FOSTER CARE: UNDERSTANDING THE EXPERIENCE OF PARENTS WHO PLACE THEIR CHILDREN IN CARE

BY: MAXINE M. GRAY

A Practicum Report Submitted to the Faculty of Graduate Studies in Partial Fulfillment of the Requirements of the Degree of

MASTER OF SOCIAL WORK

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University of Manitoba

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Maxine M. Gray

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of Manitoba in partial fulfillment of the requirements of the degree

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ABSTRACT

This study was aimed at gaining an understanding of the experience of parents who voluntarily placed their child in care with Child and Family Services. That is, the experience of parents whose child's entry into care was not the result of an apprehension, but was the result of a choice or request by the parent and the parent was involved in the process of bringing the child into care. The research method involved input from both Family Service Workers (social workers) and parents who had placed children in care with Child and Family Services. Interviews were held with three social workers from Child and Family Services of Western Manitoba and with nine parents/sets of parents who had placed children in care with Child and Family Services of Western Manitoba. Two primary reasons for seeking placement were identified - health related issues in the children and parent child issues. At the time that these parents sought the placement of their child in care they were feeling desperate, overwhelmed and unable to cope any longer with the situation. They had struggled with the problems with their child for many years, had accessed many resources trying to get help and had postponed placement of their child for as long as they could. Maternal depression and anxiety were found to be present in the majority of these family situations. A significant need of these parents was for validation and normalization of their experiences, to know they were not alone in their experience and feelings. A number of recommendations were made including reduced case loads for social workers, increased in-home support workers, increased respite resources for parents and programs to bring together parents who have placed a child in care,

This is dedicated to my son John Gray, *who has just begun his school career. I hope you always love to learn!*

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CHAPTER 1 - INTRODUCTION

The role of a social worker with a Child and Family Service Agency involves working with both voluntary and involuntary clients, and working with families in the roles of protector, investigator, counselor, referent, teacher, advocate and support person. Often, the social worker's caseload involves working with families whose child or children are in care - foster care, group care or independent living. Some are families from which the children have been apprehended and taken into care against the wishes of the parents. Others are families where the children have been placed in care because they are beyond the care and control of the parents. These two means of having children end up in care are likely to be marked by very different feelings and outlook on the part of the parents. It is the writer's experience as a Child and Family Services social worker, that parents whose children were apprehended express feelings such as anger at the system, anger at themselves, guilt, shame, worry, fear, helplessness, and powerlessness. Parents who voluntarily placed their children in care have expressed very complex feelings including guilt about having to place their child, worry about their child being angry at them, relief that others are beginning to understand their experience, relief that they are no longer alone, helplessness and having felt understood/heard.

It is the researcher's experience that a majority of the children who are placed in care by parents are from families in which parent-adolescent conflict is a primary contributing factor in the placement request. An informal survey of social workers within Child and Family Services of Western Manitoba found social workers' experience to be that it is primarily adolescents who are voluntarily placed in care by their parents and most of these are situations of parent-adolescent conflict. Adolescence is a significant

stage in family life. The context of family relationships entering adolescence directly affects the quality of family relationships during this stage (Barber, 1994; Reuter and Conger, 1995). Family relationships that are marked by warmth and supportiveness prior to adolescence are likely to experience continuing positive relationships and over time, reduced conflict, as compared to those families where there is an environment characterized by conflict at the onset of adolescence. The latter are likely to experience an increase in conflict and decreasing quality in family relationships throughout adolescence (Reuter & Conger, 1995). Across cultures parents and adolescents tend to be in conflict regarding the same issues, everyday issues such as chores, family and school (Barber, 1994). Chronic conflict was reported at similar levels across the cultures studied, although white parents tended to report more conflict than minority group parents up to the point of chronic conflict (Barber, 1994). Adolescent personality characteristics, followed by a negative parenting style were found to be strong predictors of parent-adolescent conflict (Barber, 1994).

In the experience of the researcher, impaired attachment is also a significant issue in families with whom child welfare agencies are involved. To varying degrees, attachment is a variable contributing to conflict in the parent-child relationship and to children being placed in care. Impaired attachment can result from premature birth, unwanted pregnancy, FAS/FAE, infant illness or separation of parent and child after birth. As well, parents who were unable to attach in their family of origin lack the personal resources to attach to and parent their own children. This is in part due to how attachment failure affects one's perception of the world and response to situations. In addition, the family environment in which attachment fails is likely to be one in which parental needs take

precedence over children's, where parents measure their own success through their children, where children learn to please or to parent their parent and where children have difficulty developing healthy relationship skills. This environment may predispose parents to child maltreatment or at best predispose the family to conflict (Bolton, 1993; Caffrey and Erdman, 2000b; Fahlberg, 1979; Moncher, 1996). Many of the characteristics that commonly develop in children with impaired attachment are ones which would contribute to a more difficult parent-child relationship (e.g., inability to attend to the needs of others, lack of empathy, lack of self-awareness, aggressiveness, problems with trusting, excessive need to be in control, difficulty with social relationships, poor impulse control) (Bolton, 1993; Caffrey & Erdman, 2000b; Fahlberg, 1979). Families where attachment has occurred are more likely to be sensitive to the needs of each other, more able to meet each other's needs and to be warm and supportive.

Family preservation, permanency planning and inclusiveness are emphasized in the child welfare literature (Fanshel, 1982; Galaway, Nutter and Hudson, 1994; Hubbell, 1981; Kelly and Blythe, 2000; Kufeldt, 1994; McKenzie, 1994; Palmer, 1995). The focus of child welfare work is on preserving families whenever possible and maintaining stability in the lives of children. The involvement of parents in the lives of their children (through planning and contact) is emphasized, even after children have been taken into care. Research shows that there is a positive correlation with contact between parents and children in care and the likelihood of family reunification (Fanshel, 1982). There is a continuum of intervention programs available for parents and families to help strengthen and support families including family group decision making programs (Pennell & Burford, 2000), reunification programs (Fein & Staff, 1993) and group programs (Levin,

1992; Palmer, 1995). Pre-placement meetings are also proposed as an intervention to help families avoid placement of a child through re-examination of their own future and their potential for change (Macdonald, 1992).

Poverty has been found to be the strongest indicator of foster care placement (Finn, 1994), yet it has also been found that low-income parents are hesitant to seek help with parenting. Stigmatization, fear of being judged and fear of losing their children contribute to the hesitancy of these parents to seek help (Keller & McDade, 2000).

Parents of children in care identified a variety of feelings including sadness, worry, relief, anger, guilt, shame, feelings of failure and fear (Jenkins & Normans, 1972; Palmer, 1995). Often mothers are challenged in their parenting role by poverty and lack of resources or supports. This is in contrast to the foster parents who face many of the same parenting challenges as the birth parents, but have material, practical and emotional resources to support them in parenting (Finn, 1994).

Grief and loss are among the emotions likely to be experienced by parents who place their children in care. Changes in the parent-child relationship when a child is placed in care and the role loss that occurs for the parent represent losses for the parent. Related to this will be some level of grieving in response to the loss. The degree of loss will be influenced by the degree of attachment in the relationship, the level of conflict between parent and child, the child's age and role in the family and the resources the parent has to support them through the situation. A clear gap in the literature is discussion specifically about the loss experience of parents whose children are in care.

Description of Study

This research project was aimed at gaining an understanding of the experience of

parents who voluntarily place their children in care. The study was guided by the question: What are the experiences of parents who voluntarily placed their children in care with Child and Family Services? Supplementary questions included: What is their perspective of the situation, their feelings about the agency, their child, themselves, the situation itself? How do they describe their experience? What are the intervention needs of parents who voluntarily place their child in foster care?

The approach used to study this question was a qualitative approach. Two types of data were used: interviews with front line social workers with Child and Family Services of Western Manitoba and interviews with parents who had placed children in the care of Child and Family Services of Western Manitoba. The researchers' intent had been to conduct focus groups with front line social workers with Child and Family Services of Western Manitoba, but there were insufficient participants available for a focus group. A joint interview and an individual interview with social workers with Child and Family Services of Western Manitoba replaced the focus groups. The first interview with social workers preceded the interviews with parents to assist the researcher in developing a broader understanding of the experiences of child welfare workers and their perspectives regarding the dynamics, issues and needs within families where children are placed in care. Input was received from three social workers. The researcher interviewed nine parents/sets of parents who had placed a child in care with Child and Family Services. In these interviews, information was gathered on such issues as the kinds of problems that were occurring in the family that brought them to the point of placing their child in care, how parents felt that placing their child in care would be helpful and what was helpful/not helpful when accessing help. Six parents also participated in member checks.

They reviewed a copy of the data analysis and then provided their feedback regarding the results and how accurately the researcher interpreted their experiences and needs.

The discussion of the results of this research is found in Chapter 4 beginning with the results from the interviews with the social workers. The interviews with parents highlighted two distinct groups of families who had voluntarily placed children in care - situations in which the children had health related issues and situations in which there were parent-child issues. The discussion of the results of the interviews with the parents is therefore separated into several sections: placements resulting from health related issues, placements resulting from parent-child issues, issues relating to all families and a discussion of the similarities/differences between these two groups of families. A brief discussion follows of the similarities and differences between the perspectives of the social workers and the parents. The feedback received from parents during member checks concludes Chapter 4.

Relevance and Implications of Findings

To work effectively with families, who have placed their children in care, it is important to orient services to their unique needs. A failure to do so may exacerbate the family problem or cause more pain or difficulty for the parents and/or children. The ultimate goal wherever possible is family reunification, bringing the family together as a healthy, functional unit. Social workers need to have a sufficient understanding of family members' experience to offer appropriate resources and support and to facilitate family reunification. A thorough understanding of the perspectives and experience of parents who place their children in care will help to strengthen the ability of child welfare agencies to respond to the needs of these families and improve the likelihood of family

reunification. The information gathered through this research will help to provide workers with a deeper understanding of families who place their children in care including the issues within those families and their needs from helpers.

CHAPTER 2 - LITERATURE REVIEW

The majority of the literature on foster care focuses upon the foster care or child welfare system, children in care and foster parents. Very little of the existing material relates to the natural parents of children in foster care. The literature also tends to focus on children who were apprehended from their parents and taken into care, with little attention to situations where children were voluntarily placed in care by their parents. A review of the literature pertaining to parents who voluntarily place their children in care identified little directly related material. In addition to a review of child welfare literature, a number of other areas were found to be relevant to the subject - parent adolescent conflict, parents and attachment, and grief/loss. The literature on parent adolescent conflict is presented first, as this is a common reason presented for adolescents being placed in care by their parents. This is followed by a discussion of the literature on attachment, as this issue presents frequently in families involved with Child and Family Services. Discussion regarding grief/loss and relevant child welfare literature follows.

Parent Adolescent Conflict

Parent adolescent conflict has long been identified as an issue in families. The literature indicates that by adolescence families have developed a way of relating that continues on into adolescence. The context of family relationships entering adolescence directly affects the quality of the parent-adolescent relationship (Barber, 1994; Rueter & Conger, 1995). Families entering adolescence exhibiting negative characteristics (for example, poor problem solving, highly critical, coercive, angry) are likely to experience a decrease in the quality of family relationships and increased conflict through the adolescent period. Likewise, families with good relationships (straightforward

communication, attentive listening, warmth) entering adolescence are likely to experience continuing positive relationships and reduced conflict over time (Reuter & Conger, 1995). Barber (1994) notes,

> What is apparent in the current data is that higher levels of conflict between parents and adolescents are part of a constellation of negativity in the family that includes aversive personality, history of problem behavior, and coercive parenting, an environment that likely has its origins before adolescence (p.10).

A study of conflict between adolescents and their parents concluded that the strongest predictor of parent adolescent conflict was adolescent personality characteristics and the next strongest predictor was negative parenting. It is likely that a reciprocal relationship exists between these factors as opposed to a causal relationship. One contributes to the other and it is difficult to determine which came first - the difficult child or the parenting style (Barber, 1994).

With the context of conflict between parents and adolescents being well established prior to adolescence it is clear that the ideal intervention should take place prior to adolescence. Rueter and Conger (1995) propose that this should consist of efforts to increase warmth in the family and to reduce hostility combined with improved problem solving and communication skills.

The literature also reflects differences in the perceptions of parents and adolescents regarding conflict in their relationships. Adolescents report differences as generally being over issues of personal choice while parents report conflict as being over matters related to responsibility and maintaining the family order (Rueter & Conger, 1995).

Adolescents have a tendency to overestimate negative features of families,

> perceive more conflict with their mothers than their mothers perceive with them, sometimes favor being viewed in opposition to parents, perceived more problems in intergenerational communication than did parents,...and argue more with mothers-- the main socializers. Mothers were found to overestimate the socially desirable family traits, be more positive than other family members, suffer more from the intensity of the conflict, see themselves as constantly giving in , and those with aggressive children were found to be less accurate in perceiving deviant child behaviors. (Loraine, 1991, p.2)

Collins and Laursen (1997) also noted that adolescents engage in conflicts within their families more often than with peers and that conflict with family members is generally over matters related to autonomy, responsibility or authority, while conflicts in peer relationships focus on interpersonal relationships.

An American study by Barber (1994) of white, black and Hispanic families found that parent adolescent conflict is similar across cultural boundaries, although white parents reported more conflict than either minority group. It was suggested that this might be a result of minority parents intentionally socializing their children differently to prepare them for coping in the community as members of a minority group. Conflict in all groups tended to be about the same issues, largely over everyday matters such as chores, family relationships and school. Less conflict was identified over major issues such as drugs and sex. This may be a result of the frequency with which these issues arise as opposed to parents and adolescents being in agreement over them. At the level of chronic/daily conflict all of the cultural groups reported similar level of conflict. "The fact that culture was useful in differentiating levels of conflict up to a certain frequency,

but not beyond, suggests that habitual conflict is a different phenomenon, at least unrelated to the cultural factors associated with less frequent disagreement" (Barber, 1994, p.6).

Conflict in the parent adolescent relationship also affects feelings of affection in these relationships. Eberly and Montemayor (1999) studied adolescent pro-social behavior toward parents and the role of attachment, conflict and parental influence. A correlation was found between the amount of negativity in the parent-child relationship, the degree of compliance by adolescents with parental values and guidance and parental reporting of affection. Relationships in which adolescents adhered to parental values were described as more affectionate, in contrast to the less affectionate parent-child relationships marked by conflict (Eberly & Montemayor, 1999). Feelings of affection in a relationship contribute to how easily challenges and conflicts can be overcome and to the ability of those involved to forgive or resolve and move on. A lack of affection in a relationship will contribute to the exacerbation of conflict and ongoing bad feelings in the relationship.

Parents And Attachment

Attachment is a process that begins between parent and infant at birth (or in the case of mother and child, before birth).

> Attachment theory was developed to explain the emotional distress (e.g. anxiety, anger, and emotional detachment) that results from unwilling separation and loss in life and proposes that from early attachment relationships, people construct internal representational models of themselves and others that form the foundation for later personality organization. (Moncher, 1996, p.18)

It is suggested that early attachment experiences affect individuals' emotional development, their experience and understanding of events and therefore, also their response to events.

There is a range of attachment styles including secure attachment and varying degrees of insecure attachment. Secure attachment results when children's experiences are of attachment figures who are available and responsive to the child's needs leading to the child feeling valued and able to develop autonomy and explore the world with confidence. Secure attachment is related to a child's development of empathy, ability to tolerate frustration, ability to regulate emotions and control behavior. Insecure attachment describes individuals whose life experiences have led them to be unable to trust that attachment figures will be available and responsive to their needs. The presence of their caregiver does not provide sufficient security for these children to be able to explore with confidence nor to provide comfort after separation. The insecurely attached child remains in very close proximity to the attachment figure out of fear that they will not be available or responsive when needed. "The more stable and predictable the regime the more secure a child's attachment tends to be; the more discontinuous and unpredictable the regime the more anxious his attachment" (Bowlby, 1975, p.261).

Impaired attachment can result from such factors as premature birth, unwanted pregnancy, abuse and separation from birth mother. In situations where illness, pre-maturity or other factors have resulted in separation between parent and infant, the bonding between them may be negatively affected, both in the short term and the long term. This may result in disengagement between parent and child, parent-child conflict or abuse. "Child abuse and neglect may be understood as a failure or aberration of the

normal parent-child bond" (Grigsby, 1994, p.271).

A correlation has been found between childhood attachment experiences and attachment in adult and parent-child relationships (Bolton, 1983; Caffrey & Erdman, 2000b; Moncher, 1996). A study of single mothers and their attachment style in romantic relationships found a secure attachment style was associated with less abuse risk, while ambivalent attachment style and avoidant attachment style were associated with increased risk to abuse one's child (Moncher, 1996). Likewise, mother's experiences in childhood were correlated with attachment to their own children and to child maltreatment.

> The studies document that abusing mothers report having a generally less positive and more stressful relationship with their own parental figures. Specifically, researchers describe childhood rejection and criticism, deprivation and battering, disruption of early attachments, and inadequate nurturing experienced by abusing mothers, which theoretically would affect one's adult attachment style. (Moncher, 1996, p.18)

Parents who have impaired attachment as a result of their childhood experiences are unable to meet the needs of their children or to attach to their children. Role reversal often results. This is also often a parent who measures his or her value by external factors including how highly others think of their child and their ability to be a good parent (a good child is synonymous with being a good parent). They have high expectations of themselves as parents and high expectations of the child, combined with a low tolerance for problems. These parents perceive problems in the parent-child relationship as a personal attack against them. As a result of having many unmet needs of their own, these parents often place their needs ahead of their child's needs (Bolton,

1983).

> When viewing the child, this parent fears the same absence and potential for manipulation that confronted him in all earlier relationships promising attachment. Being more powerful than the child, there is some hope in this parent that he can capture all of the child for himself through over-controlling behaviors, rigid rule construction, and seeing to it that exploration and discovery of outside relationships are virtually impossible. (Bolton, 1983, p.165)

The high expectations, low tolerance and controlling approach of these parents creates a family environment conducive to conflict and the potential for abuse.

Higher sensitivity and responsiveness to the needs of one's child were also related to attachment style (Bolton, 1983; Caffrey & Erdman, 2000b). Parents who had experienced a sensitive and caring response in their childhood were able to provide this for their child thus producing securely attached children.

Caffrey & Erdman (2000a) report that "the most important relationship in a family is the parental dyad. That relationship is the most important predictor of a secure attachment" (p.9). This refers to a partnership between two people who support and care for each other and support each other in the parenting. This may be a relationship between two parents or between two caregivers (mother and boyfriend, mother and sister). A study of family structure, conflict, levels of intimacy in adult relationships, and parental attachment in college students found that parental conflict was related to closeness in the parent-child relationship. "Greater conflict between parents was significantly correlated with less closeness in the parent-child relationship, including affective quality of attachment, parental fostering of autonomy and emotional support

provided" (Ensign, Scherman & Clark, 1998, p.4). Parental conflict may result in children seeking support outside of the family; as the parental relationship becomes more conflicted, parents attend less to the needs of their children thus weakening this relationship (Ensign, Scherman & Clark, 1998). In a study with 15-year-olds, separation of the marital dyad was found to be related to children's attachment to parents and perception of maternal and paternal caring. The younger the children were when the marriage broke up, the lower their reported attachment to their parents at age 15 and the more likely they were to perceive both parents as less caring and more controlling in their childhood (Woodward, Ferguson & Belsky, 2000).

Caffrey and Erdman (2000b) combine systems theory and attachment theory to understand family functioning. "Secure attachments for all family members are important to family functioning, and when the attachment needs of one member are not met, it affects the ability of the family to meet the attachment needs of other family members"(Caffrey & Erdman, 2000b, p.3). Conflict is conceptualized not as the fault of parent or child, but as the product of interaction in the parent-child relationship. Problem behaviors by individuals in the family are viewed as attempts to regulate the emotional and psychological relationship between the adolescent and parent and thus are viewed as a functional part of the relationship (Caffrey & Erdman, 2000b). These authors discuss three patterns of behavior in adolescents: (1) recklessness and accident-prone behavior, (2) inhibition of exploration, and (3) precocious competence in self-protection. Behaviors included self-destructive or risk taking behaviors (impulsiveness, disobedience, conduct problems, promiscuity, gang or criminal activity); avoidance of perceived risk situations (anxiety problems, avoidance of social situations), and role reversal in which adolescents

parented the parent. "These patterns of behavior are seen as defensive adaptations by the child to the perceived lack of protection by the caretaker"(Caffrey & Erdman, 2000b, p.4). The unmet attachment needs of the parents resulted in the parents being unable to meet the attachment needs of their children. The children were left feeling unprotected and behaved in particular ways either to test at what point the parent would become protective or because they had no confidence in the parents' ability to protect them.

The experiences of children upon separation from their caregivers is affected by a number of things, such as the quality of attachment in the parent-child relationship, the length and frequency of separation from the parents and the quality of a child's experiences after being separated from family. "It appears that children have considerable resilience. They can adapt fairly well to separation and they can adapt to foster care, if their subsequent experiences are positive" (Hubbell, 1981, p.39).

In addition to contributing to problems in the parent-child relationship and family relationships, attachment failure is also related to a variety of other psychological and behavioral problems in children. Children with impaired attachment have difficulty developing social relationships. They are unable to give or attend to the needs of others, often seeming self-centered and impulsive. Other common characteristics include: withdrawn, difficulty trusting, poor eye-contact, chronic anxiety, aggressiveness, indiscriminately affectionate, overly competent, lack of self-awareness, engaging in power struggles, acting beyond their age and delayed conscience development. This child may lack the ability to manage him/herself physically, emotionally or behaviorally and may be very controlling (Fahlberg, 1979). Lacking the experience of a reciprocal relationship with someone who is available and responsive to them and having been

unable to develop a personal foundation of confidence and security, these children often have problems attaching to new people in their lives. The behavioral issues that result from attachment failure make it very difficult for a child to fit into a new family. In addition, foster and adoptive families may find it very difficult to cope with and accommodate some of the behaviors and needs of children with attachment problems.

Reactive attachment disorder is an extreme form of attachment failure. "This disorder is defined as 'markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before five years of age'" (Hughes, 1999, p.5). These children may be either inhibited (hyper-vigilant, unable to initiate or respond to social situations appropriately) or show an extreme lack of inhibitions in their social interactions. They also show extremes of the characteristics common to impaired attachment referenced earlier. These are children who have experienced a significant lack of attention to their physical and emotional needs and who have been unable to develop a consistent attachment relationship (Hanson & Spratt, 2000; Hughes, 1999).

Grief And Loss

Loss is one of the many emotions experienced by parents who have placed children in foster care. Because the literature does not directly reflect the loss experiences of these parents, the broader literature on grief and loss was reviewed. Loss is often correlated with loss of life, but is also experienced as a result of major changes in one's life. Change of any kind involves some degree of loss, whether it be a move to a new home, change of jobs, family growth, changes to one's body (such as with aging or the developmental changes of puberty) or changing abilities. The loss may be the result of the absence of familiar things or of people and events that were predictable and

consistent.

Changes in the parent-child relationship also involve loss. This includes normal changes resulting from growth. For example, increased autonomy of a child would involve some degree of loss. The placement of a child into foster care would also constitute a loss because of the change it represents for the parent and the child. A parent whose child has entered foster care is faced with role loss. The parent-child relationship is changing and the parent's role in the life of the child is changing. Although still a parent to the child, they are no longer fulfilling all of the components of that role. They are fulfilling the role in a new, different and unfamiliar way. Role loss can leave a person feeling lost, confused and out of place.

> How disruptive a loss is, varies with the level of loss one experiences. The closer the relationship to the self, the more disruptive the loss.... The most profound loss is the death of oneself, or a radical change in your body.... The second most severe type of loss is the separation from significant people in our lives by death, divorce, and abandonment.... The third level of losses requiring adjustment to new ways includes the normal developmental changes of life. The fourth area is loss of important objects, money, hopes, aspirations or expectations (O'Connor, 1984, p.169).

For a parent, the parent-child relationship is certainly one of significance, although bonding and attachment would affect the degree of significance. The placement of a child in foster care would potentially represent a loss of the second, third and fourth levels as described here by O'Connor (1984). It is the loss of a significant relationship and possibly also represents losses related to normal developmental changes of life

(growing independence and autonomy of a child, loss of influence/control over a child's life). As well, asking to have a child placed in care also involves a loss of hope and aspirations for the parent-child relationship and the family that must be grieved by the parent. The loss experience of a parent would be affected by the duration of a child's placement in care, with a lesser degree of loss being experienced by parents whose child is expected to be or has been placed in care for a shorter duration.

"Grieving is the normal response to the pain and anguish of loss. It is the process of healing after a disruptive loss occurs in life" (O'Connor, 1984, p.170). Worden (1982) defines mourning as the adaptation to loss (p.10) and involves four tasks that the griever must accomplish to complete mourning. These tasks are: acceptance of the reality of the loss, experiencing the pain of grief, adjusting to an environment in which the deceased (lost person) is missing and withdrawal of emotional energy, reinvesting it in another relationship. These tasks would be very similar for a parent who has experienced loss in the parent-child relationship. Similarly, Rando (1993) discusses three phases of grief and mourning: (1) avoidance - avoiding acknowledgement of the loss/disbelief; (2) confrontation - "coming to grips cognitively with the loss - learning about it- as well as reacting psychologically, behaviorally, socially and physically to it" (p.34), and (3) accommodation - decline of the acute symptoms of grief and a return to normal life. These stages may be difficult for a parent to move through as family and friends may not recognize their experience as a loss experience. These parents may be blamed by friends and family for their child being in care instead of being given understanding and support. Acknowledging one's own loss or grief is very difficult when those around you do not understand your feelings and do not recognize your losses.

Both Worden (1982) and O'Connor (1984) discuss variables that are important determinants of how grief is experienced. Worden identifies these as: (1) who the person was, (2) the nature of the attachment - the strength and security of the attachment and the ambivalence of the relationship, (3) mode of death/loss - "How the person died will say something about how the survivor grieves" (Worden, 1982, p.30). Likewise, how a child ended up in foster care will affect how the parent grieves, (4) historical antecedents - how previous losses were grieved, (5) personality variables - age, gender, how anxiety is handled, inhibitions, coping, and (6) social variables - subcultures the griever belongs to may influence how they grieve. Similarly, O'Connor (1984) talks about four factors as determinants of the degree of trauma after a loss: (1) the degree of emotional bond, (2) the type of loss, (3) the personality of the griever and handling of prior losses and (4) the timing/prior knowledge of the loss (p. 171).

Regarding the strength of the attachment, "It is almost axiomatic that the intensity of the grief is determined by the intensity of the love. The grief reaction will often increase in severity proportionate to the intensity of the love relationship" (Worden, 1982, p.30). In a relationship in which there was poor attachment, the grief reaction may be more difficult and intense. Parents who are reaching out to child welfare agencies for help in parenting or to place their children in care, often present with a very mixed set of emotions - love, frustration, anger, hopelessness, self-doubt, and guilt. Parents often are struggling with questions of 'Have I done enough?' and 'What did I do wrong?' The parents' frustration, anger and negative feelings toward the child have overridden any or most positive feelings in the parent-child relationship. This often results in confusion and ambivalence. "Usually in a highly ambivalent relationship, there is a tremendous amount

of guilt, often expressed as 'Did I do enough?' along with intense anger at being left alone" (Worden, 1982, p.30).

Anger is a commonly experienced emotion after a loss. "This anger comes from two sources: (1) from a sense of frustration that there was nothing one could do to prevent the death, and (2) from a kind of regressive experience that occurs after the loss of someone close" (Worden, 1982, p.20). Anger is also likely to be experienced by a parent in the situation of loss following the placement of a child in care. This anger may result from the overall loss experience, out of feeling helpless to have prevented the child from needing to be placed in care or from blaming the child for having reached this point in the relationship where they felt they had to place the child in care. The parents may also direct towards the child in the form of anger their own feelings of shame, guilt and embarrassment.

Child Welfare

Focus of Services

Three themes are common in the area of child welfare work today - family preservation, permanency planning and inclusiveness (Fanshel, 1982; Galaway, Nutter & Hudson, 1994; Hubbell, 1981; Kelly & Blythe, 2000; Kufeldt, 1994; McKenzie, 1994; Palmer, 1995). The focus with each is the long-term best interests of the children involved and recognition of the role and significance of the family of origin for children. It is believed that the best place for children is in their family of origin, provided that they are safe there. The first focus of child welfare workers/agencies is family preservation - offering services to families with the intent of strengthening the family and preventing placement or apprehension of the children. Services are focused around the needs and

strengths of the family and may involve the provision of a variety of different kinds of services. Counseling, teaching and referrals are often provided by the front line social worker. Parents may be referred to group programs such as parenting groups, anger management programs or support programs. In-home support workers may be brought in to work with the family teaching/modeling parenting skills, household management (budgeting, organizing), family communication and problem solving and helping family members to strengthen their relationships. There are many different versions of family preservation services presently available. These programs generally have the following key characteristics: family centered, home-based, crisis-oriented, (intensive, time limited and initiated following a crisis), oriented to empowering families, community oriented (connected to the formal and informal community) and use a case management approach (Schuerman, Rzepnicki & Littell; 1994).

Concern has been raised that family preservation services have not yet been able to fulfill their true potential in helping families. This is in part reflective of the variability from agency to agency in the types of services being offered to families. The pressure to ensure child safety contributes to the utilization of and focus on out of home services instead of in home support services. In addition, high caseloads and lack of resources (in home support workers and funding) contribute significantly to the underutilization of family preservation services. Family preservation services in the United States have not realized their potential due to a variety of factors including the lack of a clear and effective model, media backlash at child welfare, a lack of funding for in home services (more is being directed to out of home services than in home services), and the lack of a clear and unified national commitment to family preservation (Kelley & Blythe, 2000).

Family preservation services have a valuable place in the child welfare system as part of a continuum of services. Certain provisions are necessary though for successful implementation of family preservation services. Kelley and Blythe (2000) suggest that these include:

> targeting family preservation services, working with the courts, implementing a range of evaluation and quality assurance efforts, fostering collaboration across systems, providing leadership to reinvigorate the family preservation movement, expanding technical assistance, implementing fiscal reforms, and involving families themselves as advocates for family preservation services. (p.5)

In addition, the success of family preservation programs is limited by the social conditions in which many child welfare families live. Often there are multiple social issues to address such as inadequate housing, drug/alcohol abuse, racism, community violence, poor education, poverty and lack of resources. These are long term issues to address. Family preservation services are generally short-term and intensive. Because these services are short term, follow up to these families is important, but often lacking. The effects of family preservation services are likely to be small to modest with time limited benefits. Family preservation services are difficult to implement, as they require creativity, enormous resources and a sustained effort (Schuerman, Rzepnicki & Littell, 1994). They note that the child welfare system has impossibly high and conflicting expectations; "to solve major social problems by responding to individual cases...we must protect children and preserve families and do it all with less money" (p.240).

"Permanency planning refers to the goal of providing stability for children, either through reunion with their families, adoption, or placement in a long-term substitute

home" (Palmer, 1995, p.2). Stability is achieved through such things as trying to maintain children in their home, placing children with family or friends rather than in care, keeping children in their community of origin, maintaining close contact with the family if out of home care is necessary, minimizing the number of different foster families children are placed in while in care, maintaining a consistency in the social workers and resource people involved with a family. When children must be removed from their home, efforts are made towards keeping out of home care temporary and short term, and ongoing involvement of the family of origin is valued.

Inclusive practice is stressed throughout the foster care literature. "Inclusive foster care is substitute family care for children that respects the existence of the child's family of origin and, from the point of entry into care, maintains contact between the child and family, and to the degree possible, provides for a continuing role for the child's own parents" (Kufeldt, 1994, p.91). Social workers are expected to involve parents as much as possible in the planning for their child and to maintain the family's involvement with the child through regular contact. The research shows that contact between children in care and their family members is positively correlated with the likelihood of family reunification and how quickly that occurs. In a longitudinal study of foster care, Fanshel (1982) stated:

> Parental visiting was a strong predictor of the discharge of children from foster care. Thus, 66 percent of the youngsters who received no visiting early in their placement experience were found to be remaining in care five years later. This contrasted with only 27 percent of those children who received frequent visiting shortly after their placement. It was further found that 57 percent of the children

> remaining in care at the end of the study were no longer in contact with their parents. (p. 7)

Since the needs of families vary from one family to another, a continuum of services to meet the different needs of families would seem most beneficial. A service continuum could include such things as counseling, parenting programs, family group decision-making programs, family preservation services, group programs for parents, foster care, and others. Family group decision-making programs are relatively new to North America and have been modeled after New Zealand's approach. This approach was first introduced in Newfoundland and Labrador (Pennell & Burford, 2000), but can now be found in a variety of centers across the country including several sites in Manitoba. Family group decision making programs bring together a family with their relatives, friends, support people and key professionals involved with the family in an effort to decrease violence in the family, decrease risk to the children and prevent the children from having to come into care. Together participants identify the issues that are placing the children at risk and creating the likelihood of children coming into care; then the professionals leave the family and their support network alone to develop a plan to address the identified concerns. Generally, people have reported positive feelings about the process and that they have benefited from the program, with those whose plans were carried out the most thoroughly expressing the greatest feeling of having benefited (Pennell & Burford, 2000). They reported that,

> A qualitative analysis of the Progress Reports found one overriding reason as to why the conferences left the families better off -- they promoted family unity. Irrespective of their home community or their role at the conference, the family

group members spoke at length of how the conferences strengthened positive ties among the participants, removed some negative ties, and enhanced their sense of being family (p.8).

In addition, child welfare files reflected that "children in the project families suffered less abuse and neglect and emphasized that parents were providing better care" (Pennell & Burford, 2000, p.9). Family group decision making can be an effective process for use with families and can be a valuable part of the service continuum.

Intervention programs for parents may be one of the services that can contribute to parents' readiness for reunification. Edith Fein and Ilene Staff (1993) discuss the work of a special reunification program - the Casey Reunification Program and the implications of an evaluation of this program for other reunification programs. They note the importance of how the reunification process is handled, stating "reunification has been taking place in the course of service delivery by state agencies. The success of the reunifications has been questioned, however; recidivism rates have been estimated at around 30%" (p.1). Obviously, reunification is not a simple matter. Reuniting a family requires the use of a holistic process with the family - addressing all of the family needs that contributed to the child entering care. These issues include but are not limited to, the needs of the child, needs of the parent, marital issues, helping the family to develop new ways of relating to each other, financial or housing issues and establishing ongoing supports for the family.

A few references were also found in the literature to the benefits of group work with parents of children in care. Groups are an opportunity for parents to learn new ideas and skills, learn about other resources and receive validation and support. These parents are

likely to have few people that they can openly talk to about their feelings and experiences of parenting or of having children in care. "Meeting with other parents of children in care provides parents with an outlet for their strong feelings and can be a source of support for their efforts toward reunification with their children" (Palmer, 1995, p.76). The experience of sharing with others whose situation is similar can be a powerful and effective method of working with parents. Learning and growth are fostered when parents are working together toward the common goal of family reunification (Levin, 1992). The stigmatization of parents, the difficulty of engagement and parental shame are three major obstacles to effective group work with these parents (Levin, 1992) and would need to be addressed in planning for such a group.

MacDonald (1992) discusses an approach for intervening with families requesting the placement of a child in care that can result in bringing the family together or assist in preparing for the child's placement in care. Pre-placement planning sessions are used by the placement worker to meet with all family members living in the home to discuss the issue of placing their child in care and the future of the family and the child. The technique of 'future questioning' is used to help the family to focus on their future. Over the course of four sessions the worker joins with the family, helps the family to focus on positive characteristics of the child and how these will be helpful in a new family, discusses issues such as future contact with family members and how that will occur and deals with feelings related to the separation (MacDonald, 1992). This approach helps family members to detach from their present conflict situation and re-focus on their future. They are helped to recognize the consequences of placement and helped to recognize their own potential for change.

> By imagining the consequences of their intended solution in a future time, many families have been helped to reorganize their lives in the present. Most important, future questioning restores the family's sense of their life as a continual evolutionary process while it taps into their suppressed feelings of fear, pain, grief, loss, and affection. For many families threatened by dissolution, this technique has been very useful in fostering hope and reconciliation (MacDonald, 1992, p.10).

This approach would work well with and be helpful for those families who are willing to co-operate and take a more collaborative planning approach. Often though, children who are placed in care by their parents are brought to the child welfare agency following a family crisis. The parents refuse to take the child home again, tensions are very high, conflict may still be occurring and communication between the parents and the child has broken down. At times like these the safety of the parents or the child may be at risk and it may not be possible to get the parents and the child to meet in the same room. When no other appropriate options can be worked out (staying with family or friends) the child is taken into care. These are families who can not be engaged in a process such as MacDonald describes, at least, not prior to placement. Applying parts of the process to subsequent work with these families may help to bring about re-unification.

Characteristics of Families Needing Child in Care Services

MacDonald (1992), Levin (1992), and Finn (1994) discuss characteristics that are common among families and parents whose children are in care. MacDonald focused on families who voluntarily placed their children in foster care. He identified problems in parental hierarchy, an inability to jointly make good decisions regarding the children, an

inability to discipline appropriately or to work together to define appropriate discipline strategies, boundary problems (enmeshment or disengagement from children), role deficiencies and role reversal, highly critical descriptions of the child of focus, communication problems and feeling threatened by independence in the child as prevalent characteristics in these families (MacDonald, 1992). The writer's experience is consistent with MacDonald's description. Often these are families in which the majority of the parenting responsibility falls to one parent, either because it is a single parent family or because one parent is absent as a result of employment or other involvements. At times the responsibility can overwhelm the parent and the struggles can wear them down, leaving them without the energy or the ability to parent effectively and consistently. This is particularly so when dealing with a child who is oppositional, defiant and/or disrespectful and can also be exacerbated by a lack of supports and resources (financial resources, transportation, supportive friends or family, education, community resource centers). There is also a tendency in these families to focus more negative attention on one particular child, identifying that child in more critical terms than the other children.

Levin (1992) identifies five common characteristics of parents with children in foster care. These are: social isolation from supportive peers and family members, dependence on social systems (welfare, housing, etc.), low self-esteem/powerlessness, limited access to resources and stigmatization regarding having children in care/not being good enough parents and regarding the circumstances that led to their children being in care. "The guilt, anger, shame, and resulting depression that these parents often experience in relation to their presenting problems, as well as over their children having been removed

from their care, leads them to appear unmotivated and distant" (Levin, 1992, p.2). In addition, Finn (1994) notes that poverty was found to be the strongest predictor of foster care placement.

Yet, despite the relationship between poverty and foster care placement, low-income parents are hesitant to seek help with parenting. A study of low-income parents in an American Head Start program found that although parents agreed that most parents need help with parenting, few would seek help. "If the Head Start parents surveyed reflect the attitudes of most low-income minority parents, there are few, if any, sources of help and advice that are accessible, reliable and non-threatening" (Keller & McDade, 2000, p.12). Suggested reasons for not accessing help with parenting included feelings of stigmatization, stage in life cycle (parents of older children seem to have an easier time accessing help), cultural differences, and issues such as transportation and cost.

> One could make the argument that it is more acceptable for middle class parents to admit to needing help because the cultural assumption is that they probably don't actually need help, or if they do need help, the fault most likely lies with the child rather than the parent....On the other hand, low-income parents may be more reluctant to admit they need help because the culture assumes they will (Keller & McDade, 2000, p.10).

Survey respondents expressed distrust of professionals, fear of being judged, fear of being reported to child welfare services and fear of having their children taken away as reasons for not accessing professional help services (Kelley & McDade, 2000). In addition, low-income families lack the financial resources to access services. Often they lack a telephone and therefore easy access to help-lines, friends and family.

Transportation may be unavailable or affordable for only the most necessary trips. Parenting courses may cost money and resources such as books are not easily affordable. For those in rural areas, resources are even more difficult to access as they are usually some distance away. For information to be more useful and available to lower income families parenting information needs to be offered in ways that "are easier to access, are less intrusive, and lack the stigma of parent education and support programs" (Keller & McDade, 2000, p.11).

Finn (1994) addresses the experience of mothers whose children are in care noting that birth mothers and foster mothers share many of the same parenting challenges and issues, but that the foster mother generally has more material, practical and emotional resources and more support systems available to her. In addition these two roles are, in the literature and in society, juxtaposed to each other with the foster mother being identified as the 'good mother' and the birth mother as the 'bad mother.' This sets these two up as being on opposite sides and "these women may find themselves competing with one another to serve the 'best interests' of the child" (Finn, 1994, p.2). The birth mother may be reinforced in her belief in her own inadequacy - 'I couldn't mother my child, you can, therefore I must be a bad mother,' further alienating her from the foster mother, social worker, child welfare system and help resources.

A study by Jenkins and Norman between 1966 and 1971 in part looked at parents' feelings about foster care. The research did not distinguish between children voluntarily placed in care and children who were brought into care under apprehension. The most common feeling reported by parents was sadness. Other feelings expressed included worry, nervousness, emptiness, anger, bitterness, thankfulness and relief. Parents'

feelings about their child's placement were related to the reason for placement. Parents who viewed the child's placement as necessary expressed feelings of thankfulness and relief as compared to those who felt the placement was unnecessary and who expressed anger, shame and bitterness. When children were placed because of mother's health, thankfulness was commonly expressed, and guilt and anger were less common; when the reason for placement was the behavior of the child, guilt and relief were common, anger and bitterness were less common; and when abuse or family dysfunction was the reason for placement, anger and shame were commonly expressed. In addition, parents who felt that their child benefited from the placement or who had become resigned to the placement or whose life situation had improved or whose child was now out of placement reported at the time of their interview that their feelings about their child's placement had changed in a positive way (Jenkins & Normans, 1972).

Other research found anger is a common feeling among parents whose children were taken into care. "Underlying this parental anger are feelings of failure, despondency and guilt about having their children in foster care.... Parents may be afraid to work toward their children's return, for fear they might fail again" (Palmer, 1995, p. 75).

Shifts in Focus of Policies

The field of child welfare continues to grow and develop. Clearly there are ways that services can be improved, risk to children decreased and family strengthening furthered. Seita (2000) proposed three changes to improve child welfare: "(1) renaming and reclaiming our children; (2) emphasizing communities, not agencies; and (3) valuing principles more than programs" (Seita, 2000, p.1). It is suggested that we need to adopt a new way of thinking about young people and families - one that is respectful, strength

based and uses positive language to describe youth. Often in working with youth and families, attention is focused on symptoms, not on the core problems that need to be addressed to effectively confront the problem. A community approach is advocated that recognizes that children are a product of their community. All levels of government, the professional community, youth and families need to unite to address issues in the community that place youth at risk. Seita (2000) suggests that a positive approach needs to be taken that is based upon the following key principles of youth development:

> (1) connectedness (promoting close, positive relationships); (2) continuity; (3) dignity (courtesy, respect, and safety); and (4) opportunity (capitalizing on one's strengths, developing new strengths, and forming a personal vision). Together, they provide a set of tools for intentionally building strengths for young people. Such an approach also provides a common language, a common understanding of what needs to be provided on behalf of young people, and a base for common actions. (p.4)

These shifts in practice and policy would contribute to child welfare being able to achieve its full potential in helping families and children.

CHAPTER 3 - METHODOLOGY

The literature review provided a more in-depth understanding of family relationships and the dynamics that affect them. Adolescent personality and parenting style have been shown to be factors that affect parent-adolescent conflict. The fact that the context for conflict in the parent-adolescent relationship is established prior to adolescence was also highlighted. The literature on attachment provided an understanding of how attachment develops in the parent-child relationship and of the impact of impaired attachment on all other relationships. Impaired attachment was clearly one more factor that can contribute to strain or conflict in the parent-child relationship. One was left to wonder how much of a relationship, if any, exists between attachment, parent-adolescent conflict and children being placed in care by their parents. In addition, questions were raised regarding the type of family environment or context that is more likely to be related to children being placed in care. What do family relationships look like in these families? How do these parents present? What commonalities exist, if any?

Research Question

The research question guiding this study was: What are the experiences of parents who voluntarily placed their children in care with Child and Family Services? Supplementary questions included: What is their perspective of the situation, their feelings about the agency, their child, themselves, the situation itself? How do they describe their experience? What are the intervention needs of parents who voluntarily place their child in foster care?

Definitions

For the purposes of this research, the following definitions were used:

Voluntary Placement - the child's entry into care was not the result of an apprehension, but was the result of a choice or request by the parent and the parent was involved in the process of bringing the child into care. This may have been done by the parent(s) signing a Voluntary Placement Agreement with the agency placing their child in care for a set period of time or may have involved the agency acquiring a Temporary Order of Guardianship of the child through the courts. A Temporary Order of Guardianship would also have been for a set period of time. The parents or the agency with five days notice can terminate a Voluntary Placement Agreement. The Child Welfare Act defines the length of time that children can be in care under a voluntary placement agreement or an order of guardianship and the limitations regarding renewals of these.

Care - a temporary living situation within the child welfare system and under the supervision of a child welfare agency. It includes foster care, group care and independent living situations.

Design Considerations

Parents of children in foster care have received very little attention in the research or in the literature. This is particularly true of parents who voluntarily placed their children in care. The purpose of this research is to explore an issue little is known about, to gain an understanding of the experience of parents who place their children in care and to begin to identify themes regarding parents' experiences and needs. One aim of the qualitative approach is exploratory, to gather new insights and a better understanding of a subject little is known about (Creswell, 1994; Rubin and Rubin, 1995; Sherman and Webb, 1990). Qualitative research is interested in understanding how others experience their world, what it means to them and how best to understand them. The researcher sets

aside their preconceptions and seeks from respondents intense and detailed descriptions of their experience. Analysis of this information leads the researcher to a new understanding of the phenomenon being studied (Tesch, 1990).

In qualitative inquiry insights and understanding are achieved by trying to learn as much as possible about the first hand experiences of individuals. Rich detail is sought from research participants to provide a thorough understanding of their experience. The researcher wants to know how individuals interpret, understand and give meaning to their experiences, as well as to understand how the present situation resulted from past incidents or situations and to place the situation in its broader social, political or historical context. Through personal involvement and empathic understanding, the qualitative researcher gathers data that is descriptive and rich in detail to explore, understand and interpret an issue, topic or situation (Glesne, 1999; Rubin and Rubin, 1995).

The qualitative approach presents the opportunity to gather much more detailed and richer descriptive data than a quantitative approach. The use of a quantitative approach such as a survey or questionnaire would place limits on the kinds of information that could be gathered, limit the amount of detail that would result and would only report how respondents experiences related to the researcher's preconceived ideas. For the purposes of this research, one needed to go beyond the superficial collection of information, numbers or reports of how many agreed with a given response. The researcher needed to understand in detail the context of the experience in question and the qualitative approach was well suited to this as it "has the aim of understanding experience as nearly as possible as its participants feel it or live it" (Sherman and Webb, 1990, p.7). In addition, because the researcher was exploring an issue about which little is known it was

important to be relatively unencumbered by existing ideas and to have an open mind. When testing existing theory, as in the quantitative approach, one may not be open to new information that presents itself (Rubin and Rubin, 1995).

Focus groups are one method of qualitative research. Focus groups are a group interview involving 6-12 individuals who participate in a discussion facilitated by the interviewer/researcher. The role of the facilitator may vary from peripheral to active involvement, but generally the role is one of guiding the conversation of the group, while saying little. The interaction of the group encourages participants to share and compare experiences and perspectives. The group setting draws out people's memories, thoughts and ideas that might otherwise have lain dormant. The ideas expressed by one person may serve as a catalyst for the sharing of another or the catalyst for a whole new understanding of the issue (Fontana and Frey, 1998; Rubin and Rubin, 1995). Focus groups offer the opportunity to get input from a range of individuals in a short period of time, to assess group consensus and diversity and to allow the researcher the opportunity to ask participants to compare their experiences and perspectives (Morgan, 1996).

Individual interviews, another method of qualitative inquiry, offer the opportunity to understand individual participants' experience in a much deeper way than when sharing occurs in a group setting. In individual interviews much greater detail can be provided and there is the opportunity to explore more deeply issues that arise. Understanding of an issue is achieved in individual interviews by listening to participants describe their experience, thoughts and feelings and by listening for the meaning they ascribe to a situation (Rubin and Rubin, 1995). Interviews with parents who placed their children provided an opportunity to explore in a detailed and in-depth manner their experience and

to gain an understanding of the context of their experience.

> The opportunity to learn about what you cannot see and to explore alternative explanations of what you do see is the special strength of interviewing in qualitative inquiry. To this opportunity, add the serendipitous learnings that emerge from the unexpected turns in discourse that your questions evoke. In the process of listening to your respondents, you learn what questions to ask. (Glesne, 1999, p.69).

Trustworthiness

In the past, qualitative research was criticized for its lack of attention to validity and reliability (Cresswell, 1998). However, Lincoln and Guba (1985) suggested that positivist terms like reliability and validity be replaced with "trustworthiness" that encompasses terms such as "credibility", "transferability", and "confirmability".

To ensure the credibility of qualitative research, it is important that the researcher provides a detailed account of the processes of data collection and data analysis as evidence to others of the quality and soundness of the research (Patton, 1990). It is important that the researcher clearly describe how the study was completed, the steps of data analysis and state the parameters of the study to identify the circumstances under which the conclusions are valid. Sufficient detail, or "thick description" (Cresswell, 1998) must also be provided to support the researcher's interpretation of the data. The researcher must also be attentive for contradictory data and alternate interpretations (Silverman, 2000) and demonstrate that these were addressed as part of the research process.

Qualitative research relies on the researcher's accurate categorizing of the information

to identify themes and patterns and descriptive narratives to convey the information to others. The researcher reports the data that he/she believe to be most relevant to demonstrating their interpretation of the data. Providing thick rich description in participants' own words allows readers to draw their own interpretation of the data or to verify the researcher's interpretation. The detailed description of the analytic procedures and thick rich descriptions in reports assist readers to decide whether they would categorize and interpret the data in the same way; these methods ensure confirmability. In addition, qualitative researchers often rely on tape recording and transcribing of data as part of the research process. These data collection methods strengthen the dependability and trustworthiness of the analysis and interpretation (Cresswell, 1998).

The qualitative approach was chosen for this research as it is well suited for exploring areas about which little is known and for learning about how people experience and understand events and situations in their own lives. It is an approach that facilitates the gathering of rich detail and new insights.

Research Design

My approach was twofold - (1) a focus group with Family Services Workers (front line social workers) from Child and Family Services of Western Manitoba and (2) interviews with parents who had voluntarily placed their children in the care of Child and Family Services of Western Manitoba.

Focus Groups

Family Service Workers are directly involved with parents asking to have their children taken into care. They work with the family to assess the presenting problem, explore alternatives to care and provide ongoing services to the family after a child is

taken into care. An attempt was made to hold two focus groups with family service workers of Child and Family Services of Western Manitoba. Insufficient participants were available to hold the focus groups and the outcome was one joint interview and an individual interview with family services of workers of Child and Family Services of Western Manitoba. These provided an opportunity for the researcher to hear directly from front line workers about their experiences of working with families who had voluntarily placed children in care, as well as hear their perceptions of families' presenting problems and needs. The interviews with the family service workers were planned to precede the interviews with parents to enhance the researcher's knowledge of the subject area and to aid in the development of a framework for interviews with parents.

Twenty-two social workers were invited by letter (see Appendix A) to participate in the focus group. The letter explained the research project, the benefit to the agency and to their ongoing work with families and requested their participation in the focus group. Invitations were also extended to two group home supervisors as it was felt that they would have valuable insights to offer as a result of their experience with children in care and their parents and their opportunity to witness the interaction between the two. As the number of family service workers available to participate was insufficient for focus groups the researcher proceeded with interviews in place of the focus groups.

The interviews were semi-structured and lasted 1-2 hours. Consent forms were signed by all participants (see Appendix B). The discussions were guided by questions about such issues as: workers' experience with parents asking to have a child taken into care, the reasons given for wanting placement, workers' perception of the issues in these families and services needed by families, social workers' experiences with family

reunification, and workers' general involvement with these families (see Appendix C). As they arose in the general discussion, other issues were followed up and discussed in greater detail also.

Individual Interviews

Participants for this research were clients of Child and Family Services of Western Manitoba. The researcher conducted the research within the Child and Family Services Agency in which she worked, drawing upon the client base of other social workers. The researcher provided services to a rural area, comprised of six municipalities served by Child and Family Services of Western Manitoba. All interview participants approached were from municipalities outside of those covered by the researcher in order to avoid a conflict of interest and ensure that interviewees felt comfortable to share openly.

Parents invited to participate in this research had children who had been in care with Child and Family Services of Western Manitoba for more than one month. The time period of more than one month was chosen to ensure that this was a family in which it was clear that the child was not merely in care on a short term emergency basis. As well, after this length of time parents would have had experience with the child in care system and begun to develop a perspective about it and their needs.

To recruit parents for interviews the researcher obtained from agency records a listing of all children in care with the agency. This list identified those children in care under Voluntary Placement Agreements and those in care under Temporary Orders of Guardianship. Individual social workers were approached to determine which children in care under Temporary Orders were in care as a result of the parents having requested that the children be taken into care. The researcher sent a letter (see Appendix D) to all

parents who had voluntarily placed their children in care. The letter explained the research project to them, what it would involve, the potential benefit for them and the agency and invited their voluntary participation. The letter also explained confidentiality, how privacy would be protected and the participant's right to drop out at any time. It was also explained that, in keeping with the researchers ethical and legal obligations, if the participant disclosed incidents of child abuse or of a child at imminent risk, serious thoughts of harming themselves or someone else this would be shared with the appropriate authorities. Participants were offered an honorarium of $20.00 to acknowledge, in a tangible way, their contribution to the research. The honorarium was paid to participants at the conclusion of the interview. Phone calls were made to all those with phone service to find out their response to the invitation to participate in an interview. Interviews were then scheduled with those who agreed to participate. The majority of interviews took place in participants homes. One interview took place in a private office, a neutral setting agreed upon by the interviewer and interviewee for mutual convenience.

One interview was done with each of nine parents/sets of parents. Some of the interviews involved one parent and some involved two parents. This was determined by family make-up (single parent/two parent families) and by the choice of the parents. Nine parents/sets of parents were interviewed to gain an understanding of the range and breadth of perspectives and experiences of parents with their children and with the agency and to allow themes to emerge. All parents who participated in interviews signed a consent form (see Appendix E). The interviews used open-ended questions (see Appendix F) to gather information around areas such as family relationships, discipline

practices, attachment, why the child was placed in care and the family's experience with the child welfare system. These questions were a general guide and issues that arose during the interview were pursued further.

Interviews were tape recorded to fully capture the detail and content of the interview, as well as meaning conveyed through silences and tone. The recording was transcribed by a transcriber from outside the service area of the Child and Family Services of Western Manitoba to protect the confidentiality of interviewees. Immediately following interviews the researcher recorded her thoughts, perceptions and feelings noting any unanswered questions that were raised and themes that stood out.

The privacy of participants was ensured by keeping confidential the names and personal details of those who participated in interviews. During interviews, participants were referred to by first names only and names are not used in the final written report. Transcripts and audiotapes of the interviews were stored in a locked area during the research process and will be kept in locked storage for five years and then destroyed. As a means of contact, interview participants were provided the researchers' work phone number not a home number that could have been answered by others.

The role of the researcher as a social worker for a child welfare agency and the role of the participant as a client of a child welfare agency were given careful consideration throughout the research process to ensure participant privacy. The researcher informed participants at the outset of their participation that no information shared with the researcher would be shared with the participants' social worker or any representative of the agency other than the standard limits to confidentiality (homicidal or suicidal intent or children at risk of abuse/neglect). Only the final report will be shared with

representatives of the agency.

Member Checks

Member checks provide an opportunity for participant feedback by allowing participants to verify that the researcher had reflected their perspectives accurately and to help the researcher to develop new ideas about and interpretations of the data (Glesne, 1999). As well, they provided a means of verifying the validity of the research results (Glesne, 1999). At the end of their interview, participants were asked if they would like to provide feedback on the analysis. Following the researcher's analysis and interpretation of the data, the researcher contacted by phone those who had agreed to participate in member checks to verify their continued interest in participating. Those individuals who were interested in participating in member checks were mailed a copy of the researchers analysis. One week later, the researcher contacted these individuals by telephone to receive and discuss their feedback. The following questions were asked to elicit feedback: What was your reaction to what you read? Were your feelings, experiences and needs accurately captured? Was what you told the researcher interpreted correctly? What's missing? What should be added? Additional comments? The feedback received from the individual parents was compared and summarized. The outcomes of the member checks are discussed in the results section following the discussion of the focus groups and the interviews with parents.

Data Analysis

Data analysis was an ongoing process that began with data collection and continued until the conclusion of the research project. As information was shared during the interviews the researcher made note of personal observations, themes, relationships and

unexpected information that presented in the data.

Based on interviews with parents two distinct types of placement were identified - these were health related placements and placements resulting from issues in the parent-child relationship. The data gathered from these interviews was therefore separated into two groups and each group was analyzed separately. The coding was done first with all of the transcripts from the interviews with the family service workers, followed by all of the transcripts from the interviews with the parents (first the health related placements, then the parent-child issues).

Transcripts of the interviews were each reviewed three times. First, each transcript was read in its entirety. In the second review of the transcript, meaning units were identified and underlined. The meaning units were words, phrases or sections that had meaning on their own. The meaning units were coded with names that identified particular features of the meaning unit and which derived from the personal observations of the researcher. Codes included such names as 'social worker,' 'parent characteristics,' 'context,' 'feelings,' 'post placement,' 'Child and Family Services,' 'needs,' and 'supports.' As a reliability check, a fresh transcript was reviewed and coded. The two coded transcripts were then compared to assess their similarity. Differences in the coding of the two were compared and decisions were made regarding a code that more accurately captured the meaning of the unit.

Once all of the meaning units had been identified and coded, the researcher went through each transcript and cut and pasted each meaning unit and organized all the meaning units from each transcript according to their code. For example, all the meaning units that had been coded 'feelings' were attached to sheets of paper and placed in a

binder together. The binder had a section for each code. The data collected from the family services workers was kept separate from the data collected from parents. The data collected from the parents was also separated based upon the two sub-groups. The researcher then reviewed all of the information that had been similarly coded looking for similarities, differences, relationships, themes and patterns.

The information was then put onto poster paper to further organize it and aid in identifying commonalities, relationships and themes. Each page had a heading as per the codes already established and relevant quotes from each interview were organized on one page. Colored markers and stickers were then used to identify related items and to highlight themes.

In addition, poster paper was used to make a chart that depicted common data about each family interviewed including: date entered care, age entering care, length of time in care, how long before placement the first contact with Child and Family Services was, related issues (health, parent-child conflict, parents health), others involved (counseling and helping resources), family make-up, type of placement (foster home, group home) and type of order (voluntary placement agreement or temporary or guardianship). Mother's problems with depression or anxiety were later recorded on this chart as well. This chart made for easy comparison of the families and related issues.

For families experiencing parent-child conflict, a chart was also made to map the progression for each family from the start of problems with their adolescent to the adolescent's placement in care. This helped to capture the changes and problems that occurred, the corresponding ages and the progression of events.

Data was examined first within each sub-group (family service workers, health related

placements and placements because of parent-child issues). Then the two sub-groups of data from parents were compared to identify similarities, differences, relationships and themes. Finally data from the social workers and parents was compared for similarities and differences.

CHAPTER 4 - RESULTS

The discussion of the results of this research will begin with the results from the social worker focus group. The interviews with parents highlighted two distinct groups of families who had voluntarily placed children in care - situations in which the children had health related issues and situations in which there were parent-child issues. The discussion of the results of the interviews with the parents is therefore separated into several sections: placements resulting from health related issues, placements resulting from parent-child issues, issues relating to all families and a discussion of the similarities/differences between these two groups of families. A brief discussion follows of the similarities and differences between the perspectives of the social workers and the parents. The feedback received from parents during member checks concludes the discussion of the results.

Focus Groups/Interviews With Family Service Workers

Two focus groups were planned with the result being one interview with two family services workers and one individual interview. The joint interview took place July 30, 2001. Twenty-two family service workers (social workers) and two group home supervisors were invited by letter to participate in a focus group. Many responded to their invitation to participate in this focus group expressing regrets that they could not participate as they were on holidays. Some said they would be willing to talk at a later time. A few did not receive their letter until they returned from holidays in August. Three people committed to participating, but one was unable to due to illness. A second attempt was made to hold a focus group on October 29, 2001. An invitation to participate

in this focus group was extended to all family service workers that had not participated in July. The outcome of this invitation was an interview with one social worker. Several individuals were unable to participate because of prior commitments. Feedback was received from several social work staff that they felt they had nothing to contribute to the discussion as a result of having had involvement with very few families wanting to voluntarily place their children in care or as a result of having few years of experience with the agency. It appears that a lack of confidence in their own knowledge about the subject area combined with a demanding work load contributed to the poor response from social work staff. The staff who participated in the interviews or who showed the most interest in participating were also workers who had a closer association with the researcher as a result of working together more frequently or having more regular contact with each other. The participants had experience with Child and Family Services ranging from four to nineteen years. Two were urban workers and one was a rural worker. Their experience included intake and caseloads of protection and voluntary clients, children in care and families.

Characteristics of Children

The social workers described the children being brought into care as a result of voluntary placement by the parents as adolescents generally, although noted they are getting younger. Parents seemed to perceive that they still had some form of control with younger children, but that they had lost control with older children. A reference was also made to a mentally challenged child placed in care by his parent. Descriptions of these young people included references to drug and alcohol use, sexual activity and rebellion in the forms of partying and staying out without permission.

Characteristics of Parents/Families

A wide range of characteristics was used to describe parents who had asked to have children placed in care. Many of these parents had negative experiences themselves as children - some were in conflict with their parents in their teens, some were living with relatives or on their own in their mid teens, some had been in care as children. One worker noted that the parents who voluntarily placed their child in care were less likely to have been in care themselves than parents where children were apprehended. It was felt that those parents who had been in care as children themselves had a higher tolerance for deviance from their own children. A social worker observed that,

> the generational stuff is amazing because you get these parents who didn't have...there were so many deficits in their parenting when they were being raised, so of course you live what you learn or learn what you live...and then they get into parenting themselves really still being largely like infants...because none of their needs have been met...They are self-absorbed, narcissistic people.

Parents who had received less than adequate parenting found they were challenged by the task of parenting and placed their child when the task became beyond their abilities.

These social workers related a tendency in families to focus on one child at a time as the problem, often this child was the 'family scapegoat.' This is consistent with MacDonald's (1992) description of families who place their children in care. He reported that, "the parents describe their children in a critical manner, and communication is, on the whole, negative and blaming...Punctuation of sequences of interaction is lineal and concrete, beginning and ending with the problem child" (p. 2).

A generalized description of parents who sought placement of their children included

traits such as having very high expectations, not knowing what is age appropriate behavior and having a low tolerance for deviance. Often a parent or both parents were very authoritarian or controlling. Limit setting was an issue in some families - either in the form of a lack of limits on a child or a child rebelling, parents responding with new limits and the child rebelling more. In some cases parents were too permissive. The social workers described weaknesses in these families saying, "...submissiveness. Not knowing how to say no to the kids" and "not knowing how to set limits or having not set limits in the past."

Often parents were reactive or crisis oriented, calling for help at times of crisis and pulling back when the situation had calmed down. Parents tended to lack insight into how their lifestyle and values affected their parenting or their child. Poor boundaries were common - in the form of under-involvement, over-involvement or the child parenting the parent. Macdonald (1992) also noted boundary problems, role deficiencies and role reversal as common characteristics of families who placed children in care.

The social workers also noted a tendency for parents to be immature: "...This is just someone who is totally overwhelmed and is in need of service and support and understanding." It was noted that some parents had tried to cope with the situation for a lengthy time.

> They'll minimize the degree of how severe the problem is, and they'll cope with this child. It's only when it gets to the violence part, that's the issue, I think, another issue that forces us, forces the parents' hands and they can't take this child.

It was noted that in many cases these were parents who did not plan to have children

or who had them for the wrong reasons (to meet their own needs, to have someone to love them, lifestyle - 'everyone I know has three kids'). Many of the parents seemed able to parent babies well, but lacked an understanding of the changing needs of children. When the children reached a certain point the parents could not cope with the needs of the child. The turning point seemed to relate to the developmental stage of the children.

The social workers felt that when the children's needs were for basic care and nurturing the parents could cope, but the parents began to experience challenges when the child moved beyond bottles and diapers. At this new stage, children have much more complex needs, which are difficult to identify and to meet. They interact in a more sophisticated manner, are reactive, demanding, less easy to please and act out their pleasure and displeasure. As children become older they seek increasing amounts of independence and autonomy. These changes require a higher level of skill and ability on the part of parents in terms of communication skills, coping and flexibility.

It was the experience of these social workers that there were more non-aboriginal than aboriginal parents seeking placement of a child. Issues in these families were similar for both urban and rural families. Blended family issues were, in many cases, contributing to the families' need for help. Workers noted that there were many, many different issues affecting life in these families. Parental strengths were also noted with such remarks as a parent being a good mom just not able to keep up with her child's high needs, "no doubt each parent really cares for their child," and she's "a wonderful person, just a terrible parent."

The social workers noted that there was generally prior involvement with a family before a child was brought into care. Rarely was a child brought into care without some

and generally lengthy, prior involvement with Child and Family Services. Some families approached the agency for help thinking that the problems they were experiencing with their child may reach the point that in the future placement would be necessary. They were being proactive, hoping to prevent the need for placement. Cases of children entering care as a result of apprehensions were much more common than voluntary placements, but regardless of how a child came into care, the social workers expressed a perception that the differences between these families became less and less as the case unfolded. Social workers found themselves addressing similar issues with each type of family - communication, coping, limit setting and problem solving. A desire for change or for change to occur was also a common characteristic of families.

Reunification

Social workers observed that reunification does occur occasionally, but more frequently it does not. Children often go home and later return to care. Fanshel (1982) reported a positive correlation between contact between children in care and their families and the likelihood of family reunification and how quickly that occurs. The issue of contact between parents and their children in care did not arise in the discussions with these social workers, so it is not possible to comment on whether this is consistent with the experience of these workers. The workers reported that when reunification happens it is frequently the case that the problems resurface after the child is home again. When the child returns home, old patterns of relating or issues that still need to be worked on may resurface, or it becomes clear that change had not occurred in areas where it appeared it had (illusions of change). One worker noted, “Really we’ve taken the dynamics away...because we have separated the parent and child, so you know the

same dynamics are not going to be at play as when they're under the same roof." In situations where it appears that permanent reunification is not possible because of lack of change on the part of the parent, then the focus may shift to helping the child to cope with and adapt to the present situation.

Parental Expectations and Child and Family Services Response

It was the social workers' experience that parents who approached Child and Family Services asking to have a child taken into care, expected that their child would be taken into care. They expected that workers would want to take their child into care. As one worker noted, "...There seems to be this belief that Child and Family Services take children into care. This is what we do." The social workers explained that, "Our philosophy is to strengthen families," and they therefore, work with these families to try to prevent bringing children into care. They tried to achieve this by reminding parents of their parental responsibility, letting them know that they are not being abandoned and offering support in other ways (counseling, referrals, information, in-home supports, etc.).

> It's really in how you do it, because sometimes no matter how much you try, and literally it's trying to talk them out of it. At that very moment in time, always in the back of my head is, well it may happen anyway, but it shouldn't happen today. Really it amazes me to this day, even though I think I understand how it happens, it still amazes me that people can walk in off the street we've never met before, we know nothing about them nor their child and they are absolutely prepared for us to take that kid no matter where...just get rid of them.

The social workers acknowledged receiving a variety of responses when they decline

to take children into care including surprise, frustration, opposition, continued pressure to place the child in care and stunned silence. These workers work with parents to get past these emotions to acceptance and to developing a plan for helping the family address the problems they are experiencing.

The literature focuses on apprehensions and rarely acknowledges that some parents ask to have their children placed in care, therefore a comparison of the comments of these social workers and the literature cannot be made.

"Fix the child"

'Fix the child' was a recurring theme of discussion. Social workers reported that parents tended to focus on their child as the problem and were often looking for a way to fix the child to solve the family's problem. As one worker put it, "...they come to us with some sort of quick fix, the microwave solutions of parenting...and you go, okay, this is what has to happen, its long term...There's no quick solution." A parenting class facilitator said, "my experience in that parenting class was, 'I don't care about all this shit, just tell me how to get this kid to listen.'" Obviously, some parents were not making the connection between improved understanding of children, improved communication and problem solving and experiencing fewer problems with their child. Social workers also felt that some parents were looking for someone else to take responsibility for their child, so they did not have to deal with the problems anymore. "Someone else to deal with the problem. Bring her back when you've got the problem solved, sort of thing." Other parents were overwhelmed with the challenge of parenting their child and could not manage it any longer. "The parents were just getting fed up and ...felt that they just weren't able to control the child and believed that we could do a better job than they

could, I think is primarily what they were saying. Saying take our child,...we've had it." Parents tended not to see themselves, their lifestyle or their style of parenting as part of the problem, such that "...when the next kid down the line, with the same issues surfacing with them, some parents still can't say, well maybe it is in my parenting. They just say, oh well, she learned from her older sister." From the experience of these social workers the tendency of many parents asking to have children brought into care is that the child is clearly defined as the problem, with change in the child believed to be the only solution.

Workers' Perspective on Parents' Needs

These social workers felt that their case loads allowed them to meet with families less often than desirable or ideal, therefore workers are often only able to do fine tuning or band aiding with families. Workers related feeling challenged by the need to balance a large caseload with the needs of families. Schuerman, Rzepnicki and Littell (1994) noted that the American child welfare system has impossibly high and conflicting expectations. The child welfare system is expected to work with individual families to solve major social problems and this involves the sometimes conflicting tasks of child protection and family preservation. From the perspective of the social workers interviewed, families needed more contact and more support from Child and Family Services. The need was expressed for more in-home support workers to work with families. These are workers who work in the home on an intensive basis, teaching, modeling and supporting all family members.

> .if we're ultimately looking at being able to keep families together and get them to the point where they can at least, mostly, function in a healthy way, we need...more support workers who are going to do one to one parenting work, who

> are there at the conflictual times of 7 to 9 or 7 to 10 p.m., or who can spend 8 hours a week with a family talking about the patterns, dynamics, the kid's needs, the developmental needs, the parent's needs, that can do the whole thing.

They suggested that in-home support programs needed to be offered for a minimum of six months, possibly a year with follow-up. The literature also identified in-home supports/family preservation services as a valuable part of the child welfare systems continuum of services (Kelley and Blythe, 2000; McKenzie, 1994). The focus in the literature was on short-term (4-8 week) intensive and highly focused services aimed at preventing removal of children or at promoting family reunification as compared to the long term consistent work these social workers describe. Social workers also acknowledged that families were trying to break long standing, ingrained patterns of relating and that this was very difficult to do, thus requiring time.

Interviews With Parents

Letters inviting parents to participate in interviews were sent out to 18 parents whose children were voluntarily in care at some time between June and August 2001. Three of these could not be reached, as their phone numbers were no longer in service. Five parents could not be reached by telephone to arrange an interview. One declined to participate in an interview. Between early September and late November 2001, the researcher interviewed nine parents/sets of parents who had, in the past, asked Child and Family Services of Western Manitoba to take their children into care. Five of these families were urban and four were rural. The interviews were semi-structured and focused on:

- the present

- what the current situation in the family was;

- how the parents thought placing the child in care would help the family,

- how did they expect the family and their relationship with their child would be affected,

- parents' feelings about having placed their child;

- agency response

  - prior experience with Child and Family Services,

  - response parents expected when approaching Child and Family Services

  - response parents received from Child and Family Services,

  - what was helpful/not helpful;

- pre-placement experiences of families

  - experiences with other children in the family,

  - parents' understanding of why their child came to be in care,

  - did they seek help in addressing the problems they were experiencing and from whom, what helped/was not helpful.

Three of the children placed in care had health related issues (for example, meningitis, cerebral palsy, and autism) as a presenting problem. In five of these families, parent-child conflict was a presenting problem and in one family the parent was temporarily unable to care for their child due to their own emotional health. The following discussion will be broken down into three sections - i) Health Related Placements - families where the presenting problems are health related, ii) Placements Resulting From Parent-child Issues - families with parent-child issues and iii) Issues Related to all Families.

Health Related Placements

In the three families interviewed whose children were placed in care for health related issues, the children tended to be relatively young at the time of placement (three to nine years). Two of these were the eldest child in a two-parent family and one was an only child in a single parent family. These families had been involved with Child and Family Services for varying lengths of time ranging from brief involvement prior to placement to two years of prior involvement. There was also variability in the length of time that the children had been in care. One child had been in care only three months, while another had been in care for over two years.

Table 1 - Health Related Placements

FAMILY COMPOSITION	PLACEMENT IN FAMILY	AGE PLACED IN CARE	LENGTH OF TIME IN CARE	LENGTH OF CONTACT WITH CFS PRIOR TO PLACEMENT
2 Parents 2 Children	Eldest child	3 1/2 years	3 months at interview	Brief prior involvement immediately before placement
2 Parents 2 Children	Eldest child	9 3/4 years	7 months at interview	2 years
Single parent 1 Child	Only child	9 1/2 years	2 years 3 months at interview	1 year

The children in these families had significant health and developmental issues resulting from autism, cerebral palsy and meningitis. They children had high levels of needs. Their characteristics varied from child to child but included factors such as: non-verbal, toileting problems, behavioral problems, self-harm behaviors (biting, scratching), aggression towards others, impulsive, poor or no reasoning skills, seizures, sleep disturbances, difficulty transitioning to new situations, easily over stimulated, poor muscle control, poor gross and fine motor skills, arching, inability to sit, mobility

problems, anxiety, poor coping skills, inability to manage emotions, choking, digestion problems and learning disabilities. These children needed constant supervision and needed assistance with many to all of their basic daily needs.

Each of these children was or had been involved with a variety of professional resources that provided services to the child and/or the family. These included such resources as Children's Special Services, The Society for Manitobans with Disabilities, doctors, physiotherapy, occupational therapy, speech therapy, psychologists and behavior specialists. The services provided by Children's Special Services and The Society for Manitobans with Disabilities varied with the needs of the individual family, but included such things as respite, homemakers and financial assistance. Each of these families was receiving respite services.

Pre-placement

Supports and isolation. These families were, to varying degrees, isolated. A significant factor in their isolation was their child's condition. For one family, travel in a vehicle resulted in their three-year-old screaming. The child's digestion problems resulted in frequent vomiting at home, in the car and when visiting. The child had difficulty breathing outside. With this combination of issues, it was therefore very difficult for this family to leave home, visit others or go places. The intense supervision and care needs of several of these children made going out difficult.

The support system of these families was largely professional resources and family. They had little contact with others whose experiences matched their own. Several parents expressed feeling a lack of support and tolerance from their community. One parent noted that community intolerance played a big part in the amount of support she

felt and the amount of interaction (her child) got with other people. She reported that, "basically people didn't know what to do with him, so they just hands off...let her look after him." Parents also spoke of intolerance in the school system. One parent related personal experiences of intolerance and segregation of her child at school and another expressed concerns about what the future held for their child when he entered school. Daycare was tried by two of these families. For one family, daycare was tried for their preschool child but the child was not receiving adequate care in either a family daycare or with a daycare provider in their home. The lack of daycare as a viable option further isolated these parents as it reduced the opportunity for them to have respite from the situation or work outside the home. One parent reported not wanting to burden others with the care-giving of their high needs preschool age child. "I don't want to put my burdens on people. Like I don't want to say, here look after my kid." Recognizing the difficulty that she experienced as her child's caregiver made it even harder for her to ask for help, "Cause I just know from me taking care of him how hard it was for me, that I didn't want to ask anybody to do that either."

The greatest source of support for these parents was their own family of origin - parents and siblings. It was to their family that these parents turned to provide them respite from the stress of caring for their child. In general, parents found they received more support from their families in the beginning and that this decreased as the needs or behaviors of the child became harder to handle. One child had overnight visits with a grandparent until the child's sleep disorder and behavior became too much for them to manage. The grandparent of one child was too elderly to provide direct care for the child, but assisted financially. One mother had anticipated family support and assistance when

she entered motherhood and now found it had become less and less available as her child became more needy. For one family, the child's health care and care needs were so great that it was difficult for anyone else to step in and provide care. Care and supervision of these children became more intense as the child grew older and their needs more difficult to meet or behaviors more demanding. When feeling overwhelmed or in a crisis with her child, one parent could call on her father to intervene and provide support; "my dad's the only one that seems able to handle her...he'd come over when I'd be just a wreck." One parent expressed that it became increasingly difficult to ask family for help, "...so the only ones I really would ask was my parents and they got to the point where I knew they didn't want to do it anymore, so I quit asking them too..." Although requests for help were not being turned down, the mother felt that family were becoming more reluctant to care for their child. "It was to the point where if you asked them, they'd be well yeah I guess we could. It wasn't yeah sure; it wasn't like it started at the beginning." Being able to reimburse family with respite dollars helped to make it a little easier to ask for help. The amount and type of support available from extended family varied for each family. Some were only able to provide support in terms of money or emotional support; some provided help with childcare and others offered no support at all

Parents could no longer cope. The lives of these families were focused around the needs of the child with the health issues. These parents described lives in which providing care for these children involved a lot of repetition - repetition in terms of the physical care regime of the child, and the repetition of facing the same challenges and issues over and over with the child. These parents experienced little change from day to day, week to week in the needs or abilities of their child. Any progress that occurred was

very slow. The challenges were ongoing and constant.

The cumulative impact of caring for these high need children became overwhelming for the parents. They were on overload. This was expressed in many different ways. One parent expressed, "...there were certain periods where you know, things seemed not too bad and then it would be when a behavior would increase or get worse, or there'd be another problem...it was just ongoing. There was always something." Another said, "...and I guess you get tired of dealing with him all the time, and you really don't give him as much attention...I felt bad because I wasn't giving him the attention he needed because I just, every time I looked at him, I was almost mad. Because you just get tired of it." The stress of the situation seemed to be felt more by the mother, who in all of these situations was the primary caregiver. Two of the three mothers were on medication because of the stress of coping with the situation. One mother had been on increasing amounts of antidepressant for three years prior to the placement of her child. "I'd been gradually becoming more and more depressed and I was in a state where I was almost crying perpetually. And they were increasing my anti-depressants considerably over very short periods of time and it really wasn't helping."

The pressures of the situation also strained the marriages. Parents reported increased marital tension, increased arguing, near breakups and high stress levels. The effects on the marriage were reflected in statements such as; "Like it was to the point where it started affecting our family life. 'Cause you get so, you're grumpy all the time," "We got close to breakup. We were going to breakup if she was here much longer because it was high stress." In one couple's report of their stress levels before placing their child, the father reported 8 and the mother reported 15 on a scale of 10 (her stress level was beyond

the scale).

'I couldn't do it anymore' and 'we couldn't take it anymore' were phrases heard over and over in speaking with these parents. The same feeling of being unable to cope with or manage any longer was also expressed in other ways. One mother reported telling a worker; "I'm getting frustrated here. I'm out of my head. I had enough." When asked to name one thing that would have made a difference one parent said, "I think if we just didn't have to live that day every day." Coping was strained,

> ..it was to the point that our nerves were so bad, and everything just escalated so much that even the good days which were good for us, for anybody else they wouldn't be so good, but for us they were...we couldn't deal with it anymore. We were burned out.

That feeling of being burned out and having nothing left was expressed by all of the parents. They had the desire to keep trying to parent their child, but it reached the point where it was beyond their coping.

Concurrent with the feeling of being overwhelmed and struggling to keep going, parents expressed strong feelings of hope. Hope was a large part of what kept them going through the challenges they faced with their child. It was a force that pushed them to keep on trying and to not give up on their child or their family. "You always had hope that things would turn out okay," "There's always in the back of our mind that some miracle would all of a sudden happen. There's always hope. You're always going to have that hope." Hope was a large part of these parents keeping their child at home for as long as they did. They had hope that things would change and they did not want to give up. They tried as many options as they could to improve their own situation.

Each of these families had respite services (someone who cared for the child to provide a break to the parents). This ranged from respite of a few hours to a day to weekends away. It reached a point though in each of these families where respite was barely helping these parents to maintain their level of coping. As one mother put it, "respite doesn't do anything when you can't deal with it anymore." Another couple with weekend respite reported feeling that by mid-week they were struggling and getting through only by focusing on the upcoming Friday and the opportunity for more respite.

Crisis stage. Eventually, all of these parents reached a point where the care of their child was beyond them and they felt that it was no longer in the best interests of the family or the child to continue to be at home. One mother said, "I wasn't helping him. That stage was gone." These parents also expressed concerns about the quality of the home situation for their child feeling that the situation was unfair to their child, "...it wasn't fair to anybody...and it wasn't fair to (child) either. Because he wasn't getting anything." Another parent said, "And it was a crappy way for (child) to live...cause (child) was constantly being yelled at, about anything and she wasn't happy. We weren't happy." A single mother spoke of feeling her child was now getting needs met in foster care that she had been unable to meet - the need for a father, a family, to see how others communicate and relate to each other.

These parents all expressed a strong commitment to their child and having found it very difficult to make the final decision to place their child, "Well you try things cause he's your kid. You don't want to give him up. And I didn't want to, but I just couldn't do it anymore." But it came to a point in each of these situations where despite the resources and supports available to these families they reached a point where they felt

that placement was the only choice and where if necessary they were willing to take desperate measures to get the help they needed. These families were in crisis, stress levels were intolerably high, the marital relationship was strained, parents were concerned about the welfare of their other children and were parenting in ways they did not feel good about. One set of parents expressed worry that they were on the verge of abusing. A mother was asked about the response she got from Child and Family Services when she asked for placement of her child said; her response, "I don't think I cared what they thought." A mother's desperation was reflected in these words,

> They made room for him. Cause I just said, I'm not taking him home again. I was to the point where I had to say that because they would not do anything to take him away, they thought, well you can handle it. Well, no I can't. They didn't understand.

It was unclear whether those referenced here were specifically Child and Family Services or other resources involved with the family or both.

<u>Post-placement</u>

Each of these parents had regular contact with their child after placement. They could phone their child whenever they wanted. They had good communication with the caregivers. Their level of personal contact with their child varied with the situation, but was described by parents as good. One family had to travel a distance to see their child, so visits were every other week. Another family spent one day per week with their child, sometimes more. They expressed concern that if it were too often it would be difficult for their child to transition back and forth. Transitioning was also an issue in the third family situation, leading to lower levels of contact with the child. The parent said, "I

could see him more often, but there's a problem with authority. Like he needs to know that they're the family and I'm just a visitor" and she spoke of limiting her visits to make coping easier for her child.

One family did describe finding visits difficult from the perspective that they were no longer used to monitoring their child's needs and behaviors. Doing this now for short periods of time left them feeling on edge. In their day to day life, they were now able to relax, and the contrast of this to doing what had been their normal life was stressful. Parents also expressed positive feelings about knowing their child wanted to return to the foster home. That was reassuring for them. "She's happy to see us, but on the other hand, she's happy to be there too," summed up one parent. They also noted that it would have been very hard on them if the child had not been happy or had not wanted to return to the foster home after visits. "If I ever thought that he wasn't glad to go back there, my heart would be broken."

The single parent mother experienced some unique issues after the placement of her child. For her the loss issues were quite significant. Having been totally focused on her child and his needs, she had been immersed in the roles of mother and caregiver. Everything about this mother's life changed and everything she had identified with was gone when her child was placed. The loss of her primary role left her struggling to find herself. For other parents with a partner or other children, the role loss would have been less significant as they still had other roles to focus on and the presence of other children made the changes in their parenting role less dramatic. This is reflected in the work of Nancy O'Connor (1984) who noted that the closer to the self, the more disruptive the loss. She described several levels of loss, the second of which was being separated from

significant people in our life. She also talked about role loss. It is through their roles in life that individuals define themselves and the loss of a familiar role can lead to feelings of confusion, loss and grieving. The single parent described these aspects of loss.

All of these parents may have experienced some feelings of loss when their child entered care. This would have varied with the length of time the child was in care, the amount of contact that was maintained and the degree of change in the life of the family as a result of having the child in care. All of the parents who placed a child in care because of medical issues experienced the loss of a significant person in their life and to different degrees, role loss. They were no longer fulfilling the role of caregiver in the same way that they had with that child. Even for those parents with other children the care needs of the other children were significantly less, so there was still a significant change in the caregiver role. For the single mother who lacked other roles, the loss was much greater.

Unmet Needs

Each of these three families differed in a variety of ways - the presenting problems of the child, family composition, support systems, personal resources of the parents and life situation. Therefore, each of these families also had different needs and the parents identified different areas where services were unavailable or inadequate. One family said they needed someone who was more available to them, someone who could be called in a crisis and could come over and intervene, provide support or allow the parent to leave the situation. The need for an outlet to allow parents a longer break from the situation was also identified. This was described saying, "if there was an outlet, like somebody that said, okay we're going to take her, you know have her more away. A longer break not

just a couple of hours." Although parents identified this as something that would have been helpful, I noted that each of these families had respite, and when they were in crisis and unable to cope any longer this respite service made a negligible difference in the parents' coping or the family situation. Perhaps, more hours of respite introduced at an earlier stage might have been beneficial.

The parent of a child with significant physical challenges said that financial programs to help them upgrade or renovate their home to better accommodate a wheelchair or to help them afford a new home would have been useful. Their home was too small to accommodate a wheelchair inside and not designed to allow wheelchair access into the home. They could not have easily accommodated their child's increasing physical needs in their present home and could not afford a new home. Their research showed that they made too much money to qualify for the financial programs that were presently available. The parent expressed a wish that, "there was more help out there for people, like don't just look at what they make, look at what their expenses are too."

Parents whose child resided at a specialized facility in Winnipeg expressed the wish that there was somewhere that parents/families could stay when going in to visit their child or that such costs could be claimed back on income tax. For these parents not being able to afford to stay in the city meant a 4 or 5 hour round trip each time they went to visit their child. Being able to stay over somewhere would allow them more visiting time and the opportunity to do more with their child.

A lack of follow-up services was identified as a significant gap by a single mother who noted that the many services she had been involved with were child focused - focused on the needs of her child and her needs as they pertained to being the parent of

that child. When her child was no longer in her home those services all re-directed their attention to the home where her child was. For this single parent with very few non-professional supports and who was going through a major life change, there was suddenly a large hole in her support system.

> It was the day (child) walked out the door, so did everybody else...It was the moral support and the emotional support and the employment support, counseling that I think should be considered. I'm sure everybody's different, but you know, you just shouldn't drop people like that in the emotional state I was in. That's not right.

As a single parent with no other children this was a mother who was experiencing major role loss, in addition to the loss of her child.

Two other needs were also identified - the need for more respite workers, as there were times these were not available when families needed them, and the need to be supported in being able to maintain an ongoing relationship with positive significant supports. A parent who had been counseling with a therapist in their home community and who then moved to a new area was forced by social assistance to terminate that counseling and find a new therapist. It was not possible for them to find someone else with whom they had the same rapport. This was at a time where they were struggling emotionally and had a high need for counseling and support to assist their coping.

Placements Resulting From Parent-child Issues

Six of the families interviewed placed children in care as a result of issues in the parent-child relationship. Parent-child conflict was a presenting problem in five of the families and in one family the parent was temporarily unable to care for their child due to

their own emotional health. The children entering care from these families tended to be quite a bit older than those being placed for health reasons. They were all in pre to late adolescence with four in their mid teens at the time of placement. Two of the children were in early adolescence (12 3/4 and 13) and were from single parent families. Three of these families were two parent families and three were single parent families headed by mothers. One family included a stepparent, who had been part of the family since the eldest was quite young and who was father to the other child. All but one family was composed of multiple children. The length of time these children were in care ranged from three months to one year with an average of about six months in care. These families tended to have been involved with Child and Family Services for some time prior to the placement of their children - ranging from 8 months to many years of prior involvement and prior placements in care in two cases.

Table 2 - Placements Resulting From Parent-child Issues

FAMILY COMPOSITION	PLACEMENT IN FAMILY	AGE PLACED IN CARE	LENGTH OF TIME IN CARE	LENGTH OF CONTACT WITH CFS PRIOR TO PLACEMENT
2 parents 3 children	Eldest child	17 years (second placement)	7 months	7 months before first placement / 1 1/2 years from first contact to second placement
2 parents 2 children	Eldest child	17 1/2 years	2 1/2 months at interview	1 year before placement CFS initiated contact
1 parent 2 children	Youngest child	16 years	7 months	8 months
1 parent 1 child	Only child	12 3/4 years	3 months	Ongoing, Length not known
1 parent 2 children	Eldest child	13 years (most recent placement)	1 year at interview	Several placements. Lengthy prior involvement.
2 parents 2 children	Eldest child	16 1/4 years	4 months	1 year

In all but one of these six families the presenting problem was parent-child conflict. Most of these children had reached a stage where they were beyond the care and control of their parents. In one situation the child's initial departure from the home was to live with relatives after the father was charged with assaulting the 16 year old in a physical conflict between the two of them. There had been ongoing parent-adolescent conflict in this situation prior to this fight between father and son and prior physical altercations. Following the assault there was a no contact order between father and son. The boy chose to live with relatives and although the parents did not like this option, they did not want him going into care. After one year, living with family was not working out and the boy chose to leave and come into care; the parents agreed as they felt it preferential to the existing situation. In one family situation the child was placed in care as a result of the

mother's emotional health and her temporary inability to care for her child while getting help for herself. This mother had a lengthy history of problems with depression. She was a single parent, with few supports and was also experiencing a major personal loss that contributed to her state of crisis.

Pre-placement

Escalating conflict. In most of the cases with parent-adolescent conflict as a primary presenting issue problems began to occur with the identified child at about age 11 or in one case earlier (at 11 she was placed in care as a result of parent-adolescent conflict). At this age parents began to identify such problems as their child developing an attitude, becoming mouthy, talking back, not listening to parents, being rebellious, acting out, and an increase in conflict between parents and child. One child started self-harm behaviors at age 12 or 13. Another was struggling academically by grade 8 and was using alcohol and drugs in grade 8 (age 13). Once the problems began, for most of these parents it was a steady progression downward to more problems and increasing conflict with their child. The time span from the point that the parents first began to have problems with the child until the time of placement varied, ranging from 2 1/2 to 5 years. Generally, there were several years of struggle and conflict in the family before the child came into care.

Use of formal support services. In some of these families the parents began seeking resources for the children when they were young to address issues in the child's life - academic problems, issues related to parental separation and children's coping. Four of the six families were reaching outside the family for more intensive help from sources such as the Addictions Foundation of Manitoba (AFM) and Child and Adolescent Treatment Center when their child was in their mid teens (14/15). In three of the

families, Child and Family Services was the first resource with which they became involved. In the other families, outreach to Child and Family Services was after other resources were already involved. In one case, CFS initiated contact with the family and was the first resource involved.

Other resources involved with these families included: Child and Adolescent Treatment Center (CATC / inpatient and outpatient mental health services for children and adolescents), Addictions Foundation of Manitoba (AFM), Southport - AFM Residential Treatment Center for youth, academic resource people, school counselors, YWCA Westman Women's Shelter counseling program for youth, child psychiatrist, child mental health worker. In addition to these resources for the children and parents, the parents also reached out to a variety of resources themselves, including: Mobile Crisis Unit, private counseling agencies, the family minister, the Elspeth Reid Family Resource Center (parenting courses), mental health workers, the Center for Adult Psychiatry, Psychiatrists, counselors through work employee programs, and church sponsored support groups. These families were accessing a variety of resources both for the benefit of the children and the parents.

The number and variety of resources involved with these families was evidence of two things. First, it indicated that these families were faced with a variety of problems and challenges that contributed to the family situation. Second, this clearly demonstrated the effort these families put into trying to cope with and change their family situation without placing their child in care. These families tried very hard to access help for their child and themselves.

Anger. Parents identified the child's anger as an issue that contributed to the conflict

in three of these situations. They identified this as anger over childhood sexual abuse and anger at the father. One father said, "My daughter hates me with a passion." He attributed this to the fact that his job (military) resulted in his frequent absences, missing out on the children's lives and frequent uprooting for the family. This child varied from being passionate in her anger towards her father to pleasantly listening and talking with him, signifying that the relationship had many levels of emotion to it. A mother noted, "I think that (anger re: abuse) probably plays a really big part and some of the ADHD and then my problems (alcoholism and absenteeism) in her early life." Overall, all of the children in situations of parent-adolescent conflict were doing an extensive amount of rebelling and acting out against their parents and anger at both parents was a generalized part of this. The anger was demonstrated through talking back, being disrespectful, being mouthy and saying hurtful things to both parents. In the family where the father was charged with assault, a no contact order prohibited the father from communicating with the son. This could have been dropped if the son had so requested. After being out of the family home for more than one year, the son still refused contact with his father. Clearly there continued to be unresolved anger in this family situation. Yet, this was a boy who was also described by his mother as having had a good relationship with his father at age 12, was a good boy and, up until the final conflict, adhered to his curfew. "Like he was a good kid right up until grade 8, and then as he got older, it was like, I don't have to do what you say, " his mother described.

Communication. Communication between parents and children was another issue in all of these families. Efforts by the parents to get their children to talk were being thwarted by the children or led to power struggles and conflict. Describing her son, a

mother said, "He'd hold. He's the type of person that would hold everything in, right, and explode...that's always been his way. Hold, hold, hold and then boom explode." She noted that quite recently he seemed to be beginning to open up more to people around him, including her. In these families issues and problems were not getting thoroughly discussed. There were fights, but resolution was never achieved. In some situations the children were quite adept at saying very hurtful things to their parents. In particular, remarks about parentage were quite upsetting and this came up in three different families. In one family it was directed at the mother and in the other two it was directed at the father. These remarks included statements such as, "you're not my mom," (to birth mother), "he will accuse (his Dad) of not being a father," (referencing birth father) and "well he's not my Dad, I don't have to listen to him," (father figure since the boy was very young and adopted by the child's choice at 12). Also quite upsetting for the parents were accusations that the parent loved the other child more or treated the children differently. Verbal conflict was ongoing in these families. This is consistent with the characteristics MacDonald (1992) identified in families who place children in care; communication problems were prevalent in these families.

Child characteristics. Several of these were also situations in which the children refused to take responsibility for their behaviors. " So it became my fault that she couldn't make it home on time...If there was a problem at school, it was the teacher's fault." They expected their parents to do things for them and did not expect to do anything in return including be respectful or contribute to the family through chores or consideration for others. "And for her, it was well you're supposed to do all this stuff. That's why you had us." "What (child) wanted was her own way with no give on her

part." "Attitude...that we didn't know anything and she knew it all." A parent who had her daughter charged with assault said, "something just didn't go her way and she was screaming blue murder and stuff like that and she assaulted me." One parent described the former situation with her son as:

> He would just sleep in and we were doing everything. We were supporting him and he was just partying and staying up...whenever he wanted to, basically not part of the household. Like he was separate, like he was in a boarding house. He didn't answer to anybody...

Another parent said,

> It was to the point where (child) was getting a little out of hand, like mouthy wise and stuff. You know, it's like I don't have to listen to you, f... you and stuff like that ...And skipping school and what not...

A number of these children did not believe they needed to ask for things they wanted (the family car, money, etc.), but could take whatever they wanted or felt they deserved. "Well she asked, but the ask was 'Mom I'm taking the car' and out the door she'd go before I even had a chance to say yes, no or whatever." They were very egocentric. Several parents also noted feeling that their child's friends were not taking responsibility in their own lives either - not attending school, in trouble with the law, behaving irresponsibly. "See her friends get away with everything." They felt that the peers contributed to the problem by modeling irresponsible behavior and supporting their child's behavior. One mother said her daughter was upset with her for making her take responsibility for her behavior when her friends parents were not doing likewise. "Because that's not what everybody else did. I heard that a lot...And they, in the end,

aren't going to learn how to get along in the world because they're being allowed to get away with things that they shouldn't be allowed to get away with."

Manipulation. Children manipulating the parents was also a feature in several of these families, including the situation of the mother whose child was placed in care while she addressed personal emotional health issues. The manipulation took a variety of forms - threats of self-harm or risk taking behavior, self-harm, aggression, verbal or physical intimidation. One child began self-harm behavior (cutting herself) at 12 or 13.

> So the cutting herself and all the things that brought us to the point where I had to do something about it, that was for her to get her own way, and when it would be over, whatever the episode was, I would still be reeling from it and, she'd go well I never meant it.

Because the child was using such extreme behavior to get her own way, the mother began to avoid addressing situations so as to avoid potential conflict.

> ...I didn't want to confront her knowing this is what could happen, she ended up getting away with a lot of things...she had a lot more freedom than she would have because I couldn't handle it every day.

In addition, the child's tantrum like behavior was very unpredictable - it might occur over a big issue or over a small issue, making it difficult for the parent to anticipate conflict or be prepared. The mother noted, "that anytime (child) would start to react in a really negative way, I would kind of do this," indicating a physical withdrawal to protect herself from the child. Another child said very hurtful things and was intimidating towards her mother to manipulate her and take away her power. In that family the adolescent assaulted her mother on one occasion and was charged. Another mother said of her son,

"...he was a very aggressive child. When he didn't get his way he started throwing chairs around the table and breaking my stuff," and to get peace and end the conflict, she always gave in. These children had identified their parents' weak spots and were seeking control of the parent-child relationship by targeting these weak spots.

Other contributing factors. All six of these families experienced a variety of issues that affected the functioning of the family. In one family the mother was not ready to become a parent when she did, had a problem with depression and was an alcoholic in the child's early years. She recognized that the depression and alcoholism both resulted in her not being emotionally present for her child. In the military family, the father's job and related absences impacted on the family. In another situation, the mother's work stress, subsequent depression and marital problems also added to the context of the family. Learning disabilities and academic struggles contributed to the challenges faced by one adolescent in addition to an addiction problem. Depression, personal crisis and lack of supports contributed to the dynamics in another family. These families had many negative events occurring simultaneously, which contributed to the context of the family and to the quality of everyone's coping.

Parents' theories about the problem. Each of these parents had a different theory or way of understanding why their child was eventually placed in care. These were as unique as the individual family situations. The parents attributed the cause of their child's placement in care to various factors including friends, academic struggles and the effects on the child, drugs and family interference. One mother said, "My personal theory is that, number one, me leaving her a lot and going drinking and partying, and not being there for her the first three years in life, the important years. And then number two;

being sexually assaulted I think really, really did us in." The mother of a boy with many academic struggles shared that, "his attitude changed and he was doing drugs at that time and just doing whatever he wanted. He didn't care anymore. He felt so frustrated." "Probably if we had did something sooner it might have been good. If we had recognized (child's) frustration at school. If I had got him help before I did." One mother said, "I was tired. I was worn out. I didn't know how to deal with him." A single mother said,

> I have to be responsible for some things, but they weren't really wrong enough to create this whole scenario. She had a lot of stuff to figure out, things to understand and a lot of that anger although it's been focused at me, it's been being angry and upset about that divorce that happened so long ago and not being able to make a connection with the Dad who she wants to love, but he doesn't treat her very well and in her mind, I'm not treating her very well either.

Some parents attributed the problems, at least in part, to factors outside of the family. A mother whose husband and son had had prior conflicts said, "he had an altercation between him and his dad, physical, and my family got involved which they shouldn't have." She believed that had her family not intervened the father and son would have resolved their differences without the boy needing to leave home. A set of parents attributed the problems to friends and a lack of opportunities, "It's the crowd they hang with." "There's nothing in Brandon, nothing except wandering the streets and getting in trouble." The father in this family also expressed the belief that a lot of his daughter's anger stemmed from the moves and his frequent absences that occurred because he was in the military. He felt the family would have been a lot closer if he had been in a different job. "Because I'd be gone for six weeks. I'd miss something...that they did or

you know they cut themselves or whatever you miss that." He also felt that more support from the military would have helped. "...if they would have actually followed up with one-on-one counseling or husband/wife counseling about how to deal with it, we probably wouldn't be in this situation."

Decision making. Eventually the cumulative impact of the conflict with their adolescents left these parents feeling overwhelmed and unable to cope any longer. The phrases "I had enough," and "I couldn't take it anymore" came up with these families also. They described their situation using words like, "so it was one thing after the other," "I don't remember what I was feeling. I think I was probably numb half the time...You never knew what each day was going to bring," "it's not just one thing. If it was, it might have been an easier problem to handle in the beginning," "I was tired. I was worn out, I was played out. I didn't know how to deal with him," and "it would seem like a steady year and a half, two years of fighting all the time." Another commented on second guessing herself,

> I questioned a lot of the decisions that I'd made...I think those questions were part of being shell shocked. Always being in conflict of some kind, you do start to question....I guess if you were thinking in terms of a person who has been beat up really badly, that's kind of the way I was because I was so discouraged about how to parent properly...I felt like I had been kicked.

Another parent also talked of second-guessing herself, "Absolutely. Comparing, like parents who have kids who are doing what they thought they should be doing and what did they do right and what did I do wrong."

Post-placement

At the point of interviewing the parents, four of the six children who had been placed in care were at home again. They had been home for periods of time ranging from 4 days to 7 months. One set of parents described the situation with their daughter since her return home as being good for the first month and then deteriorating to as bad as before, with all of the same kinds of behaviors occurring. They reported feeling more hope over recent weeks since she became employed. She had been demonstrating more responsibility and an improved attitude, giving the parents hope. Another parent referenced an incident while her daughter was out of the home that seemed to be a turning point for her, "...she finally clicked into the idea that compromise is something that comes from both." The daughter is now behaving more responsibly, treating her mother and sister with respect and has not argued once with her mother since her return home. Another child was described by his mother as being more grown up since his return home; "I can talk to him and reason with him." The turning point in these situations seemed to have come from changes on the part of the adolescents. They began making different choices, behaving in new ways, having different expectations of others and being more respectful of family.

Several parents whose children were now out of care expressed feelings of hope when speaking about their child and the future. They felt more hopeful that their children's lives would become more stable and that their children would begin to make more responsible decisions for the future. One parent expressed hope that their child would one day renew family relationships that were presently strained.

Parent-adolescent Conflict

Parent-adolescent conflict presented as a significant issue in this research. In many of these families parent-adolescent conflict was a primary contributor to the child's placement in care. The conflict between these parents and adolescents was ongoing and often unpredictable in terms of when or why it occurred. Conflict in these families tended to be primarily over day-to-day matters, such as: chores, curfew, sibling interactions, friends, social activities, use of the car and the desire of the youth to be autonomous. This is consistent with Barber's (1994) research that found that the conflict between adolescents and their parents was largely about day to day issues such as chores, family relationships, school, dress, etc.

In a study of parent-adolescent conflict, Barber (1994) concluded that the strongest predictor of parent-adolescent conflict was adolescent personality characteristics and the second strongest predictor was negative parenting. The findings in this research support the idea that both adolescent personality and parenting style were both contributing factors to the conflict in the family. These children were in conflict with their parents at a much higher level than their siblings were. The parents described the child of focus as having a different personality and a different relationship with the parents than their siblings, e.g., the siblings demonstrated better communication, more co-operation and more responsible behavior. These parents were not experiencing significant problems with their other children nor do they appear to be moving towards increasing problems with them. The parents were using similar styles of parenting with all of their children, but experiencing problems and conflict with the one child, suggesting that the child's personality may be a significant factor in the conflict.

Although the parents did not directly state that the problems were attributed to the child's personality, they did so indirectly. When these parents talked about the problems the family experienced they described their child's behavior and personality and how these affected the family. "It's just that what she was doing was affecting us so deeply." "Whatever happened (changed), happened because (child) decided something was going to be different." "Now that she's been in foster care...the foster parents are going through what I was I was going through." "It was to the point where (child) was getting a little out of hand, like mouthy wise and stuff...I don't have to listen to you, f...you and stuff like that." "It got to the point where it didn't matter what my explanation was, the fact that I said no was enough and she just got worse and worse and worse."

It is important to note though that four of the six children placed in care because of parent-child issues were the eldest in the family and one of these children was an only child. These parents were therefore experiencing, for the first time, the normal stages and tribulations that parents and children go through together, particularly at the onset of adolescence. Much of these parents' learning about parent-child communication, conflict management and problem solving was occurring in regard to their eldest/only child. Thus, these parents were learning as they went during a difficult family life transition.

Macdonald (1992) noted that adolescence is a time of challenge for many families who place children in care. The adolescent's search for increasing autonomy challenges the existing balance in the family resulting in parents and children entering into a struggle. The families in this research found pre-adolescence and adolescence to be a time in which their problems with their child and in the parent-child relationship began or intensified, indicating that these families were significantly challenged by this transition

period. In the pre-adolescent period families establish patterns of relating in terms of problem solving, communication and managing emotions. Reuter and Conger (1995) found that the context of family relationships entering adolescence determines the quality of the parent-child relationship in adolescence and whether it is a time of family strengthening or of deterioration in family relationships. Families that entered the adolescent period characterized by warmth, positive communication and attentiveness experienced strengthening family relationships, while those characterized by hostility, coerciveness and criticism experienced increased problems and conflict. In the families interviewed for this research, problems with the child of focus began in pre-adolescence (approximately ages 11-13) and intensified as the child moved further into adolescence. Issues with the child of focus tended to be fought over and not resolved because listening and talking were one-sided or because a lecturing or a 'you do as we say' approach was used and because the child refused to listen or engage in meaningful dialogue. The context of the pre-adolescent relationship between the parents and the child of focus may have determined the quality of this particular relationship.

In conclusion, parent-child conflict in these families appears to be the result of a combination of factors - adolescent personality, parenting style and parents' ability to deal with the child's adolescent behavior. The personality of the child may affect the child's response to the parents' style of parenting. The blend of the child's personality and the parents' style of parenting created communication and interaction that was particular to that parent-child relationship. This in turn impacts on how effectively the parent and child are able to manage the problematic day to day issues brought on by adolescence and the changing needs of the child.

Attachment

Early attachment experiences affect individuals' emotional development, their experience and understanding of events and their response to events. Impaired attachment can result in disengagement in the parent-child relationship, parent-child conflict or abuse. Impaired attachment may be an issue in some of these family situations, but this cannot be addressed definitively in this research.

Attachment issues may contribute, to some degree, to the conflict in one mother daughter relationship where the mother acknowledged alcoholism in the formative first three years of her child's life and also struggled with depression. She identified that both the alcoholism and depression contributed to her being emotionally unavailable to her child at times. She also identified not being ready to be a parent when her daughter was born. These are all factors that can contribute to a poor attachment. Bowlby (1975) noted that, "...the more discontinuous and unpredictable the regime the more anxious [the child's] attachment." This mother shared that when her child was small she actively partied and drank and left the child with sitters, contributing to instability for the child.

Caffrey and Erdman (2000b) conceptualized the behavior of the adolescent as an adaptation to a perceived lack of protection by the caretaker. The adolescent behaved in specific ways to test out 1) whether or at what point the parent would become protective, or 2) because the adolescent perceived that the parent was unable or unwilling to provide protection. Adolescents with insecure attachments present three typical behavior patterns in these situations: 1) recklessness and accident prone behavior - i.e.; self-destructive behavior including disobedience, drug use, fighting, impulsivity and criminal activity; 2) inhibition of exploration - i.e.; avoidant and withdrawn behaviors and 3) precocious

competence in self protection - i.e.; reversal of the parent-child relationships whereby the child is acting in the role of protector or where the needs of the parents take precedence over the child's (Caffrey and Erdman, 2000b).

The first and last classifications are particularly applicable to the situations of the families interviewed and may help to explain the conflict in some of these situations. In terms of reckless behavior these children's behavior included such things as criminal activity (theft, shoplifting), drug and alcohol abuse, skipping school, not following rules, impulsivity, verbal or physical conflict with a parent, rebellious behavior, conflict with family members and self harm behaviors. These adolescents were clearly pushing the limits to test out the boundaries and parental response. Parent-child role reversal took place in several family situations. In one family situation, the child was often fulfilling the role of caregiver and attending to the physical and emotional needs of the parent. In several situations the parents' ability to grant precedence to their child's needs was diminished as a result of their own struggle with depression. In these situations, the children were in the position of being unable to rely on their parents and having to be their own protectors.

Unmet Needs

Similar to the families whose children had health related issues, the presenting problems of the child, family composition, support systems, personal resources of the parents and the life situation of each of these families varied greatly and so therefore did the needs they identified as not having been met by the agencies and resources from which they sought help. Overall, parents related feeling that the resources they needed were available when they needed them. Two broad gaps came up in the discussion with

parents. One parent identified reaching out for resources to read to try to help her with the problems she was having with her adolescent and finding nothing. "There's nothing out there for when you're in it. To make it change. There's nothing there. It all deals with littler kids. It doesn't tell you how to deal with a 15 year old who..." Available resources address how to parent young children, but there are few resources addressing issues with adolescents and what to do once you were experiencing severe problems with your child. Another parent believed that what was needed to help young people were youth centers run by youth for youth; a place for young people focused towards meeting their needs that they would manage under the supervision of an adult.

A couple of parents identified needs that were quite specific to their individual situations. One parent experienced a lot of frustration in dealing with the academic struggles of her son. She felt that the school system did not give adequate attention to her son's problems or needs and regrets not having pursued more aggressively the problems with the school system. A single mother who was struggling emotionally identified loneliness as an overriding issue and expressed the need for companionship, a male friend to go places and participate in activities with, so she was not alone nor the 'third wheel.' A military parent expressed feeling that there were insufficient supports available for military families.

Issues Relating to All Families

Child and Family Services

Parents from both families with health related issues and parent-child issues identified a variety of different needs they would like met by Child and Family Services. They expressed the need for validation, understanding of their situation and its' severity, to

know that there was an appropriate resource available for their child, help and counseling. Some were looking for the removal of their child from the home from the beginning. In terms of validation a mother struggling with parent-adolescent conflict said, ".. I also needed to hear that the things that I was doing weren't really wrong...You need to know if you're being a good parent or a bad parent." Another parent was told by her worker, "I don't know how you put up with it," referring to the problems with her adolescent, which allowed her to say, "I can't anymore. Put her into care." One mother shared being told by her worker that her adolescent was not a candidate for a foster home because her behavior was too out of control and said, "I guess I almost needed to hear that too, to know that the situation was getting so severe that no other family group was going to be able to have an impact on her anymore than I could." Three parents with issues related to the parent-child relationship identified needing to know (from the agency) that there was a resource to look after and help their child when the parents felt they could no longer do so. They did not want to abandon their children or leave them helpless and alone.

Two of the sets of parents whose children were placed for health related issues did not feel heard, understood or taken seriously when they initially asked for placement of their child. They did not feel that the seriousness of their situation was understood. They felt they had to force the situation to have their child placed, one by refusing to take the child home again and another by threatening to drop the child at the agency. "They made room for him. Cause I just said, I'm not taking him home again. I was to the point where I had to say that because they would not do anything to take him away, they thought, well you can handle it. Well, no I can't. They didn't understand." It is not entirely clear whether

the agency mentioned by the parent was Society for Manitobans with Disabilities, Child and Family Services, another resource involved with the family or all of the aforementioned. When asked what they would have done if there had been no available placement for their child a father said, "Oh she was going. I was going to take her down myself. I threatened them down there, either you find a place or I'm going to drop her off there." One of these parents summed up her feelings saying, "I just think you should really listen to what people are trying to say and take it seriously and the thing was, we were crying out for help and not getting the help when we needed it." These parents were very frustrated as a result of their experience up to their child's placement. The frustration came from a combination of their experiences with their child, their experience of trying to get help and their personal sense of being overwhelmed and desperate. A single parent, whose child had health issues felt that her situation was understood by Child and Family Services and felt that their response to her was one of acceptance, "I knew I'd had it. They knew I'd had it. I think they were just waiting for me to finally realize it."

Several parents in situations of parent-adolescent conflict suggested that when they asked to have their children taken into care, the response from their worker was one of acceptance, rather than surprise, as if the worker had been expecting it. This followed months of services being provided to the family and listening to the parent talk about their experiences and feelings. Two parents didn't actually ask for placement, but agreed to it when it was proposed because they felt they really had no choice - one family because the child could not come home (because of a no contact order between father and son), and another family because her child had to go somewhere while the parent sought

help for herself. The parent whose child had been staying at relatives agreed to a voluntary placement agreement so that arrangements for semi-independent living could be made for the youth. The mother with emotional health issues agreed to her child staying with relatives under a voluntary placement agreement. One parent in a situation of parent-adolescent conflict felt that she and her husband and the worker got off to a tense start with the initial message from the worker, "..we don't want to take your child. We're not going to take your problem." Once they talked to the worker and explained that they wanted help and did not want to get rid of their child, they felt the relationship improved.

Overall, parents reported generally positive feelings regarding their workers. Comments regarding their relationship with their worker included: "Fairly positive," "...She was a wonderful support for me," "Very close. I find her very easy to talk to. I find her to be my friend," "...he can relate to me and I can relate to him," and "I feel I can trust her." These were relationships of support and trust, in which the parents' expectations/needs of Child and Family Services were generally met. One parent commented that the one thing she would have liked to be different is for the worker to have worked with the family more on resolving the issues in the relationship between the child and his father.

Parent's Feelings About Decision to Place

Positive feelings about their decision to place their child in care were a recurring theme throughout these interviews. The majority of these families expressed positive feelings about having placed their child. All of the parents who placed their child in care because of health issues expressed confidence in their decision to place their child and

had no regrets about this decision. They believed it was the right decision for their child and their family and therefore, were not experiencing feelings of guilt. As one parent said, "I don't feel guilty about it now because I know it was the right thing to do for her." Several factors contributed to this including their level of contact with their child, their feelings about the placement, how the child was doing and how the family as a whole was now doing.

All of the parents whose children had health issues spoke very positively about the child's placement identifying positive benefits for their child, in terms of family life or new opportunities. This was particularly so for the parents of a child who had been placed in a specialized facility and now had many new programs and resources available to him. It is noteworthy that no negative feelings about their child's placement were expressed by any of these parents. "But he still needs so much and I couldn't give it to him. No. So it was definitely the right thing to do and they're a wonderful family. Thank God. They're just so wonderful," concluded a parent.

Knowing that their child was happy and doing well seemed to be a big part of parents being able to feel good about their decision to place their child with special health needs and being able to move on in their own lives. It obviously meant a great deal to each of these parents to see their child happy. Frequent comments were made in interviews about the fact that their child was happy and about the quality of life the child now had. Parents felt that their child's needs were being met and that the situation was now better for the child and the family.

In families where placement resulted from parent-child issues, four of the six parents expressed positive feelings about their decision to place their child in care. A parent

summed up their feelings saying, "So turning to somebody else was a positive thing, although I didn't want to...It worked out for the best I think. I can't see any other way that I would have been able to go at that point." Only one parent expressed regret about having placed their child in care and that was one of the parents who felt she did not have a choice to place her child into care (someone had to care for her child while she received help for her emotional health). She was quite firm that she would never place her child through Child and Family Services again, because she had felt a lack of control having him in care. When she returned home from the hospital she expected her child to return at the same time, but he stayed with relatives for an additional two months. The mother understood this was intended to give her more time to get her strength back, but nevertheless felt a loss of control and expressed fear of losing her son again. Another parent who did not want her child in care was generally happy with the group situation her child was in and preferred having the child in care over the prior situation of living with relatives, but her true preference would have been to have had the child living at home.

Three parents placing children because of parent-child issues expressed feeling relief and that they could now relax after their child entered care. One mother said, "But knowing that she was there and that they're trained to look after kids that have serious problems made me feel a lot better. It was almost like I could relax a little bit," and another said "...I felt when (child) went into care, a little bit of relief so I could say well I can live again." The break from the daily conflict was described as a relief by parents. A parent expressed feeling relief as a result of the fact that the foster parents also struggled to deal with her daughter's challenging behavior. This was validating for her as it

confirmed that it was not just her or her parenting, but that the child presented difficult challenges.

The parents who placed their children in care because of health issues also reported positive changes in family life after the placement of their child. Each of these families reported significant differences in family life now as compared to before the placement of their child. The parents' stress levels were decreased and they were coping better. The relationship between the parents was happier. A parent reported that they, "never fight anymore. We're never uptight anymore; we're more relaxed now." Family life was more relaxed and families were now able to participate in life in a way similar to other families. One parent said, "It's like wow. This is how people live. Totally different." Changes in day to day life included such things as more sleep, a parent now being able to work (relieving some financial stress), families able to get out more socially (decreased isolation). A mom and her child who had been quite isolated because of the needs of the other child said, "...me and (son) were never home. We'd walk up town, we'd go to town and do stuff and (son) was just amazed because he had never seen this stuff. He was as isolated as I was." In the past, life had been very structured, planned around the care needs of the child now placed. This mother expressed having a newfound freedom, "I just get up and go. I just don't worry about it anymore. I don't even care what time of day it is. I just go." She said she now felt free.

Postponement

The writers' perception from the interviews with parents was that the decision to place their child in care was one that all of these parents struggled to make and that they put off for as long as they possibly could. There was a fine line between needing help to keep

the child at home and feeling unable to cope anymore and needing placement. This was a decision they needed to make for themselves based on their readiness. One parent noted that the decision to place her child in care was one she needed to make for herself, despite the fact that at times she would have welcomed someone else taking charge of the situation, "...Where I would have welcomed it on the one hand because I was such a mess... I may have in the end ended up feeling very guilty about having the decision made by someone else."

All of these parents tried very hard to put off having to place their child in care. They tried other alternatives such as placement with family and respite and sought help from many different resources before placing their child. Most seemed to need to reach a point where they were overwhelmed by the situation and absolutely could no longer cope with the existing situation. Hope and the desire to not give up on their child kept many parents struggling with the situation. They had hope that things would change and they did not want to give up on their child or their family. Parents seemed to go through a gradual ruling out process. These parents needed to know that they had done all they could for their child and that they had tried every option possible to help their child. They did not want to look back and wonder if something they could have done would have prevented the need for placement. Parents of a child with health related issues said,

> We had to make sure that we tried every option possible, cause we didn't want to do this, and then what if, what if, what if. Like what if there was some new medication that would have helped and we did this, and what if she gets better. That was always in the back of our minds. That's why we waited so long.

When it came to the final decision about placement, parents needed to justify their

decision with the knowledge that they had done all they could. One family whose child had health needs was offered increased respite when they first approached Child and Family Services about placement of their child and chose to try this instead of placement, hoping it would help and that things would get better.

One parent in a situation of parent-adolescent conflict said, "..I even needed to know that I'd done everything that I could possibly do to make a difference and it became a choice of (child)." Other parents of adolescents kept going, feeling that they should be able to handle it. Several parents described reaching out for help as very difficult because they felt they should be able to handle it on their own. "It was tough. You figured you failed as a parent...Because you were reaching out for somebody else's help, other than family." "I should be trying to handle it on my own, but I knew I couldn't so I went for (child's) sake." Parents also described feeling that in the end they had no choice, but to turn to Child and Family Services, "I felt it was my only choice at the time." They felt desperate and that there were no other options available to them. Eventually, the combination of feeling overwhelmed by the crisis and feeling a lack of other options resulted in the parents placing their children in care.

Feelings After Placing Child

One part of a study by Jenkins and Normans between 1966 and 1971 (Jenkins and Normans, 1972) examined parents' feelings about foster care (the research did not distinguish between children voluntarily placed in care or children who were apprehended). The mothers they interviewed expressed sadness as the most common emotion when their child was first placed in care. They also expressed worry, nervousness, emptiness, anger, bitterness, thankfulness and relief. Of the aforementioned

emotions, relief was expressed by three parents who had placed a child in care because of issues in the parent-child relationship. Parents who placed their child because of medical issues expressed a lack of guilt over the decision to place the child. Because their child and family were doing well after the placement, these parents felt confidence in their decision rather than guilt. Jenkins and Normans (1972) also found that parents' feelings about placement were related to the reason for placement. Parents who viewed the placement as necessary expressed feelings of thankfulness and relief. Likewise, this research found that the parents who viewed the placement as necessary (and not as a necessity because of lack of other options) expressed positive feelings and relief about the placement. Some of these other emotions may have been felt by the parents in this study, but did not arise in the interviews. Sample size, characteristics of the parents who agreed to participate in interviews and the reasons why these children entered care may contribute to different outcomes regarding the emotions expressed by these parents.

Parents' Emotional Health

Mothers' depression and anxiety was a recurring theme in this research. Of the three sets of parents whose children were placed in care as a result of health issues, two of the mothers were on medication related to the stress of the situation. One mother was on increasing amounts of anti-depressants for three years prior to her child's placement and the other needed medication to cope with the stress for a brief period of time. Of the six families whose children were in care for parent-child related issues, four mothers had pre-existing problems with depression or anxiety. In three of these situations the conditions were present throughout their life, although stress from the parent-child situation may have exacerbated the problem. Work stressors and then the crisis in the family

contributed to the depression of a fourth mother. A fifth mother said, "I think I had a minor breakdown." This was in response to the stress of the situation. In only one family, neither depression nor anxiety was named as an issue.

The presence of depression or anxiety affects a parent's ability to cope with stress, their parenting style (for example, coping and stress tend to affect such things as consistency, firmness, communication style) and in some cases the parent's ability to be emotionally present for their child and to be attuned to the needs of their child. Depression, as a pre-existing trait in a parent, may be one of the factors that contributed to the development of the parent-child situation that eventually resulted in the parents requesting placement of their child. It may have been a factor that contributed to the parent-child conflict or to the parents ability to cope with some of the challenges of parenting.

The presence and role of depression and anxiety in all of these cases highlights the significance of these as indicators for assessing parenting ability, family coping and level of crisis in a family. This suggests that social workers need to monitor closely families where depression and anxiety are present, as these may be indicators of how challenged and overwhelmed the parents feel in their parent role or indicators of the coping abilities of the family members. The presence of these may also be an indicator of the family being in or moving towards serious crisis.

Birth Order

Of the nine families from which parents were interviewed, the child placed into care was the eldest in six of these, the youngest in one family and an only child in two families. To examine this more closely, of the three families who placed children for

health related issues, two of these were an eldest child and one an only child. Clearly in these families the birth order of the placed child is purely coincidental. In the families in which the reason for placement was related to the parent-child relationship, four of the children placed into care were eldest children, one was a youngest child and one an only child. As this represents only six families there is insufficient information available to determine if what is seen here is a pattern or coincidence. One possible explanation may be that the problems in these parent-child relationships are in part a product of the child's transition into adolescence and the inability or struggle of the parents to adapt their parenting style and expectations to changes in the child and their needs, as discussed earlier.

Placement of 17 1/2 Year Old

One of the six adolescents placed in care was 17 1/2 at the time of placement. This is an atypical age for bringing children into care. Generally every possible step is taken to avoid bringing children into care and adolescents at this age have other resources. The specific reason regarding why this youth was brought into care so close to adulthood can only be answered accurately by the case social worker. It is the experience of the researcher that when youth this age are brought into care it is after a lengthy period of prior involvement with the family involved and after all other options have been explored and ruled out, leaving an agreement for care as the best alternative available. This is done as a short term measure until family re-unification occurs or until independence can be achieved or until the age of majority.

Characteristics of Families

MacDonald (1992) identified a number of characteristics as common amongst parents

who voluntarily place a child in care. These included problems in parental hierarchy, an inability to jointly make decisions regarding the children, an inability to discipline appropriately or to work together to define appropriate discipline strategies, boundary problems (enmeshment or disengagement from children), role deficiencies and role reversal, highly critical descriptions of the child of focus, communication problems and feeling threatened by growing independence in the child. Levin (1992) also identified the following as common characteristics of parents with children in foster care: social isolation from supportive peers and family members, dependence on social systems (welfare, housing, etc.), low self-esteem/powerlessness, limited access to resources and stigmatization regarding having children in care/not being good enough parents and regarding the circumstances that led to their children being in care. In addition, Barber (1994) noted that higher levels of parent-child conflict are part of a group of negative characteristics in a family including aversive personality, a history of problem behavior and coercive parenting.

While the families in this study had some of these characteristics, these descriptions present a very narrow perspective on families and the dynamics within them. The families in this research presented as much more complex than McDonald, Levin and Barber suggest in the sense of also having many strengths. These parents exhibited persistence and perseverance in repeatedly seeking out help and resources for themselves and their children for some time prior to asking for placement of their child. They postponed placement for as long as they could, struggling until they were overwhelmed and felt they could no longer cope with the challenges of the situation. These parents held out hope that change could happen without placement becoming necessary. They

demonstrated persistence and a commitment to their child. These parents had tried very hard to manage the challenges they were experiencing in parenting their child, but reached out for help and support when they could not manage on their own any longer. All of the families remained committed by maintaining contact and active involvement with their children following placement. These are all characteristics that demonstrate the strength in these parents and families.

All of the families who were dealing with parent-child issues had experienced a history of problem behavior with their child. Isolation was an issue for some of the parents whose children had health problems. Low self-esteem, feelings of powerlessness and feelings of stigmatization would also describe some of the families. Unlike Levin's description, these families were not dependent upon social systems nor were they limited in their access to resources. In one of the nine families involved in this research the single parent was presently not working because of health issues and was receiving financial assistance. One single parent had her own financial resources and was seeking employment. In all other cases one or two parents in the family were employed. These parents had access to many resources as evidenced by the long list of resources they had been involved with.

Resources

The families whose children were placed in care for health related issues and those placed as a result of issues in the parent-child relationship were all actively involved with a variety of resources. These included resources to assist children with physical and emotional conditions, respite services, counseling services for the children and counseling and support services for the parents. Each of these groups accessed very

different resources specific to the needs of their child's situation. For those whose child had a health condition the resources were ones focused on supporting children and families with a medical condition. For those families dealing with parent-child issues, the resources they accessed were ones focused primarily on emotional issues of children and adults and on academic and addictions issues. In addition these parents were accessing resources to aid their own coping and emotional health. There was very little overlap in the resources used by these two groups. The only similarity was that in both groups some of the parents were seeing doctors to receive help and medication to assist in coping with their stress. There was, though, a great deal of similarity in terms of the resources used by those within each of these two groups.

Agreement/Disagreement: Families and Social Workers

The social workers interviewed noted that many of the parents approaching them requesting placement of a child were blended families. It is interesting to note that in this research sample only one of the families interviewed was a blended family. In that case the father entered the family when the eldest child was a year old. Social workers also noted feeling that parents came to them focusing on one particular child as being the problem and wanting them to 'fix' the child. This is consistent with this study in which parents, in part, attributed the problems they were experiencing with their adolescent to the personality of the adolescent. They related not having problems with their other children and having better communication and co-operation with their other children than with the child of focus. Some of the solutions were expected to come from changes in the adolescent. Social workers related feeling that parents wanted someone else to take over responsibility for their child, so that they did not have to deal with the problems

anymore. This was not the case with these particular parents. Rather than seeking someone to take over responsibility for their child, they were desperate for help and guidance. They wanted to help their child, but were at a loss as to how to do so.

Similarities and Differences

Table 3 summarizes the similarities and differences between the two groups of families, those whose children where placed in care because of health related issues and those placed in care because of issues in the parent-child relationship.

All of the children placed in care for health related reasons were less than 10 years of age, while those in care because of parent-child issues were all over age 10. The majority of the children placed because of parent-child issues were expressing a lot of anger towards their parents, while this was not an issue in the families with health related issues. There was conflict in all of the families who were experiencing problems in the parent-child relationship and in one of the families who placed a child for health problems. Communication problems were an issue in all of these families. In the families with children with health issues the communication problems were related to the children's physical and developmental problems, while in the other families they were a product of the parent-child relationship. Mothers' depression and anxiety were a presenting issue in all but two of these families. In the families whose children had health problems, two of the three mothers required medication for depression or anxiety. In the families who experienced problems in the parent-child relationship, four of the six mothers had pre-existing problems with depression or anxiety and one had a minor breakdown. All of these parents reported feelings of overload and being unable to cope any longer, yet all of them also tried to postpone placing their child in care for as long as

they could. All of the parents whose children had health issues and the majority of those who had parent-child issues reached a point were they felt that placement was the only option remaining to them.

Table 3 - Similarities and Differences Between Families

	HEALTH RELATED ISSUES	PARENT-CHILD ISSUES
CHILDREN UNDER 10 YEARS OLD WHEN PLACED IN CARE	3 children from 3 different families	NONE
CHILDREN OVER 10 YEARS OLD WHEN PLACED IN CARE	NONE	6 children from 6 different families
ANGER TOWARDS PARENTS	NONE	MAJORITY
CONFLICT BETWEEN PARENTS and CHILD	IN 1 FAMILY	ALL
PARENT-CHILD COMMUNICATION PROBLEMS	BECAUSE OF NATURE OF CHILDREN'S PHYSICAL and DEVELOPMENTAL CHALLENGES	ALL
MANIPULATION OF PARENTS	NOT A PROBLEM	ALL
DEPRESSION and ANXIETY	2 OF 3 MOTHERS REQUIRED MEDICATION FOR DEPRESSION/ANXIETY	4 MOTHERS HAD PRE-EXISTING CONDITIONS // 1 MOTHER HAD A MINOR BREAKDOWN
PARENTS EXPERIENCED FEELINGS OF OVERLOAD	ALL	ALL
PARENTS FELT PLACEMENT BECAME THEIR ONLY OPTION	ALL	MAJORITY
POSTPONEMENT	ALL 3 FAMILIES	ALL 6 FAMILIES
PARENTS FEELINGS REGARDING CFS RESPONSE	OVERALL - POSITIVE	OVERALL - POSITIVE
POST PLACEMENT - POSITIVE FEELINGS ABOUT DECISION	3 OF 3 - YES	5 OF 6 - YES 1 - NO

Overall, both sets of parents reported positive feelings regarding the response they

received from Child and Family Services. In addition, following placement all of the parents who placed children for health related issues and five of the six parents with parent-child issues reported positive feelings about their decision to place their children.

Member Checks

Six parents agreed to participate in member checks (five who had been dealing with parent-child issues and one whose child had health related issues). A copy of the data analysis was mailed to them and follow up by telephone was done a minimum of one week later to discuss their feedback. They were asked the following questions to elicit their feedback: What was your reaction to what you read? Were your feelings, experiences and needs accurately captured? Was what you told the researcher interpreted correctly? What's missing? What should be added? Additional comments? As the responses to these questions were being discussed other issues arose and were discussed.

Overall the feedback from member checks was positive and validating. Participants made comments such as: "good," "excellent," "very interesting read," "it taught me a lot" and "I think it's great." When asked if their experiences had been accurately captured, respondents all agreed that they had. Remarks to support this included, "Yes. Definitely," "Hit the nail on the head where parents are concerned," and "Caught me where I was at when I was interviewed." Several respondents noted having tried to recognize themselves in the quotes and comments. Some said they could not recognize themselves, others could recognize themselves but did not believe that others who knew them well could have picked them out. One mother identified being able to relate quite closely to quotes of statements made by other parents. They were not her words, but were her thoughts. It was interesting to note also that this mother was identifying with

remarks made by parents whose children were placed for health reasons, but her child had needed placement because of issues in the parent-child relationship. This affirms that there is a great deal of similarity between the feelings and thoughts of the parents in these two groups. One mother commented that she recognized herself and also recognized that other people would have reacted the same way she had.

A recurring theme in the feedback from parents was the realization that they were not alone - in their feelings, experience or decision to place their child in care. This was expressed in a variety of different ways. "We weren't the only ones who had a problem." "I wasn't alone in this - in this decision I made." "I had feelings for the other parents who were dealing with what I dealt with." "There were other people out there like me." One parent expressed feeling, "like I was an alien" and that they had felt that placing their child was a bad thing to do. It was validating for them to know that others had done so too and that there were more parents having experiences similar to their own than they had thought. The similarity amongst the experience of parents was noted, as well as the differences amongst peoples experiences and needs. "It taught me how many forms of problems there are - we get caught up in our own little world." "It helped me gain perspective." "You think your kid is unique and you want the best for them and find out that so does everyone else - for their child." It was noted that the needs of parents/families are very broad, even within the different categories (health issues and parent-child issues). One parent observed that, "every parent reached the point where they couldn't restore themselves anymore." These parents seemed surprised and reassured to learn that they were not alone, that others had similar experiences and feelings and had also needed help.

Respondents reiterated as significant some issues that had been presented in the results. One parent wanted more emphasis placed on how difficult it was for her after her child was placed in care. She felt she had been dropped by all of the resources and supports at a time when she had a very high need for support. It was also reinforced again how difficult it was to change therapists once a positive helping relationship had been established. A parent noted that, "it is demoralizing to repeat your story over and over and over." A single mother who placed her only child in care because of parent-child issues shared that she could relate to the discussion on role loss that had focused on another single parent whose child had been placed because of health issues. One respondent also noted that the isolation was very hard, as they had had little family support.

New issues that arose during the discussions included one respondent expressing concern that some of the parents invited to participate in the research chose not to and raised questions about why these parents had chosen not to participate. Another parent expressed feeling that, "I had to blame someone...I had to find a reason, so I blamed me." It was pointed out by one respondent that, "The thing that got me through was prayer - that was very important for both of us." One parent, following their reading of the results, expressed feelings of frustration and of being overwhelmed. "Overwhelmed that I was part of it all.... overwhelmed that that was really my life." A mother of a child with health issues expressed feeling that nobody treated you as the expert, professionals treated the parents like they didn't know anything. "Trust the caregiver to lead you or work with you. Don't push them off to the side. Trust that they can communicate with the child better than you can."

Of the parents who participated in member checks, three had their child home again and were still experiencing some challenges with their child. One spoke of the events that had occurred as a necessary part of coming to the place they are now in their relationship. This mother, as a result of all the family had been through, had developed a perspective about the situation and her child that she was confident and firmly grounded in. She was no longer trying to change her daughter's behavior, but was setting limits regarding her home and how she will be treated. She is not expecting her child to change for her and summed it up saying, "It's about her figuring out how she's going to be as an adult." A parent also noted that, "It is too late to read anything once problems have started. If everything is okay you don't want to read about what problems might happen. When problems are occurring you don't want to read about what you should have done differently when they were eight."

CHAPTER 5

DISCUSSION AND IMPLICATIONS FOR CHILD WELFARE PRACTICE

This research used two methods of data collection - interviews with Family Service Workers from Child and Family Services of Western Manitoba and interviews with parents who had voluntarily placed a child in care with Child and Family Services of Western Manitoba. Three family service workers participated interviews (one joint and one individual interview) and 12 parents from nine families participated in interviews. The interviews with family service workers and parents were semi-structured and each lasted 1-2 hours. They were guided by a set of open-ended questions and other issues were explored as they arose. The interviews with family service workers were guided by questions about workers' experiences with parents asking to have children taken into care, the reasons given for wanting placement, workers' perceptions of the issues in these families and services needed by the families, workers experiences with family reunification and workers general involvement with these families. Interviews with parents were guided by questions about the current family situation, how the parents expected placing their child in care to help their family, the effect of placement on the family, the parents feelings about having placed their child in care, the response the family expected and received from Child and Family Services and the nature of the problems experienced with the child who was placed in care.

Parents for this research were recruited by obtaining from Child and Family Services of Western Manitoba a list of all children in care and from this identifying all children in care under Voluntary Placement Agreements or Temporary Orders of Guardianship (as a result of the parents asking to have the child brought into care). Parents were invited by

letter to participate in interviews and followed up with by telephone. The interviews were tape recorded and the recordings were transcribed. The transcripts were then coded and analyzed. Two distinct reasons for placing children in care were identified and data was organized according to these (health related issues versus parent-child issues). Data was compared within and across these categories. Following the completion of data analysis, parents who had agreed to participate in member checks received a copy of the data analysis pertaining to interviews with parents and provided their feedback.

A number of steps were taken in the research process to ensure the credibility of the research. The processes of data collection and analysis have been described in detail as evidence of the method's quality and soundness. As a reliability check, transcripts were reviewed and coded twice using an unmarked copy each time to ensure the consistency of the coding. Member checks also helped to verify the reliability and validity of the research. Through member checks interview participants provided their feedback on whether the researcher had correctly interpreted their experiences, feelings and needs and their reaction to the analysis. Research participants were quoted as evidence to support the researcher's interpretation of the data.

From the interviews with family service workers a number of significant themes were identified. Family service workers noted that generally it was adolescents that were being voluntarily placed in care by their parents. They described parents who voluntarily placed children as tending to have had negative childhood experiences themselves, a tendency to focus on one child as the problem, having very high expectations of their children, a lack of knowledge of age appropriate behavior, low tolerance for deviance and as very authoritarian or controlling. These parents had a difficult time with limit setting,

were immature and reactive. Other themes that emerged were: workers' experiences with reunification, parents expectation of Child and Family Services, the response of Child and Family Services and workers perspective of parents' needs. Workers reported a tendency of parents to focus on their child as the problem and to look to Child and Family Services to 'fix the child.'

Interviews with parents highlighted two primary reasons for placement of children into care - health related issues and parent-child issues. Primary themes that emerged from interviews with the three families whose children had health related issues were: a lack of supports and isolation, parents feeling overwhelmed and unable to cope any longer and families reaching a crisis stage where they felt they had no options remaining but to place their child. Feelings of loss were quite significant for a single parent mother who found that when her child was placed in care that she lost her identity and her support system. A variety of needs were identified by these parents as unmet including financial programs, increased respite and more follow-up services.

Interviews with six families whose children were placed in care because of issues in the parent-child relationship identified a number of themes. These families experienced problems and escalating conflict over a 2 1/2 to 5 year time span prior to the child's placement in care. The families accessed of a variety of formal supports services for both the children and the parents. This is evidence that these families had a variety of problems that contributed to the family situation and of the parents' effort to get help prior to placing their child in care. Anger, communication problems and manipulation of the parents were common features in these parent-child relationships. Many of these parents reached the point where they felt overwhelmed with the parent-child situation,

couldn't cope with it any longer and felt they had no other option but to place their child in care. Following their child's return home from care, some of these parents reported positive changes having occurred and feeling hope for the future. Parent-adolescent conflict was a significant issue in the research. Adolescent personality, parenting style and the stage of adolescence were all factors that played a contributing role in the conflict. Attachment problems may have also contributed to some of the problems experienced in these families. These parents identified unmet needs including written help resources, youth centers and other needs more specific to their situations.

A number of common themes arose in the interviews with both sets of parents. These parents expressed having the following needs from Child and Family Services: validation, understanding of their situation and to know that there were resources available for their child. Overall, parents expressed positive feelings about the response they received from Child and Family Services, although a few sets of parents reported that they did not initially feel heard or understood when asking for placement of their child. The majority of families expressed positive feelings about having placed their child in care and spoke of positive outcomes for their child and/or the family. Postponement of the decision to place their child in care was an issue in most of these family situations. These parents tried many other possible solutions to their problem before feeling that they had no other choice, but to place their child in care. Depression and anxiety in the mothers was an issue in varying degrees in seven of the nine families. In some cases the depression/anxiety was a pre-existing condition and in others it was in response to the situation. It may also have been a contributing factor to the family situation in those families where parent-child issues resulted in placement. This research

highlighted the fact that these families were complex and their characteristics included both strengths and weaknesses. These parents demonstrated strengths such as persistence, perseverance, a sense of obligation and responsibility toward their children, and hopefulness, but reached out for help when they found they could not manage on their own any longer.

Limitations

The results of this research cannot be broadly generalized because of the small sample size of both social workers and parents interviewed. The results are limited somewhat in that it is unclear how the parents who chose to participate in this research are similar or different from those who chose not to participate. Are they different in terms of family strengths? Resourcefulness? Feelings of guilt? Their ability to share their experiences? How their participation would have affected the outcome is not known. In addition, these results must be evaluated in the context of the region and agency from which the social workers and clients were drawn. The experience of social workers and parents may be significantly different in a more urban area or for those associated with a different child welfare agency. It would be valuable to repeat this research with a larger population and with an urban population to gain an improved and broader understanding of the experiences and needs of parents who place children in care.

This research is also limited in its generalizability in several other ways. All of the families interviewed for this research were Caucasian, therefore cultural differences could not be considered. The interviews with parents did not explore their pasts or family of origin experiences so there was inadequate information to assess the parents' own attachment experiences nor was there sufficient information available to assess their

attachment to their child. It was, therefore, possible to relate the literature reviewed on attachment to the outcome of this research in only a very small way. Finn (1994) found poverty to be a strong predictor of foster care placement and Levin (1992) found a dependence on social systems (welfare, housing) to be a common characteristic of families with children in care. These interviews did not address family income, but the approximate incomes in these families ranged from low-income to middle income. One single mother was temporarily off of work because of health issues and receiving financial assistance and another parent was self-supporting and seeking employment. The remainder of these families had at least one employed adult. Therefore, the results cannot be generalized to very poor families or high-income families.

Implications

The data from this study provides evidence that most parents want to be the best parents they can and bring to the job of parenting the best knowledge, skills and resources they have at a given time. As their child ages and grows, the parent's skills, abilities and resources change as a result of experience, growth and life challenges. No matter what, they continue to bring their personal best to the job of parenting.

At the time of their request to have their child placed in care the feelings of the parents interviewed for this research could best be described as desperate and overwhelmed. This diminished the quality of their 'personal best' and placed these families in an extremely high level of crisis. Speaking with these parents highlighted the level of difficulty that these families were experiencing prior to seeking help, as well as the high degree of difficulty for parents to reach out for help and to ask for placement of their child. The placement of their child in care was the outcome of between two to nine years

of struggle for these parents. As a result of the complex problems facing their family and their desire to preserve their family, these parents sought help from many professional resources for themselves and their child before seeking placement of their child. These parents were overwhelmed and in crisis and ultimately reached the point of desperation.

Social workers noted that a desire for change was a common characteristics in these families and that some parents approached Child and Family Services in a proactive manner anticipating that the problems they were experiencing with their child might someday require out of home placement and seeking help to prevent that. Workers also noted that their work with families whose children were apprehended into care and with parents who requested to have their child taken into care was very similar - less so in the initial stages and increasingly so over time. Communication, coping, limit setting and problem solving were issues that all of these families commonly needed assistance with.

Inadequate respite resources were identified as a problem by those parents whose children had health related problems. The needs of these children for physical care, supervision or in regards to behavior management were so extensive that the parents were challenged to meet and cope with them. The complexity of their child's health issues meant that parenting their child entailed many challenges unique to their family situation. Placement might have been prevented, delayed or the family not have reached such a high level of crisis had there been more respite services available to these families and at an earlier point. As it was, these families reached a point of crisis in which the available respite made an insignificant amount of difference towards coping and their level of crisis.

For some families, their child's placement into care resulted in positive benefits for

the child and for the family - sometimes in terms of improved conditions for the child, personal growth in the child, decreased stress for the parents, better home-life for the family and family strengthening. Schuerman, Rzepnicki and Littell (1994) noted, "For some families, placement should be viewed as a useful tool to facilitate resolution of family problems that will help the family stay together" (p. 249). Short term separation created the opportunity for individual and/or family growth in some of these situations and in some cases family relationships were strengthened as a result of the break from the constant struggles and challenges. Parents whose children were home after being in care cited improvements such as an absence of conflict with the parent or siblings, improved communication and conflict resolution skills, improved ability to cope and to take increased responsibility at home.

Although change occurred, it was not all encompassing. Some of the children who had returned home continued to exhibit some of the same behaviors that had contributed to the parent-child conflict. Change occurred in only some of the problem areas or in some cases was short term. A change in the parent's perspective of the situation and how to manage it contributed to the post-placement change in some cases. A new understanding of their child's needs, their needs as parents and developing different responses to their situation were outcomes of being apart and trying to achieve change for some parents .

One of the guiding principles of Child and Family Services agencies is family preservation. Unless the child's safety is compromised, it is the position of Child and Family Services that problems should be resolved while the child remains in the family setting. However, social workers expressed the perception that when parents asked to

have their child placed in care it was a reactive response by parents reflecting a desire to have Child and Family Services "fix their child," not necessarily preserve the family unit. The research clearly showed the opposite, that this request was the last desperate move to preserve their family after a long, hard struggle rather than giving up at the onset of a crisis. Social workers find themselves working within a difficult balancing act - balancing the role and positions of the child welfare agency and the expectations of desperate and overwhelmed families. The outcome of this is that parents often perceive the social worker as lacking in empathy and unresponsive to what for the parents is an immediate and overwhelming crisis.

Social workers have the difficult task, in the midst of a crisis, of trying to gather sufficient historical data about the family to understand the long, emotional struggle of the family. Adding to this difficulty is the fact that social workers are entering families' lives when the crisis has already become unmanageable for the family making it difficult to measure the level of family crisis. In addition, the problems that many families are seeking to address are long term and sometimes multi-generational.

It is the role of the social worker to be actively involved in the lives of families and as a result of on-going assessment be attuned to the changing needs of the family and to their level of crisis from the initial contact onward. This is important in order to fully understand the issues, stressors and needs of each individual family member, to identify what is contributing to the presenting problem and to plan how and when to best intervene. Gathering a detailed history and close monitoring are critical to providing an appropriate and timely response. This also involves the identification of underlying problems that co-exist and require intervention. This research found depression and

anxiety to be a recurring issue for the mothers who were interviewed. Depression and anxiety may contribute to the family problem and level of crisis by interfering with a parent's coping ability, their ability to be fully present for their child and to meet their child's needs. In some cases depression and anxiety problems were in response to the family problems and a product of the lengthy struggle. Depression and anxiety are two issues that social workers should explore when taking a family history, and be part of on-going family functioning assessments. Finally, this research found that parent-adolescent conflict, adolescent personality, and parenting style contribute to parent-child conflict. There needs to be recognition of the multiple, interacting factors that contribute to struggles and conflict in families. The identification of these factors requires thorough assessment on a frequent and ongoing basis so that problem identification and early interventions can lead to earlier resolution of problems. Workers must also listen closely to families' definitions of their needs.

This research found that while the families had numerous difficulties and problems, they were also more complex than MacDonald's (1992) and Levin's (1992) descriptions suggest. They exhibited many strengths such as persistence in seeking help for their children and themselves for many years, holding out hope and postponing placement of their children. They were committed to helping their children and persevered until they were too overwhelmed and desperate to cope any longer. These families need support from helping systems and affirmation of their strengths, not blame.

This research highlighted that all parents need social workers to normalize their experiences and feelings. Feeling alone and isolated was expressed by these parents and re-iterated in the member checks. They needed to know that they were not alone in their

experiences or feelings and that others had made similar choices to themselves. All parents need to know that they are not alone in their frustrations, challenges or pleasures of parenting, that they and their children, their relationship and their responses to each other are like those in other families. The importance and value of the social worker's role to normalize and validate parents' feelings and experiences must be emphasized.

Social workers cited a lack of time and resources to carry out their role as delineated above. Parents also identified a lack of resources including respite services. This draws attention to issues that need to be addressed to empower both social workers and families, to meet the objective of child welfare agencies of family preservation and to overcome the problem of too many needs and too few resources. Changes need to occur in the areas of funding, policy and prevention. A number of recommendations are suggested based on the discussions with parents and social workers.

Recommendations Based on Interviews With Family Service Workers

Family service workers noted that they were able to meet with families less often than they felt was ideal and therefore felt that in some cases they were only able to do fine-tuning or band aiding. They also identified a need for more in-home support workers who can work with families. To meet these needs increased funding is needed in the child welfare system:

1. To reduce social workers' caseloads, increasing their ability to be responsive to families.
2. To increase the number of in-home support workers who can work intensively with families providing support, teaching and the modeling of new skills.

Policies should be developed to place limits on the size of social workers' caseloads.

Such policies must acknowledge not only the number of cases that workers are responsible for, but also the intensity of need in each case. More time and resources are needed in many situations such as when the problems to be addressed are long term or multigenerational or with large or very high risk families.

Recommendations Based on Interviews With Parents

The parents of children with health issues identified the need for more respite services to help them when they were feeling overwhelmed in parenting their children. They expressed the need for more respite and for respite for longer periods of time. More respite at an earlier stage in the family situation might have helped some of these families to cope better or for longer. A parent of a child with significant physical problems also identified the need for financial programs that would have helped them to modify their home to better accommodate their child's changing needs. A financial program or low cost place to stay would also be an asset for parents who need to travel some distance to visit their child in care. Parents also identified feeling very alone in their experiences, their need for help and their decision to place their child in care. They were not aware of others who were having similar experiences or problems. They needed to have their experiences and feelings normalized and validated by others who had had similar experiences. It was also suggested by a parent that youth centers run by and for youth would help to meet the needs of youth. A mother expressed feeling abandoned by her professional support systems after her child was placed in care and suggested the need for more follow-up services. A mother also identified difficulty in finding written resources when she was dealing with conflict in her relationship with her daughter. The following recommendations are therefore highlighted:

1. To increase the amount and frequency of respite resources to parents, in particular those whose children have health related problems and need significant amounts of care and supervision.
2. To develop and fund financial programs to assist parents to modify their homes to meet the needs of children with significant physical challenges.
3. To develop financial programs or a low cost place to stay for families to facilitate visiting and contact with children in care some distance from home.
4. To develop programs such as a support group or an internet discussion group to bring together parents who have placed a child in care, reduce their feelings of isolation and provide normalization of their experience.
5. To develop youth centers run by and for youth to provide an outlet/activity center that promotes involvement, ownership and healthy activities.
6. Following the placement of their children in care, ongoing involvement with parents who no longer have children in their care to support them in coping with the changes/losses and moving forward.
7. To increase the financial resources of child welfare agencies to enable families increased access to resources such as books, handouts and videos to increase their knowledge and parenting tools.

Finally, the writer recommends that efforts should be made to make it more socially acceptable for parents to reach out for help, support and information. During the process of member checks, it became evident that parents needed to feel affirmed, validated, and normalized. For example, one mom said "So I *wasn't* doing so bad". Another said that reading about others' experiences let her know that other parents were also 'fighting for

their kids', just like her. Others commented that other parents' situations were even worse than theirs. Too often, experiencing difficulties in parenting or seeking help or information is regarded as a weakness or failure. Ours is a rapidly changing society with many issues facing families (drugs, alcohol, violence, sexual matters, etc.). Many parents would probably find it helpful to share with others about the complexity of their role and learn to accept that they don't have all of the answers for the challenges they face in parenting. Support groups for parents placing children in care could provide a place to do this kind of sharing.

In summary, the evidence from this study demonstrates that desperate and overwhelmed parents sought the placement of their children after years of struggling to address complex family problems and being unable to cope any longer. The decision to place children in care should be recognized as a family strength, as exemplified in the stories of the families in this research project.

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Appendix A
LETTER INVITING PARTICIPATION IN FOCUS GROUP

July 16, 2001

Dear ____________;

I am completing the Master of Social Work program at the University of Manitoba and I am doing research to complete the final requirements for my degree. In my two years of working with Child and Family Services of Western Manitoba I have had the opportunity to work with a number of families who voluntarily placed their children in care. The experience and needs of these families differ in many ways from those families whose children were apprehended and taken into care. My research is focused on understanding the experience of parents who voluntarily place their children in care with Child and Family Services. I plan to interview parents who have requested that their child(ren) be taken into the care of Child and Family Services of Western Manitoba to hear about their experiences as a family, with their child and with the child welfare system.

I would appreciate the opportunity to hear about your experiences working with these types of families. This will give me a more in-depth understanding of these families, their needs and how they present as observed from the perspective of a Group Home Supervisor.

Ultimately, I hope that this research will have the benefit of helping child welfare agencies better understand the needs of families who place children in care and therefore, improve the way that services are provided to these parents/families. The ability to offer improved services to these families not only has the potential to improve the effectiveness of the child welfare social worker role, but the potential to increase the worker's sense of having had a positive impact on families.

You are being invited to participate in a focus group comprised of social workers from Child and Family Services of Western Manitoba to discuss this issue. The focus group will be made up of 6-8 social workers that will meet once on *July 30, 2001* at *4:45 p.m* at

318-11th St., Brandon and will last for no more than two hours. Food and beverages will be provided.

Your participation in the focus group is voluntary. You may withdraw at any point. Information included in the final report will not include the name of focus group participants and will not identify the source of any comments or ideas presented.

Information from this focus group will be used in my MSW thesis and may be used in presentations and/or published articles.

Please call me at 867-2219 or 726-6051 before July 27, 2001to confirm your interest in participating.

If you have any questions about this research project, please feel free to call me or my faculty advisor, Dr. Brenda Bacon, Faculty of Social Work, University of Manitoba (204-474-8454).

I am confident that you have valuable insights to share and look forward to your input.

Sincerely,

Maxine Gray

Brenda Bacon

Appendix B

CONSENT FORM FOR FOCUS GROUP PARTICIPANTS

As a student in the Master of Social Work program at the University of Manitoba, I am doing research to complete the final requirements for my degree. My research is focused on understanding the experience of parents who voluntarily place their children in care with Child and Family Services. This research has a two-fold purpose:

- to complete my MSW,

- to inform and improve the way that services are provided to parents and families.

You have agreed to participate in a Focus Group to share your experiences working with these families. This will give me a more in-depth understanding of these families, their needs and how they present as observed from a social worker's perspective.

It is hoped that this research will have the benefit of helping child welfare agencies better understand the needs of families who place children in care and therefore, improve the way that services are provided to these parents/families. The ability to offer improved services to these families not only has the potential to improve the effectiveness of the child welfare social worker role, but the potential to increase worker's sense of having had a positive impact on families.

The focus group will last approximately two hours and will be tape-recorded. Your participation in the focus group is voluntary. You may refrain from answering any questions and may withdraw at any point without penalty or consequence. Information included in the final report will not include the name of focus group participants and will not identify the source of any comments or ideas presented. A copy of the final report will be made available for you to read.

Information from this focus group will be used in my MSW thesis and may be used in presentations and/or published articles.

If you have any questions regarding this research please feel free to call me or my faculty advisor, Dr. Brenda Bacon, Faculty of Social Work, University of Manitoba (204-474-8454). This research project has been approved by the Joint-Faculty Research Ethics

Board. Any complaints regarding a procedure involved in this research project may be reported to the Human Ethics Secretariat at 204-474-7122.

I (please print) ________________________________, have read and understood the information provided above and give my consent to participate in this focus group. I understand that my participation is voluntary, that I have the right to withdraw at any time and that I may refrain from answering any question without penalty or consequence.

Signature: ________________________________ Date: ____________

Witness Signature: ________________________________

Appendix C

QUESTIONS FOR FOCUS GROUP

What is your experience with parents asking to have their children taken into care?

What are the reasons given for wanting a child placed in care?

What do you see as the main issues in these families?

What services do these families need?

How receptive were these parents to alternate solutions to placing the child in care (in-home supports, the child living with friends or relatives)?

Generally, how long are you involved with families prior to placing the child in care?

How do you feel working with these families? parents?

What are your experiences regarding family reunification in these cases?

Appendix D

LETTER INVITING PARTICIPATION IN INTERVIEWS

August 20, 2001

Dear

I have been a Social Worker with Child and Family Services of Western Manitoba for the past two years and prior to that worked for 14 years at the YWCA Westman Women's Shelter. I am also completing the Master of Social Work program at the University of Manitoba and doing research focused on understanding the experience of parents who voluntarily placed their children in care with Child and Family Services.

I believe that social workers would benefit from a greater understanding of what leads parents to voluntarily place their child(ren) in care and of the parents' needs of the child welfare system when they place a child in care. Because the agency believes that this research would be helpful in providing improved services to families, they have made available to me the names of all families who have children in care. Your family is among a number of families in western Manitoba, who presently have children in care as a result of having voluntarily placed their children in care. I would appreciate an opportunity to meet with you to hear about your experiences as a family before and after your child was placed in care.

The information from this research project will be used to improve how social worker's understand the feelings and experiences of parents who place their children in care, to enable social worker's to more effectively meet the needs of parents/families and to improve agency practice in responding to and supporting parents in their experience of placing children in care.

You are being invited to participate in an interview that would take approximately two hours at a location of your convenience. A $20.00 honorarium will be provided to you following the interview to offset your expenses and to acknowledge the value of your input.

Participation in this project is voluntary. You may withdraw at any point. Your participation or decision to not participate will in no way affect your relationship with the agency, your social worker or your child's care. Your identity and personal information shared with the researcher will be kept confidential. Information included in the final report will not include your name or enough detail to identify you. The final report will refer to participants by a false name only and will not include any information that could identify the source. The only information that will be shared with Child and Family Services of Western Manitoba will be the final report.

I will contact you by phone in the next few days to find out if you are interested in this opportunity to share your experience; or you may contact me at 867-2219 to confirm your participation in this project. If you have questions about this study, please feel free to call me or my faculty advisor, Dr. Brenda Bacon, Faculty of Social Work, University of Manitoba (204-474-8454).

Sincerely,

____________________ ____________________

Maxine Gray Brenda Bacon

Appendix E

CONSENT FORM FOR THE PARTICIPANT -

RESEARCH PROJECT ON THE EXPERIENCE OF PARENTS WHO PLACE THEIR CHILDREN IN CARE

As a student in the Master of Social Work program at the University of Manitoba, I am doing research to complete the final requirements for my degree. This research is focused on parents who voluntarily placed their children in the care of Child and Family Services. The research will attempt to understand your experience as a parent of placing your child in care with Child and Family Services. This research has a two-fold purpose:

- to complete my MSW,
- to improve the way services are provided to parents and families.

The benefits of the research project will be:

1. To provide parents with an opportunity to tell their story,
2. To help social workers understand the feelings and experience of parents who voluntarily place their children in care,
3. To enable social workers to more effectively meet the needs of parents,
4. To improve agency practice in responding to and supporting parents in their experience of placing children in care.

You have agreed to participate in a one-on-one interview. The interview will take approximately two hours and will be tape-recorded. The interview transcript will be the property of the researcher and is open to the researcher's interpretation. At the end of the research project all tapes and transcripts will be destroyed. Participants will be identified on the tapes by first name only and in transcripts and all other written material by false names. Participants who are interested will be given a summary of the researcher's findings and provided an opportunity to give feedback regarding the researchers conclusions. A copy of the final report will be available for reading. You will receive an honorarium of $20.00 in recognition of your time and the value of your assistance.

Participation in this research is voluntary. Participants may decline to respond to any question and may withdraw participation at any time, without penalty or consequence.

Participation will in no way affect your relationship with the agency, your social worker or your child's care.

Any information that may identify participants will be excluded in the final report. While every effort will be made in the final report to keep your identity unknown (such as the use of false names and omitting details that could identify you), it is possible that someone who knows you very well might be able to identify you.

In keeping with social worker ethics, the need for confidentiality and anonymity will be respected within the guidelines of required reporting. Information shared with the researcher will be kept confidential unless it pertains to previously unreported incidents of child abuse, a child at imminent risk or the serious intent to harm oneself or someone else.

Information from these interviews will be used in my MSW thesis and may be used in presentations and/or published articles.

If you have any questions regarding this research please feel free to call myself or my faculty advisor, Dr. Brenda Bacon, Faculty of Social Work, University of Manitoba (204-474-8454). This research has been approved by the Joint-Faculty Research Ethics Board. Any complaints regarding a procedure involved in this research project may be reported to the Human Ethics Secretariat at 204-474-7122.

I have read this consent form and understand it. I understand that my participation is voluntary, that I have the right to refrain from answering any questions and to withdraw my participation at any time without penalty or consequence.

Signature: ______________________________ Date: ____________

Name (please print): ___________________________

Witness: _______________________________________

Appendix F

QUESTIONS FOR INDIVIDUAL INTERVIEWS

Present:

What are things like with your family now? Where is your family at now?

Placement:

How did you think placing your child in care would help your family?

How did placing your child in care effect your family? your relationship with your child?

What do you feel needs to be different in order for your child to live at home again?

How is life in your family different now compared to before your child was placed in care?

How do you feel now about having placed your child in care?

Agency response:

Did you have any previous experience with Child and Family Services? Did you feel any hesitation about contacting Child and Family Services? What kind of response did you expect to get when you contacted Child and Family Services?

How did the Social Worker respond when you asked to have your child placed in care?

How did that make you feel? How has your Social Worker been helpful? unhelpful?

Describe your relationship with the group home/foster parents?

Pre-placement:

How is your child in care different from your other children?

What is your theory regarding how your child came to be in care? How do you understand why this happened?

When you began to experience difficulties with your child, did you go to anyone for

help? Who? What did you try? What helped? What did not help?