he's yeah. And he doesn't think that's all that bad. [O157]

She was very abusive. Verbally abusive, started to get physically abusive. I had to lay charges and stuff like that. [O75]

The police was called, and he was charged. Because, (son) is so out of control, he lost this fight, he's not the big man... He had a big knife that he got from grandma's house. [O99]

I kept calling the police because he was being brought home for destroying a house that was being built with other children, stealing cigarettes off of people's property. He had to go to court for that because he was charged with theft under 500 dollars. [O116]

He had run away and when I got home I couldn't make him come home. After they're 12 years old, you can't make them come home but he was out with his friends one night and they stole a car and he got a charge out of it. [O120]

To our surprise, parents described a marginally higher proportion [66%] of the younger children in residential care engaging in overt acts of violence than the parents of the older children. Equally striking was the intensity of the violence given the relatively young age of the children involved. A major difference is that the violence led to police involvement in only one case, likely due to the young age of these children. Parents of younger cohort children talked about this violence in greater length and with more intensity than the older cohort parents. This may be because more of this violence took place within the home. The dominant impression is that mothers and other family members did not feel safe in their own homes. These stories tell of physical assaults and sexual "inappropriateness", the use of weapons and threats to kill. Targets of this violence included parents, siblings and peers, often at school. This level of violence created great pressure on the families and made maintaining the focal child at home increasingly untenable:

There was problems sexually, yes, that's the right word I believe with him. There was some incidences. I didn't feel that it was really safe for him to be at home with his sister. [Y90]

No, you're not going out, yes I am, whatever. And um...he head butted me, and drove me across the floor, and (Okay), um...nearly broke my nose.... Everything is going downhill. He can't stay in school, I mean...the last...towards the end. Well, the last time he got suspended was...he literally demolished the principal's office, and ripped the blinds off the window, and beat the principal with them. [Y124]

There were a couple times when she attacked me and would bite me ...She'd see me cry and to her it was funny at the time, to someone else hurt. [Y129]

he had a lot of aggressive problems and even at that young age he was hitting me and hitting other people and getting into a lot of fights and being physically aggressive ... [Y133]

Violent and destructive. She would hit, kick, punch. Pick up chairs and throw them at people, push children and bite children, staff at daycare. ... And then she started threatening me and standing by the bed with scissors and that's why the room was being locked, a number of different things and it got really, really bad just this past year ... [Y134]

He was kicking kids at school, he tried to strangle one kid. He locked himself in the locker, he was banging his head on the wall. Beating his sister up, doing this that swearing and everything. ... Because he would think nothing of coming up to his sister and punching her with his full fist. ... [Y137]

He was endangering his sisters. He was physically attacking them. He was physically attacking me. He would hold us hostage at times. He would gather up things. Whatever he could find. A golf club or whatever, and he would just...he would hold us hostage. This little boy. If you went anywhere near him to unarm him, he wouldn't hesitate to throw things. I broke my nose, I had multiple bruises and he was not good. ... Because he had already stabbed three people. That was a pretty good indication. ... He was so violent. The twins used to lock themselves in their bedroom. I had to put a lock on their room. He would find anything he could and he would go into these rages and I mean, he wouldn't hesitate I mean, they got beat into a pulp. And I'd go in to save them and I'd get injured. [Y139]

He had threatened to kill me, numerous times. Ah, I stayed here. And um...he had told me that...be careful, one of these nights, I'm gonna come down. I'm gonna get a knife from the kitchen and stab you. And then I'm gonna go and kill ah, his brother and sister. And I said, well, I can hear him walking. And he said, I'm gonna be so quiet, you'd never hear me. Like, this kid is ... He came after me, you know, the big soup cans, the 28 oz. cans of ah...soups? He came after me with a can, and was going to literally hit me in the head with it, if I hadn't stopped him from that. [Y106]

Family conflict: About 65% of the older cohort stories emphasized abusive and intimidating behaviours by the focal child towards other family members. Parents described

threats, intimidation and physical violence directed towards themselves and others in the home. Parents talked about destruction of property in the home and their inability to have the focal child follow family “rules” or go to school. The fear felt by these parents was palpable as was the level of disruption of family and parental life described. Parents feeling a loss of control and ability to manage the situation were common threads running through these stories. Several stories paint a portrait of the never ending pressure on the family from living with the focal child. There was an image of the parents and the family wearing down as the behaviour escalated over time:

Because he’s been really, really, really mean and scary. And there was a time that we were scared of him in this home. It was not a safe place.... He would spit on me, he would call me names, he would call me at work and threaten to pee all over my bed. He dumped baby powder all over my carpet one day, he dumped stuff on the floor in the kitchen. Name calling, verbal abuse, and it was like he was just so angry and so a mess. And of course [daughter] and I lost any sense of safety in our home. ... [O76]

AWOL. I’d I’d find her, take her back, then it got to the point where I, I would find her and she didn’t want to come with me, so they wouldn’t let her go with me and I’m like, I don’t give a shit what you say, I’m her father, she’s 12 years old. [O122]

I remember one day, my nerves were really, really bad I was crying, I was shaking, the boy had smashed everything, he had no more bed. The girls were crying “Mummy, please do something” ... Then with the fire, I was scared of that, so we ended up putting an alarm system right outside his bedroom door, in case. And then we used to more or less pat him down when he came in the house to see that he didn’t have any articles on him when he came home. ... one night, my husband went in to go after him for doing something and (son) ended up pushing on the wall unit that was dividing his room and (daughter #1)’s room and the wall unit went crashing ... [O127]

I go right into the bathroom at Tim Horton’s and I drag her out and said you’re going to school. I’ve got her by the arm and get her out there and she starts kicking and punching. Punching and kicking me and swearing at me. ... [O138]

He was causing a lot of friction here at home. ... We did need breathing space, cause he was causing so many problems here at home, that it was rubbing off on us. ... [O64]

She rejects the fact that she is a sibling here that is loved the same as all the others. She won't believe that. ... she would throw things, she would yell and scream and swear at us and she would not be part of family dinners or, you know, supptime. She would lock herself in her room. She'd spend hours and hours and hours on the phone. We could not enforce bed times very well. She'd, you know, take off with her friends as much as she could and spend time and always come back worse for wear. Our older kids did not want to bring friends home at that point anymore because they never knew what was going to be happening at home, what kind of explosions were going to greet them and they were embarrassed by the loud yelling and screaming that would be happening out of the blue suddenly. ... [sexual experimentation incident involving daughter and her brother when daughter was 8 years old] ... may have been initiated by her. The brother would not accuse her and he claims he doesn't remember a whole lot but he's been one of her best friends ... [O69]

She was very abusive. Verbally abusive, started to get physically abusive. I had to lay charges and stuff like that. ... She was very abusive, she would ah...be very abusive to me. Ah...more verbally than anything. She would be swearing at me, and I'd do home child care ... [O75]

I'm trying to handle this kid who was just off the wall ... [son1] had to watch the kids, [son3] had bruises on his back, [son1] threw him down the stairs because he was being nasty, It just went on and on and on. ... [O94]

I was at school, every meeting, had him in counseling, did everything I could. But he'd go to grandma's, and it would all be blown away...(son) was in grade 8, and ... Him and (partner) in grade 8, was the worst year here. The cops were here twice. She sent the police over, cause (son) was screaming on the phone, oh, they're hurting me, they're killing me. He was always over-dramatic, like, freak out, and grandma would play into it. ... And not listening to (partner), and challenging (partner), and (partner) is saying, you have to listen to me. [O99]

And I mean all day long I was dealing with all of this and I mean (son #1) wouldn't listen to me and he'd be mouthy with me and all this stuff so it was really hard on me. [...] In the summer time there last summer when I lost babysitters because of his attitude so people wouldn't come baby-sit for me no more, I mean it was it was awful. [O116]

I had had it. If you're going through a lot of turmoil, and it's going on weeks...week after week after week, and often, you know, with these kids, when they're uh...in an elevated state, and they're...you know. Like, manic, they're not sleeping, and neither...you're not getting any sleep. And it's just constant chaos. And, it's just...it drains you ... [O86]

Almost every younger cohort parent [92%] talked about the extreme consequences the focal child's behaviour was having on their family. This higher proportion could be explained by the home being more of a focus for the younger children's actions than for teenage children who were out of the home more often. These stories are of parents and siblings feeling "terrorized" and "held hostage" by the focal child. Physical attacks, extreme temper tantrums and rages were common themes, as were destruction of property and threats against safety. The sense is that family members did not feel safe at home when the focal child was there. A related story line is the exaggerated level of energy and time required from parents to manage the aggression and the energy of these children:

I couldn't handle him. He was totally out of control. There was problems sexually, yes, that's the right word I believe with him. There was some incidences. I didn't feel that it was really safe for him to be at home with his sister. [Y90]

...his mood swings, eating habits, weight loss and his sleeping, he wasn't sleeping so basically if he's not sleep you're not going to sleep. [...] I was scared because I thought you know he would hurt me, I thought he would hurt his little brother. [Y61]

He would know exactly what would tick me off, and just...you know? Send me to the roof. [...] ...he was too busy fighting me. And I was too busy, trying to grab on to him, to get control... [...] ...before he would go into a rage, and he would take whatever, and he would literally beat it to shreds. [...] ...it's very disconcerting to deal with that. ... Well, that's my son. I felt like killing him, yes ... [Y124]

She was totally out of control. She was in a place where she thought she was the mother and I was the daughter and how to deal with that I had no idea what to do, right from wrong, whether I was doing it right or what I was doing wrong ... For a whole year and a half, I couldn't take her in public places [because daughter had temper tantrums]. [Y129]

I was having to use pretty extreme measures with her. Her door was locked every night and when she would fly into that kind of rage, restraining her wouldn't do any good so it was okay, we need to give her time in her room. It's her room, if she destroys it oh, well, you know, and she would. She would destroy it. She'd put holes in the wall. ... I'd go into the bathroom, everything was on the floor, the baby oil, the baby powder, the this, the that. And I was so drained that I didn't even have any energy to get angry about it. ... We'd have to stop and come home so we began not going anywhere at all. So, basically she held us hostage in our own house. ... And then she started threatening me and standing by the bed with scissors ... [Y134]

He screamed for 11 hours. ... He's getting bigger and harder to manage. Like he would do things like he stands at the top of the stairs and he'll spit on me as I'm walking down. He would do things like he would be mad at me so he would put things on the stairs to try and make me slip and fall. [Y135]

He used to tease his sister, which wasn't nice, saying to his sister that we didn't want her but we wanted him. ... Every time he would visit his family he would come back hostile. He was kicking kids at school, he tried to strangle one kid. He locked himself in the locker, he was banging his head on the wall. Beating his sister up, doing this that swearing and everything. ... [Y137]

He would hold us hostage. This little boy. If you went anywhere near him to unarm him, he wouldn't hesitate to throw things. I broke my nose, I had multiple bruises and he was not good. ... [Y139]

To this day he's very abusive toward me. He gets angry ... when he was at home ... [Y93]

I would never sleep, when he was upstairs. I was so scared he was going to beat up on (son), or...pull through his threat of killing (daughter). [Y106]

Personal functioning: About half of the older cohort parents talked about “anti-social” and delinquent behaviours by the focal child including hanging out with delinquent peers, running away from home [sometimes “living on the street”], not going to school, substance abuse as well as aggression and violence. Several stories told of depression and social withdrawal of the focal child. Others talked about deterioration in the personal hygiene of focal children along with concerns for their safety. Five parents made a point of talking about the talents, potential and

positive traits of their child. Integrating themes for these parent's perceptions of the focal children's personal functioning might be out of control and being a danger to themselves:

A broken kid, overweight, unhealthy, a high anxiety, stress, afraid to take any risks. It's just so sad because he didn't used to be like that. He became a different kid. It's heartbreaking really. To see a child that's bright and had friends and was social.... [O76]

Through the latter half of '98 and the first half of '99, [son1] began more substance abuse types of issues. Hanging with the wrong crowd, being in the wrong place at the wrong time. [O104]

She kept running away from the foster home, um, and she found the streets of downtown Kitchener and she went from the foster home to [the] receiving home, as they couldn't handle her anymore in the foster home. ... So she kept running away. She found the streets, started hanging around the wrong people, started doing drugs, drinking and partying ... [O122]

She wasn't going to school. She was skipping. All of the sudden the clothes were all baggy and she just she looked like dirt all the time. She really looked awful and didn't care about her appearance. Like she just wasn't (daughter #1) anymore. ... [O138]

(Son #6) was going through a lot of depression and he didn't want to go to school, he didn't want to do nothing. He's a boy and he wanted to play video games or play magic cards I guess it was called and that was his life. You know, he never left the house. ... And he had a Satanic Bible and all this crap too. ... when he got into the gothic thing he had a bit more, you know, of a dark side ... [O55]

Like I think (son) is very ADHD, very hyper, can't sit still, can't be alone, very much a part of his problem ... He started going out and not coming home like when he was 12 but you know, until ten or 11 o'clock and I would be out just hunting for him ... [O57]

It started I suppose when her schoolwork dropped off and she wasn't doing well at school. Her personal habits, her personal hygiene I felt wasn't up to par at all. She would do things like shave her head, dress, you know, very flamboyantly. ... She didn't come home. At one point we called the police because she disappeared. We had absolutely no idea where she was. She packed her bags and took the bike and left home. She overdosed on Tylenol and came and told me and we rushed her to emergency. .. [O69]

All of the younger cohort parents talked about the struggle to cope with the personal functioning challenges of their focal children. Many of these parents noticed that something was different observing behaviour problems at a young age. Younger cohort parents talked about hyperactivity and prolonged bouts of angry, aggressive and even violent behaviours, along with the use of medication for the focal child to control these behaviours. Much of these misbehaviours occurred within the family home, although conflict and fights with peers and difficulties at school were also common. Several parents suggested that their child could not express anger and other emotions except through aggressive and violent behaviours. A common refrain in many of these stories is expressed by one parent as “waiting for a bomb to explode”:

He couldn't comprehend anything. He just didn't act and behave like I guess if you want your normal child. ...I'd work with him and I'd do things with him but I still knew that there just wasn't he wasn't reacting. You know how kids view T.V. shows and they pick up on alphabets and numbers and he just wasn't doing any of that ... [Y90]

The one day my husband was driving somewhere and oldest boy went right up, like he parked, went right up and hit his dad's windshield with his hand. It was like a joke. ... He would basically hurt himself. He would say things that you know he didn't want to live any more ... [Y61]

She was non-stop crying for six years ... she couldn't talk or walk until she was four years old, so that kind of (unclear). Now she's a couple years behind. She had to have tubes put in her ears and speech therapy and everything for years. It was really hard. ... It's [medication] been helpful. It's changed her about 80%. She was uncontrollable, did things erratically. Wouldn't really know what she's done until she's done it. ... Before she went in there it was like a bomb ready to explode. Her feelings, she didn't know how to express and she was very reactive in a negative way. ... [Y129]

He was always a bit hyper more so... He used to scream a lot whenever he didn't get his own way ... He screamed for 11 hours ... (son) used to talk about killing himself because he hated himself. He even took a knife and said I'm going to cut the Tourettes out of my brain, ... [Y135]

When he was four and he was sick right away with asthma and um, he just wouldn't sleep at the night. He wouldn't really bond with me, he wouldn't talk or even look at any other adult. He clung very much to his dad. ... [son], who wouldn't sleep through the night, very colicky and couldn't get his sleeping patterns straight, and by the time he was three, had started to really display aggressive behaviour, really aggressive ... was a danger to others and to himself ... he could not learn ... could not read or write. Couldn't verbalize things ... [Y139]

This kid was three years old and reading books ... he was a very bright child. ... But...he just didn't know how to handle the bad from the good. ... he'd scream at you the whole day. Non-stop, and I mean it ... all the nasty words that he was saying ... [Y106]

School: About two-thirds of the older cohort parents talked about their focal child's school problems. The portrait was quite similar across stories: acting out in the classroom and with teachers and peers, irregular or no attendance, and academic failures. Suspensions, expulsions and grade failures were the norm in these stories. There was an image of problems escalating during transition to middle or high school. Perhaps such transitions are high risk times for these youth as well as harbingers of long term difficulties as they enter adulthood without finishing high school. There also could be a connection between these school "failures" and the relatively high proportion of focal children in these stories drawn to "a life on the streets". Whatever the specific antecedents and consequences, these narratives dramatically emphasize the importance of paying attention to the "success" of the school experiences of these children:

He went to grade 7 with an extremely negative attitude. ... And that was the beginning of grade 7 so he went and he was tough and he finally, school behaviour was becoming worse and all those last 4 years I was told he was the brightest kid in the class. ...he failed grade 7 and I didn't tell him until about August cause I couldn't, and when his dad came in and we both sat down with him and told him he had to repeat grade 7 and he sat and cried. He was devastated. ... [O76]

School for him, academically, he did very well. He does do very well when he's there and can focus on it. But during that time, he developed a habit and a pattern of running from school, going AWOL, disrupting things in class or during any programs. He had a lot of difficulty focusing, ...It was challenging to try to be a

mother and go to work and fulfil your duties there and have a school that's calling a number of times each day. [O104]

She would get on the bus and go to school everyday because it was a ride into [town] ... This day and age charged for truancy because not only did she not go even after she was told, then she was threatened with being charged, then she still didn't go. Then she was charged and then she still didn't go. ... [O138]

I went through a number of years with the school of having a hard time getting him to school. ... He was a little slow, you know, like as far as they figured he was slow. Like he's smart ...a very smart child. ... he did go into grade nine but he didn't finish it ... he was still under 16. He was supposed to be attending school ... [O55]

So the school was calling me 2 or 3 times a week, he's not doing his work, he's swearing in class, he's making a spectacle of himself. We'd rather you take him at home and he was here. They'd suspend him or expel him or whatever for so many days and he'd come home and have a great time. [O94]

The behaviour is just so disturbing to the class. And they didn't have a class...special, for kids with A.D.D that would be just not distracting the rest of the class. So (son) spent the majority of his time outside of the class by himself ... [O99]

When he was in grade seven and then they couldn't deal with him any more there so he was sent to [institution] to go to school there in a special program. And then that didn't work out. I pulled him out of that ... [O116]

About 80% of the younger cohort parents' anecdotes highlighted their focal child's difficulties in school. A clear portrait emerges from these stories of children failing seriously in their schooling to the point that staying connected with the "regular" school system seemed impossible. Many of these parents pointed to serious impediments to their child's learning as well as to significant behaviour problems at school. Suspensions from school were commonplace. Also noteworthy is the early age at which many of these challenges emerged in some narratives. As with the older cohort children, these tales raise concern about future prospects for these children as they confront the dual challenges of adolescence and middle/high school. It is unclear

whether the early emergence of these problems is an advantage [because of earlier access to assistance] or a predictor of even more serious challenges ahead. As with the older children, these data stress the importance of attention being given to the school “success” of these children:

He had been suspended fourteen times. ... Everything is going downhill. He can't stay in school, I mean...the last...towards the end. Well, the last time he got suspended was...he literally demolished the principal's office, and ripped the blinds off the window, and beat the principal with them. ... [Y124]

Basically her temper and her behaviour was affecting her school work ... disrupting the school, calling names, throwing things. Wouldn't pay attention, hard to handle ... Before it had to be just me to help her and she'd give up and I'd persuade her and push her and I'd say you can do it too and she'd come home crying because her friends could read and she couldn't and it took about three years where she could pronounce sentences and stuff ... [Y129]

As far as academics he was at the same level, below in some areas like the math area, where he struggled to grasp the concepts of grade three ... when he started school, the struggle continued ... he'd do a bit of bullying in the class, bugging kids for no reason. ... [Y133]

Then he went back [to school] full time in grade four but I got like a phone call every week and grade five was the same thing. He was suspended ... at least every other week ... when he went in back to school, he was ahead of all the other class but then they said he was developmentally disabled and he went right down ... [Y135]

He completely shut down at school. He couldn't count to ten, even when he was at seven. He still couldn't count to ten. He couldn't do the alphabet, he couldn't spell his name ... And school again was like you know, “he's a real behavioural challenge”. And he spent so much time in the principal's office and I was getting really really angry, because you don't punish somebody who has a disability ... [Y139]

They'd phone me at work and say come and get him, and I'd think, okay, now I'm here. I don't know any more than you guys do. He's in the middle of a rage, what do you want me to do? ... Just cause I'm the parent, doesn't mean that I can figure it out either ... [Y103]

Social involvements and substance abuse: In addition to the struggles with peers noted earlier, one third of the older cohort stories highlighted that the focal child was drawn to and

associated frequently with “delinquent” peers and “street kids”. Similarly, five parents said that the focal child was at least “experimenting” with drugs and alcohol as part of an increasing alienation from school and family. Not surprisingly, some parents talked about their child’s involvements with social services, mainly psychiatric services and Children’s Aid Societies. The parents of younger cohort children involved with residential care also emphasized the struggles their children had relating to friends and peers. However, given the young age of these children, these parents did not talk about these children’s involvement with delinquent peers nor substance abuse. A sub-text which may merit additional investigation is that, in the midst of all of this turmoil, several parents talked about their child having some success at participating in scouts and organized sports.

Overall comments: There is a great deal of similarity in the portraits of older and younger cohort focal children before they entered residential care. The clear impression is of children who could no longer safely be contained by their families, their schools, or by accessible social services. Families felt overwhelmed and frightened by the behaviour of these children. Children were failing academically and having relationship problems with peers and school officials. “Extreme” levels of aggression and violence by the focal children characterized 50% - 60% of the stories. The high levels of energy coupled with the challenging behaviours of the focal children wore down parents. According to the parents’ understanding , the diagnosis of ADHD was common for both groups.

There are some clear differences between the two populations. Only the older cohort children were involved with the courts and substance abuse. Also, more of the older cohort’s children’s violence and delinquent behaviour was focused outside the home (on peers and at school). As well, these older children were more likely to be running over night from home and

other care arrangements. On the other hand, the acting out of the younger children was more concentrated on their immediate families creating a tone of even higher levels of frustration and urgency in seeking help in these stories, compounded perhaps by parental expectation that they should be able to manage a 7 or 8 year old child. School “failures” emerged as an extremely critical immediate and long term concern for both groups of children.

Child Functioning During Residential Care

The data from parents about the focal child’s functioning while in residential care provided little descriptive detail suggesting caution in interpreting these findings. Nonetheless, there were some clear differences between older and younger cohort parents’ perceptions of their child’s experiences in residential care.

Sixty percent of the older cohort parents saw modest or no positive improvements in the focal child’s functioning while in residential care. Five parents talked about their child running away, sometimes repeatedly, from residential care and four parents mentioned that their child did not stay as long in the program as desired by program staff. Only three parents talked mainly about positive changes in their child’s functioning during the placement, while five noted some positive changes coupled with enduring child functioning challenges. Five parents indicated that initially home visits by the focal child were challenging, in particular getting the child to return to residential care on Monday morning. Nine parents described their child’s initial resistance to the program, in several stories a continuing and “effective” resistance. A few commented on the focal child’s dislike of the residential care experience:

The first couple of weeks and they have to press the issues to make the behaviours come out. Well boy did they ever. Stuff was really accelerating right up until that February and it was to the point where I could not manage him at home. He was coming home, even in the residence program, initially he was coming home one night a week and weekends and that was just unbelievable. Weekends were still

horrendous. ... So we started to have an improvement in the whole scenario probably just around the middle of May. This was kind of an extreme situation prior to him going in September. ... the police were here, they did convince him, you know, he was abusing alcohol and drugs, and they did convince him that it would be best for him to go back to [residential care] ... [O104]

They suggested, like a five day program where she would be at [the residence] for five days and come home with me on the weekends. That went for a while and then she just started taking off from there too. And finally, she was there for a while and she took off, brought her back, she took off again, brought her back, then she took off again, then her bed was given up, and that was it. ... [O122]

We had kind of figured she would stay until January but (daughter) was determined. Like she wasn't cooperating anymore because she wanted to go to [a particular school]. ... Hated it. Hated it. Was mad as hell. [O138]

I was disappointed that it didn't work for him. You know, more than anything else because it was my last hope because, you know, nothing else seemed to work. ... he didn't even last whatever the time frame was, he was out of there before that ... [O55]

She hated it. She felt that she didn't belong there, that she wasn't into and it's true. She wasn't as messed up or as into the trouble with the law and stuff that other kids there were. She had her eyes opened somewhat in what living with some of these kids is like. ... She cooperated up to a point and then and then she built a wall and decided that wasn't for her. ... [O69]

They had the right to bodily restrain them, he swung at the girl that gave him authority to do dishes. He swung at her and they had to bodily restrain him which made him angry ... It was great in [residence]. He had a lot of positive strategies but the counselling part of it sucked. ... Because he, instead of attacking the main issue, which was the anger part of it, she, there was issues. It was always an issue ... The next issue was him and his girlfriend had a fight and they had sex and now she thinks she's pregnant. It was always an issue. ... [O94]

But this one that he bonded with, come on the ship, she could get (son) to do anything. And that helped them. Name was coming, Name would do special things with him. Name would say, okay, if you make it through English class today, we can play a game of checkers later. And, (son) would make it through English class that day. But other days, no ... [residence] turned out okay. Reluctant at first, pull and tug. They even kicked him out of there. They even called the cops on him there. ... He threatened to punch one of the workers out ... one time (son) ran

away. ... When he was at the top, it was all over for my (son). That's it. I'm where I am. And instead of maintaining that, right back friggin' down. ... It wasn't challenging enough for him. It wasn't...motivating enough for him. [O99]

Afterwards once he was there for a bit and everything he adapted to it and he started to like it and then I had problems with (son #1), he would come home on the weekends and he would give me a really hard time and he was doing what he wanted to do and stuff like that and he would go back to [residence] and tell [them] I was I was beating him on the weekend with sticks and stuff like that ... [O116]

And eventually he was discharged from this program because he AWOL'ed once too many times. [O120]

He was there without consent for three months, until he refused to go anymore. And... I got tired of fighting every Monday morning, to get him back there. ... he didn't make a lot of strides, really. It's just that when he's contained in that environment. He...seems to function pretty well... when he was there, he would take his medications. When he was home, he wouldn't. [O86]

The types of positive changes older cohort parents noticed in their children while they were in care included becoming calmer, improved social relations, improved personal hygiene, greater acceptance of rules at home and improved coping strategies at home. Four parents talked about improved relations with the focal child during home visits while in care. The general tone was of "good and bad" days with positive changes interspersed with continuing challenges. One third of these parents talked about quite serious behaviour problems for the focal child while in care including running away from home/care, delinquent or criminal actions and substance abuse. Of particular note is that three parents talked about their focal children becoming involved in delinquent activities with children they met at the residence.

The younger cohort parents were much more positive about their child's functioning while in residential care. Eighty percent of the parents who provided data on this time period pointed to positive changes for the focal child while in care, with 50% of parents talking mostly about positive changes for the focal child. Sixty percent of parents use positive language in describing

these changes which suggests that, for them, these were welcome and major changes in their child's functioning. Thirty percent of parents saw little or no positive change for the focal child while in care. A particular point of contrast with the older cohort children is that only one child ran away from the residence while in care and no parent talked about their child leaving care before program staff desired. This is probably a function of the younger age of the children involved.

Positive comments by younger cohort parents about their children included settling down in the residential environment, cooperating with service providers, learning new skills and showing improved coping behaviours, improved school performance [at the residential school], more control over emotions and improved self esteem. Parents also mentioned good weekend visits [though not without periodic challenges], their improved ability to exercise parental control and less conflict at home. Only one parent [Y103] talked about their child having major problems adjusting to the residential setting. Notwithstanding these benefits, three parents worried about what would happen when the child returned home or whether the child would be able to return home at all:

Sometimes it kind of felt like it was unfinished but I really don't know what was unfinished. ... he was the youngest there and yes, he's going to take on all those bad habits and because of his problem, there wasn't a whole lot more they could do for him. ... They had done everything they could ... [Y90]

They had thought that everything was going OK. They felt the structure was good, they felt that we were stable and that they had no concerns, no issues that everything was fine so they wanted to see how we could manage on our own. ... [Y61]

[Daughter] was in there with them for the third or fourth month, I thought, what a big change. This is great, she's going to come home with her program stuff and she's going to behave. ... [Y129]

It did work ... I don't know if I can remember any specific things but they just had an influence on the way he acted and he would learn from them ... I don't know how it started but (son) somehow got caught up in a fight ... I was unsatisfied [with his schooling] ... Maybe he was doing what was expected and he'd write stories and he'd do some work but it wasn't really pushed very much. ... [Y133]

At [residence] he started in January, by the time he finished he was doing grade six level work and getting A's and B's. ... He's never, ever gotten an A before ever. And he's doing his homework without me bugging him. ... [Y135]

And when he first went in it was awful. He would cry and cry and cry. Every night. It was heart-breaking. But you know, the time he was there, he learned more about how to deal with his feelings. He's slightly autistic too. Very high-functioning, but um, he just...he just learned that it was okay to try things. They praise the children there so much that his self-esteem just went soaring. ... [Y139]

He was in the residence, for...four months ...the house parent that was dealing with him, wasn't prepared for what it was going to be like. ... Cause they put him in a program where, kids that aren't really that difficult. And, ah...it was a good program, but...he didn't adjust. He wasn't as easy to handle as the other three. ... [Y103]

He's been a book buddy to the younger ones, which ... he can be very helpful ... but you've got to be very careful, because ... a young child poking him the wrong way ... can set him off ... he's even been allowed to go on trips ... because he has made great strides, and out of the whole class, he's been picked as a guide for the younger classes ... [Y106]

When he first went into care, there was the potential for him to come back home ... as we progressed along with it and saw some of the issues developing with him as far as behaviours and his inability to focus at school and his lack of desire to apply himself to school and stuff like that it became more and more apparent that probably wasn't going to come home and fit into the home environment. [Y88]

There are major differences in the stories told by older and younger cohort parents about their child's experiences in residential care. Only three of the older cohort parents talked mostly about positive changes for their child while in care and about half of the older cohort care stories suggested something close to a placement "breakdown" . In stark contrast, almost all of the parents of the younger children commented on significant improvements in their child's

functioning while in residential care. However, even for the younger children, while the parents clearly are hopeful, there was little perception that these children's struggles are over.

Child Functioning After Residential Care

Twelve of the 15 older cohorts parents provided summary statements suitable for gauging their overall assessment of the child's functioning after leaving residential care. While 8 of these 12 parents pointed to some positive attitudinal and behavioural changes for their children, 6 of these 8 parents clearly saw these gains within the context of continued major difficulties for their child and the child still "having a long way to go". Two thirds of the parents talked about very serious problems for the focal child after leaving care including crime and delinquency, substance abuse, running away from home and "living on the streets", aggression and violence and major non compliance with family "rules" at home. Three stories include serious incidences of violence by the focal child after care. These data confirm our earlier observation of very serious concerns for the well being of most of these children after leaving residential care:

Even though [son1] would say and admit to you right now that couldn't stand it, the place was driving him crazy, but he still talks about and gives examples about remember when I was at [residence] ... he had definite improvement and as I said, he's still long-term applying those things to his life. I think he still needs about another six months to a year ... [O104]

She didn't stay. ... everything just stayed the same. If anything got worse, it's from her being on the street, not from [residence]. ... [O122]

I do not know where my son is sleeping. I do not know what time my child is going to bed. I do not know if my child is hanging the streets, because now that he's involved with street kids ... [O127]

It got us to where we are now and then now he's a lot different. You know, like he doesn't go through his depression and stuff like he was. ... I think he's doing much better ... [O55]

They gave me back [daughter]. At least they gave me that I could see her again. ... [O138]

He went into [residence] and still has monumental problems. ... [O57]

(Daughter) would say she didn't benefit at all. She's very angry about the whole [residential] experience. It did not work at all. It was stupid, et cetera, et cetera. I suspect that the counseling and the learning that she did in that living setting did have an impact but I don't I can't I can't be specific as to what that was ... [O69]

It had gotten better, but then it hadn't. ... She was okay at home, like at my mom's at first. ... but she has been giving my mother a hard time. So basically, through that again ... [O75]

He started hanging out with the wrong guys. Drugs, drinking, back to all that now. He has a girlfriend who's very troublesome. She's been on probation more than once. And all the strategies that he learned are just in the air. Just gone. He refuses to use them ... the kid's a mess ... [O94]

He messed up big time, [son]. He is physically abusive to me. He started smoking, and drugs, and drinking, and ... I had to draw the line. And I pulled the bail, and they re-arrested [son]. [O99]

The first time they discharged him from the program in May, he was out he wasn't arrested again until August. So, I had him home that whole summer. Now we're talking out of control because drugs came into the picture and some alcohol use. And if he wanted to come home he came home and if he didn't want to come home, he didn't come home and so it was like he didn't get a single thing out of that five days [went from 5 day program into 7 day secure custody]. [O120]

When he is up, he's just totally abusive. Constantly ... I think he became more responsible, because when he came home, he was more willing to help ... For me it's been helpful. For [son], it could be very helpful, if he wanted to use what he learned, but ... Right now, he's choosing not to. So, like I say, right now, it's not helpful. But when he came home, for the first four and a half months, it was very helpful ... [O86]

Seven older cohort parents talked about improvements in aspects of the focal child's functioning after leaving residential care. Improvements tended to include improved personal hygiene and self care, finding employment outside of the home, no or lessened delinquent activities and better social relations, being more responsible financially, better anger control and

improved relations at home. Of particular note is several parents who highlighted good attributes of their child in the midst of continuing trials:

She thinks ahead, maybe not the way I want her to think ahead which may be some adjustment on my part. You know, like I want so much more for her. So, I kind of have to adjust that but at least she thinks to the future and she does her hair, she dresses the way that she always dressed. It's a joy to buy her something again. ... Like [daughter] is kind and she cares. She she'd be a great teacher for special needs kids ... she wants to be in town with her friends and she's set up home schooling this year and she can do that. ... she doesn't drink, she doesn't smoke, she doesn't do drugs. She just you know? She doesn't go to school the way I'd like her to and everything but you know she's a good kid ... [O138]

He seems to be okay again. Like I say, he's got friends and he's got a social life. He's out of the house, he's not sitting around, he's not sleeping all day ... [O55]

He's a good kid now...he stays out of trouble. He goes to school, um, does work around the house, a little bit. And he's got a girlfriend. [also noted that focal child was going to a court hearing for stealing a car the next day] [O64]

She's a wonderful person. She has a wonderful heart of gold as I've told her. She's compassionate, she's caring, she's generous, she's physically beautiful and, you know, has a beautiful personality if you can get rid of all the garbage. Her struggle I think is to belong, to know where she belongs. ...She was remaining reasonably healthy although during that time she told me she was pregnant ... she had a miscarriage. ... She was working at the gas station ... We were impressed that she took responsibility for the job. ... keep the job she has now which is now a waitressing job and a reasonably good one ... She has actually saved money by giving it to me every week and I've put it into an account. So, she has 18 hundred dollars. ...[O69]

They [residence]] taught him that if he needed, which he used really well here, an output which is, he used to take one area of the house, his was the garage, he could go out there and close the door and nobody has the right to go in there. That's his spot where he needs to think. That's his haven. That's where he goes and nobody can go in there and bother him and nobody can bug him. And when he got home, he did that ... [O94]

He cuts the grass every week, and...he still sets the table for dinner ...and dries dishes that don't go in the dishwasher. Like, he still does that on a regular basis. ... he never used to be able to control his anger and his emotions, no matter who was around. ... Like, he'll hold it while people are around, but...Unless it's a real close friend. Then I guess, he feels comfortable ... [O86]

Six of the 15 older cohort parents talked explicitly about delinquent behaviour of the focal child leading to the involvement of the police. Charges were laid in five of these cases. Three parents described serious acts of violence by their child:

He's phoned here 4 times, please, please let me move back into the house. [son], I can't. first of all I don't have the heart because he's pulled knives on me, he's beat up [son 2] he beat up [son 3] until he was on the ground bleeding. He's pushed my daughter's face into the floor ... (in context of positive improvements for this child noted in previous section) [O94]

Despite improvements in specific aspects of child functioning in many stories, it is evident that parenting their child after residential care continues to place tremendous pressure on older cohort parents and other family members in quite a few stories:

She had pierced her nipple earlier and it had become infected and she had done nothing about it and we knew nothing about it until it was quite large and she had to have surgery ... it was just the what we have come to call normal. Yeah, rages I suppose, screaming at us, throwing things, you know, cursing, refusing to do what we asked, accusing us of being so terribly hard on her ... it's just the combination of pushing us away and abusing us. ... [O69]

So right now she's angry. She left for over 24 hours. And she didn't come in. She left Sunday afternoon, didn't come in until last night ... She tries to ah... she doesn't obey any of her rules. ... take off for days at a time without letting me know. ... [O75]

Then I'm upset, the kids are upset, the kids come to me then I get mad at [son] and he gets mad at me and it's just one great big roller coaster that doesn't stop and it's a constant thing. ... He'd come in the house stoned so I can't have that around little kids. I have 4 little children to think about. I can't think about what he needs and wants. ... [O94]

...like my son assaults me. And...um, we're actually going back to court again, for the third time, since March, but...he just can't seem to keep his hands off of us, and...his is more of a mania type of thing. And he just...he harasses, and...if he doesn't get his own way, then...we have to deal with a lot. ... that just set him off. Like, to the point where, it was just cursing and swearing, from six thirty on, until one o'clock in the morning. And we went to bed, finally, and he's still banging on our bedroom door, harassing us. And swearing ... (Note that this parent also said that "He's learned a lot about social skills and communication") [O120]

When he's in the state that he's been in for the last couple of days...he's sleeping, like, fifteen hours a day. ... He needs a lot of sleep, but not fifteen hours. And he's eating very little. ... One person can upset the whole house. ... It's when the people leave, and he's comfortable ... That's when all the swearing, and the threats, and the humiliating things that are said to me. [O86]

All of the eight older cohort parents who talked about their child's schooling after leaving care raised serious concerns about the child's ability and/or willingness to attend school. Five of these parents indicate the focal child no longer attends school, while the other three parents describe persistent problems which place continuation at risk.. The evidence indicates that most of these children leaving residential care will not "succeed" in the regular school system, raising questions about long term career and other life opportunities for these children:

Once he got in school, in his first semester in the all nine program, with special ed and behavioural supports, he did fantastic. He did so well that his marks were in the upper 80s. he was like the model student ... Then they said oh, he's doing so well, his marks are so high, we're going to put him in the regular program ... It was fatal. ... [O104]

when he left there he had to go to school at [vocational school] with and right from the beginning ... I knew that it would not work. ... where else could I have sent him, you know? There was no place else. ... [O57]

So, the school causes our son a lot of stress. That's off. But, on the other hand, right now, because he has nothing to do, and a lot of his friends just got jobs, I think he's lost...and he's bored. And when he gets bored, then the behaviour escalates. He doesn't know what to do with himself half the time ... Those are the only two that we could find that had the supports in place for him. And [school is] a very small school, there's only 225 kids. ... that's turned out really well. [O86]

While the general assessments by younger cohort parents of the functioning of their child after leaving residential care are moderately more positive than those of the older cohort parents, only four younger cohort parents' stories emphasized mainly the positive gains made by their child since entering care. And in each of these four stories, there remained descriptions of ongoing child functioning challenges which required special attention. The type of gains noted by parents

for younger children after leaving residential care included better social skills, less conflict at home and in the community, a healthier expression and management of emotions, improved communication and higher self esteem. Almost 60% of the younger cohort stories portray mainly very serious continuing challenges for the child after residential care. Of particular note is that almost half of the younger cohort children leaving residential care did not return to live in their original home:

His personality, he's always had a cheery personality but I find he's matured. That could be because of them or the fact that he's just matured. You know? I just find that they did teach him a lot of skills, like a lot of social skills, a lot of responsibility skills ...you can't expect overnight success. I mean he may never be what some parents like to call a perfect child because ... you can't expect that. ... [Y90]

He's 14 years old, he's did drugs, drink, he smokes, he doesn't want to go to school so now he's got charges of truancy. You know is on probation, B&E ... [Y61]

(So what got better after son went to residence?) Everything ... the way we deal with...as a family, and individually ... With ah...okay, for example, [son] dealing with stress from school. Ah...different friends, conflicts, what not ... [Y124]

She knows how to react to people and express her feelings. She's just a happy kid ... She's happy, she's outgoing, she wants to do more. That's before she didn't even want to go anywhere. She wanted to shut her blinds and sit in her room and cry all the time because she felt that kids would just tease her ... the way the program was dealt with was a lot of support and people that cared and she learned all that ... [Y129]

I think he felt better about himself when he came away from that program ... he learned to handle himself socially better but his academics dropped further so it seemed like they concentrated mainly on the social stuff and the emotional issues and his education slipped. ... He learned to communicate better with people and he came out of there being more talkative and a more confident person ... [Y133]

She's turning seven ... in three or four days so part of it but she's still very behind in her learning so she will be repeating grade one and hopefully they have some supports to work on that but I mean the behaviour is still there. ... She still needs that 24-7 supervision. [Y134]

But now he's older, he's harder to manager. I can't deal with him too much. He yells abuse at me like swearing and just screaming at me and now it's to the point where I can't even have a conversation with him. Like yesterday my mother sat home with him all day because I can't trust him to be by himself. [Y135]

And he went to [residence] in October and he came back in June and he's still the same as when he left ... [Y137]

[So he visits now for about four days ...] It's pleasant. I figure if he just takes his medication he's good. We try to stay on the medication. (child not living at home) [Y93]

He can play fine with the boy next door, and then all of the sudden, something will happen, and he'll...start fighting with him, and you know that it's not appropriate. And you have to remove him, and he starts yelling, and swearing, and biting, and kicking. You have to take him up to his room, and shut all the windows, so that the neighbours don't hear him swearing, so ... It's frustrating. [Y103]

He's destructive sometimes. ... [son is in CAS care] ... They [extended family members] were going to take him long-term but they can't handle him. He steals, he lies, he breaks things, he damages things, he refuses to do his schoolwork and just it would go on and on and on and on and he's a high maintenance child ... even for me and I'm his mom. [O88]

For the younger cohort children living at home at the time of the interview, three quarters of the stories highlight some improvements in relations within the home, yet in each story the struggles with parenting the focal child, while maybe lessened, continue. Positive changes include clearer expectations between parents and the child, more affection, and less extreme or enduring bouts of temper and conflict.

All of the younger cohort parents with the focal child at home commented on difficulties in their relationships with this child using expressive language such as: "very frustrating", "very hard", "still have our challenges", "I don't have a life of my own", "always a dull roar", "still has the issues", "I'm embarrassed", and "he's looking at [me] like you're nothing but a cripple". Struggles continue for these children and their relations within their families even if in some cases

notable improvements have been made in child behaviour and family relations. Most of the younger cohort parents with children living outside of their home after leaving residential care believed this was a better living arrangement for the focal child and felt that they had improved relations with the child during visits:

Even though it's a difference with him on medication, he can still be very frustrating and I find sometimes depending on the day I've had at work, my head can be just be swimming but at the same time I have to stay calm ... in order for me to get a sitter that and it would have to be a special needs sitter ... [Y90]

We've just learned how to give each other space ... I don't think something that we really knew how to do before. ... I know what to...what to expect, and he does too. So we're not constantly ... fighting about stuff like that. ... it makes it easier. But, to come up with that, and do that...that's taken a year ... [Y124]

She gets bored really easy. And if I don't keep her busy then she'll have a temper tantrum or start crying. I always have to be on the go with her. Always finding things to do to keep her mind occupied. So she doesn't feel alone or isolated or unloved and stuff. ... basically I don't have a life of my own because all my time and patience goes to her. I don't really have time to do anything on my own. [Y129]

But she's moved to the group home and has made great gains. ... she's just bright and sparkly and giggly and bouncy but not hyperactive bouncy. She's playful, you can see that she enjoys things and now when she plays little tricks they're done in fun. [Y134]

We have a hard time with my two. They bicker and fight and they're fighting gets so bad I'm afraid they're going to hurt each other because they're only 13 months apart. [Y135]

My son lives on a farm with his grandparents and his dad. When he came out of [residence] he moved in there and he's settled down. He's got 26 acres to run on and it's space that they need. The tranquility too. They're way more settled, and so is [son], because he's being raised as the only child by three parents in a sense. And the twins are much more settled because they don't have the fear of being hurt anymore. Or [son] never stops talking, it's almost like Tourette's, he's just gotta keep going all the time and things just blurt out of his mouth, so when he's here, the twins are overwhelmed. ... I think probably [son] and I have gotten a lot closer. He now lets me kiss him, whereas before no...he's more affectionate ... [Y139]

Coming home [not living with mom] he's very polite now, he helps me more, he's not very aggressive no more. He's really changed. Big change. He helps some more around here, he goes to bed, he takes care of his body with a little coaxing. Sometimes he needs a little push but he'll do it. [O93]

I'm frustrated because he bit someone. I mean, I'm embarrassed. What am I supposed to do, apologize? I don't know. I mean, I didn't bite him, I wasn't there to do it [O103]

Actually he's with his father's sister right now. And they're just in the process of changing things around and putting him into a foster care ... someplace in this area. ... They were going to take him long-term but they can't handle him. [O88]

Seven younger cohort parents highlighted the focal child's schooling after leaving residential care in their narratives. Three stressed improvements such as better academic performance, improved reading, and feeling more at home in class. Two of these parents indicated that their child did not fit into the regular school system and required special assistance and is behind academically. Five parents stressed the focal child's continuing academic problems and, in one case, being truant [not surprisingly as this was a 14 year old child]. One parent summed up what may be a generic concern for these parents: "... my one fear [is] ... of the school work being too hard for him and him reverting back, and that would be deadly. Hopefully he won't ...". Stories from the older cohort parents also suggest that this is an important concern.

Concluding Comments

These stories provide dramatic testimony that most of the older cohort children in this study leaving residential care had very serious ongoing problems in daily living. Problems which in many cases rival or exceed the challenges faced prior to entering residential care. About one-third of these children had left home and many had unstable living arrangements or were "on the streets". With the exception of living on their own and involvement in delinquent activities, and notwithstanding moderately more evidence of "successful" or partially "successful" adaptations,

the after care daily living portraits of younger cohort residential care graduates were not notably more encouraging. About half of these younger children did not return to their original homes after residential care. Serious areas of concern shared by both groups of children include continuing major adaptation problems at school and continued high levels of pressure on the parents and siblings of many of these children.

Chapter 3

Family and Parent Functioning

Introduction

This section focuses on the functioning of families and parents in this study that have had a child in residential care. By looking at other areas of family life, it supplements the earlier analyses about child functioning which showed the extreme levels of pressure children entering residential care placed upon their families prior to entering and often after leaving residential care. All of the cautions discussed in the methodology section about using qualitative data to assess changes in functioning over time apply equally to these analyses. In addition, the information provided about family and parent functioning in this study was much less detailed than that provided about the focal child. As a result, these data do not allow a similar case-by-case comparison of functioning before, during and after residential care as was possible with the child functioning data. What the family functioning data do provide is a general description of how the families in the study are doing at various points in time. These findings should only be interpreted as suggestive of patterns requiring further investigation and do call for care and sensitivity in making generalizations about the “types” of families involved with residential care.

It is commonplace in professional discussions about the families of children entering residential care to emphasize the harmful or “traumatic” incidences endured by focal children in their homes along with ongoing high levels of disorganization and “chaos” of family life. For example, one of the mothers interviewed talked about attending a public open house at a local children’s residential centre where her child was in care only to hear from the staff guide that most of “these children” had been abused. Not surprisingly, she was very offended.

Certainly, many of these stories include the family enduring one or more breakdowns in a marriage or partnership, sometimes an abusive relationship. Somewhere between a half and a third [depending on the residential population] of these focal children in these stories are described as having lived through or initiated potentially “traumatic” events within their nuclear family. However, there is little suggestion in these stories that many of the focal children themselves have been the object of sexual abuse or ongoing physical abuse [although harsh parenting by an ex-partner is part of several stories]. A number of parents also talked about potential “traumas” in their own lives prior to becoming a parent.

An additional caution in attributing the impact of these disruptions and hurtful events on the focal child is that family life and the experiences of the focal child in these stories are not worse or typically as “extreme” as family functioning and children’s experiences portrayed in the Partnerships for Children and Families Projects’s life story interviews with mothers involved with child welfare [which elicited much more detailed information about family functioning] nor in our interviews with 61 parents involved with child welfare. What both mothers and children endured in these child welfare stories generally seemed much more “chaotic” and potentially “traumatic” than in these residential care stories. In addition, there is no parallel in the child welfare stories to the unrelenting pressures parenting the focal child represented nor to children being as “impermeable” to efforts to help. While it is reasonable to expect an interaction between the “nature” of the focal child and his or her home environment, our data do strongly suggest caution in emphasizing family functioning as sufficient or perhaps even primary catalysts for the behaviours of the focal child.

Acknowledging the variability in families as well as the pitfalls in typecasting these families as chaotic, are there common characteristics of family functioning shared by families involved with residential treatment? This chapter presents information on various areas of family life, including events involving one or more family members, such as marital breakdown, “traumatic” incidents, violence within the home, and substance abuse. Also included is a discussion of the daily living stress experienced by families who must juggle caring for the focal child with daily routine and maintaining other relationships within the home.

While there are limitations to what we can do with the data, the information provided by parents was broadly used to capture a sense of whether the daily struggles and disruptions experienced by families is largely related to the focal child’s difficulties or can be accounted for by other ongoing family issues. Table 3.1 contains profiles of each families’ overall functioning in this sample. The table includes a description of daily functioning within the home, functioning in the primary caregiver’s family of origin, “traumatic” events specific to the focal child, and disruptive and violent behaviours of the focal child. In combination, this information offers an overview of patterns in family functioning that are common across families involved with residential care. The data suggest that there is a rather equal split between families who have ongoing challenges, whether or not the focal child is in the home, and families that appear to have a relatively “calm” home life outside of the challenges of parenting the focal child. In addition, families’ reactions to placing the focal child in residential care, which are presented later, provide further support for this categorization of families.

Table 3.1: Overview of Family Functioning and Focal Child Behaviours

Younger Cohort

Case	Parents' Family of Origin	Functioning Within the Home	Incidents Specific to the Focal Child	Indicators of Violent Behaviour by the Focal Child
Y61	-abuse (unknown type) -grew up without father -drinking, fighting in family	-Past abusive relationship -single parent -mother depressed	-traumas associated with house fire, break-in, and death of grandmother on focal child's birthday	-physical violence toward mom and brother -instigator of conflict at home
Y88		-Past verbally abusive relationship -father in jail, was a drinker -mother on valium	-sexual abuse, verbal abuse -sent to live with extended family after mom remarries	-destructive of property at home
Y90		-Past abusive relationship -partner absent a lot		-sexual misconduct: "not safe with his sister" -"totally out of control: I couldn't handle him"
Y93		-Past abusive relationship -financial hardship after husband's death -mother had suicidal thoughts	-Physically abusive father: "did horrible things to son" -father is murdered when focal child is 4 -moved around to different foster homes	-"very abusive toward me [mom]"
Y103				-fighting and swearing at age 4 -temper tantrums at home -bit a teacher in a rage

Case	Parents' Family of Origin	Functioning Within the Home	Incidents Specific to the Focal Child	Indicators of Violent Behaviour by the Focal Child
Y106	-Abusive and alcoholic father	-pregnant at 17, father cheated on mom with her sister -parents separate, but ex-husband still abusive toward respondent -alcoholic partner, alcoholic sibling -respondent has health problems (chronic pain)		-threatened many times to kill mom and siblings -violence with weapon in home -terrified family members "couldn't sleep" -socially inappropriate: laughs at others being hurt
Y124		-Past abusive relationship -moved around a lot due to father's job -financial hardship after leaving husband	-father was harsh disciplinarian	-violence in home: "head butted mom across room", attacked sister -constant conflict in home -demolished the principal's office and attacked the principal -destroyed property when in a rage
Y129	-Abusive and alcoholic father	-respondent pregnant in Gr.11, father left -father became alcoholic -respondent has health problems, on ODSP	-problems from birth	-physical violence towards mom -"totally out of control" -hurt other children
Y133		-financial strain	-lives with mom's friend for a while, then shifted to another family while friend in hospital	-aggressive with mom and others - "lots of fights"

Case	Parents' Family of Origin	Functioning Within the Home	Incidents Specific to the Focal Child	Indicators of Violent Behaviour by the Focal Child
Y134 (foster parent)	-parent physically and sexually abused as child	-mother depressed, suicidal, anxiety attacks -oldest child sexually abused by partner (focal child was 2 or 3 at the time) -financial difficulty	-Focal child sexually abused in past (foster child)	-very violent behaviour: threatened foster mom with weapon -violent in daycare [needed special supports] -hurt another child while in foster care, hurts animals -destroyed her room and others property
Y135		-absent father due to employment -sibling resentful of focal child's difficulties		-tried to physically hurt mom -threatened to hurt himself -verbally abusive at home
Y137 (foster parent)				-"hostile attitude" -physical violence towards sister and outside of home -suspicion of sexual "problems" with one sister
Y139		-Past abusive relationship (charges laid against partner by respondent) -respondent spent time in psychiatric ward due to stress -serious health conditions in all siblings (asthma, cancer, MS) requiring hospital stays and caused financial difficulties	-Physically abusive father -colicky baby, almost died at 10 weeks, asthma	-violence with weapon in home, "stabbed 3 people" in park -physical assaults on mom and sisters: "terrorized family" -displayed aggressive behaviour at grade 3 -suicidal talk
Y140 (foster parent)			-After 2 ½ year stay in Agency Y, biological mother decides not to have child return home -focal child then placed with foster parents	-"highly destructive" -sexual inappropriateness

Older Cohort

Case	Parents' Family of Origin	Functioning Within the Home	Incidents Specific to the Focal Child	Indicators of Violent Behaviour by the Focal Child
O55		-moved around a lot -older brother drinking	-older brother moves out - they were very close	violence with weapon and police involvement
O57				-15 charges related to breaking & entering and assault -gang involvement -drinking, drugs
O64		-father diagnosed with MS -children "smoke pot sometimes"		-
O69		-possible sexual abuse (or witness of) in biological family of origin	-"Sexual experimentation" with older adoptive brother -adopted as child -miscarriage as teen	-yells, swears, explodes at home -substance use, suicide attempt -prostitution
O75			-strong suggestion of sexual abuse by mother's partner	-verbally and physically abusive at home -legally charged for assaulting mother
O76		-father was bi-polar -mother was depressed, chronic pain due to arthritis -parents divorce: mother leaves -sibling has mental health issues as well		-violence with weapon leading to police and child welfare involvement -destructive, verbally abusive and "frightening" in home -pees on mother's bed

Case	Parents' Family of Origin	Functioning Within the Home	Incidents Specific to the Focal Child	Indicators of Violent Behaviour by the Focal Child
O86	Abusive father	-Past abusive relationship -Chronic fatigue and depression -Absent father due to employment -Sibling of focal child sexually molested by relative	3 month stay in foster home	physical assault of parent leading to charges "very" disruptive at home
O94		-biological parents separate -step-mother and 2 kids move in quickly, 8 kids in home -after an earlier separation, step mother tried to commit suicide 3 times		-violence with weapon leading to police involvement, injures officer -violent with siblings and very disruptive to family -fire starting, substance use
O99	Abusive Mother	-overbearing maternal grandmother -respondent pregnant in high school -ex-husband (father) lives with respondent's parents		-violence with weapon when 12 leading to legal charges -conflict at home particularly with respondent's partner -drinking, drugs
O104		-messy divorce -mother has "serious health concerns"	-physical and emotional abuse by father (possible sexual) -attempted abductions by father after divorce	-fights at school -2 arrests, underage drinking

Case	Parents' Family of Origin	Functioning Within the Home	Incidents Specific to the Focal Child	Indicators of Violent Behaviour by the Focal Child
O116		-Serial past abusive relationships -Physical abuse by current partner -Sibling of focal child sexually molested by baby sitter -partner "drinks every day"	-changes schools 3 times -suspected sexual abuse by man who is mentor in school "buddy program"	-destroys house under construction with friends
O120	-physical, emotional, sexual abuse -not accepted by step-family after father remarried -alcoholic grandfather	-mother abuses alcohol and drugs -mother goes to Homewood for treatment -mother has three kids before 19	-went to 5 or 6 different schools	-drinking, drugs
O122		-parents separate after tumultuous relationship -was young father -lives with father in 1 bdrm apt	-lives with mother for 8 months, returns "messed up"	-truancy, substance use, prostitution, shoplifting -currently on the streets
O127		-Past abusive relationship -step-mother not in good health (90 lbs) -biological mother was drug addict and alcoholic	-Fetal alcohol syndrome, Bi-polar, ADHD	-damaged home property -hurt sister and pets -threatened to "kill" step-mom; extreme violence in home -seen as "danger" to safety of sister and parents
O138		-biological father died during mother's pregnancy -mother remarried	-friend commits suicide and parents divorce in same year -teased	-suicide attempt, truancy

The overview of functioning in parents' family of origin provided in Table 3.1 (first column) suggests that these parents are not products of highly dysfunctional families characterized by abuse, substance abuse, and instability. In fact there are few parents who describe their family of origin as dysfunctional (for a number of parents there is no information given). A review of functioning within the home (second column), however, suggests that at least half of these families experience complicated daily functioning. Parents describe involvement with abusive partners, relationship breakdowns, mental health issues, and financial strain. The third column in Table 3.1 which highlights significant incidents specific to the focal child does not support the assumption that the majority of children involved with residential treatment have been the victims of severe "trauma" such as abuse. While there are significant incidents in the lives of some of these children that have potentially impacted their functioning, the nature of these incidents or events appear to be quite varied. Incidents range from witnessing the family home being destroyed by fire to the death of a parent to multiple changes in schools. Undoubtedly, different events carry varying degrees of significance for each child. A review of the last column in Table 3.1 which provides an overview of violent behaviour by the focal child clearly suggests that there is little variation in focal child behaviour regardless of the information presented in any of the preceding columns. It is noteworthy that these children are virtually indistinguishable from one another based on acting out behaviours alone.

Elements of Family Functioning

Family Composition

We begin our detailed description of family functioning with a discussion of who the family is comprised of, the changes in family composition over time, and the subsequent living arrangements and financial well-being of the family unit. In this sample, family composition was varied, often complicated, and tended to include a large network of people. The majority of families were reconstituted families. Family configurations included blended families (both partners bringing children to the relationship), step-parent families (one partner bringing children to the relationship), single parent families, and multi-generational families. There was a small number of intact families.

A large portion of this sample, 60-70%, had marriage or long-term/common-law relationship breakdown. While a few parents described being with the same partner for any significant length of time, most respondents talked about re-partnering at least once, and in some cases more than once. At least 60% of Agency O parents talked about high levels of marital/partner conflict and the dissolution of one or more marriages/partnerships while the focal child lived in the home prior to entering residential care. At Agency Y, 40% of the stories included at least one marriage/partnership breakdown while the focal child was living in the home. A marked contrast with the younger children's families is that about 50% of Agency O families at the time of the interview were blended families with either children from both prior unions or additional children from the current union in the home. This higher proportion of blended families likely reflects the older age of the parents involved and is consistent with the profile of child welfare families in other parts of the Partnerships for Children and Families Project research which

shows a very high proportion of re-partnering over time for mothers. Consistent with this observation is that only three parents were single parents. Another point of contrast was that there were more families with three or more children in the Agency O sample.

Given the large proportion of parents who re-partnered over time, many parents discussed past partners and the current role past partners play in the lives of respondents and their children. Past partners, in most cases, played some role in respondents' current family composition, typically as a result of the children they share with respondents. Other people making up parents' family composition included grandparents, grandchildren, foster children, and adoptive children. There were three cases in which grandparents helped raise one or more children due to teenage pregnancy.

Changes in family composition, usually following a marital or live-in relationship break up, were frequently discussed in conjunction with changes in living arrangements and financial status. Common across all families who talked about their living arrangements was the experience of at least one residential relocation, and often multiple relocations. Relocations appeared to hinge on changing relationship configurations (e.g. break up) rather than for any other reason such financial or job related reasons. Approximately 30% of respondents described having to rely on alternative living arrangements during periods of residential instability. Alternative arrangements included living with extended family, friends, or staying at a shelter. For example one respondent and her children lived in a shelter for seven months after leaving her husband and another respondent lived with friends for a short time: "I phoned a friend because it was in the middle of winter and I said I need somewhere" (Y134). In many of these cases, after a period of residential instability (usually

following a relationship breakup) many families “settled down” by either purchasing a house or finding a suitable rental location.

In general, finances were not identified as a significant source of stress for most parents; however, slightly less than half of Agency Y and Agency O parents talked about experiencing some degree of financial strain. By way of contrast, lack of access to adequate financial resources was an issue for almost all of the families in the child welfare research in the Partnerships for Children and Families Project. Reasons for financial difficulties in this sample were varied, but again, tended to be related to a change in family composition (e.g. divorce). Other reasons included the loss of a job or costly health related circumstances. At least 75% of the parents who described enduring some financial hardship relied on a single female income to support their families during that time. Circumstances that lead to the respondent being sole supporters of their families included divorce, separation, and death of a spouse. Several families were dealing with unexpected circumstances that placed added strain on the family’s financial situation, such as paying off funeral debt or providing costly medical care for children with chronic illnesses.

It was hard when (husband) passed away to raise (son) on my own. At that time I only had a part-time job, money was hard, life was hard but it’s getting better slowly. ... Well, I had to go down to the food bank which I didn’t like doing. Having help from my parents. You know you don’t like to ask your parents too much for help but I did. That was hard [Y93].

...I had been on assistance as a sole parent of the two kids and when the government cuts started coming down I just said you know what, I can’t live this way any more and phoned the worker and said, you know, how to you get off the system and he said oh, we have a number of programs. ... I don’t know how I do it because I work now and make more money and still don’t have any but it just seemed I knew it was going to get worse [Y134].

For me it was difficult. I thought what I have done, you know, taking this new job but there wasn’t a choice. I had to have the money. It was either that or they were

putting a lien against my home. My ex-husband wasn't paying a cent. [...] I don't think it's a money manager, so much as I do nothing else. You know? I work and I do stuff with the kids [O138].

During times of financial strain, parents recalled having to resort to doing “creative things” to survive, as well as “doing without” a lot of things other families had; “...we just did not have any extra money to be doing a lot of extra things that other families do” [O104]. Several families also mentioned receiving help from informal supports. Support came from friends and neighbours, parents, as well as from charity organizations such as the food bank. In going to the food bank, one respondent explained: “You've gotta do what you've gotta do. And my kids are never gonna be without, so that's it” [Y124]. Other forms of social assistance included mother's allowance, disability pension, subsidized housing, and subsidized child care.

“Trauma”

In both the Agency Y and Agency O families, there is little evidence in these stories of the focal children *themselves* being frequently the victims of physical or sexual abuse or other severely “traumatic” experiences. This impression is substantiated for both groups by the very low proportion of families investigated or involved with child protection agencies because of child maltreatment. The second last column in table 4.1 provides an overview of significant events specific to the focal child.

Younger Cohort: About half of the younger cohort families, however, described potential “traumas” in the focal child's personal or family life prior to entering residential care [in addition to any turmoil resulting from partner/marital conflict and break up]. Common events in these stories included physical or sexual abuse, alcohol addiction and unstable living arrangements.

Given the relatively unstructured nature of these interviews, such disruptions are likely more common than suggested by these data:

Me and son 1 were there, son 2 had already gone to school. A big, big trauma to son 1 now he feels insecure. He doesn't feel safe in the house ... Now it [the fire] was a week prior to my surgery ... I was scared that we were going to get evicted. ... Well about a couple of months after we had the fire there was a fire in the playground and son 1 was just totally different ... you can see he gets scared and right away he says I didn't do it mum I didn't do it we did have a break in as well in the same building. ... he was only 4 or 5 years old when we had this whole thing happen. ... So he [son 1] has had a big trauma in his life [fire and break in]. And then he had lost his grandmother on his birthday. After all this had happened his grandmother had passed away on his birthday, his seventh birthday and that did something to him. For a year he would cry. ... He's had a lot trauma. For a 9 year old little boy he's been through a lot. ... [Y61]

my older one [sibling of focal child] . He is 22, and an alcoholic. So is his dad, so... and he lives with his dad ... The words he [focal child's dad] spoke was...the wrong person died. And, (son) heard this. So now, every time, there's a problem...as a matter of fact, just as recent as this past week, (son) said to me, you know, the wrong person died. I wish it was you, not grandma. ... me and my sister, we don't see each other, because she ah...was having an affair with my husband. ... he [ex-partner] was an alcoholic, which was something I couldn't handle. Because, my father was an alcoholic ... I did put him into foster care in October for a couple of weeks. Ah, because I just couldn't take it any longer. ... [Y106]

my son (son #2) told my brother-in-law that a fellow that I used to go out with had messed around with him. Well, he immediately had to tell Children's Aid ... in that same time frame my daughter (daughter #2) said to my sister that my son (son #2) had tried to mess around with her I guess as a reaction to being meddled with himself and that blew me away again. I mean and while I was dealing with all of this, my husband had an affair. ... they [CAS] decided that (daughter #2) and (son #2) cannot live in the same house together which is reasonable ... then (daughter #1) came back and then (son #2) went into care and it's it's all a muddle and a jumble. I can't remember it all. ... (unclear if focal child was abuser or abused or neither) [Y88]

I left his father when he was about two and a half, three and ...came back to Kitchener-Waterloo from London. ... Because of the abuse from his father and his father's mother as well. ... [Y90]

Older Cohort: A little less than one-third of the older cohort parents identified potentially “traumatic” events, other than couple conflict and break up or placement of the child outside of the home. These parents talked about partner violence, parental substance abuse, incidents of sexual abuse and mental health concerns.

So, we were talking in the kitchen, we weren't words weren't loud, we weren't loud at all. Nobody knew what had happened until the cops came later that night and took him out of the house in handcuffs. ... I picked up the phone and called my ex and that really upset him a lot so he ended up I ended up getting a punch in the face and I got a black eye. ... we walked to the hospital and when we went to the hospital, the social worker got involved and then they called the cops ... we've just been together eight years here in June. So, at that time there we were together for seven and a half years. ... I thought I need counseling. I have to because I can't deal with it and then too (daughter) was sexually molested when I lived on [name] Street from our babysitter. ...she [sister of focal child] was six years old and he was 15. ... [O116]

I was drinking three or four cases a week. I wasn't working. I had no structure in my life. Just I just didn't have a very good quality of life. And therefore (son) didn't have a very good quality of life and things didn't feel like we were a family. ... that's what the drugs and the alcohol was about. You know, not accepting what was going on and the feelings that followed that. ... [O120]

I was previously married, for a short period of time, and had a daughter who had, at age 3 and a half, started having some major problems. I found out that she had been molested by a great uncle. And so as the years went by, we had to deal, with...like, I had to deal a lot with her behaviours, and a lot of agencies. ... So then we had our son [focal child], and he's over 15 now. ... because he was in the middle of all this [daughter's behaviours post sexual abuse] as a young child, listening to all this bad behaviour ... [O86]

in a sense we were on the defensive or we told ourselves well, I'm assuming this is true of my husband as well but, you know, we've done nothing wrong. This is not our fault ... [Q. But it doesn't sound like something that needed counselling [sexual experimentation incident involving daughter [focal child] and her brother when she was 8 years old]. Like you seem very calm about it] [O69]

Violence, Abuse, and Conflict

A discussion of violence, abuse, and conflict as an area of family functioning was included to address the common perception that children in residential care come from abusive family environments. While the data do suggest that more than half (when all types of abuse are combined) of the families in this sample mention some form of abuse or violence in their stories, we caution the use of this information for more than just commenting on general patterns of functioning.

Overall, violence and/or abusive situations were discussed by 58% of parents (17 cases). Violence and abuse includes physical, verbal/emotional, and sexual abuse or molestation. It does not include, however, incidents of violence initiated by the focal child. Of the 17 cases in which abuse was mentioned, the most commonly reported type of abuse, physical abuse, was discussed by 70% of parents, followed by verbal and emotional abuse (41%), and sexual abuse, inappropriateness, and/or molestation (29%). Table 4.2 provides an overview of, in each case, the individuals involved in abusive situations, the nature of the abuse, and excerpts from respondents' descriptions of abuse. Within families, the persons being victimized typically included parents/mothers, focal children, and siblings, with mothers being the most frequently reported victims. The identity of the abuser seemed to be more variable ranging from partners, babysitters, relatives, and members of the respondent's family of origin. More specifically, 24% of parents (7 out of 29) reported experiencing abuse in their family of origin; 35% of parents (10 out of 29) were the victim of an abusive partner; and, 31% of parents (9 out of 29) reported that the focal child had been the victim of abuse within the home. These cases are not mutually exclusive.

Table 3.2: Individual Case Summaries of Abusive Relationships

Case	“Victim”	“Perpetrator”	Types of Abuse	Illustrative Quotes
O69	focal child	someone in past sibling	sexual	“...she and a brother did some sexual experimentation which could be called abuse...”
O75	female focal child	step father?	physical	
O86	respondent respondent female child	father partner great uncle	physical sexual	“...she [sibling of focal child] had been molested by a great uncle.” “...my father was an abusive man.” “I had left my first marriage...’cause it was abusive.”
O99	respondent	mother	emotional	“...[respondent’s mother] can be very abusive. [...] Not physically, but verbally.”
O104	children	father	physical	“...there was physical abuse...”
O116	respondent respondent sibling focal child	past partner current partner babysitter “Big Brother”	physical emotional sexual	“I ended up getting a punch in the face and I got a black eye [from current partner].” “...he [past partner] tried choking me to death.” “...[female sibling of focal child] was sexually molested...”
O120	respondent	mother	physical emotional sexual	“I grew up in a really abusive family and been abused emotionally, physically, sexually.”
O127	respondent siblings siblings	past partner focal child siblings	physical	“...[focal child] started to physically lash out at me.”
Y61	respondent	family of origin past partner	verbal	“...he wasn’t physically abusive but mentally abusive towards me.” “Drinking, alcohol, fighting...[in family of origin]...”
Y88	respondent focal child siblings	past partner	emotional	“...he [past partner] says ‘you [focal child] do more and more things every single day to make me hate you more and more every day’.”

Case	"Victim"	"Perpetrator"	Types of Abuse	Illustrative Quotes
Y90	respondent	past partner past partner's mother	unknown	"...because of the abuse from [focal child's] father and his father's mother as well..."
Y93	respondent focal child	past partner	physical	"I was hit, black eyes, broken arm, damage to the place...[focal child] was hit as a baby."
Y106	respondent	father partner	physical emotional	"...my father was abusive..." "She [mother] saw what [father of focal child] did to me..."
Y124	respondent	past partner	physical emotional	"I have issues too. Like with my ex-husband, and violence and what not."
Y129	respondent	father	physical	"I'd get the belt or a swat over the head just for being me because my dad was drunk..."
Y134	female focal child respondent	someone in past someone in past	sexual	"this [sexual abuse] has happened to me in the past as a child..."
Y139	respondent focal child siblings	partner/father	physical	"He would push the children sometimes. It would just be screaming at them."

There were five cases of abusive patterns across generations. That is, the primary caregiver was not only abused in her family of origin, but was also abused by her partner, and then physically attacked or abused by the focal child. Incidents involving violent or abusive behaviour by the focal child are not discussed here (refer to the child outcomes section for a detailed discussion); however, it is noteworthy that in three quarters of these stories, there is also mention of other abusive relationships within the family or within the respondents family of origin.

the separation and divorce of my ex-husband was extremely difficult. [...] There was some extreme difficulties around that. There was a lot of interference on the part of his family that...interference, and I can tighten that up by saying they actually tried to abduct the kids from school a number of times. That's one of the reasons I moved them out of the public school system and out of the neighbourhood. Because of my ex's dysfunctions and difficulties, there was physical abuse, a lot of questions in our minds about things that had gone on that weren't very explainable. Definitely had an emotional impact on the kids. [O104]

So the finances were stressful and when [ex-husband], my husband at the time, I dealt with it in a different way than him. He dealt with it with anger. And that's when Children's Aid came in. He couldn't cope. Neither could I, but his way of not coping was too aggressive. I wouldn't tolerate it. [...] He would push the children sometimes. It would just be screaming at them. [Y139]

The marriage was no piece of cake. You know, he was a very demanding man when we were married, when we were young. If he didn't get his own way he fought back. I was hit, black eyes, broken arm, damaged to the place, threw stuff at me, broke stuff. (Son) was hit as a baby [by husband]. And I guess (son) bothered him, he was abusive toward him. [...] I had to get out of that situation. He took my money, whatever I brought my pay cheques home he took them. He took them. Back then when I lived with him I worked as a waitress and he took my tips, he took everything. And he only gave me about ten dollars a week to live with a little baby. You can't live on ten dollars a week with a little baby. And we had no food in our fridge and I had to do something, I had to get out. [Y93]

I grew up in a really abusive family and been abused emotionally, physically, sexually. I had a really bad childhood.[...] Like my mom used to beat me and was really hard on me so I thought well, I could never do something like that so I didn't know how to discipline at all and I'd give too much freedom and was too lax and it was just as bad. [...] And there's still a lot of pain and there's still triggers, you know. I can watch movies, you know, and it might have sexual

abuse issues in there and I'll I've gone to counselling instead and now I'm a little more open and I'm more vulnerable and I can feel things so they're even more intense now than when I tried to look at them five years ago. So, I still get triggered. [O120]

Substance Abuse

The abuse of substances or addictions to alcohol, illegal drugs, or prescription drugs, was mentioned by approximately 35% of parents (10 cases). Substance abusers included primary caregivers, current partners, past partners, siblings, and members of respondents' family of origin. It does not include substance use or abuse by the focal child. Thirty percent of parents (9 out of 29) reported substance abuse by family members within the home (either presently or in the past), and only 10% (3 cases) involved substance abuse within the primary caregiver's family of origin (e.g. an alcoholic father). These categories were not mutually exclusive.

I still am an alcoholic. And I guess you could call me a drug addict too because when I realized I couldn't drink anymore I switched my addiction over to drugs. So, for the first three years I was out of control and I wasn't parenting properly. I wasn't there for (son) emotionally. I didn't abuse him but I didn't meet his needs either. [...] Well, you know, I was drinking three or four cases a week. I wasn't working. I had no structure in my life. Just, I just didn't have a very good quality of life. And therefore (son) didn't have a very good quality of life and things didn't feel like we were a family [O120]

Like I'm not a drinker. I don't drink. Like I'm lucky if I might have like a beer or something but it will take me forever to drink it; whereas, they're, they're drinkers and I mean, like the guy I'm with, he drinks. He drinks every day so - but I mean he's not he's not a bad drinker or anything but I just I have a hard time dealing with that. [...] Yeah.. Because he'll go over there for the weekend and, you know, he'll sit around and he'll drink with them and stuff like that...[O116]

I never went to see a doctor or anything or, you know, took medication or anything like that for, you know, because their dad, he was a drinker and I I was taking medication. I took Valium for a while, two years when I was with him just to be able to manage. It started out I was supposed to take half a tablet once or twice a day. By the time I left, I was taking eight a day and I was, you know, I thought well, that's too much. [Y88]

My dad was really strict and was an alcoholic...I'd get the belt or a swat over the head just for being me because my dad was drunk...[Y129]

There were nine stories (eight from the older cohort and one from the younger cohort) in which substance use or abuse by the focal child was mentioned. Substance abuse was more prevalent among older cohort focal children than younger cohort children, most likely as a result of their age and access to substances. In most of these cases, the focal child abused both drugs and alcohol. Fifty-five percent of parents attributed their child's substance abuse to peer influence: "[son] began more substance abuse types of issues. Hanging with the wrong crowd, being in the wrong place at the wrong time" [O104]. Other delinquent behaviours were reported to be co-occurring with the focal child's substance abuse. These behaviours included smoking, truancy, illegal activities, and running away. There were a few cases where the police became involved due to a combination of substance abuse and delinquent behaviour. For a detailed discussion of "delinquent" behaviours by the focal child, please refer to the section on child outcomes.

Parenting the Focal Child and Partner Relations

Younger Cohort: About 40% of these parents talked about the strain coping with the focal child put upon the marriage/partnership including generating conflict between partners, leaving no energy and time to invest in this relationship, and creating tensions between different approaches to parenting. Around one quarter of the respondents described partners who because of their work or by choice were relatively absent and under involved in parenting leaving the mother feeling rather alone in her struggles. Forty percent of the younger cohort primary caregivers were single mothers, some of whom commented on the burden of trying to manage multiple challenges

without a helpful partner. Not surprisingly, these data indicate that the major portion of the effort of managing these “difficult” children and other family responsibilities fall upon mothers:

when his dad was home, that’s when I allowed my unhappiness to come through because it was very hard being by myself in London, in a city where I knew nobody. You know? And he was gone. Well, he was home maybe 12 hours of one week ... because I had a child that I knew there was something wrong with and it was so discouraging. Like it was so discouraging. ... I left his father when he was about two and a half, three and ...came back to Kitchener-Waterloo from London. ... Because of the abuse from his father and his father’s mother as well. ... [Y90]

(What do you wish your husband had done?) Been more supportive. Making... help make decisions too. Being more involved with the child. Basically doing more stuff with the child because if.. I find if we kept him busy as much as possible we would never have been in that situation. ... Not because of like he was abused or anything it was just because his parents were not stable. Like it wasn’t a stable environment for him and like we were ruled to go to counseling, to marriage counseling to as well so basically the house it wasn’t stable enough for oldest boy so that’s probably how it happened....we were having problems with our marriage. ... because we were always.. me and my husband were always arguing all the time. ... [how did his [oldest son’s] changing behaviour affect ... you and your husband] We would fight more. ... If I had a partner then it wouldn’t be so hard for one parent to do because that other partner could help as much as the other parent. With me it’s I got to do it all by myself and it’s frustrating, it’s hard. It’s very hard. [Y61]

I was a single mom by then. I had left my I had left their dad and I had moved to [small rural town] and I found out that she had been stealing. When I found out the three stores that she had stolen stuff from, figured out the price tags on the items and I took her back to every single store, I had all four kids with me, I took her back to every single store and I made her give back what she had taken and apologize. [...] He works a continental shift which is 12 hour shift. And so one weekend he would be here and then the next weekend he wouldn’t. And there’d be tension either between the kids and (daughter #1) or between the kids and (son #2) or between (son #2) and (husband) ...[Y88]

I’m basically a single parent because my husband works in Brampton. So, he leaves Monday morning and he comes home Saturday afternoon. So, he’s only there for Sunday and Saturday afternoon and sometimes I think it’s because we were older having kids, like because I’m 47 and (husband) will be 53. So, trying

to deal with kids at our age. So I can handle them a lot more. (Husband) has no patience. [Y135]

There's no father figure here, so you're coming into a house with four or five women here, well [boy1] too, but you know what I mean? So it's different. Like [boy1], I bought him a fishing pole for his birthday and he goes, when am I going to be able to use this? I said don't worry, we'll be going fishing. ... but I was thinking of getting him maybe a big brother or something. But for the girls it's different because it's all women. We do things together, take them out on outings every week. ... He [ex-husband] still keeps in contact with [daughter1], but he sees her once a year. ... [Y137]

Older Cohort: Consistent with the families from the younger cohort, approximately one-third of parents from the older cohort described their partners being away from the home a good deal of time because of their work and sometimes also being passive or non-involved with parenting responsibilities. Many of these mothers expressed feeling on her own coping with these challenges:

my ex is very pessimistic and the cup is always half empty. For me the cup is always half full. [daughter] would have these black moods and she would cry for hours. ... so I got a child psychiatrist here in town, I had no support from my ex, because he didn't believe it, so that was always, he was really, I was a single parent really... she [sibling of focal child] was rebelling against me and of course I was going through a tough time because I was trying to get into the job market, I was pretty focused on the divorce, the emotional stuff going on with her father with him doing weird stuff and the poor kid. She one day took a whole pile of I think they were anti-histamines, she tried to kill herself and it was such a blur. Thank god she told me ... [O76]

[So, what's it like being the mother of six boys?] It was pretty hectic sometimes but they're always rough and tumble and stuff but they got along well, like they played together a lot and they liked to wrestle and do what boys do ... when the kids got in trouble with the law it was really stressful ... And (son) [focal child] was I guess the worst for getting in trouble with the law. ... (*So, the older brother was a big role model?*) Well, he was like a dad to them. Dad and big brother rolled up in one. He was always taking the responsibility for all of them. Like I said they all worked for him and everything. He's still taking that responsibility. ...but I think it puts a lot on him. You know? Because he feels like everybody counts on him. ...[O55]

(If I can go back to when you were telling me about your husband saying you have to leave. What was that like for the kids?) They were devastated. My daughter has a saying. She says my daddy threw me out like garbage, which still breaks my heart. [...] ...if I raise my voice, she's in tears... she'll bring so much emotion into every issue she has and everything always turns back to what happened with her dad. She was daddy's little girl. He was her everything and now he looked at her and said you have to leave with your mom. You have to go. ... I'm the only person she can trust because I'm the only constant figure in her life. ... The kids and I spent two months crying. Every time they'd go to school I'd be crying and when they'd come home I'd be crying. It would be a constant thing in their lives and I didn't know how to help them and their emotional state was being put aside because I couldn't even handle my own and I didn't know what to do with my own feelings. So when [boyfriend] came into our lives and he said we'll do it together, then their emotional state was being taken care of because we'd have the family meetings, we'd sit on the bed upstairs and we'd talk for hours. [O94]

So, he goes and works for the union so he'll go painting and stuff like that and he was working 15 and 16 hours a day. And I mean all day long I was dealing with all of this and I mean (son #1) wouldn't listen to me and he'd be mouthy with me and all this stuff so it was really hard on me. So, when (boyfriend) would come in I mean a petty a stupid petty little thing, if he laid his coat where I didn't like it or his lunch box or something, then I would I would get picky about it ...[....] ...problems with us never really started majorly until I started experiencing this stuff with (son #1) and then that's when it started getting tense. ... I would take my my frustrations out on him which would cause problems between us ... it wasn't a very nice way to greet him after a long day of work ... [O116]

The first few years were really out of control. I had the three children but I was divorced or I left my husband back in 1993 and the twins went to live with him and (son) came to live with me. ... I was 24 years old at the time and I had been married for six years. You know, I had all three kids a month before my 19th birthday. The twins were 14 months younger than (son). ... things just got to be so stressful over the winter because I was in this live-in relationship. I was supposed to be married. ... And he [ex-partner] has a daughter that's 15 going on 16 next month and she's had her anger problems and so we had partnership or partners through Agency O working with us as a family in order to help her while (son) was in custody over at Agency O. So, I mean we have recovery coming out of our ying yangs. ... his baggage, her baggage, where she's been and where (son) has been and where I've been and you put it all together and I just I wasn't strong enough for all that ... [O120]

And especially with (husband) gone so much. That's when I really find it hard. Like, last week, he was in Indiana again. And he was gone from...the wee hours of Monday morning, till late Friday night. So it's like...five full days here, dealing, and it was really rough, like, this past couple of weeks, ever since school finished. It's been really, really hard with (son). ... [O86]

Other Relationships Within the Home

Relationships within the home were generally strained, often tense, and frequently involved confrontations. The section on child functioning and outcomes presents relationships with the focal child as particularly combative and taxing. Other relationships within the home, however, such as primary caregivers' relationships with other children and partners' relationships with children, tended to share more variable patterns. While explicit descriptions of the nature and quality of the relationships between parents and siblings of the focal child and partners and the focal child were rare, the data do suggest that these relationships were less tumultuous than primary caregivers' relationships with the focal child.

Of the 17 parents that discussed the focal child's siblings, approximately 60% had generally positive things to say about their interactions with the focal child's siblings. At the same time, a number of respondents talked about how the focal child's behaviour tended to interfere with the attention that they could provide to the focal child's sibling(s):

They [the twins] kind of get into a pattern and then [son] goes off to St. Agatha's, comes out, and I guess, you know...it's kind of like the honeymoon phase of a marriage, where you get back together again, you go through that honeymoon, but then all that stuff comes back. They're always waiting for the stuff to come back. You know, um, it goes pretty well, but there's an awful lot of fighting for attention, because I want to give [son] lots of attention, because I'm not with him all the time and the twins get jealous and it can get quite difficult. [Y139]

Well, [sibling of focal child] plays soccer, and I don't go out to his games, cause...try to convince [focal child] to go out, and he won't go, cause he's not interested. So, even if I do go, then [focal child] wants to go over to the park, so I have to go with him. So I miss out on [sibling of focal child's] soccer games. [Y103]

I think, all these years, for the past twelve years, I was basically thinking about only [focal child]. And not really showing, even though these kids [siblings] were...it was laying on their shoulders. [Y106]

Despite these complications, only 17% of respondents who talked about their relationship with siblings of the focal child described it as clearly negative. Parents from Agency O, in particular, talked about behavioural challenges that the focal child's siblings were having prior to the focal child entering residential care.

Parents' past partners and current partners shared mixed relationships with the focal child and siblings and slightly more than half of the relationships were categorized as predominately negative. Characteristics of negative relationships included emotional distance, inconsistency in attention to the focal child, infrequent contact or visitation, disappointment, abuse, and conflict. In some stories, complicated visitation arrangements with past partners added undue stress on the family. Forty-six percent of relationships between partners and the focal child, however, shared positive traits such as closeness, comfort, support, engaging in fun activities, and consistency in discipline.

Other relationships that parents talked about included relationships with extended family and friends. Of the 65% of parents who talked about their extended family, all described having some kind of contact with one or more extended family members. Our definition of extended family included, but was not limited to, the respondent's parents and siblings, siblings partners and children, respondent's grandparents, aunts and uncles, respondent's own grown children and their partners and children. Often it was the maternal extended family that was discussed. There was little to no information about the paternal extended family. This is not surprising given that our sample was almost exclusively female, with the exception of two fathers. Furthermore, there was

a number of single female households where the male partner was no longer in the home making any connections to the paternal extended family harder to maintain.

In general the primary role of extended family was to act as a source of support for parents and their immediate families. Within the maternal extended family, it was often mothers, sisters, aunts, and daughter-in-laws that were identified as a source of support. There were 10 families who clearly identified receiving positive support from one or more members of their extended families. Examples of support included assisting with child care (e.g. babysitting, taking children for the weekend), assisting with household upkeep (e.g. cleaning, laundry), providing accommodations (e.g. inviting a focal child to visit for the summer), and offering financial assistance (e.g. buying groceries, lending money, contributing to the mortgage, buying a new van). In addition to providing instrumental support, extended family was also identified as a source of emotional support for a smaller number of parents.

Not all parents, however, described their extended family as supportive and two parents identified their extended family as explicitly unhelpful or unsupportive. In both these stories, the extended family was perceived to not understand the nature and extent of the focal child's difficulties:

Even my brothers now, they still...but I don't see them as often. My mother, she still feels she knows what's wrong with (son) but she still feels that I'm not strict enough. [Y135]

...I won't take the kids over there anymore because they don't understand. They [parents] haven't got a clue what learning disabilities, what ADHD, what any of those things are and they just feel that it's probably just bad parenting or rotten child...[Y139]

While fewer parents talked about their relationships with friends, there was an equal number of parents (50%) who had some or many friends and experienced satisfying friendships and those parents that did not. For those who had friends, they were described as a source of support: "...they [friends] are just very supportive both emotionally and spiritually and a number of friends were like if you ever need something financially..." [O104]. An absence of friends was often attributed by parents to problems with the focal child or home life in general:

I really had very few friends. I didn't know what the definition of fun was anymore...I was caring for my kids and trying to stay together and caring for my husband [O76]

I think just with all this going on it sort of consumes you...you isolate yourself because you are so consumed [O57].

Daily Living Stress

All parents who talked about their daily functioning described experiencing prolonged elevated levels of stress. This was frequently attributed to managing the combination of caring for the focal child and maintaining some functional level of daily living:

...two kids with special needs...your life consists of trying to balance and manage your work, that schedule, the school schedule. But along with this, you have specialists, pediatricians, counselling. You have this whole spectrum going on at the same time as you're trying to manage your life. [O104]

...trying to help [focal child] with his A.D.D. Bringing him to the best doctors. Getting him on medication, paying for all this stuff. Helping him at school. And then having a little one at home. Working and a husband. I don't know how I didn't have a nervous breakdown... [O99]

...all these appointments, constantly going to doctor's appointments and then he was on probation and court and I mean it was endless, school appointments, it was just one appointment after another after another I would say for about the last three years... [O57]

I'm still working and I still have to come home, keep the house clean, pay my bills, look after the kids, do this, but I do it. And to answer you on how I do it, I don't know. I just do it because I know I have to do it because if I don't do it, who's going to do it? [Y90]

Stress related to managing the focal child was found to impact day-to-day functioning in a number of ways. Parents frequently mentioned struggling with carrying out routine activities (e.g. working, preparing meals, going to appointments), maintaining amicable relationships within the home, and caring for their own physical and mental well-being, as well as the well-being of other family members.

Parents frequently talked about their work day being disrupted, often by phone calls from the focal child's school or daycare. This sometimes led to having to take time off from work as sick leave or vacation or to not being able to concentrate at work:

So here is a really smart kid who is just failing and it was really sad and frustrating and so every other day the principal would call me, he was down to the office, I was at work trying to do my job and everyday I would get calls from the school. [...] He was in Cape for five weeks. I don't know what else to tell you except that it was really hard. I tried to go to work everyday...live a normal life yet I knew I had to go to the hospital periodically. [O76]

I couldn't really function at my job very well. Like I mean I had to be there...[...] There would be days when I just really couldn't concentrate, I couldn't even function so the days that I was doing really, really well and functioning, I'd have to make up for the time that I couldn't because my brain would just go dead and I couldn't form a sentence or a thought or things like that. [...] If I was getting called from the daycare, then I'd have to stop whatever it was that I was doing and bring her home. [Y134]

Parents also discussed not being able to take the focal child to public places for fear of unexpected problem behaviours. Often as a result, siblings were deprived of family outings:

She'd throw temper tantrums in malls, break stuff, and people would just walk by and look at me and you know, the one time I took her to a mall and just because she didn't have what she wanted, like candy or something, she'd go right off the wall. She went right in the corner and had a full-fledged temper tantrum and

security eventually wanted to kick me out because he didn't understand what was happening with her and a whole crowd of people stood around and looked at me and wanted to see how I reacted to the problem so I tried to pick her up and I figured let her blurt it out. Don't matter what they think because they don't have children like me and then the one lady came over and she tapped me on my shoulder and said "you're lucky you got one, I got three like that". For a whole year and a half, I couldn't take her in public places. [Y129]

The rage coming out, the violence, the hitting. I'd think okay, it's a nice Saturday afternoon, let's you know, let's go for a walk out by the river. She would just literally run out to the street. You'd have to hang onto her. She'd be thriving and kicking and whatever. We'd have to stop and come home so we began not going anywhere at all. So, basically she held us hostage in our own house. [Y134]

...it's always been stressful, because [focal child] can't be outside unsupervised. So, your neighbourhood has a big...I can't go anywhere, so. The neighbourhood has a big effect on what we can do. So in the old neighbourhood, when he had friends four houses away, he'd go down there to play, and I'd follow him. So I felt like I was his shadow all over the place, so. [...] When he starts doing something that you have to interfere, it's embarrassing. Like, our neighbours understand, cause they know all about him. But...it's...it can be very embarrassing. [...] He can play fine with the boy next door, and then all of the sudden, something will happen, and he'll...start fighting with him, and you know that it's not appropriate. And you have to remove him, and he starts yelling, and swearing, and biting, and kicking. You have to take him up to his room, and shut all the windows, so that the neighbours don't hear him swearing, so it's frustrating. [Y103]

Prolonged exposure to elevated levels of daily living stress was found to have significant negative impacts on parents' physical and mental well-being. A large majority of the parents in this study talked in some detail about the substantial emotional challenges that they confronted in coping with parenting the focal child and managing other areas of daily living. The most common manifestations of these difficulties were parents' experiencing high levels of anxiety and bouts of depression. These data confirm earlier impressions about the substantial toll parenting in these families takes upon primary care givers, usually mothers. Approximately 20% of parents described falling into clinical depression as a result of the stress of caring for the focal child and many

described feeling a range of negative emotions including frustration, sadness, fear, anger, self doubt, hopelessness, and worry. Physical manifestations reported included insomnia, headaches, substance use, and vomiting.

Older Cohort Parents' Emotional Well Being

About three quarters of the older cohort parents indicated that, after initially very difficult times coping and managing their emotions, they did experience moderate or substantial improvements in their emotional well being. In most instances, the earlier emotional difficulties appeared to be linked to the intense pressures of parenting the focal child and, less frequently, to marital conflict and termination. Most of these parents talked about the stress of coping with parenting and other responsibilities with bouts of depression and panic being common reactions. A minority of parents [4] talked about more “extreme” emotional challenges including suicide and psychiatric hospitalization and in most of these instances these challenges continued. One parent talked about long term struggles with addictions and two described continuing physical health problems.

There would be, I won't say full-fledged depressions on my part, because it's not normally in my vocabulary, but I have to say that between end of last half of '99 just into the beginning of 2000, I was seriously wondering what was happening to me too, because I thought this is really dragging me down. I was dealing with some serious behavioural things with [focal child], but I realized that that was just the icing on the cake. It was like if I didn't have that crap to deal with, I could probably cope better with my own family situation and the situation with [focal child]. [O104]

Well there have been several times particularly in the last year when my son, prior to [Agency O], my son I had problems with him and I became to the point of being depressed. My arthritis would flare up, I had physical pain and the doctor was ready to put me on anti-depressants. I took a two week leave from work, so physically I was a mess cause I was in constant pain, emotionally I was a complete mess and this is just less than a year ago. ... sometimes I'd get panicky, almost like

a panic attack. ... I found I couldn't think straight sometimes. ... I told (worker) this and she said yeah, that's stress. [O76]

Their [biological children's] father chose not to keep us together anymore ... I just wanted to die and believe it or not, I tried to commit suicide three times after that because I just didn't know how I was going to survive. ... It's really hard because sometimes my own emotional state gets carried away that I can't be there for her. I've been in tears for the last while over different issues with my parents and now I've been upset for the last 24 hours ... [O94]

...just having problems with [focal child]. I was trying to deal with things because when they're teenagers it's totally different and you don't know how to deal with it. ... I would have ... just really outrageous dreams and then I would wake up and I would literally be sick and it was just like no matter how much I tried to occupy myself during the day, it was just like that dream wouldn't leave me. ... he [ex-boyfriend] would just say like nasty things to me ... So, I was spending a lot of time crying and I would lock myself in the house and not communicate with the world ... then ... I went through that depression with him dumping me ... it changed a bit once I changed jobs ... it got to be a little bit better. ... I'll still have dreams but they don't seem to be as ferocious as those ones were ...[O116]

It still is overwhelming. ...right now, it's not a good time. I'm going through a bad time right now. And like, I'll have a couple of months where things are going really good, but ... when things at home are bad. ... I have a hard time with medication and everything, and supports, it's hard. ... I'm not over it [depression] yet. ... I'm on my own here, and ...I get really depressed to the point of being suicidal. ... And then when the chronic fatigue set in, it just seems like it's been a downhill slide since then. ... I was diagnosed with chronic fatigue. ... ten years ago already. ... But, I call it chronic stress syndrome. Because, I feel that I'm sick because of all this stress for so many years. [O86]

Younger Cohort Parents' Emotional Well Being

More of the emotional challenges faced by parents of the younger cohort seemed mainly related to the challenges presented by parenting the focal children. Fewer stories linked these difficulties to breakdown or conflict with partners than in the older cohort. While such proportions must be interpreted with great caution considering the size of the samples involved, this observation is consistent with the observation in the child functioning section noting that younger children seemed to place greater pressure on family functioning, perhaps because home

was more of a focus for their activities than for the older children. It also is noteworthy that, as with the older cohort parents, most of these parents talked about sometimes substantial improvements in their emotional well being when the focal child is out of the home and over time. Only a few parents gave evidence of long standing and continuing emotional challenges which may have been exacerbated by their parenting challenges. Feeling overwhelmed by stress, having anxiety and feeling depressed were once again the most common challenges described. As with the Agency O sample, the data suggest that a majority of these parents with younger children involved with residential mental health treatment seem capable of returning to “functional” ways of living when their levels of stress and responsibility are lessened.

I would wake up in the morning, huge anxiety attacks, most of the time I would physically vomit before even actually sort of, you know, getting on with the day. I had a time line, we wake up, get washed, dressed, fed and out the door in half an hour because that was all the time I could take being with them. So, I was it was stressing me so much and so I guess I sunk into pretty deep depression and had a lot of anxiety, anxiety attacks all the time. And I think that’s in anticipation of what’s going to happen next, you know, because it usually did happen next [Y134].

.. like they [family members] would never talk about the fire because every time the fire was mentioned I would break out in tears. ... I was scared because I thought ... he [focal child] would hurt me, I thought he would hurt his little brother. ... It was very, very scary because he was controlling me and I’ve never in my life had any body control me. ... I just couldn’t live like that any more and started going into depression so I was put on ... an anti depressant because it was so bad that I was falling apart too and ... who’s going to look after my children. ...because with everything ... and my surgery I just could not cope with everything so I wanted to hurt myself too because I couldn’t face it any more. when I left [husband] with son 1 it was just like some body had just taken a load off my back. ... I was a basket case basically. ... without doctors telling me I had to do it I did it [get off anti depressants] all on my own.[Y61]

...it was financially very stressing, emotionally wearing, physically wearing. Our marriage uh, wasn’t great because there really wasn’t time for it... I still have a hard time with it. I was devastated. I fought for years to get a diagnosis ... And when I finally got it, yeah, I still don’t want to believe it. I want them to just be,

you know, “normal”? ...I became depressed. Oh yeah. I couldn't um...I mean, you had no life. There was no brightness. It was just all doom and gloom everywhere. ... I had nightmares every night that I was drowning and couldn't get out. ... I was very angry. I mean, [son] was getting to the point where he was endangering his sisters. ... [Y139]

Well, between the crying and the near throwing up? ... I quit my job, I couldn't function. ...And then to find him [husband] fooling around was worse yet ... I swear I was probably having a nervous breakdown ... I took Valium for a while, two years when I was with him just to be able to manage. ... He went to jail ... I took that bottle and ... I threw them out ... and I made a promise to myself ... I will never live with anybody who drives me to take medication ... [Y88]

In addition to experiencing a plethora of physical and mental consequences, approximately 40% of parents described having to make some perceived sacrifice in their lives to care for the focal child. Parents talked about sacrificing their own self care, happiness, and needs in order to care for their children. Sacrifices included quitting work, quitting school, staying single, moving, or having no “social life”:

It affects your friendships, you become like more, not so much secretive, but you're more careful, so everything is sort of restricted by, and sometimes suffocated or paralyzed by, the dysfunction and the difficulties because you don't want other people exposed to that or you're afraid. So it's very difficult to have a life. [O104]

It was the police that gave me a call. ... between the crying and the near throwing up? I quit my job, I couldn't function. ... it completely destroyed me. ... I left my job for my kids. I'm not saying it was an intelligent thing to do. I mean I've got to find the money to live somehow but they [her children] need me. [Y88]

...when you're in that position and you're sort of depressed and your kids have all these difficulties, you don't even have time for friends. At least that's what I found. And I had nothing to say to them anyway, because my life was so consumed with uh, trying to stop [son] from killing someone. Trying to get the twins to the bathroom without being distracted, because they're both ADHD. [Y139]

...then of course, we can't get a sitter. We can't teach someone else how to handle him. So it's frustrating enough trying to learn ourselves, so...can't find a sitter. [...] We don't get Saturday nights out. Like, we don't go anywhere. We don't do

anything, we don't really have much of a social life. We get together with friends who have kids the same age. We take two separate vehicles, and if something happens, one of us leaves, and the other one stays. [Y103]

I don't really have a social life of my own. Because a lot of ah...parents didn't want to really be around me because my daughter was uncontrollable and they figured I was to blame. I felt like I was to blame because I had a couple friends and my daughter would just erratically fight and tease the other kids because she didn't know how to express her anger and so the parents just thought, I figured it was totally my fault and they didn't want to come around due to the fact that [daughter] would be in a rage or out of control or throw something at her kids. I just chose to be a loner, right now, just me and my daughter hunker down through the hard times. [Y129]

Parents As Advocates

In addition to the time and energy parents spend juggling daily routine with caring for the focal child, many parents described their lives as being further strained by their quest to find helpful services for the focal child. Parents impart an overarching sense of feeling exhausted, overwhelmed, and disparaged from trying to cope with the daily struggle of living with the focal child. Fuelling parents' search for help was their experience of not knowing what to do, where to go, or whom to call. Feeling unsupported and isolated, parents talked about the perception that there was no one out there to help, or that there was no one out there who *could* help.

I was feeling just very, very disappointed and probably just tired from dealing with everything. [...] I've been under stress helping him through this time and dealing with everything myself. [Y133]

I was tired. I was frustrated. I didn't know what to do. I figured there's got to be somebody out there to help me. [Y61]

It got to the point where you think that nobody can help. You're clutching at straws, anything. [Y135]

It got to the point where, I basically gave up. I was so depressed, that I just said, I give up. Do what you want, go out there, you wanna kill somebody, do it. It's not on my shoulders anymore. I told everybody that was involved, teachers,

schools, he does anything...I've tried. I've called people, I've called police. Police will say, well can't you control this kid? Well gee, if I could control this kid, I wouldn't be calling for the help. Can't you guide me to where I can get help for kids like this? Well, we don't know any place. No matter where you call, there's no help. [Y106]

there wasn't any support. I was getting stonewalled from every agency. There just didn't seem to be any supports out there. And I you know, even though I may have been in a huge depression, I'm not one to be soft spoken about stuff. It's like listen, I need service and I need it now and this is why and da, da, da, da. I would do research so that I was aware of what was going on so I had some, you know, some information. So, it was, it was very isolating. [Y134]

Conservatively, at least 60-70% of parents talked about the great effort they invested in advocating for the focal child. Efforts included researching treatment programs and new schools, pursuing diagnoses, convincing the focal child's school to "bend the rules", or placing the focal child in foster care. Parents talked about "begging" schools, professionals, family, and even friends for help:

He never left the house, he wouldn't go to school, we tried the truancy approach and I had a guidance counsellor come and try to take him. And again, I didn't have my eyes closed, I think I just didn't know what to do. I had lunch it was the ladies ministry and people were praying for me and the leader of the group took me out to lunch one day in September and she's a wonderful caring woman. She was a teacher, she's in her 50's, she knows me really well and she says [name], that's not normal behaviour, you gotta get some help and I think I needed to hear from someone to help me get focused. And that day I started rattling chains. I called people from my church who were youth workers and I knew [focal child] needed help. I didn't know if it was gonna be through the criminal court system or whether it was going to be through a social system. At that point we had already been connected with family and child services. [...] I just got every resource I could find. [O76]

But that's the point then at which we contacted [Agency O] and, you know, we tried a number of places. Like she was at the point where she was running out of friends to stay with and where was she going to go and she didn't want to come home. And so I tried to do some research as to what's available, where can she go and well, Mary's Place, I guess is downtown. She certainly wasn't going to go there and she wanted us to find her a home and I remember calling all kinds of

people that I knew almost begging if they would take my daughter and let her live with them and I was fairly honest with not going into a lot of detail but telling them that, you know, it was because she didn't want to live at home and there was struggles and no one was willing to do that. [O69]

I've tried...my husband and I have both tried to get our son help. We would just focus on [focal child], and we tried to get him all this help, and ah...basically, he...has the idea that he doesn't need it. It's everybody else that has the problem. [...] I went all over and checked out high school's, [...] We were looking at private schools, Elmira, Arthur, Palmerston. Like, all over. [...] The summer before that, he didn't want to do anything. Like, everything that I looked into...I even had, um...like, months before school ended, I had gone and phoned all different places, and got information on things. [...] And I had set this up. I had all these different things that he could have done. And they would have taken him, but he wouldn't get out of bed to go. He would have had to be there at 8:30. I would have had to drive him back and forth to Waterloo twice a day, but I was willing to do that. Cause I think it would have really been good for him. [O86]

I took him to the family doctor, then I took him to Dr. [name] who was a child psychologist, I took him to a behavioural specialist, different doctors. [...] he was put on medication at age three, on tranquilizers. [...] And again, I've had to go through the same thing with [son], trying to get him diagnosed somewhere. [...] No other agency would listen to me, everybody I went to would say well you fall between the cracks and I love to write and I swear one of these days I'm going to write a book called "Falling Between the Cracks". I couldn't get any help from disability, because asthma wasn't considered a disability. [son] was a behavioural child. Learning disabilities, well okay, sure, lots of people have them. So every agency I went to just seemed to say I can really feel for you, but you kind of fall between the cracks. I didn't fall into any category. That was my last hope. [Y139]

We were desperately searching for something for [focal child] to participate in...We probably had looked into a number of things from F&CS, from the hospital, starting to explore things, them giving me information so I can do my own research and try to find out what's available. [O104]

There were 10 parents who explicitly mentioned advocating fiercely within the school system in an attempt to keep the focal child engaged in regular schooling. Parents described experiencing substantial resistance from the school system:

So by the end of grade six things were going great and then we were told we were out of the boundaries for the senior public that 95% of his class went to so he was

going to be separated with all the kids that he had bonded with. He had made friends, he was social and he was happy. And that was devastating. That was kind of the beginning of the end and we went to the other senior public and we literally begged the principal there and I found out all the bureaucracy I had to go through to make the exception to go to the other school, but the bottom line was no. The powers that be decided that it was not the right thing. I knew he was too fragile to have to start again. [O76]

Oh, just the way he would be, you know, like having a hard time getting him up for school or sometimes I'd get him out the door and then he'd remember he hadn't brushed his teeth or something, you know and then he'd end up missing the bus. It was, it was insane, you know. [...] I'm not quite sure when it started, you know, to be honest. I didn't, like with school, whenever I noticed anything happening, I would always be in contact with them and they were pretty good about, you know, altering his curriculum and whatever we could do. So, that would make it more interesting for him so he'd want to be there. I bent over backwards trying to help him. [O55]

Three weeks of summer school and they're kicking him out. I had to beg the principal to please keep him. One more strike and he's out though. And I've been doing that for years with teachers. And pleading, and phoning, and hearing the messages, 'and son did this' and 'they gave him a 50 in both classes'. [O99]

Like I home-schooled him in grade two and then tried to get him back to school in grade three, I'm trying to get the sequence right here. They wouldn't take him back. I had to actually write letters to the MP to get (son) back in school. [...] They, I had grade five they wanted to put him in daycare. He's he was ten years old. They wanted to send him to daycare for the afternoons. I couldn't believe it. I said no. [Y135]

But I had a very hard time with the school, a very hard time with the school. [...] They were, the [principal], sorry, was very, very upset with me because I took everything in my own hands. And [school principal] got really nasty with me and then [focal child's] teachers got really mean with him and he wasn't, they weren't letting him go to the bathroom and he was peeing in his pants and all kinds of things. Yeah, it got really bad so I pulled him out of school. I pulled him out. He wouldn't go to school, he'd get sick in the morning because he didn't want to go to school and all kinds of stuff. So and then all of the sudden I was going to be charged because my son wasn't in school. (*What finally happened?*) ...we finished his grade five up at [school] There was only two weeks of school left and [focal child] had to go and finish his two weeks. There was nothing we could do about it. I should have fought it more but at that time there I wasn't strong enough. [...] And I think [focal child] played on me a lot towards the end of it because from the

time they started school right up until grade seven, all I did was fight his battles. Fight with the schools and go over there. I mean when it came to my children, I had lots of power, or so I thought I did, and I'd go over there and be oh, no, I'm sorry, this is my kid. This isn't happening kind of thing, right? [O116].

Often working their way through a series of unsuccessful services, parents described feeling increasingly frustrated with the amount of effort and length of time involved to “work with people who don't work” (Y103). Parents reported feeling like they were not heard, dismissed, or told that there is nothing wrong with the focal child:

I almost felt sometimes like I was just banging my head against a wall. And I wasn't getting anywhere because I was trying to tell these doctors that I knew something was wrong and they were trying to tell me that I didn't know what I was talking about. So if they had listened to me at the beginning, we could have gotten all the testing done, we could have gotten everything, and he could have been on his way a long time ago. So that was, it was awful. [Y90]

Nobody is helping me. Nobody will put me on waiting lists, nobody's listening. Nobody. I phoned the police. They said there's nothing we can do. Well, what do you want me to do to because if I tie her in her room or if I beat her up and say you're not going out and that's it and I physically force her to stay home, I'll be arrested and they're not doing anything. And I'm thinking you idiots. So, when you [police] come to my door and tell me my daughter is dead, then what? Then are you going to do something? Well, I'm not waiting for that and I'd say, I'm not waiting for that. I am not doing that. I'm not waiting for that knock on my door at three o'clock in the morning, I'm not doing that, or the phone call. [O138]

That's when people finally started to recognize me [when parent was hit by partner]. That's when I started getting help. That's when Children's Aid says okay, yes, we will put him at the Betty Thompson Centre, yes, we'll try and get foster care for him, yes, we'll try and help you get him into [Agency O]. He was in [Agency O] in the snap of a finger. When I tried doing it all by myself, oh, well, there might be a year's waiting list, there might be two years, blah, blah, blah, there's no beds, there's this, there's that, there's everything. I had no help and the school helped me. The school helped to support me because with the stuff going down at school. They thought look this woman needs help. I've been down there, I've cried. They've seen me lots of times crying. I couldn't stay in meetings anymore because I couldn't stand it anymore. I was getting tired of repeating myself. I mean I needed help and nobody would do it for me. Nobody would do nothing and it was when the punch happened [O116].

At some point the process of engaging with professionals and “the system” takes on an adversarial nature for parents in this sample. Parents used terms like “war”, “rattling chains”, “pushing”, “pressuring”, and “fighting” to describe their efforts to get the focal child needed services. One respondent reflected, “...you wish you could work together with the people instead of against them” (Y103). Similarly another parent remarked “...you are fighting to get what your child needs” (O86). Several parents reported that it was on average three to five years before the focal child was properly “diagnosed” and receiving helpful services. For some, it was the involvement of a “professional” (e.g. parole officer) to substantiate the validity of what parents were saying that finally brought help to the focal child and the family. For others, it was their own unrelenting determination and perseverance:

There’s no reason that you can’t do something, so I was raised with that philosophy and my confidence has given me the ability to go out and seek help. Find the community resources to help my kids and not take no for an answer. Or if that door closed I’d find another one. So I’d always keep moving forward and I would use that experience to help other people who seemed to be struggling so much, because I’ve been there. [...] I am a mover and a shaker [O76].

I was beginning to think that I was crazy. [...] But then as a mother I still had to, because you can’t give up on your kid. You still have to go with your instinct. [...] So, finally with all my pushing and his behaviour in the course as he got older and his dad obviously wasn’t very nice to him which didn’t help matters so I just was pushing, you know and I just pushed and pushed and finally now we’ve got a diagnosis. He’s on medication to curve it and there’s a difference in him. [...] ...finally when they realized we weren’t going to budge...all of a sudden they came up with a plan...[Y90]

I kept pushing and pushing. That’s what I felt they needed. [...] ...they certainly knew that I wasn’t going to back down.[Y134]

Families’ Reactions to Placing the Focal Child in Residential Care

Overall, parents revealed experiencing mixed reactions to placing the focal child into residential treatment. While parents expressed a sense of relief in breaking the tension within the home by placing the focal child, they also reported having to deal with their own negative emotional reactions, such as the sadness of being separated from their child. Parents talked about being scared and revealed that the fear and worry was related to not knowing what was going to happen to their child while in placement:

I was pretty distressed. My son was in basically an institution. He's my only boy, he's so dear to me and to be put in there and you can't tuck him in at night...and then you got this lady witching at you. It was like, can you not understand? This is tearing me apart.[Y139]

Oh, it's scary, because you know, you're going to wonder too, how is your child going to feel?"[Y90]

I was scared. How the kids were going to react to my daughter, if they were going to tease her or hurt her...They said your daughter isn't even half bad, you should see the kids out there. And it just ran through my mind, what kind of place am I putting my daughter through? [Y129]

Parents also reported having to contend with feeling as though they had failed as parents by placing their child:

I balked at sending [focal child] away. I, you know, it was like to me I was a failure, I have to send him away. I didn't like the fact he was in residence. I didn't like any part of it at all. Within two weeks I changed my mind. (*Now what changed your mind?*) Just son's behaviour. What a difference in the kid. It was like night and day. [...] That's when I changed my mind. [...] I thought it was best for [focal child]. [Y135]

It was not something I was even prepared for, that was for sure. Yeah. Um...in one sense, I felt a failure as a mom. Because, it's like, oh, I can't deal with this? But on the other, when I thought about it really, and after I spoke with several people there and what not, I realized that hey, well...that was my choice. I couldn't let him stay home, and then...things would have went from bad to worse. And then, maybe...he wouldn't have been home at all. Or, I could choose that [to send son to Agency Y], and work things out, and have him come home, you know,

gradually, again, until...everything was stable, and...we could work things out as a family. [Y124]

It hurt. I couldn't do it on my own and I talked to a couple counsellors there and for weeks we talked and had meetings and [focal child] really needed to do this. Because you gotta catch a problem while they're young, before they're ten or twelve and then they're out of control. But it's the hardest thing I've ever had to do. It was basically done out of tough love. I needed help for myself, we're going to do how life is going to be different, and I always believed that she was going to change. [Y129]

Approximately 60% of parents described some positive effect in response to placing the focal child in residential care. Undoubtedly, the most common positive reaction to placement was experiencing a sense of relief, also described as "...a big weight lifted off..."(O122). Parents expressed being relieved that there would be a reprieve from the conflict and tension in the home. Parents also reported feeling relieved that the family and focal child were being offered help with their situation. Parents talked about placement being the "best thing" for the focal child and feeling hopeful that placement would ultimately help the focal child.

And just, a lot of the tension would be relieved from the house. If anything, for that couple of months. And school would get a break from (son), because (son) had been getting suspended every other week at [school]. They're at their wits with (son) too. He gets to the point where, although he's likeable, nobody wants him. [O99]

You know, it was just a sigh of relief. And knowing that I can...ah, work with these guys here. Ah, take some burden off of (son's) [brother of focal child] shoulders, where the fighting is not there all the time. And, you know, now they see that it's a totally different situation. You don't have to live fighting all the time. And, when [focal child's] home, there is a big fight all the time. It's...um...just the burden of...all that anger, being taken down, off my shoulders was a big one. And knowing that he's safe and happy was another one. And knowing that...they don't let him run the streets there. ...just the burden of...all that anger being taken off my shoulders... [Y106]

I had a lot of hope and expectations that it was really going to help with a lot of the issues. That is was really going to perhaps even alleviate some of the issues. It was an answer to a prayer absolutely. [O104]

Hooray. Finally. And you're so hopeful, like I am, anyway. I don't know if everybody. I'm always like, I always feel so hopeful, like, thank god we're going to get help. It's just like, such a big relief. It really is. It's not that, you know. It's got nothing to do with getting rid of your child, or anything. Cause I want my children with me. But...you know, when they're like this. You can't always be there because of the behaviour. It gets so severe. But, it's like a major relief, it's like a great big weight has been lifted off your shoulder. And you're so hopeful, thinking this is going to be...this is gonna help, this is going to be the answer, you know? [O86]

Younger Cohort: Almost three quarters of parents talked about a substantial lessening of tensions when the focal child was in residential care. The language used is often akin to being released from a dangerous "state of siege". Many parents talked about the discovery of another appreciated way of living, even when expressing that the focal child is missed and wanted at home. About a third of parents described their relief when their child was in residential care despite other often wearing challenges at home. Of particular significance is that about half of these parents highlighted substantial benefits for the siblings of the focal child while he or she was in care.

Honestly? Wonderful. It was because it was that much of a stress. Even though I missed him and you still love your kids no matter what they do and you still want them at home but it it was awkward for the first little while but then, you know, it was actually a big relief as well. ... She [sibling] became a lot calmer. Like I was able to get her out of some of the bad habits that she'd picked up from him. ... [Y90]

before he left, there was tension. Um, after he came back, um...well, obviously less tension. Everything was more easy going. However, (daughter) and I were so used to the quiet. No stress, because she's very um...un-confrontational, I guess you could say. So...when he'd come back home, it was almost like...yahoo, okay, let's get busy, you know? ... it was a nice...excitement. It wasn't a stress tension ... But, there's a definite difference when he's home. He's more or less like a little tornado. ... [Y124]

(How did it affect the twins, having him put there?) They felt quite relieved. But no, they're very good. They were very worried about him too, because he would

phone home every night in hysterical tears. “mommy, come and get me”. But I didn’t. I kept strong for his sake. They were glad that he was getting help. They did feel a bit relieved because they could now walk around and not have the fear of being butchered. But they also missed him. ... The twins are so quiet. Unless [son] is here. It’s a lot better than it was obviously before. But they still have a lot of work to do. I think the twins still expect the same old pattern. ... but there’s an awful lot of fighting for attention, because I want to give [son] lots of attention, because I’m not with him all the time and the twins get jealous and it can get quite difficult. ... they’re way more settled, and so is [son], because he’s being raised as the only child by three parents in a sense. And the twins are much more settled because they don’t have the fear of being hurt anymore. ... [Y139]

when he was in the residence, it gave us a break. We went out to ball games, we went out for dinner. We did things that we haven’t done in so long. It was a nice break. But, ah...I don’t know. Nothing’s really changed. Except that I got to work. And keep my job. ... [Y103]

She moved in there [into foster care] I guess August so about six weeks later I started to kind of go, ah, and the whole house was totally changed. The older one, her behaviours lessened. There was more cooperation and it was like oh, this is what it’s like to live without this kind of distress and overwhelming ... I was functioning better, I was doing better at work. I was enjoying my work. I was a lot happier. We began sort of having fun. You know, if we wanted to go to breakfast, it was like oh, yeah, we can do that without worry that I’m going to have to stop and come back ... I stopped feeling sick all the time which was really good. ... she [elder sibling] knows her sister is living away ... she understands why but it’s also very difficult. So, when she comes for visits, they’re glad to see each other for the first five minutes and then it’s old stuff again ... she’s [elder sibling] at an out of bounds school so her friends all live over there but we live here so on the weekend she’s very bored, she’s lonely, she’s by herself. ... I’ve tried to set up supports for her and she has a Big Sister that comes in... [N134]

I did put him into foster care in October for a couple of weeks. Ah, because I just couldn’t take it any longer. And then...ah...with him gone those two weeks, I’ve seen such a different life. Even just for two weeks. ... It was quiet. The fighting wasn’t there. The arguments weren’t there. I wasn’t being threatened. I...and I slept. I would never sleep, when he was upstairs. I was so scared he was going to beat up on (son), or...pull through his threat of killing (daughter). ... And I was able to relax. I was able to...it was a totally, totally different way of living. It was...like day and night, the difference was so great. [...] I, just couldn’t handle life like that. It had to be more about these guys here too. I had to think about them, not just (son). Which...I think, all these years, for the past twelve years, I was basically thinking about only (son) [focal child] since he’s been living at

[Agency Y], it's been...so quiet in here, that it's hard for him...hard for me, to have him come back here, and start up all this stuff. Even if he's just back for a day. But um...I just want to take him back. And I can't do that all the time. I'm thinking that, sooner or later, he's not gonna have a place to go back to. ... Cause we don't have that here anymore. ... I guess because of everything that was going on, a lot of it was being shoved on his [brother of focal child] shoulders. He wasn't expressing himself a lot. And I've seen that kid grow up a lot, this year alone. ... This kid has grown up. His grades went from...always C's and D's, back two grades, to where he brought himself up, to...and he even got an A in his grade level. So he went from...like, a grade six level at the beginning, to...a grade eight level by the time he was finished. So he ... you know, just having (son) [focal child] out of the home for that time. ... it's not nice to say, but...this kid is twelve years old, and bringing us down. And we can't have that. [Y106]

my son (son #2) told my brother-in-law that a fellow that I used to go out with had messed around with him. Well, he immediately had to tell Children's Aid or police or something ... my daughter (daughter #2) said to my sister that my son (son #2) had tried to mess around with her I guess as a reaction to being meddled with himself ... (*How did things change at Agency Y when he [step-father] wasn't there?*) ... (Son #2) was more relaxed about it. He was happy about it. And that's fine. And (son #2) would come here for a visit once a week. ... Like he'd come home for a visit once a week and (husband) would give him a hard time. ... My landlord is giving me a hard time here and we have my son in foster care and right now he's living up near [small city] and my daughter is living with my sister and I hardly get to see her and there's some stress involved with that relationship because my sister and I don't get along very well. But you know, so there's stress from there, there's stress from this one, there's worry about my kids, there's stress coming directly from my husband and us splitting up and my living arrangement ... it's sort of in a limbo and then with my leaving my job ... what am I going to do for money? ... My son had to go to court, the one that's in care. ... Because she [sibling] wants to be there [ex sister in law]. She's happy there, she's settled there and she wants to be there. ... A few weeks ago I was I was told that my daughter [another sibling] was bailing off school ... They [remaining two siblings] don't fight as much. They have a little bit more personal space and her and (son #1), they try to respect each other's space a little more. They're the older two and they try to respect each other's space a little bit more than the younger two would. [Y88]

Stories from the younger cohort are divided almost equally between families for whom

daily living calmed down substantially while the focal child was out of the home and those for whom, despite a lessening of challenges, the plots are about continuing difficulties and conflicts for family members. In this latter group of families, the image often is of the focal child's

behaviours being a continuation and intensification of general relationship and functioning patterns in the home.

Older Cohort: There is less detail in the information available to assess whether most older cohort families return to a relatively “adaptive” way of functioning when the focal child is out of the home or some level of turmoil continues among family members still in the home. However, illustrations in prior sections show that some families involved with residential care at Agency O are entangled in long standing and ongoing turmoil and distress within the home. In these families, the focal child’s behaviour appears as an amplification of the families’ struggles. As with the younger cohort, the available evidence suggests a relatively equal split between these two general groupings, but this is a very tentative supposition. What is clear is that these data strongly communicate the substantial relief for most families, at least for a short period of time, of tensions within the home when the focal child entered residential care. About 70% of parents talked explicitly about this feeling of relief [considering the lack of standard procedures exploring specific topics in these unstructured interviews, it is possible that the actual proportion of families experiencing relief was higher]. In addition, one third of parents provided examples of how the siblings of the focal child benefitted when he or she was out of the home.

[son] needed to be out, we all needed a break for our mental health. It wasn’t just [son] but it was my daughter and myself. For our mental health we needed him not to be here. ... For my daughter, it was just amazing because once he left and went into the school, our whole home here became a sanctuary, peace that we needed and she blossomed. ... allowed her to come home here and have the peace and sanctuary and support from me to make that decision and that was amazing. She’s really happy now and she has a new boyfriend but he’s a Christian. But she is so happy, I am so happy. [O76]

I try to be home at least a day or two during the week even though it’s not a weekend when they’re home. But I’ll be home when they get home from school and, you know, that’s the night I try and have banana bread and make a supper and do that instead of leaving spaghetti sauce and stuff for them to have ... That

they're all really good, loving children. ... so (son #1) works now. He's out of school so he comes home and he's getting up at five. So he'll come home and then he's with the kids until I get home at quarter to seven ... we're a big family but they're loving and they're polite ... they're a really close knit group of kids. ... It made my older son very angry and with the other ones it made them a little close-knit group, you know, almost like they got a little scared. What do you mean people could come in here and maybe take one of us away or do something like that? And you know it took a lot of talking to them in saying it's not going to happen. ... And we miss her. They miss her terribly and (son #1), the oldest one, is angry about it all. He's mad at her and he's still mad at her. I mean he'll be polite to her and he'll be the first one there, you know, if anybody ever bugged her.... [focal child] is coming to Florida with us. ... [O138]

We did need breathing space, cause he was causing so many problems here at home, that it was rubbing off on us. ... the wife wasn't sleeping. She was..headachey all the time. And, as soon as we got up, (son) would argue with us, and create friction. ... The only...actually, the only thing, who hesitated about him coming home, was our daughter. ... She was a bit hesitant about it. Well, why doesn't he stay there? It's so nice when he's not here ... [O64]

The tension slowed down quite a bit. ... I just found that (daughter) grew a little bit of an attitude. I think it was because she knew she was the only one in the family now and no other kids and stuff like that so she kind of like you know, told herself a little too much kind of thing so now we're trying to narrow her back down again ... She doesn't have many kids that she hangs around with her own age group. She has a hard time because she has awful times in school because kids pick on her and stuff like that and she's overweight and you know, no matter how you keep her in with the fashion, they always have something else to do to her. I don't have like overly major concerns about her right now. [O116]

So, when she left we all kind of breathed a sigh of relief in some ways but in other ways we were grieving very deeply. ... Her sister lived through most of it. Her sister matured tremendously. I had a lot of conversations with her. She was caught wanting to wanting to help (daughter) but not being able to hold a rational conversation with her and also wanting to help us, feeling terribly sorry for us because of the abuse we were taking and how yeah, how terrible (daughter) was. She was a gem in that she would compliment us on how patient we were as parents ... So, I don't know if she grieved. She was relieved I think as well because she knew it would now be easier for us and she could live a normal life. ... in a sense we were on the defensive or we told ourselves well, I'm assuming this is true of my husband as well but, you know, we've done nothing wrong. This is not our fault ... [O69]

(What was life like when he was in placement there?) It was like, you know when the smog is over the city? And it lifts? And everything is lighter, well, that's how the house was. There was no more yelling, cause (daughter) couldn't take it anymore. (Partner's) vocal chords were back in tact. [O99]

It was a desperate plea, like I really need some help here, I cannot manage this ... That [son being at Agency O] was really good in terms of the family and de-stressing again. You try to return to some semblance of one normal routine without stress and tension and difficulty. ... The weekends were very difficult because the choices [son1] were making were still centering around him choosing to hang with the wrong people in the wrong places at the wrong time with wrong substances ... [O104]

It takes the money away from the children that are remaining in the home. That means if they want something, they want a treat, they want a gift, you can't because you have to give to the one that is ill. ... It takes away from the father. He works hard, he works almost seven days a week, he comes home, he has his quality time with the girls. We don't even have quality time between him and because we give it to the children that are remaining, but then in the back of your mind you still have the child who's not home, which is a stress because he doesn't call unless he wants something ... So that bothered me [to find out that son would come home on weekends], because I figured, when you're dealing with a child who is ill ... we had to get over our fear very fast and have the child back home the first weekend. (Yeah) It was hell, pure hell. We I cried, the girls were crying, (boyfriend) was upset, he was hiding all weekend ... [O127]

I was relieved [son was at Agency O]. Because I didn't have to fight with him to get to school, you know, like every day was a battle. And I'd end up so angry with him and angry with myself too because I couldn't make him go to school. You can only do so much when they get that big. You know. [O55]

The only...actually, the only thing, who hesitated about him coming home, was our daughter. ... She was a bit hesitant about it. Well, why doesn't he stay there? It's so nice when he's not here ... [O64]

... with [son1] being gone, they like the calmness that's over the house. They like that he was gone so now he wasn't running in and outside. He's ADD so he's going all the time ... And the kids, it was hard for them because their emotional side set in. We love [son1] and we care about him, but there was so much commotion. And they're saying oh I like it when he's not here because it's quiet, but I also miss him. ... [O94]

Positive Changes in Parents' Lives

Consistent with the earlier observations about improvements over time in the emotional well being of about half of the parents interviewed for this study, around half of these parents also talked about gains in their ability to cope with the pressures of their lives and other significant benefits, including for some returning to advance their education. Clearly, many of these parents have areas of pleasure and accomplishment in their lives as well as hopes for a better future. These data too suggest caution in promoting a stereotypical image of these parents as dysfunctional and without potential for substantial improvements in their lives.

I love school. ... My lowest mark was a 91 percent. I absolutely love it. ... My teacher told me I should go on and do my nursing but I have to do that part-time and you can't get a nursing course part-time. ... And the kids are getting better. ... I redid their rooms and we're getting a new vehicle. We're going to Florida in October. ... I like to think I'm doing pretty good. Like I'm pretty content. Yeah, I kind of like where I am right about now. ... Mostly I miss her [focal child]. ... I want her here. [O138]

Once you have a concept of recovery and how it works, you can apply it then in all different areas. ... I always felt useless but now I feel like I can help somebody else and that's just the biggest gift to be able to sit with somebody and share my experience and know that it's helping them or making them feel better ... We have progressed, you know, and I learned how to be a parent. ... Continue to stay clean and sober. Continue on my recover and I am looking at going back to school ... Learn how to live on my own without a relationship. [O120]

So things you know, it changed a bit once I changed jobs and stuff like that and you know, it got to be a little bit better. [...] ...now that things have calmed down quite a bit here in the house they don't seem to be as bad. ... I've worked so hard at building it [my self esteem] up that I can't drop it. [...] I've got to have strength with the kids and after all that I went through with (son #1), I can't I can't fall apart now. [O116]

I haven't been in school for years. I didn't finish high school. I was like, oh my God, I've got to go back to school. I wanted to. ... But I loved it. It's so different going to school when you're older. ... there's just an at ease, feeling now,...whereas before, it would be just panic. ... Now, I know I can handle just about anything. You know. Because it's like...I've already been through the worst. [Y124]

I'm moving out of completely out of the neighbourhood so it's all different. You know, I'm really, really focused on work, started taking night classes and working on that degree and all of the things that I have not been able to do. And also focus on kind of my therapy so now I can actually go to therapy and deal with my issues rather than it's always been their issues. [focal child not living there and other foster child leaving] [Y134]

Conclusion

Clearly family functioning is challenging for families with children requiring residential care. Caring for the focal child permeates every facet of daily life for these families including work, health, and relationships. Parents experience prolonged elevated levels of daily stress trying to juggle work schedules, appointments with professionals, household activities, and the needs of family members. Family climate is markedly tense and frequently involves conflict, particularly with the focal child. Relationships among other family members suffer as well, with parents reporting increased marital strain and little time to devote to siblings of the focal child. Caring for the focal child is taxing on parents' physical and mental health with parents reporting depression, insomnia, physical illness, as well as feeling a plethora of negative emotions such as fear, hopelessness, and frustration.

Contributing to the chaos and stress of everyday life for some families is the presence of marital/partnership break down, residential instability, and abuse. Strikingly, 60-70% of parents in this sample report experiencing the dissolution of one or more marital/common-law partnerships. Many families experience multiple residential relocations, with approximately one-third of parents relying on alternative living arrangements during times of transition. Relying on single female incomes to support families was common. Experiencing violence or abuse within the home or in respondents' family of origin was a reality for over half of the sample. Physical, emotional, and

sexual abuse were reported to have taken place and physical abuse or violent attacks by the focal child occurred in 40% of families. Our perspective, however, is that it is important to resist promulgating a “stereotype” of families with children in residential care, particularly an uncharitable image of inadequate, dysfunctional and harmful parents and families damaging their children.

Chapter 4

Child Functioning Over Three Selected Developmental Periods

Introduction

Several questions arose for us as we began to analyse the data. Who are the children represented in the sample? How are we to understand their difficulties? Why do they behave as they do? Why are treatment outcomes so poor? It seemed that the focal children represented in the sample were a diverse group. They came from a variety of families ranging from intact two parent families to single parent families, step-families, adoptive families, foster families and extended families. There was a range of family functioning, income levels, and levels of education. Of the children who received diagnoses there was also variety, including: Tourettes Syndrome, ADHD, Fetal Alcohol Syndrome, Central Auditory Processing difficulties, Bi-polar disorder, Depression, Autism, Obsessive Compulsive Disorder, and Conduct Disorder. In sum, no single profile emerged. We were struck by the seeming paradox between a very complex and dissimilar group of focal children and a uniform and invariable treatment modality. How could one approach, namely a psycho-educational model with a cognitive behavioural focus, be able to address the needs of such a diverse group? Are residential treatment centres being expected to accomplish too much?

In our attempts to better understand the focal children, we decided to “dig a little deeper”. We began to amass the clues contained within their stories which could help us achieve that end. Ultimately, we knew that the data could not provide us with concrete answers. However, we were confident that we could provide a foundation for intelligent questions and speculation. This

chapter will be organized around some key observations with relevant data and analysis grouped accordingly. But first a note with respect to the strategy used in collecting and organizing the data.

All references to child functioning in the twenty-eight¹ transcripts were catalogued according to three selected time periods. The time periods were chosen because they correspond with primary developmental challenges and social transitions. The first time period extends from the focal child's birth to his/her entrance into school at ages 4 or 5. During this time period behavioural challenges are often limited to the child caring environment, usually the family and in a few instances supplemented by home child care providers and daycare centres. In this first time period the child's social network is quite small. The second time period covers the primary school years from ages 4-5 to 12. The child's social world has broadened. The child's functioning is evidenced in a larger arena under the purview of teachers, peers, and social groups such as beavers, guides, recreational sports teams etc. The child's ability to respond to academic and social challenges can begin to be observed in this time period. The third time period stretches from ages 12 to 17 - 18 and covers the middle school and high school years. This period begins with the transition from primary school to middle school and covers the social challenges of adolescence, puberty, and the broadening of the child's social world to include the larger community.

After we had catalogued all references to child functioning we then organized these textual references into a working table to achieve an overview of the three developmental periods

¹ Twenty-eight of the twenty-nine cases were included in this analysis because for case Y140, the respondent was a foster mother who had little to no information about the child's early history.

for each child (Note: this was a working table and it has not been included in the report). We wondered if, looking across children, patterns of behaviour would emerge for each developmental period. For example, we wondered if we could capture or “snapshot” a pre-primary school profile or a middle school profile. We discovered we could not given the variability and complexity across cases.

We then converted the contents of the working table into a graphical representation of child functioning across the three developmental periods (See Figure 4.1–Younger Cohort and Figure 4.2–Older Cohort). The textual references to child functioning were sorted into one of four categories (refer to the legend accompanying Figures 4.1 and 4.2). If the child’s functioning was not identified as a problem, the functioning was represented by a grey line. If the child’s functioning was considered problematic but still manageable, it was represented by a dotted line. If the child’s functioning was considered problematic and unmanageable, it was represented by a solid black line. Significant events, such as incidents of abuse, parental separation, trauma, loss etc., were marked by a solid black dot. If we did not have information about the focal child for a specific time period we recorded that with a thin black line indicating “No Data”. We were now able to see the data in a new way and we were able to make several broad observations with respect to the behavioural profiles of the focal children.

It should be noted that it is difficult to map out temporal sequences using qualitative data. The intent of this chapter is not to generate precise chronologies of each child’s functioning. Rather the intentions are to look at broad behavioural patterns for these children, to note the developmental transitions which may be difficult for these children to traverse, and to observe when behaviour peaks and wanes and note any corresponding environmental factors. Ultimately,

[insert Figure 4.1 here]

[insert Figure 4.2 (page 1) here]

[insert Figure 4.2 (page 2)here]

the observations made will challenge our understanding of the presentation and genesis of the focal child's behaviour.

Focal Children Exhibit Similar Behaviours but Unique Behavioural Profiles

One of the interpretative challenges inherent in these stories is understanding the connection between the behaviour of these children, which is strikingly similar, and evidence suggestive of these children having a variety of problems, life histories and family environments. It can be argued that these children arrive at a similar point from many different trajectories.

Looking at Figures 4.1 and 4.2, particularly at the solid black lines indicating extreme problematic and unmanageable behaviour, not only did every child in the study evidenced such behaviour but the presentation of the behaviour was similar in two ways. First, these children were unmanageable in more than one environment. For the younger cohort they were unmanageable at home and school, with a few becoming unmanageable in the community as well. For the older cohort we could see more evidence of children being unmanageable in all three environments, home, school, and community. Second, behaviour was similar in its "unmanageableness", in essence, these children could not be controlled by their parents, their teachers, nor by mental health professionals, and for those who were under the care of CAS, not by their foster parents either. These children exhibited behaviours which were extreme, tenacious, and widespread. The behaviour was often violent and socially inappropriate. (See Chapter Two for a detailed discussion of children's behaviours).

These observations suggest that these children do not have a single or environmentally specific problem. For example, many of these children evidenced problems in their learning

environments (academic delays, learning disabilities, difficulties focusing and paying attention) which can help us understand behavioural problems at school but may not be adequate to explain violence directed at a parent, a sibling, peers or intentional injury to animals. These observations also suggest that the problems of these children are not solely related to the dysfunction of a particular environment. For example, several of the children spent their early years in stressed and chaotic families, families who may not have had the ability or energy to contain the child. But how can this early history adequately explain the child's extreme unmanageable behaviour in a foster home years later or their school truancy as they enter highschool?

Despite the similarities in behavioural presentation, these stories suggest that there are different profiles or types of children represented in this sample. We do not intend to be exhaustive and outline all the profiles represented here in the sample. However we will describe two profiles to illustrate the point. Let us look again at Figure 4.1 and compare the profile for child Y133 with child Y129, for example, we can see evidence of the differences. The chronology of behaviour for child Y133 begins with a solid grey line indicating that no problems in managing the child's behaviour were reported prior to primary school. Social and academic problems begin to surface in kindergarten. Various schools and programs within these schools are tried with no real success. Problems continue to escalate but are still manageable until the mid-primary school years, when the child moves out of the home to live with a family friend. When he returns home his behaviour is unmanageable at home and school. The child is setting fires and is aggressive towards his mom, and upon the advice of the school, he is admitted into residential treatment. Things improve slowly to their current status of being considered manageable once again. This chronology suggests that this boy may have had some social and academic problems which

surfaced once school began and grew progressively worse as programs failed to address his needs and he fell further and further behind. Residential treatment seems to have helped him to regulate his emotional states, develop social competence, and self confidence. Academic performance remains a problem but the child is no longer out-of-control nor considered unmanageable. Note that the behaviour of this child peaked near the end of primary school and remained unmanageable during early adolescence and then leveled off.

By comparison, we can observe a very different behavioural profile for Y129 from Figure 4.1. This child was considered unmanageable from birth. In her pre-primary school years she cried excessively, had temper tantrums at home and in public places. She was destructive of property and violent towards her mother. She didn't talk or walk until she was four years old. Once she started school she hurt other children. She was disruptive in class and her teachers could not control her. By age 7-8 she went into residential treatment. According to her mother she was diagnosed with ADHD and put on medication. Her behaviour has been manageable the last few years. For this child her behaviour peaked in early childhood remained unmanageable until age 7-8 before leveling off.

It must be stated that this data is insufficient for us to make any claims with respect to etiology of the focal child's behaviour. The data was not collected with this intention in mind. However, these profiles are different from each other in that the child's behaviour is peaking and levelling off in different developmental periods and certainly is suggestive of distinct etiologies.

Differences Between Behavioural Profiles of Younger and Older Cohort

If we return to Figures 4.1 and 4.2 we can compare the profiles for the younger cohort (case numbers beginning with the initial Y) with the profiles for the older cohort (case numbers beginning with the initial O). We can then observe that the children represented in the older cohort sample have different behavioural profiles than the children represented in the younger cohort. The older cohort, when they were the ages of the younger cohort exhibited more manageable behaviour. This is especially evident when we look under the column entitled Primary School. The behaviour of the children in the younger cohort tends to peak during the primary school years, as evidenced by the solid black lines indicating problematic and unmanageable behaviour for twelve of the thirteen cases during this time period. By comparison the older cohort has solid lines for only five cases during this same developmental period. However, the behaviour of the older cohort tends to peak during middle/high school with all fifteen cases evidencing extreme problematic and unmanageable behaviour during this later developmental period . Ninety-two percent of the younger cohort exhibited problematic and unmanageable behaviour during their primary school years compared to only thirty-three percent of the older cohort. Also, 77% of the younger cohort had received a diagnosis by the end of their primary school years compared to 54% of the older cohort. What this suggests is that the older cohort were not like the younger cohort when they were the same age and at their stage of development.

This is an important observation because it highlights the alarming and perhaps more disturbing behaviour of the younger cohort. They are exhibiting extreme problematic and unmanageable behaviour similar to the older cohort, but years earlier - up to twelve years earlier

in some cases. Compare, for example, Y129 a young boy who was physically abusive to his mother, hurt other children and was unmanageable at home and in the community before he entered primary school with O69 who did not become unmanageable until she was in her mid teenage years. Our society considers adolescence to be a turbulent time and a period when a teenager is trying to gain more autonomy, renegotiate familial ties, and acquire a greater reliance on peer relationships. We consider some tensions between parents and their adolescent children and a measure of unmanageable behaviour to be a “normal” part of growing up. Hence we can understand the behaviour of the older cohort as being somewhat typical of adolescent behaviour albeit atypical in its extreme, inimical, and violent presentation. But when we observe this same behaviour in children in their pre-primary and primary school years and note the same extreme, inimical, and violent presentation we can no longer cling to any type of developmental supposition. We expect children in their pre-primary and primary school years to be “manageable” and submit to the authority structures of home and school.

We are left with many questions related to the futures of the younger cohort children and the progression of their behaviour. Their problems and struggles seem far from over and they have yet to hit puberty, the transition from middle school to high school, and the transition from adolescence into adulthood. How will they handle these upcoming challenges? What are the implications associated with the earlier onset of difficulties? Will their problems be more tenacious, less amenable to treatment, and more complicated than the children who had a later onset?

Triggers, Transitions, and Traumatic Events

In earlier sections of this report, we discussed the functioning of the families represented in this sample. One of the questions we asked was, “Does family functioning adequately account for the behaviour of the focal child?” To review, 60-70% of the families had a marriage or long term/common law relationship break down. Thirty percent of the families had a period of residential instability and many of the families moved at least once necessitating school and peer group changes for the focal child. Violence and abuse situations were discussed by 58% of the respondents with 24% of the focal children being victims of abuse. In an attempt to answer the question, we looked at family functioning prior to the child entering residential care and compared it with family functioning after the child was in residential care (See Chapter Three: Family and Parent Functioning). One half of the families returned to relatively functional ways of living after the focal child was in residential care. The other half continued to struggle. Yet the descriptions of family functioning prior to residential treatment was indistinguishable. This would suggest exercising caution in emphasizing family functioning as a sufficient or primary catalyst for the behaviours of the focal child. At best it would help us to understand the behaviour of half of the focal children.

To further our efforts to understand the behaviour of the focal children, we considered the effects of trauma and wondered if, for at least a portion of the sample, the focal child’s behaviour could be explained as a reaction to a specific traumatic event or perhaps a series of harsh events and transitions. We took note of the references respondents made to particular events, trauma, and key transitions and included them in Figures 4.1 and 4.2 as a solid black dot.

We defined a triggering event as any event that marked the transition from manageable behaviour to unmanageable behaviour. The event was identified by the respondents as an event that the child seemed unable to cope with. The same event could have occurred in the life of another child but may not have led to an increase in unmanageable behaviour. For example, many children in the sample moved frequently and these moves did not trigger a change in behaviour. Yet for O76 the move from his familiar neighbourhood and school into a new neighbourhood and a new school marked the onset of problematic behaviour. In Figures 4.1 and 4.2, a triggering event can be observed as a marker of the change between child functioning that is not identified as a problem (solid grey line) into a either functioning that is problematic, but manageable (dotted line) or functioning that is problematic and unmanageable (solid black line). A triggering event can also mark the change between problematic functioning that is still manageable (dotted line) and functioning that is both problematic and unmanageable (solid black line). It should be noted however, that a triggering event may not be the sole causal event that leads to a increase in problematic behaviour, but may actually represent the final ounce which tips the scale. Returning to the example of the child represented by the code O76 (see Figure 4.2), this child received a diagnosis of ADHD, his parents separated and divorced, and he had already moved once prior to the triggering event.

Respondents provided information indicating that at least twenty-one of the children (75%) had experienced some form of trauma. For twelve of these children (43%) the event triggered the increase of unmanageable behaviour. The triggering events included: physical abuse, sexual abuse, loss of family members through separations, divorces, family reconfigurations or abandonment, moves, and the suicide of a friend.

This observation related to possible triggering events raises as many questions as it answers. Why were 57% of the children seemingly able to cope with the trauma while the other 43% were not? How do we explain the behaviour of the 25% of children for whom trauma was not indicated? How do these children compare to children who have not required residential treatment? Have they experienced more trauma? Are they less able to cope with trauma? Are they able to cope with some but when too many events accumulate their behaviour becomes unmanageable? How resilient are these children compared to others? Do they have pre-existing mental health conditions and evidence additional risk factors which make them more vulnerable?

We also looked at key normative developmental transitions, primarily the entrance into primary school and the entrance into middle school. If we return to our figure and look within each developmental period, we can see that for many children periods of problematic behaviour, whether manageable or unmanageable, begin slightly before or after these transitions suggesting that the transition may have been a triggering event. The behaviour of at least 14 children (50%) escalated close to the time of entrance into primary school and for 15 children (54%), their behaviour escalated in and around the time of the entrance into middle school and high school. The behaviour of at least six children escalated at both transitions.

It should be noted that these numbers are rough estimates. It should also be reiterated that this type of analysis is difficult to do using qualitative data, particularly when it was not collected with this purpose in mind. However, one cannot ignore that the transition into school and then again later into middle school seemed to be particularly difficult developmental challenges for many of the focal children. We are again left with the impression that school related and learning related difficulties posed specific challenges for these children and without the adequate supports

and appropriate learning environments their behaviour became increasingly unmanageable. We are left wondering why residential treatment facilities are expected to be the solution for inadequate learning environments, which have failed to meet the needs of the focal children. It seems that they are being asked to address the fall-out. This is unfortunate for a number of reasons. First, residential treatment is characteristically an extreme option. An appropriate school option may have prevented the need for out of home treatment. Second, it is untimely. After years of academic frustration and in some cases finger pointing directed at parents and the focal child, the child finally receives assistance. This delay places a high toll on family functioning, child functioning, and child self-esteem. Third, the treatment may be inappropriate. Residential treatment centres are being asked to “fix” a problem which they may not be designed to fix. Over 90% of parents expressed concerns about their children continuing to have serious school-based challenges following treatment. Fourth, gains made in residential treatment may not be sustainable if the child’s learning environment after residential treatment is not designed to support them.

Summary Comments

Popular understandings of extreme unmanageable behaviour in children tend to fall into one of three categories. 1) The behaviour is attributable to family dysfunction and poor parenting. 2) The behaviour is symptomatic of a mental illness, or 3) the behaviour is a reaction to trauma. The findings of this study could be used to support each of these understandings. There are children represented here for whom one or more of these understandings is salient. However, these research findings challenge these understandings as much as they support them. In other

words, when it comes to understanding the behaviour of the focal children, both its presentation and its genesis, these stories raise as many questions as they answer. These stories challenge the notion of a single or root cause of extreme unmanageable behaviour. Instead they offer a complex and unsettling portrayal of these children, their familial and social environments, life histories, their strengths and challenges. These stories caution against the use of blanket or catch-all interpretations to help us understand the problematic behaviour of these children.

Conclusion

In general parents viewed residential treatment as an “extreme” treatment option; a “treatment of last resort” merited by the tenacious and escalating nature of the child’s behaviour, the ineffectiveness of previous treatment options, and parents’, schools’, and communities’ mounting difficulties in containing and coping with the child’s behaviour. Despite this perception, 73% of parents reported feeling positive about residential treatment after their initial involvement and this feeling was largely sustained throughout the duration of the treatment. Undoubtedly the initial positive regard is linked to the immense relief families experience as the immediate pressure of caring for the focal child is eased when he or she enters residential care; however, the endurance of this affect speaks to the solid efforts of program staff in their delivery of services. Juxtaposed with the relatively poor outcome patterns for children leaving residential care, this positive view of residential treatment held by parents long after treatment ends is perplexing.

Indeed most of the older cohort children in this study leaving residential care continued to experience serious ongoing problems in daily living which in many cases rival or exceed the challenges faced prior to entering residential care. About one-third of these children had left home and many had unstable living arrangements or were “on the streets”. The after care daily living portraits of younger cohort residential care graduates were not notably more encouraging, albeit there was moderately more evidence of “successful” or partially “successful” adaptations for this cohort. About half of these younger children did not return to their original homes after residential care. Serious areas of concern shared by both groups of children include continuing major adaptation problems at school and continued high levels of pressure on the parents and siblings of many of these children.

The pattern of family functioning that emerges from this investigation raises the proposition that, given the burden on other family members of caring for the focal child and the “disproportionate” share of attention and resources investing in parenting this child, the lives of other family members must be given equal value in determining the benefits of helping interventions in these situations. Perhaps the clearest areas of benefit from these residential placements, at least in the short run, are for family members other than the focal child. These are important considerations, given the incredible pressures families manage when the focal child is at home, and the extreme disruptions in family life described in these stories. In light of the problems many of these children continue to have after leaving residential care, not returning home may be a preferable outcome in some of these stories.

We must also beware of valuing only the well being of the child and neglecting the often extreme costs mothers in particular pay over many years in caring for and seeking assistance for their child. In our research, the burden of caring for the focal child fell primarily upon mothers and the levels of pressure faced by these women, typically over many years, are striking. In considering the impacts of residential children’s mental health treatment and potential improvements in helping responses, there are good reasons to be concerned about the consequences for the well being of mothers/parents going through such trials. We also question the reasonableness of parents and family being “expected” to pay these kinds of prices on their own as part of a “normal” entitlement they owe to their child.

Earlier data showed that about half of families returned to lower stress levels and more functional relationships within the home when the focal child was out of the home. The balance of families, while reporting lower levels of stress and improved relationships, described continuing

struggles at home while the focal child was in residential care. For parents, in particular, approximately half talked about substantial improvements in their own emotional well being when their child was in residential care or out of the home while others described a long and continuing history of “emotional” challenges. What emerges is a mixed image of these families and parents. It is significant that in our research the description of life in the home prior to the focal child entering residential care was indistinguishable between these two groups of families. It is also important to highlight that, in our research with families involved with child welfare services, the “norm” was for descriptions of much more disrupted family and parent lives than in this residential care study. Yet there is no parallel in these stories to the unrelenting pressures parenting the focal child represents nor to the children being so impermeable to efforts to help.

Popular understandings of extreme unmanageable behaviour in children tend to fall into one of several possible categories: the behaviour is attributable to family dysfunction and poor parenting; the behaviour is symptomatic of a mental illness; or, the behaviour is a reaction to trauma. Indeed, there are children represented here for whom one or more of these understandings is salient. However, our findings challenge these understandings as much as they support them. In essence, when it comes to understanding the behaviour of the focal children, both its presentation and its genesis, these stories raise as many questions as they answer. These stories challenge the notion of a single or root cause of extreme unmanageable behaviour. Instead they offer a complex and unsettling portrayal of these children, their familial and social environments, life histories, their strengths and challenges.

An obvious question emanating from these stories is what can be expected for these children - in school, employment and relationships - over the years ahead. This study suggests that

the younger cohort will continue to struggle as they face new challenges associated with the transition into middle school and high school. There were few children engaged in the regular school system with many children functioning academically at a lower grade level than their same-aged peers. For the older cohort, employment opportunities and the transition into adulthood will present added challenges. As such, we highlight the distinction between pursuing “cure” and “care” objectives for these children. There is almost no support in our study for helping strategies predicated on “curing” or changing the focal child through short-term or medium-term interventions [e.g. improved social skills, better anger control, new coping strategies] so that he or she can prosper in everyday family, school and community environments. If improved long term outcomes for these children and their families are a priority, these stories indicate that our attention could profitably turn to the creation of an ongoing continuum of care between residential care and living within a family unit or independently. Variations in living arrangements, enhancing school and employment opportunities, and continuing support to these children and their families with the challenges of daily living merit serious attention.

SOCIAL WORK



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