

Constructing Social Workers with Client Experiences:
Stories of Child Welfare Practice and Identity

by

Michele Joyce Marie Fairbairn

A Thesis submitted to the Faculty of Graduate Studies of
The University of Manitoba
in partial fulfilment of the requirements of the degree of

MASTER OF SOCIAL WORK

Department of Social Work

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ABSTRACT

The client/social worker hierarchal binary is a fundamental and enduring structure in child welfare. This thesis contends that social and spatial dividing practices maintain this binary, enforce dominant ideological relations of power and maintain structural inequalities. Through relating and analyzing the tales of women who have been both child welfare social workers and child welfare clients, I contest these social injustices. Using a critical narrative methodology informed by feminist post-structuralism, I demonstrate how participants complied with, resisted and arranged ideological discourses in their narrations about their identities and practice as child welfare workers.

By drawing on liberal-humanist transformative discourses, participants resisted and contested the dominant story that client experiences represent a risk to performing the social work role. Their stories demonstrated how they used knowledge acquired through their experiences as clients to reinterpret dominant ideologies of motherhood, childhood and the family. Bringing these stories to the foreground disturbs the dominant liberal ideologies that underpin child welfare, thus opening space for a more socially just child welfare practice.

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Those who have been the objects of others' reports are now telling their own stories. As they do, they define the ethic of our times: an ethic of voice, affording each a right to speak her own truth, in her own words.

Arthur W. Frank (1995)

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CHAPTER ONE

Introduction

My intention in conducting this research is to build knowledge to facilitate social justice in child welfare social work, a field of practice dominated almost exclusively by social workers, but highly criticized by many for oppressive policies and practices with marginalized populations. I have specifically turned my attention away from finding out more about the dominant practices of child welfare organizations, towards gathering stories from child welfare social workers who have also been child welfare clients. Having been both a child welfare client and social worker myself, and holding a strong commitment to social justice, I wanted to know more about other child welfare social workers who have also been clients. I have provided child welfare services for child welfare social workers, supervised students who have been clients in their practicum, and know and hear about co-workers having been clients. Even so, I knew relatively little about their stories. How do they practice? How do they understand themselves as protection workers when they have been protection clients? In my curiosity I wondered, could it be possible that something in our stories could contribute to bringing about increased social justice in child welfare?

Despite some effort in social work to include marginalized and oppressed populations in social work education and employment, the dominant story as the master narrative about social workers who have been clients is a cautionary tale, advising that having been a client is a risk to the performance of

the social work role. Coffey and Atkinson (1996) identify the function of the cautionary tale is to give listeners guidance to avoid accidents or disaster (cited in Walmsley, 2004). Morris (2005) says that “master narratives are summaries of socially shared understandings . . . we use them both to make sense of our social experiences and to justify what we do” (p. 138-139), further identifying that not all master narratives are oppressive, but those that reinforce power hierarchies in the larger society obviously are. I argue this narrative functions as instructional discourse, in that it maintains existing social relations that are unjust. In social work, there is no corollary tale that suggests persons *not* having been clients is a potential hazard to performing their social work roles. This cautionary tale constructs the social worker with client experiences as *different*, leaving us to assume it natural and normal for social workers to have not been clients. I contend that this tale, in effect, normalizes the type of persons who should occupy the role of a social worker, and of course, which type of persons should not. This narrative further engages social workers to conduct themselves in ways consistent with replicating hegemonic values of society through policing oneself, and the borders between clients and social workers.

Particularly scrutinized through this dominant cautionary lens are those who attempt entrance into social work who have been clients with stigmatized social identities. For example, Stromwall (2002) says people recovering from psychiatric disorders experience stigma and negative social attitudes as barriers when trying to enter professional social work education and employment. He

identifies consumers of mental health services, similar to those in the addictions field, have demonstrated their competence as service providers, often working as mental health practitioners without disclosing their psychiatric history. Even with this demonstrated competence, and laws preventing discrimination against people with disabilities, Stromwall says having a psychiatric history, unrelated to their current functioning, can affect people's opportunities to enter and advance in the profession of social work. He explains the opposition to having people with mental health histories be employed as social workers are stated concerns about lower quality of service, harm to clients, and that the stress of employment in social work could adversely affect their mental health. "Those who question the inclusion of people recovering from psychiatric disabilities believe psychiatric symptoms, no matter how small, will interfere with the provision of social work services" (Stromwell, 2002:75).

Similarly scrutinized are those groups representative of marginalized populations. For example, child welfare has been entwined in the lives of Canada's Indigenous peoples, playing a significant role in their colonization, quite notably with the "sixties scoop", where thousands of Aboriginal children were taken and placed for adoption outside of their communities, mostly in White homes (Blackstock, 2003). Child welfare continues to be heavily involved in the lives of Aboriginal people. A recent survey says that Canada's Aboriginal children, up to fifteen-years-old, are only about five percent of the population, but they comprise twenty-five percent of entrances into state care (Trocmé, et al., 2005 found in Todd & Burns, 2007). Now that Canadian

Indigenous peoples are gaining control over their own child welfare services, I suggest the cautionary master narrative is in full circulation. White governments have restricted and closely monitored Indigenous peoples' efforts to resume their inherent rights and responsibilities for their own child welfare services. Reid (2005) says that Eurocentric, colonial and paternalistic relationships, values and beliefs continue to define child welfare laws, policies, and practices, identifying these critiques apply to British Columbia's Delegation and Enabling Agreement. In Manitoba, newly formed Indigenous and Métis child welfare organizations are subjected to regular outcries from media persons such as Margaret Wente (2007) and Lindor Reynolds (2007) warning us that children will die because these newly formed organizations place emphasis on culture and not on children's safety, as if for Indigenous people, culture and safety are separate.

In child welfare, dominant liberal ideological constructions of normative motherhood, childhood and the family act to stigmatize child welfare clients and portray them as unsuitable child protection social workers. In liberal ideology, child welfare clients come from bad families, are bad or neglectful mothers (Appell, 1998; Swift, 1995), or are non-protective mothers (Krane, 2003; Strega, 2004). At worst, child welfare clients are abusive and potential murderers of their children (Chen, 2003).

The dominant story of client experiences being a risk defines the parameters of research and associated knowledge in the sparse literature that exists about social workers having been clients. Although specific research

about child welfare social workers who have been child protection clients has not occurred, there are a small number of studies about the effects of a variety of abuse experiences on social workers' child protection practice (Jackson & Nuttall, 1994; Yoshihama & Mills, 2002). It is the *effects* of abuse, most particularly those identified as unresolved, cited as problematic to social work performance. The *wounded healer*, as a cultural trope, cautions the wounded therapist's 'secret self-centered agenda' of trying to avoid his or her own wounds or heal through providing therapy as what can seriously harm the most vulnerable of clients (Maeder, 1989). Regehr et al. (2001) identifies that schools of social work have a responsibility to be 'gatekeepers' of the profession by identifying students at potential risk for problems in performing the social work role. They cite indicators of these problems as field placement breakdowns, need for extending practicum, poor academic performance, and observed interpersonal relationships problems. To identify students at potential risk, Regehr et al conducted a study to determine if graduate students who included statements of having histories of abuse, injustice, or neglect and had plans to work with others in similar circumstances in their personal statements in entrance applications would later demonstrate these problems. In their findings, specific characteristics of students who may later encounter problems could not be identified, however they still suggested that students who included statements of these histories "may be a greater risk for such difficulties than others" (p.140). Along this theme are studies about social work graduate students' career choices that track their personal histories of early-life adversity

(Olson & Royse, 2006), trauma (Black et al, 1993) and family problems (Russel, et al, 1993; Sellers & Hunter, 2005). Similarly, Hawkins and Hawkins II (1996) used standardized screening measures and standardized self-report scales to determine if social work graduate students with parents who are alcoholics are at risk of mental health problems. Concepts, mostly drawn from psychoanalytic theories, have informed child protection social work practice (Sayers, 1991). For example, client experiences are identified for their ability to create emotional and psychological issues (Razack, 2002), counter-transference problems (Carr, 1989; Pearlman & Saakvitne, 1995; Razack, 2002), or vicarious trauma responses (Pearlman & Saakvitne, 1995).

What we do not know is how social workers who have been clients think about their client experiences, and how they understand their significance, if any, to performing their role as social workers. What are the sources of knowledge that inform their practice? How do social workers conceptualize their identities as social workers, particularly in the context of the social stigmatization of client identities? All of this is unknown by social work as the voices of social workers who have been clients are significantly underrepresented in the literature.

In my research I ask, how do female social workers who have been both child welfare workers and clients believe these experiences have influenced their practice and identities as protection workers? I use a critical narrative research methodology to understand what I hear from the women in my research about these experiences and their practice and identity constructions.

My research builds knowledge from what Foucault (1980) identifies as subjugated knowledge. Subjugated knowledge is knowledge kept outside of legitimacy and circulation through privileging only certain truths, and not others. I position subjugated knowledge, through the storytelling of the research participants, as the privileged site of inquiry to de-centre the dominant story that client experiences are a potential hazard to performing the social work role. Through privileging subjugated knowledge, we can hear and make space for what dominance does not permit to dismantle and contest dominant discourses that marginalize through oppressive relations of power.

In chapter two, my literature review, I discuss social justice and theories of oppression, demonstrating how these apply to child welfare and my research. I trace general historical child welfare policies and practices in Canada, discussing their role in the development of a liberal society. To demonstrate child welfare's present role in supporting advanced liberal societies, I scrutinize how current child welfare policies and practices, together with ideological knowledge, constructs persons into clients. I conclude this chapter with a critical review of the existing literature about social workers with client experiences to demonstrate how it implicates social work in its role of reproducing inequalities and dominance. It is important for social work to understand how it is engaged in reproducing dominant relations of power, to examine the mechanisms and processes involved, and to know where and how it resists to further justice for oppressed and marginalized populations.

In chapter three, my methodology chapter, I clearly outline my research methodology. I discuss knowledge production, including ontological and epistemological considerations involved in my choice of methodology. I have chosen a critical narrative approach because, as identified by Agger (1998) it has political potential for oppressed groups (cited in Fook, 2002), thereby making it consistent with the social justice values of social work. I have informed my methodology with feminist post-structuralism to strengthen a narrative approach. Similar to critical theory, feminist post-structuralism considers political and cultural contexts, but it additionally provides for how stories are constructed, given meaning and told in language, positioning language as a site of oppression and resistance. I speak about how I include feminist post-structural theory in a critical narrative methodological framework. I also describe the actual research processes, including methods, data collection, analysis, and discuss ethical considerations, evaluation and the merits and limitations of the study.

In chapter four, I present my research findings. I conclude in chapter five with discussion of my research findings, making recommendations for future research and social work education, policy and practice.

CHAPTER TWO

LITERATURE REVIEW

Social work has little independent identity beyond child welfare work (Callahan, 1993), and although interrelated and dependent on discourses from other disciplines such as psychology, law, health, psychiatry and education (Parton, 1999), it is the only area of social work where these other disciplines do not have either equal or greater prominence (Callahan, 1993). Social work's roots in Canada, unlike other helping professions, focused on providing care and support specifically to poor women and children (Baines, 1991). Social work is further distinct from other helping professions because of its person-in-environment approach and its social justice quest for marginalized and disadvantaged populations. Many Canadian child welfare organizations hire only those persons with a university social work degree to be child protection workers. In addition to policies at child welfare organizations, public child protection inquiries, such as Gove Inquiry in British Columbia after the 1992 death of Matthew Vaudreuil, make specific recommendations that front-line protection workers have a Bachelor of Social Work degree as a basic qualification, with a Master of Social Work degree preferred (Gove, 1995). Canadian child welfare organizations are primarily staffed by women with Master or Bachelor of Social Work degrees between the ages of twenty-six and forty-four years of age (Callahan, 1993; Fallon, et al, 2003). Further, most child welfare workers are White and all are able to speak English (Fallon, et al, 2003), even though English may not be their first language.

Social work's 'person in environment' theoretical approach and its ethical responsibility to engage in social justice also set it apart from other helping professions. The goal of social work in a 'person in environment' approach is to achieve a 'goodness of fit' in relationships between persons and environments, maintaining that each influences the other (Germain & Gitterman, 1996). This approach provides a conceptual framework that accounts for the social circumstances of persons who are the clients of social work, but it has required scrutiny. Kempe (2007) identifies how feminist and postmodernist theorists have asserted that we scrutinize the concepts around which disciplinary knowledges and practice are organized. "Hidden in many apparently benign conceptual frameworks, these perspectives suggest, is a view of the world that is defined by dominant experiences, particularly those of the Western, White, and frequently male bourgeoisie" (Kempe, 2007:10). A person in environment approach is strengthened by critiques saying that universalizing definitions of persons and environments should be avoided for their assumptions that reflect dominant cultural experiences, rather than understanding how environments are experienced differently by members of non-dominant groups such as women and persons of color (Kempe, 2007; Robinson, 1998).

Also distinct from other helping professions is social work's purpose to enact social justice as described in the core social work values and principles in its codes of ethics. For example, the Canadian code states,

Social workers promote social fairness and expand choice for all persons, with a special regard for those who are marginalized, disadvantaged,

vulnerable, and/or have exceptional needs. . . Social workers oppose prejudice and discrimination against any person or group of persons, on any grounds, and specifically challenge views and actions that stereotype particular persons or groups” (Canadian Association of Social Workers, 2005:5).

Despite an ethical code defining an objective of social justice and the central position of social work, in child welfare organizations, this objective seems to be missing from child welfare policies and practices. Similarly, even though academic efforts have introduced anti-oppressive approaches in child welfare, oppressive practices continue to thrive (Dumbrill, 2004).

Child welfare has a long history of engaging in policies and practices identified as oppressive, for example participating in colonization of Indigenous peoples (Barter, 2005; Blackstock, 2003) and social control of marginalized populations through gender and class regulating practices (Scourfield, 2003). The literature suggests child welfare organizations fail to enact social justice inherent in social work values because they focus on individual clients rather than on unjust structural conditions related to gender, class and race inequities. As the literature review will demonstrate, these inequities are the predominant factor that historically and currently brings particular groups of people to the attention of child welfare organizations. Overwhelmingly, the Indigenous peoples, poor children, and poor single mothers who come to the attention of Canadian child welfare do not identify their child welfare experiences as socially just or consistent with their emancipation, but as vastly oppressive and punitive (Callahan, 1993; Dumbrill, 2004; Swift, 1995). I therefore begin this research with the premise that child welfare policies and practices

predominantly reflect beliefs, attitudes, and behaviors towards child welfare clients that are incongruent with the social justice ideals of social work.

In this chapter, I outline theories of oppression while examining varying ideological understandings of social justice. I specifically identify the limitations of liberal constructions of justice for child welfare, clearly demonstrating how I ground my concept of social justice for my research in the Canadian social work code of ethics. I then discuss the tenuous relationship between social work values of social justice and values enacted through dominant child welfare policies and practices, demonstrating how they replicate neo-liberal and conservative ideologies of the dominant Western culture. Swift (1995) observes that child welfare practice reflects “the knowledge, values, and beliefs of the larger society . . . child welfare workers import and apply their experiences as members of society to their everyday reasoning and decision process” (p. 13).

As an institution of social control, child welfare has played a significant role from the historical development through to the current maintenance of advanced liberal societies (Parton, 1999). Dominant Canadian society, built on liberalism, is Christian, patriarchal, White and Eurocentric in origin. I discuss a number of pertinent concepts from the literature to demonstrate how Canadian child welfare has historically been involved with the development of a liberal society, and how current policy and practice maintains advanced liberalism rather than redressing the inequalities on which liberalism is dependent.

I further trace the historical development of specific child welfare policies and practices that support liberalism, identifying ideological underpinnings and the discursive mechanisms that circulate as webs of power to regulate motherhood, childhood and the family in child welfare. I pay specific attention to the occupational practices of child welfare workers in risk assessment, file documentation, and everyday talk to demonstrate how these practices construct persons into clients. I argue that child welfare practices implemented through policies such as *risk assessment* and *standardized file documentation* procedures that may appear to be politically neutral, are everyday sites of ideological and discursive power that support advanced liberal societies in that they construct practice and client identities to suit dominant political ends. I further demonstrate how the dominant story of the *truth of science* is inextricably linked, replicating and supporting dominant power relations, through upholding these ideological and discursive practices. For example, positivist research methods construct the formalized decision-making tools of child welfare, most particularly risk and parental capacity assessments informed by deficit focused discourses, which in turn become part of judicial decision making about the ‘best interests’ of children.

Later in this chapter, I discuss how the activities of child welfare most often involve two groups of women, protection workers as ‘state mothers’ assigned to ensure the best interests of children are maintained through surveillance and policing of the mothering activities of another group of usually marginalized women, who are constructed as ‘bad or inadequate mothers’. I

discuss how both groups of women, constructed through the same discursive regulatory mechanisms, are engaged in historical relations of power that support dominant ideologies of liberalism, and regulate gender, race, class, and ability. I conclude this chapter with a critical review of the literature about social workers who have been clients.

Oppression and Social Justice for Child Welfare

The code of ethics of my profession of social work guides my research. Social workers are instructed by one Canadian Code of Ethics to pursue, as a core professional objective, social justice for all persons, but particularly for those who are “marginalized, disadvantaged, and are vulnerable or have exceptional needs” (Canadian Association of Social Workers, 2005:5). As with all of the Code’s principles, interpretation of the meanings is variable, and the precise meanings of social justice are not clear. This code replaces the former one of 1994. Certainly Gil (1994) identifies that social work’s requirement to promote social justice as referred to in the former 1994 code was not obvious (cited in Mullaly, 2002).

Mullaly (2007) identifies a primary concern with this newer code is its failure to identify what type of society social work is concerned with creating, something that was included in the former code. As suggested by Mullaly, the current code’s silence on this issue can emphasize assisting persons to adjust to the existing social order rather than redressing inequities in the environment, furthering effects of inequalities already experienced by non-dominant groups.

Mullaly is further concerned that the new code has a limited view of social justice because it does not account for social work's attention beyond distributing and redistributing society's resources, thereby excluding efforts to redress injustices created by the social institutions and relations that produce inequalities in the first place.

While I certainly agree that it is problematic and antithetical to social justice for social work to be silent on its vision for society, I believe the new code continues to provide us with a focus on social justice as a primary value of social work, and that we can extend it beyond distributive or redistributive justice. To understand how to make this interpretation of social justice, we must read and interpret the code in its entirety. The new code identifies the pursuit of social justice as a core value, and while it certainly speaks to distributive or redistributive justice, and justice as a rights based concept in its principles, its final principal says that "Social workers promote social development and environmental management in the interests of all people" (p.5). As an example, I suggest we read this principle together with the principle "Social workers promote individual development and pursuit of individual goals, as well as the development of a just society" (p. 6), as identified in the core value of social work as a service to humanity. In doing so, we can interpret the code of ethics as saying social work must concern itself with promoting a just society through social development and environmental management in the interests of all persons, and not at the expense of any single person. Further, that a just society

will only exist with social development and environmental management in ways that consider the interests of all persons.

Similarly, there is significant ideological deliberation about precisely what social justice means and how to achieve it. It is through deepening my understanding of injustice and oppression that I develop my vision of social justice. Turner and Moosa-Mitha (2005) identify that without developing this comprehensive understanding and a commitment to address inequalities, social workers will be influenced by the ideological climate in which they are immersed, consequently maintaining the status quo. In the following section, I discuss social justice in terms of its differing ideological positions to understand how these positions relate to theories of oppression, and social justice for child welfare and in this research.

All social theorists make social justice claims. The ideological foundations supporting these claims, however, are not consistent in either beliefs about why social differences exist, or the methods by which to achieve justice. Within ideologies are varied perceptions about the function of government, people's rights, and distribution of resources. What socialist and some liberal politics define as unjust, neo-conservatives consider a natural inequality. Given that all social research, policy and practice is ideologically laden, consensus about what constitutes social justice varies.

Turner and Moosa-Mitha (2005) identify current Western political ideology as consistent with neo-conservatism and neo-liberalism. Social workers who support a neo-conservative ideology believe people are

individually responsible for their problems and view any disparity between people as part of a natural order, with the exception of children and in some cases, those adults with disabilities. Additionally, as Turner and Moosa-Mitha state (2005), “marketplace values, traditional wealth, corporate influence, minimal government intervention, and inequality are supported as fueling incentive for each person to better themselves” (p. 23).

Similar to neo-conservatism, social workers ascribing to neo-liberal views do not call for a change to structural conditions, however some will advocate amelioration of inequality through social reforms. These reforms fall on a continuum from minimal to extensive modifications. These views are located in modernist liberal-humanist constructions of social justice, which for the most part have roots in classic liberal thought dating back to the Enlightenment theories of Hobbes and Locke (Moosa-Mitha, 2005). These constructions support definitions of social justice that are concerned with securing individual rights and responsibilities that are equally available to all members of society (Brown, 2003). Justice, within these parameters is a social condition that operates through laws and social benefits.

Foundational to liberal theories is the notion that universal self-interest motivates all members of society to pursue their right of individual freedom. Liberal thought values social relationships that are atomistic over interconnected and interdependent relationships (Dietz, 1987; Williams, 1998; Young, 1997, cited in Moosa-Mitha, 2005). As well, critical race theorist Razack (1999) identifies the ‘liberal self’ as someone who is not socially constituted, and is

therefore unable to see how individual choices and opportunities are impacted by social locators, such as age, gender, ability, sexual orientation, race and class. Any inequities that occur because of these differences are not accounted for within the construct of the liberal self. Liberal notions of social justice have limited possibilities for creating positive social change, especially for those who are not part of the dominant group. Liberal ideology assumes that equality can be created through redistribution of rights, privileges, goods and services, a position inadequate to address the depth of oppression that is based in social location. "The idea of rights, turning as it does on notions of individual freedom and autonomy, feeds the illusion that subordinate groups are not oppressed, merely different and less developed" (Razack, 1999:24). Liberal theory holds that people's differences can be transcended through the application of universal concepts of humanity to ensure all members of society are equal. "The basis on which people have the right to be treated as equals is not based on an acknowledgement of their differences; rather it is an interpretation of equality that is synonymous with same" (Phelan, 2001, cited in Moosa-Mitha, 2005:42).

An individualistic focus de-politicizes difference in Rawlsian liberalism. Similarly de-politicized is communitarian liberalism, despite its concern with communal relations. In Moosa-Mitha's (2005) discussion of the work of Rawls (1971) and the communitarian liberals Kymlicka (1995, 2001) and Taylor (1989) she identifies both Rawls and communitarians as supporters of a rights based notion of social justice. Moreover, Moosa-Mitha says even though these

communitarians believe people participate in culture and are not just rights-bearing individuals, the discourse of 'individual choice' enters into their understanding of participation in culture. Further, they understand differences in singular terms, resulting in the marginalization of difference and sameness as the norm. Different groups and individuals within these different groups have variant combinations of social location, resulting in experiences of these conditions that vary.

Consideration of differences and intersecting sites of oppression bring earlier visions of universal emancipation to new understandings. A variety of theorists, including those adhering to feminist, critical race, decolonizing, and anti-oppressive concepts have reflected upon and critiqued dominant emancipation discourses (Mohanty, 2003). Weedon (1999) identifies that the primary discourses in the Western world related to emancipation including liberal-humanism, Marxism, and feminism have developed from Enlightenment thought. She further identifies these discourses as universal in aspiration and Eurocentric in both their assumptions and practices, further suggesting they do not attend to structural racism. "They assumed that white Western cultures and societies were the most advanced while at the same time assimilating racist stereotypes of people who were not white" (Weedon, 1999:153).

Young (1990) says the primary focus of contemporary social movements concerned with emancipation, such as feminism, Black liberation, American Indian movements, and gay and lesbian liberation is to address oppression. Their theorizations identify oppression as produced and maintained in multiple

ways. Conceptualizing oppression is essential to developing useful ways to overcome injustices. Engagement in social justice requires an acknowledgement of oppression and understanding ways to challenge it (Mullaly, 2002; Young, 1990). There are theorists who provide us with definitions of oppression. Mullaly (2002), for example, describes oppression as a moral and political problem that is produced in social practices that replicate dominance, where oppressive rules, processes and practices must be transformed to create social justice. Carniol (2005) suggests oppression is structural, naming the ‘unearned privileges’ of dominant groups as maintaining societal oppression. He recommends social transformation that constructs “equitable personal/political/economic social realities based on values such as caring, authentic democracy, and fairness” (p. 32).

Postmodern feminist Iris Young (1990) identifies oppression as a structural concept that has five components, including exploitation, marginalization, powerlessness, cultural imperialism and violence. According to Young, the occurrence of any one of these five conditions constitutes oppression for a particular group. She further identifies that understanding oppression experienced by non-dominant groups is essential to social justice. To overcome oppression, argues Young, we must expand justice beyond distributive paradigms, where allocation of material goods, and natural and social resources, are the primary justice concerns. Young (1990) further identifies distributive justice does not recognize differences and distracts from the oppressive institutional context:

The predominant focus on the distribution of wealth, income, and positions is that such a focus ignores and tends to obscure the institutional context which those distributions take place . . . It (the institutional context) includes any structures or practices, the rules and norms that guide them, and the language and symbols that mediate social interactions within them in institutions of state, family civil society, as well as the workplace. These are relevant to judgments of justice and injustice insofar as they condition people's ability to participate in determining their actions and their ability to develop and exercise their capacities (p. 21-22).

Similar to Young, Leonard (2004) suggests a reconstruction of emancipation that accounts for difference and not just economic re-distribution. At the same time, Leonard (1997) cautions against an identity politic that emphasizes only difference, and constructs a binary opposition between marginalized groups, resulting in a lack of shared ground from which to build political movements. These binary definitions can also be polarizing, constructing either oppressed or an oppressor, consequently not taking into account multiple and intersecting social identities (Williams, 1998 cited in Moosa-Mitha, 2005). Leonard (1997) also notes the concern of essentialism inside groups that do not consider differences among its members. Emphasis on singular and fixed identities that stress shared identity and experiences of domination can result in oppression being "psychologized and rendered as an issue almost exclusively of subjectivity" (Fuss, 1989 cited in Leonard, 1997:157).

The implications of oppression and social justice for child welfare are far-reaching. As long as child welfare focuses its attention on individual clients constructed within a liberal-humanist definition rather than attending to

oppression situated in social location and institutional contexts, injustices will continue for those on the margins through the practices of child welfare.

Child Welfare Social Work

Critical analysis related to child welfare is taught in most social work schools, however, it is not embraced in child welfare organizations, which commonly accuse universities of failing to adequately prepare students for the 'realities' of practice (personal communication, Child Welfare Round Table, CASSW, 2005). Despite critical analysis being taught, child welfare practice continues to be identified as oppressive (Dumbrill, 2004), punitive to mothers (Callahan, 1993; Swift, 1995), and failing to meet the needs of children and families (Barter, 2005; Dumbrill, 2004; Callahan, 1993; Swift, 1995; Wharf, 1993).

The small amount of literature containing the voices of child welfare clients suggests that although sometimes satisfied with their experiences with the child welfare system, in many instances child welfare clients identify their experiences as oppressive (Dumbrill, 2004). When considering the many ways that marginalized populations are oppressed, increased potential for child welfare involvement is just one of many circumstances of those on the margins. Oppressed populations are more often involved with the criminal justice, mental health, income assistance, and health systems. Todd and Burns (2007) say that child protection work reproduces the inequalities that shape Canadian society, further stating that "racism, colonialism, sexism, and classism are directly

related to the degrees which an individual must endure state surveillance and is perceived to be in need of intervention” (p. 24).

The experiences of child welfare clients are predominantly located in race, gender, class and other marginalized social locations. Practice is riddled with replication of societal injustices on a continuum from inattention to gross neglect of issues related to social location (Barter, 2005; Dumbrill, 2004; Gilroy, 2000; Swift, 1995). In Canada, Indigenous children are overrepresented in the child welfare system, currently comprising on average approximately half of the children in state care (Walmsley, 2005). Similarly, in the United States, despite being a significantly lower percent of the population, children of color make up the majority of child welfare caseloads (Woldegiorguis, 2003). In Britain, there is both evidence of societal discrimination against Black people in access to employment, housing and social services and an overrepresentation of black children in child welfare (Munro, 2002). In Britain, child welfare brings Black children into care more quickly than White children, and offer family support services to White parents at a greater rate than Black parents (Barn, 1990; Chand 2000, cited in Munro, 2002). A variety of research identifies that social location is the single determining factor of who mostly comes into contact with child welfare and what specific form of interventions and outcomes occur (Department of Health, 1991 cited in Jones, 1994; Woldegiorguis, 2003). In Woldegiorguis’ (2003) review of the research and examination of national incidence data in the United States, she concludes colored children are over reported to child welfare organizations and “maltreatment is reported

differently” than for white children (p. 274). She also identifies that “racial differences exist in child protective services (CPS) decision making during investigation and substantiation” (p. 274). As Derezotes (2000) and Pelton (1989) note there is ever increasing evidence which demonstrates individual practitioner and institutional responses to people of color produce disproportionate numbers of non-whites involved in the child welfare system, which include both inferior service delivery and more frequent family disruption than for white families (cited in Woldegiorgis, 2003:274). Even though research suggests no significant racial difference in the incidence of maltreatment and neglect, children who come into child welfare care and remain in care are predominantly non-white (Woldegiorgis, 2003). “Children of color remain in care longer and are reunified less often than white children” (Derezotes, 2000, cited in Woldegiorgis, 2003:274). Kline (1992) notes that in Canada “studies have also documented how First Nations children are much less likely than other children to be returned to their own parents . . .” (p. 388).

It is also well documented that those who come to the attention of child welfare organizations are primarily socially disadvantaged and vulnerable, including women and their children who are most often poor, non-white, abused and sometimes homeless (Callahan, 1993). Some research shows the best predictor of child welfare involvement, particularly of those who enter into care of child welfare organizations is dependence on income assistance (Lindsey, 1991). Poverty is frequently cited as the major social factor involved in all child welfare neglect cases, where blame for social circumstances is specifically

directed towards mothers, many of whom are non-white (Callahan, 1993; Swift, 1995). In Canada more than seventy percent of children involved with child welfare live in poverty, and “as other scholars point out, child protection cases are primarily the results of poverty and the effects of associated disadvantages such as single motherhood”(Chen, 2003:212). Moreover, Scourfield (2003) concludes from his research in the UK that practice is predominantly gendered, class-specific and coercive, overtly regulating gender and the parenting practices of poor and working class families.

Over the past three decades child welfare caseloads have been growing (Callahan, 1993; Parton, 1999; Krane & Davis, 2000), and since 1995 the federal government has significantly reduced transfer payments to all Canadian provinces, including funding for child welfare services and other social programs that ameliorate conditions of poverty (Gilroy, 2000). After a number of high profile child death inquiries, child welfare organizations have additionally experienced political pressure to prevent future child deaths (Barter, 2005; Parton, 1999; Krane & Davis, 2000). Responses to all of these pressures have moved child welfare work even further away from social work values of promoting social justice as it has subsequently become increasingly crisis driven (Wharf, 2003, cited in Barter, 2005), requiring front-line workers to spend increased time doing paper work to demonstrate accountability in case children are seriously injured or killed (Gilroy, 2000; Munro, 2002). Beard (1990) asks, “[w]hy, when poverty has been intensifying and welfare programmes run down, has our attention been drawn to sexual or other abuse”

(cited in Munro, 2002:58). Rather than remaining focused specifically on individual abusers of children, child welfare organizations must develop policies and practice to address the systemic violence of neo-liberal inequalities, which kills children at a greater rate than individual abuse (Beard, 1990, cited in Munro, 2002). “For all its horror, child sexual abuse or physical battering, harms, indeed kills far fewer children either in the UK or the US, than simple, miserable and unremitting poverty”(Beard, 1990, cited in Munro, 2002:58).

Bureaucratic strategies to manage increased workload demands with even fewer resources in a climate of fiscal restraint, where social conditions have continued to deteriorate, all set the climate for a child welfare practice in which social justice goals are seemingly not possible. Child welfare organizations are clearly not responding to injustices created through structural conditions in the lives of child welfare clients (Barter, 2005; Callahan, 1993; deMontigny, 1995; Gilroy, 2000; Swift, 1995).

A social justice framework taught in many Canadian social work schools is one that situates personal troubles in a context of systemic inequalities in resources and power associated with factors such as class, gender, sexual orientation, race, culture, age and disability, and stresses methods of practice that are directed toward empowerment (Gilroy, 2000:30).

Even though research clearly identifies marginalized social location as the prevailing and consistent factor in most child welfare cases, current practice problems are removed from their social context and individualized.

The development and implementation of tools such as risk assessment and emphasis on standardized documentation practices in which social conditions are ignored all support an individualized way of understanding client

situations. Child welfare workers may notice social circumstances but the occupational discourse of risk and standardized documentation set the parameters for practice, resulting in blaming clients for circumstances beyond their control, or the relationship between social conditions and child welfare involvement become invisible or irrelevant in practice (Barter, 2005). As pointed out by de Montigny (1995) this is a clear example of ideological practice in which child welfare constructs individually responsible clients by removing them from their social context. This current practice paradigm in child welfare actually hampers rather than promotes social justice and empowerment (Barter, 2005). The emphasis on standardized procedures, including risk management and standardized recording practices in child welfare organizations restricts social justice and empowerment of citizens (Barter, 2005).

Significantly, the relationship between social work values of promoting social justice and child welfare practice is at best tenuous. There are clearly many obstacles restricting social justice outcomes for social work in child welfare. Practice occurs within dominantly discourses and hegemonic ideological cultural, economic and occupational contexts. Tools, such as risk assessment and file recording formats are constructed within these dominant contexts, oppressing those on the margins. These in combination with occupational requirements for performing the child welfare worker role make social justice outcomes unlikely.

Ideology and Discourse in Child Welfare

Liberal ideological constructions of childhood and the family have historically shaped practice and policy in Canadian child welfare. Childhood within this discourse is a dependent and vulnerable state requiring economic protection, moral and educational guidance, and emotional nurturing, (Barter, 2005; Macintyre, 1993; Swift, 1995). The historical construction of the family in liberal ideology is as an autonomous unit, marked by patriarchal authority and gendered division of adult roles (Macintyre, 1993; Swift, 1995). In this ideology of idealized family structure, children's best interests are conflated with their ability to become productive and contributing members of society (Macintyre, 1993; Munro, 2002).

Over the last century, numerous historical social reforms have been rooted in these dominant concepts of childhood and family, including federal and provincial policies, as well as those developed by private philanthropic and faith based women's groups, the child-saving movement, and the Canadian Council on Child Welfare. The focus was to identify and address concerns related to poor, orphaned and neglected children who, without assistance, would most likely become criminal or dependent adults (Macintyre, 1993). These child-saving and social regulating beliefs were fixed in "paradigms of patriarchy, whiteness, privilege, and ethnocentrism" (Barter, 2005:10), as were the oppressive colonial policies and practices of assimilation and integration of Aboriginal children by removing them from their communities and culture (Blackstock, 2003, cited in Barter, 2005; Walmsley, 2005). Macintyre (1993)

identifies that the political and economic agenda of child welfare intervention was to prevent social unrest among the underclass. Parton (1999) similarly says that the child welfare social worker “occupied and mediated the space between the respectable and dangerous classes” (p.111). Macintyre (1993) suggests that over time the attention of child welfare shifted from ideologically reinforcing the moral and social values of the family and blaming parents for being without a home or job, to a brief period in the late eighteen-hundred’s, when poverty was dominantly understood as a social condition resulting from expanding industrialization and urbanization rather than moral failure.

The concept of *parens patriae*, the ‘state as substitute parent’, enacted through the former Juvenile Delinquent Act of 1908 and still enacted in some child welfare policies, formed the foundation for state child welfare intervention into the privacy of family life, allowing for wayward or neglected children to be removed from the home and placed elsewhere (Macintyre, 1993). Parton (1999) identifies this intervening function of child welfare as presenting particular challenges in liberal societies, because it is essential for families to remain autonomous and free, to not all become clients of the state. In contrast, Swift (1995) identifies the state as ‘parent of the nation’ as the actual mechanism for enforcing the liberal ideal of childhood, individual responsibility, and the family as a private entity. This mechanism works through overriding the family’s rights to privacy with the rights of the state only when parents are identified as possibly harming or not taking care of their children properly, but only insofar as the least intrusive level of intervention is used to protect the child’s rights to

have this care (Swift, 1995). This ideological construction of childhood, family and individualism is buttressed through rights and best interests of the child discourses in how these are located in liberal legal discourse.

When child welfare organizations became established across Canada, practice became 'professionalized', taking the form of casework, where scientific methods of "investigation, co-ordination and efficiency" allowed for a 'social diagnosis' of each family (Macintyre, 1993:33). By the early 1920's Mary Richmond, the pioneer of 'scientific social casework', had published both *Social Diagnosis* (1917) and *What is Social Casework?*(1922), leading the way for 'scientific methods' and 'social casework' to be dominant in child welfare and other Canadian social work practice (Yelaja, 1985:24-25). Baines (1991) similarly identifies social work's aspirations to professionalize involved adopting a casework approach and medical model, introducing psychiatric knowledge into social work. She says the extent to which proving treatment in social work has been successful is disputable, but what Baines (1991) identifies has been successful is the "illusion given to the social worker that she had a distinct body of knowledge and thus met one of the objectives of professionalism" (p. 57-58).

Although remnants of these historical underpinnings continue to prevail in child welfare social work, the current practice context is significantly different. Where historically child welfare work was concerned with providing opportunities for children to have proper guidance in order to have a respectable place in society, since the early 1970s child welfare policy and practice has been

preoccupied with protecting children from abuse (Munro, 2002; Parton, 1985, 1991, 1999). In the decade previous, Kempe et al. (1962), an American doctor, with the aid of X-rays was able to detect evidence that parents had undeniably injured their children. Munro (2002) says Kempe identified the parents who abused their children as having a medical illness.

In his view, the child needed to be removed from the home while the parents received treatment, after which the child could be returned. Parents who had a psychotic illness were not deemed treatable and so their children would need permanent alternative care (Munro, 2002:40-41).

Munro further indicates that during the 1960s and 1970s the issue of child abuse grew in political importance. She says Kempe's construction of abuse as a medical problem of the parent made child abuse less threatening to the autonomy of the 'family', and through making child abuse a medical issue of the parent and not a social problem, child abuse became distant from its earlier link with poverty. Rose (1996, 1998) indicates that while some attribute this increased focus strictly to Kempe's (1962) 'discovery' of the 'battered child syndrome', it is important to note that these changes in child welfare coincided with the rise of neo-liberalism and the 'risk society'.

A 'risk society', is a society that has shifted from one that is concerned with the distribution of goods such as "wealth, health and life chances" to one that is "saturated with fear and foreboding, and structured by concerns over the distribution of 'bads' or dangers" (Beck, 1990, cited in Rose, 1998:181). The discourse of risk is prevalent in contemporary society, operating in policies and practices in health, crime and security, sexual conduct, childcare, and child

protection (Rose, 1998). Hacking (1991) indicates that the concept of risk “seeks to bring the future into the present and make it calculable” (cited in Rose, 1998).

We could say that it tries to discipline uncertainty: to discipline it in the sense of making uncertainty the topic of a branch of learning and instruction. And to discipline it in a second sense, by bringing uncertainty under control, making it orderly and docile. Risk thinking tames chance, fate and uncertainty by a paradoxical move. By recognizing the impossibility of *certainty* about the future, it simultaneously makes this lack of certainty quantifiable in terms of *probability*. And once one has quantified the probability of a future event occurring, decisions can be made and justified about what to do in the present, informed by what now seems to be secure, if probabilistic, knowledge about the future (Rose, 1998:180-81).

Stanley (2006) indicates there have been three “risk periods” that can be identified in child welfare over the past thirty years (p. 3). Stanley cites the 1970s as a time of increasing societal anxiety about children’s safety, and the time when ‘risk discourse’ entered into child welfare talk. During this period, it became an expectation for social workers to identify specific risks for children and families who came to the attention of child welfare organizations (Parton, 1997, cited in Stanley, 2006). Stanley suggests what followed in the 1980s and 1990s was an emphasis on developing risk assessment tools and risk management policies to a current period of legitimized risk discourse being used to “legitimise assessment decisions made about particular children and families” (p. 4). This current trend of most child welfare organizations using risk assessment is consistent with what Leonard (2004) calls ‘scientism’, meaning the ideological practice of obtaining knowledge, as truth, through objective means that can then be predictive. Practice focuses on utilizing standardized

risk assessment tools, and direct contact with clients is reduced (Leonard, 2004; Parton, 1999). In Stanley's research, he found "internationally, child protection systems favoured actuarial risk assessment tools to enhance certainty around risk assessment . . . where risks are aggregated and statistically calculated" (p. 4). Risk assessment practice replaces interaction with clients as one of the primary methods of assessment with gathering, assembling and monitoring a combination of risk factors (Leonard, 2004; Parton, 1999; Krane & Davis, 2000). While using risk assessment tools appear to be a useful strategy to increase the ability to make predictions about children's safety and intervene accordingly, a number of researchers have noted that risk assessments are in fact not predictive (Armstrong, 1995 cited in Parton, 1999; Swift, 2005; Parton, 1999; Krane & Davis, 2000). Further, marginal social conditions are ignored (Barter, 2005; Wharf, 2003) and primarily oppressed populations continue to come to the attention of child welfare agencies (Callahan & Swift, 2004; Swift, 2005).

Lafrance (2003) notes child welfare organizations are increasingly concerned with maintaining power and control over both clients and social workers (cited in Barter, 2005). Imposition of rigid procedures has resulted in de-humanizing of client and worker relationships, interference with worker creativity and discretionary practice, and a breakdown in efforts to strengthen communities to support child welfare clients (Lafrance, 2003 cited in Barter, 2005). Risk assessment produces social work practice that is restricted and

monitored (Leonard, 2004; Parton, 1999). When social workers are instructed to standardize their practice, Castel (1991) indicates,

the specialists find themselves now cast in a subordinate role, while managerial policy formation is allowed to develop into a completely autonomous force, totally beyond the surveillance of the operative on the ground who is now reduced to a mere executant” (p. 281, cited in Parton, 1999:102).

When workers are either constrained by occupational discourses or instructed to produce specific practices, they have little control over the shape and direction of their practice and are subject to the gaze of surveillance in similar ways as their clients.

Construction of the Client in Child Welfare

Social workers, as professional storytellers in verbal and textual accounts, construct persons into clients, produced and constrained through scientific decision-making tools, standardized file documentation and discourse. Professional discourses, from disciplines such as psychiatry and psychology, construct pathological, dysfunctional and impaired client identities (Dietz, 2000). Pathological and blaming discourse about child welfare clients conceal unjust social conditions and people’s lives turn from their own accounts of their lived experiences into professional narratives that construct them as *clients* with particular problems (de Montigny, 1995; Dietz, 2000). Once under the child welfare gaze, an individualized client story is constructed and documented.

Foucault (1980) explains that identities are contingent and constructed on normalizing discourses, a “type of power and of knowledge that the sanctity

of science renders neutral” (p. 107). Power then constructs and normalizes through specialized knowledge and discourse (Foucault, 1980). For example, risk tools and discourse function as the specialized knowledges that frame the normalizing, regulating and surveillance activities of child welfare.

Risk measurement tools construct clients as persons from subjects into objects (Leonard, 2004; Parton, 1999). Madigan (1998) identifies two interrelated ways by which Foucault identifies people are turned into objects, including ‘dividing practices’ and ‘scientific classification’. Foucault (1965) indicates dividing practices can be both social and spatial where people of particular social groupings, who demonstrate difference, are subject to objectification, physically separated or isolated (cited in Madigan, 1998). Madigan (1998) suggests scientific classification turns the body into a thing and supports dividing practices such as diagnosis through the DSM in mental health practice. I suggest risk assessment in child welfare practice is also a form of scientific classification that supports dividing practices. Risk assessment takes ideologically reinforced social inequities and cultural values about child rearing and makes them appear normal and natural, transforming them into individualized factors that subsequently construct client identity. “In this process of social objectification and categorization human beings are given both a social and a personal identity” (Madigan, 1998:17).

Risk assessment defines a child as at particular degrees of risk of harm. What constitutes harm is bound in time to socially constructed cultural ideas about what constitutes child abuse (Darlington Social Research Unit, 1995 cited

in Krane & Davis, 2000). At the same time, in risk assessment, the child's caregiver, often a poor, non-white mother who has been abused and lacks access to material resources, is identified as more or less dangerous to her child, either directly or indirectly through being unable to protect the child from harm. Consequently, caregivers and children can be physically separated from each other as a means to 'protect' children, and caregivers, again usually mothers, can be socially separated by the state from their parental rights and their mothering role. The Manitoba Risk Estimation Scale, for example, assesses parental characteristics and the care of the child "based on the belief that the parent is responsible for a child's care and safety" (Province of Manitoba, 1995). In this design, there are no means to determine social inequities, gender arrangements or other structural realities, thereby seemingly assuming individual responsibility, gender neutrality, and equality of opportunity (Brown, 2002). Social risks, such as lack of affordable housing and below poverty level income assistance rates do not get taken into consideration in risk assessment or the interventions that follow (Swift & Callahan, 2003). Additionally, risk assessment tools are not designed to provide an analysis of risks to children and families associated with either being involved with child welfare or the removal of children (Stanley, 2006). Finally, risk assessment conceals mothers' strengths (Freymond & Cameron, 2007).

The social identity of 'good mother' in Western culture is tied to many functions, including a mother's ability to produce direct care of her children. For poor women, they are not only immediately transformed into 'bad mothers'

when their children are removed, they suffer the physical consequence of losing already meager resources they may have been provided through the state. When social workers place children in state care, income assistance benefits and the federally funded child tax benefit are taken away from the caregiver, often leaving an already poor single mother without the means to cover the family's housing costs, or to provide any further material resources for their children. The loss of concrete resources such as the family home and physical separation impacts children and mothers' sense of belonging and identity as a family and as members of a specific community. Through child welfare apprehension and placement of children, their social identities as children shift to 'foster children'. Children and siblings are sometimes separated from each other when in the care of child welfare, which similarly influence their identities (Herrick & Piccus, 2004). When child welfare removes children from the care of their mothers, both mothers and children experience the impacts of dividing practices, as they become socially and spatially different from 'normal' mothers and children, thereby they are forced to create identities outside of cultural definitions of normal.

“When social workers create clients through social work language, the definition of normal is socially produced through relations of power” (Rossiter, 1999:41). Documentation, the production of client files, is one of many occupational practices in child welfare where dominant and subordinate power relations are reproduced. The practice of documentation classifies normal and abnormal, making personhood socially specified. This practice disconnects

clients' voices from their own experiences and turns their lives into professional discourse (de Montigny, 1995). "Properly executed social work practice requires producing stories that create splits between lived realities and organizational categories" (de Montigny, 1995:24).

Files both construct clients and tell a story about them. Madigan (1998) explains files 'capture' individuals in time through writing and can be used as an "instrument to promote the construction of unitary and global knowledges about people" (p.18). Unitary and global knowledges are those forms of knowledge that subjugate other knowledge. Madigan (1998) explains further that files, as forms of scientific classification, construct specific forms of knowledge about people, where individuals are defined and held within the text as objects at a specific moment in time. File documentation tells a story within specific historical socially and culturally produced knowledge. Files do not fix meanings over time, but in a specific time. Understanding the meaning of these documented stories is not contained within the text, but rather in its performance. "The reader finalizes a potential text by making interpretations and brings the text into existence" (Urek, 2005:453). Accordingly, a different reader and readers who read at various points in time will understand these documents differently.

Foucault (1982) indicates that self-formation or identity is also produced through 'subjectification', meaning when people actively turn themselves into subjects (cited in Madigan, 1998). Foucault (1980) describes a process of self-formation (also referred to as subjectivity) unlike liberal-humanist ideas of the

self that suggest we are self-determining, transcending or insightful, but rather it is not possible to construct ourselves outside of the culture, as norms, through discourse, become internalized in our bodies, our thoughts and behaviors (cited in Madigan, 1998). Accordingly, as described by Weedon (1997) normative discourses are practices of social control connected to relations of power, where our bodies, thoughts, and feelings have no meaning outside of discourse. She further identifies cultural institutions as connected to normative discourses that are practices of social control. Foucault (1977) says the power of the norm examines and imposes homogeneity while also individualizing, further explaining that an examination includes both the techniques of an 'observing hierarchy' and of a 'normalizing judgement' where it is a 'normalizing gaze', a surveillance that makes it possible to punish (p. 184). Disciplinary knowledge that operates through normative and expert discourses produces self-discipline through this power relation. "When discipline is effective, power operates through persons rather than upon them" (Usher & Edwards, 1994; cited in Strega, 2005:226).

In child welfare, ideological-hegemonic discourses construct persons into clients through discourses that are professionally constructed, and these constructions are frequently about 'inadequate or bad mothers'. Discourses frequently construct the children of these mothers as requiring rescuing from their 'bad mothers' (Appell, 1998). Armstrong (1995) identifies that in placing the interests of children and women at odds then "we have come to believe that they are adversaries; that what is always involved is the rescue of "innocent

children” from wicked women” (p. 325). As an illustration, Armstrong explains that in the minds of reactionary conservatives, single mothers, particularly unwed teen mothers on welfare, cause poverty and drug addiction, and are an economic drain to the State. Armstrong says that within this perspective, single mothers and children become “populations at odds” with each other (p. 326). Armstrong further says that within this perspective, these mothers are undeserving and deviant, while their children are deserving and innocent. Consequently, the needs of mothers and children become divergent, rather than merged (Armstrong, 1995).

Within this same line, Greaves et al (2002) undertook a study, with an emphasis on the Province of British Columbia, to investigate how mothers “under duress”, including those who abuse substances, those who have mental health issues, and those who have experienced violence in domestic settings are discussed in Canadian policy documents, media portrayals, and by the women themselves. Greaves et al recommended the development of a ‘mothering framework’ that restores the mother-child unit guide policy for mothers under duress through enhancing the capacity of women, policy makers and the media to critically analyze and develop mothering policies. These researchers found that “mothers who use substances are considered responsible for their situation, while mothers who have mental health issues are felt to have no control” (p. 2). Thought to be partly responsible are those mothers who experience violence. Analysis of media and policy instruments found they construct substance misusing and mothers with mental illness as risks to their children, and abused

women as risks through failure to protect their children. “Child apprehensions and child custody and access matters . . . arise directly out of the discourses of the best interests of the child and the social construction of these particular mothers as unfit mothers” (p.19). Greaves et al (2002) further found that the concept of the ‘best interests of the child’ embedded in many legal, policy and media responses, renders the rights of mothers as secondary, and that the use of risk assessment, assumed scientific, often generates negative and unsupportive actions with these mothers. Their research findings say that “the evidence that is brought to bear on decisions regarding mothering under duress is partial and usually overlooks evidence from mothers or any long-term assessment of the effects of mothering policies” (p. 3).

Kline (1992) points to how liberalism in child welfare legal processes have treated children as individuals without considering how they are part of race or culture. The social context of mothering for Indigenous women and their children, still reeling from Canada’s colonization and the harsh and critical public glare of state scrutiny, compound the challenges of navigating motherhood (Cull, 2006). The dominant ideology of motherhood does not account for either colonialist oppression or the cultural child rearing norms of Aboriginal mothers (Kline, 1993). Dominant ideologies of motherhood have always defined mothering practices falling outside of White middle-class standards, irregardless of varying standards at certain periods in history, as not only inferior but as potentially harmful to society and children’s well-being (Ladd-Taylor & Umansky, 1998). The current popularity of attachment

discourse in child welfare reinforces White notions of mother-child relationships, where one caregiver, preferably the biological mother, provides one main intensive attachment relationship for the child. Communal child caring frequently practiced by Indigenous and other non-white communities are devalued by dominant ideologies, even when these assimilative messages are delivered by the seemingly gentle and caring conversations social workers initiate with their marginalized non-white clients. Waldegrave (2003) identifies, “[t]hese days colonization is not carried out through the barrel of a gun but through the comfortable words of those who change the hearts, minds and spirits of people” (156).

Dominant Western discourses instruct mothers to be solely responsible for their children’s well-being, suggesting they should put their own needs aside to care for children first and foremost (O’Reilly, 2004). This idealized self-sacrificing mother, however, is also normatively constituted as white, able bodied, middle-class, heterosexual and married (Boyd, 2003). The current dominant ideology of ‘intensive mothering’ sets impossible standards for all mothers, but these standards are even more out of reach for those who are not White and middle-class. O’Reilly (2004) explains that the discourse of intensive mothering arose during the 1980s when increasing numbers of middle-class White mothers were delaying having children until after establishing careers, and then returning to the workforce after the births of their children. She defines the ideology of intensive mothering as dictating that children receive proper care only from their biological mothers who consistently put

their children's needs ahead of their own, experience full satisfaction and composure in motherhood and who invest extensive amounts of time, money and energy in raising their children. This constructed ideology of intensive mothering is a relation of power that "serves the interests of men, capitalism, the state, the middle-class and Whites . . ." (Hays, 1996 cited in O'Reilly, 2004:9). Mothers who are either unable or unwilling to produce 'intensive mothering' practices within this normative model are viewed negatively or identified as bad mothers, irregardless of the actual care and nurturing they provide (Boyd, 2003; Ladd-Taylor & Umansky, 1998; O'Reilly, 2004). Similarly, mothers who are not dominantly located are rarely viewed as a meeting the idealized standard of mother. Where there are middle class expectations for good mothering, for example, poor women cannot possibly meet these standards as they do not have access to middle class resources. Appell (1998) indicates the mothers involved with child welfare are really not different from other mothers, but rather they become and remain bad mothers "due to their poverty or other circumstances" and do not have "real choices" (p. 356). Appell (1998) further notes, that "these are the mothers who were caught" (p. 356). Rissley-Curtiss & Heffernan (2003) suggest that extensive negative portrayals of mothers in the research literature coupled with lack of attention to fathers, support mother blaming practices in child welfare.

In North America all child welfare cases are referenced to a mother, except those where a father is a single parent with custody of his children (Risley-Curtiss & Heffernan, 2003), and those where some other adult is the

legal guardian. Moreover, it is common practice for mothers to be the sole focus of child welfare intervention, even when there is a father in the home or having regular contact with the children (Risley-Curtiss & Heffernan, 2003; Scourfield, 2003). Even when their actions have not created harm to their children, mothers are frequently blamed for harm, as in the discourse of 'failing to protect' their children from witnessing violence when men assault mothers (Risley-Curtiss & Heffernan, 2003; Scourfield, 2003; Strega, 2006).

Additionally, child welfare holds mothers responsible for protecting children from sexual abuse in situations when again it is men, and not the mothers, who are the perpetrators (Krane, 2003; Risley-Curtis & Heffernan, 2003). Krane (2003) points to how child welfare makes a mother's protection role concrete through contractual and legal measures and therapeutic interventions, identifying voluntary agreements and court supervision orders as essentially "protection contracts" (p. 129). In child welfare practice and file recording, fathers or men who play fathering roles are frequently ignored, no matter if they are defined as risks or assets to the children's safety (Daniel & Taylor, 1999; Scourfield, 2003; Strega, 2006).

Scourfield (2003) situates child protection work within a "continuum of gendered social control" which he describes as unjust (p. 165). Scourfield (2003) refers to the existence of an 'occupational discourse' in child welfare, full of gendered and classed constructions of clients and their problems. The power of discourse, namely, as what can be known and said, points to social worker's construction of their clients in socially produced language. De

Montigny (1995) speaks to the discursive dimensions of ideology, suggesting that whenever social workers speak or write using professional discourse, this work is ideological as discourse is situated in ideology.

Scourfield (2003) conducted an ethnographic study of a child protection social work team in the UK to identify the ways social workers construct and intervene with clients. He examined and deconstructed how social workers use knowledge in their practice and subsequent implications for how clients are gendered in case talk, recordings and intervention. Scourfield concluded that the social workers constructed both boys and girls as equally vulnerable and innocent, but adult clients were constructed and treated differently based on gender. These ideas about children reflect legal discourse as identified by King and Piper (1995), which constructs “the child as victim, the child as witness, the child as a bundle of needs, and the child as a bearer of rights” (cited in Scourfield, 2003:41). Constructions of adult clients were also situated in specific discourses, however they relate to ideas of femininity and masculinity, which are drawn from both professional and lay knowledge.

Accordingly, clients are ideologically produced through occupational discourse. This is precisely where power and knowledge intersect. Scourfield (2003) claims it is potentially possible for social workers to resist dominant occupational discourses through a process of “(re)appropriation of elements of the dominant discourse” as identified by Foucault (1984). Similarly, competing discourses can offer alternatives to dominant discourses. This is where dominant constructions of knowledge can prevail, but can also be resisted. “The

question for social work is: how can we best handle our position at sites where power and help are interwoven?" (Rossiter, 1996:41).

Constructing the Social Worker/Client Binary in Child Welfare

In front-line child welfare practice, there are two distinctly separate groups of persons, protection workers and protection clients. The activities of child welfare mostly occur in isolation between two women, the social worker and the mother (Callahan, 1999) and are often involuntary and hierarchal. Callahan (1999) suggests that any reciprocity between child welfare workers and clients is discouraged where "the one designated to investigate the other is placed in a distant and superior role" thereby also shaping clients' identities as "receivers and consumers rather than as those who contribute to the well-being of others and the community" (p. 57). I argue that this structure not only shapes the identities of clients, but also those of social workers. Similar to Mohanty's (1987) "critique of hegemonic White feminists' homogenizing tendencies of Third World Women as their object of knowledge" (cited in herising, 2005:135) the protection worker not only relegates and solidifies the client as Other but in so doing she consolidates her own dominant position. As I noted earlier, child welfare social workers come predominantly from places of privilege, while clients mostly occupy marginalized social locations. Binaries are an important component of dividing practices, emphasizing us/them divisions that are hierarchically organized. As Gustafson (2005) notes, binaries are about "superior/inferior dichotomizations reflecting the beliefs and values of the

dominant social group [where] [t]he feature or characteristics of one category are advanced as the norm against which the other category is evaluated as deviant, aberrant, and Other” (p.25).

In child welfare, spatial practices as well as discourses enforce binaries. For example, almost all child welfare offices feature segregated bathrooms, one for clients and others for staff. Similarly, plexiglass divides front office staff from direct physical contact with clients. The every day talk of social workers also normalizes binaries and constructs pejorative client identities. An article published in the Winnipeg Free Press (2007) and circulated through the University of Manitoba social work list serve demonstrates how these binary divisions, assembled in language, constructs and normalizes client and social worker identities. Libby Simon, a former child protection worker with over thirty years of practice experience, wrote about the perils of front-line child protection practice, citing the potential for daily catastrophic and violent dealings with clients whom all other societal systems have failed, requiring child welfare workers to “pick up the pieces”. Although offering a critique of how society devalues child welfare work, the essentialist and disparaging manner in which she describes clients stigmatizes and others, as she says “these walking wounded appear with a wide range of social, emotional and intellectual problems, the families all seriously broken in one way or another” (Winnipeg Free Press, November 24, 2007).

Simon transforms the effects of social problems on persons into defective personal characteristics of individuals, a practice that I have

repeatedly witnessed in the talk and writings of child welfare workers. She also participates in another discursive practice that not only *speaks* clients into essentialist stigmatized and defective identities, but positions child protection workers, seemingly unwounded and unfettered by social conditions, in direct contrast to clients.

The implied contrast Simon makes is that clients fail to meet the criteria of functioning personhood demanded by the dominant social order while workers do not. Simon's dichotomous discursive construction provides a clear illustration of what Foucault (1965) calls *dividing practices*, or *Othering* as identified in the critical race literature. These practices maintain dominant power relations through constructing social workers and clients into binaries also distinguished by markers such as race, class, and ability. Dominance constructs, classifies and contains persons within the binary of client and social worker, effectively normalizing its prevailing structure and silencing 'client voices' from self-definition. While there is little representation from clients in the child welfare literature, the scarcity of literature about social workers who have also been clients is readily apparent.

What Does the Literature Say About Social Workers with Client Experiences?

The subjugated knowledge of present and former child welfare clients informs very little of the literature (Dumbrill, 2004), and knowledge generated by those who have been both a client and social worker is only briefly

mentioned. Child welfare researchers Herrick and Piccus (2005) say they were both formerly in child welfare care as children. In their article about the significance of maintaining sibling connections for foster children, they identify their experiences as providing a “unique perspective” (p. 858). They further indicate believing it important to include their personal experiences as an example of the necessity of talking to children directly as the best way to determine how to handle sibling contact. They provide strategies to have these conversations with children that account for many factors, and make a number of related recommendations for practice and policy when planning for sibling contact for children in care.

In Walmsley’s (2005) study of how to increase effective child welfare services for Aboriginal children, he makes mention of child protection workers who have been involved with child welfare. As part of his study, Walmsley found that there were significant differences in the life experiences of participants who were Aboriginal child welfare practitioners from those who were non-Aboriginal that precipitated their entry into child welfare work. Among his participants, he identified that “most Aboriginal practitioners have had experience with child protection in their family and community before beginning professional practice. . . [while] the memories of non-Aboriginal practitioners are distant, remote, and outside their family experience” (p. 33-34). He concludes that “there is a personal experience base and desire to ‘make a difference’ among Aboriginal practitioners that is not evident among non-Aboriginal practitioners” (p. 33).

Similarly, Reid (2005) conducted a study with First Nations women social workers who are child protection workers within their own communities. Reid asked the women in her study about the impacts of their work on their health, and what strategies they use to rebalance their holistic health. Reid (2005) said the women in her research identified that working within their own communities and extended families are unique experiences for protection workers, citing the delegating authority negates their values, systems and ways of knowing. Reid (2005) says further,

[t]hey felt that having similar experiences of colonization with the people that they work with makes them “strong social workers” and also requires a need for them to be “self-aware” and “healthy” and to “support” one another so that they do not become “ineffective” in their work (p. 31).

More broadly, however, the voices of child welfare workers with client experiences are not publicly circulated, or endorsed within the literature as valued sources of knowledge for social work education, policy and practice. The literature is noticeably silent about the stories of those who have had this experience. Where the literature discusses social workers having client experience, it is mostly through the lens of the dominant story primarily as in how client experiences can be an imminent threat in practice.

Narda Razack’s (2002) talks briefly about client experience as an imminent threat to practice in a section she calls *Psychological and Emotional Difficulties*, in a chapter she wrote to educate field supervisors to help their human services students who have been clients with their individual emotional and psychological problems. Although not referring specifically to child

welfare practice, Narda Razack, for example, talks about how there are many students with client experiences in human services. “Often the student, as client, enters the profession hoping to become like their therapist, or they feel compelled to assist others in similar predicaments” (Razack, 2002:116). Razack goes on to say that frequently students do not disclose their status as a former client, as they “fear being labeled and stigmatized”, and it is “primarily when the student is in difficulty that past history is shared” (p. 116). Although Razack has seemingly grasped the idea that students who have been clients are fearful of stigmatization, she does not either identify or challenge the mechanisms and social processes that contribute to stigmatizing clients, nor does she suggest challenging discourses that support constructing stigmatized identities about social workers who have been clients. Rather, she assumes it to be commonsensical that the past naturally shapes the future, making it both likely and also predictable those with client experiences who present with problems such as “inappropriate behaviors and questionable performance” in the practicum do so *because* they have been clients (p. 116). In dominant western culture, we construct experience as a direct means to knowledge. This way of conceptualizing experience is prevalent in powerful dominant discourses about the past shaping human behavior. Weedon (1997) identifies the power of discourse “comes from its claim to be natural, obvious and therefore true” (p. 74).

Razack further states that these students’ supervisors require special training to “manage psychological and emotional difficulties as they emerge”

(p. 116). Razack seems to be suggesting that it is the experiencing of “predicaments”, followed by attending therapy thereby having been a client, which then consequently creates the potential for trouble for students in the human services. Disturbingly, Razack, who in this instance identifies her work as critical, anti-racist, and anti-oppressive, situates the student’s former “predicaments” and their client status in an individualized and depoliticized context and suggests a psychological response, that being for supervisors to employ Grossman’s (1991) five-stage framework to work through emotional difficulties. Razack instructs field supervisors to focus specifically on the *effects* of social context in ways that they appear on individual students. Inherent in her instruction, is that to perform the role of the social worker, students must not enact any of the effects of social context.

Students with client experiences may have emotional and psychological responses to their former “predicaments” and from having been a “client”, and may in fact benefit from a supportive ameliorating focus to their responses to these experiences. Razack’s individual lens, however, is the antithesis of anti-oppressive practice. To develop a foundation to practice anti-oppressively, students and those who supervise them must be encouraged to expand beyond an individualized and depoliticized focus by critically scrutinizing the role that social context, not just individual response, has in producing and then stigmatizing clients.

Although there have been no studies cited in the literature about the impact of being a child welfare client on social worker’s child welfare practice

or identity, I found two studies related to the influence of social workers' personal histories of abuse on their decision making as helping professionals. In one study, Jackson & Nuttall (1994) surveyed 172 social workers in an attempt to find out if those workers with histories of abuse would respond differently from those without an abuse history to sexual abuse. These researchers provided participants with 16 vignettes of sexual abuse disclosures, and surveyed their responses based on the variables of age, gender, work setting, and personal histories of experiencing or witnessing abuse. They concluded that workers who identified having an abuse history, including witnessing abuse, were more likely to believe disclosures of abuse than those who did not identify having abuse histories or witnessing abuse. Without asking the participants or citing any other research findings, they went on to speculate that the reason for this difference is that many professionals who were abused as children participate in psychotherapy and "resolve" their issues of victimization, subsequently being "less likely to deny or 'block out' the abuse of others" (p. 7).

Although these authors make affirmative interpretations about the potential value of social workers having been clients, their speculation is consistent with a psychological explanation, namely that an experience of abuse has *effects* that require "resolution" and that "resolution" of victimization will then reduce potential problems in practice. Similar to Razack (2002), these authors consider it self-evident that the past shapes the future. At no single point do the researchers position sexual abuse as a political problem requiring

our attention, or clearly identify they are drawing conclusions purely from their own speculation, thereby really not saying anything about why participants responded in particular ways to the vignettes.

In the second and more recent study, Yoshihama and Mills (2002) conducted a self-reported survey of the decisions child protection workers who have personal abuse histories as either children or adults, make about removing or keeping the children in homes of mothers assaulted by their intimate partners. Although Yoshihama and Mills did not include social workers who did not identify a history of abuse in their study, or inquire about the rationale for particular decisions, based on the responses participants provided about their decision-making, they concluded the necessity of “expanded training efforts that recognize the ongoing impact of victimization on CSWs’ professional functioning” (p.319). I found this recommendation confusing because there was no information provided by the researchers about how any of the decisions were wrong. This recommendation suggests, however, that Yoshihama and Mills believe that once addressed, the impacts of previous victimization on workers with histories of abuse will no longer interfere in automatically coming to the right decisions, as their non-abused or resolved counterparts already do. As with Jackson and Nuttall’s (1994) study, these explanations are psychological, pathologizing, and do not account for the voices of the participants. Also similar, they adhere to modernist discourses, which have us believe the past predicts the future, and that we can thereby control for specific outcomes.

The dominant story that having client experiences presents a risk to performing the social work role is clearly represented within the social work literature. I suggest that this body of literature functions as instructional discourse, directing social workers to engage in self-disciplining activities such as therapy to resolve the effects of abuses and other social problems. It personalizes problems of violence, directing our attention towards the effects of violence and other social problems on individual persons rather than developing political strategies to enhance justice and social development. It particularly maintains gendered inequalities in liberal societies. In child welfare, the discourse of client experiences representing a risk is primarily applicable to women and not men, for which I suggest there are at least two readily apparent explanations. First, there are significantly more women than men employed in child welfare organizations as protection workers. Second, within liberal societies men have historically been constructed as legal subjects (Smart, 1999), and are rarely the clients of child welfare as fathers, whereas women have only recently gained access to legal rights and are constructed and viewed through the dominant lens of motherhood before child welfare considers them as rights bearing individuals (Krane, 2003).

Resistant Voices in the Literature

Despite the dominant story that client experiences represent a risk to performing the social work role, resistant stories that client experiences increase the quality of social work services are also evident. These are stories that

challenge dominant cultural practices and what counts as knowledge. Grant (2007) challenges dominant ways of knowing in mental health services, citing that service providers who have consumer knowledge are in ideal positions to provide leadership for service provision. Although the construct of the 'wounded healer' as a potential risk is present in literature related to social work, the construct of the 'wounded healer' predates recent circulation and is discussed favourably in ways of thinking outside of the dominant paradigm of scientific knowledge. Frank (1995) describes the positive aspects of having experiences of physical illness for assisting others who are ill, identifying the figure of the wounded storyteller, who is not separate from the wounded healer, as ancient and found in Greek mythology and biblical teachings. Nouwen (1972) identifies the wounded healer as present in Judeo-Christian lessons, describing the wounds of alienation, separation, isolation and loneliness as pertinent teachers of the healing powers of hospitality and community through fostering of hope in Christian ministry. Halifax (1982) also discusses the wounded healer, saying that shamanic knowledge is offered through the experience of wounding that separates persons from ordinary life.

In child welfare, Indigenous populations identify the source of healing required for their communities is practice relevant to their own belief systems, generating a high demand for Indigenous social workers to assume responsibility for culturally relevant child welfare services. Sinclair et al (2004) say larger numbers of Aboriginal professionals are required in child welfare services. They also identify "[p]owerful concepts such as holism, balance,

connections, and spiritual unity from Aboriginal tradition could have profound impact on the child welfare system of the dominant non-Aboriginal society” (Sinclair et al, 2004:244). Consistent with this belief, Absolon (1993) discusses her understanding of the ‘carrier role’ through lessons taught by Alaskan Native peoples who help us understand that those who are helped to move physically, mentally, spiritually and emotionally from one place to another may in turn become a helper to another. Absolon (1993) further identifies that the helper is not an expert, but a facilitator, citing all persons have gifts to offer.

In mental health, Grant (2007), who identifies herself as a recipient and provider of mental health services, says while she learned some important values through her social work graduate education, she also describes limitations. She identifies that it ignored both the contexts of social work practice and the use of personal experiences as a service user. She tells of receiving implicit and explicit messages to subjugate any knowledge that she had attained through her own experiences with the mental health system in favour of professional knowledge. “This teaching did not correspond well with my sense that my knowledge from these experiences was just as valid as my knowledge from published texts” (Grant, 2007:53-54). Grant explains that having an ‘insider perspective’ increases one’s ability to understand the nuanced reproduction of power relations to challenge oppressive structures. In her narrative of a practice example, she cites the necessity of practitioner reflexivity to account for matters of social location to mitigate reproducing relations of power with service users. Grant (2007) also cites literature which documents

that having experienced mental health services increases empathy and trust in the social work relationships with other psychiatric survivors. Stromwell (2002) similarly identifies that those who have experienced mental health services have increased empathy for clients who are struggling with mental health issues, the benefits of which far outweigh any potential threat presented from having had psychiatric symptoms.

Frank (1995) ties together the constructs of the wounded healer and 'wounded storyteller', identifying they are the same figure because stories have the capacity to heal, presenting people who are ill, who, through their stories, have the potential to assist others who suffer. He cites the transformative potential of illness stories that shift fate into experience. "As wounded, people may be cared for, but as storytellers they care for others" (Frank, 1995:xii). He goes on to explain the how the concept of the wounded healer is identified as an ideal for medical professionals who allow their injuries to strengthen empathic bonds with those who suffer.

Halifax (1982) discusses shamanic constructions of the wounded healer. She explains that shamans have been part of every culture since the earliest recorded civilizations, identifying how shamanism has adapted itself within all cultures. Halifax says the current role of the shaman takes various forms, including artist, judge, sacred politician and healer. She explains that shamanic knowledge develops from being separate from ordinary life, either voluntarily, ritually, or through involuntary wounding such as illness which dissolves habitual ways of seeing and behaving. "Horrid adversaries become tutors as

the shaman learns. . . .the battlefields that he or she will enter on behalf of others in the future from this can come the opening of compassion and the awakening of empathy in the healer” (p.10). Halifax (1982) describes how the wounded healer transforms herself and the world, identifying that

transformation occurs through turning inward to a profound process of spiritual turmoil, returning to the world of human affairs with a focus on the social rather than the personal – “he or she is concerned with the community and its wellbeing” (p.7). “As the shaman is reborn, so is the society reborn, for the shaman manifests an image of a harmonious cosmos: the cosmic design is an ordered universe . . . balanced in a world renewed (p.8).

Clearly, other forms of knowledge exist outside of the ideologically dominant infiltrations into social work that use science in attempts to legitimate claims of the wounded healer representing a risk to the performance of the social work role. Within other forms of knowledge, the wounded healer is a highly valuable and desirable state by which to cultivate practices of ethical and socially just transformation. In the next chapter, I discuss in further detail the role of knowledge in social work, specifically to understand the relationship between knowledge and the maintenance of social inequalities. Through considerations of the political implications of knowledge, I discuss the methodology I have chosen for this research.

Chapter Three

Introduction

In this chapter, I describe the methodological theories that I apply in my research and explain the methods I employed for collecting and managing data. I also describe how I analyzed the data. At the end of the chapter, I discuss ethical considerations and, how I have evaluated my research.

Methodology

(T)he complex ways in which relations of domination are sustained, lived, and resisted call for more careful examination of what we know as well as how we work for a more just world across our various ways of knowing (Razack 1999:36).

My social justice aims for this research led me in search of a methodology by which I might achieve them. As recommended by Razack (1999), I entered into a careful examination and questioning of social work knowledge and the means by which it is produced. I understand from my social work practice that ways of working have varying consequences and political implications, and have come to understand that ways of doing research hold similar implications. Although knowledge production in social work has traditionally utilized positivist scientific methods that lay claim to producing truth through objective and unbiased methods, I deliberately avoided positivism in my project because I required a methodology that would account for and challenge relations of domination and subordination, something which is also important to me in practice. In reviewing applicable qualitative methodologies,

I recognized that a critical narrative methodology informed by feminist poststructuralist theory fit most comfortably with the political commitments I bring to my practice, and which I thought best suited my inquiry.

In the following section, I outline the Enlightenment philosophical assumptions that underpin positivist scientific research methodologies, and theories that challenge these assumptions. I note these theoretical criticisms as they provide the basis through which I have considered the ontological and epistemological foundations of producing knowledge and arrived at my decision to use a critical narrative methodology.

I also discuss narrative research in its history and utility for social work research, and its applications for social change in my research. I further identify the specific ways I incorporate critical theories and feminist post-structural concepts of language, discourse, power, and subjectivity to strengthen the social justice potential of my narrative approach.

Making Knowledge for Social Work

Neuman & Kreuger (2003) identify the scientific method as being revolutionary in 'modern times', and dominantly constructed as a superior way to gain knowledge than through magic, religion, astrological means, traditions and personal experiences. In social work, knowledge production has until recently followed the scientific method, dominated by positivist scientific research methods. De-colonizing and feminist theorists say scientific research has produced and supported oppression in the lives of marginalized populations.

For example, Tuhiwai Smith (2001) sees the relationship between Indigenous peoples and the Western scientific method of knowledge production as deeply rooted in imperialist and colonial practices, which provide the foundation for ideologically based policies that have intruded into every aspect of Indigenous people's lives. Tuhiwai Smith identifies policies legitimized by scientific research that have in part allowed deplorable social conditions for Indigenous peoples to continue, namely extreme poverty, chronic ill health, and poor educational opportunities. Brown and Strega (2005) identify that traditional social science research "has silenced and distorted the experiences of those on the margins, taking a deficit-informed approach to explaining their lives and experiences" (p. 11).

Feminists, many who have informed their theorizations with the work of Foucault, have deconstructed the ontological and epistemological assumptions of scientific methods. Underpinning positivism are liberal Enlightenment philosophies. The central assumption of positivism is that knowledge obtained through objective, rational and deductive scientific principles is able to uncover a singular truth, from which it is possible to generalize and predict outcomes. Foucault (1980) says privileging certain truths relegate other knowledges, which he calls subjugated or local knowledge, outside the domain of legitimacy. Foucault further describes a recursive relationship that exists between how we establish knowledge and that of power, "we are subjugated to the production of truth through power and we cannot exercise power except through the production of truth" (p. 93). In his study of

how relations of power operate through discourses produced by the truth claims of positivist research, Foucault (1980) identifies “there can be no possible exercise of power without a certain economy of discourses of truth (p. 93)”.

A further feminist critique of liberal thought contained in Enlightenment epistemology is that it constructs dualisms of subject and object. Feminists critique these dualisms for their hierarchical privileging of the dichotomies they create. For example, Hartsock (1990) suggests that “the subject who is the speaker in Enlightenment philosophy. . . was constructed at the expense of the devalued Other. . . where the creation of the Other . . . was the necessary precondition for the creation of the transcendental rational subject outside of time and space” (p. 160). This rational subject also believes that he exists outside of power relations (Hartsock, 1990:163).

The introduction of postmodernism into the social sciences challenges the subject/object dichotomy in Enlightenment thought. Both Hekman (1990, 1991) and Hartsock (1990), however, have cautioned the use of post-modernism to address oppression. “Postmodernism represents a dangerous approach for any marginalized group to adopt” (Hartsock, 1990:160). She explains that despite the commitment of some postmodern theorists to promoting social justice, the implementation of these ideas unravels as postmodernism fails to address precisely “what systematic changes would be required to create a more just society” (p. 159). As suggested by Gorman (1993) I have combined postmodern feminist critiques of enlightenment with the politics of critical and

feminist post-structural theory to increase the social justice potential of my research (cited in Brotman & Pollack, 1997).

In child welfare, however, over the past twenty years there have been substantive increases in the use of guidelines, checklists, procedures and risk assessment instruments developed from empirical scientific research (Munro, 2002). Clients are then not persons, but objects of managerial controls, while restrictions on social workers diminish practice informed from other knowledge sources, including knowledge through voices of child welfare clients and workers. It is these types of ethical and epistemological concerns of representation and voice that have increased qualitative researchers' interest in personal narratives to articulate individual and collective experiences (Errante, 2004). "This articulation of identity - of voice - has thus become understood as a locus of human dignity, much as reason was for the Enlightenment; we can now define a person as one who narrates" (Errante, 2004:411). It is with concern for social justice, and in consideration of personhood and human dignity that I have turned to a critical narrative methodology for my research.

Critical Narrative Research

There are numerous types of narratives, ranging from "grand metanarratives", which comprise dominant thinking at particular historical periods, to stories of personal experiences (Fook, 2002:133). Reissman (1993) indicates that telling stories about past events is universal among humans. The impetus for story is powerful and the purposes and ways of telling are

numerous. We experience story through a variety of means, including, among others, verbal and written poetry, fiction, pictures, movies, music, journalism and art. Entertainment, comfort, transmission of personal, family and cultural values and belief systems are all illustrations of the utility of story. Entertainers engage and amuse us with tales of love, tragedy, inspiration, hope and humor. We use stories and rhymes to hush our children to sleep at night, and to teach them life skills and moral lessons. Baskin (2005) says that for Indigenous people knowledge circulates within oral cultures through storytelling, where each is both a teller and a listener, together making the voices of Aboriginal people. She says storytelling is the primary tool for teaching culture, values, and spirituality that existed as a methodology long before narrative research became an acceptable form of mainstream research.

Walmsley (2004) suggests social work's primary interest in narrative has been to collect and analyze client narratives to develop effective therapy intervention, however, professional narratives found within oral histories, public inquiry reports, supervisory dialogues, and family and community memories are knowledge that informs decision making in child welfare policy and practice. In his research findings, Walmsley (2004) identifies that "acts of story-telling inform and guide practice . . . the action taken may be profound but different depending on how the story is heard and the social location of the listener" (p. 18).

Riessman and Quinney (2005) identify the concept of narrative in social work as present since approximately 1990, further saying that despite there

being few examples of narrative inquiry compared to other practice professions, it is a useful methodology for producing knowledge for social work practice. Narrative inquiry, however, does not include all talk and text. "Other forms of discourse besides narrative include chronicles, reports, arguments and question and answer exchanges" (Riessman, 1993, cited in Riessman & Quinney, 2005). It is *sequence* and *consequence*, meaning the choosing and organizing of events and appraisal of meaningfulness for a particular audience that distinguishes narrative from these other forms of discourse (Riessman & Quinney, 2005). As we tell our own stories, we share the fabric of our lives and the meanings we make of our experiences. We recapitulate and reinterpret our lives through story telling (Riessman, 1993). More specifically, individuals create identities and construct lives through the telling of past events and actions, making narrative analysis well suited to studies of subjectivity and identity. Riessman (1993) further suggests that human agency and imagination determine how we tell our stories, and convey their meanings.

Fraser (2004) speaks to potential risks connected to social workers using a narrative research approach. She discusses Laird's (1994) questioning of how it came to be that the story metaphor has become so popular. Laird (1994), as discussed in Fraser (2004), indicates that the narrative approach arose in a time of economic restraint during an erosion of social programs, and the distribution of wealth supporting those with existing wealth. The concern identified by Laird is that the 'story metaphor' is potentially "escapist" (p.182). Fraser (2004), however, suggests the narrative researcher include social, cultural and

political contexts in the research, without refuting individual agency, recommending an inclusion of “the politics of narratives and the extent to which they support or contest social structures and practices” (p. 182).

Critical theory strengthens a narrative approach because it is concerned with creating change in factors that underlie and maintain oppression in lived experiences, rather than attempting to change individuals. Critical theory is specifically concerned with issues of power and justice, and the interaction of ideologies, discourses, social institutions, cultural dynamics, economic factors and social location in constructing the hegemonic social structure (Kincheloe & McLaren, 2003). This interaction creates marginalization and oppression for particular groups and individuals (Kincheloe & McLaren, 2003; Merriam, 2002), where power is not just possessed, but rather is a “social phenomenon” that is “assembled and coordinated” (Perlmutter, 2005 cited in Hick, 2005:3). Gramsci (1971) talks about how oppressive power produces inequality and suffering through hegemonic constructions that produce our consent to view unequal social relations as natural and inevitable though cultural institutions such as the media, schools, family and churches (cited in Kincheloe & McLaren, 2003). Althusser (1971) identified these institutions as ‘ideological state apparatuses’.

Kincheloe and McLaren (2003) further describe the process of consent to the status quo, although consent is never given in entirety, through ideological hegemony, involving cultural forms, meanings, rituals and representations, moving past simplistic notions of domination such as

manipulating passive victims through, for example, propaganda. Lemke (1995, 1998) suggests that researchers working with a consciousness of hegemonic ideology believe that it is ideological practices and discourses that construct our vision of reality (cited in Kincheloe & McLaren, 2003).

The dominant hegemony maintains inequalities through stories produced and constrained by ideological practices and discourse. Stories, including subjectivity (as well as identity), cannot exist outside discourse (Swan, 1998; Weedon, 1997). I use concepts from both subjectivity and identity to understand how the participants construct themselves in their stories. Peter (2005) notes those involved with post-structural scholarship use *subjectivity* and not *identity*, pointing to the feminist post-structural work of Ristock (2002) and Weedon (1997) as illustrations. Peter suggests, however, these constructs of subjectivity and identity should not be separate as identity includes all the subject positions of subjectivity (p.13). She cites the work of Judith Butler (1996) to support the interrelation of subjectivity and identity where Butler says through analyzing identity it is possible to access a representation of a number of prospective and actual subject positions, which she calls *performative subjectivities* (p.13). The performance of subjectivity allows the study of a partially visible identity to determine the constraints of dominant discourses (Morrissey, 2003, cited in Peter, 2006:13). I further suggest that the study of performing subjectivities can demonstrate resistance to dominant discourses, and demonstrate how non-dominant discourses are part of identity construction.

Stories are not individually scripted, but rather they are the consequence of societal discourses constructed within specific ideological contexts, which become the themes of our individual narratives. In critical narrative research, in addition to participants' personal stories being data to be analyzed that will reveal identities and constructions, these analysis will demonstrate interwoven connections of the personal with social, cultural and political aspects of their lives. The analyses produced in narrative research become yet another form of storytelling (Fraser, 2004) which links the personal to the political. This is where storytelling becomes a platform for social justice. The function of storytelling as a basis of social change, as argued by Razack (1999) is the "opposition to established knowledge, Foucault's suppressed knowledge, to the experience of the world that is not admitted into dominant paradigms" (p. 36).

Feminist Post-Structuralism

Feminist post-structural theorist Weedon (1997) identifies that poststructuralist theories have within them a wide a range of theoretical positions, including those developed by Derrida (deconstruction), Lacan (psychoanalysis), Kristeva (radical feminist analysis of meanings of gender and language), Althusser (Marxist analysis) and Foucault (discourse, power and knowledge). Weedon goes on to say these positions vary in their practice and political implications, not all being independently suitable to feminism, so she weaves together many ideas from post-structural theorists in her attempts to meet feminist needs.

A theory is useful if it is able to address the questions of how social power is exercised and how social relations of gender, class and race might be transformed . . . (which) implies a concern with history, absent from many post-structural perspectives but central to the work of Michel Foucault (Weedon, 1997:20).

Feminist theory is essential to conceptualizing how the constructs of gender, race, and class apply in child welfare policies and practices, and in dominant and subjugated stories about child welfare social workers and clients. I believe that feminist post-structuralism that draws on Foucault's ideas about discourse, discipline, knowledge and power, subjectivity and resistance is particularly useful to understand ourselves and how we come to know what we think as being true, how these supposed truths support relations of dominance in language and how they might be resisted. Foucault is one theorist who, through his extensive focus on the history of systems of thought, challenged modernist beliefs of truth that have been dominant since the Enlightenment. Hekman (1990, 1996) identifies postmodern criticisms of science as consistent with Foucault's challenge of truth, which include epistemological concerns, the relationship between knowledge and power, and subjectivity. Feminist post-structuralism has brought a gender analysis to the postmodern critique of the Enlightenment's belief in an absolute truth that can be discovered scientifically, and to the notion of a rational liberal-humanist self (Hekman, 1990, 1996).

Feminist post-structuralism is concerned with deconstructing oppressive knowledge and power structures, more specifically patriarchal power relations, where "knowledge and power work systematically to marginalize women, defining us as 'other' to the patriarchal order of meaning" (Weedon, 1997:171-

72). Feminist post-structuralism contests these gender relations through understanding social and cultural practices enacted through language. It is in language where our subjectivity (our sense of ourselves) is constructed. Wilkinson and Kitzinger (1995) also identify language as a site of feminist resistance because it is in language where our identities and subjectivities are constructed.

In poststructuralist theory, language does not reflect reality but rather constructs reality. Language produces meaning through relation to other meanings in language, which change depending on the context. Weedon (1997) explains how Derrida's concept of *difference*, which he builds on structural theorist Saussure's logocentrism, informs this feminist poststructuralist idea of language constructing and not reflecting meaning. In Saussure's structural theory he says chains of 'signs' (sounds or written images) gain meaning from each other, have no meaning apart from other signs, and this meaning is singular and fixed and reflected in language (cited in Weedon, 1997). Derrida's concept of *difference* replaces Saussure's *chains of signs*. For Derrida, language creates meaning that change depending on the discursive context in which it is located (cited in Weedon, 1997).

Gill (1995) identifies feminists as always having been concerned with the relationship between language and power relations. Post-structural ideas of language and its affiliation with discourse are consistent with feminist concerns. Hekman (1990) notes two ideas rooted in Foucault's discussions of discourse that are pertinent to feminism. First, discourse produces both objects and

subjects, inextricably linking discourse and women's oppression. Rejecting the modernist subject/object Cartesian dichotomy is of particular significance for redefining of women outside of dualistic constructions where males are rational 'knowing subjects' and females are irrational and incapable of producing knowledge. The second idea discussed by Hekman (1990) is Foucault's conceptualization of the recursive relationship between power and knowledge, and how power moves through discourse as disciplinary knowledge to construct subjectivity. Foucault defines power as a relation, not an entity that is located in someone or somewhere. He believed that power is both productive and constraining, and that where there is power there is resistance (Mills, 2003; Weedon, 1999). Foucault believes that knowledge and power are inseparable, situated in discourse as the means to enact dominant relations of power. "[N]ot only does a discourse permit certain statements to be regarded as truth but the rules which govern a discourse also determine who may speak, what conventions they need to use and with what authority they may speak" (Usher, 1997 cited in Strega, 2005:219).

Mills (2003) indicates that discourse, like language, is not a reflection of reality, just as it is not an equivalent of language. Discourse, although having multiple and sometimes contradictory definitions, is primarily a system which defines the way we perceive reality. Mills goes on to say Foucault sometimes used discourse to refer to all utterances and verbal or written statements that have meaning and effect, and sometimes where they form groupings, such as with the discourses of "femininity" or "racism" (p. 53). Additionally, Foucault

identified the unwritten rules and structures that produce specific utterances and statements as discourse, where it is the rules that are of most interest. Of particular significance to my research interests is how power relations through a “complex set of practices” keep some discourses in circulation in child welfare, while others are kept out (Foucault, 1981 cited in Mills, 2003:54). What are these practices and whose interests do they serve? How do the research participants comply and resist discourses that are in circulation and those that are not in their practice and identity constructions as child protection workers?

Positioning Client Experiences as Knowledge for Child Welfare Practice

It was during my undergraduate education that I first considered that my experiential knowing as a client could be valuable to me as a social worker. I attended an inner-city social work program, at the time called Winnipeg Education Centre, an off campus program offered through the University of Manitoba. To qualify for this program, students were required to meet a number of entrance requirements. One of these requirements was to be representative of a marginalized social group with life experiences reflective of the inner-city population. I met this particular requirement because, although White, I was a single mother on welfare with only a grade seven education, residing with my three young children in government owned housing. I had been a permanent ward of child welfare as a child, and had been a client of child welfare as a mother. As a student, I prepared to practice social work in an environment that reflected to me that my inner-city life experiences were

knowledge for practice. I have an identity as a social worker who is from Winnipeg Education Centre, which conveys to me that I have a responsibility to use these experiences and education to work for social change.

In Narayan's (1988) discussions of oppression, she has coined a particular form of knowing as 'insider knowledge', not to suggest that those who experience oppression have more accurate or better knowledge, but that they have 'epistemic privilege'. Drawing from the feminist theorizing of Sandra Harding, Nancy Hartsock, and Alison Jaggar, Narayan (1988) identifies members of oppressed groups having epistemic privilege, which she defines as having "immediate knowledge of everyday life under oppression . . . the detailed and concrete ways in which oppression defines the spaces in which they live and how it effects their lives" (p.36). Narayan also speaks specifically about the emotional component of epistemic privilege, citing that insider's knowledge of oppression "is enriched by the emotional reactions/responses that the lived experiences of oppression confers" (p.39).

In line with Sandra Harding's (1988) theorizing of women's experience, I believe that the stories clients tell about their experiences with child welfare are a valuable source of knowledge to inform social work practice in child welfare. Like Harding (1988), I contend that we must build knowledge from women's epistemologically privileged position of being part of an oppressed societal group. As argued by postmodern feminist theorists (Weedon, 1997), I also believe that experience does not directly produce objective truth, and accounting for differences in race, class, gender and other social locators is

essential when generating knowledge. Weedon (1997) says that while it is possible in postmodernism to use categories of social location in cultural and social analysis, their meanings must be “plural, historically and socially specific” (p. 178).

Weedon (1997) says that the grand narrative of liberal-humanism constructs experience as providing us with access to truth, giving us our ideas about who we are in the world, which we then reflect through language. Feminist post-structural theory, however, contends that language constitutes experience rather than experience directly producing meanings that allows us to make knowledge claims. As identified by Gavey (1989), “this does not mean that experience does not exist or that it is not important, but rather that the ways in which we understand and express it are never independent of language” (p. 461). It follows that participants develop and tell their stories through selecting and arranging the discourses that are available to them within their social locations. Their experiences, although very real and significant, do not provide a direct route to truth, but rather an understanding of how they make meanings from experiences. This feminist post-structural way of positioning experience challenges patriarchal discourse and power through its opposition to hegemonic discourses of experience and truth (Gavey, 1987; Weedon, 1987).

The participants in my research project, including myself, are part of an oppressed group because we are all women. At the same time, intersecting social locators of our race, class, ability and sexual orientations also inform our experiences. In Bloom (2002), she identifies subject positions such as

“ethnicity, religion, class, gender, sexual orientation” (p. 306) as socio-cultural categories that as individuals, we can choose to accept, subvert or resist. Bloom says further that these are “socially constructed unstable categories; however they profoundly influence our subjectivity because of the importance of language and social interactions in the production of subjectivity” (p. 306).

While I believe it is important and useful to think about our subject positions as constructed, and I would say also regulated through discourse, rather than fixed categories of essentialist identities to account for diversity, I do not agree with Bloom that we can just entirely choose to accept, subvert or resist our subject positions. Intersecting social locators further influence experiences through which subjectivities are available within the specific social and physical spaces in which we have been contained and to those we have and can access.

In our subject positions, we are not just discursively regulated, but also *spatially* located. Foucault’s concept of ‘dividing practices’, both social and spatial, provides a frame to understand how client experiences and identity are tied to social processes and to place. Razack (2002) similarly ties identity to place. Razack (2002) argues that to uncover social hierarchies we must “historicize” (p. 128), meaning to ask how our social identities are historically positioned which entails a process of questioning the relationships between identity and space. Razack goes on to identify spatial practices such as the Indian Act, laws, and zoning, mark off racialized spaces conceptually and materially. Razack explains further, for example “the inner city is racialized space, the zone in which all that is not respectable is contained” (p. 129).

Methods

Introduction

In this section, I outline the methods I used in my research. I discuss how I recruited volunteers and the criteria to participate in the research, processes of informed consent and how I collected and stored data. I also provide brief descriptions of the research participants and the interviews.

Recruitment and Informed Consent

I recruited participants for this research by advertising on the social work student list serves at both the University of Manitoba and the University of Victoria, and through word of mouth. These advertisements provided information about the actual research project, including the topic, methodology, method of collecting data, who should apply and how. I assured potential interviewees in the advertisements that all inquiries would be confidential, that participation was voluntary, and that they could withdraw from the research process at any point without penalty (see Appendix B - 'Call for Participants'). Potential participants were encouraged to contact me by phone or email to establish a time to talk on the phone to review the criteria and process for participation, and so I could answer any questions they may have.

During this initial phone call, we discussed the requirements for participation to ensure they met the criteria. The criteria I established identified that they must be female, hold a university social work degree, and either currently or previously work as a social worker in a mandated child welfare

organization. They must have received voluntary or involuntary mandated child welfare intervention where they were assigned a child welfare social worker. This intervention could have been when they were children, mothers or both. Intervention could have started and ended before or after participants worked as child welfare workers. Participants must have practiced as a mandated child welfare worker for at least three months after having received any child welfare intervention as a client. Additionally, there must have been a period of at least three months in which any child abuse investigations that they were part of as a client were concluded. I specifically requested female participants because child protection workers are primarily female, as are the majority of adult child welfare clients. My decision to establish the specific timeframes involved were to allow a minimum period of time where participants have carried this experience of having both practiced and received intervention, thereby potentially generating further depth in the research.

I briefly explained my research methodology with each potential research participant. I told them that participation would involve one in-depth unstructured personal interview that I would audiotape and perhaps take notes, in a place we mutually agreed, where their confidentiality could be maintained. Further, I would transcribe tapes by myself or hire a professional transcriber. Additionally, I would send them each a copy of their transcript to review for accuracy and to determine if they wanted to add or clarify anything in the transcript. I explained that I would analyze the transcripts and discuss my findings in my thesis as part of my research project. I said that I could not

promise that someone would not recognize them in my research, but I would change or omit potentially identifying information to increase their anonymity. I said that I may additionally make contact with them for their review of my preliminary research findings, and if they requested I would send them a summary of the completed research, which I would mail to them by registered mail. I explained that this continued participation was optional.

I also told each caller that at the point of the actual interview, I would ask them to sign a consent form (see Appendix C - 'Informed Consent') that provided a written explanation of the research project and the interview, limits of confidentiality, storage and disposal of data, and made it clear that they could cancel their participation at any point without penalty. Along with a copy of the informed consent, I specifically informed participants that I would provide a list of counseling supports as required by the University ethics approval process, should they be interested in accessing counseling resources (see Appendix D- 'Resource List'). Additionally, I would provide them with my phone number and email address in case they wished to have further discussions or needed to inquire further about accessing emotional supports. I remain uneasy with this required aspect of the ethics process, and question the ethics of constructing the research participants as somehow in potential need of this list. For those callers that met the criteria and said they wanted to participate we agreed to be in contact again to schedule actual interview times.

Collecting and Managing the Data

Data collection consisted of interviews that I audiotaped, my handwritten recordings of notes that I made during and after each of the interviews, and any input that participants provided to me after reviewing their transcripts. Notes involved anything that particularly stood out for me, and my thoughts and feelings. I assigned interviews and my notes corresponding numbers to keep track for later analysis. Shank (2002) recommends that researchers make written notes after interviews to increase their accuracy of understanding, because the transcribed tape does not allow the researcher to recreate the interview in memory.

I explained in the 'Informed Consent' form and directly to participants how I would handle their consent forms and tapes through the research project, saying that at the conclusion of my research I would destroy all tapes and consent forms. I have stored the consent forms in a locked cabinet, and all tapes and text in a separate locked file cabinet in my home office to which only I have the keys. The tapes and text do not contain any identifying features that could link the participants to the material. In addition to me, only a professional transcriber had access to the tapes. I omitted participants' names, ages, and specific locations of workplaces in the research to increase their anonymity, although, as previously discussed, I told them I could not completely assure that they would be unrecognizable if persons were aware of their stories.

The Interviews

In narrative research, Anderson and Jack (1991) say the interview is a valuable method for both the narrator and the researcher. The narrator can tell her story in her own way and the researcher, through the taped interview, is able to return to the data as needed to deepen the analysis. Fraser (2004) suggests interviews be conducted in a conversational style, engaging with participants informally, thus allowing for stories and statements that do not necessarily seem immediately relevant. She further suggests that participants transform their personal experiences into stories through questions such as “how did it begin” or “what happened next” (p. 185). During my preparations for the interviews, I listed these sorts of prompts and questions to engage participants in telling their stories. Although I have had significant practice interviewing people in my role as a social worker, I had never conducted a formal research interview. Prior to the first interview, I arranged to interview someone who met all of the criteria for the research, but who would not be a research participant. I was able to practice listening, strictly to facilitate storytelling and my understanding, without also having to engage in the practices of a social worker. I also familiarized myself with using the tape recorder.

The interviews ranged from one and one-half to almost four hours in duration. I started interviews by reminding each of the participants that I was interested in hearing how they believe their experiences as a child welfare client have influenced their practice and identities as child welfare workers. I encouraged them to start wherever they wanted, and to tell me what they

thought it was important for me to know. I took great care in my research ethics application to present a strong argument grounded in my methodology to gain approval to conduct unstructured interviews. I contend that unstructured narrative interviews were best suited to my research, because I was interested in subjugated knowledge, and participants told stories that I likely would not have heard if I had a list of questions. I did have some difficulties, for example, even though I had prepared myself to listen and ask questions to encourage telling, I sometimes asked questions that seemed to shut down rather than facilitate further depth in stories. Similarly, I noticed when I did not ask questions, where doing so might have facilitated depth. Perhaps I may also have done these things, even if I had used greater structure in the interviews. As with my social work practice, attunement and timing are about when and how I ask questions. Berger, Glucj and Patai (1991) say in narrative research asking the right questions is not the focus but rather the focus is attending to the “narrator’s self-evaluative comments, meta-statements, and the overall logic of the narrative” (cited in Fraser, 2004:185).

In hindsight, despite all my attention to talking about the impact the researcher has on the research process in my research proposal, I believe that the notions of positivism were influencing me in that I should try to construct an environment, through unstructured interviews, where I would have as little impact on the research participants as possible. During interviews, I did also notice a few times when my responses and questions to the participants might have influenced the direction of their stories, perhaps contributing to shaping

their stories, something I had thought I wanted to move away from through using unstructured interviews. This just does not seem possible. I believe that it is inevitable that the researcher always shapes the research process, as does the participant. I have continued to be curious about how and why certain stories entered into the interview space, while other stories were denied access. In addition to responses and questions, other factors, including where interviews occur, if participants and the researcher know each other, the social locations of the researcher and participant, all influence the interview.

Participants and Process

Five women from Manitoba and British Columbia who met the criteria participated in this research. They all had university degrees in social work, and experience as social workers in mandated child protection organizations, ranging from two to over ten years of practice at the time of the interviews. All participants identified they had been clients of child welfare either as children, mothers or both.

In my written discussions, I identify all of the participants by pseudonyms and I changed potentially identifying details of the participants' stories to increase their confidentiality and anonymity. Two participants, Caron and Pat, identified having had client experiences only as adults, Caron before becoming a protection worker, and Pat after a number of years of protection practice. Two other participants, Serena and Mandy, identified having client

experiences as both children and mothers, and one participant, Eliza, identified having client experiences only as a child.

Three of the participants and I knew each other before the interviews, and two participants I had not previously met. I knew Pat and Eliza through our work as social workers, and knew they had been clients of child welfare. Caron and I knew each other through mutual friends, and we had been at a number of the same social events. I had not known prior to her volunteering to participate in my research that she had been a client of child welfare.

Arranging interviews was challenging because I was living in Victoria, British Columbia and none of my participants lived in Victoria. The spaces in which we would have the interviews came to the forefront, and many thoughts about these spaces returned to my thoughts later during my analysis. I had to travel away to all but one interview. Serena was making a trip to Victoria, but we could not have the first scheduled interview because of an illness in her family. We successfully rescheduled another in-person interview at the University of Victoria. We did not know each other prior to the interview. I traveled to interview Caron, whom I had known before, in her home. While we were arranging the details of the interview, she invited me and I accepted to have dinner with her and her partner, and to stay over the night in their home so I could travel back home in the morning. Participants in the same geographical location had volunteered to participate and I attempted to arrange a trip to interview them all, but only one woman was able to participate while I was there. I interviewed Pat in-person at the home of my friends who were away,

where I was staying (her choice). One other woman became ill while I was there, and the other was out of the country. I later interviewed both these women, Eliza and Mandy, over the speakerphone because at that time it was not possible for me to make another trip away from home.

I personally found the telephone interviews difficult. Even though I pre-tested the tape recorder, I was concerned about it not picking up our voices and I placed it too close to the phone, which interfered with the transmission. Consequently, I could not hear some of the tape for transcribing. I was able to recall some of the lost data and I also forwarded the transcript to Eliza for accuracy, but she did not suggest corrections or additions. I believe our previously established knowledge of each other facilitated our ability to engage in the interview over the telephone. The other participant, Mandy, identified having heard of me as a social worker, but we had never met and I did not know of her. It was not Mandy's or my first choice to do the interview over the telephone. We discussed the difficulty of not being in the same room together, specifically how it was hard for her to talk to a voice on the other end of the phone, but she also identified really wanting to participate so we proceeded. Similarly impacted was my own ability to attend to listening during the interview. Once again, I was concerned about the tape recorder, and I was conscious of trying to facilitate a climate that would build some foundation for Mandy to tell her stories. I was also aware of how I was trying to know more about her social locators, which I will discuss further in my analysis.

Data Analysis Methods

Introduction

In this section, I outline the specific steps I took to analyze the data. I describe the significance of emotions to analysis, transcription of the data, how I identified stories and discourses in the data, and the processes involved in writing the analysis.

Emotions in the Interview and Analysis

Fraser (2004) calls for the attention to the emotions of participants and researchers during and after interviews, suggesting that this is the first phase of analysis. To increase accuracy of understanding, researchers must listen beyond dominant meanings to hear muted thoughts and feelings, and to understand the relationship between these meanings and muted internal experiences. Carolyn Heilbrun (1988) recommends that to understand meaning, researchers, in addition to talking about their activities, must allow women to talk about their feelings (cited in Anderson & Jack, 1991). Researchers must listen to “the choices, the pain and the stories that lie beyond the constraints of acceptable discussion” (Anderson & Jack, 1991:11). I wrote in my journal after interviews, noting participants’ emotional expressions to increase the likelihood of being able to include the participant’s non-verbal language such as gestures, facial expressions and so forth in the analysis. I also wrote extensively about my own emotional responses to each interview.

Transcription

Fraser (2004) recommends the researcher transcribe the interviews, saying this has a number of benefits, with the main benefit being “how close you are able to come to the stories” (p.187). She says doing one’s own transcription allows one to make decisions about how to represent the utterances as a significant part of analyzing the data, as “transcribing is as much a form of interpretation and analysis as it is a technical activity” (p.188).

Initially I thought I would transcribe the interviews myself, but after I transcribed approximately sixty pages of a transcript that was a hundred pages in length, I hired a professional to complete the transcriptions, which she did very efficiently. As previously discussed, I forwarded each participant a copy of the transcript of their interview to review for accuracy, and to determine if anyone wanted to change, add, or clarify anything in the transcript. Only one participant added further clarifying statements to their transcript.

I simultaneously reviewed the transcribed text while I listened to the tapes to increase my ability to come closer to the stories. I also wrote notes in my journal about anything that appeared immediately relevant to me, including my emotional reactions to the stories.

Identifying Stories and Discourses in the Transcripts

As suggested by Fraser (2004), I looked for specific stories in the transcripts, marking where each story started and ended, and then numbered each line of the stories. To make these determinations of where stories started

and ended, I noted when participants changed the topic, asked questions, shifted tense, and stated conclusions or outcomes in the content of their talk. In my naïve interpretations of narrative research, I wrote in my research proposal that I would note the overall form of each participant's story, thinking that in each interview a singular story existed. I planned to determine if it was a cautionary tale, a success story, or if the story took on some other form. Although in most interviews a few major themes emerged, it was not as clear as I had imagined.

I started my written analysis by trying to re-tell (in writing) what I thought the main story was of each participant. These stories were gripping for me, and I had difficulty pulling them apart in any way for analysis. I wanted to tell the participants' stories just as they had told them to me, consequently my initial analysis were mostly descriptive, with very little actual analysis. Through my initial descriptiveness, however, I became increasingly familiar with each of the stories, assisting me later with analysis across the stories.

I entered back into the data the same way I enter into my practice, from a position of not knowing. I asked myself, what are these stories about? What are the discourses that inform them? I returned my attention back to the many stories that each participant told in their interviews. I read and re-read each of the stories many times to determine what kind of stories they were, not the forms as I had initially imagined, but rather to notice if they were stories of experience or practice/identity (by then I had determined that practice and identity stories could not be separated). I engaged in a recursive process of reading the stories, returning to read the literature, considering my experiences

as a child protection client, and listening and watching in my child welfare practice. What emerged from these processes was the dominant cautionary tale of client experiences as a risk to performing the child protection role.

When I returned to the stories again, on my computer, I copied, cut and pasted each story and categorized them by discursive themes into folders marked experience, practice/identity or dominant cautionary story, with each participant having her own folders. Once I completed this process, I printed them all. This resulted in almost seventy-five single spaced pages of stories from the five participants.

As I re-read, I made notes, comparing my research question to what I was finding in the data. In listening to how participants told their stories, I wanted to hear how they organized dominant and marginalized discourses from their subject positions to conceptualize their practice and identities. I had also been very curious about which specific discourses participants would employ to tell their stories. I asked, like Ristock (2002) “what does the participant’s language suggest about the ways in which their experiences have been produced by the available discourses and their social positionings within those discourses” (p. 39)? In my analysis, to understand their stories I specifically focused on how participants talked about their subject positions, if at all, and their resistance and complicity with both dominant and subjugated stories about child welfare clients, as workers, as clients, or both. Dominant stories about clients include discourses about children at *risk* of abuse or neglect, *bad or inadequate* mothers, and sometimes *bad or damaged* children. I contend that

these stories act to regulate and normalize dominant constructs of childhood, motherhood, and family. Dominant ideologies in child welfare exclude marginalized stories of client identity constructed through power relations, and inequalities embedded in social locations such as class, race, ability, sexual orientation and gender. Ideological discourses shape both dominant and subjugated stories. I listened specifically for how participants have complied with and resisted dominant hegemonic ideology, paying particular attention to connections of race, class and gender among other experiences of social location in their identity and practice constructions. I looked for similarities and differences between participants' stories, noting connections between what I saw in their stories, their social locations and mine. I also looked for what participants did not say, perhaps because it is normative, such as with constructions of Whiteness (Ristock, 2002) or cultural taboos.

Writing Analysis

The written analysis is the process of translating oral talk and “pulling together threads of others’ stories” into one’s own story (Fraser, 2004:195). Fraser (2004) further identifies “honing” the analysis while understanding there are many ways to present the stories and recognizing that they can be reconstructed and reinterpreted (p. 145-146). Fraser (2004) says that “for the research to be coherent and credible, narrative analysts may want to keep checking that the written analysis they are producing correspond to the stories told, as to the objectives of the research” (p. 196).

Ristock (2002) speaks about treating the participants' voices as authoritative, while also treating discussions as accounts or constructions that provide a window through which to view their subjectivities in relation to their understandings of the world, which are influenced by social location, and historical and cultural contexts. Our subjectivities are situated, that being socially constructed, as all meaning and discourses that inform them are context dependent (Fook, 2002; Weedon, 1997).

In addition to recognizing the contributions of the stories, Ristock (2002) speaks of "kneading" the material to produce new meanings in the analysis through identifying the discursive and the reflexive, suggesting that it is a way to "push the limits of understanding available to us" (p. 44). Ristock (2002) speaks to being reflexive in the following:

I use a reflective approach to bring forth my own subjectivity for my own self-awareness and to reveal my own meaning-making processes so I can remain accountable to the research participants for what I am making of their stories as I produce my own (p. 43).

Ethical Considerations

Introduction

Ethics are the foundation of my research, guiding the research throughout the entire process from choosing a topic and methodology, to all interactions, analysis and presentation of the research findings. In this section, I discuss my ethical accountability in this research relating to power, social location, reflexivity and transparency, and my subjectivity.

Ethical Considerations of Topic and Methodology

I have access to many other public stories to help me make sense of my life experiences and construct my identity. I have read, discussed and been exposed to stories about being female, experiencing childbirth and mothering, surviving abuse and early parental death, and even stories consistent with being marginalized such as lesbian coming out stories and living in poverty on welfare as a single mother. Stories of child welfare workers who have also been child welfare clients are not public. We do not have access to each other's stories as we attempt to carry what I believe are contradictions of identity into practice. Our stories, particularly for those of us who have been child welfare clients as mothers are deafeningly silent. I believe telling the stories and deconstructing the dominant story that client experience represents a risk to performing the social work role is one thread in a web of oppression to be untangled to enhance social justice in child welfare. Through telling my story, I have made space to hear the stories of the research participants, and witness the conditions that have kept our narrations subjugated. Frank (1995) says, "in stories, the teller not only recovers her voice, she becomes a witness to the conditions that rob others of their voices" (p. xii – xiii). Frank (1995), in his research about those who have experienced illness, speaks to the ethical responsibility of telling stories about having survived.

Through the stories of the participants, this research builds much needed knowledge for social work education and practice in child welfare, which extend to all persons entangled in the child welfare system. I have a personal

investment that extends beyond curiosity or benevolent interest in the findings of this research. I am highly disturbed by oppressive and marginalizing practices of child welfare, and by how I have participated in these practices as a child welfare worker, both in actions and in my silences. As a social worker, I am responsible to theorize my practice to develop a more accountable practice. I have theorized my practice through my research by telling my story, listening and learning from the stories of the participants, and engaging critically with the literature and my practice.

Locating Myself in the Research as a Visible Subject

During this research, I have continually engaged in reflexivity, meaning to self-reflect, and transparency, being to reveal myself and to demonstrate how my social location influences the research process. Weedon (1997) says that our social locators provide us with a range of available subjectivities, further suggesting that these are about power and powerlessness. Ristock and Pennell (1996), identify that “together (reflexivity and transparency) would appear to make it possible for researchers to assess their own as well as others’ contributions to the power dynamic” (p. 13). I also have continued to remain cognizant of both my dominant and non-dominant social locations, not to suggest in any way that these locators produce a fixed identity, but rather to be aware of how my subjectivity, based in social context, influences the research process. To “interrupt my own storytelling” by examining my meaning-

making processes, as suggested by Ristock (2002:42), I have asked myself the following questions:

Who am I in doing this particular research and how am I constituted? How am I positioned and relating to the person I am interviewing? What are the influences of my personal history? (p. 42)

Similarly, herising (2005) calls for researchers to account for the 'politics of location', to participate in an interactive process of reflexivity that includes more than an inward examination or listing markers of social identities. "The imperative for researchers, then, is to take a critically active stance that takes into account (and accounts for) multiple histories and traces diverse trajectories that give shape to various meanings, authorities, power and ways of knowing" (herising, 2005:133).

With these considerations it follows that interactions between myself and the research participants, my perceptions and the subsequent meanings I have made from their stories, are about relations of power as influenced by the 'politics of location'. I meet the same criteria for participation as the participants, making me an *insider* of the population that I am researching. As a social worker who has been a child protection worker, I was a permanent ward of child welfare as a child, and a client as a mother. The participants and I share many similar life experiences, and even some of the same social locators. At the same time, how we understand our experiences, the accounts we provide of them, and our constructed subjectivities are different from one and other. Our stories and understandings about ourselves and others is developed from social information as bound to our race, gender, class, sexual orientation, and other

social locations (Lawler, 2002). As I previously discussed, our interwoven oppressions and privileges related to the intersections of social location construct the conceptual and material realities of our lives, and our versions of reality.

My interests in the research are not necessarily the same as those of the research participants, and those who meet the research criteria and have not participated in this research. I have not collaborated with the research participants to define the parameters of this project because it was not a practical way to meet the requirement of my academic institution in a timely manner, but I most certainly believe it would be valuable to have done so. My intention, rather, is to produce trustworthy research through being transparent in my research interests, acknowledging and accounting for my subjectivity and how I have made my interpretations, and inviting the review of transcripts and feedback of analysis from the participants.

Without disclosure, my history and social location with the exception of my gender appears dominant. To make myself visible to research participants I have told them both during the initial contact and then again at the interview that I meet the participant criteria, and will discuss this in my thesis. Similar forms of telling, particularly those that are consistent with a 'reflexive, knowing and inner self', have been used by feminists, and gays and lesbians to make political claims (Skeggs, 2002). As a mother I am easily constructed as a former client who has 'made it', despite the odds of remaining trapped in a life of poverty and violence. I am the good and resilient client with middle-class

aspirations who fashioned herself in the image of my professional helpers. I left a violent man to protect myself and my children, integrated popular child rearing discourses into my parenting practices, and quickly learned the art of middle-class feminist based therapy consumption that protected me from psychiatric medication and diagnosis. Despite being a lesbian, having been a welfare mother, and a client of child welfare, all three of which construct me as a bad mother, I can and often do pass as a middle-class heterosexual mother and social worker, thereby meeting the criteria for acceptable subjectivity in both motherhood and professional practice. My Whiteness, a marker of dominance, affords me significant cultural privileges, and I believe assists me in the mediation of being a lesbian and having been on welfare, neither of which are visible. My gender performance is feminine and I am well versed in presenting as being of the middle-class. I have erased visible traces of my former street life and poverty from my body with a good diet, dentistry, and expensive shoes. My story is seemingly one of success, I believe, not because anything has changed in the world. Child welfare still removes children from their homes, and they become permanent wards and experience the accompanying stigmatizing processes, men still beat women, and children and women are still inadequately nourished and housed because welfare benefits are too low. My story is a success because I now perform acceptable White middle-class female subjectivity in both my appearance and in my helping role as a social worker.

Lawler (2002) speaks to the gendered experience of upward class movement, contending unlike males who can be 'the working-class boy made

good' (cited in Walkerdine, 1997), for women there are few narratives to describe upward class movement. Where there is available subjectivity for upward class movement in the culture, it is related to helping others, demonstrated through examples such as Oprah Winfrey and Erin Brockovich. Women that shift class upward through marriage are often described in negative terms such as 'gold diggers'. Women are additionally portrayed in fairy tales and other cultural stories as helpless to shift their circumstances beyond their ability to be rescued through attracting a rich and powerful man, unless they are young and beautiful, thereby becoming a 'trophy wife'. In story, these young, beautiful, and passive girls are transformed into princesses. The subjectivity of 'princess' is very powerful among young western girls who are instructed through cultural stories in the plethora of films produced about princesses, and both a fashion and toy industry that provides opportunity to consume clothing and accessories to perform this subjectivity.

From my current position of privilege as a graduate student without an active child welfare file and many years of practice experience, I now have legitimate space in which to tell that I have been a child welfare client, and to invite others into this telling. Similar to Valerie Walkerdine who indicates that she can only speak of her own working-class childhood as an "academic who now has the legitimate space in which to speak" (Walkerdine, Lucey & Melody, 2002:186), I ask the question how this notion of 'legitimate space in which to speak' is relevant to my telling and inviting others to tell? Who benefits from the telling? Is the telling of equal benefit to all? Is there merit in it? Skeggs

(2002) call for turning away from telling, suggesting that it is a practice of the confessional, as described by Foucault. Skeggs further discourages the 'techniques of telling' as they "rely on accruing the stories of others in order to make them into property for oneself" (p. 349).

There are other discussions in the literature about the ethics involved in both ownership and interpretation of participant's stories in research (Fine, 1998). Through analysis, the researcher takes participants' stories of their experiences and tells a new story that locates these experiences in social processes (Price, 1996; Chase; 1996). This telling of the new story may or may not occur in collaboration with the participants, which has different implications based on the social locations of both the participants and the researcher. Chase (1996) discusses her un-collaborated interpretations in research with highly educated professional women. Chase cites time pressures related to securing tenure as constraining her commitment to feminist principles that would include a time-consuming collaboration with participants in the interpretations. Chase concedes and identifies feeling "hope" that the analytic story that she tells about how cultural discourses "shape and constrain their understanding of their experiences" will serve the interests of the participants (p. 54-55). Chase's acts of interpretation of the voices of highly educated professional women are not acts of replicating existing oppressive practices based on social location of researcher and participant, nor are these acts likely to have significant consequences in the material lives of her participants. When researching marginalized communities whose voices are unrepresented these consequences

are significant. Price (1996), for example, cautions that power relations inherent in the social locations of the researcher and participants are inescapably oppressive when “interpreting the experiences of poor, minority women as a privileged, white, middle-class professional”. Price, quoting bell hooks, illustrates this replication of oppressive power relations as follows:

No need to hear your voice when I can talk about you better than you can speak about yourself. . . only tell me about your pain. I want to know your story. And then I will tell it back to you in a new way . . . I am still author, authority. I am still the colonizer (p. 213).

I have considered this idea of ‘telling’ many times throughout my research process. I repeatedly have questioned, how do I present the stories of the participants? I have not collaborated how to tell their stories, but have only asked if the stories made sense to them. I have also asked, how much do I tell of my own story? Although I attended an inner-city social work program that prizes the marginalized personal experiences of the students as potential sources of valuable practice knowledge, upon graduation I silently brought these experiences to my child welfare practice, grappling alone with their significance, if any, for my practice. Throughout my years in practice, I continue to consider who I am as a child welfare worker, and what I do with or to the people defined as my clients. I come to this research to provide space for listening and understanding how other people ‘story’ their experiences of being both a client and a social worker in child welfare, and how they understand themselves in their practice. I believe making space for these stories is important, not to accrue them as my own property or as a practice of confession,

but to allow for the possibility of a collective resistance to injustice in child welfare.

Evaluation

Introduction

In this section, I discuss how I evaluate my research. I have evaluated its credibility, consistency, and its social justice potential and usefulness to the participants and the social work community.

Credibility

I engaged numerous strategies to ensure the credibility of my research findings. To increase my depth of understanding the stories of the participants I read, and re-read their stories many times. As previously described, I entered into a recursive relationship with the stories, the literature, and my practice. I similarly reviewed new literature and had conversations with colleagues to increase my understanding. I also used member checks, where participants or those who met the same research criteria as participants read my preliminary analysis to determine if my interpretations made sense to them. I additionally engaged in reflexive processes, which I described in the previous section about my ethical considerations.

Consistency

In my previous sections, I have discussed ways I have established consistency in my research, including forwarding transcripts to participants for review, and listening to tapes while reading transcripts to ensure their accuracy. I have further established consistency by providing a clear audit trail, describing how I collected data, and the specific steps that I followed in analyzing my data. I additionally kept a journal recording my feelings, reflections and thoughts throughout the research process. I have also been transparent about my intentions in conducting this research, my theoretical and methodological approaches, including how I believe the politics of my social location influences the research, which I have also described in the previous section.

Social Justice Evaluation and Usefulness of Research

How will my research finding be useful to enhance social justice in social work, and to the participants and those who are similar to them? An object of qualitative analysis is to produce findings through rich thick descriptions that are transferable, so that participants and other readers can determine the extent to which their situations are consistent with the research (Merriam, 2002). Will participants be able to see themselves in the research findings? If so, will it be useful to them and others like them?

In my writing, I provided descriptive information and interpretive analysis of each participant interview to familiarize readers with the contexts of participant stories to increase understanding of analysis, using direct quotes

from participants. I similarly used direct quotes in analysis across participant stories. Marcotte (1995) identifies at least three voices as present when interpreting data: “the participant who gives the story, the writer/researcher who records and retells it and the reader who interprets it” (cited in Brown and Potts, 2005:270).

The interviews of five participants ranged from one and one-half to almost four hours in duration producing significant amount of data. The data held more than adequate information for me to show in the analysis how participants’ stories were consistent with my research question. My criteria for participation identified that participants must have had client experiences as children, mothers or both. Fortunately, those who volunteered were different from each other, some having had their experiences only as mothers, while some as both children and mothers, and one participant only as a child. The other difference in participants was all but one had been clients before they were social workers. Once again, this broadened the range of experience to make comparisons and contrasts in analysis.

I cannot predict to which extent the findings of my research will be useful or not to any single person. What I can say is that through analysis of participant stories, societal webs of regulation that maintain relations of domination and subordination were exposed for their oppression in the lives of child welfare clients. Strega (2004) asks,

[i]n a world in which the violence of the dominant towards the marginalized is at one and the same time the context for daily life and a set of invisible facts, have we managed to make strange that which appears familiar, and make familiar that which appears strange (p. 138)?

Yes, I believe my research has accomplished the requirement of making strange what appears familiar, and making familiar what appears strange. The dominant story that client experiences are a risk to performing the social work role was deconstructed. Underneath this dominant story are the voices of the participants who told another story of how, through their client experiences, they developed knowledge that would otherwise be unavailable to them. They tell that this knowledge facilitates their work in the interests of human concern in child welfare. I provide an analysis of the participants' stories in the next chapter.

CHAPTER FOUR

ANALYSIS

In this chapter, I provide the analysis of my understandings and interpretations that I have made from the participants' stories. The participants told me their stories based on meanings they made from my research question: "How do you believe that your experiences as a client of child welfare influence your practice and identity as a protection worker"? My listening and interpretations shape my analysis, which is not the "truth" of participants' lives, but the meanings made through the interactive processes between tellers and listeners in narrative analysis. While the participants' voices sit at the very centre of my analysis, I used narrative strategies to determine where stories started and ended to organize the data, which then allowed me to determine which discourses comprised their stories. I specifically identify how the language used by participants shape their individual interviews, and draw themes across their stories to situate their experiences within social and political structures.

Participants sometimes spoke about their client experiences and social work practices using the institutional language common within child welfare organizations. As an insider, I am familiar with this language, including jargon and specialized terms that become quite ordinary when working inside these organizations. I recognize that some of the terms and processes participants use and describe may not be familiar to all readers. With this in mind, I will clarify differences and similarities in terms between provinces. For example,

participants use the terms *ministry* and *agency* to refer to child welfare organizations. They also use the terms *removal* and *apprehension*, to describe state sanctioned, usually physical removal of children from their parent(s). Participants use the terms *permanent order* and *continuing care order*, orders granted by the courts to terminate parental rights of existing parents and giving child welfare organizations permanent responsibility for the child's care until age of majority. Child welfare organizations may then place children for legal adoption, or in some instances courts reinstate the parents' legal rights if parents make an application and courts determine that it is in the children's best interests, provided the children have not been legally adopted. I also include brief descriptions of some terms directly in the analysis. For additional clarification, participants use the words *Aboriginal*, *First Nation*, *Indian*, and *Indigenous*. I use *Indigenous* in the analysis, except when participants have used another word.

I have omitted or changed participant information such as names and ages and other potentially identifying information. For example, I use the generic term *child welfare* in quotations from participants' stories when they talk about their client experiences. After careful deliberation, I also decided to "*clean up*" some of the speech in the stories rather than leave them in their unpolished format to enhance ease in reading the material. I determined that listening to speech in talk is a different process than reading speech intended for listening in writing, losing meaning because it was sometimes repetitive and awkward. I was quite thoughtful about how I made these selections, which have

included omitting repetitive words when meanings did not seem affected and removing expressions such as *like* and *you know* when they appeared mid-sentence. Similarly, I omitted parts of stories, using ellipses to note spaces in sentences, paragraphs or stories to bring forth succinct meanings. To identify participants' voices in the text I use italics. For longer quotations, I similarly identify with italics, and I use brackets at the conclusion of each quoted story, providing the name of the participant who told the story, and identify the numbered lines I wrote from the story, also noting how many lines the story has in total.

In my previous chapter, I discussed how accounting for the emotions of participants and the researcher is a vital part of analysis in my methodological approach. Some participants told stories in their interviews about having had personal experiences such as loss of a parent, mental illness, poverty, and being victims of sexual and physical violence by family members, where these were related to their experiences as child welfare clients. While some participants cited previous experiences of loss and abuse influencing their client experiences, all participants spoke to some degree about their emotional experiences as clients, naming feelings of isolation, anger, confusion, fear, relief, frustration, desperation, shame, sadness, despair, regret and grief. Although to much lesser degree, some participants also spoke of happiness, connection, and feelings of support. Some participants laughed and cried during interviews, and I shared in their laughter, and at times had tears swelling in my eyes while listening to their stories. Participants' stories have generated intense

emotional responses for me during my analysis. I have cried reviewing transcripts, feeling deeply saddened by their stories of loss and victimization from violence and colonization. I have felt outraged by the stigmatization participants describe experiencing as child welfare clients, particularly as I theorized the unjust ideological functions of their stigmatization, and I have then felt the discomfort of shame and sadness as I recall my own unjust practices. I have also laughed aloud at the participants' stories of wit and humor, and have felt heartened by their stories of courage and determination.

Although some of the participants' stories were similar to my own, and I recognized how they resonated with my own feelings, the process of listening and analyzing has brought for me an increased emotional awareness of my practice as a social worker. The outstanding emotional experience in the interviews and the analysis for me comes through as the deep level of respect and commitment participants told of having for the people who are the clients of child welfare social work. I feel inspired by participants' stories about their political acts of resistance to dominant discourses that create injustice. Participants' stories generated within me a heightened awareness of my practice through which I have furthered my resolve to engage in socially just child welfare practice.

The next pages begin with initial analysis of the stories each participant told about her client experiences. These stories illustrate how their experiences of being child welfare clients relate to social location and dominant liberal ideological discourses of hetero-normative motherhood, childhood and the

family. The analysis illustrates the webs of power that entangled participants to regulate gender, race, class, sexuality and ability within dominant normative ideologies. In the pages that follow, I provide my analysis of how participants have utilized available liberal-humanist discourses to construct themselves within the range of subjectivities available to them. These subjectivities are available to participants in relation to the dominant story of client experiences presenting a risk to performing the role of child protection worker. The analysis further shows how there is a client/worker binary, which is both social and spatial, that produces a certain range of subjectivities, and denies other subjectivities for participants to construct themselves as protection workers. These include a transformative subjectivity achieved through self-disciplining strategies and the subjectivity of the 'wounded healer'. The analysis also shows how participants comply with and resist the dominant ideology of children's best interests in their practice, which they interpret through their experiences as clients. The concluding analysis illustrates how participants, as active subjects, resist and comply with various forms of knowing in their practice and contend with challenges of working in the child welfare system.

Caron

When Caron became involved with child welfare as a mother, she was not a social worker. Her client involvement began before she started and obtained her social work degree. Caron says she began working as a child protection worker while child welfare still identified her as their client. Her

client experiences with child welfare started when her children were preschoolers and lasted until her youngest child turned eighteen.

Caron says that she and her former husband were both prosperous business owners from working-class backgrounds, White, and married for a number of years with two pre-school children when they first became involved with child welfare. They lived in a very large expensive home in one of the wealthiest neighborhoods in the city, and seemingly, to those looking from the outside had the perfect family and very successful lives. Caron reported, however, that her former husband was violent towards her. *We were in a relationship where the kids could have gotten hurt [] I had my teeth knocked out [] Black and blue. A wine bottle over me [] Kids watching it.*

In Caron's telling we see the discourse of 'children witnessing' her husband's violence towards her as harmful to them. The discourse of children witnessing, which has arisen within the last twenty years, continues to permeate child welfare, with concerns of men's violence towards mothers being couched in the gender neutral language of 'domestic' violence. Child welfare interventions about children witnessing are routinely gendered and mothers are held responsible for protecting children from witnessing, either through termination of their relationships with violent men or through the requirement that they control and monitor his behavior. When mothers do not terminate their relationships, they are with alarmingly frequency identified by child welfare workers as 'failing to protect' their children from witnessing violence and may lose or be threatened with the loss of their children. Feminist critiques

identify men's violence towards women as made invisible through this and other discursive practices that do not directly implicate men in their use of violence (Krane, 2003; Strega, 2004). In Caron's telling, she constructs witnessing as problematic and the relationship as potentially dangerous for the children. Also consistent with dominant discourses, Caron does not directly identify her former husband's use of violence, but the relationship as the factor potentially harmful to the children. Similarly, Caron talks about her former husband's violence towards her, but only tells of the 'effects' on her, without providing any actual descriptors of his violence.

In addition to discussing the effects of violence on her, Caron similarly tells a retrospective account of the effects of witnessing on her son. *He would try to break the windows. He would tear everything apart.* Caron sought professional help. *I was searching everywhere to get him some help.* She told that at the time she did not realize that her "marriage troubles" could badly affect her son. *I knew I was having trouble in the marriage but I didn't think for a minute that it would be that bad on him.* The very powerful discourse of the intergenerational cycle of abuse is apparent in Caron's story. *I grew up in quite an abusive household [] So it didn't dawn on me that this was just another cycle.*

Caron took her son to see a therapist who informed her that she and her team agreed that he displayed behavioral indicators consistent with having been sexually abused. *She called me into the office one day and she said we think your son has been sexually abused [] So they called child welfare.* Once again it is

the effects of abuse that become the focus of attention, in this case, the effects as they appear to indicate that Caron's son has been sexually abused. These effects, as indicators of sexual abuse, allow the state to interfere with the privacy of the family.

Child welfare proceeded with an investigation and interviewed Caron's son. *They interviewed the kid [] I guess dad would go at night when I was sleeping.* Caron said she followed the expectations of child welfare that her husband leave the family home. *I did kick him out.* Child welfare further instructed Caron about her responsibility as a mother to supervise her husband and protect her child. *They said well you know you've always got to watch. I'm thinking nobody who gets married thinks they have to watch your partner.*

Caron produced the expected 'protective mothering' response by terminating her marriage and refusing her husband access to her son once he disclosed incest perpetrated by his father. This response, which follows a set of structured rules informed by the dominant ideology of motherhood and mothering that children's needs come first, is required of mothers. Child welfare expects mothers to believe their children when they disclose incest by their fathers, to leave their husbands and not allow them further access to the children. Without this response, child welfare easily questions the mother's fitness for motherhood in terms of whether she is protecting and centering her child's needs as the priority above all else. The 'good mother' will naturally comply within this discourse while the 'bad' mother will not. "Natural

mothering begins with the ideological presupposition that children have needs that are met by the mother” (O’Reilly, 2006:81).

Caron’s story of her client experiences as a mother illustrates how child welfare regulates gender through discourses of protective mothering as expected, natural and normal. For child welfare to be assured that Caron is worthy of motherhood, she must enact normative mothering in particular ways in this situation in order to prove she has properly prioritized her child’s ‘best interests’. During the investigative stage, this means she must not allow the father, as the alleged perpetrator of sexual abuse, access to the children or child welfare will apprehend the children. Later, child welfare may expect her to terminate her marital relationship and continue to refuse access.

Although this instruction is clear to Caron, she described an experience of having been impossibly wedged between competing discourses by child welfare authorities. *Then they [child welfare] said [my son] needs visits.* Child welfare expected her to be a ‘protective mother’, while at the same time insisting that her son visit his father.

I’m thinking okay first you’re telling me that [my ex] is abusive. . . the kid has disclosed this and now you’re saying visits. I was getting very sick about it all. It was like what do you mean? I don’t know what you’re meaning here. There shouldn’t be any visits if he’s doing stuff like this
(Caron, lines 1-8 of 19)

These discourses are entwined and supported by the gendered hegemonic child welfare practice that fathers have rights to their children, while mothers, despite being defined by law as also being right’s bearing individuals, have responsibilities as defined by normative motherhood (Smart & Neale,

1999). Her former husband's rights to his children, were enforced once it became clear that a criminal charge of child sexual abuse would not be made against him. Similarly, Caron's son's best interests and rights to be in contact with his father must be protected. *Everybody was for the visits and not looking at the safety or what the kid had gone through.* Without proof, the discourse of false accusation enters, constructing Caron as uncooperative or possible vengeful in her attempts to block her former husband's access (Boyd, 2003).

Caron tried to stop the access child welfare was providing. Caron describes her outrage and how child welfare pathologized her and her former husband essentially flew under the child welfare radar.

I went to court and tried to stop visits. They[child welfare] let [my son] go alone with his dad. This was before court [divorce and access/custody hearing]. I was livid. I went inside swearing like a trooper. I was beside myself. So of course I got pathologized more than my ex for that. I just couldn't believe it. [] I just got more pathologized and dad's behavior sort of got left behind. [] They bring it up and tell you that you're supposed to protect your child, but when you protect your child then you get pathologized for keeping the child away from the dad (Caron, lines 1-8 of 8 and 1, 6-7 of 11)

While Caron theorizes the bind she is in as a mother, it did nothing to either stop her former husband's access to her son or ease her distress. She describes her own mental health deteriorating while her son's behaviors become increasingly troubled. Child welfare expects Caron to enact the sacrificial intensive mothering dominantly thought to be in children's best interests. Caron says that she started to hit her son and so she requested that child welfare place him outside of her care, but that child welfare wanted her to quit school and look

after her kids instead. Caron identifies that she was actively considering killing herself and the kids.

[My son's] behavior started to get worse. Part of that, this is retrospective, was because I was getting worse. I was very upset. Very shocked. Didn't want him to have any visits. Didn't know what to do. Couldn't parent. I was getting where I couldn't even parent. [My son's] behaviours were so outrageous. I was starting to swing at the kid. I was starting to hit him. I was losing it with him. He pulled a knife on my daughter. I couldn't deal with him anymore. I got to a point where I couldn't deal with him. I had started school. The social worker had suggested I quit and take care of my children. I said I can't do that. You know, that would have been the worst thing. I would have killed him. Really. I couldn't do it. I was getting, they wanted me to carry a pager. The school wanted me to carry a pager and come to pick this kid up whenever he was misbehaving which was every day. Then they couldn't understand that I didn't want to leave during exams [] I started to say I need to put him in care. I can't do it. My daughter is unsafe. I'm starting to hit him. I'm not good for him [] In retrospect, that's when I realized that I was in a very big depression. At that point of my life I was thinking daily about killing myself and the kids. Really. I thought nobody can look after them. They're going to end up in care. One foster home after the other. I wasn't thinking straight. It was only a miracle I didn't do it. Only a miracle (Caron, lines 1-26 of 26 and 1-5 and 11-18 of 18)

Caron said child welfare did not recognize that she was depressed but rather said that she was an abused woman. *I had the biggest depression and they missed it. They said I was an abused woman. Well I was an abused woman [] They needed the mental health knowledge. Caron says her son's behaviours continued to escalate. [He] was described as one of the most violent children they [child welfare] had ever met. Caron says she eventually attended to a therapist who recommended that she try anti-depressant medication. When a feminist like her tells you that you need anti-depressants and to go to the doctor and get them you know you're in serious trouble. Caron says that she started medication. Then I started to get some perspective on how things were. Caron*

says she still wonders if she could have looked after her son if child welfare had been able to notice that she had a mental health disability and she could have gotten help sooner. *I may not have been able to ever deal with my son but at least I would have had something. He may have been too damaged for me to ever deal with.* Caron says she also wonders if she is responsible for the damage she says her son has.

Sometimes I wish they'd just say oh – he had a tumor the whole time and that was what it all was. You just want some relief sometimes. Did I do all this to him? Probably. I don't know. I think it's nature and nurture. It's both (Caron, 3-9 of 9).

Caron's story illustrates the operation of mother blaming practices in child welfare through the discourses of children witnessing, and individualized protective and intensive mothering being in children's best interests. In Caron's story, her former husband's abuse became child welfare's focus, but only insofar as it affected her mothering abilities. Caron is responsible to ameliorate these effects to produce the required mothering response, while child welfare's concern is ensuring they do not interfere with her former husband's rights of access to his son. Her son's troubled behaviors are evidence of her failed abilities as a mother, because she hit him and she does not stay home from school.

Pat

Pat says she was a long time child welfare worker when she became involved with child welfare as a mother. *I had been a social worker for about*

four and a half years. Almost five years. Pat's life circumstances and social locators of race, class, gender, and ability were nothing like those of the majority of child welfare clients who experience social marginalization as single non-white and poor mothers. Pat did not tell of having experiences similar to these mothers, many of who report a history of abuse and often have a history of mental health and addiction struggles. Pat is white and able bodied. When she became a client, she already had a university social work degree and was employed professionally as a child protection social worker. Pat said at that time, she was the mother of a fourteen year-old girl and ten-year-old twin boys, and married to the father of her children. Pat had never considered it possible that she would be involved with child welfare as a client. Pat had grown up in a working class two-parent home with two siblings and a large extended family, none of whom had personally known anyone involved as a client with the child welfare system.

Pat identifies she became a client when child welfare investigated a 'physical abuse disclosure' by her daughter. Pat says her husband scolded their daughter after she did not wear a life jacket when she took out the family boat, and their daughter was then foul and belligerent to her father. Much to her surprise and horror, Pat says her husband hit their daughter. Pat tells of the events that followed.

So what she did was march to the school the next day and told the school that she had been abused by her father. They called child welfare [] When child welfare came in they said he goes or we apprehend your daughter. I said no and no. So they gave the power to [my daughter]. "You can leave if you want – we'll take you in – we'll find a great place for you". The whole bit. They brought the police down. And so the bad mother is "you choose

one or the other” which I said “no - the family needs to decide on how this is going to work” (Pat, lines, 8-9 of 14 and 1-9 of 10).

Child welfare opened a file in Pat’s name, which, as I have previously discussed, is the standard practice in all North American child welfare organizations, which open files in mother’s names unless they do not have custody of their children. The act of child welfare opening the file is an act of power, and is a gender specific version of Foucault’s (1965) dividing practices, separating Pat from her former social position as a good mother and a competent protection worker. Pat tells that she feels the disciplining impact as if it was physical. *It hit me like a brick. Like a ton of bricks would be my words for it.* She also tells how it isolated her. *Nobody to share it with. The shame. It was very shaming.* Pat clearly recognizes there are implications to her identity from having an open child welfare file. *So there it is for the whole world to check out. How can this woman provide child welfare services when she can’t even – you know when she’s an open protection file herself?*

Pat’s story illustrates how she is essentially transformed from a person into an object of social work processes, namely an open file. Once transformed into this object she is branded and subjected to social inspection and classification as a mother and as a protection worker.

This is where I work. The rumors in here. I can’t get away from it. It’s always there. You have opinionated social workers that everything is black and white. That’s the way things are done and so they pass judgment and they judge and they judge and they judge. Yeah. So just knowing that I have a child protection file labels me a bad mother even though this situation had nothing to do with me (Pat, lines 1-8 of 8).

Pat's story illustrates the gender regulating and mother blaming practices of child welfare through opening files in mothers' names and intervening with mothers as opposed to fathers. Normalized through the practice of opening files in mothers' names is that individual mothers are responsible for their children and child welfare's focus on behaviors of mothers to determine if they are looking after their children's needs. Child welfare intervenes with Pat instructing her to choose her child over her husband. She refuses to comply and is subsequently subjected to ongoing monitoring by child welfare.

Eliza

The child welfare system apprehended and separated Eliza and her siblings when she was a child. She says that child welfare taking her from her family, community and Aboriginal culture had too many consequences for her. *The cost was, as far as I'm concerned, much too high [] I would like sometimes to be able to go back . . . and just deal with whatever issues I would have had coming out of my family of origin.* Eliza tells of major disruption to her identity through lost connections with her family and community. She contrasts her lost identity and sense of belonging through telling about her brother who was able to run away from child welfare and maintain his cultural identity through remaining with his community and land.

I've got brothers and sisters [] My older brother went to the bush. They couldn't catch him so they had to leave him alone [] My grandmother raised him . . . so he knew how to trap and snare [] He could survive in the bush and he still does . . . he's never had the same identity crisis the rest of us have had [] He still prefers the bush [] He stays on the reserve most of the time but knows who he is and is quite comfortable in his skin . . . he's never

had to question who he is and where he belongs [] He's always known who he was and where he belonged because he belonged to his land, to his community – he stayed in the community. He always belonged. He always fit. The rest of us have never been able to go back . . . they dealt with their addiction issues [] but nobody's connected. [We] all have jobs [] So we've actually been luckier than most families that way . . . Yeah so but we've never been able to regain that sense of when we were kids and we all said the same thing you know we used to have so much fun when we were kids. We remember that we had had a damn good childhood (Eliza, lines 1 – 34 of 34).

Eliza talks about the being in a White foster home. She says,

I never fit with my nice [White European] family. I even ended up in [Europe]. I still didn't fit. It's ironic because that's my foster brother and sister who I'm close to. They're blond and fair . . . (Eliza, lines 1-5 of 5).

Eliza tells further,

Some people really, really didn't fit. I'm not as visibly, like I'm not as dark. I'm not as visibly Aboriginal. I think for kids that are visible it's much tougher. As a matter of fact I would even say it is. The reason I know this is because when I heard of an assault on an Aboriginal child I can still remember that my son was in school. My first thought was thank god he's too light colored to be identified and beaten for being an Indian kid. I was so ashamed of myself for even thinking that – cause I thought it – I just pulled over in the car and I just cried and cried and cried. I was grateful that my kids weren't as dark. Now no parent should ever have to go through life saying "gee I'm glad you can't identify my kid as Aboriginal". I heard about that young man that came down from the north, went to the mall and was beaten by a gang of kids for being a squaw man and for being in the mall. It was horrendous. So there's all those pieces as well that play into identity and who you are and where you are (Eliza, lines 1-12 of 12).

Eliza ties together relationship, race, place and identity. Child welfare put her into a foster home with White people away from her connections with Aboriginal people, and in the city, far away from the bush – the land – the places that had also marked her cultural identity and where she had a sense of

belonging. In Eliza's telling, she constructs the places that child welfare took her from and took her to as spaces of race.

Child welfare authorities put Eliza in care when police arrested her mother and put her in jail. She tells a story of gender regulation most particularly child welfare's gendered expectations of mothers for the care of children.

It wasn't because of my mom's drinking that we came to the attention of child welfare. It's cause she hit a cop. So she went to jail and at that time they used to put the kids in care if the mom was gone. It didn't matter if the dad was there. That's what they did. (Eliza, lines 1-5 of 5)

Eliza tells further of how child welfare continued to be involved afterwards because of her mother's drinking. Once again, Eliza's story tells of child welfare involved to regulate the proper order of family life, with mothers being responsible for the care of their children. Child welfare did not consider it suitable to have other family members, such as fathers and brothers, take care of the children. The dominant ideology of motherhood is predominant in Eliza's story, most particularly the binary lens of either *good* mom or *bad* mom. In Eliza's telling, she defends many of her mother's virtues through providing descriptions of her mothering which she concludes are good mothering, such as teaching, playing, being strict, providing routines and structure, and teaching care and accountability.

Out of the thirty days of the month, she would be drinking maybe three or four. Well there's a whole lot of other days in the month that I had this most awesome mom. She taught me a whole bunch. She played with us all the time. Who was very strict with us. Who had a routine up the whazoo. I still remember that. My mother had more routine, my mom had more skills as a parent than most. She had routines. She had structure. She had a way of always making us accountable for each other of saying you know what you

are your brothers keeper kind of thing. You know that was the way we took care of each other. But we were thick as thieves. We were very connected to each other and those are the things that I lost. I remember those things. So she was a very good parent. When she drank she was a terrible parent. But again, take her out for four days. We would have been fine. My brother was there you know (Eliza, lines 1-20 of 20).

Eliza's story illustrates the regulation of Indigenous mothering by child welfare. O'Reilly (2006) explains that dominant ideology constructs the maternal behaviors of middle-class women as the real, normal and natural way to mother (Walkerdine and Lucey 1989), where ideology imposes these constructions upon working class and non-white mothers. For Indigenous mothers, dominant ideology devalues cultural and familial values of raising children, thereby legitimating the regulation of their mothering. Gosslin (2006) identifies state policing of Indigenous mothers is enforced through separating children from their homes, putting them in residential schools and now, the current practice of child welfare removing children. These regulating practices of Indigenous mothers exist within the overall agenda of colonization and ongoing assimilation of Indigenous populations. A Cheyenne proverb tells us about colonization through taking children from mothers: "A nation is not conquered until the hearts of its women are on the ground. Then it is done, no matter how brave its warriors nor how strong their weapons" (cited in Harvard-Lavell & Lavell, 2006:184).

Serena

When Serena was a pre-teen, child welfare permanently removed her from her adoptive relatives who were abusing her. *I finally disclosed the abuse and I*

was removed [] I remember going to court and becoming a permanent ward.

Serena said that she was in a foster home for a few years and started running away because of the male caregiver's violence to another child in the home. *He was verbally and physically abusive toward him, which was totally triggering for me. So I ended up running away.* Although White, Serena describes the caregivers in the foster home as racist. *Any behavior they wanted stopped in the child they would say "just like an Indian".*

Serena describes being in care of child welfare as being in places, but being without a home. *I went to a couple of receiving homes just for the weekends, group homes, I lived on the street for quite awhile, and then I told my social worker that all I wanted was to go home.*

Within a liberal society that conflates children's best interests with being socialized in a family, preferably their own, and having their needs met from their mothers, youth like Serena who are not in foster homes become an individual concern for child welfare, particularly for their development and preparation to assume adult roles as workers and parents within society. Child welfare's response has been to develop alternative resources for youth, such as group homes, treatment facilities and independent living programs, while other youth who are wards of the state are actually homeless and live on the streets. Serena tells about child welfare sending her to an assessment facility, which they said would facilitate her to have a home.

I went to a receiving and diagnostic centre, some treatment facility for young girls. And so what I was told about that experience was that this was a place for me to go and they'd get to know me and I could get to know them and it would help me to choose a home that I could live in that was a better

match for me. It was an assessment centre (laughs). Nice ways to explain "we're going to do a bunch of tests and find out what's wrong with you" (laughs). I really clung to that idea because the rest scared me. There were some kids there that were really having difficulties that I'd never thought of. I'd never thought of suicide. That's where I learned to use drugs at that treatment place. That's where I learned about names of drugs, effects, and things like that, and I started to use drugs (Serena, lines 1-8 of 8)

Serena says that prior to child welfare removing her from her relatives, her female caregiver tried to send her to a psychiatric facility. *She swore up and down that that I needed to be committed. That there was something wrong with me, and it turned out that just wasn't so.* Despite assurances that she was mentally stable, Serena said she continued to believe that she was somehow flawed.

The words didn't do anything to restore balance for me. I needed to experience not being seen as. For most of my life I carried that piece that there is something broken that needs to be fixed. So lots of therapy and lots of groups but although society was opening up and becoming less, umm, closed about these kinds of experiences, there was still a lot of naming and blaming and shaming that went on (Serena, lines 6-9 of 9).

Serena's story illustrates how identities are dependent and constructed through normalizing discourses of psychiatry and psychology, and social and spatial dividing practices in the places where child welfare put her to live and for assessment. Foucault (1982) identifies this is how persons are turned into objectified subjects through scientific classifications (cited in Madigan, 1998). As a subject, Serena tells of attending therapy and groups, thereby initiating an identity in which she is active.

Serena said shortly afterwards she was pregnant and after hearing that child welfare forced another girl to have an abortion, she concluded they would

intervene with her in the same way so ran away so they could not similarly force her to have an abortion or give the baby for adoption. *They will make me murder my baby or give it away [] Those choices didn't worked for me so I ran away [] I lived with that fear that someone would come and take [my baby].*

Serena says that she was able to avoid having child welfare remove her baby by staying with her boyfriend's family. *So I stayed with him and his mom helped which was good.* Serena says she made a home with First Nations people. *I was given a name. I was adopted by the community because the Cree believe there's nothing worse than having no one.*

Years later Serena says that she returned to child welfare for help with her child.

I really was having some difficulties with my son. We'd been through a lot. Poverty, you name it. You know really unsavory characters. Poor judgment who I was inviting into our lives. And I just really had no idea that there were different kinds of people. That some people might manipulate and exploit me. Some people might take care of me. And I couldn't figure out the nuances [] So my son was exposed to more that he should have been . . . so I ended up going back to child welfare and saying I don't know what to do (Serena, lines 1-9 and 13-14 of 14).

Serena says that she attended to counseling for a number of months first with her son, and then returned for a second time without him because he did not want to go. Serena says that the counselor determined that her son had been sexually abused. *The counselor, having never met my son determined that he'd been sexually abused. He showed all the classic signs. So that's another reason why I think there is more to it than what you read in a book.* Serena says that she agreed to temporarily place her son in a foster home. *I ended up*

signing a voluntary agreement. Serena identifies the actions of the foster caregiver as what really helped.

For three months he went into a foster home which had the potential to create more issues. It had the potential to heal or support us to heal and that's what happened and I put it all to the foster mom. It was all on account of her. She did things she shouldn't have done. That wouldn't be seen as okay. The first night she waited, like the first day she met us at the child welfare office and I met her. Then she took my son home. She said "meet me at the hotel". I said okay. So my other child and I met her at the hotel. She said "come to our house". We did. I stayed there 'till midnight. I couldn't leave my son there and she was fine. She had an open door. We went back and forth a lot. She became a really good friend of mine and support to our family (Serena, lines 1-18 of 20).

Serena says that she attended to parenting programs with hopes of being able to learn ways to parent her children, but was taken aback by their limited vision.

Went to a parenting class full of hope and they said "well it's probably too late for your oldest son, you've probably lost him but we can work on this stuff for you younger kids". I'm like you know what – no. I went to the class and said no – don't tell me it's too late for my son cause it'll never be too late for my son. I'm always going to be there. I'm always going to be in his life. We're always going to be working through our stuff. It's never going to be too late [] When I took on parenting I took it on for life (Serena, lines 1-7 and 14 of 15).

Serena identifies that through breaking rules, the foster mom provides a relationship that is the source of healing and support Serena required for her and her children. The foster parent respects and supports the boundaries of the mother-child relationship, and allows Serena into the foster home, a space that many mothers are denied access. Serena is aware that these practices fall outside of the dominant regulating and mother blaming practices of child welfare – but says this is where healing occurred.

Mandy

Mandy and I had an in-person interview scheduled, however she had been ill and then we were unable to re-schedule another in-person interview. We decided to do the interview over the telephone because Mandy identified she really wanted to still participate. Mandy and I have never personally met. Mandy started the interview saying that it was awkward. I agreed with Mandy and somehow we managed to proceed.

In my analysis, I cannot speak to any of Mandy's social locators beyond her gender because she did not talk about them, nor did I ask about them because I wanted to remain as close as possible to my unstructured interviewing format. We were not visible to each other in the interview space, and it was a space that we constructed together outside talk of social location. I was listening for indicators that would help me to hear how social location factored into Mandy's story, but could not identify them. I decided to ask Mandy where she had gone to university, telling her where I had attended and believing if she identified attending the same inner-city program that I had, there was an opening to bring social locators into the talk. Despite my attempt, social location did not materialize in Mandy's talk during the interview. I therefore decided the lack of this talk was somehow significant. In hindsight, however, I would have shared with Mandy that I was a White lesbian who had previously been on welfare as a mother after leaving a man who had been violent towards me. I would have talked briefly with Mandy about how I imagined these social locators influenced my experiences and perceptions in my practice and identity

as a child welfare worker. I would have then directly asked Mandy how she thought her social locators are relevant to her practice and identity as a protection worker.

What I did hear from Mandy about her client experiences was that she had been a client as a child, and she stated during the interview that child welfare briefly investigated her as a mother for neglect of her child after they received an anonymous call. Mandy was in care of child welfare since early childhood, and was later made a permanent ward.

During the interview, Mandy said that she believes that having been a child welfare client “definitely” influences her practice and identity as a protection worker. Mandy said she had thought she would talk more about her actual experiences of having been a client, but said she concluded after re-reading my advertisement for volunteers that she would be talking about how she “deals with it” in her practice. She tells,

I initially thought I would talk about my experiences. What it was like for me to be in care. But then I read through the research paper again and it's more like how do I deal with it in terms of my own case management practice. I was thinking about it over and over and over again and I had such a hard time even explaining it to myself (Mandy, lines 1-4 of 4).

There was absolutely no expectation that participants speak about their histories as clients but most participants did. I believe their stories are meaningful to how they decided to answer the research question. I was actually concerned that I would not adequately honor the stories participants shared about their experiences as clients because I had focused my research question to hear how the participants believed that having had client experiences influenced

their practice and identities as protection workers. In reading and re-reading the stories however, I determined that participants' individual stories illustrate how child welfare is involved in activities of regulation that maintain existing relations of power.

Dominant Story of Client Experiences Presenting a Risk to Practice

The analysis that follows demonstrates how the dominant story that client experiences present a risk to providing social work practice appeared in all of the participants' stories. Liberal-humanist definitions of the self are prominent in this dominant story, implying that people's experiences shape them. While participants may or may not believe that people's personal troubles are political problems, they spoke about previous experiences affecting people, the effects of these experiences being what presents a risk to performing the social work role. The discursive individualization of problems of people who are the clients of social work is very powerful in child welfare, with the effects of problems and issues located in persons. Social workers who have not transformed these effects practice social work in ways that are, in the words of the participants, damaging, frightening, harmful, and unhelpful. Participants further construct their stories from liberal-humanist ideas that we are self-determining and transcending, thereby making it possible to minimize or even overcome these effects through assuming personal responsibility.

Mandy understands that protection workers who have client experiences must not appear to direct feelings they have from their experiences of having

been clients towards their own clients. Mandy uses a co-worker who has been a client as an example of how showing anger from having been a client, and then showing anger towards clients is problematic in practice.

[S]he's a very angry individual. As much as she's got a lot of knowledge, the personal knowledge that comes with the professional knowledge, I find she often uses her personal anger towards what's happened towards her towards her clients. I think that can be very damaging (Mandy, lines 5-9 of 12).

Eliza says that she has a friend who bases her decision-making about removals in her own experiences of having been in care, saying that she never brings children into care because her experiences in care made her unhappy.

I have a friend who was sexually abused in her own home over many, many years. She's in social work and it's kind of scary actually quite honestly because she believes that no kid should come into care then. Because she came into care and she wasn't, she was very unhappy but to the point where she was overriding the fact that she was sexually abused at home [] Like she's totally overriding her natural cautions, her natural instinct to self preserve. That just kind of scares me. You see that a lot where they think it's got to be all or nothing (Eliza, lines 1-3, 6-8 of 8).

Caron says social workers will create harm if they have not worked through whatever was going on for them as clients.

If you haven't worked through that I think forget it cause you'll do more harm. Then you'll be just saying well this is a stupid system and no they shouldn't be taking your kids even though you're abusing them. You know not saying they should have taken my kids long before they did no matter what I thought (Caron, lines 19-28 from 28).

Pat said prior to being a client she believed that workers with open files should not be protection workers because clients have issues that will make them unhelpful. Pat thinks it is possible for people work through these issues, but

feels confused about whether she thinks workers with open files should or should not be workers.

Maybe people with open protection files shouldn't be social workers. You know that's a value that I had for a long time. I don't even know if I don't not think it now [] If you've got an open protection file then you're, you know you've got issues [] There's people that get into social work because of their own life experiences they're needing to work them through that kind of stuff so they can get into social work because of it. I don't know. Some of them are successful in that and it's very helpful and they bring it to their practice and they are absolutely wonderful at what they do and there's others that I think are, it's premature and they're not helpful in what they do because of their issues. They haven't worked through or dealt with or understand or recognize or whatever and I don't know. I don't know where I am some days (Pat, lines 6-8, 11, 13-17 of 17).

Internalization of the Dominant Story - Strategies of Resistance

The dominant story that client experiences present a risk to performing the social work role locates those who occupy this space in devalued stigmatized subjectivities as child protection social workers who have been or are clients. Unlike those protection workers who have never occupied the space of clients, those who have or do are required to engage in numerous strategies to ensure their experiences do not cause trouble in practice. To construct themselves through the liberal-humanist transformative discourse, participants must employ self-disciplinary strategies, which I suggest are not only acts of constructing oneself through the transformative discourse but are additionally acts of resistance to the dominant story of client experience as risk.

Serena believes that her feelings that arise in her work are from previous experiences, and that these feelings can potentially interfere in practice. She goes to her supervisor to perception check, just to make sure that feelings are

not getting in the way, creating bias, or distorting what she is interpreting in practice.

I perception check a lot. I ask for feedback. I'm open about it. I'll go in and say this is the feeling left over for me and I want to make sure it's not that is getting in the way. That it's not a bias. Something really coloring and distorting my lens when I'm looking at something. And I'll go and perception check with my supervisor (Serena, lines 1-7 of 7).

Similar to Serena, Eliza believes that workers' histories with child protection as clients influences their perceptions, making it essential to engage in healing processes to develop a more balanced view. Eliza describes the first step as accepting one's own history, sharing how she has developed a balanced view of her mother as an illustration of the healing required to practice protection work.

There are many people going into social work that have their own history with it . . . a key piece is to be able to heal that history, and it's not even so much a healing cause you have to accept that history first. I think you have to accept your own history because I'm able to look at my mom and see what was good about her and what was not good about her. What I would have like to have seen changed like the drinking. I can't say that staying at home would have been great. I think I've got a more balanced view [] I really think it flavors what we see. I'm not always sure that it's flavoring it in a good way or even in a balanced way (Eliza, lines 1 – 6 of 6 and 2-3 of 13)

Caron says that she attended a lot of therapy so she could work through things so she would not damage her clients.

I had been in therapy before but I just continued and continued and continued. Just so that I hopefully wouldn't screw anybody up. I'm sure not perfect but you know you can do a lot of damage if you haven't worked through a lot of this stuff (Caron, lines 3-5 of 5).

Mandy says she regularly self-monitors through asking herself if she is biased because of her own experiences.

I struggle with this. I ask myself this question often. If I'm biased in dealing with my clients because I can relate to their situation and look at it differently than perhaps someone who has not been through those kinds of things (Mandy, lines 5 -7 of 7).

Constructing Subjectivities

Four of the five participants identify having been clients before they became social workers, and to become social workers they spoke about the necessity and ability to have transformed. Mandy, for example, constructs her story through these liberal-humanist discourses. She says that performing the social work role after being a client requires people to overcome their experiences. *It all depends on how healthy you are as an individual and what you've really overcome based on your experiences. Speaking for myself, coming to terms and accepting things that I just couldn't change, you know, growing and maturing.* Serena similarly describes needing to grow and heal to be a social worker. *I went to school and I took this introduction to social work and realized I have a lot of work to do before I can do this work – like personal growth and healing*

Like Serena, Eliza also believes that healing is required. *I think that the key piece for me has always been to try to help people heal, especially if they're going into social work.* Caron similarly tells that to be a social worker, people who have been clients must work through the experiences that brought them to be clients in first place. She describes how part of working through these experiences is taking personal responsibility.

You have to have worked through it. I'll never feel good about what happened. Not as long as I live. But I do understand that I did the best that

I could at the time . . . It took a long time to understand my piece in it cause I had a role (Caron, lines 1-4 of 4).

These women had been clients before they were social workers, and had two dominant and widely circulated discourses available to them, through which they could construct their subjectivities. As I have discussed, they are both liberal humanist discourses. One is the discourse of transcending and transforming, that people can overcome their client experiences through personal insight, self-determination and growth. Within the range of subjectivities available to these women, this is the most valued. The other available discourse is the wounded healer as a risk, a less valued subjectivity. It is important to recognize that these subjectivities sometimes co-exist, and people may transit between them. Pat, however, had been a social worker for a number of years before she became a client. These subjectivities are not available to her. Pat cannot grow into taking personal responsibility and become a social worker, because she already assumes responsibility and is a social worker. Pat also does not have the wounded healer as a risk discourse available to her because, similarly, she did not arrive into child welfare practice having previous client experiences and she performed normative White female subjectivity through motherhood, family structure and her role as a child protection worker.

Pat is consequently uncertain about how to proceed and seeks direction through therapy. Pat tells a tearful account about how she sought counseling, where the therapist constructed her client experiences as a personal problem that

required medicating. While Pat recognizes this approach is not useful for her and seeks another counselor, she is similarly aware that the new counselor has little to offer.

So I went to see a counselor myself because I'm not dealing with this very well. I'm not coping (crying). I'm trying to get a grip on things that I don't have control of. That's not me because I'm the kind of person that can do everything. I can do it all. I can fix it all and if I don't know the answers I'll read books or research it until I do know the answers. So I go and just kind of spill my guts and her solution to fixing things was to tell me to go on medication. (snigger) Yeah well. That wasn't what I was needing. It's not what I was looking for. If I wanted medication I'd be talking to my doctor. I wouldn't be talking to a therapist. She was a psychologist. I just let her know that her approach was not acceptable. So they reassigned me to somebody else. I recognized that this person didn't, I don't want to say she didn't have the skills but maybe she just didn't have - what she was for me was just a sounding board. You know just be able to spill my guts and talk to somebody but as for helping me find direction or dealing with things or helping me resolve stuff it wasn't there. It was not there. It was so disappointing. So I gave up [] I would love to figure it out but I haven't found a therapist that's even able to help me figure it out. My thoughts just get so jumbled up and then I get overwhelmed and I shut it down and stuff it back again and keep on going. And saying this is eating me up inside and I can't, you know resolve the two. You know the answer is go on medication. Well how is that going to resolve the two? You know or the other one [therapist] was just very empathic but not useful. It just wasn't helpful in finding a direction. If I knew what was helpful I would have figured it out. I would have done it. There has to be [a remedy]. What's the saying? They've put a man on the moon for Christ sake. They can't figure this out (Pat, lines 1-20 of 20 and 1-13 of 13).

In Pat's story, she told about being unable to *resolve the two*. I believe she is talking about being unable to resolve being both a social worker and now also a client. This story illustrates how Pat and the therapists she consults cannot *find a direction* because there are no available discourses pointing the way.

While the transformative discourse accounts for persons to transcend the hierarchical client/worker binary, it cannot account for persons who become clients after they have already been workers. The analysis here shows how the

client/worker binary marks the social and spatial positions of each in relation to the other, thereby mutually constituting the subjectivities of each other. Pat's story illustrates how the client/worker binary is a constructed ideological variant of the same lens through which we view good/bad mothers. Clients, as 'bad mothers' are clearly distinguishable from child protection workers, who by their professional function and access to expert knowledge are automatically deemed to know how to protect and parent children better than clients. Thereby, it is not possible to simultaneously occupy the space of client and protection worker, and still be a competent protection worker because of the client/worker binary.

Policing the Client/Worker Binary

Pat describes how other social workers in her workplace express the view that child welfare should not allow protection workers with open files to work as protection workers because such people are unsuitable for the job.

You hear it loud and clear from coworkers. How dare this agency even hire somebody with an open protection file. If they've got an open protection file they should be suspended automatically. You hear those comments loud and clear. There is no apologies for that viewpoint. There's some very strong supporters that if you're fucked up you shouldn't be here. If there is an open protection file you're fucked up (Pat, lines 1-7 of 7).

I suggest these voices of other social workers are 'voices of regulation' that act to police the client/worker binary in child welfare. In the other participants' interviews, they also told stories about child welfare social workers, managers, supervisors and clients who talked and behaved in similar ways to Pat's co-

workers. I suggest these are stories that also show the maintenance and operations of the client/worker binary in child welfare.

For example, in Caron's story she attended university to obtain her social work degree while she was a child welfare client. *The child welfare and I did not get along and meanwhile I'm continuing going through school.* Caron "jokingly" suggests to the child welfare social workers that perhaps like them she will someday work as a protection worker. *I'd joke and say oh maybe I'll work for child welfare. They'd laugh and say I don't think so. You never know I said.* Caron understands that these responses maintain the divide between her self as a client, and them as protection workers. *[I]t was like I'll never get a job because my kids are in care. You know I thought I would be marked for life in social work.* After Caron completes her degree, she applies to child welfare for a job as social worker.

There was a job came up [] I didn't talk about my child welfare, or my, I didn't they do the check. It's a file like this [spreads hand wide]. Okay it's like two or three volumes I'm telling you. Oh they have a fit. The program manager . . . she phones me up and she says "you have a child welfare [file], you've had dealings with child welfare". I said yeah [] I said nobody asked me. She said "well I don't know if we can hire you with this extensive of a file you know. I'll have to read through it and I'll have to get back to you". I said well I've signed the papers. So I will take this further if I don't get the job. I said I'm qualified to do the job. All through this I did eight years of therapy. Eight years of therapy [] I felt that I had resolved the issues, the ones that would stop me from doing good work. That I had dealt with them. They finally decided that they would put me on probation. It was a different kind of probation. I think they wanted to see if I could do it without, I don't know, falling apart or whatever (Caron, lines 1, 4-12, 16-25, 32 -35 of 35).

In Caron's story she describes being qualified because she has a social work degree, but says that critical to her qualifications, she has transformed herself

through having completed eight years of therapy and resolved the issues that would interfere in her ability to perform the social work role. Unlike social workers who have never been child welfare clients, child welfare questions Caron's suitability for the job based on her history as a client rather than evaluating her qualifications as a social worker. Caron engages in self-monitoring in her decision to engage strictly in crisis work. *I can do the initial assessment and I'm pretty good at it. And things settle down a bit and then I move it on to the people that have the nurturing piece cause I don't have it.*

Mandy believes that because she has been a client, that other professionals in social work view her as having trouble containing her feelings when she interacts with clients. Mandy explains that her supervisor has instructed her on numerous occasions to contain her feelings when she is interacting with clients in order to maintain a professional boundary between herself and the clients.

I think the way the other people in my profession looks at me in terms of weakness is that I will become emotional or I will become sad. I will hold someone if they're crying. I can't help but cry with them. I don't know how many times I've been scolded that that's not professional. You have to have these boundaries. I understand what those boundaries mean but yet I feel to me that's not a boundary. It's about having some human compassion. It doesn't necessarily trigger anything in me other than that it's sad and it's hurtful and you know. So I know my boss many times says you can't cry and you can't do those things and you can't say those things - and it's well why not? That's a big struggle for me. I often get into issues with my supervisors about that because that is how I work. That is how I relate and I think I get a lot accomplished. I mean if I sat there and bawled my face off that would totally not be appropriate, but I think we get so you know wrapped up in being professional and you know trying to say what the right things are when I don't necessarily agree with that (Mandy, lines 1-13 of 13).

Serena tells that she disclosed she had formerly been in care to the parents in a family with which she was working, with intention to build commonality to enhance the working relationship. She describes how the father tried to use the information that she shared against her in court, which Serena says initially had completely confused her, so she attended to see a counselor about it.

So this one family that was really triggering for me. I explained to them somewhat about the process, how files are assigned to different workers and "I learned a little bit about you and I saw some similarities so I thought that there was a commonality in us and so I actually chose to work with your family". So I disclosed a little bit about having been a child in care. I didn't go into "I think your child has had this experience", because I didn't know about that yet. But it was around how I could engage and connect with the parents and those similarities. In the end he turned it around and tried to use it in court against me by turning it into a bias rather than a commonality and the beginnings of understanding of where they were at, and how we might brainstorm and work with the resources. I was really confused for a period of time and I needed to reflect on that. I actually connected with the EAP counselor around some of my own stuff that was coming up. I couldn't understand. My perception was that this was such a positive thing, and how could this in anyway be turned into something negative. I just couldn't get it. Yeah. I really got blindsided. So I started to reflect more around self-disclosure, like when I would use it (Serena, lines 1-14 of 14).

Afterwards, Serena says that she became more cautious about disclosing when she tells that she has been a client. We can see how the binary operates here by asking the question, would it have been possible for this father to think he could build a case in court against a worker by saying that she was biased because she had never been a client of child welfare? Followed by, would a worker accused by a client of having a bias because she had never been a client decide that she must exercise greater caution in her telling, perhaps sometimes even letting people think that she had also been a client? Without the assumption that it is

normal and natural for protection workers to not have been clients, and for clients or former clients to not be protection workers, it is not possible to imagine that this father would consider using it in his favour.

Serena's story is also a very good example of the disciplining processes that create self-disciplining persons who will police themselves, thereby also policing the space between the client/worker binary. Serena now exercises caution about disclosing, thereby performing suitable social work subjectivity. Mandy similarly identifies understanding that she must present acceptable social work subjectivity, so she conceals information about herself that could be pejorative to this presentation.

I lived with an alcoholic, domestic violence out the yahoo. I know different. I know the cycle of violence. I know the trigger points for my ex partner. I knew trying to talk to an alcoholic doesn't change anything, but I still did all of those things anyway. I hid it differently because I have the information behind me to know when to say things and when to not say things and when to protect myself and when not to protect myself (Mandy, lines 1-6 of 12).

I further understand Serena and Mandy's discretions about when to share and when not to share as acts of resistance to social stigmatization. As a lesbian, particularly one who is feminine in presentation, I understand that people presume dominant identity when a marginalized identity is invisible. Unless I tell people, they almost consistently assume I am heterosexual. I also believe that while it is significantly less socially stigmatizing to be a lesbian now than in recent history, I know people who identify as lesbian (as well as gay men) yet 'pass' as heterosexual, not only to avoid stigmatization, but also to avoid physical harm and threats to their economic and family stability through losing jobs and relationships.

The Role of Stigmatization in Policing the Client/Worker Binary

Caron says while she believes that it would be useful in some practice situations to tell clients that she takes medications for a mental health disability and about her client experiences with child welfare, she identifies that social stigma and the professional boundaries child welfare requires between clients and workers prevent her from sharing.

I wish there wasn't such stigma cause I wish I could say and I don't tell clients I'm on meds. But I wish you could. I wish society was at a point where you could do that or where you could say "I had my children apprehended and here's the experience I had, and here's what I'm thinking of it now". They'd absolutely die in child welfare if you did that. Can you imagine going to work and doing that? They would say you had no boundaries (laughs). To me in some cases, not all, but in some cases I think it would work (Caron, lines 1-7 of 9).

While Eliza says that she does not hide that she is Aboriginal and has been in care, she does believe that her former client status as an "Indian" continues to stigmatize her.

[T]hat stigma is always there whether it's a good stigma or bad stigma the stigma is still there. There's still something wrong. It's still not right. So I have people coming up to me today, other social workers telling me oh, especially after I got this [high status position], you must be so proud of yourself, look how far you've come. Okay is that because I'm an Indian or is it because I was in care or because of both because I'm not silent on either. You know people know I'm an Aboriginal coming out of care. But, I've got so called friends who have come up to me and said the same thing. I'm thinking holy moly like where did that come from. So you still get it even today. Oh no it never goes away. That is the class. You wear that tag for the rest of your life (Eliza, lines 1 -12 of 12).

Similar to Eliza, Pat says that having been a client permanently marked her as a protection worker, saying that years later she still wears it. *To this day I feel like it's a black eye that I wear as a protection worker that I had absolutely no*

control over. Pat identifies the file as the mechanism of maintaining her stigmatization. It's always a reminder that you're a fucked up family. That's where your label is. So I haven't figured out how to deal with that.

The stories of the participants illustrate how these stigmatizing functions maintain the client/worker binary that also serves to regulate dominant motherhood, childhood, and the family in liberal societies. Further, the binary marks the spatial separation of those who occupy dominant social locations of class and race from those who occupy marginalized locations. Eliza and Serena both talked about how being foster children carried social stigma, producing social stories about them being bad children. They talked about how these stories shaped their school experiences, including how being in care positioned them outside of educational spaces still reserved for predominantly White middle-class women.

Eliza says she was subjected to stigmatization as a foster child because she was not with her family. Her story illustrates how normative constructions of family being the only proper place to bring up children told a story about her being a 'bad ass kid'.

The stigma of being a foster child is there's something wrong with you and no matter what people tell you, you know that if you're not with your family there must be something wrong. As much as people say oh this poor kid society really, truly believes if you're a foster kid you're a bad ass kid already, right and even if it wasn't your fault you're still going to be a bad ass kid because you of course didn't get the proper upbringing. I had a principal tell me as soon as I walked into school it was - - -, grade 10. The first words out of his mouth were we've had your kind here before and we're not going to take any trouble from you (Eliza, lines 1-4 of 6).

Similar to Eliza, Serena talked about stigma and the story of her being a bad kid because she was a foster child. She tells about other kids teasing and beating her up and teachers really not standing up to protect her, which she attributes to being a foster child.

They knew I was a foster child when I came to school [] I had this jumper and blouse, thought I looked just tickity boo. I was teased. Teased and I'd get beat up and so I learned to fight. But they knew already I was a foster child and even sometimes teachers in their frustration would say, like, why would they believe you (Serena, lines 1, 5-8 of 8)?

Serena talks further about how being a foster child denied her opportunities that middle class children easily access. She tells specifically how she was discouraged by these losses, temporarily giving up her ambitions.

I didn't know I could go to university. Nobody talked to foster kids about going to university that I knew of. Nobody encouraged. It was like get good grades because you're supposed to go to school because you're supposed to. Not because I was building in to something or a future [] I worked really, really hard[in school] because the top ten kids with the best grades, like the highest grades got to go to France on spring break. And I so wanted to be one of those kids. Child welfare didn't come through with the money on time and I didn't get to go. I did all that hard work. I got straight A's. A pluses. I excelled. I put all my energy into this and I didn't get to go. I still think there was something about that because -- [middle class professional], his child got to go in my place. There might have been some finagling there. At any rate there was a deadline to have the money in and child welfare didn't meet the deadline [] I don't know if I'll ever get to go to Paris again. And I dropped French. So now if I wanted to work for the federal government or if I wanted to try other experiences I'd have to go back and learn that language. Which wouldn't be terribly difficult but I lost it and I lost a lot after that. That really was a turning point for me. And I started to really just not care. It bled into all aspects of school. And that was the year I dropped out (Serena, lines 8-12, 21-31, 35-39 of 39).

In Serena's story, she describes holding the value and desire that education is vital. She told about her attempt to return to school. With a lifelong history of

social stigmatization, she tells how this stigma continued to define what educational programs she could access.

I really, really wanted to go to school. So determination and perseverance is something else I think I've learned through my experiences. So I ended up in - - school for unwed mothers. That's what it was called. Like how labeling is that? So we were all gathered there us naughty girls. And it wasn't hard to get what the picture behind that phrase meant. I grew up with it you know. So yeah. So that was the end of that story. I knew I had to go back to school. I knew I had to do a lot of school in order to get anywhere but I was never able to focus on, like go to university (Serena, lines 1-12 of 12).

Eliza similarly talked about how being in care denied her access to educational opportunities when she wanted to attend university. Like Serena, Eliza was also temporarily discouraged and gave up her pursuits.

I wanted to go to university but your worker had to sign for you. My social worker said "well you can't you have to get a job when you finish school. We can't support you forever. So you can't go to university. You're going to be a secretary". I said well I hate that. So I quit school and I left. I didn't bother going. Why would I go? He told me I couldn't. Well it took me a long time to get up the courage to go back to university without grade twelve (Eliza, lines 1-11 of 11).

Serena and Eliza's stories tell how being in permanent care of child welfare streamed them away from attending university, thereby building barriers to accessing the educational spaces of the middle class. Both Serena and Eliza tell how their efforts required diligence to obtain access to these spaces, which is clearly in contrast to those who have these opportunities within easy reach because they occupy spaces of privilege. In addition to the classed segregation of space that accompanies the client/worker binary, it is also a place marked by racial differences. Child protection workers are White. As I previously identified, child welfare routinely takes Indigenous children into care

where they become permanent wards at a significantly higher rate than children who are White, while in Britain and the United States it is Black children who are taken into care and returned less often. As I also previously discussed, Canadian child welfare organizations participated in colonizing Indigenous children when child welfare social workers removed literally thousands of children from Indigenous communities and offered the children to primarily White adoptive families in Canada and the United States. I was in care with some of those children, and witnessed some of the younger children disappear. One of my placement caregivers told me some time later that child welfare had sent them for adoption in the United States. In the child welfare system, I lived with mostly *Indian* kids from Northern Manitoba reserves. As a youth who ran away from foster and group homes, child welfare workers frequently had me locked in residential settings, sometimes where I was the only White kid amongst all Indigenous kids.

Child welfare's role in regulating the race of Indigenous people is very clear, however, what does it mean when a White kid is in permanent care? During our interview Eliza talked about race and ethnicity, hers and mine, stating there are varying implications of being an Indian or a white child in care.

As a white kid in care you would have had it in some ways worse that we did . . . I think it was even worse for white kids because everyone believed Indian kids were, you know so poor anyway. A white kid in care – oh my god. That would have been just horrendous. It was very rare to have a white kid in care. (Eliza, lines 1-5 of 5).

Eliza did not specifically identify why she imagines it worse to be a White kid in care, but suggests what makes it horrendous is the rarity of it. What I believe

Eliza is referring to here is not just the isolation White kids may experience from their White peers. Rather, what seems horrendous is the individualized dislocation and stigmatization of being a White kid discarded by one's own dominant racial group. As I discussed, permanent wardship, as an experience of oppression, occurs in a racial space occupied in Canada mostly by Indigenous children.

Resistance to the Dominant Story of Client Experiences as Risk

Participants all identify that through their experiences as child protection clients they have something valuable to offer in their practice as protection workers. Participants identified that their client experiences resulted in having valuable knowledge for their practice as protection workers. Serena says *I think it brings richness to practice that I couldn't have otherwise [] That experience of knowing. And it also brings patience to my practice.* Eliza similarly says that her experiences bring a knowing to her practice. *I have the direct experience of knowing [] It sounds crazy but I was lucky enough to be in care because I have the heads up on things.* Pat describes her client experiences as improving her practice. *I think I'm much more empathic [] without some life experiences, I think you're missing out on what you can provide for your clients.* Caron tells about trying to use what she has learned through her client experiences to assist people so they will not have to suffer in the ways she did. *Knowing what I know now - What I'm trying to do is get to people before they get to where I was at.* Mandy says, *I decided to become a social worker specifically within the*

child welfare environment because of my past experiences [] I think you have to live certain kinds of experiences to understand it and relate to clients.

Participants described how they believe their client experiences influence their child protection practice. Their stories included discussions about practice of the daily requirements involved to perform the role of child protection worker. These include how participants engage in decision-making processes about children's immediate safety and planning for their future well-being through family contact and permanency planning. My analysis shows how I understand participants' subject positions inform their decision-making. These discussions further included stories about other required functions of front-line child welfare work, including risk assessment, family assessment and intervention, file documentation and everyday interactions with the people who are the clients of child welfare. The analysis shows how I interpret participants to believe that their client experiences influence these functions, and how they construct and utilize knowledge to inform their practice.

Practices of Best Interests of Children

The dominant discourse of 'best interests of the child' shapes the practice of all the participants. Consistent with dominant understandings of this discourse, they tell of practice and identities as protection workers that encompass not only the immediate safety of children, but also their future wellbeing. While some of the participants extend the idea of best interests beyond dominant meanings, all participants talked about how their experiences

as child welfare clients contribute to their understandings of what is best for children. They specifically tell of their experiences as clients influencing their decision-making in practice related to apprehensions and family contact for children.

In Eliza's story, she locates children's best interests in their immediate safety and future wellbeing, but is also concerned with maintaining children's identities through their culture, and relationships to people and place. Information about child welfare's participation in the assimilation and cultural genocide of Canada's Indigenous populations through removing children from their families and communities is widely circulated in university social work programs. Child welfare organizations also have well defined written policies declaring their intention to maintain the cultural identities of Indigenous children who require child protection services. Consistent with these discourses, Eliza says she is very cautious about removing children from their families and communities because she knows there will be consequences for them through her experiences of having been an Aboriginal child in care. Eliza tells that even when she does remove children to increase their immediate safety, her thinking is different from other workers' conceptualizations of their actions to remove as "good" or "better" for the children. Eliza says that in her decision-making about removing or not removing children, she concludes that whatever her actions, they will not make children's lives better because all decisions have a cost for the child. She tells of trying to make the least harmful decision for children. *You know how you always think do no harm. That's my*

motto [] I am not saving anyone because everything is going to cost no matter which choice we make as a child protection worker. . . In Eliza's telling, she is clear that her personal experiences have sensitized her awareness of the need to preserve families as a child welfare response that is in children's best interests.

. . . I think about the biggest difference I see for myself as opposed to my co workers let's say and my collaterals who have not had the same experience of being a child in care and how much of this is cultural and how much isn't. . . they aren't as restricted perhaps in their thinking. They're very clear when they go in and they have to do an apprehension that they're doing the right thing and that this is going to be good for the child. This is going to be better for the child. I'm the exact opposite. I already know what it's going to cost. I have the direct experience of knowing . . . I'm very aware when I go into a family and I have to intervene at such an extreme level and I will say it's an extreme level. I know they're about to lose their family for the rest of their life. I know that what we're doing is not going to stop when they're eighteen years old and that they're safe. They're going to be paying for the rest of their life. This is permanent because we're breaking connections. We're breaking attachments. We're breaking a sense of combined history and a sense of shared history. We're disrupting so many things on so many levels that we're disrupting their identity of who they are both as a family member, as a sibling let's say, or as a child that belongs to that family, that community, that network. We're disrupting everything that speaks to the core of a person's identity. And so children, especially kids that are made permanent wards, to me it's heartbreaking to see, it has to be pretty extreme for me to get to that point. I will try almost anything to try to preserve a family before I get to that point cause I know what it costs. I've got brothers and sisters. I have never been able to reclaim what we lost. We've talked about it. We've all lost, we lost, for us we also lost our language. We lost our culture cause we're aboriginal. Over and above that though we lost each other. The sad part was that we were a very cohesive, connected family. The families they put us with actually were no healthier than our own [] how it's influenced me I think as a worker as well is that it's made me very cautious. It's made me go that extra mile with families I would say. Not to say that workers don't do it without the experience cause I know a lot of really great workers (Eliza, lines 1-26 and 31-33 of 33).

While Eliza recognizes some workers without client experiences may practice in ways similar to her, she tells that her practice is orientated

specifically through her lived experiences from having been an Aboriginal child in care.

Mandy also holds the view that child welfare serves children's best interests through maintaining their relationships with family. As with Eliza, Mandy identifies her experiences of being cut off from family as informing her belief that maintaining family relationships is essential to children's future wellbeing and that planning for children who are in care must include maintaining their connections with family. Also like Eliza, Mandy tells how she practices differently than her co-workers when she has apprehended a child and must find somewhere safe for them to be because she first looks to children's natural network. Although Mandy may do so, she did not talk of accounting for culture as part of her decision-making processes about apprehensions and family contact, seemingly then applying universal practices for all children.

... working in child protection we do a really horrible, horrible job of preserving that family. And I know for me I'm -- years old and I'm just knowing who my family is now. I'm angry about that. It hurts me. It bothers me. When I have, I've apprehended a child and they come into care my first course of action isn't to contact the placement desk like everybody else would do. It's who's your family? Who can we call? Who is it that you can go to other than our system? [] all the workers around me it's from A to Z and I find I go from Z to A. So those kinds of things really, really stick out for me and I, and I think it keeps my clients strong. It keeps those children strong [] because your family's a mess or they've done certain things doesn't mean we should separate them forever. And I often argue, not argue but you know we have debates at work about well this person should not see this dad or this mom because of blah, blah, blah. I say to myself unless the person has caused some severe form of trauma beyond human belief there's no reason why we should not, they should not still see each other (Mandy, lines 2-10, 12-16 of 17).

At the same time Mandy says she focuses her practice on preserving relationships between child and parents, she also believes that parents must assume personal responsibility for their actions when they have abused their children.

Well I think some things are pretty black and white. If it's a child that's been abused I think it's pretty obvious when you go into to approach the parent after the fact and say what happened here. They need to be accountable for that. (Mandy, lines 1-3 of 3).

Mandy tells how children's identities and their current and future emotional well-being involve having relationships with family because the "system" is not likely to provide these relationships in any significant way beyond adulthood.

Your family is who and what makes you and breaks you. I mean these kids are going to grow up in care for eighteen years not knowing their families and at eighteen you know who do they have? Nobody. They don't have the system again. Chances are they don't have the same foster family and if they do it's not the same connection as you had when you were a child in care. They're not always going to be just as invested in you. Your family is just, I don't know. It's just so crucial to your emotional well being not just in the short term but in the long term. You need that. Everybody needs somebody you know (Mandy, lines 1-10 of 10).

In Serena's story, she identifies practicing in children's best interests by attending to their immediate safety, which she has sometimes done through removals, but like Eliza and Mandy, she also considers children's futures by maintaining their relationships with family so they can have connection and a sense of belonging. Serena identifies how her experiences of not seeing her family while she was in care as a child, and the impact on her then and now, provides her with an understanding about the need to maintain children's connections with their families.

. . . I was still part of a huge extended family and the holidays and the gatherings and the all of that. When I went to a foster home it all stopped. Like screech when I left that court house, the court house steps in town. I left there and it was all over. I didn't have cousins, or aunts, or uncles or grandparents, or any of that anymore. They were out there somewhere but they weren't connected to me anymore . . . So when I tell my families, extended family, when I have to bring a child into care or whatever the case may be, and there's going to be some difficulty or disruption in connection in family until I can get things supported. I tell people "family is really important and I will do what I can to keep the connections - I need to honor those and respect them - I mean it". Then I follow through so that they know I mean it. That for me is that outstanding piece. Not one of those relationships was maintained. I'm talking about hundreds of people that I have reconnected with but still there's not that sense of belonging and family connection (Serena, lines 2-14 of 15).

Serena says, *I think that I'm child focused but not forgetting that this child is part of a family and family doesn't just mean sisters, brothers, mom and dad.* She tells of being particularly critical of the timelines that child welfare has for determining how long children can be in care before applications for their permanent removal are required, and does not consider it in children's best interests to enforce these timelines.

. . . I think that arbitrary timelines are a farce. We're not taking into the account and honoring everybody's differences and we need to do that. So what I mean by that is for me if I had only two years to get it together for my kids it might not have happened [] I get that part that it needs to be in the child's best interest. They need to be able to bond. They need to be able to attach. I get that kids have a set of needs. But what's not, I don't think given enough consideration is the damage and the trauma to that child of separating them forever from their families - and it's a cost saving measure. I know lots of kids that I've worked with who would have done really well if they'd been able to have maybe stayed in care three or four days and a week and spend the rest of the time with their family because the family could really cope with that [] But that costs money . . . [in child protection work] you need to get that kid adopted out and somebody else's financial responsibility (Serena, lines 2-4, 13-20 of 20).

Although Serena pulls from dominant ideologies of childhood that describe children as having needs to attach, she is not guided by dominant discourses of attachment theory, intensive mothering practices, and maternal deprivation theories that say children require one main attachment figure, usually identified as the child's mother. She says, rather, that a number of people can be involved with meeting children's needs for attachment, a value that is validated for her in the First Nations community where she is connected and her beliefs about family are supported. Serena tells, however, that the dominant culture's judicial system overrides her views and First Nation's cultural practices of parenting in children's best interests.

... That's were I found a lot of validation because I thought of parenting, like I say, is forever. That's how it was in that community. The family members that I knew it was forever and ever and ever. It doesn't stop at a statutory time [] then the court allows us two years. You're suppose to be able to walk away (Serena, lines 4-7, 17-18 of 18).

Serena identifies using child welfare legislation, which allows child welfare organizations to provide resources for parents who require supports to look after their children, to advocate for mothers with disabilities so children do not have be separated from their family. In Serena's telling of one particular family, she describes it a necessity to advocate for the mother and her child to not be separated, even though expected and acceptable practice would be to make an application to the court to have the mother's parental rights terminated and the child permanently removed from their mother.

I was sitting with my supervisor and we were discussing [a case with a mother diagnosed with FAS]. She said well really shouldn't you just apply for the CCO [Continuing Care Order] before you transfer the file. I'm like no, why? She says cause really you know isn't that where it's going to go? I

said we don't know. [supervisor says] Yeah but we only have this many months left in the two years we have . . . and really can this mom pull it off without any services after that year? I said no, she needs supports and services her whole life. . . our Act it says . . . and I quoted it. She went oh right. I said and the services aren't going to come out of our budget. They'll come out of community living. She's already hooked up. So whatever they can provide. (Serena, lines 29, 36-46 of 46)

In this instance, Serena is resistant to very powerful discourses that instruct us to believe that we can predict the future, if only based on probabilities. She similarly resists dominant neo-liberal ideologies, particularly those involving the dominant ideology of motherhood. Child welfare organizations often expect child welfare workers to focus their assessments on the capacity of individual mothers to perform mothering within neo-liberal parameters. Within neo-liberalism, competent mothers are those that require no assistance from the state beyond those welfare state benefits that already exist.

Similar to Serena, Caron believes that child welfare must account for mother's disabilities when considering children's best interests and talks about how she does this in practice. Caron says in practice, her experiences of having a depression were useful to recognize when mental health was affecting mothers and compromising children's safety. *My own experiences helped me when I was listening to women or when I was going out [on child welfare crisis calls]. A lot of it was mental health.* Caron says her co-workers routinely blamed mothers affected by mental health problems for being bad mothers by saying things like "what kind of parent is that – she's laying on the couch – there's junk all over the floor". Caron says further, *there was a lot of blaming going on*

and I'm thinking it should be the kids we're looking after. She told of educating her co-workers and supervisor about mental health.

I would say something [] when you've got ten feet of garbage on the floor and you've got a toddler going through it, you usually have a depressed parent. Usually. I mean that is not how people usually live. I did a bit of that – educating on depression and stuff with co-workers and the supervisor (Caron, lines 1 and 3-6 of 6).

In Caron's telling, mother blame and social stigma work together in ways that interfere with the children's best interests.

There has to be a respectful way somebody can put their kid into care if they can't parent, where the kid doesn't feel rejected and isn't getting fueled by the system . . . if it became not so much of a stigma then I don't think the kid would think it so much of a stigma . . . they could visit mom and mom just isn't able to parent for whatever reason (Caron, lines 7-9 of 9).

In addition to speaking about the need for children to be in care and still have family contact, Caron spoke about her decision-making about apprehensions through the lens of her client experiences. Caron identifies she is well aware of the concerns that apprehending children and putting them into foster homes is not in their best interests, but is unequivocal that her children would have been better off in care.

I don't know what the answer is with these kids. Do you leave them? Do you take them? You know they say sometimes the foster homes aren't any better. Yeah. I think they are. Sometimes they've got to be better, they've got to be better than what my kids went through (Caron, lines 13-19 of 19).

In her own practice, Caron tells that she would have apprehended her children.

If I were them [child welfare] I'd have taken those kids. I think they should've taken them both. Not in a mean way but take them until first of all I could've healed a little bit and the kids could get the help they needed. They were out of control, both of them. I would have taken them with allegations of sexual abuse and the domestic violence that was going on – they should have taken them both. They might have had a chance. So I

didn't have any problems with apprehensions. To me its pretty clear a lot of the time. If kids are being beaten or sexually abused they shouldn't be in the home. I mean we don't take them out for messy houses or poor parenting [] If you're talking about the welfare of the children that would super cede over my welfare at that point – take them both (Caron, lines 1-10 and 19 of 19).

Caron, although identifying that children have needs, resists the idea that it has to be children's mothers that provide for them. Humanist discourses that inform the ideology of childhood, which say that as children we require our needs met to grow into healthy well functioning adults are very powerful in Caron's telling of her practice decision to apprehend children for their best interests. This discourse constructs children into persons not yet fully developed who must have their needs met to reach their potentials. Caron told that if child welfare had apprehended her children, *they might have had a chance*. My reading of Caron's telling is that her children might have had a chance to reach their potentials as persons, rather than to carry the lifelong 'effects' of their earlier experiences of being abused. Caron's understanding is consistent with dominant constructions of children's best interests, which say that children need protection from abuse because it is potentially harmful or lethal to them as children, but also because abuse interferes in their future ability to function independently as adults in a society that requires parents and workers. The discourse of the inter-generational cycle of abuse says that those who experience abuse in childhood will become abusers themselves. It follows that concern for children's future not only applies to their personal well-being when they become adults, but for society more generally and to the next generation's well-being.

Pat's construction of best interests is congruent with dominant ideologies of childhood and the family. Within these dominant ideologies, best interests are that children should be with their parents who have authority and responsibility to socialize and guide them through to adulthood. Pat says that through her experiences as a client, she learned that child welfare intervention can easily damage what she believes is the necessary hierarchal structure of the family. Using her own family as an example of how child welfare can do this she says, *the adolescent gains power over the parents by being given [by child welfare] the option to charge her father and the option of leaving or staying.* Pat says that developmentally, teens require their parents to be more powerful than they are. *No teenager should have that kind of power because she didn't know what to do with it. The one thing I got smarter about in child welfare was recognizing that you don't take away a parent's power and influence from a child.* Pat tells further that even when parents abuse their children, child welfare must consider children's developmental stage, because as children, they still need correction for their behavior. Pat also tells that when child welfare intervenes they must be cautious to not only consider protecting children from future physical harm but also account for their emotional well-being and identities, which child welfare can best accomplish through being respectful and supportive to the children's parents.

Her behaviour becomes inconsequential in light of the seriousness of the abuse and her parents are portrayed as 'bad' and that she needs to be protected from them. This creates ambiguity in her emotional state because she loves her parents but is now being told they are not good people. Social workers need to remember ALWAYS... "the greatest gift you can give a child is to love (respect) their parent". Because the child's entire identity is

based on who her parents are and her ability to identify parts of her parents in herself. Disparaging the parent is to disparage the child...very damaging and destructive (Pat, lines 2-6 of 6).

Using Client Experiences as Knowledge for Practice

Participants talked about placing a higher value on using intuitive as opposed to scientific knowledge in their practice. Some participants suggested they were concerned scientific methods such as risk assessment and textbook approaches to problems are not accurate or useful in practice. A number of the participants spoke in some detail about how they used intuitive knowledge informed by their client experiences, while some participants spoke about using their memories of their thoughts and emotional responses as clients to understand and engage empathically with their clients. These forms of knowing and engagement are congruent with a variety of discourses, including experiential learning theories placing emphasis on how existential values of personal involvement and responsibility develop through subjective experiences (Kolb, 1984). Participants gave examples suggesting they predominantly resisted positioning themselves as experts of their clients' lives, with their clients as unknowing objects of social work processes. Participants also told how they refused to engage in practices that blamed clients through strategies of using language in everyday talk with and about clients in their direct interactions with clients and in file documentation. In conclusion, participants talked about the challenges of working in the child welfare system and the significance of their client experiences to the meanings they make of these challenges in practice.

Eliza says that she believes that social work education does not provide workers with the understandings required to perform the social work role.

I think a lot of it is our workers don't know. Their education as social workers is just so lacking and so poor as far as I'm concerned. It gives us bare basics on how to go out and do child protection work if you're lucky. It doesn't tell you about the human experience of it. None of my courses ever said you know what we're going to have some former foster children come in and talk to you and explain to you what it's like so that you will think before you make that final step. You will go that extra mile to develop a process for the families. Or so that they will have an understanding of addictions from let's say an addicted person's experience . . . They don't understand. You see most workers go into a family and they do an apprehension based on all or nothing. They have got to make a parent and I'm going to say the mom because it's the primarily the mom although a lot of dads now but primarily the mom has to be evil in order for them to be able to settle that for themselves. To make it right for themselves and to accept it. This needs to be done. That's how they do it (Eliza, lines 2-14 of 17).

Eliza's story illustrates how her thinking here is resistant to the dominant story that having client experience is a risk to performing the social work role. In Eliza's story, she describes workers who do not have knowledge of these experiences as presenting a risk, most often by engaging in mother blaming practice. Eliza believes that social work education should include more opportunities to hear the testimonies of those who hold experiential knowledge.

Serena's position as a protection worker requires her as an expectation of her employment to conduct formalized risk assessments and make risk reduction plans. The foundation of risk ideology is that through identifying and reducing risks, we can decrease children's risk of harm. While at the same time Serena tells of understanding the significance of performing risk assessments, she is also of another heart about its value. *I understand it, I can intellectualize*

it, and I get why it's important - in my head. It does nothing for here (puts her hand on her heart). Serena explains further,

I mean I knew too that having been a kid in care, bang you're a four. You know, in the risk assessment model [] Of the historical stuff right you become a four. How is that okay? We are not responsible for things that happen as children. We're responsible for how we allow that to impact our life once we're adults [] without even talking to that mom about her experiences [] we walk right over to that form and give her a four because she was a kid in care [] I doubt very much that anyone who's experienced being in care had anything to do with developing that model or even parents who've accepted support from the Ministry [] I don't even like using the word risk. I'll often explain risk in terms of challenges and barriers in people's lives – what's getting in the way (Serena, lines 1-2, 5-10, 12,14, 24-25 of 31).

In Serena's telling, discourses of childhood that provide us with understandings of children as innocent, and adults as responsible and having agency become apparent. These discourses are consistent with dominant constructions of children's best interests. Serena, however, is critical of the risk tool, noting how the categorizing aspects of people's past experiences being identified as increasing potential harm to children is problematic. It is not just the predictive and agentless aspects that she reports as being troublesome, but also the standardization of experiences. Not surprisingly because child welfare is mostly involved with mothers, she identifies a mother as the person focused upon in risk assessment. Serena further tells of resisting the identity constructing language of risk discourse through how she explains risk as outside rather than inside of persons.

Pat says that through having been a client, she learned that having professional credentials alone does not produce competent practice. *It made me*

recognize that just because you've got a BSW it doesn't mean you know what the hell you're doing. She also believes that using standardized practice that excludes intuitive practice is not useful in practice. *When you're playing it by the book and things are black and white you lose the people. You lose the human side of child welfare.* Pat similarly tells how she rejects using textbook approaches that standardize interventions to work with her clients who present with specific problems. Pat tells that through having been a client who experienced a standardized intervention, she brings an increased awareness to her practice of the significance of accounting for people's differences. Her approach is seemingly one based on interacting with clients using her intuitive knowledge acquired through personal and practice wisdom as a social worker to determine how to proceed. In this approach, she does not assume that all problems trouble people in the same way, and accounting for these differences will be more successful.

. . . when I went through the BSW I don't think I really understood everything that I read until you actually get into the field and you start doing the work. Then it starts coming together and you start recognizing. Oh so this is what they mean . . . your work grows but at the same time some social workers become calloused or jaded when they just see the carbon copies and say oh okay well this is another one of these. This is another one of those because there is a finite number of situations whether it's addiction issues or family violence issues or sexual abuse issues or family or origin issues or all of the above . . . There's only so many things that you just keep doing over and over and over again . . . okay this is the way it goes. This is how, you know next. This is what you do. This is how, next. And then you just become like a rubber stamp social worker right. Whereas - no - I'm not the same as everybody else . . . Everybody's lives are different and everybody feels things differently. You need to get underneath that. I don't know maybe some social workers do that without having to experience this kind of thing. But for me it just hit harder and so much more bolder when you live it. I get the calloused supervisor who says yeah this is a textbook case and we'll do this one by the book. No - you know I've got skills. You

know I've got abilities. You know that I'm a damn good social worker (Pat, lines 1-19 of 21).

Mandy also spoke about the limitations of informing practice with knowledge just from textbooks. She explains that through having shared personal experiences with her clients she has a deep level of emotional awareness of their experiences. Mandy describes her emotional level of awareness as existing on a different level than being sympathetic. She talks of her awareness, saying that she arrives at it from having lived certain experiences. My reading is that Mandy is saying that her experiences provide access to sensory knowledge, and not just to memories of events or feelings. Mandy tells that she can state her recognition of clients' emotions to them, which she says strengthens communication and trust between them. Mandy says she believes this increased communication and trust, together with her textbook knowledge paves the way for better services.

. . . I think it's easy for people to say this is what needs to be done because this is a child who's been sexually abused for example. You know the family really struggles with it. The parents blame themselves and all that stuff. I think everyone can be of course sympathetic to the situation but I think and I feel that because I've been there that I can relate on a different level [] Without necessarily sharing my experience with them I can use certain words that can basically summarize how they're feeling without them necessarily saying . . . I think it just opens the road to communication so much more than being told you have to do something or this is the way it is based on just textbook knowledge versus textbook knowledge and personal experience . . . I think if I'm being raw and real and human with people who are going through things similar to what I've been through they don't need to hear my story cause they can feel it from me . . . It just allows a better connection. It allows them to trust you and for them to not just go ah, yeah - so you want me to do this . . . what the hell do you know. Questions are never really even a question . . . I think my clients feel that from me too (Mandy, lines 1-4 and 6-12 of 13).

Caron similarly speaks of knowing that her clients have a sense of feeling deeply understood and connected without having to talk about actually having had any of the same experiences. Like Mandy, Caron says that she believes her clients can feel that she understands them, which is very helpful for people who are in crisis.

Crisis stuff I love. I'm good at it. I'm cool and I can understand. That comes right away and they need it right away. You need that calming right away . . . just looking at them people can tell. They settle. They don't necessarily settle but they feel better. They feel like they're not the only ones (Caron, lines 2-11 of 11).

Serena also told of using her memories from her former experiences as knowledge to understand what her clients are experiencing. She further identifies that some of her memories are still emotionally painful for her, while at the same time are very useful in her practice to be sensitive to account for people's defensiveness in her approach.

And it's that sense of knowing – I've been here before. And remembering. So, I'm glad I didn't forget any of my childhood experiences even though they're painful and they bubble up here and there. I'm really glad for that because it's useful. When I'm talking with a parent who's using every defense mechanism and strategy they have at their disposal. I get that. I get what that's about. Nobody wants to be exposed as flawed or broken. I remember what it felt like to carry that (Serena, lines 1-9 of 9).

Serena also spoke about a specific situation when she intuitively felt the authenticity of what a child had described, even when others did not believe the child.

So this one particular family that I was working with, it was really triggering for me. Um, the fact that one child in particular in the home was the scapegoat - the cause of all the problems - allegations of sexual abuse - then recanted – then she stuck by it for a year "this one really happened, I did lie about these ones, mom helped me make up the story, but this one really happened". No body but me believed her. I'm sure I was the only

person who believed her. I did, because I could feel it (Serena, lines 5-8 of 8).

Pat says that through her client experiences as a mother she knows the pain that children can endure from child welfare intervention. Although she had some understanding about these matters beforehand, after having client experiences, Pat tells that she is a more effective protection worker.

When you had a kid with an attitude you need to dig a little bit deeper to find out where that is coming from. So I knew it, but like I said it just really hit home to watch my daughter going through that and seeing the results of why you do what you do. Seeing it first hand was painful but at the same time I think I was more affective working with parents because I know that the pain that the kids go through . . . I think it was completely irresponsible of the social worker. I don't think to this day she even knows what she did (Pat, lines 1-5 of 5).

Using Resistant Language in Practice

Some participants identified being conscious how they use language in file documentation and everyday talk. As I have discussed, in feminist post-structural theory language is a site of both oppression and resistance. Caron and Pat spoke about how child welfare used language to blame them, and how they learned through these experiences of being blamed to use language in ways that facilitate respect and engagement. Caron describes her own experience of reading her client files that workers had distorted. Through having this experience, Caron firmly believes that files should hold accounts of the 'truth'. She describes being conscious that clients may read these files, so she does not write anything that she would not show them.

I had gone out I think for something and came back in and I was having a coffee with the [respite] worker. It was a fellow. [My son] had this

nightmare and I went in and I was talking to him. I handled it really good. I mean he was frantic. The guy said you did a really good job on that. I said well remember to write that down so he did. But it was never kept. I got the files right. I got the files for court [in the divorce hearing]. I saw them all. I got them all. In fact I still have some of them - I kept them - I've copied them. So I kept them, what they wrote about me. Something else I don't do. I don't write anything I wouldn't show the client cause otherwise it may not be true. So I mean there was one where I was screaming and yelling and swearing. Yeah I was but it was out of context. It made me sound like a lunatic. They didn't say that it was because they let [my son's father] go alone with the kid. You know it was just, slanted whatever way they wanted (Caron, lines 1-23 of 23).

Caron further describes how she uses language in her direct interactions with clients. Again, through her experiences of being blamed and constructed into a bad mother by a psychologist and child welfare she describes learning how to talk to her clients so they do not feel how she felt.

When you had a kid like this every psychiatrist wants to meet you. I just felt so blamed every time. One psychologist said if you don't get a handle on these kids you're going to lose them forever. They [the kids] were just horrible in the office and I'm thinking I don't know how to get a handle [] Child welfare would come in and say well, they basically made me feel like a lousy parent. Not like I needed some help because I had strong willed kids. There's ways you can say things to people without making them feel like they're terrible parents. Well the one was get a handle on the kids but that was a psychologist. Child welfare, what they'd say was well maybe we should bring in somebody to show you how to parent. I didn't feel good on that. First of all I was defensive and depressed. So it's like these are the things I learned when I became a social worker - how to word things for people so that they wouldn't feel like I felt. So they feel safe enough to talk about things [] I would say things like it's really difficult to parent when you're feeling like this. You know. Perhaps we could get you some help. You know this is a difficult situation. The child is difficult to handle. You don't need to say you're a lousy parent or make somebody feel like that. Even if they rub you the wrong way cause I'm sure I did (Caron, 1-6, 9-17, 20-26 of 26).

Pat tells how she understands that social workers can use language to construct reality. Even with this awareness, Pat describes having some doubts about her

own sense of reality after reading the synopsis of her file. Like Caron, Pat says that she is careful how she records in case clients are able to see their files.

I remember reading a synopsis because they didn't make my file confidential at first . . . I did read the synopsis and I was completely, I disagreed completely with everything that was in that synopsis. I think that they, I don't want to say they blew it out of proportion but the wording and the language it was just so much more horrific than what I understood it to be you know and I was right there. I'm going okay was it that horrible? Was it that awful? Was it that horrible to my daughter? . . . It became more to the forefront every time I was writing. Who am I writing this for? You do write things differently depending on who you're writing it for right? If you're looking for money for say a special needs kid you make that kid sound as actually horrible as you possibly could to get the money. But for a protection file, who are you writing it for? You know you're only writing it for yourself so write it in a way that it's respectful because clients may be able to see their files. Yeah I have read some very mean files (Pat, lines 12-16, 25-31 of 31).

Challenges in Practice – Making Meanings from Client Experiences

Participants all spoke about the challenges of working in child welfare. They described how their client experiences give meaning to their practice in the face of these challenges. Caron says when she saw a large number of professionals as a client, many of them she identifies as particularly unimpressive. She says having these experiences made her cynical of the system, but they have also made her a good worker and she is deeply committed to working with clients.

I saw so many people I was desperate. I tried everything. I see this happening all the time with the parents now [] I've had so many stupid stupid people. It really has, it really took its effect. So I think I'm a little bit jaded. But I'm great with the clients. But I'm not so great with the infrastructure around it sometimes. I don't have the patience for it [] It's hard not to get hurt when they [clients] yell at you and everything. But I'm getting really good at it. That's my goal – to really look at it and say "you've been there and you didn't like" . . . so I try to practice what I preach. It's hard. It [having been a client] has it affected the way I work?

Yeah – but I think it's made me a good worker (Caron, lines 1-3 and 19-24 of 24 and 1-8 of 10).

Mandy talked about the challenges of working with other social workers who are disrespectful towards clients, saying that she has been on the receiving end of this treatment. Mandy ensures that her practice is respectful because she understands people are in a bad situation and she does not want to add to their misery.

If I go into a family's home and sense my coworker's disapproval, negativity disrespect to that client . . . like they're in a position of superiority - I hate those kinds of situations cause I think that I practice things a little bit differently. I'm incredibly respectful and humble [] I know looking at my past life I can think of a thousand workers who've been in and out of my life and just made me feel like shit. Like a little lump on a log [] They're already in a bad situation why make them feel worse? (Mandy, lines 1-3 and 7-8 and 12 of 12).

Serena describes when having lived certain life experiences you can learn to move between the heart and mind. *You have a richness of traveling between the mind and the heart. You know the connectedness and you can recall it.* Serena talks about the implications of this for her work in the child welfare system.

So we've got this system that doesn't work and we all know it but the powers that be who hold the purse strings are not going to change it because it costs too much. So how do I, my ongoing challenge in how do I stay in that system because I believe in the work that I do. I want to do this work. I love working with families. So how am I going to be okay and healthy in this system that I didn't like as a child and don't like any better now? That's my ongoing challenge. That's the biggest part of what it brings to my practice [] How will it ever change if we walk away because it's hard? That's right. So what was the commitment that brought us to it in the first place? How will we be okay walking away? That's why I'm still there even through all of the frustration and I will continue to find ways to be okay in this because I

can't walk away. For me that's not a choice. Not considering how I was drawn to it in the first place (Serena, lines 25-31 of 31 and 12-18 of 18).

Pat says her once idealistic vision of the child welfare system crumbled after her client experiences. *So after this experience I was just so disillusioned by the whole child welfare system.* Pat says that her practice perspective is forever changed through having been a client. She now believes that child welfare intervention can be destructive to the people who are the clients of child welfare – people who are just like her. *So when I hear that child welfare destroys families I believe it because it almost killed mine [] So when I deal with families it's always there in the back of my mind – this could be me that I'm talking to.*

For Eliza, as an Aboriginal woman, she carries the central implications of providing child welfare services for Aboriginal children and families within a system that historically enforced racist practice upon herself, her family and community. Eliza says that a certain degree of objectivity is required to be able to assist families in practice because the work is about families who are like our families.

It takes a piece of our soul because we have to lay bear everything we do. When they talk about family assessments, they're talking about all the abuse going on in families, the drinking, or whatever the individual problems are that goes on - you're talking about our families. For us it is everyday and it is real. We have to deal with that on one level, try to learn on another level and try to be able to look at it objectively enough to be able to do with the family in a good way

I believe what Eliza is also referring to here is that those of us who have been clients, this work can be particularly heart wrenching because the experiences of

the people we work with are not separate from our own lives. Like the other participants who describe accessing emotional wisdom from their sensory memories, I feel these connections in my body and my heart and I cannot separate them from who I am as a protection worker. It is through this lens that I make this meaning from Eliza's story. I believe she is also saying that in practice we require our reasoning abilities, not to make distance because we are not distant, but to make responsible decisions that always have implications for the people we work with.

Conclusion

My analysis laid out the influences of dominant discourses and dividing practices on the subjectivities and practices of the participants, all of who have worked as child welfare workers, and who have been child welfare clients. These discourses and practices include client experiences presenting a risk to practice, best interests of the child and policing the client/worker binary. Many of the participants spoke directly about how gender, race, class, and ability were particularly salient factors in these processes. Of equal importance, I noted where and how the participants resisted these discourses and practices, and the ways in which they did so.

In the next and final chapter, I provide a summary of the research findings, discuss my interpretations, and determine how these findings are consistent or different from existing literature. I consider the implications of these findings for child welfare policy, practice and for social work education,

discuss the limitations of my research, and conclude with a consideration of how future research could usefully add to the work I have done.

CHAPTER FIVE

Discussion and Conclusion

To build knowledge to increase social justice in child welfare I asked the question “how do child welfare workers who have been child welfare clients believe their experiences as clients have influenced their identities and practice as child welfare workers”? I have privileged subjugated knowledge through listening to stories of women social workers who have been child protection workers and child protection clients. These are stories that hegemony has silenced, but this research made space to hear. In this chapter, I summarize how my findings reveal the dominant ideologies and discourses at play in the lives of the participants, and how they comply with and resist them to construct their identities and practice as protection workers. I discuss the implications of my research for social work education, and child welfare policy and practice. I conclude with a brief discussion of the limitations of this research and directions for future research.

As many researchers before me have noted (Callahan, 1993; Scourfield, 2003; Swift, 1995), child welfare intervenes primarily in the lives of those who occupy marginalized locations of gender, race, class, and ability. These interventions, which on the surface appear to be concerned with protecting children, are also practices that maintain social inequalities. I have noted how dominant discourses shape child welfare practice into a series of social and spatial dividing practices, which normalize these divisions and inequalities through regulating and disciplining activities. These activities maintain the

hierarchal client/worker binary in child welfare, and contribute to naturalizing the discourse of client experiences representing a risk to performing the social work role. Central among these discourses are those within the ideology of the 'best interests of the child', an ideology informed by dominant liberal ideas of motherhood, childhood, and the family's right to privacy (Banach, 1998).

Where liberal ideologies provide the dominant social context for practice, child welfare's responsibilities are to ensure children's best interests through physical protection and the removal of threats to present and future psychological wellbeing.

There continues to be a hierarchical client/worker binary in child welfare marked by class and racial dominance, with mostly White and privileged women occupying the worker space, and mostly marginalized women and children located in the client space. Dominant ideologies of motherhood, childhood and the family support mother blaming practices in child welfare that construct individual mothers as solely responsible for children's protection and well-being, even when circumstances outside of their control such as men's violence and social conditions are the primary threat to children (Callahan, 1993; Krane, 2003; Swift, 1995). I have discussed how this binary marks sharp distinctions between the subjectivities available to those who are child welfare clients and protection workers. The findings in this research show how these distinctions function both socially and spatially, with clients and protection workers mutually constituting the subjectivities of each other. I have discussed how it is impossible to be both a client, as a mother, and worker within this

binary, while still holding the subjectivity of competent child protection worker. As I have further discussed, mothers become child welfare clients through gendered relations of power that hold them responsible for their children's safety and development, and through the creation of files in their names. Child welfare further constructs mothers into clients through standardized risk and documentation practices and legal processes. These practices and processes also disrupt and construct children's identities tied to social and physical relationships to persons, culture, places and spaces. As I discussed in my literature review, stigmatization of persons occupying client spaces has social and material consequences for the lives of women and children identified as clients. These webs of power are the mechanisms that also police the borders of the client/worker binary and act as disciplining processes that maintain the hierarchal divide between clients and workers. Participants told of navigating themselves within these webs of power. The mothers involved with child welfare, despite being able to theorize their situations as gendered subjects, could not stop the processes and actions that defined them as clients. Those who were involved with child welfare as children similarly could do nothing to unmark themselves as clients.

I have also noted how the creation and maintenance of the hierarchal client/ worker binary in child welfare reproduces social inequalities, which together with gender oppression and liberal-humanist grand-narratives of the self (Weedon, 1997) inform and normalize the discourse of client experiences representing a risk to proper conduct in child welfare practice. Foundational to

the discourse that client experiences present a risk is the liberal-humanist understanding that past experiences shape people's essential present selves. Within this understanding, it follows that life circumstances of clients, most particularly those from childhood, have had damaging effects on their fixed essential selves, where these effects represent the risk to performing the social work role. In child welfare, these effects may variously appear as the discourse of 'trauma', the 'intergenerational cycle of abuse', or the currently popular discourse of 'attachment disorder'. These processes illustrate Foucault's contention that problems are discursively individualized and located in persons through discourses available at specific historic moments (1980). As I identified in Chapters One and Two, the discourse of client experiences presenting a risk, as represented by the subject position of the 'wounded healer' (Maeder, 1989), appears in the literature in studies conducted to determine the effects of experiencing abuse on child protection workers' practice. It also presents itself in studies concerned with identifying the abuse experiences of social work students, attempts to identify 'wounded healers' to mark them as at risk to keep them out of the social work profession if required, and as instruction for student supervisors to assist students who have been clients with their emotional and psychological damage.

This research confirms that the dominant story of client experiences representing a risk to practice exists not only in the literature, but also in the everyday lives of those who occupy the space of protection workers who have been protection clients. While the participants' narratives display this dominant

discourse at work in their identities and practice as protection workers, they also illustrate resistance to it. Participants who had been clients prior to becoming protection workers drew from liberal-humanist definitions of the self in order to construct transformative subjectivities. For example, by saying that people are self-determining and able to transform, they can remove or ameliorate the risk associated with having had client experiences. While none of the participants described in any significant depth the processes involved with this transformation, they used metaphors of healing, accepting, growing, maturing, working through, overcoming, and assuming personal responsibility when they talked about transformation. Some participants also described engaging in specific actions such as attending therapy and taking psychiatric medication to achieve the desired transformation.

Thus, participants simultaneously resisted and complied with the discourse of the wounded healer. Strega (2004) identifies that sometimes those who occupy marginalized subject positions have no alternative subjectivities available, therefore will construct themselves as different from other members of the marginalized group. "When there are no alternatives available which do not in some measure harm us, choosing the construction that is least harmful can be reconceptualised as a strategy of resistance" (Strega, 2004:61-62). For example, some welfare mothers will say they are different from other welfare mothers because they budget their money wisely. Some participants described acts of compliance with the devalued subjectivity of the wounded healer through a variety of ongoing methods of self-policing to ensure they performed

acceptable social work subjectivity, including checking their perceptions with others, self-monitoring, attending to therapy, continuing to take medication, and assuming personal responsibility. The construction of the wounded healer is a subjectivity that categorizes, individualizes, and marks the body as damaged and potentially dangerous, distinguishing the bodies of clients from normal bodies. Tangenberg and Kempe's (2002) conceptualizations of the "client body" in social work as a site of power relations are helpful to understand how these disciplining processes become particularly salient in ensuring the proper performance of the social work role in child welfare. Congruent with Foucault's ideas of how power produces identities, Tangenberg and Kempe (2002) discuss how persons who become clients have bodies and bodily experiences that social work names, classifies, and organizes according to the type of social work services they receive. The client body has experienced "processes by which the body is marked, scarred, transformed, and written upon or constructed by various regimes of institutional, discursive, and non-discursive power as a particular kind of body" (Tangenberg & Kempe, 2002:15), an experience illustrated in the stories of the participants.

Some participants spoke about how they presented acceptable subjectivity as social workers through selectively disclosing or hiding that they have been clients, and keeping potentially pejorative information about their personal lives to themselves. Pat, who had not been a client prior to being a protection worker, did not have either the transformative or wounded healer subjectivities readily available to her so relied exclusively on hiding her client

status. Alternatively, participants also resisted the dominant wounded healer discourse through positively valuing their client experiences. Significantly, none of the participants expressed concern that their own client experiences represented a risk to performing their roles as protection workers. All, in fact, identified their experiences as clients have provided them with valuable practice knowledge and abilities as protection workers they could not have obtained otherwise. This was evident in how participants included alternative or expanded discourses beyond the dominant liberal ideology of children's best interests and meanings of motherhood, childhood and the family in their child welfare practices, which participants often theorized in the context of their experiences as clients. This was similarly evident in how participants described drawing directly from their experiences in a variety of ways to construct knowledge for their practice.

The discourse of children's best interest lies at the heart of child welfare practice, and within dominant ideology, it masks relations of power related to gender, race, class and ability. It is therefore not at all surprising that the discourse of best interests was at the centre of the participants' practice stories informed through their experiences because their lives have been deeply embedded within these relations of power. Parton (1999) explains how discourse structures our understandings and decision-making, also defining our obligations and responsibilities within our different categories as people, for example parents, children and social workers. While participants practice within the dominant discourse of children's best interests, they resisted its

dominant ideology by interpreting this discourse through their experiences as clients and social identities related to ability and as gendered, raced, classed and subjects. These interpretations of the discourse are another example of the participants simultaneously complying with and resisting dominant discourse. Almost consistently, the participants resisted the dominant idea of attachment theory that children require one primary caregiver, who is preferably the mother. While none of the participants disagreed with the predominant idea that children have needs, they mostly held beliefs that a variety of people could provide care for children and that this is helpful to the child. What participants described as harmful to children was losing important connections, undermining their parents, and societal stigmatization and blaming of mothers who for whatever reason require a variety of resources to provide care for their children.

Resistance and compliance were also evident in participants' descriptions of drawing from various forms of knowledge to construct their child welfare practice. Payne (1997) says that in her review of the literature, child welfare workers use a variety of approaches in their practice, including drawing exclusively from theory, having a general 'approach', or having a specific way of thinking about practice (cited in Walmsley, 2004). Participants identified they were familiar with theoretical knowledge developed through scientific methods, however they described being selective and cautious about how and when they used it in their practice. Participants suggested knowledge gained through scientific approaches does not consider the intricacies and differences in peoples' lives, and while in some situations they

may utilize this knowledge, they generally informed their practice with other forms of knowledge, particularly what they had learned through being a client.

Some participants described using visceral knowledge through interpreting sensory information activated in their bodies. Philosophers, feminists, psychologists, and culture theorists identify various forms of intuitive knowledge as valid knowledge sources (Goldberger, 1996). Social work similarly discusses the body as a source of valid and valuable knowledge (Tangenberg & Kempe, 2002), as body wisdom (Saleebey, 1992), and as knowledge that should stand equally beside conceptual forms of knowledge (Peile, 1998 cited in Tangenberg & Kempe, 2002). Forsberg (1999) points to numerous theorists who emphasize the way social workers in child protection use intuitive emotional knowledge in their practice, noting that emotions are a source of knowledge for practice. Walmsley (2004) identifies that practice theory, social science facts, and practice wisdom are all forms of knowledge legitimated in child welfare social work. Munro (2002) believes that in child welfare practice analytic reasoning through scientific knowledge should be used only to support the central position of intuitive reasoning, which includes emotional and practice wisdom. While there is support for social workers to use forms of knowledge outside of scientific research, client knowledge is constructed as inferior to professional knowledge. Tangenberg & Kempe (2002) identify,

for members of marginalized groups, bodily knowledge often has been trivialized in favour of more scientific, objective ways of knowing, which typically are associated with dominant systems of power. The dichotomy between “subjugated knowledge” . . . and professional knowledge may be

especially apparent in social work relationships characterized by distinctions between “workers” and “clients” (p.15).

In this research, participants identified body knowledge predominantly as information accessed through experienced emotional states that arise in a current moment, or memories of feelings activated from having similar experiences. While some participants described sensory experiences, in other descriptions these appeared to be memories held in the mind about previous emotions. The research participants spoke about disciplining processes involved with these sensory experiences, some of which include self-disciplining strategies such as perception checking, self-monitoring and attending therapy. One participant spoke specifically about her supervisors’ instructions that she control her emotions more effectively so that she would enact greater professionalism in her practice. The necessity to demonstrate one’s ability to exercise rational control over emotions is a precursor to functioning personhood in liberal societies, and enacting professionalism in social work. At the same time participants spoke of these disciplining strategies, they also emphasized that having access to their bodily experiences made them more empathic, understanding, and effective in their practice. Saleebey (1992) identifies that “body wisdom” can deepen the helping relationship and create an alliance to access the transformative powers of the body.

A number of the participants also described using resistant language in their practice in their direct interactions with clients and in file documentation. They

described developing these strategies in the context of having been clients and knowing how the use of language blamed them and constructed them into bad mothers and clients. While file recording and talking with clients comprises the bulk of front-line child welfare practice, the participants' stories focused predominantly on their decision-making processes and use of knowledge in the context of their practice through the knowledge they identified acquiring through having been clients.

In conclusion, all of the participants described feeling challenged working in child welfare by governments that do not adequately resource child welfare, other professionals who are disrespectful towards clients, a system that can easily harm, and the heart wrenching work of engaging in responsible child welfare practices.

Implications and Recommendations

This research has implications for social work education, and child welfare policy and practice. It demonstrates how the ideology of children's best interests easily masks power relations inherent in dominant liberal ideologies of motherhood, childhood and the family, and how child welfare workers can resist dominance in their direct practice. The participants' stories provide us a glimpse of the details involved in their decision-making practices of children's best interests. These practices described by the participants resist marginalizing people in terms of race, gender, class and ability through wherever possible ameliorating socially and spatially dividing practices of child welfare. These

sites of resistance include decision-making about children's removals and maintaining their significant relationships. They also include sources of knowledge, and the construction of language in the use of risk assessment, file documentation and everyday talk with and about the people involved with child welfare that can facilitate personhood, or turn persons into objects of social work processes. Social work educators in both classroom instruction and field supervision have a critical role to assist students to consider how they can use the central ideology of children's best interests to facilitate social justice or further marginalize already disadvantaged populations. Decision-making, the use of knowledge and constructing language are all sites where social workers can reproduce or resist dominance.

This research also identifies that the client/worker binary in child welfare subjugates potentially valuable knowledge for social justice practice both from the voices of clients as those who have been both clients and workers in child welfare. The research participants insist that the knowledge they have through having been clients has enhanced their practice, thereby those who do not have access to this knowledge are potentially disadvantaged in their practice. We need to hear more from those who hold this knowledge to understand how to further social justice in child welfare. Social work educators could assist students to develop ways to access and integrate subjugated knowledge into their developing child welfare practice through opportunities to theorize any of their own client experiences and hearing from persons who have experiences with occupying client spaces in educational settings through

speaker presentations, and materials and research. Social work needs to address its own complicity in maintaining oppression of marginalized populations. Educators are in an ideal position to challenge the dominant story that client experiences represent a risk to performing the social work role, which normalizes the type of persons who should be a social worker.

Policies that guide student placements and hiring practices in child welfare organizations need to ensure that placements and hires regarding persons who have been clients in child welfare occur according to their qualifications as social workers and not their histories as clients. Child welfare requires policies to ensure that those who have previously or currently require the services of child welfare while they are students or as employees of child welfare organizations have access to these services. This access must include measures be taken to normalize the need for child welfare services. Child welfare could begin to alleviate gender oppression through stigmatization and mother blaming practices through opening files in children's names and engaging with mothers and other significant persons as resources rather than risks to children.

The results of this research have implications for other areas of social work, such as mental health and addictions that emphasize evidence-based practice. Similarly, the results of this research have particular significance for services provided by shelters and feminist organizations that provide services for women who have experienced violence. Where these organizations once provided grass roots services for women from the egalitarian feminist

perspective that 'the personal is political', services have become increasingly professionalized and depoliticized thereby constructing similar binaries between clients and workers.

Limitations of the Study and Recommendations for Future Research

As a new researcher the quality of data that I was able to elicit during interviews and my data analysis was dependent on learning and using research processes for the first time. I believe that my role as a social worker provided me with practice and ease in interacting with people about their experiences and assisted me with interviewing the participants. I similarly believe that because in my social work practice I am highly influenced by narrative theory, I have tuned my ear to hear discourse and the influences of marginalized identities in the stories of the people I work with, which assisted me in the analysis. Even so, I was unaccustomed to being engaged in a process strictly focused on listening without engaging in an intervention process. I was also unaccustomed to the volume of material for coding and understanding across a variety of peoples' stories.

Limitations of this study include the small sample size, the constraints of my research question, and interviewing each participant only once. A larger sample size might have provided a greater range of understandings about how protection workers who have been protection clients believe their experiences as clients influence their identities and practice as protection workers. It might also have allowed greater diversity among the participants. For example, the

voices of women protection workers who are employed at Indigenous child welfare organizations are absent from this study because all of the women in this study worked for mainstream child welfare organizations. I additionally only interviewed women. Also opening this type of study to male participants may allow further understanding and ways to resist gender oppression in child welfare.

The research question may have excluded potential participants who do not believe that their client experiences have any direct influence on their identities and practice. Posing the question differently, for example, "What are your experiences of having been both a protection worker and a protection client" may have facilitated different stories even though the identified research population would be the same. Interviewing those who have been both clients and workers in child welfare by asking a different research question could include a greater diversity of people to increase the knowledge base.

Providing participants with the option of two as opposed to one interview may have allowed for even further depth of understanding. While participants were encouraged to add further information after the interview if they desired, having a scheduled interview still may have allowed participants to consider the research question more completely, and time to further consider what they shared in the initial interview and thoughts that arose after the interview could be later shared. Future research using variant forms of methods, such as number of interviews, could enrich data thereby producing greater depth in analysis.

While potential research topics are endless, what I believe is essential is to utilize methodologies that will elicit the voices of those who hold subjugated knowledge. It is through hearing about the fine points of complicity and resistance that we can further develop social justice in child welfare.

Conclusion

This research offered an opportunity to hear the details of child welfare practice from the uniquely informed position of those who have been both clients and workers. It is through listening to subjugated knowledge and recognizing marginalized discourses that we will find the places to resist social injustices in child welfare. As I hope my analysis has demonstrated, it is in the details, in the micro-relations of power enacted in every encounter between client and worker that possibilities for resistance exist. The stories have also confirmed to me the limitations of grand explanatory meta-narratives for changing child welfare. One story in particular encapsulates for me how grand narratives will not assist us to achieve a socially just practice as we navigate through the micro-relations of power in child welfare. In Caron's story, she describes one of her social workers as a self-proclaimed feminist social worker who subscribed to the grand narrative of gender oppression in child welfare. Nonetheless, the worker could not bring the grand narrative to bear in her direct practice.

I still have an article she wrote. She wrote a feminist article about the child welfare system. Excellent article. It was all about patriarchy and how the system is run . . . one time I called her with one of my complaints and she threw some lingo at me. I said yeah - yeah - thinking she really understood.

Then she shot me down. It was like she knew what I was looking for but wouldn't give it to me [] Then she says " Well there's still nothing I can do [Caron] ". I didn't understand what they could do either. I did not understand what their job was. I thought they could do more than they could do. I didn't understand it was only child protection. I thought they could help. I was looking for help. They weren't offering any help (Caron, lines 11-19 and 24-32 of 32).

Within dominant liberal ideologies, child welfare protects children through adherence to relations of power, masked within the discourse of their best interests. These practices of dominance that claim to protect children normalize, regulate, and discipline mostly marginalized mothers and children.

My intention in this thesis was to find out if the stories of child welfare workers who have been child welfare clients could build knowledge for social justice in child welfare. In listening to the participants, I have heard their stories of resistance and complicity to dominant practices by which I have theorized my practice to resist my complicity to oppressive child welfare practice. I feel deeply honoured that I have been part of the process of bringing these stories and their details to the foreground, where they may influence child welfare practice, education and policy. The participants' stories have already created possibilities for social justice practice, as they have altered my practice in ways that I believe are helpful for those I work with and I am committed to circulating these stories within and beyond my own practice.

REFERENCES

- Absolon, K. (1993). *Healing as practice: teachings from the medicine wheel*. Unpublished manuscript.
- Anderson, K. & Jack, D. (1991). Learning to listen: Interview techniques and analysis. In Berger, S. Gluck & D. Patai (Eds.), *Women's words: The feminist practice of oral history*, pp. 11-26. New York: Routledge.
- Appell, A. (1998). On fixing "bad" mothers and saving their children. In M. Ladd-Taylor & L. Umansky (Eds.), *"Bad" mothers: The politics of blame in twentieth-century America*, pp. 356-380. New York: New York University Press.
- Althusser, L (1971). *Essays on ideology*. London: Verso.
- Armstrong, L. (1995). *Of 'sluts' and 'bastards': A feminist decodes the child welfare debate*. Maine: Common Courage Press.
- Baines, C. (1991). The professions and an ethic of care. In C. Baines, P. Evans & S. Neysmith (Eds.), *Women's caring: Feminist perspectives on social welfare*, pp. 36-72. Toronto: McClelland & Stewart Inc.
- Banach, M. (1998). The best interests of the child: Decision-making factors. *Families in Society: The journal of contemporary human services*, 331-340.
- Barter, K. (2005). *Working conditions for social workers and linkages to client outcomes in child welfare: A literature review*. Ottawa: Canadian Association of Social Workers.
- Baskin, C. (2005). Storytelling circles: Reflections of Aboriginal protocols in research. *Canadian social work review*, 22(2), 171-188.
- Black, P., Jeffreys, N., Hartley, D., & Kennedy, E. (1993). Personal history of psychosocial trauma in the early life of social worker and business students. *Journal of social work education*, 29(2), 171-180.

- Blackstock, C. (2003). First Nations child and family services: Restoring peace and harmony in First Nations communities. In K. Kufeldt & B. Mackenzie (Eds.), *Connecting research, policy and practice*, pp. 331-342. Waterloo, ON: Wilfrid Laurier University Press.
- Bloom, L.R. (2002). Stories of ones' own: Nonunitary subjectivity in narrative representation. In S. B. Merriam (Ed.), *Qualitative research in practice: Examples for discussion and analysis*, pp. 289-309. San Francisco: Jossey-Bass.
- Boyd, S. (2003). *Child custody, law, and women's work*. Don Mills: Oxford University Press.
- Brotman, S. & Pollack, S. (1997). Loss of Context: The problem of margining postmodernism with feminist social work. *Canadian social work review*, 14(1), 9-15.
- Brown, D. (2002). *Working the system: Re-thinking the role of parents and the reduction of 'risk' in child protection work*. University of Victoria: Unpublished manuscript.
- Brown, S. (2003). *The politics of individualism: Liberalism, liberal feminism and anarchism*. Montreal: Black Rose Books.
- Callahan, M. (1993). Feminist approaches: Women recreate child welfare. In B. Wharf (Ed.), *Rethinking child welfare*, pp. 172-209. Don Mills: Oxford University Press.
- Callahan, M. (1999). Creating second-class citizens in child welfare. In L. Dominielli (Ed.), *Community approaches to child welfare*, pp. 45-63. Aldershot: Ashgate Publishing.
- Canadian Association of Social Workers. (2005). *Code of ethics*. Ottawa: Author.
- Carniol, B. (2005). *Case Critical: Social services & social justice in Canada*, 5th edition. Toronto: Between the lines.

- Carr, A. (1989). Countertransference to families where child abuse has occurred. *Journal of family therapy*, II, 87-97.
- Chase, S. (1996). Personal vulnerability and interpretative authority in narrative research. In R. Josselson (Ed.), *Ethics in process in narrative study of lives* (volume four). Thousand Oaks: Sage Publications.
- Chen, X. (2003). Constituting "dangerous parents" through the spectre of child death: A critique of child protection restructuring in Ontario. In Deborah Brock (Ed.), *Making normal: Social regulation in Canada*, pp. 209-234. Canada: Nelson Thomas limited.
- Coffey, A. & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: Sage.
- Cull, R. (2006). Aboriginal mothering under the state's gaze. In D. Lavell-Harvard & J. Lavell, (Eds.), *Until our hearts are on the ground: Aboriginal mothering, oppression, resistance and rebirth*, pp. 141-156. Toronto: Demeter Press.
- Daniel, B. & Taylor, J. (1999). The rhetoric vs. the reality: A critical perspective on practice with fathers in child care and protection work. *Child and family social work*, 4, 209-220.
- De Montigny, G. (1995). *Social working: An Ethnography of front-line practice*. Toronto: University of Toronto Press.
- Dietz, C. (2000). Responding to oppression and abuse: A feminist challenge to clinical social work. *Affilia*, 3(15), 369-389. Sage Publications.
- Dumbrill, G. (2003). Child Welfare: AOP's nemesis? In W. Shera (Ed.), *Emerging perspectives on anti-oppressive practice*, pp. 101-120. Toronto: Canadian Scholars Press.

- Errante, A. (2004). But sometimes you're not part of the story: Oral histories and ways of remembering and telling. In S. N. Hesse-Biber & M. L. Yaiser (Eds.), *Feminist perspectives in social research*, pp. 411-434. New York: Oxford University Press.
- Esterberg, K. (2002). *Qualitative methods in social research*. Boston: McGraw- Hill.
- Fallon, B., MacLaurin, B., Trocme, N. & Felstiner, C. (2003). A national profile of child protection workers. In K. Kefeldt & B. McKenzie (Eds.), *Child Welfare: Connecting research, policy and practice*, pp. 41-52. Waterloo, ON: Wilfrid Laurier University Press.
- Fine, M. (1998). Working the hyphens: Reinventing self and other in qualitative research. In N. Denzin & Y. Lincoln (Eds.), *The landscape of qualitative research: Theories and issues*, pp.130-155. London: Sage.
- Forsberg, H. (1999). Speaking of emotions in child protection practices. In A. Jokinen, K. Juhila & T. Poso (Eds.), *Constructing social work practices*, pp. 116-132. England: Ashgate Publishing Ltd.
- Fook, J. (2002). *Social work: Critical theory and practice*. London: Sage.
- Foucault, M. (1965). *Madness and civilization: A history of insanity in the age of reason*. New York: Random House.
- Foucault, M. (1980). *Power/Knowledge: Selected interviews and other writings*. New York: Pantheon Press.
- Foucault, M. (1995). *Discipline and punish: The birth of the prison*, 2nd edition (A. Sheridan, 1977, Trans.). New York: Vintage Books.
- Frank, A. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago: The University of Chicago press.

- Fraser, H. (2004). Doing narrative research: Analysing personal stories line by line. *Qualitative social work*, 3(2), 179-201.
- Freymond, N. & Cameron, G. (2007). Mothers and child welfare child placements. In G. Cameron, N. Coady & G. Adams (Eds.), *Moving toward positive systems of child and family welfare: Current issues and future directions*, pp. 79-114. Waterloo, ON: Wilfrid Laurier University Press.
- Gavey, N. (1989). Feminist poststructuralism and discourse analysis: Contributions of feminist psychology. *Psychology of women quarterly*, 13, 459-475.
- Germain, C. & Gitterman, A. (1996). *The life model of social work practice*. Second Edition. New York: Columbia University Press.
- Gil, D. (1994). Confronting injustice and oppression. In F. G. Reamer (Ed.), *The foundation of social work knowledge*, pp. 231-63. New York: Columbia University Press.
- Gil, D. (1998). *Confronting injustice and oppression: Concepts and strategies for social workers*. New York: Columbia University Press.
- Gill, R. (1995). Relativism, reflexivity and politics: Interrogating discourse analysis from a feminist perspective. In S. Wilkinson & C. Kitzinger (Eds.), *Feminism and discourse: Psychological perspectives*, pp. 165-186. London: Sage.
- Gilroy, J. (2002). The changing face of child welfare: Perspectives from the field. In M. Callahan, S. Hessle with S. Strega (Eds.), *Valuing the field: Child Welfare in an international context*, pp. 23-42. Aldershot: Ashgate Publishing.
- Grant, J. (2007). Structuring social work use of self. In D. Mandell (Ed.), *Revisiting the use of self: Questioning professional identities*, pp. 53-70. Toronto: Canadian Scholars' Press Inc.

- Goldberger, N. (1996). Cultural imperatives and diversity in ways of knowing. In N. Goldberger, J. Tarule, B. Clinchy, M. Belenky (Eds.), *Knowledge, Difference, and power: Essays inspired by women's ways of knowing*, pp. 335-371. New York: Basic Books.
- Gosselin, C. (2006). "They let their kids run wild": The policing of Aboriginal mothering in Quebec. In D. Lavell-Harvard & J. Lavell (Eds.), *Until our hearts are on the ground: Aboriginal mothering, oppression, resistance and rebirth*, pp. 196-208. Toronto: Demeter Press.
- Gove, T. (1995). Report of the Gove Inquiry into Child Protection, Volume II, *Matthew's Legacy, Final Report*. Victoria: Queens' Printer.
- Greaves, L., Varcoe, C., Poole, N., Morrow, M., Johnson, J., Pederson, A. & Irwin, L. (2002). *A motherhood issue: Discourses on mothering under duress*. Ottawa: Status of women Canada.
- Gustafson, D.L. (2005). The social construction of maternal absence. In D.L. Gustafson (Ed.), *Unbecoming mothers: The social production of maternal absence*. New York, USA: Haworth Clinical Press.
- Halifax, J. (1982). *Shaman: The wounded healer*. London: Thames and Hudson Ltd.
- Harding, S. (1988). *The science question in feminism*. New York: Cornell University Press.
- Hartsock, N. (1990). Foucault on power: A theory for women? In L. Nicholson (Ed.), *Feminism postmodernism*, pp.157-75. New York, NY: Routledge.
- Hawkins, C. & Hawkins II, R. (1996). Alcoholism in the families of origin of MSW students: Estimating the prevalence of mental health problems using standardized measure. *Journal of social work education*, 32(1), 127-135.
- Hekman, S. (1990). *Gender and Knowledge: Elements of a postmodern feminism*. Cambridge: Polity Press.

- Hekman, S. (1999). *The future of differences: Truth and method in feminist theory*. Cambridge: Polity Press 1999
- Herrick, M. & Piccus, W. (2005). Sibling connections: The importance of nurturing sibling bonds in the foster care systems. *Children and youth services review*, 27, 845-861.
- Hick, S. & Pozzuto, R. (2005). Introduction: Towards "becoming" a critical social Worker. In S. Hick, J. Fook, R. Pozzuto (Eds.), *Social work: A critical turn*, pp. iv-xviii. Toronto: Thompson Educational Publishing, Publishing, Inc.
- Jackson, H. & Nuttall, R. (1994). Effects of gender, age, and history of abuse on social workers' judgments of sexual abuse allegations. *Social work research*, 18(2), 105-114.
- Jones, J. (1994). Child protection and anti-oppressive practice: The dynamics of partnership with parents explored. *Early child development and care*, 102, 1001-113.
- Kanuha, V. (1999). The social process of "passing" to manage stigma: Acts of internalized oppression or acts of resistance? *Journal of sociology and social welfare*, December, 1999, XXV1(4), 27-46.
- Kempe, H., Silverman, F.N., Brandt, F., Steele, B.F., Droegemueller, W. & Silver, H.K. (1962). The battered-child syndrome, by C. Landmark, *Journal of the American Medical Association*.
- Kempe, S. (2001). Environment through a gendered lens: From person in environment to woman in environment. *Journal of women and social work*, 16(1), 1-16.
- Kincheloe, J. & McLaren, P. (2003). Rethinking critical theory and Qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), *The landscape of qualitative research: Theories and issues*, 2nd edition, pp. 433-488. Thousand Oaks, CA: Sage.

- Kline, M. (1992). Child welfare law, "best interests of the child" ideology and First Nations. *Osgoode hall law journal*, 30(2), 376-425.
- Kline, M. (1993). Complicating the ideology of motherhood: Child welfare law and First Nations women. *Queen's law journal*, 18, 306-342.
- Kolb, D. (1984). *Experiential learning: Experiences as the source of learning and development*. New Jersey: Prentice-Hall, Inc.
- Krane, J. & Davies, L. (2000). Mothering and child protection: Rethinking risk assessment. *Child and family social work*, 5 (1), 35-45.
- Krane, J. & Davies, L. (2003). *What's mother got to do with it? Protecting children from sexual abuse*. Toronto: University of Toronto Press.
- Laird, J. (1994). Thick description revisited: Family therapist as anthropologist – constructivist. In C.K. Reissman (Ed.), *Qualitative studies in social work research*, pp. 175-89. Thousand Oaks, CA: Sage.
- Lavell-Harvard, D. & Lavell, J. (2006). Aboriginal Women vs. Canada: The struggle for our mothers to remain Aboriginal. In D. Lavell-Harvard & J. Lavell (Eds.), *Until our hearts are on the ground: Aboriginal mothering, oppression, resistance and rebirth*, pp. 184- 195. Toronto: Demeter Press.
- Lawler, S. (2002). Narrative in social research. In T. May (Ed.), *Qualitative research in action*, pp. 242-248. London: Sage.
- Leonard, P. (1997). *Postmodern welfare: Reconstructing an emancipatory project*. London: Sage Publications.
- Leonard, P. (2004). *Scientism, postmodernism, and critical social work*. Presentation at faculty of social work 60th anniversary celebration, February 12, 2004. Winnipeg, Manitoba.

- Lindsey, D. (1991). Factors influencing the foster care placement decision: An analysis of national survey data. *American Journal of Orthopsychiatry*, 61 (2), 272-281.
- Macintyre, E. (1993). The historical context of child welfare in Canada. In B. Wharf (Ed.), *Rethinking child welfare in Canada*, pp. 13-36. Don Mills: Oxford University Press.
- Madigan, S. (1998). Practice interpretations of Michel Foucault: Situating problem externalizing discourse. In S. Madigan & I. Law (Eds.), *Praxis: Situating discourse: Feminism & politics in narrative therapies*, pp. 15-34. Vancouver: Cardigan Press.
- Merriam, S.B. (2002). Assessing and evaluating qualitative research. In S. B. Merriam (Ed.), *Qualitative research in practice: Examples for discussion and analysis*, pp.18-33. San Francisco: Jossey-Bass.
- Mills, S. (2003). *Michel Foucault*. London/New York: Routledge.
- Mohanty, C. (2003). *Feminism without borders: Decolonizing theory, practicing solidarity*. Durham/London: Duke University Press.
- Mullaly, R. (2002). *Challenging oppression: A critical social work approach*. Toronto: Oxford University Press.
- Mullaly, R. (2005). *Forward to the past: A critique of the new (2005) CASW code of ethics*. Unpublished manuscript.
- Munro, E. (2002). *Effective child protection*. London: Sage Publications.
- Narayan, U. (1988). Working across differences: Some considerations on emotions and political practice. *Hypatia*, 3 (2), 31-47.
- Neuman, W. & Kreuger, L. (2003). The meanings of methodology. In W. Neuman & L. Kreuger (Eds.), *Social work research methods: Qualitative and quantitative approaches*, pp. 70-96. Boston: Allyn and Bacon

- Nouwen, H. (1972). *The wounded healer: Ministry in contemporary society*. New York: Doubleday & Company, Inc.
- Olson, C. & Royse, D. (2006). Early life-adversity and choice of the social work profession. *Journal of evidence-based social work*, 3(2), 31-47.
- O'Reilly, A. (2004). Introduction. In A. O'Reilly (Ed.), *Mother outlaws: Theories and practices of empowered mothering*, pp. 1-28 Toronto: Women's Press.
- O'Reilly, A. (2006). *Rocking the cradle: Thoughts on motherhood, feminism and the possibility of empowered mothering*. Toronto, ON: Demeter Press.
- Parton, N. (1985). *The politics of child abuse*. London: Macmillan.
- Parton, N. (1991). *Governing the family: Child care, child protection, and the state*. London: Macmillan.
- Parton, N. (1999). Reconfiguring child welfare practices: Advanced liberalism, and the government of freedom. In A. Chambon, A. Irving and L. Epstein (Eds.), *Reading Foucault for social work*, pp. 101-130. New York: Columbia University Press.
- Pearlman, L.A. & Saakvitne, K.W. (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. New York: W.W. Norton & Company.
- Peter, T. (2006). *Hearing silent voices: Examining mother-daughter sexual abuse*. University of Manitoba: Unpublished manuscript.
- Potts, K. & Brown, L. (2004). Becoming an anti-oppressive researcher. In L. Brown, and S. Strega (Eds.), *Research as resistance: Critical. Indigenous and anti-oppressive approaches*, pp. 255-86. Toronto: Canadian Scholars Press/Woman's Press.

- Price, J. (1996). Snakes in the swamp: Ethical issues in qualitative research. In R. Josselson (Ed.), *Ethics in process in narrative study of lives* (volume four). Thousand Oaks: Sage Publications.
- Province of Manitoba (1995). Manitoba Risk Estimation System (MRES). Winnipeg: Author.
- Razack, N. (2002). *Transforming the field: Critical antiracist and anti-oppressive perspectives for the human services practicum*. Halifax, Nova Scotia: Fernwood Publishing.
- Razack, S.H. (1998). *Looking white people in the eye: Gender, race, and culture in courtrooms and classrooms*. Toronto: University of Toronto Press.
- Razack, S.H. (2002). Gendered racial violence and spatialized justice: The murder of Pamela George. In S.H. Razack (Ed.), *Race, space, and the law: Unmapping a white settler society*, pp. 123-178. Toronto: Between the lines press.
- Reid, M. (2005). First Nations women workers' speak, write and research back: Child welfare and decolonizing stories. *The first peoples child & family review*, 2(1), 21-37.
- Reynolds, L. (2007). 'We're going down. Children are going to die'. In the *Winnipeg Free Press*, September 15 2007, Winnipeg, Manitoba.
- Richmond, M. (1917). *Social diagnosis*. New York: Russell Sage.
- Richmond, M. (1922). *What is social casework?* New York: Russell Sage.
- Risley-Curtiss, C. & Hefferrnan, K. (2003). Gender bias in child welfare. *Affilia*, 18(4), 395-410.

- Robinson, L. (1998). Social work through the life course. In R. Adams, L. Dominelli, & M. Payne (Eds.), *Social work: Themes, issues and critical debates*. London: Macmillan.
- Rose, N. (1996). Psychiatry as a political science: Advanced liberalism and the administration of risk. *History of human sciences* 9 (2), 1-23.
- Rose, N. (1998). Governing risky individuals: The role of psychiatry in new regimes of social control. *Psychiatry, Psychology and the Law*, 5 (2), 177-195.
- Riessman, C. (1993). *Narrative analysis*. Newbury Park, CA: Sage.
- Riessman, C. & Quinney, L. (2005). Narrative in social work: A critical review. *Qualitative social work*, 4(4), 391-412.
- Ristock, J. & Pennell, J. (1996). *Community research as empowerment: Feminist links, postmodern interruptions*. Don Mills: Oxford University Press.
- Ristock, J. (2002). *No more secrets: Violence in lesbian relationships*. New York: Routledge.
- Russel, R., Holl, P., Coyne, A., & Woody, J. (1993). Dysfunction in the family of origin of MSW and other graduate students. *Journal of social work education*, 29(1), 121-129.
- Saleebey, D. (1992). Biology's challenge to social work: Embodying the person-in-environment perspective. *Social work*, 37(2), 112-118.
- Sayers, J. (1991). Blinded by family feeling? Child protection, feminism and countertransference. In P. Carter, T. Jeffs and M. Smith (Eds.), *Social work and social welfare yearbook* 3, pp. 83-94. Buckingham: Open University Press.
- Scourfield, J. (2003). *Gender and child protection*. New York: Palgrave Macmillan.

- Sellers, S, L. & Hunter, A. G. (2005). Private pain, public choices: Influence of problems in the family of origin on career choices among a cohort of MSW students. *Social work education*, 24 (8), 869-881.
- Simon, L. (2007). Bleeding hearts? How about heads: Social work is largely thankless, often dangerous. In the *Winnipeg Free Press*, November 24, 2007, Winnipeg, Manitoba.
- Sinclair, M., Bala, N., Lilles, H., & Blackstock, C. (2004). Aboriginal child welfare. In N. Bala, M.K. Zapf, R.J. Williams, R. Vogel, & J. P. Hornick (Eds.), *Canadian child welfare law: Children, families and the state*, 2nd edition, pp. 199-244. Toronto: Thompson educational Publishing, Inc.
- Skeggs, B. (2002). Techniques for telling the reflexive self. In T. May (Ed.), *Qualitative research in action*, pp. 349-374. London: Sage.
- Smart, C. (1999). A history of ambivalence and conflict in the discursive construction of the "child victim" of sexual abuse. *Social & legal studies*, 8(3)391-409.
- Smart, C & Neale, B. (1999). *Family fragments?* Cambridge: Polity Press.
- Smith, T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. London/New York: Zed Books.
- Stanley, T. (2006). *Making decisions: Social work processes and the construction of risk(s) in child protection work*. Paper presented at 10th Australasian conference on child abuse and neglect (ACCAN). Wellington, NZ: (14-16 February, 2006).
- Strega, S. (2004). *The case of the missing perpetrator: A cross-national investigation of child welfare policy, practice and discourse in cases when men beat mothers*. Unpublished doctoral dissertation, University of Southampton: United Kingdom.

- Strega, S. (2005). The view from the poststructural margins. In L. Brown & S. Strega (Eds.), *Research as resistance: Critical, indigenous, & anti-oppressive approaches*, pp. 199-235. Toronto: Canadian Scholars' Press/Women's Press.
- Strega, S., Brown, L., Dominelli, L., Callahan, M. & Walmsley, C. (2006). Connecting father absence and mother blame in child welfare policies and practice. *Council on Social Work Education*. Chicago, Illinois. February 2006.
- Stromwall, L. (2002). Is social work's door open to people recovering from psychiatric disabilities? *Social work* 47(1) 75-83.
- Swan, V. (1998). Narrative and Foucault: Implications for feminist therapeutic practice. In S. Madigan & I. Law (Eds.), *Praxis: Situating discourse, feminism & politics in narrative therapies*, pp. 65-79. Vancouver: Cardigan Press.
- Swift, K. (1995). Manufacturing "bad mothers": A critical perspective on child neglect. Toronto: University of Toronto Press.
- Swift, K. (2001). The Case for Opposition: An examination of contemporary child welfare policy directions. *Canadian review of social policy*, 47, 59-76.
- Swift, K. & Callahan, M. (2003). *Problems and potential of Canadian child welfare*. Waterloo: Partnerships for children and families project, Wilfrid Laurier University.
- Tangenberg, K & Kempe, S. (2002). Embodied practice: Claiming the body's experience, agency, and knowledge for social work. *Social work*, 47(1) 9-18.
- Todd, S. & Burns, A. (2007). Post-structural possibilities: Beyond structural practice in child protection. *Canadian social work review*, 24(1), 23-38.

- Turner, D. & Moosa-Mitha, M. (2005). Political ideology, social work and anti-oppressive practice. In D Turner & M. Moosa-Mitha (Eds.), *An anti-oppressive approach to conflict resolution*, pp. 15-40. Victoria: University of Victoria.
- Waldegrave, C. (2003). The challenges of culture to psychology and postmodern thinking. In C. Waldegrave, K. Tamasese, F. Tuhaka & W. Campbell (Eds.), *Just therapy - a journey: A collection of papers from the just therapy team, New Zealand*, pp. 147-160. Adelaide: Dulwich Centre Publications.
- Walkerline, V, Lucey, H. & Melody, J. (2002). Subjectivity and qualitative method. In T. May (Ed.), *Qualitative research in action*, pp. 179-196. London: Sage.
- Walmsley, C. (2004). *Narrative knowledge and the practice of child welfare*. Paper presented at "Social work and place: Confluence and transformation", Canadian Association of Schools of Social Work, Annual conference. Winnipeg, MB: (May 30, 2004).
- Walmsley, C. (2005). *Protecting Aboriginal Children*. Vancouver: UBC Press.
- Weedon, C. (1997). *Feminist practice and poststructuralist theory*, 2nd edition. UK: Blackwell Publishing.
- Weedon, C. (1999). *Feminism, theory, and the politics of difference*. Oxford: Blackwell Publishers.
- Wente, M. (2007). "White guilt, dead children-in the name of political correctness". In the *Globe and Mail*, October 13, 2007, section A27, Toronto, Ontario.
- Wharf, B. (1993). Rethinking child welfare. In B. Wharf (Ed.), *Rethinking child welfare in Canada*, pp. 210-230. Toronto: McClelland & Stewart.

- Woldegiorgis, I. (2003). Racism and sexism in child welfare: Effects on women of color as mothers and practitioners. *Child welfare* 73 (2), 273-288.
- Yelaja, S. (1985). Concepts of social work practice. In S. Yelaja (Ed.), *An introduction to social work practice in Canada*, pp. 24-34. Scarborough, ON: Prentice-Hall Canada Inc.
- Yoshihama, M. & Mills, L. G. (2003). When is the personal professional in public child welfare practice? The influence of intimate partner and child abuse histories on workers in domestic violence cases. *Child abuse & neglect*, 27, 319-336.
- Young, I. (1990). *Justice and the politics of difference*. Princeton: Princeton University Press.

APPENDIX A

APPROVAL CERTIFICATE

21 December 2006

(Advisor K. Clare)

TO: Michele Fairbairn
Principal Investigator

FROM: Bruce Tefft, Chair
Psychology/Sociology Research Ethics Board (PSREB)

Re: Protocol #P2006:097
"Constructing Social Workers with Client Experiences: Stories of Child Welfare Practice and Identity"

Please be advised that your above-referenced protocol, as revised, has received human ethics approval by the **Psychology/Sociology Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement. This approval has been issued based on your agreement with the change(s) to your original protocol required by the PSREB. This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- if you have funds pending human ethics approval, the auditor requires that you submit a copy of this Approval Certificate to Kathryn Bartmanovich, Research Grants & Contract Services (fax 261-0325), including the Sponsor name, before your account can be opened.
- if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/ors/ethics/ors_ethics_human_REB_forms_guidelines.html) in order to be in compliance with Tri-Council Guidelines.

APPENDIX B

CALL FOR PARTICIPANTS

(scanned on Faculty of Social Work letterhead)

This correspondence is to inform **current and former female mandated child welfare workers with social work degrees** of a research study I am completing for my thesis with the University of Manitoba, Master's of Social Work Program with the Faculty of Graduate Studies. With the support of the University of Manitoba and my thesis advisor Kim Clare, I am conducting a qualitative research study, using a critical narrative methodology informed by feminist post-structural theory, about the experiences of female mandated child welfare social workers who have had client experience with child welfare. I am interested to know how participants believe this experience influences their child welfare practice and their identity as a child welfare worker. In a personal interview you will be asked to talk about anything important for me to understand about what you believe influences your practice and identity as a child welfare worker. I am particularly interested to know how you have drawn from what you think are the dominant ideas and also less known ideas about child welfare clients to shape your practice and who you are or have been as a child welfare worker. Some of the literature suggests that child welfare workers and clients are constructed as if they are part of two separate groups of people, with clients being stigmatized. The benefits of participating in this research is to have the opportunity to be part of a process that challenges the current social worker and client binary in child welfare, which situates client experiences in an individualized context removed from social and political factors. This research will contribute to enhancing knowledge not currently part of the social work literature, with the voices of the research participants being central. Research findings will be used to make recommendations for child welfare education, policy and practice.

For the purpose of this study, client experience is defined as those experiences of having received either voluntary or involuntary mandated child

welfare services as either a child or a parent. Mandated services are those where a child welfare social worker was assigned to you either as an adult or child, or to any of your adult caregivers when you were a child. Although having had non-mandated services such as receiving emotional or concrete supports as a foster-parent, or being involved in a community program does not eliminate participation in this study, the specific focus of this research is to hear and understand the experiences of those present and former mandated social workers who have also had client experiences. Research participants must be female with a degree in social work and have practiced as a mandated child welfare worker for a minimum of three months after having any child welfare intervention as a client. Although intervention may be presently occurring, any abuse investigations must be concluded at least three months prior to participation in the study.

If you meet this criterion and are interested in participating in this research, please contact me collect at the confidential phone number _____ or by email at _____ on or before (specify date).

All inquires are confidential and participants are free to withdraw from the study without penalty at any point. I plan to interview up to ten participants, which will be determined by the order in which volunteers agree to participate. As part of this research you are invited to participate in an approximately two to three hour audio-taped confidential in-depth personal interview at a time and meeting place mutually negotiated. The other part of the research participation is to both review the transcript of your interview for accuracy and the initial research findings to offer critical feedback. The total time commitment is approximately five to six hours. If interested a final summary of the research findings will be available to you.

Michele Fairbairn (BSW. MSW candidate)

APPENDIX C

INFORMED CONSENT

Research Project Title: **Constructing social workers with client experiences: Stories of child welfare practice and identity**

Researcher: **Michele Fairbairn –**
University of Manitoba Advisor: **Kim Clare – 204 – 790-7208**

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The purpose of this study is to hear and understand the stories of female mandated child welfare social workers who have also been a client of child welfare, either as children or adults, and how participants believe these experiences have influenced their practice and identity as child welfare workers. You will be asked to talk about anything important for me to understand about what you believe influences your practice and identity as a child welfare worker. I am particularly interested to know how you have drawn from what you think are the dominant ideas and also less known ideas about child welfare clients to shape your practice and identity. The benefits of participating in this research is to have the opportunity to be part of a process that challenges the current social worker and client binary in child welfare, which situates client experiences in an individualized context removed from social and political factors. This research will contribute to enhancing knowledge not currently part of the social work literature, with the voices of the research participants being central. Research findings will be used to make recommendations for child welfare education, policy and practice. Risks in this research are minimal. You may require opportunities to debrief or access emotional supports as a result of your participation. You may contact me at any point of the research process and I have also attached a list of service providers.

Upon completion of my interviews and data analysis I will write my findings as part of my thesis in the Master's of Social Work Program at the University of Manitoba. The information that you provide will be kept confidential and identifying features will be changed to protect privacy. The limits of confidentiality are restricted to those identified in law where I must report information of a child being abused or neglected, or of someone who indicates they will hurt either themselves or others. Additionally, I cannot guarantee total anonymity if someone is able to connect you to information that is written in the research findings.

There will be one interview that will take up to approximately two to three hours that will be audio-taped, and later transcribed by either my self or a professional transcriber who is

bound by the same confidentiality agreement. I will also write notes perhaps in and after the interview that will become part of the analysis. The tapes will be safely kept in a locked file cabinet, and destroyed at the end of the study. All identifying information will be changed in the transcripts and in writing of the research findings. Additionally, signed consent forms will be stored in a locked cabinet, separate from the tapes. I would like to contact you one time to review the transcripts to ensure their accuracy and one additional time to review the preliminary findings in the research. These procedures will take approximately three hours in total. I will also send you a final report of the findings by registered mail if you are interested.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release researchers, sponsors, or involved institutions from their legal and professional responsibilities. To withdraw from the study you may call or email me, or let me know during the interview or transcript or findings review. You are free to withdraw from the study at any time, and refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. If at any point after the interview you have additional questions or require further information about the research project, please contact me at _____ or by email at _____

This research has been approved by the Psychology/Sociology Research Ethics Board at the University of Manitoba. If you have any concerns or complaints about this project you may contact any above named persons or the Human Ethics Secretariat at 204-474-7122, or e-mail margaret_bowman@umanitoba.ca A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature

Date

Researcher's Signature

Date

Please provide a contact address below if you wish to be provided with a summary of the final report to be sent by registered mail:

Participant's Signature

Date

Thank you for your participation.

APPENDIX D

RESOURCE LIST

Aurora Family Therapy Centre
University of Winnipeg, Winnipeg, MB
204 – 786-9251

Family Centre
4th Floor – 393 Portage Ave, Winnipeg, MB
204-947-1401

Klinic Community Health Centre
870 Portage Ave, Winnipeg, MB
204-784-4090
24hr Crisis line – 1- 877-435-7170
Emotional support - 204-786-8686
TTY-784-4097

Crisis and Information Line, Victoria, BC
www.needcrisis.bc.ca
250-386-6323
24 hour telephone line – provides emotional support, referral or
crisis intervention