

**Mother-Led Families with Multiple Stressors:  
A Qualitative Study About Mothers' and Their Social Workers'  
Perspectives of the Social Service Experience**

by

**Carolyn Janzen Peters**

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

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Faculty of Social Work  
University of Manitoba  
Winnipeg, Manitoba, Canada

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## ABSTRACT

Women are frequently the primary caregivers in family situations. Women are also the highest users of social services, if not for their own needs, then for the children, adults, and elderly for whom they are the primary caregivers. Aboriginal women and their dependents also have the highest rate of poverty in Manitoba and in Canada. Aboriginal children have been overrepresented in the Manitoba child welfare system. There are multiple forms of social marginalization in communities that contribute to the experience of social exclusion for mother-led families with these multiple stressors. While many social workers are trained with an appreciation for social structural inequities and the effects of social marginalization on individual and family circumstances. This study draws on narrative methods and case study series inquiry to explore women's experiences with their social workers from Child and Family Services (CFS) and Employment and Income Assistance (EIA). The results suggest that the Aboriginal mothers in this study frequently experienced judgement, lack of empathy and understanding, and inequitable access to resources from these agencies. Their experiences and voices were repressed. The study also examined the mandated nature of these organizations including policies and practices that workers identified in their narratives. The conclusion suggests that CFS and EIA workers need to advocate on behalf of Aboriginal mothers in their organizations. Mothers' experiences have not been told or acknowledged by CFS and EIA. Adequate support and resources are desirable over child apprehensions according to mothers and some workers. And finally, workers and agencies need to be more aware of the enormous power and influence they wield in Aboriginal families particularly given the history of social oppression in our community. The trust has been broken and must be gradually rebuilt through relationships and adequate child care supports for caregivers.

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## **Chapter 1 - Introduction**

### ***Purpose of the Study***

Mother-led families who live out the daily struggle of poverty, lone parenting, social isolation, and difficulties engaging with community resources are penalized because of their gender and role as care givers according to Evans (1998). Social service systems implement programming to support mothers, however the structure of these services is individual and family focused in a way that seems to overlook social structural barriers to their full participation as community members. Agencies have mandates and mission statements that indicate their role is to improve the quality of life for Manitobans and promote self-sufficiency, independence, and an experience of inclusion (New Directions Web Site; Province of Manitoba: Manitoba Family Services and Housing Annual Report, 2007-08). Sometimes front line social workers seem to challenge women to be more independent and responsible for their families resulting in women feeling blamed for their circumstances; the work involved in mothering has not been integrated into the child welfare approaches (Swift, 1995). The focus on individual women while overlooking social structural factors may result from agencies that operate in a community where caregiving and the socioeconomic struggle is undervalued or invisible as Evans (1998) suggests. The focus on the women's individual responsibilities for poverty and multiple stressors could also be related to a combination of factors like social values, an overburdened and under-funded social service system, or philosophical contradictions within the child and family services mandate (Swift, 1998). Regardless of the contextual reasons, my experience as a community social worker and educator in social services for children and families often left me frustrated because of the lack of advocacy at the social level on behalf of mothers. At the same time, I often thought

social workers were not aware and concerned enough about the complexity of the struggle mothers in poverty experience. I also noticed that high case loads and funding mandate restrictions often made it difficult to simply complete the basic tasks of meeting with people and completing the paper work. As a consultant in child welfare, I saw some creative ways that social workers engage with mothers and advocate on their behalf, but I also heard mothers describe the blame and misunderstanding they experienced when speaking with their social workers.

I am interested in understanding how mothers are experiencing front line workers in an under-funded service where broader social issues like poverty are seldom addressed (Swift, 1995). I am also interested in how their workers addressed complex situations where mothers are facing daily struggles that are personal and social. I was also interested in exploring strengths within the current social welfare systems by understanding what was working well.

In order to conduct the study, twenty five Winnipeg women were recruited through advertising and information distributed to community agencies. Women were asked to contact me, the researcher, directly. The research design indicated that women would be asked to discuss a relationship that stood out in the recollection with a former social worker. Women would also be asked for their consent to interview that former worker and for permission to view the agency file, should the researcher be able to locate the worker and the file. Unfortunately, there were some barriers from the organizations involved in the study which made access to workers and files impossible even though the researcher was able to locate numerous workers and files.

Twenty five women were interviewed and their experiences were analyzed for patterns of similarity and contradictions. Four complete study cases resulted with data

sources from all three sources (mother narrative, corresponding worker narrative, and corresponding agency file discourse). Two cases will be analyzed using narrative inquiry and a comparative analysis as a case study series. And finally, the mother's and worker's relationships will be examined in the context of agency policies, funding constraints, and social values within which agencies and workers operate and provide mandated services.

As expected, in some cases the mothers experienced the relationship with social workers as primarily positive. For others, the experience was primarily negative. At other times, women experienced formal support as a positive support and at other times as simply another stressor. The study will contribute to the literature in the field in several ways. First, women's experiences in poverty will be more fully described and understood. Second, as the social work profession continues to examine its field practices and the social context, this study will contribute to understanding the forces that limit and support this front line work. This could result in concepts or practical strategies that could be explored further for integration into existing case management models. Third, this study supports other research that is critical of the lack of social value placed on caregiving and the lack of adequate supports for low income women who parent alone (Baines et al 1998). Finally, this study concludes with a systems analysis of social structural barriers for Aboriginal women in poverty by examining how systems that deliver services like child welfare and economic security reproduce themselves and contribute to the stress and oppression in women's lives.

In the following chapters I outline and analyze the literature on feminist, family stress, social structural and Aboriginal perspectives that directly relate to my focus. The complexity of the issues examined in this study at the family (micro/personal) and systems (macro/socio-political) levels required a broad sampling of research literature.

Additional chapters describe the methodology which entails an exploratory case study series design and finally the data presentation chapters and a concluding chapter which reviews and analyzes the data in an aggregate manner.

**ii) Research Questions**

The research questions follow: (Terms noted in bold will be defined further in the methodology section.)

- A) What were mothers' experiences of their **multiple stressed situations** and the **engagement processes with formal supports in social work**?
- B) What was the **social worker's assessment of the situation** at that time and how would the worker describe **the engagement process with formal supports**?
- C) From the perspectives of the social workers and the mothers, what were the **results of the formal helping process**? What observations do the mothers and social workers have retrospectively about **what was useful and what was not useful** during the engagement and helping process? **What contributed to any positive results** that occurred from each point of view? **What contributed to limiting the options for the workers and mothers** (funding, agency policy, social values, social policy, large caseloads, lack of resources, lack of supervision, and lack of opportunity to connect with other mothers through the agency, etc)?
- D) What can an **analysis of the differences between the mothers' and social workers' experiences and retrospective observations** tell us about these mothers' experiences or about the engagement process with formal supports? How can **such an analysis contribute to the future of social work practice** in practical ways? How can such an analysis contribute to social policy directions?

### iii) **Definition of Terms**

'Mother-led' in this paper refers to women who do not have a partner to share the caregiving responsibilities. The mother is the primary caregiver. The definition and meaning of 'family' has many interpretations (Boss, 2003; Charon, 2004; Dominelli, 2004). In this paper 'family' means at least one adult caregiver and guardian, and at least one or more children under age 18. What follows is a review of the bolded terms from the research questions with definitions of these concepts as they are used in this thesis.

a) **Multiple stressed situations:** this means multiple stressors like living below the poverty line (according to LICO, Low Income Cut Off and Statistics Canada). The LICO in Canada is not officially considered a poverty line, however the definition of the Low Income Cut Off is that families are spending more than 70 per cent of their family income on basics like food, clothing and shelter (there are some variations to this formula for family size and location), (Statistics Canada, 2008). For this study other stressors considered part of the "multiple stressors" include struggling with parenting children (perhaps the children's behaviour has been a challenge to manage either in the mother's own experience or the experience of the school or neighbourhood), and mother has been feeling personally stressed (overwhelmed, depressed, isolated, down, blamed and misunderstood).

b) **Engagement processes:** the experience and activity of connecting with formal supports. For mother-led families in poverty this can occur because they request assistance from the school or an agency. Another possibility is that the family doctor, or an outside professional (through school, day care, or other agency) can identify "risk" and attempt to offer assistance to the mother and/or children. A third way is for a neighbour or community member to report a concern to Child Protection agencies or school in

which case an investigation of the child's welfare might be initiated. There might also be an attempt to offer assistance to the mother in some form if the "risk" to the child is not immediate or grave.

c) **Formal supports in social work:** this refers to paid, trained professional social workers in front line social work positions where crisis services or family treatment or support is offered. In this study, two agencies that offer different services are mentioned and analyzed, depending on which services were used by women who respond to the study invitation. Themes or issues unique to child welfare services and EIA services, for example, are identified.

d) **Social worker's assessment of the situation:** Social workers do a perceptual assessment of the situation as part of their initial interview process. At some point in the first two or three sessions they are required to do a written assessment that goes on the client file. The social workers' perceptions in the assessment will be analyzed. The worker's written assessment is the clearest record of the worker's perceptions and contextual assessment at the time of engagement for services. The workers' memories during my interviews also provided a detailed account of the engagement period as most workers had immediate access to computer files with detailed informal notes from their client encounters.

e) Worker describe **the engagement process with formal supports:** The worker description of the engagement process came from two sources: i) the notes from the case file and ii) the worker's memory or informal notes (if they had any) about the engagement process with that particular client. This is a retrospective study, relying on the perceptions and memories of participants. Relying on both the notes and the memory of the worker were thought to provide a more comprehensive context

f) **Results of the helping process:** From the points of view of the worker and the mother, what resulted from the formal helping process: This refers to the outcomes of the formal helping relationships. Were the goals of social work involvement met from the workers' view? What changed as a result of the formal helping relationship from the mothers' and workers' viewpoints? Were the resource(s) adequate to resolve the initial crisis or presenting concerns? What happened regarding the initial presenting concerns? The perceptions of these results are of interest from both views (mothers and workers) as they might vary and have been compared for themes.

g) **What was useful and what was not useful from your point of view (for the worker and for the mother):** The definition of what was useful might be different for the worker and the mother. Therefore, what was useful and what was not was examined in interviews with the mother and worker separately without disclosing results of each interview to the other party. The file assessment and notes might also provide information about the results and usefulness of the intervention and formal involvement from the worker and/or agency's viewpoints.

h) **What contributed to any positive results:** The definition or meaning of positive results might be different for workers and mothers. The previous questions examined results and outcomes more directly. This question examines the process that contributed to positive results. In particular, I want to explore processes that workers and/or mothers engage in during a formal support contract that each would identify as contributing to positive results that occur from their unique vantage points. This is particularly important in light of the limitations within which the worker is doing her/his job (limited resources, large caseloads, little time to assess or intervene, little direct supervision, little agency support to reflect, consult, or research issues in an ongoing way,

etc). Although the analysis in this study is critical in nature, there is also an attempt to examine creative attempts by social workers to advocate for and empower mothers and the mothers' experiences of these approaches.

i) **What contributed to limiting the options for the workers and mothers:**

(funding, agency policy, social values, social policy, large caseloads, lack of resources, lack of supervision, lack of opportunity to connect with other mothers through the agency, etc)? For both mothers and workers there are varying perceptions and observations about what limited the options for useful engagement of the formal supports. This could be larger social and agency issues or characteristics of the case issues. The list given as prompts in the question were social, funding, and policy issues that have come out of my own experience as a daily reality in the field agency context. After an initial general exploration of this question, these prompts were added to the conversation to explore the workers and mothers responses to an examination to the social and policy limitations. Feminist and social structural perspectives provide useful frameworks for analyzing the effects of class, race, and gender. These social effects are part of the analysis in the final chapter.

j) **Analysis of the differences between the mothers' and social workers'**

**experiences and retrospective observations:** This analysis of the differences and similarities between the mothers' and workers' experiences and perceptions is what will be of interest because the uniqueness of the mothers' experiences will be understood more fully and possible misunderstandings that may result from these different perceptions can be analyzed. These differences and similarities also address how well the social workers were grasping the experiences and perceptions of the mothers. In addition, the mothers' comments about what else needs to be understood about their situation and

the struggles of being low income, provide an understanding of ways in which they still felt misunderstood.

The focus of the study is on women who self-identify as having received services through one of the Winnipeg social services. I explored this relationship from both the mothers' and corresponding social workers' perspectives. These experiences are analyzed within a feminist, family stress, and anti-oppressive framework which examines the social barriers mothers experience as they manage their families and social workers carry out their work.

#### **iv) Introduction to the Study Population and Statistics**

I recruited women who volunteered to discuss their experiences with social workers. I deliberately left the criteria broad so that women could define whether they wanted to focus on negative or positive experiences. The women defined which social worker relationship they wanted to discuss. This led to a discussion about the agency that worker was with. The women also defined who they identified as 'social workers.' At times the women did not seem fully informed about the professional's role. Therefore, one woman spoke about the experience of being visited by what sounded like a public health nurse and another woman spoke of a puzzling visit from someone whom she could not identify and I could not figure out from the story what organization the person was employed with.

#### **v) Other features of the study population:**

The women who responded to the invitation to participate in the study were primarily of Aboriginal heritage. Twenty-two of the twenty-three women were Aboriginal. Although this is not entirely surprising because of the colonization experiences which have been well documented in Canada's history, it seems important

that such a high proportion (96 per cent) of the study mothers were of Aboriginal heritage (Blackstock & Trocme, 2004). Therefore, throughout the study discussions and analyses, issues of poverty, lone mother status and gender analyses, and the implications of Aboriginal status will be discussed. In the most recent 2007-2008 Manitoba Family Services and Housing Annual Report (Province of Manitoba, 2008), there were not statistics distinguishing people of Aboriginal heritage from other cultural groups in the usage of services like economic security and child welfare. Numerous agencies have been established as Child Welfare services in accordance with the recommendations of the Aboriginal Justice Inquiry-Child Welfare Initiative (Province of Manitoba, 1999), however a client does not have to be Aboriginal to transfer a file to one of the newly organized Aboriginal agencies. Relying simply on the data about the number of clients served in each of these agencies which specialize in serving Aboriginal clients will not necessarily reflect the number of Aboriginal clients.

The mothers in this study discussed their experiences with two agencies which both offer mandated services (other than the two situations already mentioned which identified public health and an unknown agency). These two service providers were child welfare services and economic assistance services. Nineteen of the twenty-three women (or 76 per cent) discussed their experiences with child welfare (CFS or Child and Family Services) while 4 of the 23 (or 16 per cent) women identified a relationship with a worker from economic assistance (EIA or Employment and Income Assistance) that they wanted to discuss in the interview. Two women were interviewed but not included in the data analysis. They identified workers from unknown agencies which may not have been social workers. One sounded like Public Health and perhaps was a nurse professional,

while the other one sounded like a paralegal or legal professional from Legal Aid. These two women's data is not included in the women's data representation.

Statistics on the lone mothers with low incomes, lone Aboriginal mothers with low incomes, Aboriginal children in child welfare, and lone mothers on economic assistance are reviewed here.

**vi) Statistics on Mother-Led Families**

In Canada in 2001, 12.7 per cent of families were headed by female lone parents as compared to 2.9 per cent of male lone parent families. Two parent families made up 48 per cent of families and the remaining families are without children (Canadian Council on Social Development, 2005, Family, p. 1). In 1996 in Winnipeg, 14 per cent of non-Aboriginal families were led by female single parents while the proportion of female single parents in Aboriginal communities was 46 per cent, nearly three times higher (Manitoba and Aboriginal Northern Affairs, 2000, p. 90).

In Manitoba, Aboriginal children represent 20 per cent of the child population and are overrepresented in the child welfare population. More than 70 per cent of the foster care children are from Aboriginal heritage in Manitoba (Hallett, 2007). In Winnipeg in 1997, 13.2 per cent of Aboriginal children were not living with their parents and this was seven times that of non-Aboriginal children (Manitoba and Aboriginal Northern Affairs, 2000, p. 49).

Single mothers on economic assistance who have several children receive well below 50 per cent of the economic support of what the Social Planning Council and Statistics Canada indicate to be acceptable living levels. Of those economic assistance recipients, 45 per cent are single mothers (Donner, 1998, Statistics Canada, 2001).

According to Statistics Canada, female lone parent families are listed by Statistics Canada as having a low income rate of 41 per cent in 2003. That is more than 5 times higher than two parent families at just under 8 per cent (Statistics Canada, 2005, p. 9). In the same report, Statistics Canada identified the Canadian low income rate as 12 per cent in 2003, which is slightly lower than the poverty rate identified by the Social Planning Council of Winnipeg, which uses a different measure of poverty (Silver, 2000; Statistics Canada, 2005, p1). Statistics Canada also indicates that the child poverty rate in Manitoba is the second highest in Canada at a rate of more than 20 per cent. This rate is very similar to what it was in 1989 (Canadian Council on Social Development, Facts and Stats, Economic Security, 2003, p. 14). A statistical survey in 2000 showed that Aboriginal peoples in urban areas were more than twice as likely to live in poverty as non-Aboriginal people. On average, Canadian cities had a small proportion of Aboriginal people as residents (1.5 per cent), however, the average proportion of poor people who were Aboriginal was 3.4 per cent (Canadian Council on Social Development, Facts and Stats, Demographics, p. 12, 2003).

Single parent mothers also have the highest rate of being less educated (compared to other groups like uneducated unattached women, unattached men, couples with children, and childless couples). Eighty-two percent of single parent mothers in Canada are without a high school diploma while only 18.8 per cent of two parent families with children are without a high school diploma (Silver 2000, p. 14). Silver (2000) indicates that a vicious cycle can be created where poor children are less likely to do well in school, and those who do less well in school are more likely to experience poverty and its effects as adults. In turn, their children may do less well in school and so poverty and its effects are reproduced.

Another population studied in this research is social workers and the systems within which they are employed. The workers' experiences and the file documents are the other two sources of data. A survey of the social work profession suggested there is an increase in the severity of the needs social workers are addressing. According to the Canadian study entitled: *Social Work in Canada: National Occupational Survey (2000)*, a study examining aspects of the social work profession, the complexity of the profession of social work has increased remarkably (Stephanson, 2000). This has added to the complicated needs and issues that front line workers are to address, while at the same time there is a decrease in resources and supports to address these needs. Swift (1995 & 1998) reports a similar phenomenon of increased needs the social workers assess.

Mother-led families with multiple stressors experience distress which can affect all family members. Of course not all mother-led families with multiple stressors live with low incomes, and not all mother-led families have multiple stressors. However, as the statistics have shown, mother-led families have a high rate of low incomes and this is frequently coupled with multiple stressors. Family distress can manifest itself in child behaviour problems, mothers' depressive symptoms, and family members' negative coping strategies like aggression, addictions, and health problems (Boss, 2003; Figley, 1989; McCubbin, et al, 1994, Raphael, 2007, Swift, 1995). Social workers who have worked with this population have experienced the discouragement of the family members. Experiencing first hand, or observing the apathy, these social workers can be overwhelmed with the complexity of these issues at both the family and social levels (Bailey & Brake, 1975; Dominelli, 2002). The involvement of multiple helping professionals can be a support and additional resource that is so useful at a difficult time,

but formal supports can also add a complicating factor that increases parents' stress in an already difficult time particularly when parents feel blamed (Brill, 2002).

Research in social and child welfare has shown that social workers are at risk for burnout and high stress in their jobs due to lack of adequate resources to address complex social and personal problems in roles that demand workers carry high caseloads with little or no supervision (Swift, 1995; Rooney, 1992; Raphael, 2007).

The key findings in this study illustrate that lone mothers from a minority status are experiencing discrimination and reprisals for their experiences of poverty, lack of adequate child care, individualized caregiving burdens, and lack of support. Addictions were identified by many women as a coping strategy for taking a break but that the addictions cycles were not repeated when adequate support was available. Social welfare agencies are in a good position to advocate for mothers in poverty however the results of this study show that such advocacy seldom occurs. CFS and EIA were identified as organizations that wield enormous power over the everyday lives of Aboriginal mothers. When workers listened and were respectful to mothers, they felt more motivated and supported in their challenge to parent children alone.

In the next chapter, the theoretical literature review provides an overview of issues raised by feminist research, family stress research, social structural research and Aboriginal perspectives. dynamics of stress, social support, social inequities, gender, race and power dynamics are examining. An overview of Aboriginal research relevant to this study completes the literature review.

## Chapter 2 – LITERATURE REVIEW

### *Introduction*

This literature review examines feminist, family stress, social structural, and Aboriginal perspectives. Since a large percentage of the women in the study are Aboriginal, it includes a brief review of the issues prominent in Aboriginal cultural research with a focus on women, child welfare, and social structural dynamics as well as resiliency research in Aboriginal communities.

Family research as a focus of study is multi-layered. The more marginalized the studied population is, the more complex the research process seems to be (Sherman & Reid, 1994). Some qualitative researchers have argued that it is necessary not to tie the study of marginalized populations into neat little packages that do not reflect real life experience (Denzin & Lincoln, 1994; Maluccio & Fein, 1994). Part of the goal of this study is to identify the contextual layers that contribute to the frustration mother-led family members often experience during the process of receiving formal support from social service agencies which contributes further to their experience of social exclusion (Baines et al, 1998). Another goal of the study is to identify practical, applied, and creative strategies that can assist social workers in overcoming workplace and social barriers so that they can advocate more effectively on behalf of mothers.

This literature review draws on of feminist theory to discuss gender and the caregiving role as areas where social values contribute to the experiences of lone mothers with multiple stressors. In addition, the literature on family stress will be reviewed. As Chappell (2006) points out, we can use the family stress model to draw a direct link between chronic poverty and parental experiences affecting child outcomes. Several

themes will be highlighted from the family stress literature including social support, the effect of multiple stressors, and outcomes regarding professional approaches. The social structural literature will be briefly reviewed to emphasize social inequities and anti-oppressive case management discussions that describe the challenge social workers experience in their practice as they bridge macro and micro issues in their work (Dominelli, 2002; Mullaly, 2002; Bailey & Blake, 1975).

### *Feminist Principles*

Miles (1996) reviews different traditions within feminism and concludes that it is a challenge to live out feminist principles in everyday life at the social, political, economic, and global levels. Gender specific caregiving roles in families, and the difficulties of involving absent fathers in the financial and practical realities of caring for their children is difficult. Despite efforts in North America to design legislation and social policy to support lone mothers who are still the primary caregivers, Miles claims society is left with the challenge of promoting a more human-centered, life sustaining society. She argues the issue of developing more life sustaining values into all communities and institutions is a global one. In the case of mother-led families with multiple stressors, these women are the primary caregivers. They are often overburdened as caregivers; they are overburdened financially, and erasing poverty is a socially daunting proposition. This conceptual appreciation that women are overburdened as caregivers creates a broader understanding than individual social work case assessments (Swift, 1995).

### *Roots of Inequity*

Socialist feminism, according to Nes and Iadicola (1989) is a belief that inequality is rooted in systems of class inequity and patriarchy. This means that a small group of

elite men in positions of social and political power control production (of goods and services) and reproduction. Further, they say many forms of stratification exist including a class system, a private property system, and a sexual division of labor. Feminist socialist strategies include organizing oppressed groups and building coalitions with them, consciousness raising for oppressed groups, creating linkages in systems to benefit marginalized groups, and organizing at the social and political levels to benefit oppressed groups (Baines et al, 1998; Elliot & Mandell, 2001; Nes & Iadicola, 1989). The socialist feminist strategies of advocating for marginalized groups and organizing groups for social change are addressed in this study by asking social workers why so little emphasis in social work is on advocacy or collective action.

Feminist theory examines the need for social policy reform and interpersonal changes to create more equitable social, economic, practical, and legal opportunities for women (Baines, et al 1998). Social, economic, and legal discrimination based on class and gender still permeate our society and our social work interventions (Lipman, et al 1998; Klodowsky & MacKenzie, 1987). In social services, an intervention of omission can occur; that is, failing to recognize the impact of gender, class, and racial discrimination. This can further perpetuate negative self-worth or further erode opportunities for social support or community belonging (Bowen et al 1995; Kissman, 1995; Klodowsky & MacKenzie, 1987; McPhatter, 1997; Pascall, 1997). The importance of adequate social support and social inclusion opportunities are central concepts in feminist theory and family stress theory.

### *Feminist Assumptions*

The feminist framework draws on several theoretical traditions. The central assumptions which express the basic scope of socialist feminism and support this study

are: women's lived experience is central because it has been undervalued, women's experiences are quite diverse, and feminist theory should be action-oriented and liberating. This means that social structures and practices are challenged as a result of feminist theory and research (Mandell, 2001).

Two inter-related themes emerge from feminist research on mother-led families with multiple stressors. The first theme is the feminization of poverty. Second, the gendered nature of caregiving explores how society undervalues caregiving as a necessary life sustaining task. These themes are examined through the contributions of several feminist research studies.

#### *The Feminization of Poverty and Invisible Women's Caregiving Roles*

The 'feminization of poverty' is the phrase used to identify that women are nearly twice as likely as men to live in poverty (Evans, 1998). Evans (1998) goes on to say that low wages, limited labour force participation, and problems of welfare dependency are often the focus of research on women's poverty. However, the focus is still usually on the individual women rather than on the social structures that maintain women in economic dependency.

Baines et al, (1998) examine how women's role in caregiving is often unpaid and undervalued in families and in the day care system. Baines and her colleagues (1998) identify three areas where women's caregiving roles, social welfare policies and social welfare services intersect. First, women in families are usually the primary caregivers. This is definitely true for mother-led families. Mothers are the primary focus for child welfare interventions and yet we are not able to develop a national child care policy that supports women and children, many of whom live in poverty. Second, when caring is provided by the state, this work is usually done by women who are poorly paid as child

care workers, nursing attendants, support workers, and homemakers. Third, poor women are most often the consumers of social services. However, they very often seek services for others (their children, partners and the elderly) rather than themselves. Hirshmann & Liebert (2001) agree that policy must reflect principles of fairness, justice, and equity more fully, and adequately provide financial reimbursement to the many women in the caregiving sector. Simply increasing day care availability is not a solution to the women and caregiving problem because the issues are multi-faceted. Social policy changes may be part of the solution, but policies regarding women and caregiving must acknowledge women's roles in caregiving in families, day cares, and in social service resource funding thereby also increasing day care worker fees and priorities for respite or other social service family resources.

As a marginalized population, mother-led families with multiple stressors have frequently been stigmatized as not representing "complete" families. However Dowd (1997) points out that the legal system has contributed to this notion by emphasizing the importance of biological families as legal priorities when distributing assets when there are no wills and by holding the marriage bonds as superior to common law commitments in partnerships for so long (Dowd, 1997). Evans and Swift (2000) point out that single mothers have been further denigrated in the media by the way they have been portrayed. Frequently, single mothers are described as incompetent and inadequate for the role of parenting alone.

According to Evans and Neystmith (1998), single mothers' extreme vulnerability to poverty can be attributed to three factors that must be addressed directly. First, she says is obstacles to adequate earnings. Second, there is a lack of child care support, and third the rates of social assistance remain low. According to Evans (1998), economic

policy changes to benefit women in these three areas are central to addressing single mothers' vulnerability to poverty. Prentice (2007) indicates that economic policies must also reflect fairness to women and encourage social inclusion of women and children who exist in poverty. New evidence shows that the quality and accessibility of day care for families living in poverty is lower than among middle class families. Political pressure to make adequate, accessible and universal child care a priority is long overdue according to Prentice (2007).

Hooyman and Gonyea (1995) and Ferguson (1998) identify a "caregiving crisis" in our society because of the invisibility of women's caregiving role. Hooyman and Gonyea (1995) describe caregiving as most burdensome to women and name it as a women's issue as a positive step. However, they point out that identifying caregiving issues as a women's issue can overlook the fact that caregiving is a social and community problem requiring a structural political shift. Such a conceptual and practical shift would define caregiving as a societal priority and not merely an individual responsibility. This argument is supported by Miles (1996) and Ferguson (1998) who indicate that the realities of women's lives are complex and public support for child care is long overdue. It is interesting to analyze the extent to which this value dichotomy of individual versus social responsibility for economic burdens mother-led families emerges as an underlying value for mothers and social workers who are interviewed in this study. Individual responsibility for economics regardless of circumstance is an underlying puritan value that still permeates dominant North American social values according to Brill (2002).

#### *Mother-Led Families, Caregiving Values, and the Social Service System*

Swift (1995 & 1998) links feminist assumptions and principles about gendered caregiving directly to social work's involvement in child welfare. An emphasis on child

welfare has created an elaborate network of social services for women and children, but sometimes these services are difficult to access. Although not all mother-led families with multiple stressors are involved with the child welfare system, many are. Single mother families are by far the largest client group in child welfare (Swift, 1998). Swift goes on to examine contradictions in the child welfare system which complicate mother-led families' caregiving work and the challenge of accessing services. Her institutional ethnography examined verified cases of child neglect, detailed studies of case files, and involved interviews with families and the workers. Legal and medical approaches that attempt to coerce mothers into some state of moral obligation without adequate informal or formal supports do not seem to work, according to Swift (1998). However, she is sympathetic to the challenging work in child welfare and the contradictory nature of social trends intersecting with an outdated system.

Thus the job of child welfare workers appears more contradictory as time goes by. On the one hand they are dealing with a legal mandate reduced to proving harmful effects on children. On the other, they are exhorted to move "neglecting" parents toward standards of parenting that even those families conforming to the outlines of the nuclear family find difficult to approach .... Once a mother is under suspicion, her failures can and will be used as evidence in court. (Swift, 1998; p. 260).

Swift (1998) proposes four ideas for change that are all linked to the social concept of caring. What is useful about her practical application of philosophical values is that she is specific and concrete about how the abstract notion of "caregiving" is a very practical reality for women every day. She lays out pragmatic opportunities for the social work profession to carry out these caregiving principles at the front line in social work. Most often feminist research about caregiving primarily addressed macro level policy directions and overlooks social work practice implications particularly immediate strategies. Although policy is an important vehicle for promoting social change,

translating policy and philosophical principles into immediately applicable practice opportunities sometimes risks implementation difficulties when funds are not available or aspects of the policy shift are omitted. As expected, social workers in this study identified some of the themes Swift (1998) identifies about the challenge and contradictory nature of offering support services to women involved with child welfare and family support services. Swift's research informed some of the questions that social workers were asked.

Swift (1995) identified another practical immediate strategy requiring a definite shift in emphasis and social work practice. She suggests that combining social policy advocacy with case management in social work practice identifies economic and gender inequities and inadequate supports. Direct service providers are in the best position to identify these issues, but as Swift (1995) says, they often do not. Managers are in the best position to hear and name these issues as they advocate for funding, deliberate about practice partnerships, and support direct service providers in continuing to identify gaps in service and assess needs. This is not occurring presently. A shift would be required that the services which are currently crisis oriented and overburdened would have to move from a band-aid approach to a proactive, policy oriented service mandate. Such an approach would be centered on direct support of women and a continuous challenge to existing social structures in order to make room for a focus on women's strengths and contributions in caregiving.

Kline (1992) examines Aboriginal women's experiences in social welfare systems by analyzing the legal history and present implications of laws and policies which keep women and their children in inequitable and deplorable circumstances. She studied more than two hundred child welfare case files, showing how interpretations of the "best

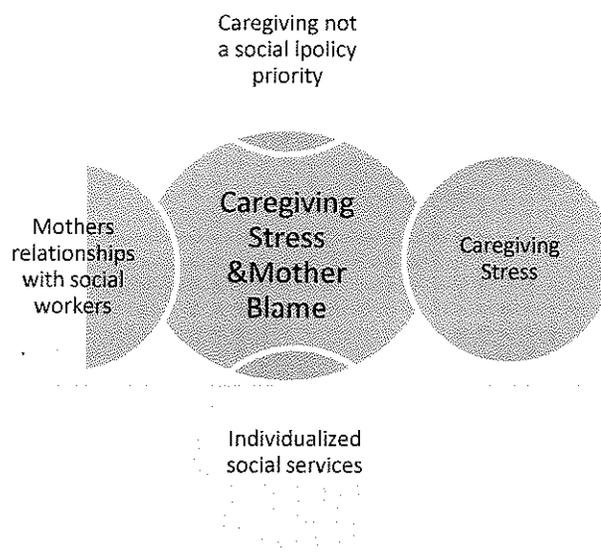
interests of the child” policy has led to a greater number of apprehensions, involuntary foster care placements and fewer support services for Aboriginal families than non-Aboriginal families. According to Kline, an individualized ideology of children and families and a western interpretation of child development stages limits the child welfare law when applied to Aboriginal children. They suffer when removed from their culture, communities, and families of origin to be placed in unfamiliar foster homes which may inadvertently (or not) portray racist or at least dominant cultural views which further oppress children. She indicates this process has five features. By purporting that children are separate from their cultures, policies and resulting practices can deny the relevance of connections to culture and identity. The uniqueness of cultural histories can be overlooked by suggestions that any Aboriginal cultural information can fill the cultural gap further reducing the importance of cultural practices. Another way child welfare policies deny Aboriginal parents their role is by prioritizing the bond to foster parents over the bond to culture and extended families of origin. Permanent placements have also frequently had priority over connections to culture and extended families of origin in child welfare protocols. And all too often parents or groups who challenge placement arrangements are labelled as ‘troublemakers’ which creates further proof that they are angry adults and are not adequate caregivers.

Kline (1993) also examines individualized notions of children and the nuclear family as these concepts contribute to mother blame and an individualized focus on Aboriginal mothers as responsible for their own poverty, drug and alcohol problems and isolation. Such mother blaming obscures the effects of colonization and racial oppression, according to Kline.

In summary, a feminist socialist perspective argues that values of self-reliance and self-interest compete with values of compassion and community support, so that “caregiving” as a daily activity carried out primarily by women is overlooked and further under-valued (Brill, 2002; Hooks, 2007; Luxton, 2005). The result is that caregiving, which is a central activity of maintaining an existing and future community (particularly when the birth rate is receding) is not supported financially within a socio-economic context that puts a monetary price tag on most things and values them accordingly. See illustration of central issues in Figure 1. Finally, social policy implications cannot be overlooked when describing and understanding the experiences of marginalized lone mothers. These mothers’ relationships with front line social workers could be an opportunity to advocate for resources and visibility face rather than individualizing responsibility for inadequate child care as so often still occurs (Swift, 1998).

*Feminist Perspectives: Central issues*

Figure 1



### *Family Stress Theory*

Family stress theory contributes to our overall understanding of multiple problems in families (Boss, 2003; Hill, 1947). Without an understanding of the interplay between the social context in which lone mothers raise their families and the interpersonal stresses in the family itself, we would look only at external social factors, and therefore miss intra family dynamics. The Model of Family Stress and Adaptation first identified by Hill (1947) and later researched further by McCubbin et al. (1994) and Boss (2003) has been used to demonstrate the interaction among stressors, existing resources (inside the family and external resources), perceptions, types of crises, and adaptation during and after a crisis. Social support, personal resources like a sense of well-being, and family resources such as clear communication and cohesion have been identified by this research as central buffering factors in managing stress. For service providers, these concepts are utilized to assess the consistency and extent to which families are managing stresses in their lives (Boss, 2003; McCubbin & McCubbin, 1989; Pearlin & Schooler, 1982). Economic distress in families can affect social support, personal sense of well-being, and communication patterns in families. Family dynamics cannot be assessed in the absence of understanding the social and economic stresses the family is encountering. Marmot and Wilkinson (2006) examine the general health issues related to stress and indicate that individuals or families who live in oppressive situations must not be confused with those who have the opportunity to influence their circumstances more directly. Poverty increases risk factors for health, according to Marmot and Wilkinson (2006), and broader social changes may be necessary to address the complex issues of poverty in addition to developing personal resources and coping strategies. However, as Swift (1998) and

Vosler (1996) point out, front line social workers still too often miss this link and focus too much on individual responsibility. Lone mothers frequently describe feeling unfairly blamed for their circumstances (Abramovitz, 1999; Baines et al, 1998; Kline, 1993).

### *Theoretical Principles*

Boss (2003) summarizes the principles of family stress theory as follows: Family Stress theory uses a bio-psychosocial approach also called the mind-body-family connection in managing stress. The focus is on family resilience by focusing beyond the individual to include family attachments and interactions. She recognizes that religiosity and other forms of community support experienced by families can be positive influences in how people perceive and manage stress, crisis, and traumatic events. Research in the areas of caregiving and balancing work (generating income) and family relationships in modern families is a relatively new area of research. Finally, postmodern philosophy has influenced Family Stress theory by creating more of an emphasis on the importance of understanding family members' meanings and perceptions of their own experience rather than relying primarily on external assessment by professionals. As well, there has gradually been more interest in exploring the effects of community and social perceptions on families in distress; that is the family members' experiences of belonging related to how they are understood by their community.

Research on family stress that examined families experiencing multiple stressors has incorporated a concept called the 'pile up effect' which recognizes that families with numerous stress factors can develop a chronic state of being distressed. Such a chronic state of distress can have several detrimental effects. Family members may not recognize, have, or be able to rely on resources that were accessible before the state of crisis or distress. This refers to resources both inside and outside the family (Boss, 2003;

McCubbin & McCubbin, 1989). When the authors refer to resources not being recognizable they may be referring to the family members being so overwhelmed that resources are not noticed or the state of extreme distress may make attempts to access resources so much more difficult.

The construct “family stress” is also used more broadly in family research than the initial model identified by Hill (1947). Family research on mother-led families with multiple stressors inevitably interacts with the mothers’ experiences of formal supports. When examining literature on lone mothers, economic distress, and family stress, I noticed that this task required discussion of mothers’ experiences with formal supports. What follows is a review of a select number of studies that identify central themes on family stress as they relate to this study.

### *Social Support*

The majority of studies on family stress discuss the importance of social support and access to resources as ways to buffer the effects of stressors on families. Numerous family researchers indicate that social support is the most important resource for mothers who are experiencing multiple stressors (Boss, 2003; McCubbin & McCubbin, 1989; Walsh, 2003). Ghate and Hazel (2002) included a qualitative aspect to their study of parenting in environments that were poor in terms of physical, financial, and emotional support. They found that the experience of single mothers was not always positive even when support was offered. Support (both formal and informal) was experienced as more positive when parents felt they belonged in the community, when the help was experienced as relevant to their concerns, and when it enhanced their own sense of power and control. When support was offered but mothers did not feel respected, such support was experienced as negative despite being offered with the best of intentions. In my

study, formal social support that was offered by direct service social workers will be explored to understand what women experienced as useful and not useful. I am building on this research by exploring the mothers' recollections of how support was offered and in what way they found it useful and supportive to their concerns at the time.

### *Careful Worker Engagement with Families in Distress*

Successful intervention with families depends more on engaging with the family and connecting with existing family resources than on therapist techniques (Walsh, 2003). Successful engagement to identify resources, supports and opportunities with families takes time, respect, and a genuine curiosity. Walsh (2003) says crisis workers often claim they do not have time to engage carefully. There may also be an underlying assumption that the parents and children know what is expected of them, and that family members are merely not following through, when that may not be the case. Children may not understand expectations or their own capabilities, while parents may feel inadequate or puzzled about the relationships with day care, school, social workers, or even with their own children. During social work involvement, a common understanding about the goals may take time to develop through listening to the parents' concerns and struggles as well as discussing solutions that parents have tried previously. As Walsh (2003) points out, parents respond much more positively and optimistically when workers are interested in understanding the complexity of their struggle. Swift (1995) has identified that front line social workers have sometimes missed the complexity of poverty and other practical circumstances when attempting to engage with families. I will examine this concept further to examine specifically the experience of mother-led families with formal supports.

Walsh's (2003) work identifies the importance of respect, patience, and careful consideration of the context of experiences for parents and children in families. Without that respectful relationship, social workers are without a role. My study will explore from mothers' and workers' perspectives what contributed and detracted from this respectful relationship development. Both the role of the worker and the agency will be examined in the context of broader funding and social structural issues like class and gender. These engagement themes formed the basis for many of the questions both mothers and social workers will be asked about the initial involvement of the social worker from different family support agencies.

#### *The "Pile-Up" Effect*

Lavee, et al (2003) examine the pile-up effect in family stress and adaptation. According to Lavee et al (2003), the pile-up effect of family life events and social strains significantly influence post-crisis strain and adaptation abilities. Positive social support and family resources have significant buffering effects. They define social support as the extent to which the family feels connected to the community, involved in community activities, and has friendship supports. Family resources were defined as supportive communication, flexibility to adapt to change, general sense of well-being, and financial stability. Mother-led families, they say, experiencing financial stresses often experience a pile-up effect which significantly negatively impedes coping abilities. These buffering resources sometimes become depleted when there are multiple stressors or a pile-up of stresses without relief of some kind. Mother-led families with multiple stressors in poverty often experience this pile up effect and can experience a constant crisis state in their family. When they engage for support, mothers and their social workers may have lost sight of the resources, supports, or strengths that existed prior to the pile up of

stresses. In this study, mothers' and workers' recollections about their initial engagement and working relationships are examined. Both mothers and their workers are asked how they recall sorting through the complexity of the issues that had piled up while maintaining perspective and balance with family strengths that inevitably existed is explored. Poverty, primary caregiving responsibilities, child behaviour and other problems certainly can lead to the pile up effect. Both mothers and social workers will be asked about the effects of multiple stressors in the family members' lives. In addition, mothers will be asked about what they would like social workers and helping professionals in general to know about their experience of multiple stressors and especially the economic distress.

#### *Worker – Client Relationships in Situations of Extreme Distress*

Families in extreme distress are often sent for family counselling by professionals in the community despite the hopelessness professionals may feel about the situation. Sometimes the families are labelled as “chronic” and the assumption is that they cannot or will not change (Swift, 1995). Sharlin and Shamai (2000) studied families in extreme distress to understand the potential usefulness of short-term intervention in families (10 sessions) despite multiple stresses and long-term difficulty. They used a control group and a treatment group to examine the impact of support and skill development. Communication, parenting, affective expression, clarity of roles, problem solving, and general functioning were examined during a ten session intervention with families in extreme distress. This study was designed to show the potential effectiveness of short-term focused intervention in spite of the fact that both professionals and family members often feel discouragement in families with extreme distress. Through empathic goal oriented intervention, the majority of families in the treatment group reported satisfaction

with treatment. Interestingly, through both qualitative and quantitative measures, several families that reported success with treatment did not have corroboration from the social worker and family therapist on this 'successful outcome'.

Sharlin and Shamaï (2000) explain this result as the unrealistic expectations that professionals sometimes have for either the discouraged extreme of expecting no change at all or dramatic and comprehensive change in families. Often professionals feel that interventions with families must be dramatic while complex multiple issue families may not change quickly. The researchers' conclusion is that family members may have found the support and interventions significant although professionals focussed on what had not yet changed. Appleby (2001) supports these findings in his work with marginalized and oppressed families. He suggests that the more realistic the workers are about manageable goals and steps as they discuss family issues with mothers, the more likely the mothers will have been to accept and experience the support as positive. Another study completed by Jones, et al in 2002, modified the family stress model to include neighbourhood and parenting factors. They found that neighbourhood experiences had an effect on children's well-being. Long-term poverty and economically distressed communities were found to predict negative child well-being outcomes and have a significantly greater negative effect on indicators like math scores, hyperactivity scores, children's health, and children's mental health. Poverty in the neighbourhood is a more significant factor than previously identified in the research. Research results that identify neighbourhood factors are sometimes used to indicate the importance of paying more attention to community context when considering social service approaches and worker-client relationships; that is, perhaps services should be more accessible in family's neighbourhoods, or perhaps services should consider interventions that are more

community-based to strengthen neighbourhood social networks or safe accessibility to services and resources.

Chappell (2006) uses findings between neighbourhood poverty and child well-being to make a direct link between the family stress model and poverty. She challenges social workers to move beyond helping people cope with poverty conditions through tackling political initiatives that contribute to poverty and support people to be economically independent. By intervening at the community and neighbourhood levels, she argues that services and workers would be more sensitive to the pressures and barriers people face when moving from income security to independence or when marginalized groups are becoming empowered.

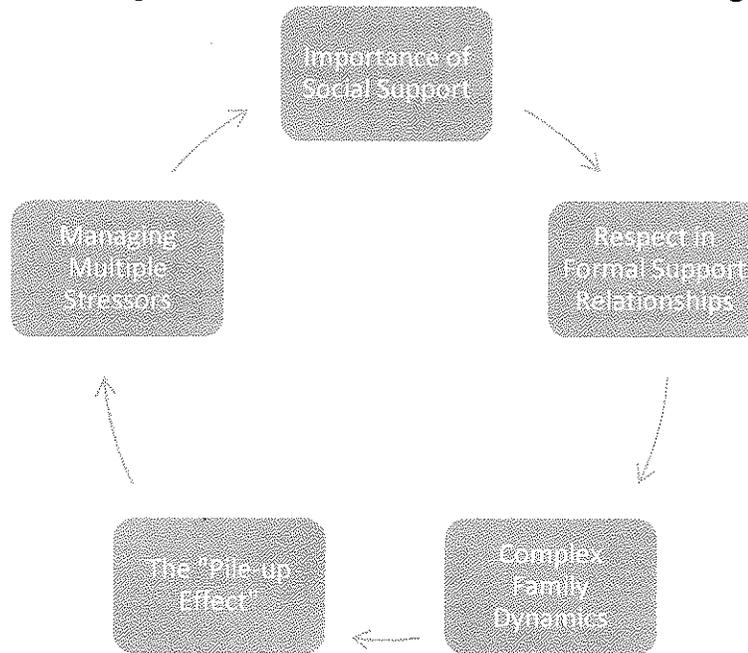
Vosler (1996) illustrates that poverty has increased particularly among women, children, and people who are non-white in America. Vosler indicates that poverty is associated with inaccessible housing, homelessness, and stress pile-up. She also links chronic poverty, associated stress pile-up with couple instability and couple dissolution. She uses the family stress model and the experience of multiple stresses at the family level to identify societal factors such as poverty, inadequate access to housing, inadequate access to support resources and inadequate funding of social services which need to be addressed for the community to adequately support families in distress. She provides assessment models for families which include factors such as economic stressors, neighbourhood safety, and access to educational resources as ways for social workers to both notice and integrate poverty effects into their intervention practices. Her argument calls into question whether workers, despite using a casework model in many agencies, integrate neighbourhood safety and community resources assessments into their understanding of the client's experiences.

There seems to be general understanding in the social work research and literature that the client-social worker relationship is a central ingredient in case work and community practice in social work (Madsen, 2006; Verge, 2005; Walsh, 2003). Madsen (2006) describes communication skills and ways of understanding problems for workers which are more proactive, respectful, and empowering particularly for marginalized, reluctant families. The key ingredients are to listen much more carefully to the meaning of the experiences family members have had, to search for strengths and supports which may not be immediately obvious and to encourage community participation opportunities that family members may not know they have. This approach to empowerment challenges internalized oppressive messages and examines the relationships and supports people have.

In summary, family stress perspectives illustrate the importance of positive social support and formal support relationships. See figure 2 for an illustration of central issues in Family Stress perspectives. Engaging respectfully in a way that acknowledges the complexities of the women's context is important particularly for women who are already marginalized in their parenting role, because of gender, and race. The complexity in families' lives may include the "pile-up effect" which may further inhibit coping skills. Helping professionals with reasonable expectations and an understanding of power dynamics may be most effective in offering positive support to families with extreme distress. These underlying themes are evident in the semi-structured interview questions for both mothers and social workers in this study.

*Family Stress Perspectives: Central issues*

Figure 2



*Social Structural Perspectives*

Critical social structural theories have taken different forms in the social sciences research literature over the years. Social work theory has been strongly influenced by critical social structural perspectives, social exclusion/inclusion and anti-oppressive perspectives. These theoretical perspectives will be briefly reviewed here as they examine macro levels of social order and social policy development. The critical orientations of these perspectives focus on power dynamics at the social, economic, and interactional structural levels. Social exclusion/inclusion theory has roots in Britain's early sociological research examining class issues and human behaviour, which was then labelled as acceptable or unacceptable depending on valued social norms of the dominant group or class. In social structural perspectives, underlying issues of social inequity and social injustice are seen to be rooted in systemic social structures which keep institutions

and social processes organized in a fashion that continues to contribute to an inequitable distribution of wealth and access to economic and social participation by community members.

Raphael (2007) examines the meaning of poverty in a modern industrialized nation like Canada. He reviews some of the research which explores women's experiences in poverty, and focuses on how government can address the incidence of poverty and resulting health and well-being effects for many Canadians. Raphael (2007) concludes social exclusion/inclusion for people living in poverty stems from social inequities which are built into the social structure. Those who benefit from these inequities then accept them as norms. He links poverty, poor health and poor quality of life, indicating that when the lived experience of poverty is closely examined, most people use all their resources to "get by." People live with high levels of stress, their health is affected negatively, and they are at much higher risk if they are women, children, or racial minorities.

A recently released study by the National Council of Welfare, an arm's length body established to advise the Canadian federal government, indicates that numerous initiatives have addressed the most concerning poverty issues addressed in their previous report in certain regions (National Council of Welfare, 2007). However, longstanding issues like the fact that people on welfare can keep almost none of their earnings if they find part time employment continues to be a disincentive to get back into the workforce. In addition, qualifying for welfare benefits continues to be a complicated process with cumbersome rules and stigmatizing experiences for many recipients, according to the report. Finally, the report indicates that a pan-Canadian strategy is needed to solve poverty. Such a plan of action should have time lines, accountability and measurable

indicators particularly during times when the economy is deteriorating and more people may be struggling with meeting their basic needs.

The social structural research literature illustrates the importance of the link between the macro issues and the micro issues in social work practice particularly with issues like poverty, family stress, and women's roles in caregiving, and child well-being. In addition, this research locates the social worker both as a change agent and as an employee of the state. These roles may be in conflict at times as Brill (2002) and Dominelli (2002) point out. On the one hand Brill (2002) describes social workers as advocates for social change to benefit the most marginalized members of the community. Thus, social workers may challenge social structures that keep women and children in poverty and socially marginalized. But on the other hand, Brill (2002) also describes social workers as employees of the state. Social workers may be in a position to deliver services as determined by the current government. These services may have guidelines and expectations attached to them which social workers must enforce, regardless of whether they agree with the rules. Front line social workers are often gate keepers for resources and regulators of policies and services.

Brill (2002) argues that in Western society the dominant social values regarding people and society can be traced to four different sources. These are the Judeo-Christian and democratic values that emphasize responsibility to our neighbours, equality and individual human rights, albeit within a hierarchical framework which can be implemented to marginalize women and children. Simultaneously, Puritan ethics and social Darwinism emphasize that individualism, and independent responsibility as morally superior, and are deemed to produce a stronger society of tough individuals. These values offer contradictions. These contradictions have become so entangled within

North American religious, social, and cultural norms that social work mandates and roles often exemplify these inherent conflicts between individual and collective values. Brill (2002) suggests that social workers become embroiled in these roles through their employment and may not realize when they are contributing to perpetuating the marginalization of women and children in our society.

Social action advocates have long called for an overhaul of the social service delivery system (Ryant, 1976; Wilson, 1977). Advocacy for reform in economic and social structures that perpetuate the feminization of poverty and the marginalization of women and children continues to be a current concern (Raphael, 2007; Swift & Birmingham, 2000). That social workers struggle with their dual role of social change advocate for the most oppressed members of the community while working within confining individualized case management mandates is also well documented (Cohen, 1975; Dominelli, 2004; Specht & Courtney, 1994). More recently, anti-oppressive and social inclusion frameworks have created a macro/micro framework for social workers to conceptualize concerns about social structural inequities with practice strategies in their employment, despite confining mandates. Dominelli (2004) describes the world of caregiving professionals in Western societies as being “in flux” as social service recipients indicate that formal supports are interfering in their lives while the clients’ own experiences and desires seem to count for almost nothing. She goes on to say that social work as a profession has been implicated by some anti-oppressive theorists as supporting the dominant society by reflecting the nation’s values by enacting citizenship entitlements and being the gatekeepers for resources dividing claimants into deserving and undeserving recipients.

Dominelli (2004) admonishes social workers to recognize individual and families within their communities and societal contexts. Macro contexts like communities have exclusionary rules and at times hold individuals totally responsible for their life position regardless of their circumstances. She calls into question whether social workers are reflexive enough to constantly (re)consider and (re)evaluate their endeavours so as not to inadvertently participate in marginalizing people. This would require facilitating joint individual and social responsibility for what happens to people in need and critiquing existing social arrangements that are not egalitarian and just.

Mullaly (2002) discusses the difficulty of social work practice to integrate personal, cultural, and structural levels of understanding and advocacy in all types of practice whether social workers are working in agencies, as political advocates, or as resource distributors. When social workers are in a role where their work involves partially compensating victims of unemployment, inadequate housing, and lack of opportunities and consoling them to make their life more palatable, the connections between personal problems and their structural causes should be made so clear that social workers do not 'reblame' marginalized people, says Mullaly. This is a way of keeping that link between the macro and micro level problems clear both for the consumers of social services, but also for the providers of service; that is, the social workers themselves maintaining both a conceptual and practical connection between the social structural causes of individual and family problems.

Mullaly (2002) observes social workers have fallen into mainstream belief structures such that family problems can be resolved within the family itself instead of examining social contributions to these problems. He is critical of theoretical models which perpetuate notions that individuals create their own private struggles like poverty

and housing difficulties. He argues that by omitting the links between the micro, macro, and cultural layers, social workers are at risk to continue to reproduce social inequities.

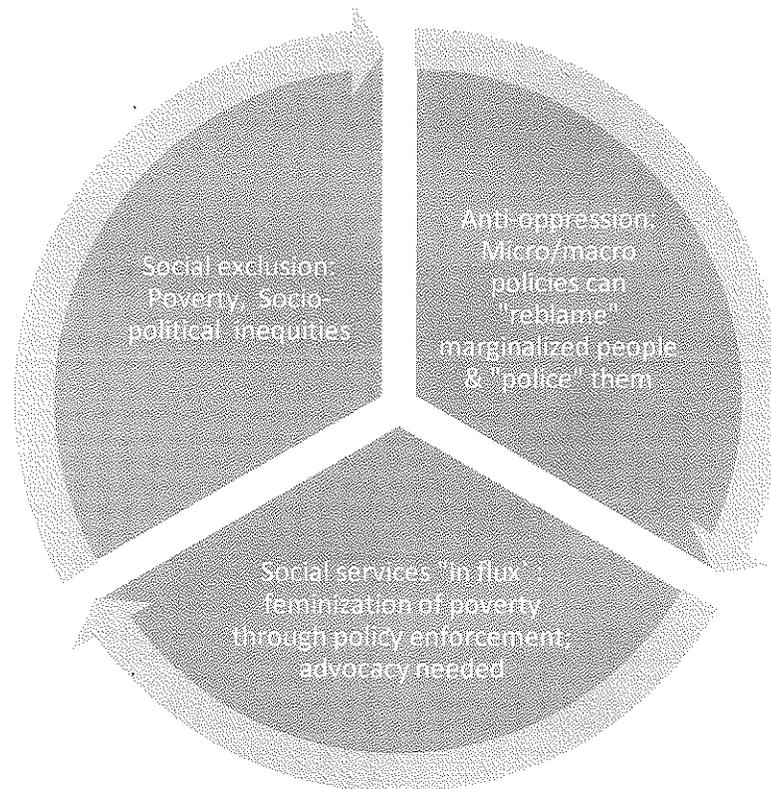
Dominelli (2004) studied social worker's attitudes and workloads to discover several concerns. She notes that the contemporary foci on risk avoidance, bureaucratic rules about who is eligible for social services, and financial accountability have had numerous effects on social workers' roles. First, social workers have less autonomy to listen, advocate, and respond to each client situation in the way that makes sense to that situation because services now come with prescribed approaches. Second, there is little or no opportunity to collectively advocate for rights of clients due to accountability expectations and stringent rules for engagement with clients. Third, social workers are frequently mandated by law to "police" clients in the child welfare system and in the justice system. Case loads are so high that creative interventions that empower people are almost entirely gone. Finally, fragmentation of services is even more problematic than before because of the compartmentalized way services are funded and the expectations on social workers to "compete" for the client's attention. Dominelli (2004) challenges social workers to rethink how problems and solutions are conceptualized. She suggests that it is possible and necessary to collectively challenge broader social issues in communities. She emphasizes that social work's role is to ensure the most vulnerable people's well-being and to include marginalized members in society. These social justice values can guide social workers' mandates despite constricting changes in the way the profession is funded and organized, according to Dominelli (2004).

In summary, social structural perspectives analyze the influence of systemic power dynamics particularly as these dynamics affect marginalized oppressed groups. See Figure 3 for illustration of central issues. Some marginalized groups experience social

exclusion in the form of poverty and inequities that result from social or public policy decisions. Such policies at the micro and macro levels can “reblame” marginalized people. Inequitable policy such as social welfare programming has been designed as another way to “police” or regulate the poor. Social services are “in flux”. Feminization of poverty continues to be a structural issue and advocacy is needed.

*Social Structural Perspectives: Central issues*

Figure 3



*Aboriginal Research*

Research on Aboriginal women, Aboriginal child welfare and Aboriginal resiliency research is located within a broad spectrum of Aboriginal research literature. A great deal of this research is embedded in a critical examination of historical colonization

processes, including experiences of residential school, the '60's scoop when many Aboriginal children were placed in non-Aboriginal foster homes, and other forms of assimilation through legal and policy practices. Much of the research presented here on Aboriginal women, child welfare, and resiliency assumes that there have been long term effects of colonization on Aboriginal communities and families and that there are specific strategies which can facilitate change and empowerment for Aboriginal people. Issues of racism and sexism are discussed in many of the studies reviewed here because inequity due to race and gender seem to underlie women's experiences. One woman indicated that she was not of Aboriginal origin but she heard about the study at an Aboriginal Friendship Centre. She also indicated that she feels less marginalized when she is involved with the Aboriginal community since she has significant health issues which have made her feel marginalized in the dominant culture. Therefore, the issues of social exclusion and marginalization already discussed also fit well for this woman. Since most of the women (24/25) who volunteered for the study were Aboriginal, an overview of several focused Aboriginal research themes follows. These are: Aboriginal women, child welfare and poverty policy and practice with Aboriginal peoples, and finally, resiliency and Aboriginal peoples' future.

#### *Aboriginal Child Welfare*

Earle Fox (2004) studied 17,000 American children welfare cases where child abuse and neglect had been reported. She noted several discrepancies between how workers assessed neglect in Aboriginal and Caucasian children's homes. Aboriginal children were less likely than Caucasian children to be victims of physical and sexual abuse. In addition, the workers were shown to respond less quickly to Aboriginal families in crisis than to Caucasian families in crisis. Aboriginal families experienced children

being taken into foster care more often than Caucasian families. Caucasian families were more likely to be offered support services than Aboriginal families. This led the authors to interpret the results to mean that families and Aboriginal people are more likely to be punished than helped when they are in crisis. The emotional, mental, or health problems of Caucasian caregivers was taken into account more often than those health and wellbeing issues for Aboriginal caregivers when making caregiving plans. Aboriginal children were more likely to come from families with violence among the caregivers and who were receiving public assistance than violence that was directed at children. This study explores how Aboriginal families are experiencing the child welfare system and other services in the community.

Aboriginal social structural research examines and exposes Aboriginal peoples' inequitable experiences in a society where it has become acceptable that inequities exist based on race or ethnicity. Baskin (2003) examines the effects of colonization on the issues urban and rural Aboriginal peoples are facing in Canada today. She links the residential school experiences and the "sixty's scoop" where Aboriginal children were placed in non-Aboriginal foster homes typically far away from their home communities. She holds the governing bodies and the leadership in communities responsible for the barriers that keep Aboriginal peoples from participating fully in education, employment, and being equal citizens in Canada.

Many of the women in this study chose to speak about their experiences in the child welfare system, thus I chose to review some of the research literature on social structural perspectives in the child welfare system. Several recent studies on child welfare services have examined positive, strength based approaches or community-based, culturally-sensitive approaches to providing child welfare services to families. This

research will be briefly reviewed with a critique about how institutionalized social services affect women who use more social services than any other identified group. If women in caregiving roles are not seeking support for themselves, then they are searching for support for dependents like children or the elderly who are in their care (Hooyman & Gonyea, 1995).

Cameron, Coady & Adams (2007) identify the importance of matching child welfare services to the needs of the population being served. In particular, when more collective Aboriginal communities benefit more from community-based services rather than more traditional child-centred or family-centred provision philosophy, then accommodations should be made to offer services that fit more adequately. Cameron et al (2007) examine a continuum of care or services with a wide range of applications in different communities depending on the needs of that community. For example, communities with a history of oppression or other difficult historical events, might benefit from services that offer a community development component in addition to a continuum of child welfare services. When a range of community resources are available, women and families can be supported more effectively in their struggle to remain together, particularly when mothers who are alone in their struggle to provide for and raise their children rather than be held accountable without adequate support to manage.

One example of the application of such principles at the community level is *Coming Home* by Brubacher (2006). Brubacher describes a small Ontario community which had to re-examine their child welfare model after several child deaths which devastated the community and led to numerous recommendations from the resulting inquest. They developed a community run board which initiated a continuum of care model offering a wide range of services from respite to support for families to foster care.

The wide range of services was designed to support families and the community network to match a wide range of needs. Brubacher illustrates that Aboriginal communities need the opportunity to develop local skills for leadership and community development in order to govern their own child welfare services, however, without that initial support to develop the necessary skills and internal organizational structures to support local initiatives, these efforts are likely to fail.

Two additional studies that examine Canadian child welfare services explore the worker's relationship with the client family. One recent study from Wilfred Laurier University, found that families in distress who were engaging with Child Mental Health Services had much more positive experiences with support that was offered than families engaging with child welfare agencies. The researchers explained this in terms of the reasons for engagement and the different types of role the workers had in each agency. In child welfare, workers were often in an investigative role, while in children's mental health, workers were often the first to understand the meaning of children's behaviour problems and offer resources (Frensch, Cameron & Hazineh, 2005). This comprehensive study also found that low income families in distress were often frustrated and felt misunderstood by their child welfare workers. Parents reported feeling blamed and not understood by their workers, and then explanations and problem solving began

Freymond (2007) examines the worker-client relationship by studying worker decision-making in child welfare. She is critical of how workers focus on the problems in the mother-child relationship sometimes at the exclusion of the fathers' roles, even if the father was violent. The effects of violence were sometimes overlooked particularly for the mother and this has the effect of re-blaming mothers for their parenting inadequacies when they are already taking more parental responsibility than the abusive partner.

Women need additional support to deal with the losses of the partner in addition to the challenges of parenting alone. She also examines how workers cope with a difficult, if not impossible structure within which to provide social services and indicates that workers tend to 'de-individualize' or distance themselves from the processes in the mothers' situations, and tend to accept the system's shortcomings in order to survive their employment role.

Child welfare and social welfare services like financial assistance are, by their very nature, non-voluntary and coercive because there is a policing and gate-keeping aspect to the design of the services. Rooney (1992 & 2009) indicates that there is an inherent loss of power and control with any social services which have any features in their design and delivery which make participants in that service involuntary clients. Although he also examines underlying social values of individualism which focus responsibility and blame on individual parents when caregiving structures in families break down. Rooney sees this as a problematic and very narrow conceptualization. He cautions against relying only on one model for understanding the complexity of these issues. He combines several models of deviance and social organization to explore inequities in how power is distributed in society, how institutions reproduce themselves, and how labelling processes become accepted ways of operating. By also examining social welfare organizations, he shows how often front line case managers are also involuntary practitioners who implement practices with which they may disagree. Rooney (1992) illustrates a model for practice with involuntary clients in which he emphasizes the importance of continual analyses at the worker, organizational and social levels of the power dynamics and, in particular, how involuntary clients are further disempowered when systems do not recognize power dynamics. When client responses

are seen as part of their involuntary status, negative and oppressive labelling can be reduced, respectful relationship building processes can be enhanced, and roles and responsibilities can be clarified while empowering options for family members can be emphasized.

This focussed review of Aboriginal child welfare illustrates the challenge of executing social change at the macro social structural and micro social work practice levels. The most important contribution of Aboriginal child welfare research is the emphasis on exposing Aboriginal families' and communities' experiences with oppression and renewal through the child welfare changes which are still occurring in many communities. By examining inequities in society, marginalized groups can be more fully understood and empowered. However, there are barriers to changes that equalize power dynamics which frequently block opportunities for change to occur. Unfortunately, the social changes to equalize power for Aboriginal peoples is occurring very slowly and some would say hardly anything is changing.

#### *Research on Aboriginal Women*

Anderson (2000) explores how the identity and meaning of Aboriginal women's identities and lifestyles have been disintegrated through colonization and disrespect. She acknowledges to her readers that by speaking about Indigenous women as a whole, she is speaking about peoples that are very diverse. At one level then, she is making broad generalizations. However, she also identifies values and an ideology of family, motherhood, and community which many Aboriginal peoples have in common. Anderson illustrates the determination Aboriginal women display in reclaiming their cultural traditions, creating positive images of themselves and reclaiming roles and values that were once taught in Aboriginal communities.

Some of the challenges Anderson (2000) identifies in modern society for Aboriginal women stem from the influences of the three C's as she says; capitalism, Christianity, and colonialism. Therefore, her strategy for reclaiming women's identities in modern Canadian society is to revisit and reclaim values of collectivism, spirituality, and sovereignty. She distinguishes between women who have been sheltered from the urban workforce and have therefore maintained more kinship ties and collective approaches to community living and family life and urban women who have been marginalized in the workforce and educational institutions. However, she indicates that these kinship values are being revitalized by community centres and Aboriginal services in urban areas. Despite her hopeful observations about changes that are occurring, she concludes by identifying the high proportion of Aboriginal mothers in urban areas who are parenting alone in poverty. She critically examines the role of men, communities, the state, and the children in renewal and healing in Aboriginal families and communities. Anderson links the colonization experience which occurred several decades ago with contemporary inequities for Aboriginal people, which are still so prominent in the publically funded institutional structures. She reiterates these challenges in another discussion of Aboriginal motherhood but adds that it is essential for Indigenous mothers to express and publicize their own ideology of motherhood (Anderson, 2007).

Yellow Horse Brave Heart (1999) examines gender differences in how the Lakota Sioux have experienced long term effects of cumulative group trauma as he calls the colonization processes. He also examines gender differences in response to experiential interventions aimed at resolving the effects of trauma. Women presented with more conscious emotional trauma effects while men presented with issues that seemed to affect the whole lifespan related to trauma effects of residential school survival. However,

when experiential healing intervention effects were examined, women experienced less survivor guilt and generally better coping mechanisms while men had increased awareness of historical trauma and its effects and seemed to be at a beginning place in grieving and healing.

Research and practice interventions in communities that utilize an experiential healing model and focus on positive identity development and trauma resolution are being used more in some communities. A qualitative model of the long-term recovery process for Aboriginal women developed out of this study that followed six women through their identity and well-being journey. Four components of their health and well-being recovery were identified in Yellow Horse Brave Heart's (1999) study. These are positive discontinuity, expanding the circle, reclaiming the mother role, and developing new continuity. One of Yellow Horse Brave Heart's concerns is that sometimes modern society relies too much on the women to lead communities and also lead the healing and personal growth endeavours in Aboriginal communities.

Two additional studies examine therapeutic approaches with Aboriginal women. These are Malone (2000) and Cameron & Hoy (2003). Malone (2000) raises concerns about counsellor education for working with Aboriginal women and indicates that a multi-cultural feminist perspective is necessary. From her work with Aboriginal women, she identifies several issues that are particular to Aboriginal women seeking counselling. She indicates the importance of acknowledging the traumatic effects of colonization and the violence that resulted for so many Aboriginal women, the loss of a positive identity, and empowerment strategies that include personal and community building approaches. Cameron and Hoy (2003) focus on mothers involved in the child welfare system. They examine the discourse that developed around mothers in child welfare systems identifying

the importance of a more balanced view of women and insisting on developing more positive and productive helping relationships. They include two case studies which detail the experiences of two women who grew up in foster care, and became involved with the child welfare system as adults. The negative experiences they describe illustrate the challenges many Aboriginal women face and the need for community healing in First Nation communities. An essential component of the analysis was the need to not view the Aboriginal women's challenges as individual struggles when they are best viewed in the context of oppressive historical experiences to be fully understood. Contextual understanding decreases the likelihood that women will be (re)blamed for their distress and caregiving challenges.

This literature review would not be complete without examining policy and practices relating to poverty with Aboriginal people because the rates of poverty are so high for Aboriginal women. Child poverty relates to women's poverty because lone mothers have such a high rate of poverty and so many of the children in poverty are relying on their mothers. Luxton (2002) comments on the challenge that Canada faces in having the highest standard of living in the world but cannot seem to meet the needs of the children living in Canada. She examines the Human Poverty Index between 1990 and 2000 to show how different industrialized countries have ranked Canada as having one of the highest rates of child poverty. She also indicates that Aboriginal women and children carry the greatest burden of poverty with the highest rate of poverty in the groups she studied in Canada.

The federal government commissioned a study in the 1990's examining single Aboriginal mothers' experiences in Canada (Hull, 1996). This profile is descriptive and provides information about the prevalence, characteristics, and demographics including

education, age, employment and income. Aboriginal lone mothers are the least educated, poorest paid, and have a high poverty rate at nearly 75 per cent, according to Hull (1996) p. 90.

Greaves, et al (2002) reported on how Aboriginal women are portrayed in the media and the negative effects of images that are not empowering. They examined poverty, substance abuse, mental health issues and mothers who have experienced violence in domestic situations. Although their report is broad and general, they identify the negative attitudes and values which become perpetuated through media coverage which neither identifies strengths nor appreciates Aboriginal culture and women. There is a concern that these negative stereotypes could also affect policy and practice directions with Aboriginal women. Greaves et al (2002) examine how mental illness, substance use, and lack of support have contributed to the breakdown of mother-child relationships in Aboriginal communities. They emphasize the need for policy to support strong mother-child relationships rather than relying on child apprehension in child welfare organizations. These recommendations are echoed by Green (2001) in her research on women in poverty in Saskatchewan.

Most of the research literature on Aboriginal women has a similar set of themes; that is, how women are rebuilding identities, reconnecting with cultural practices and participating actively in rebuilding community networks. Haig-Brown (1998) identifies similar themes in her research. She uses military imagery and language like “warrior mothers” to inspire and describe the energy and vivaciousness of the movement among Aboriginal women to rebuild positive identities, fight against homogenization and acculturation while recovering from the negative effects of being abducted and raised in religious schools. Now the daughters and granddaughters are the warrior mothers

indicates Haig-Brown (1998). These women are challenging education institutions and developing a vibrant contemporary First Nations community.

Community regeneration and justice occur in many ways. Redbird (1998) traces women's historic experience through the violation of the colonization process and links this history to ways that contemporary American Indian policy still represses women. Her solution is to challenge social policy that refuses to place true power and ownership in the hands of women's organizations to ensure the revitalization of society that is grounded in Native tradition, culture and values and run by Native people.

Another theme that emerged from the Aboriginal research literature in relation to this study, is the problematic history between professional helping relationships and First Nations peoples and communities. This issue is examined as a critique of inadequacies of the helping professionals who overlook the importance of cultural dynamics or ways that cultural competence can be ensured in helping relationships, and ways that Aboriginal helpers can manage the challenge of being professional helpers in their own communities. This theme is explored in a study where First Nations women are interviewed. (Reid, 2008). Six First Nations women who are also Child and Family Services (CFS) social workers who work in First Nations communities were interviewed as part of a process to reconcile themselves to the effects of their work on their holistic health, how they cope and strategies that they employ to manage the challenges of their roles. The research stated five themes. The issues raised include the stress of dual accountability to their cultural community and also to the mandate of CFS agencies. There is also stress of unrealistic expectations and multiple roles. The unrealistic expectations came from several sources including the agencies, management, funders, the community, and perhaps even themselves prior to this study. They discussed the emotional costs and

benefits of the intensity of the relationships that they developed through child welfare work and community social work. In addition, child welfare work is meaningful work which gives strength and purpose to workers but also requires specific coping strategies in order to manage the complex responsibilities and not compromise their commitment to their own holistic health. This study calls for more exploration as more professionals take on these complicated roles. This study also suggests the need for the community to develop more positive long-term relationships between Aboriginal and non-Aboriginal peoples in child welfare systems and also in the community generally.

Another study examines Aboriginal child welfare and service provision experiences (Kline, 1994). In addition to issues raised earlier in the feminist research review about “best interests of the child” and collectivist Aboriginal values regarding family and community, Kline (1994) analyzes racism in child welfare law. She begins by reviewing how economic and social injustices become “common sense” for the dominant culture as “the way things are” and are easily reproduced. She explores what it means to be “Indian” in modern society and uncovers stereotypes and inhibiting beliefs that suggest that “Indianness is static” instead of a complex, diverse set of experiences or identities unique to different groups and individuals. She also explores policies and structures within the child welfare system which contribute directly to interrupting Aboriginal children’s experiences of their culture. When children have been placed in foster care, the bond between caregiver and child is nurtured while the relationship with culture and extended family is frequently discouraged. As the foster care bond develops, it can be several years before a case comes to trial at which point a case manager can point to the foster care – child bond as being strong and therefore in the “best interests of the child” as compared to the disrupted relationship with family and community or culture. This is an

example of systematically culture and family bonds in Aboriginal communities. In addition, Kline notes that poverty in Aboriginal communities must be linked more directly to colonization history rather than blaming individuals. Most Aboriginal apprehensions are for neglect not physical or sexual abuse, according to Blackstock and Trocme (2004). Many researchers in the area of poverty and neglect have begun to make the link that neglect can be understood as a struggle to provide basic needs rather than lack of parenting ability. Kline (1994) echoes this principle and indicates that as poverty is recognized as a social problem, it will become more evident that Aboriginal communities need support to develop solutions which are strategic and attempt to overcome poverty and other social concerns rather than blaming individual women for their caregiving struggles.

#### *Resiliency Research in Aboriginal Communities*

Some themes in the literature review overlap. Research on Aboriginal resiliency is a direct response and challenge to the history of oppression, the history of negative images perpetuated about Aboriginal peoples, and finally a way of illuminating strengths that frequently go unidentified in the dominant culture.

LaFrance et al (2006) embrace a quote from one of their research participants who said: “You can drive the bus at times when you come here, but remember that it is our bus, and we will tell you when you can drive, where you can turn, and when you can get off”. The implication and discussion in LaFrance et al’s research is that helping professionals, particularly in child welfare, have often not behaved with respect, humility and a realistic appraisal of the role of helping professionals. Essentially, their research from multiple leadership forums developed into a recovery and affirmation process for Aboriginal people that relies on principles of self determination, identifying resiliency

and strengths, embracing values, developing recovery and healing resources that emphasize traditional knowledge and teaching and control for this process in the hands of Aboriginal people.

As noted in several studies, Waller and Yellow Bird (2001) expose how historically Aboriginal strengths have frequently been viewed as deficits and used against them. Sharing and generosity are examples of strengths that are being restored in the way economic businesses are organized. Waller and Yellow Bird show how values which have sometimes been perceived as deficits were necessary survival strategies that helped Aboriginal people survive and adapt despite oppressive experiences.

Cross (1998) illustrates that strong family values which are collective in orientation and parenting values that are child centred make it possible to cope with family stress and social stressors. Issues of social discrimination resulting in social isolation and depleted coping strategies are also examined. The goal of the study was to strengthen the cultural sensitivity and competence of family services and treatment programs with culturally diverse groups including Aboriginal people.

By examining the statistics from more than 3000 Aboriginal, non-Aboriginal, and other minority groups, Blackstock and Trocme (2004) illustrate how Aboriginal single parents have higher rates of poverty, unsafe housing, alcohol abuse, criminal activity, mental health problems, domestic violence, and greater involvement with child welfare services. The child welfare placement rate is double that of other non-Aboriginal families but similar to other visible minority groups. They indicate that the high rate of child welfare involvement may be due partly to social work assessments which focus more on parental neglect and individualized assessments of parents while ignoring factors that put families at risk which individual parents have little direct influence over like access to

affordable safe housing and issues like poverty. They are also increasingly concerned about the fact that 70 per cent of children in Manitoba in foster care are Aboriginal while only 30 per cent of the family support budget is designated for Aboriginal families (Blackstock & Trocme, 2004). They also illustrate that while the dominant reason for child welfare involvement in Aboriginal families is neglect associated with poverty and lack of access to resources, non-Aboriginal families are more likely to be involved with child welfare services due to physical and sexual abuse. Their study argues that examining problems broadly rather than focusing on individual mothers' responsibility is preferable. Systemic and structural barriers frequently prevent communities from developing community capacity building plans built on existing strengths and resiliency in Aboriginal families and communities. They call for culturally-based community development to address current barriers to service access including inequitable access to resources and more accurate and useful child maltreatment assessments and responses.

Waller & Patterson (2002) examined natural helping relationships in the Diné (Navajo) community. The Diné are a small band within the Dene Nation. The sample identified 25 people identified by community members as "natural helpers." They examined how help was initiated, what problems people sought help for, and the helping style which was offered. They found help was frequently offered before it was requested and helpers often gave instrumental help instead of offering assistance with environmental problems. 'Helping one's relatives' was a high priority for the Diné community. Relationships between helpers and recipients were more long-term than research had shown in other communities where similar measurements were used. The helping relationships were also characterized by greater reciprocity and an emphasis on closeness and commonality than other European American communities that had been

studied earlier. These findings are similar to what Hart (1999) describes in his work about Aboriginal helping practices. He emphasizes the importance of respect for Aboriginal world views, which are not homogenous but unique. These world views emphasize collaboration, helping one another in communities, mutual respect and reciprocity in helping relationships, and an appreciation of the holistic approach which includes spirituality and mind – body – emotion connections. He also discusses the importance of the medicine wheel and illustrates that many applications can be made of these teachings in conjunction with other approaches.

Community development, reliance on Aboriginal knowledge and developing capacity are frequently identified in the research as central to supporting self-determination and social justice for Aboriginal communities. Lewis (1998) examines these features of economic development in Aboriginal organizations and identifies five features that are important to strengthen infrastructure. These are: competent staff, effective community relations, stable core funding, effective use of technical assistance, a clear and collaborative development strategy, and an active and balanced board involving representative stakeholders from a variety of sources. These principles are similar to community development strategies that Hunter (2000) illustrates in her community-based school model in Winnipeg. Community relations with parents took immediate priority in the form of opportunities for gatherings for celebrations and funerals right in the school complex. The physical layout of the school was redesigned to be more inviting and accessible for parents. Core funding was stabilized for special needs, and community members were involved in all aspects of the school from competent staffing, to volunteers and board members. All stakeholders including parents, Aboriginal volunteers, community members and Aboriginal staff were represented within the school so that

parents felt more welcome and could get involved in school life. She also emphasized the importance of local hiring. Hunter (2000) indicates that the changes took time but had a positive effect on students and school-home relationships.

McKenzie & Morrisette (2003) studied the dynamics of respect in Canadian social work as it relates to Aboriginal clients. They indicate that Aboriginal women are among the most socio-economically disadvantaged Canadians. They identified four guidelines which are essential when social workers are engaging Aboriginal clients. First, it is important to recognize that Aboriginal worldviews are different than a European-Canadian worldview; second, to recognize the effects of the colonization process in Canada's history; third, to recognize the importance of identity development which is based on traditional knowledge when working with Aboriginal peoples; and finally, to recognize the diversity within Aboriginal cultures and traditions and how this diversity affects social work approaches to practice. They also identify the support that social workers need at the front line when they attempt to work respectfully with individuals, families and communities. The social work profession needs adequate resources and manageable caseloads to show work respectfully with the needs of Aboriginal families.

Bennett's (2008) recently released Manitoba study examined Aboriginal women's experiences with child welfare and legal systems. The study provides an overview of mothers' and grandmothers' roles in dealing with these systems and the title of the report "Jumping through Hoops" was coined to reflect the struggles women described. Bennett (2008) identifies ways that the child welfare system ignores and violates the rights of Aboriginal parents and therefore also Aboriginal children. The burden of caregiving currently resting on Aboriginal women would be eased if fathers participated more actively in family life. The lack of support and resources for Aboriginal mothers who are

struggling with multiple stresses was also raised. Individual interviews, focus groups, and conversations with Aboriginal advocates yielded similar results; that is, Aboriginal families are struggling with legal systems which are interfering in family and community life. The study is intended as an illustration of current experiences and the need for more conscientious service provision in the social services and legal systems.

Another researcher who exposes inequitable services for Aboriginal Canadians is Avery Knew (2006). She illustrates the deplorable health conditions that many Aboriginal people have with far fewer resources and fewer opportunities to address these issues resulting in early mortality rates and more co-existing illnesses creating greater health risks. Poor housing and poor economic conditions in many Aboriginal communities contributes to the social and physical conditions that affect the wellbeing of Aboriginal peoples. She also challenges Canadian policy makers to look beyond “unified” strategies among Aboriginal leaders to address health and wellbeing in Aboriginal communities, arguing that regional strategies may need to be developed to address some of the unique needs and challenges that isolated, urban or rural communities face.

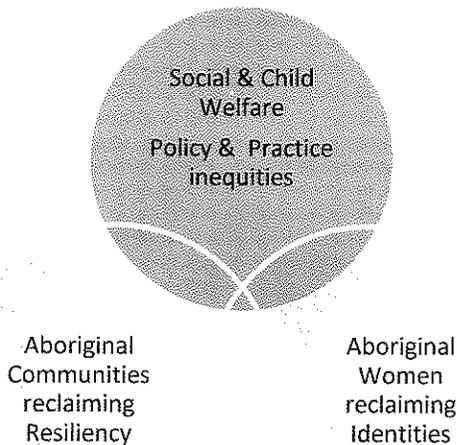
Aboriginal research on the experiences of women, service provision particularly in child welfare, and finally resiliency in Aboriginal communities finds a complex history of colonization, high poverty and addictions issues, as well as a community that is actively recovering and rebuilding with multiple models. Inequity, social exclusion, and policies that keep institutions repeating destructive patterns of operation are illustrated throughout this review. Recovery opportunities at the individual and community levels are effective in the development Aboriginal communities are going through, however,

these strategies appear to be less effective when practiced in isolation or without adequate involvement from the community members themselves.

In summary, identity development, community development and enhancing resiliency in Aboriginal communities are central themes in the research. See illustration of central issues in Figure 4. Women are at the forefront of repairing relationships and healing in Aboriginal communities affected by colonization. Women are also central in caregiving responsibilities in families and communities. This reliance on women to lead the reparation and caregiving work in Aboriginal communities is identified in several studies that indicate the need for men to be more involved in the work of caregiving and community development. Multi-faceted strategies are needed to address the complex issues of poverty, isolation, and discrimination. Women are central in experiencing the negative effects of poverty and caregiving.

*Aboriginal Research: Central Issues*

Figure 4



### *Literature Review Conclusion*

There are complicated dynamics at play for lone women raising their children in poverty. See Figure 5 for an illustration of interacting dynamics identified in the literature review. When women are Aboriginal, they are at an even higher risk for being in poverty and being affected by the issues that often accompany a life in poverty, higher stress, poor health, less access to resources, and higher risks for children's well-being. Feminist research has identified numerous risks for women in poverty including less support for caregiving burdens in a society where caregiving is still often invisible. Adequate financial support, adequate access to child care, safe housing, and other necessities are frequently rights that women in poverty do without. Social structural inequities and a society that is still divided and organized along gender lines are identified as contributing factors to the feminization of poverty.

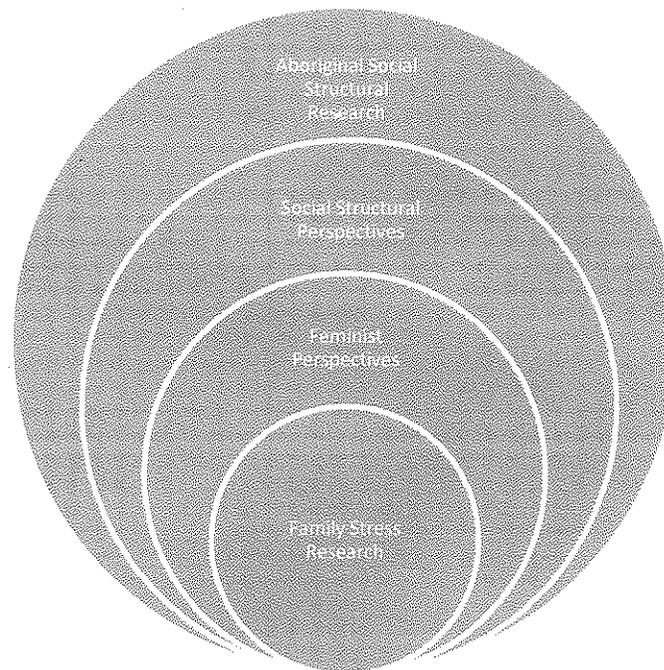
Family stress theory examines the experiences of stress in families, how these stressors "pile up" for families in poverty, and how coping strategies and resources like positive social support can generally ameliorate stress factors, but may not be enough when families in poverty are marginalized consistently in society. Neighbourhood safety, access to adequate housing, and access to positive social support from formal and informal sources are identified as needs that have to be addressed to support families in poverty.

Social work theory and practice has been strongly influenced by social structural theory which examines social inequities, access to wealth and resources, and systemic institutions and policies which keep inequities in place as sources of difficulty at a macro level which significantly affect women and children in poverty. While social structural

research is broad and extensive, only select studies that relate directly to this research have been carefully selected to give a brief overview of this perspective. The label for this research has changed over the years, and social structural research has been referred to as anti-oppressive and social inclusion research. Select research studies from these types of research have been reviewed, together with a focus on the social structural child welfare research. The central theme linking these studies is the focus on power dynamics as a central construct in examining who are the most powerless members of society and how can the rest of society take responsibility to support these marginalized groups rather than continue on and blame them for their struggles.

The research reviewed here assumed that the effects of colonization were long-standing and central to the struggles Aboriginal women experience with high poverty rates and related difficulties. Women's research, which integrates an Aboriginal focus, shows that women are active in developing healing and recovery models for their communities but that some are concerned that as a society we are relying too heavily on the women in Aboriginal communities to lead without adequate support risking burnout and further stress for them. Aboriginal research into poverty and child welfare issues was briefly examined with a further inquiry into the research that is emerging in resiliency. The resiliency research emphasizes the importance of searching for, acknowledging and relying on existing strengths in Aboriginal values, teachings, and communities. Social work and social policy could have more positive impact by strengthening identities, addressing policy and legal inequities, and developing resources that support women and children in their communities in safe and manageable.

Figure 5 *Interaction of Theoretical Perspectives*



Despite the emphasis on social structural dynamics in social work theory and practice, there is also frequently a tendency to individualize services as illustrated in the research review. When individual blame is placed on mothers for child welfare and poverty, the social context within which these concerns are experienced is overlooked. As this study will illustrate, mothers who were interviewed were frequently blamed and held personally accountable for issues that were beyond their immediate influence. Workers had enormous influence as gatekeepers of services and resources. The support for mothers was frequently missing. The opportunities for income generation and accessing social support were inadequate. When social workers are in a position to advocate for mothers in poverty but do nothing, there are structural issues that require attention within organizations, policies, and procedures. This study examines

relationships between social workers and mothers. However the concluding chapters analyze this relationship in a context of social values and funding priorities that do not reflect child care and social support for caregivers as social priorities. When women are the primary users of social welfare services for their family's needs but there are few opportunities for women to provide for their families or get out of the poverty cycle, social and political changes need attention and action.

## **Chapter 3 – METHODOLOGY**

### *Introduction*

The methodology in this study draws on narrative and case study methods that explore the experience of a specific population. In this study, mothers' interactions with social welfare organizations were analyzed by interviewing mothers, interviewing their social workers and reviewing the agency case notes. This phenomenon of the social service experiences cannot be fully understood without also exploring women's struggle with poverty and the social context within which this occurs (Evans, 1998). Therefore a multi-level analysis occurs in the final chapter which examines the mothers' relationship with social workers and their agencies in a social context of values and policy priorities.

Numerous barriers were encountered during the data gathering phase of this research. These barriers led to fewer worker interviews and file reviews than were originally thought accessible. As a result, fewer cases have all three data sources for the case study series analysis. This chapter begins with a description of the barriers experienced during the data gathering processes. This is followed by an overview of the data processing and synthesizing steps. A brief overview of narrative, discourse and case study analysis follows. Since the study concludes with a broader systems analysis, this will be discussed at the end of this chapter.

### *Barriers to Data Gathering*

This is a summary of field notes from the data collection process. There were some surprises that made the process go more smoothly and quickly than expected, however, there were also some unexpected barriers which inhibited the process and the results.

In order to recruit women for the study, in December, I sent posters to inner city social service agencies, day cares, clinics and community resource centres. I had hoped to recruit 20 women. Within 24 hours, the first mother called and after that more kept calling. I had completed 25 interviews by the end of February, despite the freezing cold temperatures (often -40 or colder). Most women walked to the interview. Some women walked across the Salter Bridge to the Elizabeth Hill Counseling Centre where the interviews took place. The Elizabeth Hill Counseling Centre is associated with the University and is relatively central for most of the women in the study.

I gave each woman two bus tickets when she arrived, however, most pocketed the tickets and said they were planning to save them for another time and preferred to walk the 1-4 km back to their home. I interpreted the women's response to be an eagerness to tell their stories. Some of the women did not seem to know that there was a small honorarium for their time. I thought there might be some hesitance from women about whether I was associated with some of the mandated agencies in Winnipeg, however, no one seemed concerned about that. Several women pointed out that the University sometimes does studies like this and they want the people at the University to know what is going on for women in their relationships with workers.

Approximately thirty women called after the study was closed. Many of these callers asked whether more research like this would occur. Despite letters, calls, and emails to all the places I had sent posters to asking them to remove posters and indicate that the study was closed, either word was still getting around or posters were not removed as quickly as I thought.

The next step was to approach the agencies which women identified. These agencies were asked about their protocols and expectations for research in their

organization. I was asking for permission to examine files first as there were two different sets of expectations for the different data sets.

To access files at CFS, I needed permission from the Director of Authority Relations, however, there was a four month delay before I finally got the written approval. My next step was to locate the agencies within CFS (Child and Family Services) where the women's files were located. I got that information from CFS Support and then started contacting the EDs from the different regional locations. There were twelve agencies to contact. Most were the different CFS locations (urban and rural as some of the files had been sent to the home locations despite the fact that women now lived in Winnipeg).

I sent formal letters to all twelve agencies with copies of the University Ethics Board approval. For the CFS agencies I also included their ED approved letter and application from the Child Protection Branch. I then followed up with phone calls, emails, and a follow up letter to each agency. Phone calls were tracked so that I would call approximately every two weeks to each agency and make enquiries about how to proceed. Sometimes the Director of an area agency would give the ok and then pass me on to a local manager. Then I would note this information and follow up by phone or email or letter with that manager.

At the same time, I was negotiating a similar process with EIA. There was an entirely different process for EIA, another government department within the same Ministry of Family Services and Housing. EIA sent me to discuss my request with a government departmental policy analyst who indicated initially that they had no protocol for such a request to do research but were in the process of designing one. I found it hard to believe that they had no protocol for people doing research on their agency, but I

persisted with her by email and phone indicating that each passing week was becoming a barrier to research in general but also to student learning at the University. Finally, four months later, they sent me a form to review and sign.

This form was an agreement which indicated, among other things, that I would send all publications from the research to them for approval. This was a concern to my acting advisor and I asked the ethics board chair at the University how to proceed. The ethics board chair and my acting advisor agreed that I could not sign the form as it was written because it implied the possibility that they would be able to censor my writing. So I clarified with the department what they meant and how they would screen or approve my writing. They indicated verbally that it was only meant to clarify facts like correcting the number of staff they had working for them. For example, if I said they had 55 staff but they really had 34, they wanted that to be clarified in all publications. I explored many different examples and scenerios of what might occur and when I and my advisor were convinced that they would not censor my interpretations or results, I rewrote the agreement. Although they were reluctant at first, I explained again that I was unable to continue with the project if they would not accept the changes and we had discussed the changes verbally and I had simply written them as we had discussed them. Finally they agreed to the changes I had made to the agreement. They indicated they would have someone in place with a commitment to review written documents in a timely fashion. Once all agreements were signed and approved, I was able to fairly quickly view files at their offices.

The other stipulation, which was listed in the form from EIA, was that my transcriber sign to indicate that she would maintain confidentiality and anonymity of the client information. I spoke with my advisor and he suggested explaining to the

transcriber what the circumstances were, but that he had never heard of a transcriber being asked to sign such a form. The transcriber signed the EIA agreement without concern once she had read it.

CFS agencies took more effort and time on my part before I finally sat down with my first file. I continued to follow up and enquire and make sure I was enquiring with the right people. Sometimes people did not respond at all, sometimes someone would respond but tell me they were not the one to approve or organize the viewing of files. Each small agency location seemed to have its own rules and protocols. I also encountered staff changes. Just when I thought I had access, the next time I called to confirm an arrangement, that person was no longer working there and I had to start all over again. I was frustrated. After discussion with my advisor, I finally consulted other organizations that do research in social services for advice and possible contact people or direct advocacy assistance. The First Nations Child and Family Caring Society, a Winnipeg-based research group, provided contact names of people in CFS agencies who might be helpful. They also suggested that I could use their organization name and personal names as contacts that support my research when I am attempting to make connections in the agency systems. I was able to find more people to talk to about data access. But to sit down with files, I still had to go to another layer of management that was overseeing the direct services.

The most amusing and frustrating response from a manager at that point (6 months after I had the Executive Director's written approval), was a woman who asked why the written approval was so old (over six months). She indicated that this was too long since the original Executive Director had signed the approval at the Child Protection Branch. When I explained the process, and that the delays had all come from their

agency, she indicated that it did not matter, she would not approve this and the mother in question was not in contact with their agency any more so they could not contact her for her consent. Therefore, I was out of luck unless I went back to get a new written approval from the Executive Director for file reviews.

One year after the first written request had been made to CFS, I finally sat down with my first file from one of the CFS agencies. This was a day of celebration! Eventually, I was only able to access nine files in total; 5/17 files from CFS and 4/4 files from EIA. The process to get access to files was very time consuming. While I did not get told directly from any people in positions of authority that they did not want me to have access to their documentation, I encountered numerous barriers and delays as outlined here. I enquired at one point about whether the Executive Director or some other person in authority could encourage managers and workers to participate in research and the answer was no. Local managers and workers made their own decisions about participation based on workloads and organizational priorities. This suggests that even when research is a priority at the organizational or policy levels, practitioners can and did block access to data. This essentially creates a barrier to research in social welfare organizations. One consultant indicated that part of the issue might be that there were several inquests and fairly comprehensive file reviews going on, with a lot of media coverage which often portrayed the agencies in a negative way. Therefore, people might either be too busy to respond, or perhaps feeling uneasy about responding to a situation which could add to the negative public publicity.

After I had reviewed most of the files, I began to contact the mothers' former workers, many of whom were still employed with Winnipeg CFS or agencies associated with CFS or EIA. I had phone numbers for 11 CFS workers which I received from the

Centralized CFS intake phone receptionist. I had 3 phone numbers for EIA workers who were still working in the system.

I had spoken to several CFS Area Directors about the research project and received verbal permission for the worker interviews. So when I started calling workers directly to set up appointments, one of the workers wanted documentation for all levels of permissions in CFS, a description of the project and questions for the interview. She indicated that she was too busy but said I could call back in a month or two. I did follow up in a month, but she did not return my call. Shortly after that, I got a call from one of the Area Directors' (who had given verbal permission for the study) assistants indicating that I no longer had permission to contact workers unless I provided them with a written list of the workers on my list to interview. I explained to her and her immediate supervisor why this was not possible as the workers were also participants in the project and their identities also had to remain anonymous and confidential.

Then the Area Director also contacted me to indicate the same expectation. She wanted the names of all the workers I was planning to interview. I explained again that the workers' identities had to remain confidential as per my agreement with the University Ethics Board. She said that the University Ethics Board was completely unreasonable and that perhaps I had misunderstood them. I should go back and ask them again because surely they would understand that she was not going to be nasty to the workers. She was simply trying to help me make the process more efficient and save herself some time and the phone calls from people who were unaware of the project and who were wondering whether there was official sanction for the project. I replied that the Ethics Board would not change the agreement so I was not able to explore that avenue, however, I suggested several alternative solutions including a letter from her officially

sanctioning the project and explaining the process, or giving me 10 minutes at a management group meeting to explain to managers what the project was about and answer any outstanding questions. She said that the best she could do was to put the possibility of having me come to a management meeting on the next agenda for discussion and then get back to me. When I suggested that she makes up the agenda and can just give me that 10 minutes instead of asking the management group for the ok to put me on the agenda, she said, 'take it or leave it'! So I said I would take it. I was in consultation with my advisor throughout this process and it all seemed a bit absurd, as I forged ahead. I was thinking that I was making progress and that if I just persisted, I would be successful.

However, the Area Director called me back to tell me that after a discussion with the management group, they had decided together not to support the research if I could not provide them with the names of the workers and that was their final decision. Therefore I was "forbidden" to contact any more workers. My advisor and I discussed a few more possibilities and I had two interviews booked with workers who were at arm's length from CFS and I felt that perhaps with these additional transcripts, I would stop the data gathering process. Eventually, I interviewed 4/19 workers formerly in CFS roles and 1/4 workers from former EIA roles. The EIA worker I interviewed had worked with two mothers and both of these mothers had identified him as a worker I could interview. So he became the interviewed worker for 2/4 EIA cases.

Table 1

<b>Data Sources in this Study</b>
23 mother interview transcripts (19 or 83% CFS; 4 or 17% EIA)
5 worker interview transcripts (4 or 80% CFS; 1 or 20% EIA – for 2 cases)
9 files (4 or 44% EIA files; 5 or 56% CFS files)
4 complete study cases ( with 3 data sources)

*Discussion of Possible Reasons for Barriers*

I have pondered the possible reasons for the various barriers to data collection. I thought it was perhaps symbolic of the multiple barriers the women described in their attempts to contact workers or access information in the CFS and EIA systems. The bureaucratic layers are so extensive and the protocols are so complicated that one is never quite sure whether one is being blocked, handed off to others, or simply forgotten in the midst of so much confusion. In addition, there is the explanation that the research consultant provided. She said that perhaps CFS workers and managers were overwhelmed with the inquests and file reviews already occurring. Or that perhaps they were uneasy about another person examining files and interviewing workers when there were several investigations, inquests and mandatory agency wide file reviews going on at the same time as my research project.

The reasons given for the initial delays at CFS were certainly communicated as oversights and they indicated that my requests simply got lost in the midst of other important daily business. However, when the Area Director blocked me from interviewing former workers, the explanation given was that she wanted to help me make the research more efficient, that she was perhaps the most supportive person of this

research and had been from the beginning. She also indicated that there was absolutely no harm in my providing names of workers and that I and the University were totally unreasonable. No explanations to the contrary to her or her superiors made any difference to their stance.

I thought that perhaps they were afraid that negative outcomes from the data, which might reflect badly on the government organizations. The requests had to be scrutinized by so many layers of authority that eventually, the time delay or the frustration levels on the part of the researcher could make the project impossible to pursue. The time factor argument that child welfare services are very busy and cannot take time to participate in research at the practice level due to high caseloads and lack of resources is understandable, however, there are other ongoing research projects and it is part of the child welfare mandate to participate in research. The most likely reason I thought I was blocked was because of the negative publicity that CFS social workers and organizations have had in the media in Manitoba and several ongoing investigations into practice problems. This may have been experienced as yet another possible study that would uncover or expose problems in a struggling organization. I was puzzled that one or two managers at the direct service or area director levels could block research so effectively when the Executive Director had approved and supported the research. I also wondered whether workers and managers were concerned that individual workers' struggles with cases would somehow be singled out rather than highlighting the structural barriers of lack of funding or resource shortages which could be useful feedback about the challenges to provide effective service.

I had reviewed the women's narratives when I was struggling with the barriers to data gathering. I reflected on the similarities between my experiences of 'getting the run

around', not being listened to, or simply not being seen as a priority and what the women had described in their experiences as clients. The discouragement and frustration generated by the time consuming efforts to access information when it is difficult to bring the process to completion was quite similar to what the women described in their narratives.

### *Synthesis of Data*

The data synthesis process occurs throughout the study. As the data is collected, it is organized, classified, described, and connected to other data. A theoretical framework already informed the sample selection, the data collection and the synthesis plan. The steps of the data synthesis process are illustrated here. A theme building process occurred based partly on the questions that were asked and the central foci on which the research questions were based. The presentation of data chapters for mothers, workers, and files relied on this data review and synthesis process. Kirby et al (2006) indicate that marginalized groups can be given a voice and social inequities can be exposed by drawing on a qualitative methodology which follows an initial plan and then relies on the data to inform the researcher about the unique and contradictory experiences that participants described.

The three different data sources offer different perspectives on the mother – worker relationship. Triangulation or examining is the experiences from three different sources which collaborate to provide a more thorough view of the world being studied (Lofland & Lofland, 1995; Miles & Huberman, 1994; Miller & Salkind, 2002; Salkind, 2005). Triangulation is part of the process that creates more depth and rigor to the context being explored in qualitative research.

The mothers were interviewed first and informed of the purpose for the three data sources. The information the worker provided and the information the mother provided was kept separate and confidential from the other party. Transparency was maintained about the purpose of the study but the data from the interviews themselves was not shared with other participants.

Lofland and Lofland (1995) describe a theme building process where narratives are reviewed, coded for themes and categorized by the issues raised in the data. Themes emerge from the narratives partly because of what was inquired, however issues are raised by participants who are new and unexpected. These themes are also coded and categorized.

Themes were developed through a practical process of examining each transcript in great detail by highlighting themes that are raised by the interviewees. These highlighted portions were then coded to identify which transcript and story the issue or theme is related to so that the context of the issue can be referred to or included as needed. The themes were then examined across narratives by cutting transcripts apart and compiling similar themes across different narratives together. Some issues that appeared to be themes across narratives were eventually identified as unique comments or raised points that become exception themes which can be powerful and important issues to pursue and discuss. Other issues might be themes that were so prominent across narratives that the 'pile' of coded comments was so large that another perusal of the issues raised suggests that there are multiple themes that are identified within the discussion of these comments. This may require going back to the original narratives for the context in which comments were made to explore additional themes or issues raised in these sections thereby requiring a reorganization of originally thought important, unique

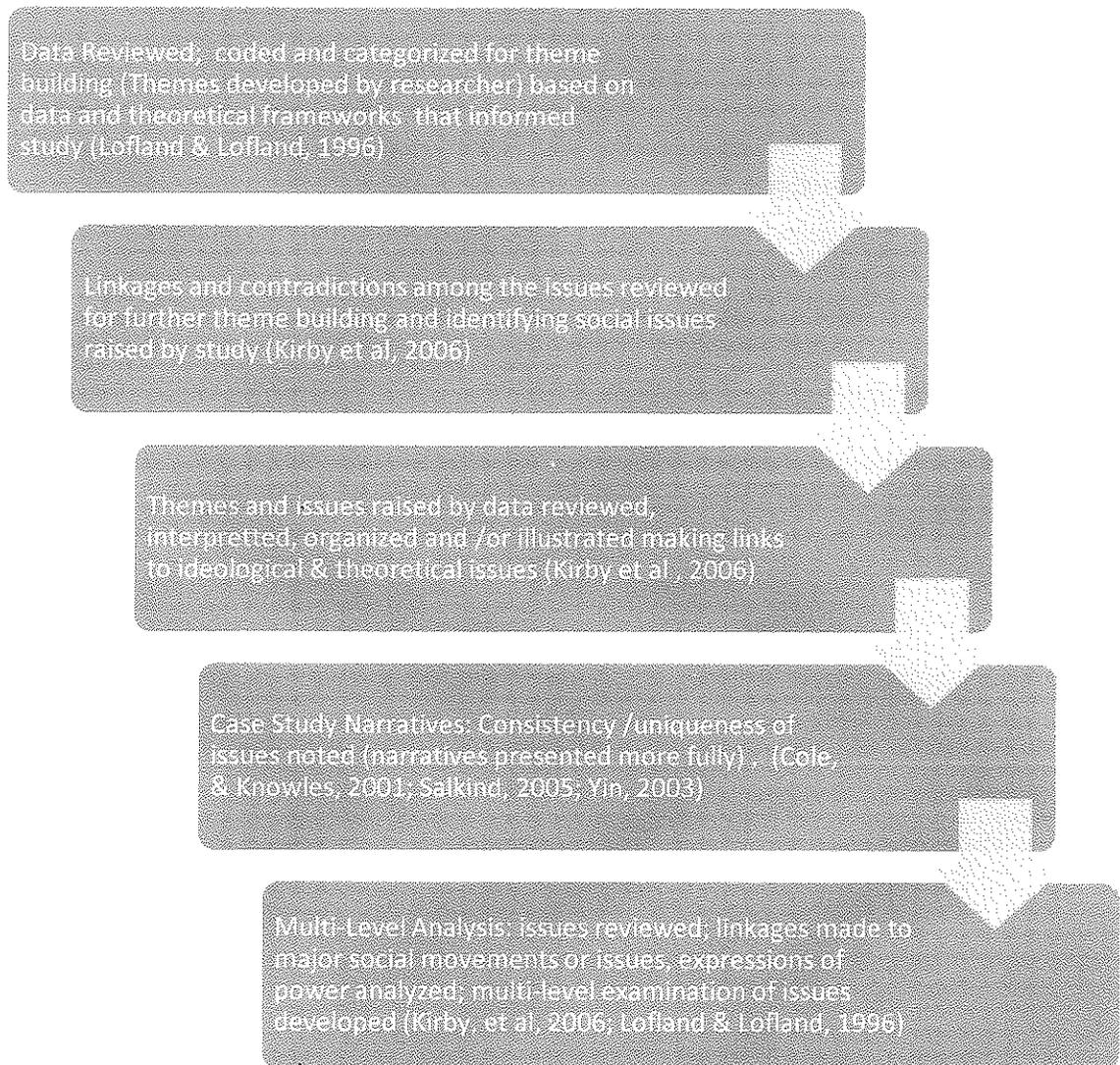
or common themes are reviewed. This process is time consuming and requires a large physical space, and a great deal of thought and discussion with others about the issues raised so that the themes and comments can be understood more fully within the social context and the agency context in which they occur. My discussions occurred with my advisor, committee members who were available, my sister who did a similar doctoral thesis several years ago, my friends who work as social workers, my friends who are Aboriginal social workers, and my partner who has strong conceptual skills but is in a different professional field than social work. All these different perspectives were consulted for discussion from time to time as a way of thinking through the issues women raised. I also read more literature at this point that was related more directly to the issues women and workers raised. My advisor and other colleagues would suggest authors and themes that might be useful in my data organization and analysis. While the process was very time consuming, being immersed in the women's and workers stories to the extent I was during the weeks of data organization and analysis were powerful and more emotionally challenging than I had imagined. It was impossible not to feel angry for days at a time about the inequities and injustices that I read about. This is partly why it was important to write the narrative chapter in first person and with some of my own observations as a woman, social worker and researcher.

Once I had developed some themes and the interaction of themes by developing some illustrations and figures, I showed them to peers and advisors for comment and critique. This process of continual feedback and revising was consistent throughout the data organization and analysis process. The committee advisors were particularly helpful in offering suggestions and changes that more accurately reflected the messages that came from the narratives and files. As the analysis progressed, I continually revisited the

research in the literature as a way of linking themes in the study with broader social values, discourses and movements that were relevant. While this process is time consuming and tedious at times, it was an important way of immersing myself in the data, so as not to overlook or misinterpret issues, while simultaneously developing broader interpretations about the results that could be discussed further in the analysis and conclusion chapters of the thesis. While it is possible to lose focus and perspective during such a process, the advising team was essential in providing perspective and support so that the focus and relevant discussions remained central to the study. This process of discussion, reviewing, re-reading the research literature, and further discussion are necessary to ensure that the researcher is not simply reflecting her own impressions, beliefs, and conceptions.

Linkages continue to be made among themes in the data, contradictions and new questions are raised from the data review. These issues are reviewed in the context of social issues like classism, sexism, and racism. Linkages are made to theoretical and ideological issues like how power is exercised and expressed. Illustrations assist with clarifying and reporting the data (Kirby et al, 2006).

The case study series is another way for the consistency and uniqueness of themes raised by the data to be reviewed. The case study series will be discussed further in the next section. And finally, a multi-level analysis creates an opportunity to link data from the study to major social events or movements and especial expressions of power. This process will also be discussed in more detail. See illustration in Figure 6 provides an overview of the data analysis process for this study.



### *Case Study Series and Narrative Analysis*

The case study is particularly pertinent when studying marginalized groups like people in poverty and disenfranchised groups. The truly disadvantaged can be given a voice through case study, says Sjoberg et al (1991). They go on to say that the social scientist must take on the world view of the economically disadvantaged and set the

experience of the marginalized groups in relationship to the organizational and social structures that impact their lives and have power over their lives (Kirby et al, 2006, Miles, 1996). Thus, knowledge and understanding from the margins is one step in this process of promoting transformative social change.

In this study, each mother's situation was unique. Therefore, each mother's "story" or narrative can be understood alone, but themes and issues across "cases" have been analyzed to understand the collective experiences of this population. There are four complete study cases which have a mother's narrative and the two corresponding data sources. Each woman had a particular memory or experience that she wanted to convey. Such illustrations of mothers' experiences where narrative methods have been employed are evident (Barg, 2001; Cole & Knowles, 2001). The story that each woman told about her unique experience and recollection became important data and an opportunity to examine each unique service experience in more depth. Part of the purpose of the study is to understand the contextual issues including the worker's observations at the time of involvement with the mothers in the study. Workers perspectives and recollections also provided another dimension to the examination of the mother – worker relationship. Workers' narratives are also presented more fully in the case study chapter to provide contextual information and their perspectives on the relationship with that particular client. However the workers also discussed other aspects of their work and the barriers they encounter in the organization. Because I was not able to disclose the content of the mothers' narratives, the workers sometimes did not comment directly on the primary concern mothers raised in their narrative. However, as the researcher, I made observations about some of these discrepancies.

Case files give a rare and unique perspective into history, but may give only one dimension of that case experience. Case files reflect the workings of bureaucracies and authorities intervening in people's lives. In this study, the case files from agencies provided factual data about what workers were doing in the case, and speculative data when there were reports of concern of abuse or neglect in child welfare cases. Understanding where the file fits in the institution, the intent of the file makers, and the various contexts in which the files are produced provides information about the file discourse. How the file is produced can explain discrepancies in evidence, contradictory definitions, and even wilful distortions created by the record keepers (Epp, 1998). The agency files as a third source of information simply confirms or calls into question other aspects of the interviews with mothers and social workers. However, omissions or contradictions between the sources provide additional information for analysis. Omissions can tell a story of values and priorities of the file makers. As the researcher I made observations about the file content and omissions. In addition, I compared the three data sources for each case.

Comparing cases with each other in the case study series provided a challenge as the cases were quite distinct and unique. Upon review and reflection, I chose two of the study cases and examined the three data sources in a narrative form. The narrative integrated the women's experiences, the workers' perceptions and the file recordings in a seamless story told in first person by the researcher. Certain themes and issues raised by the narratives are identified. This somewhat novel approach to case study series analysis came out of the difficulty of having so few study cases due to the barriers to data gathering. However, the mothers' stories were moving and well told and thus a narrative method of comparing two of the cases in much greater depth made sense.

### *Multi-Layered Analysis*

Re-examining the three data sources and reviewing the case study issues which emerged led to a multi-level analysis. This is an opportunity to link issues that emerged from the data to major social events, values, social discourses, expressions of power and organizational policies or priorities (Kirby et al, 2006; Lofland & Lofland, 1996). In this study it was important to examine the mothers' and worker's relationships in a context of organizational and ideological priorities. One theme that emerged from the narratives and discourse analyses was that the organizations in women's lives had enormous power over vital issues like guardianship of children and basic needs like food, clothing and shelter. This led to a discussion about mandated agencies and the power dynamics exercised by the state through these organizations. In the final chapter, mandated agencies and the involuntary nature of mothers' relationships with these agencies will be examined (Rooney, 1992 & 2009).

The multi-level analysis examines barriers to self determination that mothers in this study experienced in their everyday lives. Workers, while influential in their roles, also experienced barriers to fulfilling their roles in effective ways. These themes emerged from the data and the theoretical frameworks which informed the study. The final chapter is devoted to such a multi-level analysis by examining barriers and biases related to gender, race, class, and caregiving from a feminist and social structural framework.

In summary, the data in this study provided multiple opportunities for analysis despite the barriers to data gathering by organizations or their representatives. While mothers' narratives gave an overview of mothers' experiences with mandated workers and social agencies, workers' narratives corroborated mothers' perspectives or in

some cases, contradicted mothers. Files provided a documented view of the workers' perspectives at the time of the involvement with a particular family however the file also gives an indication of what is missing from the context and description of women's stories. The case studies illustrate the experiences and injustices women experienced in more depth. And the multi-level analysis examines power and social issues as these relate to the mothers' and workers' perspectives and relationships.

## **Chapter 4 – PRESENTATION OF FINDINGS REGARDING MOTHERS**

### *Introduction and Demographics*

This chapter presents the findings from the mothers' narratives. The women raised issues and concerns in the narratives as they told their stories about their experiences with social workers. Thus the semi-structured interview format lends itself to uncovering additional themes that were not specifically part of the interview questions. This chapter begins by explaining the recruitment process and participants' responses. Other demographics are described like the mother participants' ethnicity, income, education levels, and ages. The mothers picked two agencies to discuss in the study. These were Child and Family Services (CFS) and Employment and Income Assistance (EIA). This will be briefly discussed.

The rest of the chapter is devoted to a description of the central stressors women described, central supports, advice to other women, and the mothers' ideas for change. Each of these themes will be examined and discussed in more depth.

### *Recruitment*

The women who volunteered for the study responded to posters which were sent to inner-city community centres, social agencies, clinics and day cares. Approximately 60 posters were distributed (see Appendix A, p. 231 for poster copy) in mid December. My intention had been to advertise in the community newspapers, television or radio, however women responded so quickly to the posters that other recruitment methods were not used. The first woman responded within 24 hours of the first poster being sent. Women were booked for interview appointments on a first come first served basis. Although 25 women were interviewed, only the data from 23 of the women will be used because two of the women were not speaking about their experiences

with social workers. This had not been obvious to me in the phone screening conversation.

Sixty one per cent of the women who responded to the posters had seen them at a local community centre as indicated in Table 2. Another 39 per cent had heard about the study from a friend.

Table 2

<b>How Women heard of Study</b>	
North End Women's Centre	7 or 30%
Indian Métis Friendship Centre	6 or 26%
Friend	9 or 39 %
Ma Mawi Wi Chi Itata Centre Inc.	1 or .5%

Ma Mawi Wi Chi Itata Centre Inc. is a Winnipeg Family and Social Services Organization specializing in Aboriginal cultures (hereafter referred to as Ma Mawi). The percentages have been rounded to the nearest whole number.

#### *Mothers' Ethnicity*

Twenty-two of the twenty-three women identified an Aboriginal heritage. One woman indicated that she preferred to be called Hungarian. But both she and her mother were Aboriginal. However they had experienced many negative reactions in the community so sometimes they preferred to emphasize their other roots, which are Hungarian. The one woman who indicated that she was not Aboriginal said that she often feels marginalized in society because she is an unemployed, lone mother, of European heritage, and has struggled with mental health issues. She indicated that she often feels more accepted in the Aboriginal community and had seen the poster for this study at the Indian and Métis Friendship Centre. Table 3 itemizes the self-identified ethnicity of the women in this study.

Table 3

<b>Mothers' Ethnicity</b>	
Self-identified as Aboriginal	22 or 96%
Self-identified as European	1 or 4 %

The strong representation of Aboriginal women in the study may have several possible explanations. First, although I sent the information to Aboriginal and non-Aboriginal agencies and gathering places, I got many more responses from the Aboriginal community centres. When I explored this with mothers, it sounded as if the Aboriginal community centres made the posters more easily and quickly accessible to women by posting them in communal gathering places. Some women said they had never seen a place for posters at the other non-Aboriginal agencies. When I started thinking that some agencies might not have gathering places for clients, or the clients would have to be made aware of the information from staff who were case managers or professionals, I attempted to make appointments to describe and create some interest in those agencies by inviting myself to staff meetings to promote the research project. However, by the time they could fit me into their meetings, enough women had responded so that I was no longer recruiting participants. I thought that this could be a reflection of the slow processes in some of the local agencies when information has to flow to clients through staff/worker networks rather than the community centres where there are central gathering places where information is directly accessible to participants.

Secondly, Aboriginal lone mothers in inner-city communities have a very high poverty rate and an experience of marginalization in social agencies (Raphael, 2007). Although, posters were sent to Aboriginal and non-Aboriginal centres, it is quite likely that Aboriginal women identified strongly with the issues I was inquiring about; that is,

experiences that they would like to discuss regarding past encounters with social workers. In addition, Aboriginal women may have also identified with another criterion listed on the poster; being low income lone mothers.

Thirdly, women were very eager to tell their stories. They came prepared with a particular anecdote or two that they wanted me and the University to know about. Sometimes they told me that they had told a particular friend or relative about the study because that person had an important story to tell about experiences with social workers too. It seemed to be implicit in the way the poster was worded that this was an opportunity to discuss unfair and unjust experiences, but that it was also a time to give feedback about positive experiences with workers and discuss ideas for change because that is what women seemed eager to discuss.

Fourthly, when “word got around” the Aboriginal community centres and neighbourhoods about the study, women who had participated in the study told other friends, relatives and neighbours to call me for an interview. Thus their friends and relatives also called about the study.

I had anticipated the honorarium might be a motivator for women to participate. However, numerous women who had been told by a friend about the study, simply did not know about the honorarium. They came to tell their story because the women that told them about the study said their friends had enjoyed the process of describing their experiences and felt their friend should also have this opportunity to tell her story. Some of the women were clearly surprised by the honorarium. There seemed to be an understanding that the University was doing the study, that as a researcher I was separate from the mandated agencies they were telling me about, and therefore the process was safe. There was also a hope that somehow ‘the University’ would be able to make the

CFS and EIA agency process better for women. I clearly explained the parameters and expectations of the study before we began each interview.

One interesting anecdote occurred when I called one of the community centres to make an appointment with a woman who had left me a message. When the appointment had been made, she shouted to her friend that the “survey lady” was on the phone and if she wanted to also make her appointment she could. So that day, I got passed around by phone to three women who use the community centre phone, who all made appointments. I was also intrigued with how easily we could make our appointments and how committed the women were to coming to Elizabeth Hill Counselling Centre to be interviewed. Only one woman did not keep her appointment. (See Appendix B, p. 231 for phone script used for discussing study with women and Appendix C, p. 234 for Consent form used with mothers).

*Women’s Income Levels, Education Levels and Ages*

The women who volunteered for the study identified themselves as being lone mothers and having a low income. They had an experience with social workers in their past which they wanted to tell me. Table 4 indicates demographics of mothers in this study.

Table 4

<b>Mother Demographics</b>	
<b>Income Source:</b>	
EIA	19 or 83%
Employed	1 or 4%
Other (Band funding or unidentified)	3 or 13%
<b>Education Levels:</b>	
High School – Not Completed	19 or 83%
High School – Completed and Certificate Training	4 or 17%

<b>Number of Children:</b>	
2 or less	8 or 35%
3 to 5	11 or 48%
6 or 7	4 or 17%

Nineteen of the twenty-three women were on Employment and Income Assistance (state funded income security through the provincial government). Four of the women had other sources of incomes like employment or band funding. Four of the women had completed high school and / or had an additional post-secondary training certificate. Although I did not enquire about their ages, from the stories and developmental ages of children and grandchildren, I determined that the women were between 18 and approximately 45 years of age.

*Agencies Identified in the Study*

**Table 5**

<b>Agency/Worker Identified By Mothers</b>	
Child and Family Services	19 or 83%
Employment and Income Assistance	4 or 17%

As Table 5 shows, eighty three per cent of the women who volunteered wanted to discuss their experiences with Child and Family Services of Winnipeg (CFS), the state funded child welfare organization. Seventeen per cent of the women told stories about their experiences with Employment and Income Assistance (EIA; state funded income safety net) which was also referred to as “welfare” or “social assistance” by many of the women. (See Appendix D, p. 237 for interview format for women).

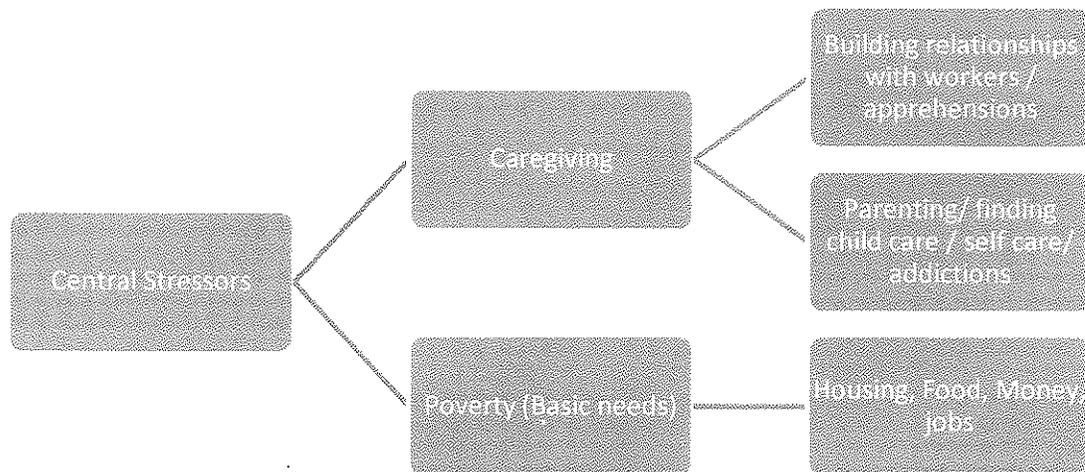
I had not anticipated that these would be the only agencies that women would want to discuss. There are many different organizations where social workers offer services to low income women. I had thought there could be as many as five or ten

different organizations that would be identified. However, only the mandated, state run organizations which offer income assistance to aid with basic needs like food, clothing, and shelter and the child welfare agency were identified. The fact that these are both mandated agencies where women are sometimes involuntary clients did seem important and became part of the analysis in this chapter. What follows is a review of findings from mothers' narratives.

### *Central Stressors*

Women volunteered for the study to tell their stories of experiences with CFS and EIA workers. This meant that some of their central stressors in their narratives were about child apprehensions and managing to meet their family's basic needs like food and housing. All 23 women discussed a story of frustration or misunderstanding at some point in their history with either CFS or EIA. Some of the women had decided to come specifically to tell a story about a very supportive worker who helped them reunite with their children. However these 'positive stories' were couched in numerous examples of frustration, feeling judged, and being mistreated by other workers. In addition to the stressors mothers expressed in their narrative about their relationships with former workers, I enquired about other stressors in their lives at that time. These are some of the themes that emerged from their descriptions.

Figure 7 *Central Stressors: Caregiving & Poverty*



Eighty six per cent of the women talked about a previous child apprehension as a central stressor in their lives. The “pile up” of stressors at the time they were in a relationship with a worker with CFS or EIA had been very frustrating. As the case study narratives illustrate in chapter 7, women were resourceful in dealing with these stressors but they were also often fearful of the power that CFS or EIA had to withdraw children or money for basic needs, and therefore sometimes kept silent despite their concerns about how they were treated by workers. See Table 6 for a summary of central stressors by theme. These were issues that were part of the enquiry, however as women told their stories, central themes in the areas of poverty; caregiving and difficulty in developing relationships with workers became identified by the researcher as overarching issues.

<b>Table 6</b>	<b>Stressors by Theme</b>	<b>Number of Women</b>
<b>Poverty:</b>		
Not Enough Housing		10 or 43%
Not Enough Money		8 or 35%
Difficulty Accessing Enough Food		8 or 35%
Too few Employment Options		6 or 26%
Transportation		1 or 4%
<b>Caregiving Stress:</b>		
Child Apprehensions		20 or 87%
Mother's Addiction		15 or 65%
Family/Friends Drinking		14 or 61%
Child Behaviour/Parenting		9 or 39%
Isolation		9 or 39%
Organizing Reliable Child Care		5 or 22%
Extended Family Conflict		3 or 13%
Neighbourhood Safety		4 or 17%
Child Illness		2 or 8%
Mother's Depression		4 or 17%
Mother's Health		4 or 17%
Ex-husband: Violence/Conflict/Unreliable		7 or 30%
Death in the family		2 or 8%
School Struggles		2 or 2%
<b>Difficulty developing Relationship with (mandated) Agency:</b>		
Worker not respectful		18 or 78%
Misunderstanding with CFS		19 or 83%
Lack of resources		4 or 17%
Wanted to switch workers but could not		7 or 30%
Children abused in foster care		4 or 17%
Mom grew up in foster care		4 or 17%
<b>Central Theme:</b> "Pile up" of stressors like coping with poverty, isolation (lack of support), and with addictions.		

Featuring ‘multiple stressors’ in the study instead of focusing more specifically on safety, poverty, or the relationship with supports, was an inherent part of the study design to explore and illustrate the complexity of women’s experiences as they are completing multiple tasks in caregiving, running a household on a very limited budget, and often dealing with illness or parenting struggles while simultaneously engaging with formal mandated supports. Here is what some of the women said:

*Isolation: I didn’t know where to go. ...I even talked to people at the bus stop. I asked them, can I talk to you? I was upset.*

*Transportation and Housing: And it’s hard to get on a bus, trying to figure out which way to go, especially when I had babies, I had two kids in a stroller and one kid on me. Yeah, and they need more houses...like decent houses.*

*Housing: I can’t get into Manitoba Housing because I don’t have a rental history. That’s not right. I’m just starting out, I’m only 18, you know, and I can’t afford, you know, I’m only getting \$158. Cause I was staying, the place before this, on .....Street, it was \$485 a month plus I had to pay my Hydro and, you know, and that was just way too crazy. I wasn’t even going to stay there. It was too expensive. It was like, holy.*

*Neighbourhood safety: Three white guys said to me, hey why don’t you go back to your reserve you fucking squaw. I said, excuse me! They grabbed my shirt and tried to rough me up a bit. I said I’m not gonna back down from you. I says I’ve learned the hard way not to back down from men like you...I’ve taken shit from people all my life, I’m not about to do it now...I was terrified inside....I told my cop friend the next day...like something could have seriously happened to me and I wouldn’t be able to look after my kids or else I could have been killed, you know.*

*Neighbourhood safety: There was crack shacks all over the place. There were drug houses. There was lots of violence in the area. Now you can’t even walk through there. Somebody’s always trying to mug you or jump you or asking you for money. I don’t stay out until after dark anymore. It’s not safe.*

## b) Caregiving Stress

I have chosen two illustrations of women's caregiving stress. In the first example, a misunderstanding with family and CFS lead to a child being in foster care for 6 months. This led to very negative perceptions of CFS for the mother, Linda. In the second example, another misunderstanding with a CFS worker eventually led to a relatively positive relationship between a Rayleen and CFS.

*Pseudonym: Lisa (mother).*

Summary of Lisa's Story: Lisa's daughter regularly spent the weekend at her sister's place outside the city. When there was a family funeral up north, the sister's family took Lisa's daughter along to the funeral. Lisa was in an abusive relationship but had just ended the relationship and had moved in with a friend while she found a place for herself and her daughter. When that was established she contacted her sister but was unable to find her sister or her daughter by phone. The school had not heard from the daughter for two weeks and suggested Lisa contact CFS, which she did. They investigated. The next day, Lisa's sister dropped her daughter off at the school without telling Lisa. When no one picked her up, the school called CFS. CFS questioned Lisa's caregiving ability, and the sister said perhaps she was drinking. When Lisa was able to reach her sister, the sister told her that she now had custody and Lisa was not able to see her daughter as per CFS orders. It was an entire month before the CFS worker sat down with Lisa face to face to discuss the situation. Lisa's daughter was in foster care 6 months before she came back home. Lisa was already in counselling for dealing with the abusive relationship but she went to AFM (Alcohol Foundation of Manitoba) for an addiction assessment. The letter on CFS file said that addiction treatment is not indicated. When the

judge awarded custody back to Lisa, the judge and lawyer both indicated that finally justice was done by reuniting mother and daughter. But the CFS worker met Lisa privately and questioned whether she was ready to have her daughter back with her full time.

Here are some of Lisa's comments as she reflected on this difficult time in her life:

*My sister said, I'm not allowed to let you see her. What a bitch. She was always gone with my sister on the weekend 'cause she was my best sister, you know. She's got a daughter that's the same age as my daughter and they grew up together, and I couldn't believe it. I said, hey sis, listen to yourself. You could have said something to them that day: that it was your fault, your fault for dropping her off at the school and not knowing, you know, knowing that I probably wouldn't know to pick her up. It's like they almost set me up for that. I said, like, what's wrong with you. It was mostly my family's doing, so, yeah. I make choices now, like when she goes, where and with who, especially with family members, I don't trust them....I was unable to do anything about it.*

*I think the way CFS is looking at me as if I don't have a brain in my head. That's how they make me feel. ...I was a really good parent before she was apprehended. I'm a better one now. Oh yeah. Well for the bad experience that I had, I have to say that it makes you realize what you have, and don't take it for granted. ...some of them are good workers. But they're fools to think that we, you know, they're pushing people around to make them realize that their kids are what, the most important thing to them? We already know that though. They think that we're stupid. ....still after you do all this stuff for your child and everything to get them back and everything, you feel really good, but you don't need people pushing you around to make you realize that. But somehow they end up doing it anyways*

Pseudonym: Rayleen (mother), son (Josh, 14 years old)

Summary of Rayleen's Story: CFS got involved because Josh was telling stories in school and in the community about how difficult life was at home for him. Rayleen was surprised when CFS showed up at the door one day. She told them about her struggle to parent Josh, she also told them about her own addictions, and her desire to parent Josh even though the school thought he had ADHD. CFS was concerned about a mark on Josh's arm that they thought was a bruise, but Rayleen said it was a birth mark. A visit to

the doctor confirmed this (letter on CFS file to this effect). The ex husband is described in some parts of the CFS file as a primary support but in other parts of the file, other workers identify him as potentially abusive but no evidence is given for this observation. Rayleen kept Josh at home and CFS provided additional supports to assist Rayleen with parenting Josh.

Here are some of Rayleen's comments:

*One worker told me that I had to take Josh to see the doctor because of the fact that he has a birthmark on his elbow, they thought it was like a big bruise. And I told them, no, no, no, that's a birthmark. If you guys don't believe me, you can make a doctor's appointment and I'll prove that that's a birthmark. So they made an appointment and while we were at the doctor's office, Josh never left my side. He was always right beside me and they noticed that. And right after the appointment they told me, they said, well we notice that Josh was always right beside you and stuff, so you're not that very bad of a mother, they said, if your kid wants to be beside you all the time.*

*I felt kind of low about myself that day, but then I thought, it's CFS's job. They have to do what they're told to do. My worker was always there. If I needed any help with anything, she would be there. The only negative that we had was, I think was my drug use, cause I'm not gonna lie to you either. Like I told my worker, she knows that I do drugs. Like I get high every now and then, like not all the time, but I do. I guess that was sort of like the negative part there, cause the worker didn't really like that either. I can see her point too, with kids around. And I guess basically that's the only negative part was like my drug use. Like she thought I didn't need the drugs to get over my problems, which is true. I agree with her. I've learned a lot through CFS, as a child myself, cause I was involved with them. I've been in and out of foster homes, group homes. I even put myself away at one point when I was a teenager, cause I didn't like living at home. My mom was always drinking. Not a very good situation for me, so I just put myself in CFS.*

These narratives illustrate some of the experiences women reported with the struggle of parenting, managing personal stresses, and accessing child care support. The outcomes were different in that one mother developed some trust in the worker while the other mother felt continuously judged and misunderstood. However, the experiences of both mothers when CFS was questioning their judgement and their parenting abilities had a negative effect on their confidence and parenting identities.

c) Basic Needs:

Most of the women spoke at some point in their narratives about how difficult it was to provide food, shelter, clothing and transportation for their families. When the agencies made it impossible to access basic food and shelter funds, the stress level increased and they sometimes had to rely on family or friends for financial support and advocacy. The following narrative is an example of a woman who turned 18, had a small child, and was denied EIA benefits. Here is Jennifer's (mother's pseudonym) story.

*I didn't want anybody's help. I wanted to do it on my own. So anyways, my aunty, she's like, I asked her to borrow money. I was like, can I borrow a couple of hundred dollars? And she's like, for what? Don't you get welfare? I said no. I wouldn't be asking you if I did get it. She says, well how come, I thought you went there. I said, yeah I went there, I went there yesterday and whatever. And she's like, holy, you've been going there a lot. They didn't give you nothing? And I said, well they tried to give me a \$40 voucher. She said, what did you do with it? I said, I left it there. I didn't want it. It was like, I had to practically kiss ass to get a \$40 voucher. And I was like, what's that? It's nothing. And she's like, oh, she's like, well, she gave \$100. She's like, okay, well I'm gonna go there with you. I'm gonna go down there with you tomorrow. So, she went there, whatever. They gave me an appointment, yeah. I don't remember when it was, but, I was like bugging and bugging my aunt, but she finally came and helped me, and she like, you know, she knows how to like, she says I don't explain myself well, but you know, I shouldn't have to and yeah. So my aunt went down there and she said my niece wants to get on Social Assistance and they're giving her a hard time. And the secretary (says to my aunt), well that's none of your business. If it's not for you, you shouldn't be saying anything because it's for her. And she said, well she doesn't know how to speak for herself, so I looked at her... Now I do know how to speak up, but I got mad right away. That's why I got my aunty and she said, like, can you just give her an appointment for whatever. So they gave me an appointment and I got a worker and I got on welfare.*

*I just stuck up for myself. And you know, they looked at me and they thought I was bright and smart and you know what I mean? They knew I was trying to get on my feet. 'Cause I told them, I was like, you think I'm here for the money. I said, yeah it's free money. It's only \$300 you guys are gonna give me. It's not much. I was like, you know, but I need it. You think I want to be on welfare? I don't think so. But I'm here, so, you know, 'cause that's what you guys are supposed to be here to help us. You guys are just giving us a hard time.*

Several women told stories like this about the difficulty getting on social assistance when they had small children, and then experiencing a negative attitude from the staff in the office that they met. In this story, the mother reported that she relied on her aunt for financial support and for assistance with advocacy. However the office staff even gave her aunt a hard time for assisting her niece. The stigma and degradation that Jennifer felt is illustrated in this story of attempting to meet the basic needs for her family.

c) Addictions:

While most women were experiencing multiple stressors at the time of their relationship with the identified worker, the women described how making ends meet financially was a difficult stressor. Sixty five per cent of the women reported that their own addictions were a central factor in coping with the multiple stressors. However, battling their own or family members' addictions was also very difficult. In fact, many of the women expressly indicated that overcoming the addictions cycles that they would get caught into was more difficult than the other stressors because this challenge was so intertwined with their support networks. These support networks were family, neighbours or friends many of whom were also struggling with addictions. Sixty per cent of the women reported that the addictions of their family members and friends were central stressors in their lives. When their primary supports were struggling with addictions, the positive support waned in their lives, the interaction of the stressors became unbearable and many of the women reported turning back to addictions to cope. They described how when they saw no way out, that they saw no opportunity for respite or support, and once they started 'partying' even for one night to get a break, they couldn't stop and their "break" turned into an escape that left them battling addictions,

violence and isolation all over again. This “addiction cycle” required that they seek additional support to manage their addictions and their daily lives. One woman said:

*Alcohol addiction is a far bigger hurdle than poverty...I managed ok, but moms need a break, and ...they turn to alcohol.*

The women’s stories and experiences brought the struggle with addictions to the forefront of the data when we were discussing stressors in their lives. The coping strategies were creative and detailed. Some women spoke of how important it was not to make eye contact when walking down the street so that you did not accidentally start speaking with people who were still addicted and get pulled back into getting or buying drugs. Others spoke of new ways to get a break that had taken them so long to figure out and relearn. Some women spoke of the importance of picking positive supports in families and in the community resource centres.

Supports:

*My biggest support was the people who work at .....t (Family Resource Centre), I have volunteered there, I’ve run the store there, I’ve had signing authority there. The school was supportive, my ex’s mother (kids’ grandmother) lives nearby, so I go visit her....police are a support...make me feel safer...I can call them when I’m intimidated by others, I have a cop friend, he’s native.*

Experience of racism:

*Yeah, ....I learned more about the CFS program and I’m learning about the rights and wrongs of them and how to fight them back. Yeah, ...the worker thinks I’m just an Indian drunk, do you know what I mean? And that’s all I’m labelled as, I’ve already got a label on my forehead. And that’s how she’s put me but I’m not. I’ve learned how to fight back.*

Support was sought from family friends and formal supports. However women were very clear about how some workers were supportive and others were thoughtless or inexperienced. Sometimes they gave examples of name calling and sometimes women described how the interaction with workers made them feel. The above example of a

mother's report of a CFS worker illustrates such a negative relationship with a worker. The next section discusses difficulties in relationships between mothers and workers from the mothers' perspectives.

*Barriers to Relationship Development between Workers and Mother:*

Table 6 lists the central stressors mothers reported in their narratives. Seventy eight per cent of the mothers reported that workers were not respectful to them. Eighty three per cent described at least one scenario where the workers misunderstood their circumstances and they felt judged. Thirty per cent of the mothers wanted to switch workers but were not allowed to do so.

Mothers described how they felt additional stress by having a relationship with the mandated agencies they identified. They experienced negativity from workers by feeling "judged" which often meant workers jumped to conclusions without listening or asking for mothers' viewpoints. In addition, mothers told many stories of feeling more than judged. These phrases were taken from different mothers' narratives. I labelled this category: Felt degraded. See Table 7 and 8 for examples from women's narratives about how they felt judged and degraded.

**Table 7 & 8 Barriers to Relationship Development Between Mothers and Workers**  
(themes chosen by researcher, quotes from mothers' narratives)

Table 7

<b>Mothers felt Judged:</b>
<ul style="list-style-type: none"> <li>• <i>Jumped to conclusions/asked for Dr. note for each of daughter's 10 missed school days</i></li> <li>• <i>It feels like she looks at me and thinks that I don't have a brain in my head!</i></li> <li>• <i>Jumped to conclusions</i></li> <li>• <i>Was negative, never said a positive thing</i></li> <li>• <i>Judged me from file without even talking to me</i></li> <li>• <i>Sometimes they try and make you look bad</i></li> </ul>

Table 8

<b>Mothers felt degraded:</b>
<ul style="list-style-type: none"> <li>• <i>Talks down to me</i></li> <li>• <i>Kept me waiting long periods of time</i></li> <li>• <i>Checking through my stuff (on home visit)</i></li> <li>• <i>Calling names, stupid, you'll never get anywhere...</i></li> <li>• <i>Looks down on you</i></li> <li>• <i>Told me I'd never get my kids back</i></li> <li>• <i>Feels like workers try to take advantage of you</i></li> <li>• <i>Sometimes it seems it's because we're just another Aboriginal; you get this ugly, uncomfortable feeling</i></li> </ul>

In addition to feeling judged and degraded, women also gave examples of lack of professionalism. These issues seemed to be somewhat structural in the organization as they addressed whether case management was evidence based, whether information was shared or provided to clients, and whether a relationship had been established with the women prior to advice being given. See the comments women made below:

**Table 9, 10 & 11**  
**Barriers to Relationship Development Between Mothers and Workers Continued**  
 (themes chosen by researcher, quotes from mothers' narratives)

Table 9

<b>Worker Relationship with Mother Eroded or not well Developed:</b>
<ul style="list-style-type: none"> <li>• <i>Didn't seem to understand</i></li> <li>• <i>Wanted me take programming; no other support was given</i></li> <li>• <i>Gave me a list of programs, no other support</i></li> <li>• <i>Worker would not take off her sunglasses on visits and would not explain why</i></li> <li>• <i>Workers are too pushy sometimes</i></li> <li>• <i>Worker just tells people what to do</i></li> <li>• <i>They would sometimes jump down someone's throats</i></li> <li>• <i>Hard to trust, seems like they're trying to get information on you when you talk together</i></li> <li>• <i>Coming to apprehend the kids because of bad living conditions, that was very wrong!</i></li> </ul>

Table 10

<b>Lack of Respect / Professionalism, Lack Access to Information:</b>
<ul style="list-style-type: none"> <li>• <i>Aggressive worker</i></li> <li>• <i>Didn't explain what was going on or why</i></li> <li>• <i>Couldn't find file</i></li> <li>• <i>No info or feedback on children; are they alive or dead or ok?</i></li> <li>• <i>Got copy of letter one day addressed to foster mom awarding her permanent custody</i></li> <li>• <i>Seems to be in it for the money</i></li> <li>• <i>Didn't explain what was going on</i></li> <li>• <i>Sneaky worker said only talking, no apprehension, but then said "oh sorry, apprehension"</i></li> <li>• <i>Workers stick by rules; regardless of situations; take job too seriously</i></li> <li>• <i>Said 'you can sit here and cry as long as you want, without ID nothing will happen' (EIA)</i></li> <li>• <i>Waited a long time in waiting room, then told to come another day (occurred 4 times)</i></li> <li>• <i>Got mad at me</i></li> <li>• <i>Argued with me</i></li> <li>• <i>Paperwork was slow and everything took so long</i></li> <li>• <i>Talk to you in a mean way</i></li> </ul>

Table 11

<b>Lack of Evidence / Lack of Accountability:</b>
<ul style="list-style-type: none"> <li>• <i>Didn't listen to my story but believed my neighbour first without any actual evidence</i></li> <li>• <i>The worker never met with my child (CFS)</i></li> <li>• <i>Worker made diagnosis of manic depressions without Dr. consult or facts to back up diagnosis</i></li> <li>• <i>Worker never visited kids in foster care</i></li> <li>• <i>Children abused while in foster care but it was not on file, so new worker said it didn't happen</i></li> <li>• <i>Accusations without facts</i></li> <li>• <i>Worker didn't give any info about boy abused in foster care (but mom took him to emergency room &amp; documentation on file indicates child was injured)</i></li> <li>• <i>Worker thought birthmark was a bruise; (Dr. confirmed birthmark to worker with letter on file)</i></li> <li>• <i>There is no accountability</i></li> <li>• <i>Nicer to me only after welfare advocacy got involved</i></li> </ul>

One observation I made as I reviewed these comments was that the women that made these comments were not in an angry relationship with a current worker, rather they were usually speaking of one or two workers in their experience over years and every mother had also had positive experiences with counsellors and community workers. The data showed the perspective women had about the role of mandated workers and mostly understood the role of mandated services in the community.

*Well, (the agency got involved) because I left them (the children) with a babysitter and I went binging. She (the worker) had no choice but to put them in care, like I would have done the same thing too. 'Cause I didn't leave enough pampers for my baby. I don't know, I was binging and I didn't even have a care in the world, but I never ever want to be that person ever again.*

What the women objected to most was the way workers spoke to them and treated them. I wondered whether some of this lack of professionalism and lack of respect was rooted in racist and sexist values so predominant in our dominant culture (Mullaly, 2002; Robinson, 2004). What stood out from the stories women told was the extent to which the mandated agencies and their workers added to the pile up of stress in the women's lives. In many circumstances, they identified the distress from the mandated agencies as the most distressing part of their lives and stories.

In summary, women were dealing with multiple stressors, many of which had their source in the social conditions over which they had little influence. Social exclusion of this type has devastating effects for women and children (Raphael, 2007). The links among poverty, family stress, and family health and well-being have been well established (Chappell, 2006; Jones et al, 2002). Sometimes well meaning workers who represent state funded services add to the stress of already almost unbearable situations creating more difficult dynamics for women and children (Blackstock, 2009).

## *Central Supports*

Central Supports Figure 8



The importance of social support in mothers' lives was part of the enquiry in this study. Anecdotes about how much positive supports in their lives meant to mothers were told spontaneously as part of their narratives. Women in the study reported relying heavily on family and friends. Seventy eight per cent reported that they relied on family. Fifty two per cent indicated that they also relied on friends. Mothers reported relying on formal supports such as community centres, other social service agencies, and workers from mandated agencies like CFS and EIA. See Table 12 for a summary of supports by theme.

i) Support from Family and Friends:

Seventy eight per cent of the women reported relying on family for support. This included financial, emotional, practical support like transportation or child care, and housing. Mothers said that family and friend supports were not always consistent or reliable. In some situations, this could mean that mothers were suddenly the primary support for a

dying parent who had been a primary source of support for them. Or someone in the family would be primary support while one of the mothers was working

Table 12

<b>Supports by Theme</b> (informal supports, mandated workers & non-mandated agencies)	<b>Number of Women</b>
<b>Informal Supports:</b>	
Family	18 or 78%
Friends	12 or 52%
<b>Formal Supports As Community Centres:</b> (non-mandated agencies listed by women)	
North End Women's Centre	10 or 43%
Indian Métis Friendship Centre	6 or 26%
Andrews Street Friendship Centre	5 or 22 %
Ma Mawi Wi Chi Itata Centre Inc.	5 or 22%
<b>Formal Supports:</b> (non-mandated agencies reported by women)	
ND/Aurora/EHCC (family counselling)	5 or 22%
Day Care & School	3 or 13%
Pritchard H/St Norbert (residential addiction tx)	3 or 13%
Hope C/Mount C/Pediatrician	3 or 13%
Laurel C/AFM (addiction treatment)	3 or 13%
Community police officer	1 or .5%
Urban C Teacher (upgrading program)	1 or .5%
Judge/Lawyer	2 or 1%
Children's Advocate	1 or .5%
Marymound/Ch MH (children's services)	2 or 1%
Salvation Army/Food Bank	2 or 1%
Pastor/Elder	2 or 1%
<b>Formal Supports</b> (mandated agency like CFS or EIA)	
Current or former worker	9 or 39%

on their addictions, only to find that suddenly that primary support was not available or relying on them for support. Such situations where supports were suddenly not available also often meant that women were usually emotionally upset about the change. Previously the mothers were relying on others but now they are being relied upon for support. Here is an example of the loss of caregiving support, change in support roles between a mother and her mother, and the eventual loss of a family member through death.

*My mom died. And a month later, not even a month later, my auntie passed away, her sister. Like they were close together, and she passed away too. And then in a month my sister passed away. So yeah, 3 people within 3 months. It was unexpected, so a lot of stresses happening. Cause I could go and tell my mom anything. ...she had been confined to a wheelchair all the time, and that was hard for her to be like that because she's been taking care of us for the last, since we were born. She had raised 14 kids on her own. Now we took care of her till she died.*

There were numerous stories about positive support from family and friends in reliable ways. Here are a few examples from the mothers' narratives.

*So my auntie had lent me some money, and I didn't get it till my worker come back for over a week, something like that. And I, you know, if I didn't get that money, you know what I mean, cause it was supposed to be my end of the month. So I had to wait a whole week for that cheque. I cashed it. So I phone my aunty to come to pick me up, way down Main, that Sobey's at the end of Main. She's like, how did you get there? She's like, where are you? Cause I was supposed to watch her house, and she stays in Garden City. I was like, I took the wrong bus, I took 3 18s, I took 2 18s and a 32 and they both come down here. She's like okay, I'll be there in 5 minutes. She was laughing at me. So yeah, she came, I gave her that \$200 back that I owed her. She said, keep \$100. I'll just pay her back next time. I was like, thanks.*

*What kept me going through all that stuff was the support I got from my family.*

*So I was staying at that house, at my friend Lisa's, she was going to let me have the house after she moved up north, so I was taking over that house.*

ii) Social support from community centres

Sixty one per cent of the mothers had heard about this study at a local community centre. The community centres ranged from Friendship Centres which had more of a social emphasis to Resource Centres which offered programs for families and individuals that offer psycho-educational and social activities and advocacy information, to Mamawi which offers parenting groups and other support groups in addition to a range of resources for families. Women repeatedly reported that they found the community centres welcoming, comfortable, they could meet other women or have their children looked after while they did something for themselves as some of the centres offer free child care.

Here is an example of what one woman said about her experience with community centres.

*The one place that I'd go to, to sit, that was one of my great supports, the North End Women's Resource Centre. I'd go to the groups, like the groups and that, you know, or just to even sit in the lounge there and have coffee with another mother, you know.*

Community centres was also one of the resources women identified when they were asked about what might assist mothers in their communities. They indicated that drop in centres and places to gather and get support were needed.

*Drop in centres to meet other women, outings, resources, activities for kids.*

*Places where women can gather and get support.*

*More support for our people and our agencies (Aboriginal services). Support groups for moms; supports for training women; child care; support for education; workshops on racism and multi-cultural community awareness raising.*

iii) Other formal support:

Mothers also received support from other agencies listed in Table 12 which were family counselling resources, addictions treatment services, and other community resources. These services were typically mentioned in passing when I probed about other resources that had been involved at the time they were in the relationship with their worker. Sometimes they told a short anecdote about one of the other community supports, but most of the details about formal support was discussed regarding their relationship with CFS or EIA which they had come to describe.

iv) Support from CFS and EIA

Relationships with workers from CFS or EIA were often initiated during times of distress or crisis. Sometimes the women initiated the services, but in the case of CFS, sometimes the agency contacted mothers after a concern had been reported by someone in

the community. Because these services are mandated, that is, everyone has equal access to the services as mandated by the government as a social safety net, it is understandable that when women attempted to access these services and experienced additional distress in the process of developing a relationship or discovering if they were eligible, that they were frustrated and eager to tell their stories in this study. There is some disagreement among scholars about the definition and role of mandated agencies. The disagreement is about whether the mandated services provide that social safety net for marginalized families or whether it is a way of further “regulating the poor” (Piven & Cloward, 1993, Harvey, 2009).

Women in this study identified that when social support was not available or a support had suddenly turned into a source of stress because of family conflict, addiction struggles, or illness, they did not cope as well. This could well be a trigger for the women’s own addiction pattern beginning again, at which point, they needed additional support which was not available if the lack of support was part of the source of stress initially.

Most of the mothers, who spoke about addictions, described a link between the importance of support and their struggle with addictions, indicating that when their addictions were under control and they had adequate social support, that they could manage the complexities of multiple stresses like poverty, child care, and their own well-being. When social support was eroded, and they were faced with discrimination or “judgement” (the word women most often used to explain the experience of workers jumping to conclusions about their circumstances without any discussions), the addictions inevitably got worse and their own coping behaviours deteriorated.

## *Enhancing Relationships between Workers and Mothers*

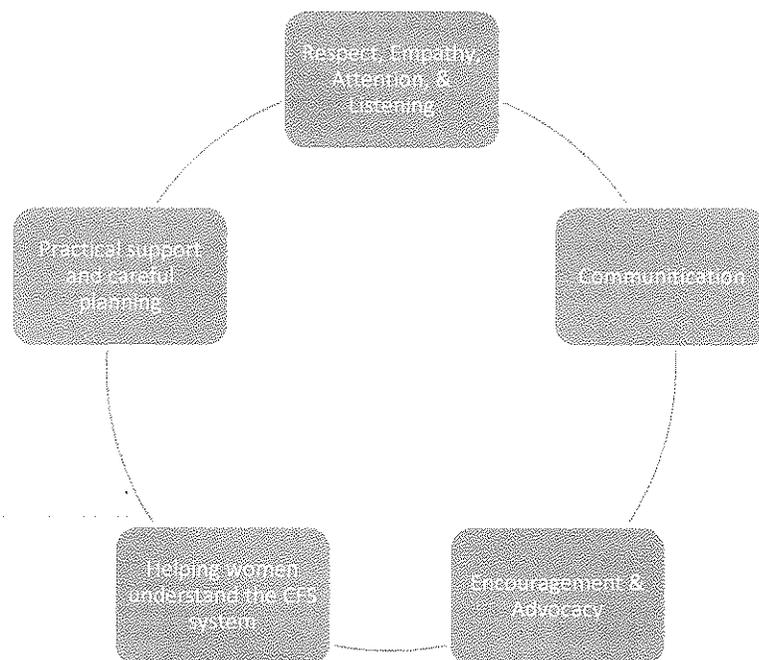
What follows is a discussion of several themes that emerged from the mothers' descriptions of their relationships with their worker. The themes are: what mothers wanted from workers, enhancing relationships between women and workers, and what gave mothers hope.

### a) What women wanted from workers: "Just treat me like a person"

This section reports the themes related to enhancing relationships between women and workers from the mothers' perspectives. These are the themes that emerged from the mothers' narratives. Figure 9 illustrates the interaction of several themes women identified.

Figure 9

### **Enhancing Relationships Between Women and Workers (What women said)**



When mothers were asked about their experiences when engaging with formal supports, several themes emerged. First, women longed for respect. Numerous stories contained examples of workers neglecting to offer gestures of respect. Over eighty per cent of the mothers reported the worker not being respectful or judging them in some way. Their contact with an agency was with a front line worker and the reactions and comments that person made during a mother's crisis had a great effect on the women's perception of the agency and what it could offer her. Women indicated that listening, understanding, and relationship building skills were of utmost importance to them particularly when dealing with a crisis in a mandated agency. Table 13 and 14 illustrate several theme areas with the women's own words to indicate their wishes.

**Tables 13 & 14**  
**Enhancing Relationships Between Women and Mandated Workers**  
 (Themes chosen by researcher; quotes from mothers' narratives)

**Table 13**

<b>Respect, Empathy, Attention &amp; Listening from workers</b>
<ul style="list-style-type: none"> <li>• <i>Listening</i> (mentioned 6 times)</li> <li>• <i>Was understanding</i></li> <li>• <i>Respectful</i> (mentioned 3 times)</li> <li>• <i>Didn't judge</i></li> <li>• <i>Apologized and said she had made a mistake</i></li> <li>• <i>Listened and watched me with my kids</i></li> <li>• <i>She was always there for me</i></li> <li>• <i>That worker understood us</i></li> </ul>

Table 14

<b>Relationship Building &amp; Communication</b>
<ul style="list-style-type: none"> <li>▪ <i>Met with my child and me (CFS)</i></li> <li>▪ <i>Communication, getting along</i></li> <li>▪ <i>Apologized for jumping to conclusions – that went a long way to making a positive relationship</i></li> <li>▪ <i>Joked with me</i></li> <li>▪ <i>Very good at talking with kids</i></li> <li>▪ <i>Didn't beat around the bush</i></li> <li>▪ <i>Took time to understand us</i></li> <li>▪ <i>Very patient when I snapped at her a few times / very reassuring</i></li> <li>▪ <i>Worker was proud that she was Métis; told us when she got her Métis card</i></li> <li>▪ <i>Very concerned about mom's drug use but also very supportive</i></li> <li>▪ <i>She was firm, kind of tough but always positive and supportive</i></li> </ul>

Both these themes could fall under a broader “active listening” category, which is one of the first things many helping professionals are taught in their education and training (Walsh, 2003). MacLennan (2007) defines active listening as hearing, attending, understanding, remembering, and responding. The implicit and direct message from women to mandated agencies is that they did not experience active listening or relationship building to be well integrated into the helping process. MacLennan (2008) indicates that all relationship building requires elements of trust, respect, and reciprocity as roles and responsibilities are clarified.

Another central theme that women spoke about that enhanced their relationship with workers was when workers actively advocated on behalf of their family, gave them information, and when workers were thoughtful about their case planning and discussed things with them. Below, see comments women made organized by theme. The themes were identified by the researcher while the phrases are examples from the women's narratives about their experiences with workers.

Tables 15, 16, 17, & 18

**Additional Relationship Enhancing Possibilities between Workers and Mothers**

Table 15

<b>Encouragement and Advocacy (What Mothers said)</b>
<ul style="list-style-type: none"><li>• <i>Supportive</i></li><li>• <i>Said positive things</i></li><li>• <i>Say that they are there to help me get my kids back (CFS)</i></li><li>• <i>Made me feel confident</i></li><li>• <i>Believed in me</i></li><li>• <i>Helped me get my kids back quickly</i></li><li>• <i>She always came up with something so my kids did not become permanent wards</i></li><li>• <i>Worker believed in me and told me she thought I could do it; she treated me like a human being</i></li></ul>

Table 16

<b>Helping Mothers understand Child Welfare and Other Systems</b>
<ul style="list-style-type: none"><li>• <i>Explains why worker and agency are involved (mandated agency)</i></li><li>• <i>Explains what they are doing and why</i></li><li>• <i>Gives information about what's going on</i></li><li>• <i>Explained that some workers really want you to have your kids back; they don't want to apprehend</i></li></ul>

Table 17

<b>Enhancing Mother's Knowledge / Skill Building / Parenting Skills</b>
<ul style="list-style-type: none"><li>• <i>Gave me information</i></li><li>• <i>If I didn't understand, she'd explain it again, step by step so I could understand.</i></li><li>• <i>Taught me how to be a mom with an egg to carry around to learn parenting</i></li><li>• <i>Helps identify stepping stones</i></li><li>• <i>Gave info on ADHD and very useful feedback on parenting ADHD son</i></li></ul>

Table 18

<b>Practical Support &amp; Careful Planning by Worker</b>
<ul style="list-style-type: none"><li>• <i>Assists with transportation costs to go to programs</i></li><li>• <i>Gave us extras at Christmas</i></li><li>• <i>Kept kids in the same placement so they are a support to each other</i></li><li>• <i>Let me spend lots of time with my kids</i></li></ul>

Encouragement, advocacy, providing information about systems and caregiving were central issues women raised. However, women seldom discussed parenting advice without indicating that they had a strong relationship with the worker. Practical support went a long way to indicating to women that workers understood the experience of poverty. Thoughtful planning by workers was remembered and appreciated by the women in the study, even if it had occurred several years ago.

These are the women's comments about what they experienced from workers directly. Women often spoke of feeling "judged" when workers jumped to conclusions without taking time to explore the women's stories and experiences. Eighty three per cent of the women reported feeling misunderstood or judged by the comment a worker made to them. The women often described that they simply wanted to be respected and wanted someone to listen. Finally, there is a loss of choice and a message of exclusion that is evident in the experiences when women felt judged.

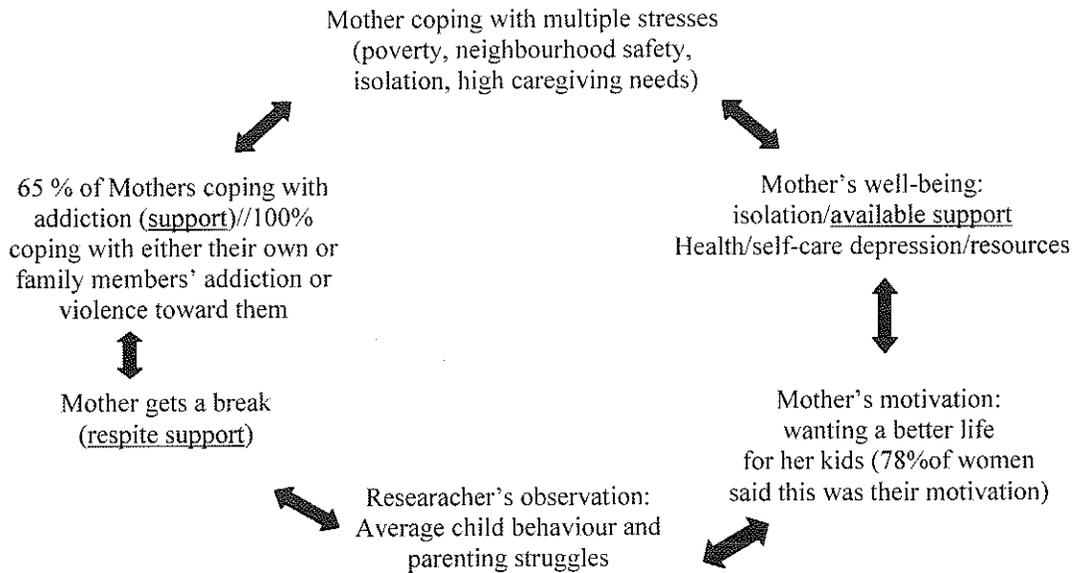
*"What gave me hope..."; What Mothers Reported about Hope and Support*

When a worker, family member, or friend believed in the women, gave them positive messages or reminded them of their strengths, they were able to cope much more

effectively, they had hope, and often worked much more actively at managing their addiction struggles and getting their family life into a better balance.

Figure 10

### Mothers' Coping: Cycle of Hope and Support



Mothers reported that positive social support was important in ameliorating the effects of stress. See Figure 10 for illustration. This cycle is not linear or causal, however these are all elements that women spoke about that were interacting features of their lives. Support is highlighted in several places on the illustration to indicate that support at strategic moments had a positive effect, when positive support was readily available to address issues like isolation, mother's health, self care struggles, or depression, mothers indicated that they coped far better with multiple stressors and felt more hope for themselves and their children. Mothers were asked what kept them going and 78 per cent indicated that it was their children and their attempts to make a better life for the children. The rest of the mothers indicated that it was the support of friends and family which kept them hopeful. I had anticipated that child behaviour or parenting struggles might be a

stressor in women's lives since CFS had been involved with more than 80 per cent of the women, however only 40 per cent of mothers reported this as a central stressor. My observation was that the child behaviour problems and parenting challenges, while stressful, were not the focus of the majority of the narratives. Only one story had a central theme around how to parent a boy who was diagnosed with ADHD. One additional narrative of a reunited family (discussed further in the case study chapter) had the children's behaviour and parenting struggles as a secondary theme.

What mothers reported was their desire to get a break from parenting and from being the lone caregiver. Seventy eight per cent of the women discussed their desire to get a break and find some respite or child care with friends or family. When they were misusing chemicals for their addictions, women sometimes sought out opportunities to misuse chemicals for their break from caregiving. However, some of the women had found other ways of coping with isolation or their need for a break. When they were able to find respite and not get caught into addictions, then they were able to more readily avoid child apprehension from CFS.

A mother's comment about needing a break:

*Like I'd go shopping for everything, clothes and everything, and at least pull \$100 for myself, just for that one day to go out. But no. As the time went on, the more drinking went on, the more money I'd spend and then it was just slowly going down, and then...yeah you don't realize it at the time, you don't really realize what you're doing. You just think, oh it's my break. I need one. But then you splurge more and then go to the depths of, you know...and then it's house parties and then it's crazy. And just spun out of control..Yeah, and my break now is I might go to a restaurant or go have a Big Mac. Yeah, that's all I need. ...Or I go to a movie now. Do something different. Go somewhere I haven't been. I haven't been all over Winnipeg.*

Here is what another mother said about being a lone mother:

*The struggle with motherhood is too much to handle on your own. I think maybe that's why more women stay with their abusive partners, because they*

*got somebody there. That's what I used to do. I stayed with him just because he was there, you know. He was supportive with me and the kids. He helped out with my kids. But if I wanted to go out, he'd say, go out, you know. And then when I'd come home, I'd get a beating because I went out. So it was a no-win situation. And with small children, I couldn't take care of all three on my own, so there were lots of times when I had no support. Even my family would look down on me for staying with him.*

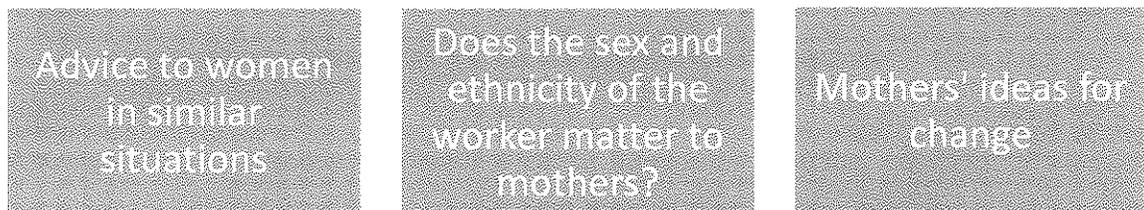
Here is another mother's comment about family support and family with addictions:

*No, I can't rely on my family, they are all drinking. They are struggling more than I am. Sometimes they want my support but it's kinda hard because those guys in my family drink so much; none of them are doing nothing. But I'm trying. I'm halfway there. I've been in a Native Addictions treatment centre for 6 months, so I'm half way there.... With CFS, it sometimes feels like you have to jump through more hoops and more hoops just to try harder. ....but the addictions are far harder than having no money or feeling alone with the kids.*

Several other themes were explored in the semi-structured interview with mothers.

Some of the issues discussed by women are illustrated in Figure 11.

Figure 11 Additional Themes from Mothers' Interviews:



#### *Advice to other Women in Similar Situations*

When women were asked about the kind of advice they would give to other women in similar circumstance, many of the messages were about standing up for themselves, speaking up, getting accurate information and accessing advocacy support in order to communicate with mandated services. Some of the comments mothers made are represented in Table 19.

Table 19

<b>Advice to Other Mothers in Similar Situations</b> (taken from mothers' narratives)
<ul style="list-style-type: none"><li>• <i>Be careful what you say (to workers) x3</i></li><li>• <i>When you go in to see a social worker, don't go in all angry and off the wall because it makes it worse for you. If you have to do meditation or something to clear your mind, do it. Talk about facts and events that led to this, don't get mad about hearsay stuff.</i></li><li>• <i>Believe in yourself; it takes time to get kids back and get educated.</i></li><li>• <i>Go to the supervisor if you have a problem with the worker.</i></li><li>• <i>Fight a little more.</i></li><li>• <i>Get a lawyer and information about the court process.</i></li><li>• <i>Get information, ask questions, find out what's going on.</i></li><li>• <i>Go talk to other resources; stand up for yourself.</i></li><li>• <i>Hold your head up high, ask questions, speak up for yourself, things will get better even though there are bumps.</i></li></ul>

Women in this retrospective study had learned many things about themselves and about the service agencies. They reflected about their learning to stand up for themselves and how to “believe in yourself and hold your head up high” as one of the women said. As much as I thought that this was wonderful learning and great advice, I could understand how hard it was for them to follow through on some of these principles which require confidence and a potential conflict with a very powerful agency. I could understand how difficult it was to stand up for themselves or get accurate information or even believe in themselves throughout those difficult conflicts with the agencies that could withhold food and shelter money, or apprehend their children. The vulnerability that could result for mothers was often described and expressed in stories and anger.

*Does the Worker's Sex and Ethnicity matter to Mothers*

The mothers were asked about their experiences with the sex and the ethnicity of workers. In particular, what was being explored was whether women expressed that it

mattered to them whether the worker was the same sex and ethnicity as they were. Their responses were based on their previous experiences with workers.

The results of that enquiry are itemized in Tables 20 and 21.

**Table 20**

**Mothers' Preference of Worker's Sex:**

<b>Sex</b>	<b>Number of women</b>
Prefer Female	4 or 19%
Prefer Male	1 or 5%
No Preference	16 or 76%
No Answer	2 or 9%

**Table 21**

**Mothers' Preference of Worker's Ethnicity:**

<b>Ethnicity</b>	<b>Number of women</b>
Prefer Same	5 or 24%
Prefer Different	0 or 0
No Preference	16 or 76%
No Answer	2 or 9%

The ethnicity and gender of the worker seemed to matter less to women than whether they were respected and listened to by the workers. Except for one woman who had only experience with one worker, all the women spoke of multiple experiences with workers that they drew on for their responses to this enquiry. The proportion of mothers who had no preference for their workers' sex or ethnicity was three times higher than the women who preferred a woman of the same ethnicity as herself. I had anticipated a high proportion of mothers wanting a female worker of the same ethnicity. The discussion was embedded in the importance of being listened to and respected. This was clearly a high priority for the mothers in the study.

## *Ideas for Change*

Mothers reported an interest in more programming, more community centres, better access to basic needs money, more affordable housing, safer neighbourhoods, more flexible day care options and accessible transportation. Two women indicated that they thought that there was enough programming like family resource centres and that people should just use them more. Several women indentified a need for more access to addictions treatment.

Some women spoke about their experiences with racism in the community while others indicated that this was not a problem in their view. Approximately two thirds of the women described examples in their stories or spoke directly about experiences of racism. The judgement that women experienced in agencies was not generally interpreted as racism but rather as disrespect and thoughtlessness. The other third of the women did not perceive racism as a concern or did not have examples to share.

### **What women said:**

*We need more food vouchers; available as needed especially for start up of household; clothing – like gift card to Value Village; more fairness between situation, you hear of others who got different treatment than you; housing – better safer neighbourhoods, safe, clean, shorter waiting lists for subsidized housing. Transportation – bus tickets; more free shuttles.*

*Higher welfare rates; more affordable housing, food, more support for special needs.*

*Change needed regarding racism: (There are still) stereotypes about Natives are just dum drunken Indians that sit on social assistance and have no brains in their heads and just live off the reserve land and stuff like that....oh that poor young native girl needs lots of advice on parenting and when to take her child to the dentist!*

*Change needed regarding racism: Oh yeh, I experienced people treat me bad because I was Native, but I stood up for myself – they thought I was bright and smart, and I was trying to get back on my feet!*

*Drop in centres to meet other women, outings, resource, activities for kids.*

*Places where women can gather and get support.*

*Even though your children are in day care, you know, if your kids aren't there, or they're sick for a week, they're kicked out. Subsidy won't pay you. Well, come on. There not even day care spaces available. My niece has been looking for a day care for a whole year already.*

*We need more training chances; do I have to go to another orientation meeting to see if I'm way back on the waiting list there? If we could get training, and treatment for addictions, so that you could keep your kids, that would make a huge difference!*

*We should have a better program than St. Norbert for solvent abusers. They should even have a program there for any kind of abusers, but it should be for women only, so it's safe. And not long wait lists to get in.*

*And some help to get employment...right now they don't even have funding and you have to be on assistance or your Band has to pay. But I don't know, like offer more services that are free and easy to use.*

One woman spoke about the need for more consistency across situations that CFS is investigating. While other women eluded to this idea, this woman most clearly expressed this concern with a story.

*Well from my experience, like that's what I think should change, is about the hearsay stuff that they try and play on. Like, when a child's apprehended, say this, for example, when I used to live on .....Street there were these people that lived up the lane and I talked to them once in a while. I guess they were with another Child and Family agency, but they all got drunk and they locked their kids outside and they all passed out and their kids were outside in -36. And that was a major thoroughfare for the cops, they used to tour around there or whatever, so they took the children into care and when they got up in the morning and realized the children weren't there and there was a card in the door from the Winnipeg Police, so they phoned them. And they got the children back the same day. That same day. And situations like this, and they go on forever. Like they got their policies backwards, totally...*

In summary, women had many ideas and experiences to share. The women were eager to discuss their past experiences and their perspectives about workers and agencies. The retrospective aspect of the study created a reflective process where mothers recalled their experiences but also generated ideas for change and new resources.

Women had multiple stresses and were frequently in crisis when they engaged with their worker. The stresses included basic needs, caregiving crises, housing, and many others. Women relied on family and friends more heavily for support during this time, however they also relied on numerous other formal supports including their current or a former CFS or EIA worker. Mothers discussed many examples of being frustrated by their experiences with workers including feeling judged, misunderstood, and being treated unfairly. Women wanted to be listened to, they wanted respect, and they wanted to be taken seriously as a caregiver and person.

The distinctions between mandated agencies and community centres came through in women's stories of their experiences. However, when asked directly about the characteristics of helpful and unhelpful service experiences, women were also very articulate and practical about what needs are still outstanding in their community, particularly for lone mothers. They raised some issues about accountability and professionalism in the agencies, particularly how they felt treated and the extent to which they had to seek out support and advocacy to interact with mandated agencies.

## Chapter 5 PRESENTATION OF FINDINGS ON WORKERS

### *Introduction*

There are three data sources in this study, the mothers' perspectives, the workers' perspectives, and the agency file review. This chapter examines data from the worker narratives.

An overview of the number of worker interviews that occurred is presented. As indicated earlier, CFS agency management made efforts to block access to worker interviews which reduced the numbers of workers and files the researcher had access to.

Table 22

#### **Demographics: Number of Workers Interviewed**

4	Workers interviewed from former CFS roles
1	Worker interviewed (EIA) and was the worker for 2 women in the study

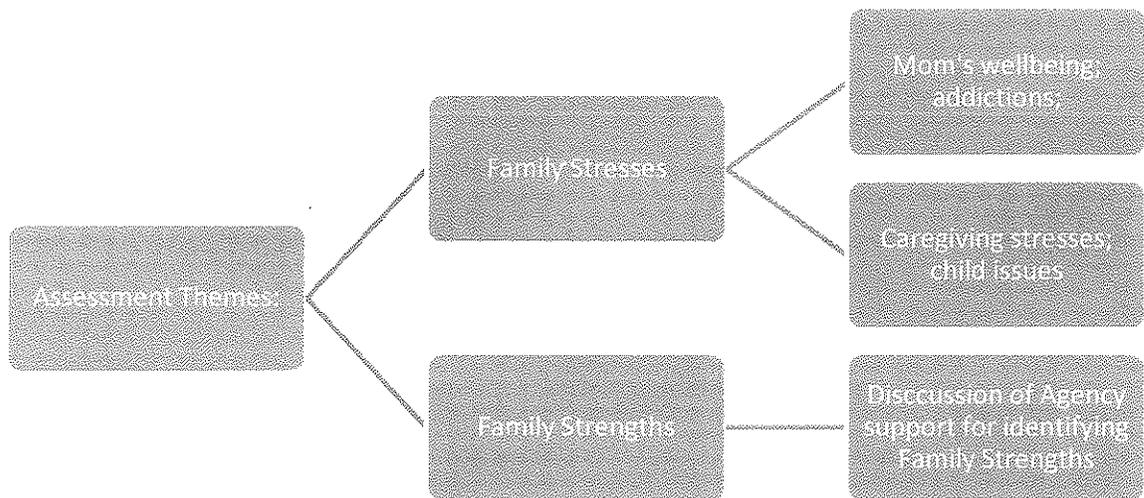
### *Overview of Worker Narratives*

Numerous issues such as workers' perceptions of mothers' stresses, supports, and resources were explored in the worker interviews (Appendix E, p. 239 has phone script for workers and Appendix F, p. 241 for Consent form for workers; see Appendix G, page 244, for a copy of the worker interview questions). The themes of the workers' interview questions are similar to the issues explored with the mothers in their interviews. As discussed in the methodology chapter, no information was shared directly between study participants. Most of the workers who agreed to be interviewed had moved on to other roles and were no longer front line case managers (except one who was still in the same role at an EIA agency). Three of the workers were women and two were men. One

worker was Aboriginal while the other three had European ethnicities. The workers had several years of experience at the time of the involvement with the mothers. And now several years later as workers reflected back on their experiences, most workers had between 10 – 15 years of experience.

The themes in this section include: worker assessment themes like family stresses, family strengths, and family supports. The illustration in Figure 12 shows how an enquiry about assessment themes, prompted with additional questions about strengths and stresses revealed what workers thought about the families on their caseloads.

Figure 12 *Worker Assessment Themes*



*Assessment Themes*

Assessment is a central skill in social work and the cornerstone of most case management roles (Appleby, 2000). Usually workers assess client needs or concerns (in this study referred to as stresses and outstanding needs) as these relate to the agency mandate and then design a case plan that matches needs, resources (in this study referred

to as strengths and supports) and service eligibility for that particular resource (Heinonen & Spearman, 2006).

The assessment themes identified by the workers provide an overview of the issues the workers observed and prioritized. Below, is a summary of the assessment themes as workers discussed in the interviews. The assessment themes listed below begin with family stresses, followed by strengths, and then other general assessment themes follow.

a) Stresses and Strengths

Workers discussed a variety of stresses and strengths when they explained their assessment strategies of the families in the study. Table 23 provides a summary of workers' central assessment themes.

The two male workers indicated at the beginning of the interviews that they were not sure that they remembered the family. Despite reading the file notes I had brought, they both indicated that they were not sure they remembered the details of the situation.

However in both cases they did remember some details, but were somewhat reluctant to discuss the situation in detail or depth. The female workers were much more forthcoming with their discussion about their perspectives on the situation in question. The workers narratives ranged from thoughtful and detailed to vague and general. Here are two examples of how workers spoke about the multiple stressors in the women's lives.

**Table 23**

**Workers' Central Assessment Themes**

(discussing 6 cases; EIA and CFS cases are combined for an overview of issues workers raised):

**Family Stresses (as identified by the Workers in interviews):**

**In 4 / 6 cases:**

Addictions (mother's own and family drinking)

Lack of adequate housing, lack of money (for food, etc), unsupportive or violent ex

**In 2 /6 cases:**

Safe neighbourhood (away from ex, away from crime)

Mom's isolation, food, children's behaviour, misunderstanding with CFS

Reliable or affordable child care, lack of employment, lack of resources

Risk of abuse or neglect of children, children getting involved in gangs

**In one case:**

Lack of clothing, mother's depression, transportation, custody/legal issues, children abused while in care

**Family Strengths (as identified by the Workers in interviews):**

Family support, friend support, schools support (3 / 6 cases), and agency/worker support mentioned (3 / 6 cases).

**Other strengths described by workers (mentioned once):**

Good mother, employment skills, language skills, kids want to be with mom.

Safety plan, empathic when sober, didn't miss visits, asked for help when she needed it.

Good sense of humour, creative, active volunteer, responsible, committed, reliable,

Assessment theme quotes from several different workers:

**Multiple stressors**

*Okay, well addictions with alcohol, street drugs would probably be the number one reason why I'm involved with families and frequently concurrent with those (issues) in homes, is domestic violence. Probably the third thing that is we are seeing most frequently is sexual abuse and that is occurring where the male figure is under the influence and then there's an incident and then perhaps the next thing down the line would be the physical abuse of children and it may or may not be concurrent with those other issues and neglect. No surprises there, those are probably the big five*

*...there is that constant issue of poverty, no employment, ....barely making ends meet financially and then a big thing is just the lack of supports, often women came from families who have also struggled with their parenting and whatever issues, addiction issues....so in order to succeed, at times, they have to isolate themselves and cut off from those family connections ....and depending what was happening with that family like they could bring her down*

*I would come to visit Lisa (pseudonym), they were extremely impoverished, extremely and there was never a toy in sight, not a toy in sight. And I thought what does one do with their children all day long when there is nothing? So one of the first things that the in-home support did was, you know I had asked her if she would take her and pick up some toys and one of the thrift stores, bring some little books and show her how to read to her child you know, show her that this is an important thing that children learn from it, that they learn even at a really early age even before they can really truly comprehend, just that time that you spend with them that is a nurturing time and it's their time of getting full attention. I never saw any indication of that kind of stuff happening....*

Family strengths:

*...she (the mother) was very funny, she had a good sense of humour ..and I think that helped her cope....*

*...she would call and say 'I screwed up'', I did this terrible thing, what am I going to do?' so there was, she was honest...and I think showed a certain vulnerability that I think some of the other women I have worked with ...were never able to do....*

*...those kids wanted to be with her and that was a big factor for us when we considered, I think, placing them back with her. It's just like you could feel there was an attachment there and that's not always the case...you know she could be there for the kids emotionally and you know, provide support....*

Discerning Healthy, Functional, and Protective:

*I would have to say that Lisa's (pseudonym) family, as I said they were a close they were a tight family, and they were a support to her in so far as she had them in her life she wasn't totally isolated. That was a good thing and it was not a good thing because they weren't able to discern for themselves what was healthy, what was functional, what was a protective situation for children, what was in their best interest. Her family members, her close family members and the ones that she related to all the time were the ones who struggled severely in their own parenting and put their own children at huge risk and so how do you model, how do you become a role model to that younger one in the family as she's trying to parent. And so I think that I had two different support workers that I had attached to her, maybe there were more but two I remember because I gave them distinct roles and they were to nurture her while they taught her about parenting.*

#### b) Other Assessment Themes identified by Workers

In the narrative chapter, two stories will be told in more depth. The narratives will explore the mothers' experiences, examine worker's assessment and other observations in the context of two different case study narratives. Here, isolated themes have been coded from the worker narratives to illustrate some of the issues workers raised as concerns in

their cases. The themes are listed followed by sample quotes from workers to illustrate these themes.

### **Mom's well-being**

Self care needed (mentioned by 3 workers)

Opportunity to look after own health and see doctor, get a massage, be touched without it being sexual, have coffee with other women, exercise opportunity,

Mother to be able to get therapy to help deal with past trauma from abuse in childhood and adult relationships.

### **Addictions**

Addictions counselling needed, mom's ongoing addictions issues (mentioned 3 times); Struggle to stay sober, violence from partners when drinking or picking abusive men at times (mentioned once).

### **Caregiving concerns:**

Questions re mom's "prostitution" history and possibly involving children, but when checked out, info came back negative, and concern shifted to protection for mom and kids from ex.; sometimes choosing unreliable child care givers; several examples of neglect risk due to addiction allegations but not enough evidence was found and children were returned home after short time in care.

### **Child Issues:**

Attachment issues identified with children taken into foster care and then those children were abused in care and getting involved with gangs, eventually returned to mom; worker indicates boys had negative effects from being taken away from mom and extended family.

### **Worker Quotes for Other Assessment Themes:**

Self care for mothers:

*....a big thing is self care, that we know from our own experience and we can, I think, reach conclusions about the people we work with, when we're healthy, we're in a better position to parent, to be a support to other people and so absolutely there needs to be some time set aside to think about and plan....for self care and that could be a variety of things ...it could be have you been in to see your doctor to address your own medical issues, you know, I guess what comes to mind is addictions counselling...setting aside time for people to focus on themselves to go for a walk in the park, ....we know that when people exercise they feel better...yes I would say self care....*

Caregiving concerns:

*..then a boyfriend would be drinking and say you don't have to go meet with those people (counsellors), and then she would start drinking, there would be a big fight, she got beat up by a the boyfriend and then in the middle of the night she sold stuff or pawned stuff so*

*the next day the house is in a shambles, she's bruised and there's no food and the kids are sort of looking at her 'can you really do this (caregiving)?'...*

Agency issues:

*...when I go into a community, I am a guest there, I have to be invited in...I started taking short cuts because I was too busy to develop relationships...mutual respect and integrity ..was important to do that job...just being mindful that the color of my skin carries with it some power...not pretending that I'm not a social worker that represents an agency with a fairly large mandate...but offering ...this is what I can do...because they didn't trust the agency and had many bad experiences before me....*

Addictions:

*I knew that her mom loved her and I knew that her mom wanted her to succeed and I knew that if we could just beat these addictions if she could just....I don't know....I mean Lisa's case like I say our journey was long and Lisa's case was the most severe that there was in that we tried every intervention...*

c) Agency support for strengths perspective discussed:

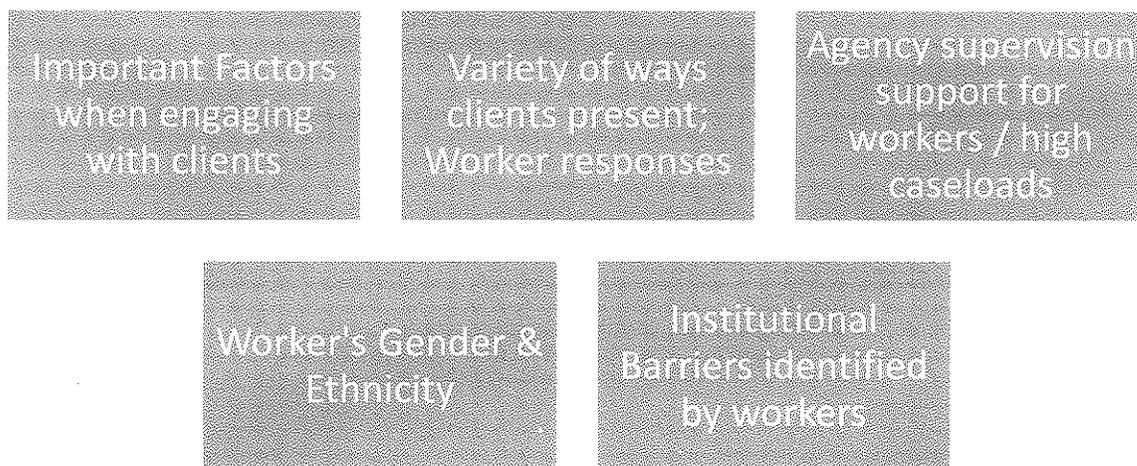
As I was rereading the transcripts and re-examining this theme, I wondered what could possibly keep agencies from supporting working from a strengths perspective or identifying strengths in families. However, the question raised with workers about whether they are supported by the organization in working from a strengths perspective was not a confusing or puzzling question for workers. Workers understood what this question was asking. They seemed to know that the social welfare agencies have sometimes been criticized or restrictive in the lack of support of identifying strengths in marginalized clients. Worker responded with a variety of answers. Two workers said that it depended on the supervisor about whether you were encouraged or allowed to integrate strengths of family members into your assessment or file recording. Two workers said that they worked by identifying and discussing strengths with family members and had not been stopped from doing so. One worker said that he had been discouraged from

recording strengths in the file and that he had also been trained to focus directly on the mandate and thereby not explore the context of family life or other issues related to strengths.

Workers were careful how they described agency contributions to difficulty in case management. Workers indicated that mothers/families may have had negative history with CFS and this affected mom's willingness to call for help when struggling which then turned into crisis (mentioned 3 times). The two male workers were more aligned with agency protocols and policies than the female workers who were more critical of areas that the agency could improve.

*Engagement and Relationship Building: Workers' Perspectives*

Figure 13 *Relationship Building: Workers' Perspectives*



Workers were asked about their experiences during the relationship building phase of their work with the mothers in the study. The importance of relationship building was unanimously identified by workers as an important ingredient in a successful engagement

with clients. There were a variety of factors that workers identified as important in that process. These issues are identified in Figure 13 and summarized here.

**a) Important Factors in Relationship Building with Clients:**

*Central Factors in Relationship Building* Figure 14

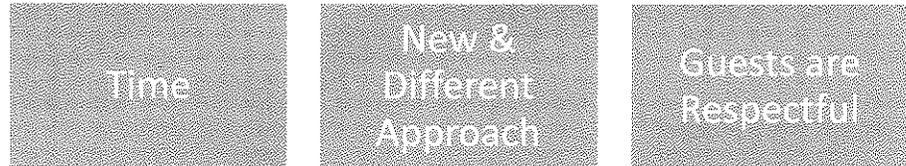


Figure 14 lists themes relating to central factors in relationship building reported by workers. Here are some samples of what workers said about these issues.

**Samples of what workers said:**

**Time**

*...it takes time to build relationships (even though role or organization doesn't allow for that); even my short time with someone is important to build relationships with that person or community....*

**New and Different Approach:**

*...it is important to engage with clients as if you have a new and different way of working with them from their previous experiences with workers/ your agency...patience, respect, and humour can go a long way to build relationships. Admitting if we are wrong is very important...*

**Guests are Respectful:**

*.....essentially we are guests as workers it is important to build relationships and respect right from a very first contact with people; every gesture and word counts as we are guests in their lives and community....how you approach people is so important: as a guest in their community/culture, explaining the role, being up front about reasons for contact/ worker role but openness to listening particularly to their experiences and ideas. Treat people the way you would want to be treated; that could be you or your sister, and if you remember this, you will be more respectful, but if you think that could never happen to me or anyone I know, then you might not be as respectful....I sometimes think, that could be me or my sister, and then I respond with the respect I'd like for myself or for my family members...*

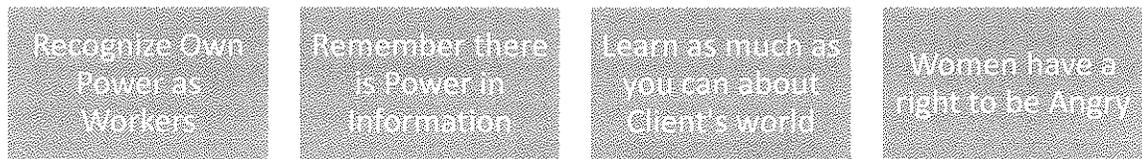
In general workers were agreed on the importance of relationship building with clients, but they had different emphases and issues that were identified in their transcripts. The workers consistently identified the need for time as an important factor in relationship building. All workers reported being short of the time needed for relationship building which is needed with clients. The workers linked the lack of time with caseloads that are too high for front line workers, a high incidence of crisis cases, and lack of resources.

The other two themes listed above about 'engaging in a new way when clients have had negative experiences with workers' and 'treating people with respect' were more implicit across all the worker interviews while certain workers were more explicit and clear about expressing these issues.

The issue of time when coupled with workers' responses to questions about workload, lack of supervision support within agencies, and access to resources can be understood as a workplace priority challenge because workers had to choose between relationship building and managing a large caseload of crises. When numerous crises occur each day without adequate resources, proactive case management strategies and building a trusting relationship so that mothers would feel comfortable calling a worker for support to prevent a crisis becomes more difficult.

Workers also discussed issues related to power, information sharing and advocacy. Here are some of the issues workers raised (themes identified by the researcher).

Figure 15 *What Workers Must Remember (according to some workers)*



### **What workers said in their narratives**

Recognize power:

*...recognizing power of the role of workers is so important so that we are careful about what we say and how we say it...that is why they are angry because of the great power workers have...often without much accountability or questioning of the workers' actions... often workers have more education and there is power in that...(anonymous worker).*

There is power in information and advocacy:

*.... going beyond the role to provide information, problem solve, or advocate for people...is also part of relationship building...*

Learn as much as you can:

*...it's important for workers to learn as much as they can about marginalized cultures and groups...to understand where people are coming from...what their behaviours might mean....*

Women have a right to be angry:

*.... know your own limits / skills as worker; understand that personalized anger is the women's expression of their experiences, not necessarily about you...let them own that anger, while you listen...sometimes to difficult experiences that clients have had...*

Three of the workers who were interviewed seemed to be particularly attuned to the fact that they are often engaging with families that are marginalized in society.

Therefore, they spoke about the respect and understanding that is needed when social workers are engaging with marginalized groups. Three of the five workers discussed the enormous power that they felt they had in case management roles where they could make

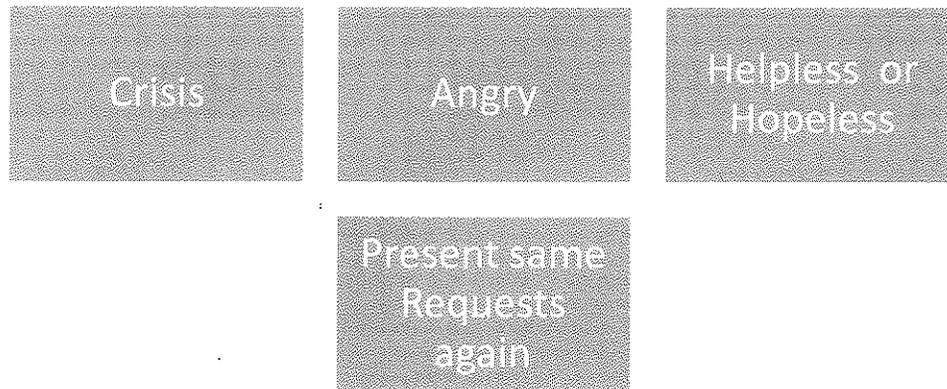
decisions about women's everyday life including parenting skill levels, whether they could visit their children, women's ability to budget, and whether women were ready to be employed. These three workers were female. All the workers seemed to understand that part of their role was being a gate keeper of resources or opportunities for the women and families, however, the effects of this gate keeping power when women were struggling with multiple issues and feeling unsupported was not identified or seen as important by the male workers. It seemed to simply be the reality of the role and mandate of the agency, from their perspectives.

Several additional engagement issues were raised by workers including how mothers present initially to agencies or at certain meetings and home visits, how workers can understand and respond to the different ways that mothers present, and finally, general guidelines about respect and listening which seemed to underline all of the engagement principles that workers identified. These issues are summarized below:

**b) Different ways that clients present and different ways for workers to respond:**

Themes below were selected by the researcher from the worker transcripts due to the consistency with which these themes were identified by workers in interviews. The comments that follow the titles below are excerpts or comments directly from the worker transcripts.

Figure 16 *Different Ways that Clients Present (to Agencies and Workers)*



**How workers described these issues:**

Clients in crisis:

*Sometimes people are in crisis when we see them and any resources or practical assistance we can give them (vouchers, bus tickets...etc) is a way of being respectful and building relationships....*

Clients who are angry:

*There are different ways mothers present (when they meet with workers) and different ways (for workers) to respond/interpret their behaviour and communication... perhaps in crisis, perhaps with misinformation, perhaps with bad previous experiences with agency workers; women are angry because this is a clear expression of their frustration in their life experiences, my question is how can we (as workers) support these women in channelling that energy so that it helps the community and also helps individual women? Understand that personalized anger is the women's expression of their experiences, not necessarily about you...let them own that anger, while you listen (sometimes two difficult experiences).....*

Clients who are helpless and hopeless:

*...sometimes depressed or discouraged, perhaps suspicious of help, provide resources, practical assistance if possible, discuss situation, problem solve if possible, (vouchers, bus tickets)... sometimes more passive clients have more unspoken issues with the dept because they were not as aggressive in getting the info they need... it is important for clients to feel hopeful after meeting with a worker; they need to know that things can get better....*

Clients present with same information/misunderstanding as last time:

*...for example, we didn't get assistance in the rural area, we didn't bring any documents, but please help us anyway; communication becomes strained, I have discussed the agency's role, what we can do, and nothing has changed...therefore we give info again and make another appointment...sometime they are eligible for services or money at a later date...the more experience you have as a worker, the more you know how much time to spend engaging, trying to understand situation, and you can see opportunities for change...that doesn't mean you can't be surprised, but you start to be able to recognize the signals...which women will be able to take resources, ideas, support and do something fairly independently with that or situations that need much more time, resources and support to be able to benefit from information or ideas...or manage on their own sometimes, it may be better to focus attention on women that benefit more quickly from resources...*

One worker disconnected how women presented with the resources they were seeking. Women presented 'in crises, as angry, as hopeless or helpless, or with the same concern as the last time they had met with the worker'. When women are seeking EIA resources such as food or shelter, they would inevitably be angry or hopeless if they come with the same concern as previously and the worker turns them down. This case is explored more fully in the case study chapter. Describing women in this objectified way seemed to create some distance between the authority and professionalism of the worker and the persons being served. This approach of almost "diagnosing" the "presenting client" seems to add to the power that workers already have in the bureaucratic organization that distributes economic resources and regulates child welfare (Raphael, 2007; Rooney, 1992; Swift 1995).

The female workers seemed generally eager to discuss their work with mothers who have low incomes and multiple stressors which many of the workers identified as the majority of their caseloads when they were front line workers. The opportunity to discuss and reflect about cases in this way seemed like a positive experience for workers based on their comments. As the interview with one of the male workers came to a close, clearly,

phone calls and other crises were waiting for them to respond to. People knocked on the door to get their attention, phone calls starting coming in, or a stack of messages was handed to people as they walked me out of their offices after meeting with me.

Workers described how they intervened and used their own discretion when clients on their caseloads were not benefiting quickly from formal supports or were not accessing or using resources independently. When more time was needed to engage with clients who were less trusting or more angry, workers were on their own in their decisions about how to organize their time, priorities and caseloads. No workers spoke of consulting with colleagues or supervisors in making difficult decisions about their clients. Marginalized groups often do not stand up for their own rights or do not know how to access resources that support them in appealing decisions or inquiring about protocols (Kline, 1993). Therefore, this lack of accountability and lack of transparency creates greater risk for marginalized clients. Note that the distinction of worker's perspectives by sex was noted by the researcher as the issues were being analyzed. The sample size is very small and generalizations about the sex of the worker influencing perceptions about assessment cannot be made from these observations.

#### *Lack of Supervision*

When discussing agency support for workers, issues like high caseloads and lack of resources were identified by all the workers as sources of stress for workers. However, not all the workers were currently struggling with high caseload issues as many of them had moved on from their front line case management jobs to roles which had more choice and flexibility, particularly as it related to time spent engaging with clients, availability of resources, and smaller caseloads. Therefore, the high caseloads and high work stress in front line jobs seemed to have been part of the motivation to find work opportunities

which had more support, more resources available, or fewer cases per worker and this had made the work stress more manageable.

Lack of adequate supervision for high crisis caseloads was identified as an agency wide problem by all workers despite their own experiences from time to time of having had wonderful supervisors. The stress of not having access to a supervisor or close supervision on difficult and complex cases was seen as part of the job hazard of working in mandated agencies by workers.

Workers identified the importance of coping well with stress, having an enjoyable personal life and finding supports within agency settings as ways of coping with high stress jobs. Several workers described jobs away from the front line as having fewer crises, fewer cases, more access to resources, more choices for workers, and less direct involvement with crises related to poverty, addictions, and neglect (issues which several workers identified as 'chronic' issues). The new roles away from front line case management also sounded like jobs with high levels of stress, however, the increase in choice and resources, and the decrease in caseloads were described as positive aspects of their new roles.

One worker discussed the attitude of workers who do apprehensions. She reported that there seems to be joy for some workers when they are successful in getting a permanent order for children. This worker was still upset about a comment she heard years ago and it illustrates the variety of values and attitudes that workers have.

*You know, I remember in the office that I worked in one of my co-workers who is still in the system by the way, and she was young and she was new and she was one of the abuse workers so she had some pretty intense cases I know that and I remember her being in a trial and it was a grueling trial and I remember her staying awake at night and having to go through all her file notes and having to prepare herself for this trial but I remember when she walked and she said 'we got the permanent orders!' and everybody's going 'YEH! And good work good work' and I was like 'hello' this isn't anything that anybody*

*should celebrate and I remember going into court with one of my other families that I had to go for a permanent order on their children and I always hated it I always hated it and I only had to do it a couple of times thank God and saying you know what, if the judge rules in favor of a permanent order on your kids we're both losers in this because to me it tells me that I wasn't effective enough in my job with you and you will have lost your children to the system.*

This quote suggests that there are differing perspectives among workers about the importance of family, the importance of supporting family relationships, and the importance of culture. The new worker in this scenario was delighted that the children became permanent wards, which contradicts what the worker interviewed for the study believed about the role of child welfare.

From the researcher's perspective, it was unfortunate that it was so difficult to access workers for the study. It would have been interesting to explore whether the issues workers raised were consistent across more cases. Social workers' practice and social agency practices were often described in an extreme way. For example, workers would describe others workers and agencies in critical ways. Perhaps social agencies have become extremely vigilant about keeping their practices and policies away from public scrutiny. However, this can create more suspicion because transparency of this public service, which is frequently involved with marginalized groups, is missing.

Another issue which was explored with workers examined the flexibility in their agency to support a focus on family strengths in their work (Seeleby, 2001). Workers were asked about their opportunities to work from a strengths perspective in their agencies given the time pressures and crisis nature of the work in the context of mandates which identify risk management (child welfare) and resource distribution (EIA social assistance) as central priorities. All the workers identified that they had a professional philosophy of working from a strengths perspective which seemed to mean that they

would actively identify strengths in the families that might be easily overlooked in a crisis. When workers focused on strengths, they thought that their relationships with clients often improved. They also indicated that these strengths often became important in developing case plans for addressing the presenting problems. However, two workers also indicated that sometimes high workloads or a particular supervisor's approach would make it more difficult to maintain a focus on strengths and this was part of the frustration of front line social work practice in mandated agencies. The pressure from supervisors was often to work more quickly than seemed adequate when working effectively from a strengths perspective.

Workers had a mixed response to examining their own former agency's procedures and potential barriers to service for mothers. Two workers identified that their agencies used to be less flexible and comprehensive in their services than presently, but that changes in agency policies and procedures were now creating greater flexibility, more responsiveness to families' needs, and more opportunities for resources that matched client needs. These two workers were male. One of these workers worked for EIA and identified new initiatives that assist women with job searches, while the other was employed by CFS and identified the family support program he was working in as an example of more responsiveness to family needs. Case loads were smaller and workers had more resources available when working with families with multiple needs. Neither of the male workers is in a supervisory role. Sometimes managers are said to have accepted more of the bureaucratic justifications for how agencies must operate (Rooney, 1992 & 2009).

Some workers also identified that there are still issues outstanding like the need for more community-based services like community resource centres. The workers also

indicated that there is a need for more opportunities for mothers to stay in touch with children when the children are in foster care and there is still a need for more comprehensive financial and practical supports for women in the inner city. Primarily, child care, transportation, housing, and opportunities to gather and cook, do laundry and have phone and computer access were identified as resources that are available at local community centres and are essential services to be available in more locations right in people's neighbourhoods, according to all the workers. Although workers would agree that these services are available in some inner city areas, more opportunities to access community centres that offer multiple resources and outreach in the communities are needed, according to four of the workers.

One worker described a situation where she had been a manager in the inner city in child welfare services and they had decided to use special funds to develop a community centre in the area. This community centre offered a variety of practical resources and opportunities for local residents to get involved in the centre through advisory committees, a board of directors, and many different volunteer roles. Special funding was received which had a two to three year limit expecting that local residents would have developed the leadership involvement to run the centre in that time. The worker described a complex process of relationship building and skill development within the community to run the centre. Although the centre was successful in many ways, the capital funding was cut after two years because the funders explained that the community should be able to manage all costs related to the centre. Success, according to this worker meant that child welfare caseloads in the area had gone from 85% of households having their files open with active child welfare concerns to two cases being open when the centre was fully functional. The director and all volunteers at the time the centre was

closed were local residents who had been trained as part of the centre development process. In addition, when the funding was cancelled, the open child welfare cases increased again to the previous levels (85% of households). This worker was still disappointed about the project being cancelled, given the positive results. However, she indicated that there were also a few other initiatives in the community at the time and therefore funders would not easily link the successes to their initiative alone. Although this worker gave me a report about the centre, the statistics of success were not documented in this report and I was not able to find a final report documenting outcome results from this project.

Although this example of success of community-based services ended in such a sudden and disruptive way for the community, she indicated that this is a regular occurrence in her experience as a manager, where initiatives for marginalized groups are successful, albeit time consuming because of the relationship building and skill development process involved when people have been so disenfranchised. However, the funding may disappear randomly or without consideration for the importance of the long term contribution or preventative services these organizations provide to families and communities. It is also interesting to note that such an emphasis on the importance of community resource centres as supports and preventative services for women to avoid foster care for their children was also raised by many of the mothers who were interviewed in this study.

It is puzzling that supervisors and agencies would not support workers in emphasizing strengths and building relationships with marginalized clients. However, in the interests of efficiency in terms of time and money, it appears that workers sometimes

saw their employer as compromising clients' best interests and a proactive approach for efficiency and crisis management with high caseloads and inadequate resources.

### *Worker's Gender and Ethnicity*

Workers were asked whether they thought that the gender and ethnicity of workers mattered to the mothers interviewed for the study. Workers were also asked whether they thought gender and ethnicity mattered in developing effective working relationships with

Table 24

#### *Workers' Reflections about Gender and Ethnicity:*

##### **Gender:**

Male workers indicated that sometimes their gender may matter to women initially as the women clients may have had bad experiences with men in their lives (violence in relationships, for example), however, that respect, patience, listening, and good communication with them as a male worker can be a positive alternative experience for women on their caseloads.

Women workers indicated that gender sometimes seems to matter to the women they work with but that respect, empathy, and listening seem to matter more.

##### **Ethnicity:**

Workers came from a variety of ethnic backgrounds. One worker was Aboriginal, one worker had a European/South Pacific background, the other workers were European in origin.

Workers all indicated that perhaps there was some comfort initially for Aboriginal clients if their worker was Aboriginal. However, they also added that sometimes this is also a problem as there has been distrust of Aboriginal family/friends who became workers in the community or fear that clients know the families of the worker or fear of gossip within the community. Again, all workers indicated that respect and relationship building were key ingredients with clients from any ethnic background, and these approaches often assisted them to overcome any barriers that clients might perceive due to ethnicity.

clients. Workers often described that they were speculating about what mothers thought, however, their answers were unanimous. Workers spoke openly about their perceptions about the gender and ethnicity of workers. Their perceptions are provided in a summary below an aggregate set of themes.

#### **What workers said about gender and ethnicity**

*...yes I think it's an issue (gender & ethnicity) at the front end of the case, but I don't think it's an issue after 3 or 4 contacts...hopefully good social workers with families ...overcome those biases...with clients*

*...with regard to ethnic or racial background, ..I believed initially that it was a factor for a lot of people, however....many of the Aboriginal clients that we worked with at the General Authority ...have remained with the General Authority and ...sometimes don't trust their own band...*

*...I really think it's more about relationship building...sometimes at the clothing exchange ..or the food bank...Aboriginal women, they'd start talking among themselves and....they would start making white jokes and I really didn't hear that for the most part but then every once in awhile somebody new would sort of look at me kind of uncomfortably...and one of the women would turn to her (the new woman) and say "oh yeh, ...she's not really white" (even though I am)...and then just carry on...I think that it's about relationships ...*

*...usually we talk about it if there's any type of issues that come up...and usually that helps the situation out.*

*...if she's got bad feelings about men because of her previous abuse, there's a positive role modeling aspect that could occur (because I'm male) and there's probably another 1000 factors that play into how she is going to view or develop a relationship with her worker....*

The workers were unanimous in their observations about perceptions they thought female clients might have about gender and ethnicity. In all discussions, any observations about the underlying power inherent in distinctions of gender and ethnicity were not identified directly by workers. When discussing gender, male workers seemed sensitive to possible negative or violent experiences women might have had in the past with men. This could be interpreted as sensitivity to power dynamics that may have been a factor in female clients' lives due to sexism. However, the possible experiences of racism or history of colonization which might have contributed to the mistrust of social workers, or the involuntary nature of the agencies' roles, was not part of this conversation. Workers had very little to say about this issue other than what had already been discussed. Even when prompts were given, workers had either discussed the effects of colonization already as a context for their other observations or they did not seem to think this was relevant.

### *Institutional Barriers Identified by Workers*

Workers were questioned about their perceptions about institutional barriers in their organizations. They spoke of a variety of issues they had observed. Here are some of those themes identified in Figure 17.

Figure 17 *Organizational Barriers Workers Identified*



What workers said:

Lack of resources:

*If a child comes into care and they go into a foster home and the foster home needs respite, you could put in all kinds of respite (but no respite is available for the original family)....*

High caseloads:

*I'd have to say caseloads are so high. Literally just responding to crisis. I'm on one crisis after another and I don't know if I did better with this mother's case even though our relationship was okay...but I think I could have done much better if I'd had time....*

Lack of understanding about poverty:

*Financially in our society you have to pay out so much, like even to get a birth certificate it's \$30 now, ...I think that some people get so far away from understanding what it's like to have no money ....*

Housing shortage:

*....the housing shortage...basically we say that if it's a rooming house...this has to be done to the house (to make it safe)...but I don't know that will happen, ....(and then the person has no place to live).....*

### *Summary*

In summary, this chapter discussed the workers' narratives. The themes that emerged included assessment issues like stresses, supports, and coping. Some of the central findings were that workers were concerned about mothers' addictions, lack of adequate housing, and lack of money for food. Safe neighbourhoods and isolation were also concerns that workers raised. Family and friend supports were identified as a central strength. Other individual strengths workers described were 'good mom' and 'reliable'. Workers also expressed their opinions about engagement strategies with clients, differences in how clients present, and barriers in agencies. Three workers discussed the importance of recognizing their own power when engaging with clients while two workers were puzzled about such a discussion even after prompts from the interviewer. There were varying perspectives on women's anger and frustration as emotional responses at the time they are engaging with workers. High caseloads, lack of adequate resources, lack of time, and lack of supervision were agency barriers that some of the workers identified. While workers discussed the importance of respect and listening in relationship building, the case study series analysis illustrates a variety of ways that workers were perceived by the mothers on their caseloads.

## Chapter 6 – PRESENTATION OF FINDINGS ON FILES

### *Introduction*

File documentation was an important third source of data in this study. The third source offered more depth and another perspective on the situations. The files recorded workers' observations and gave a broader context to the women's experiences with the agencies because of documentation before and after that particular worker's involvement. In the four cases where three sources were available, the third source was a way to confirm certain information in the case story. In other situations, mothers' descriptions were credible, however documentation was missing. This omission also became a source of data to examine inequities and aspects of the judgement and systemic oppression women described. The three sources of data offered an opportunity to examine the meaning of the data from different perspectives.

Files were located throughout the province of Manitoba in different communities which now were home to the number of different regionalized agencies for child welfare. The EIA files were all centralized at one location so that once I had all the permission from different levels of the EIA department, I was able to negotiate a date for reading the files at their offices.

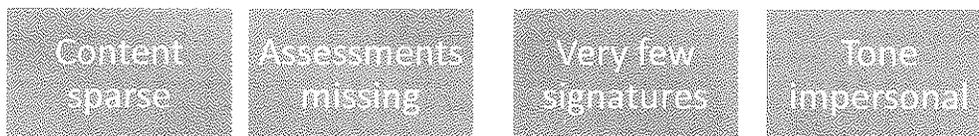
Once I had taken notes on all the EIA files that I had access to, I continued with my pursuit of CFS files. This was much more complicated and some of the details were already discussed regarding the barriers to data gathering. Eventually I was able to locate and read 4 EIA files and 5 CFS files.

*Number of Files located by Agency* Table 25

5	CFS files located and reviewed
4	EIA files located and reviewed

This chapter examines several themes emerging from the file data. See Figure 18. I was interested in how workers' documented their assessments of family situations. The sparseness, tone, notation signing, language, omissions, bias and factual nature of the files is examined. Examples are provided that support these observations.

Figure 18 Themes Emerging from File Data



*File Documentation was Sparse*

In general my observation was that file documentation was very sparse. The documentation contained brief comments about workers' contacts with family members. There was some indication to the reader about the tone of the conversation. For example, whether the visit was a warning, an attempt to organize supports, or an apprehension comes through in the notes. However, other than a hint from the cryptic notes about what the tone of the visit was, there is no indication in the file about what the relationship

between the worker and family members was like. Here are some examples of file documentation. Some of these examples are repeated in the case study chapter which reviews four cases in more depth. (All file documentation examples use pseudonyms).

Examples of sparse notations

**File notes from CFS file:**

*November 15, 1998, Children returned.*

*July 10, 1999 Children apprehended – placed with parental grandmother.*

*September 3, 1999 Respite organized three times per week.*

*October 2, 1999 Joey suicidal.*

*May 2, 2001 Children apprehended*

**File Notes from EIA file:**

*November 20, 2005 Salvation Army emergency food and went to stay there.*

*TJK(Initialled by a second worker).*

*November 27, 2005 Rent Form. Client Moved. RLM (Initialled by a third worker).*

*November 27, 2005 Utilities, rent direct to landlord. JS (Initialled by a fourth worker).*

File Notes from CFS file:

*August 20, 1999*

*Met with Betty at the office to discuss what happened to Donny. She had left Donny with Rita (another aunt). Worker pointed out that she is a poor babysitter and that Betty promised not to use her anymore. I warned Betty that Donny had twice said he lived with grandparents and did not recognize the house. Betty said that Donny lies a lot. I said I thought he wasn't lying because he was crying.*

This last example indicates that the worker was warning the mother about something which may have occurred before. However the notes are very brief, very factual, impersonal, and there is very little information about family members' experiences. The file notes give no indication that family members had a positive, negative or any relationship developed with workers.

### *Assessment Themes in Files*

Assessment themes in files appeared absent other than ongoing contact notes which sometimes had the purpose of involvement in the note. There did not seem to be an assessment format for documentation in CFS or EIA agencies. There were contact notes when indicating that a worker had a meeting with a family member. There was sometimes a note to indicate what the client's presenting problem was in relation to the central mandate of each agency. Therefore for CFS agencies, workers would sometimes indicate in the file notes the reasons why they were involved with the family and what the risk to children entailed. Files were up to date in CFS and relatively detailed regarding concerns or risks, but very factual and sparse, in terms of any details that explored or explained women's experiences, strengths, informal supports, or the relationships between clients and their workers or their relationship to the agency.

For EIA agencies, workers' file notes sometimes indicated why women were approaching their service and simply indicated how the women fit within the agency's eligibility criteria and whether they had job skills. The EIA file goals were generic indicating that women would eventually be looking for work when presenting problems were resolved. These files were also quite sparse and factual. No information was documented about the history of the clients' relationships with workers, the agency, or other resources unless specific information was sought to substantiate something the mothers was saying which in some way influenced her eligibility or the amount she would receive for EIA payments.

I had a brief conversation with one of the supervisors at one of the agencies when part of a file was only accessible electronically and she had to review it with me. By reviewing it with me only she had control of which parts of the file I reviewed. I

mentioned how sparse the files were and she indicated that this is now part of their training for new workers to keep the files sparse, factual, and concise. She indicated that the management had decided that file audits showed that workers got too involved in the details of women's lives and enquired about issues that were not directly related to the agency mandate. They saw this as problematic and now train workers to keep file recording brief. This is problematic for mothers because it means that in both agencies, the effects of poverty, the effects of mental or physical health issues or other issues which could affect coping strategies or well-being were not considered important to document in the assessment of stresses and strengths. The manager's comment also implies that the mandates of the agencies are interpreted narrowly. Case work is individually focussed by holding mothers accountable for their family's well-being whether they have access to the necessary resources or not. Assessment of social barriers are entirely absent from the files. The importance of these issues inspired an examination of the system issues within which the mother-worker relationship develops. These themes will be revisited in the final chapter which integrates many of the issues raised throughout the data presentation chapters.

Workers had informal notes that they had kept on their computers and had immediate access to during the interviews since the interviews took place in their office or agency. These notes were a source of information that workers referred to during our conversations. However they would not share these notes with me. Not all the workers had access to these notes. One worker organized the interview in a room without a computer and never attempted to find his notes. Another worker had moved out of the government system and no longer had access to such information. A third worker was no

longer employed by CFS but worked for another government department. She had access to past notes she had made while at CFS.

i) Very few notations in files are signed by workers

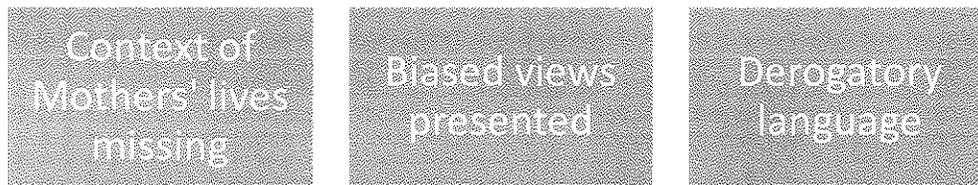
As shown in the previous file notation examples, very few of the notes were signed by workers. CFS files had only the occasional signature. Often there was no indication of who did what. Approximately every fourth or fifth notation had a signature. Therefore, only 20 per cent of the notations were identifiable. Where there was a permanent worker who had developed a relationship with a family and had indicated their signature in several places. In some cases there is a signature or initials, then there are two or three notes without a signature and then the same worker has signed again. One could guess that the same worker had made the notations in between the ones with signature, especially when the tone and general intervention plans seem to remain the same. However, when there is no signature this remains a guess.

The EIA files did not any have signed notes, but sometimes relied on initials from workers. The EIA files had initials for approximately on third of the file notations that were examined. For someone who was reading the file but did not know the worker's names, I could tell that different workers were involved, but I could not identify who the workers were. This became complicated at one point when the initials matched the worker who had been interviewed in this study but I had to confirm with the manager whether the initials were for that worker. In order to avoid breaking confidentiality or anonymity, I asked the manager to tell me who the workers were for seven of the different initials so that she would not know which worker was involved in the study.

ii) The tone of the notes was very factual and impersonal:

I found it difficult to grasp the mothers' experiences from the file notes. The tone of the file notes was very factual and impersonal. On the one hand, these are professional notes and one wants the documentation to be factual. However, the impersonal nature of the files comes through in the lack of detail about the women's experiences and the context of mother's lives. The impersonal tone is also symbolic of some of the mothers' experiences of the relationships with workers as impersonal and distant even though relationship building was very important to the mothers and workers who were interviewed.

*Additional Issues Emerging from File Data* Figure 19



Three additional themes emerging from the file review illustrate that the context of mothers' lives was missing in the files, biased viewed were presented and derogatory language was used in one example as illustrated in Figure 19. These issues are explored and discussed here.

iii) The context of women's lives was missing from the files:

When one of the managers commented on the sparseness in the files, she indicated that workers would get too involved in the details of women's lives and not focus enough on the mandate. I think this perspective is contrary to all training social workers receive that encourages them to broaden the definitions of problems to examine

the social and relationship contexts (Heinonen & Spearman. 2006). Although this manager's comment has been discussed in other sections of this thesis, it bears repeating here because it relates directly to file recording. Considering that the agencies are involved around very personal and important issues in women's lives; their caregiving role and their basic needs, documentation is missing about the context of women's lives. This comment that the system is now training workers to be so succinct, almost cryptic, and thereby omit the context of women's lives is an injustice for mandated agencies like EIA and CFS. There is so much power in documentation in government agencies and omitting the mothers' experiences overlooks women and their experiences.

The omission of women's experiences by the agency is conveyed by what one of the mothers said about how she felt overlooked:

*...mostly I felt like I was getting overlooked; they weren't looking at me, just looking over me.....*

iv) Biased or one-sided description of women's lives:

In the case study chapter, two scenerios are compared where many of the case dynamics are similar but the worker handles the circumstances quite differently. While the file documentation in both cases is sparse, the tone and bias in the two examples is quite different. The results of the situations were also different in that the one family was able to remain connected to their children and raise them while the other family lost their child to becoming a permanent ward. Here is an example of a one-sided description of a mother's situation:

File Recording for:  
*July 8, 1999*

*According to Rose, one of Betty's sisters, Betty knew child was missing but was too busy to come to CFS.*

*Intervention: on July 7, I met with Betty and they said they had been trying to get Donny back since July 5 and not thought to call missing persons. Worker did not believe story although it was plausible we had no reason to keep Donny in care. I am a bit suspicious of family and I therefore decided to keep file open and monitor,*

No reasons are indicated for workers' suspicions. There is no reason given as to why she believed one family member over the mother's story. The worker also states that the story is credible but she doesn't believe it. Another example of file writing where the worker offered a biased interpretation to events follows:

Note from CFS file:

*Betty said that Donny lies a lot. I said I thought he wasn't lying because he was crying.*

This statement by the worker suggests that she already thought that Betty was lying and Donny was not lying. The fact that Donny was upset was the evidence that proved to the worker that Donny was not lying. This is a simplistic interpretation of events. There is no doubt that the situation was more complex, however very little detail is conveyed to the reader so these statements stand alone as evidence.

There are also examples of file recording where more balanced perspectives are offered. However the notes are cryptic and one is still left guessing about the context of mothers' experiences and the relationship with the worker. Here is another file recording example with a more comprehensive perspectives provided, albeit still sparse with details.

*April 20, 1998 Parental Grandmother contacted agency to get custody of Joey – and complaints from another family member, some drinking but responsible adult present.*

*April 2, 2003 Call from Parental grandmother re concerns that Linda is drinking and not able to care for boys. Linda reviews plan with social worker, and if she can follow through, boys can move home in June. Jason has behavior problems, Linda struggles to set limits, Linda met with worker and son. Agreement made.*

*Worker's Recommendation for the future:*

- *Should Linda come to the attention of the CFS agency, social workers recommends that all attempts be made to support the children at home; Linda may benefit from support and education; and information on how to deal with stressors.*

This situation is reviewed again in the case study series chapter. All names are pseudonyms as already indicated. This case recording stood out from the rest in that it was more comprehensive and examined the mothers' experiences and opinions more than any of the other files. It has been offered here as a contrast to the previous file notes. In these notes, although very brief, there is a sense of exploration and examination of multiple perspectives from the worker. The worker declares a bias in a transfer notes near the end of the documentation quote however the bias is in favour of supporting the family with resources and supports. I suspect the worker who wrote the recommendation was changing jobs and ending her relationship with the family. I suspect she wanted to indicate this direction of support for the family relationships for the next worker because of her own concern that the agency bias might be in favour of apprehending the children. This is the only place in all the documentation that I reviewed for this study where the worker made such a recommendation in the file.

v) Derogatory language:

There were not many examples of actual derogatory language. However there was one example that stood out for me. The description used for grandparents who were disabled was derogatory.

*July 8, 1999*

***Grandparents are crippled**, had no phone and have trouble getting around. Boy often plays outside for a bit and comes back in – that night he did not – grandparents didn't contact Betty and John until they visited today.*

I was puzzled that this comment was in the file. Generally the language in the files was not derogatory in the way women indicated that workers often spoke to them. Language like “crippled” when referring here to the grandparents’ physical disabilities has a belittling quality. Generally the actual language descriptors were not as pejorative as this adjective; however the tone and bias frequently had a belittling and disrespectful quality. The omission of details and family members’ experiences was belittling and degrading as well. However the language was not degrading other than this example.

*The Value of File Review as a Third Data Source in this Study*

*Value of Third Data Source*      Figure 20

**Third source confirms stories**

- letters on file from doctors & treatment centres

**Third source omits details of stories**

- did not mention child abused in foster care; did not mention client needed welfare advocate to get benefits

The file records were useful in several ways as already indicated. There were several examples where letters on file confirmed aspects of what women had said. In one case where a child was in care for 4 months because of mother’s addictions, the mother had indicated that she had gone for addictions treatment as requested by CFS but that the addictions centre had said that she did not need treatment. In that case, the letter was on file supporting the mother’s story. In another case where the worker thought a birth mark on a child’s arm was a bruise, the mother had indicated that the doctor had said that it was

a birth mark. This letter from the doctor was on file. There were also other examples like this where organizations or doctors sent letters to confirm mothers' stories to workers.

The files also omitted certain details which then had to be analyzed for their credibility and probability of having occurred as mothers described. In the case study series analysis the process of assessing these details occurs case by case. However here are some examples of files that were missing information which I assessed to have occurred like the mothers described despite no corroborating evidence from the other sources. In one case, the mother indicated that the child's finger had been broken in foster care. The mother was upset that the worker would not admit that the break occurred in foster care. The worker did not remember such a detail. The file showed a letter indicating that the child's finger had been broken. There was also a note indicating that the child had a sore finger and the worker told the mother to take the child to the doctor, however there is no notation that the "sore finger", which turned out to be broken, had occurred in foster care. In another example which will also be discussed in more depth in the case study chapter, the mother was not able to get EIA benefits because of a documentation rule that the worker conveyed to her. There was a note about documentation in the file, but it was somewhat different in detail than the mothers' report. The mother indicates that the worker withheld benefits for shelter and food for 7 weeks and would only give them benefits when she involved the welfare advocate. This information is missing on the file. File documents do not always document details of the client experiences particularly if these are negative, and therefore these situations are discounted, minimized, and cannot be easily proven (Iacovetta & Mitchinson, 1998). Unfortunately, agency files frequently become legal documents, and if the incident is not documented, it did not officially occur. That puts clients at a significant disadvantage.

### *Concluding Thoughts*

In summary, file documentation was an invaluable third source of data in this study as it provided an opportunity to confirm information about the case from third sources. The files provided the record of activities and observations workers had made at the time of their relationship with mothers in the study. This offered a brief glimpse into the context of women's lives and the relationship from the workers' perspectives. Unfortunately, the context of women's lives was often described from one side or a biased perspective and therefore overlooked the complexity of women's experiences, supports and strengths. Although the tone of the file recording was generally factual and impersonal, the language was not belittling or disrespectful other than one example given in this section. One file stood out from the rest in that the worker seemed to take time to meet with the mother and examine the issues and concerned reports from extended family from several perspectives. She also made a recommendation for attempts to be made to keep the family united when she transferred to another role. It was striking how few of the notations in files were signed by workers. Every organization I have worked for has insisted that file notations are signed and the credentials of the workers are listed. I was puzzled about the lack of identification from workers. It appeared to be another indication of the impersonal relationships with families in these agencies. The context of women's lives and experience with workers were missing from files. The language was neutral but there was an example of belittling as illustrated. The tone and message was belittling and disrespectful at times. Sometimes the files as a third source are used as a confirmation of the stories from other sources, however the third source can also omit details which have to be sorted out case by case as to the possible meaning of the omission of information. The file documentation is often used as a legal document in inquests and court cases.

Therefore it is a very powerful document. When incidents are omitted, this is also very powerful but typically is a disadvantage to the clients rather than the agency. In the cases for this study, there were several examples of omissions which could be embarrassing to the agencies and these were omitted. However this simply contributes further to the marginalization and oppression of mothers in this study.

## **Chapter 7 NARRATIVES OF TWO MOTHERS' EXPERIENCES**

### *Introduction*

A case study series creates the opportunity to examine study cases individually for themes and issues raised by study participants as well as a comparison of themes across cases in the study. In this research, there are four cases with three data sources.

Yin (2003) indicates that case study research can be an illuminating way to study phenomena that may benefit from in-depth study and comparison simultaneously. He encourages and promotes case studies when there are multiple sources of data, when other variables can remain relatively steady, and when life stories can be told in an analytic and credible fashion. The focus of the research questions led to an investigation of how to tell the stories of the relationship between mothers and workers in a way that mothers' and workers individual experiences could be examined and retold.

Iocovetta & Mitchinson (1998) indicate that case study can be a powerful medium to study and expose social inequities and the complexities of personal experiences while linking these with indications of social exclusion and inequitable application of policy practices. Kirby et al (2006) describe multiple methodologies including case study comparisons as a way of expressing the experiences of marginalization in communities. By examining the data in an innovative and comprehensive fashion within sound theoretical frameworks, racism and sexism can be exposed and addressed more directly.

Salkind (2005) illustrates the importance of examining the narrative of interviewees with sensitivity and care. Narratives must reflect the meaning and expression that participants intended (Miller & Salkind, 2003). This is always important but it is especially important in research with marginalized groups. Cohler (1994) revisits the importance of the life story as a way of understanding oneself even as one is telling the

story to an interested listener. Women in the study volunteered to participate in this study specifically to tell a story about their relationship with a former social worker. While other aspects of their lives were revealed in the telling of this story, the relationship with a former worker was the focus of the interview conversation and has also become the central theme of the narratives that follow in this chapter.

The narrative from the mothers' interviews was so powerful that it became evident that these stories can and should be retold in the body of this thesis. This chapter has thus become a narrative chapter using my researcher first person narrative voice to retell the women's stories in the context of worker comments and file data. The analysis occurs by the choices of what to include and the comparison of three data sources within each narrative. This novel approach to data analysis emerged from the combination of well told stories from mothers and fewer complete cases than was originally anticipated. This narrative chapter explores two mothers' stories and the mothers' pseudonyms are Betty and Linda.

This chapter explores Betty and Linda's narratives. Their stories were chosen for further narrative interpretation because their cases had all three data sources. Their cases also illustrate some contrasts and similarities in the mother-worker relationships. Both women discussed their concerns about experiences with a CFS worker. Both women asked to be interviewed together with a sister. In both cases a child was abused in foster care. That is where the similarities end. Here are their stories narrated by the researcher in first person.

#### Betty's Story Case Study Narrative #1

I'm a doctoral student sitting in the office where I've been doing the interviews with inner city mothers. As I anticipate Betty and her sister's arrival I reflect about some of the

questions I'd had before I sent out the recruitment posters. Would women want to come forward to talk to me? What would their stories be about? Would the stories be primarily focussed on the negative experiences they had with workers? Would the complexity of women's experiences with multiple stressors come through in the stories? Today I ponder another couple of questions as I wait for Betty and her sister. Will they identify as Aboriginal? Will their stories be about the child welfare system? All the women have had compelling and moving stories to tell. But I did not set out to necessarily do research only on Aboriginal women and the child welfare system. I had imagined diverse ethnic backgrounds and a wider variety of social agencies and workers would be represented in the study. So far all the women have self identified as Aboriginal and all of them have described their struggles with the child welfare system. In some ways this is not surprising because of the marginalization which continues in child welfare which Aboriginal women have begun to describe and document. However, I was not expecting that the women in my study would be almost exclusively Aboriginal and the majority to be talking about their experiences with child welfare.

I didn't need to wonder whether women would want to come forward to talk to me. I have had women calling me almost every day since the posters were sent out. I sometimes turn my phone off because they just keep calling! Even though we have to play 'telephone tag' with a community centre phone at times, I've had no difficulty making arrangements to meet with women. They are eager to come tell their stories.

Betty and her sister Marie arrive. The sisters asked to be interviewed together because they said they would find it supportive. They live together and they indicated "we know each others' stories". Betty and Marie both identify as Aboriginal women and each want to tell me about their experiences with child welfare services. Marie is much more talkative and animated as she tells the story of addictions in the family. Their mom was an alcoholic, they have struggled with addictions, and the next generation is also battling addictions. Their dad was the one who consistently was there for them as a caregiver and provider. However, amidst the details of their stories, it is Betty's story about Donny's broken finger that I find so compelling. Betty almost didn't come today. She tells me that she has the flu today and doesn't feel well, but she thought it was important to come and tell her story. As the story unfolds, I thank Betty for coming today. She is Donny's auntie and became the legal guardian for Donny after he had been in foster care because both of his parents were unable to look after him. Marie explains that she and Betty have struggled with several addictions and other stresses like poverty. Now they are doing alright and they look after Marie's grandchildren who live with them.

It is not obvious to me in the interview that Betty doesn't talk about the addictions or other stresses in great detail until I review the transcripts later. Donny was in foster care a couple of times while Betty was caring for him and one time when she came to pick Donny up for a visit, he showed her his sore and bruised finger. Donny was about eight years old. Betty was aghast when she saw the finger. She knew that this had occurred while he was in foster care. She thought perhaps it had occurred in the foster home. She tried to comfort Donny but clearly it was painful for him. She asked the CFS case worker about the finger and he said, "oh he probably bumped himself" and she could take him to the doctor if she was concerned about it. Betty had already had her own concerns about

the foster home where he was staying, but now she was very worried. The worker's dismissive response to the sore finger did not reassure her.

Betty took Donny to the doctor who wrote a letter to CFS saying that Donny's finger had been broken. Betty looks at me leans forward and says in her most animated voice yet, "and he has that crooked finger to this day because it was never fixed properly; it's a reminder of what he's been through". Later when I examine the file, I discover the letter from the doctor about the broken finger is on file. The worker documented the 'sore finger' but did not indicate how it occurred or that Betty was very concerned about the finger. Nor did anyone document that she was also concerned about Donny's safety in the foster home until after Donny was a permanent ward and then there is a letter on file from Betty's lawyer with concern about the former foster home.

Betty explains to me that she believes Donny was getting beat up by the other kids in the foster home and that she was just never comfortable with that home. The worker I interviewed says he remembers Donny but doesn't comment at all about his relationship with Betty, perhaps because there really wasn't a relationship developed with Betty's family. I got the sense listening to Betty that she never felt like the legitimate guardian in CFS's view. She seems to think perhaps she should not even be here talking to me about Donny because she wasn't his real "mother". I can't help wondering whether this is the influence of the middle class European values about birth rights and lack of emphasis on extended family care. When women have heard that enough times from systems, it is difficult not to internalize these negative messages.

Betty's story is quite powerful and she looks and sounds more confident as she continues her story. She goes on to say that now Donny is a permanent ward of CFS and that they have lost contact with him. She thinks about him every day and wonders where he is and how his finger is. She felt that she was a good mom to Donny but that CFS was watching so carefully and they didn't trust her to begin with, so whenever she came for a visit while he was in foster care, she felt they were finding ways to build a case against her and the family so that CFS could have him as a permanent ward. *They didn't trust her to begin with...* that line stays with me and later when I review the file, Betty's perception is confirmed by this agency file documentation:

*Intervention: on July 7, I met with Betty and they said they had been trying to get Donny back since July 5 and not thought to call missing persons. Worker did not believe story although it was plausible and we had no reason to keep Donny in care. I am a bit suspicious of family and I therefore decided to keep file open and monitor, Signed, a worker.*

As I listen to Betty, there are many similarities to other stories I've heard while doing this research. The lack of trust, the lack of relationship with any worker, the multiple issues that Betty and other family members were struggling with and not able to get adequate support for; these are all themes I've heard from other mothers too. Even though the lack of effort by workers in developing a relationship with Betty and Donny is a powerful story, it is the broken finger which is a symbol to of Donny's isolation and fear in foster care and Betty's experience of being marginalized and disregarded. Their experiences

resonate with me and set the stage for Betty's final comments. When CFS went for permanent guardianship, Betty spoke with Donny's father (her brother), and said "let's fight this thing in court. I kept the cast from the hospital from the broken finger, the doctor wrote them a letter saying it was a broken finger, let's see if we can keep Donny with his family and with his people (Aboriginal community)." But Betty says that her brother was scared. He thought that CFS has too much power and they might retaliate in some other way by limiting visits or making life difficult for Donny. Betty was unsure whether she could fight CFS on her own, but she looks me right in the eye and slowly says: "that's the one thing I would do differently; I'd fight for him and I know we could win!" In the end, CFS not only got permanent guardianship but cut off visits completely with the family. The family didn't lose contact with Donny, CFS documented in the file that they did not believe it was in Donny's best interests to see his family again and they cut off any visits.

The other thing I find interesting when I interview the worker a few weeks later is that he says nothing about the broken finger, in fact, everything is so generic and non-descript for him about this family that even after looking at the file notes, he has nothing more to say. In fact, I start to feel a bit like the research I'm doing falls into that same non-descript and useless category in his opinion as he looks at his watch repeatedly, asks me when the interview will be over, and takes a short phone call during the interview. He clearly thinks that CFS is progressively responsive to low income families in the community. He believes that the only resource that is lacking is that there are never enough foster placements for young kids. It appears that for this worker in this situation, apprehension is understood as the option of choice. When I interview the worker, that is also my impression. In situations like Betty's which he is quick to label as "chronic", he is quick to generate a case for apprehending the children and moving toward permanent wardship.

When I review the file later, I noticed that Betty never had a chance to develop a relationship with anyone at CFS. There are seven contacts documented in Donny's file. The notes that are signed are all signed by different workers and some notes aren't signed at all. No one seemed to see themselves as the primary case worker and no one ever bothered to develop a relationship with Betty. Seven contacts and he becomes a permanent ward? I scratch my head and recount the contacts. Well, there are eight if you count one of the contacts had 2 notes about the same incident. There are some concerns about addictions documented, but Betty's parents seem to be a positive support where Donny can stay at times. But the workers twist that at some point and say that Donny is staying with the grandparents so this is evidence that Betty isn't looking after him anyway so he may as well become a permanent ward! I think that's an example of abuse of power. Betty's decision to involve Donny's grandparents as a support could have been interpreted as a strength but is twisted to be evidence of a deficit. This documentation is used for court to develop an argument for permanent wardship with CFS! That's a lot of power workers have. Betty and her brother felt defenceless against workers and a system with that kind of power. This is partly why this story stays with me long after Betty smiles as I give her a glass of water before she leaves. She graciously thanks me for the opportunity to tell her story.

Donny's family members miss him and they have been silently grieving his loss. Sometimes they wish they had fought harder but they know what type of system they were fighting so they thought it was hopeless. Today I might not have even heard from Betty because she's not sure whether her years of being Donny's legal guardian even count. I wonder whether that's partly because she was so discounted by the workers and the CFS system. I tell her that her story absolutely counts and that she is certainly eligible for this study about mothers with multiple stressors. She talks a little more about some of her other observations about resources that women could use in the community and changes CFS could make like even showing families the foster home so that they can be reassured about where their child is and know that he is being cared for. She slips away quietly as she leaves the interview and disappears back into the community. However her story about Donny, her own life of struggle with addictions, and the difficulty developing a connection with anyone whom she experienced as supportive when she was caring for Donny are being retold here. This is a way of exposing abuse of power and work toward more respectful and equitable experiences for families in Aboriginal communities.

#### Linda's Story; Case Study Narrative #2:

Linda was also interviewed with her sister. This is a story of Linda and her 3 young boys who were in and out of foster care several times. The oldest boy, Joey was approximately 18 years old when I interviewed his mother, Linda. She indicated in the narrative that he is currently missing and had not been found. He had been missing for one year at the time of the Linda's interview for this study. To my knowledge he has still not been found. The details of Joey's life unfold in Linda's story.

Joey is the oldest of Linda's boys. When they were seven, five and three years old, they went into foster care for the first time. Linda admits that she had trouble managing the boys because they had some behaviour problems. 'They were a handful' she says. But Linda doesn't quite remember the details of what happened when Rhonda became her worker. Linda said that one big stress was her own struggle with alcohol and drug addictions. Linda had one bad experience after another with CFS workers. She said: "the workers just didn't seem to know where I was coming from; I felt like I was being rewound and played and rewound and played again by the workers. But I always took care of my kids, it's just that my family would tell stories to CFS and then they'd believe them over me and that's the way it was. I told the CFS that if they had my boys in care, they had to keep them together in the same placement or they'd get sick from loneliness. We're a really close family and I didn't want my kids separated. So they never separated my kids. If they didn't listen to me, I'd go to the big cheese right over their heads to the supervisor".

And then Rhonda, a new worker came along. She listened and said, "well, sounds like you really tried and the kids want to be with you so that's a good sign". No worker had ever talked to Linda like that before! No worker had been so positive, understanding and supportive. Rhonda helped Linda get her kids back and keep her kids at home. "If I wasn't doing well, I'd call her and she'd always figure out a plan with me so that I could keep my kids with me".

There is one difference between Rhonda and the other workers that stands out for Linda. Her mother died a couple of years earlier. Rhonda was supportive with that too. "Like CFS was still watching me then but I told her, you know, I need to take the kids we up north because they took mom home (to northern Manitoba). The other workers wouldn't have let that happen. But Rhonda was more like, she knew what she was doing and you know, how to handle stuff, like she was firm. So that was great about her. She laid out the plan of what to do if we weren't doing well, and we did it!" Linda had told me earlier that when her dad had died a few years earlier. The worker involved with Linda at that time had not let her take her boys to the funeral up north and that was the most stressful thing she could recall with a worker. Family is very important to Linda and funerals are an important way of saying good bye for her. Now she wanted to make sure the boys could go to her mom's funeral even though it involved travelling, family stress and being away from her supports while she was up north.

Today, Linda's main concern is that her boy Joey is still missing. He has struggled with many things and had been off doing his own thing a lot as a teenager. She was worried that he was getting involved with drugs and gangs. She knows that he had showed up at an extended family member's place and picked up his jacket and then said good bye and has not been heard from since. That was nearly a year ago. She fears the worst but won't tell me what that is. However, I imagine the worst as well. She talks about her sadness and concern as a mother. She's had so many stresses making ends meet and dealing with conflict in her extended family, but she is pleased that she was able to have the boys together at home with her during their pre-teen and teen age years. She still has two teens at home and Linda is now fostering a 2 year old. She had sort of forgotten how much work a 2 year old is and she explains that it 'drives her crazy' but there is a new kind of life and energy in the house. The two year old also keeps them distracted from their worries about Joey. When the 2 year old went home to his biological family for a visit at one point, her teenage boys kept talking about how quiet it was without him. She said: "we are all very attached to him". Relationships are very important to Linda and the family members are all strongly connected to each other despite the struggles they have been through. Linda's narrative is not long compared to her sister's story when I review the transcript, but it is powerful. I look forward to the meeting with her worker because this is the first positive story of a relationship with a CFS worker that has been told in this study.

When I make arrangements to meet with the worker, I'm thinking that the discussion will hold the usual discussion about Linda's multiple stresses, resources that were offered, and a mixture of concern and support offered by the worker. The relationship with the worker was very positive from Linda's point of view, so I could have anticipated something more exceptional upon meeting Rhonda, but this was a bit of a surprise. Rhonda examines my notes from the file and says that she remembers Linda and her boys very well. As a researcher, I'm glad to hear that. Then she tells a moving story about a case she inherited when she started that job. She discovered that Joey and his brothers had been sexually abused in CFS foster care. Rhonda and her supervisor had to decide what to do. Rhonda advocated for placing the boys back with their mother because "those boys had been through enough already." The boys were quite attached to Linda, according to Rhonda. They wanted to live with their mom even though there had been a lot of conflict at times.

And Rhonda says sometimes she thinks the boys looked at their mom and wondered, 'can you do this?' Despite the boys' behavior problems, "Linda wanted to parent them and so I made a commitment to help them," the worker explains. I was surprised that Linda had not mentioned that the boys had been abused in foster care. According to Rhonda the abuse in foster care was a central reason that the boys were placed back with their mom and extra efforts were made by Rhonda to support the boys at home. I think that all families deserve this extra support from workers, but presently, the system is not funded or organized for that to be possible.

Rhonda explained to me that the boys deserved something safe and better than what they had been through. She saw enough of a commitment from Linda that she believed she could develop a relationship with Linda and support their family to be reunified even though there were some challenges with that plan. When I reviewed the transcripts later, I wondered whether Linda had known about the abuse in foster care. However Rhonda and the file referred to a meeting with the supervisor where plans were made to move the children back home. The file does not mention the abuse but Rhonda described the children's abuse in foster care as a central reason for that meeting. The three adults made a plan so that the boys could be supported at home. I thought that perhaps Linda may not have mentioned the abuse due to Linda's preoccupation and worry about Joey's disappearance.

Rhonda remembered this family quite clearly and in quite a lot of detail beyond what the CFS file notes indicated. She comments about the challenge to develop Linda's trust when they were developing a relationship. Rhonda believes that her own sense of humour, her persistence, and her belief in Linda's ability were key factors in relationship building with Linda. And Rhonda says she did not judge Linda and Linda seemed to appreciate this quality.

Rhonda says that Linda was a bit intimidating at the beginning because she was so angry. Rhonda felt a bit afraid of her. But Rhonda just kept reminding herself that this was probably just because Linda had been through so many workers before her. Many of those relationships with workers had been very negative. So Rhonda simply listened and followed through on all agreements to develop that trust. Linda had not taken long to see that this was going to be different. This was positive and something real. It took almost a year of following through on a detailed plan for Linda and her boys for them to be reunited. The support from Rhonda was going to be there through crises and struggles. The boys were a bit older now so the boys were less vulnerable but the behavior problems were not easier. Rhonda describes Linda's strengths as reaching out for help when she needed it. Linda was honest, resilient, creative and she was attached to her boys. Rhonda and Linda's relationship developed to the point where Linda would call Rhonda during a crisis and say that things weren't going well. Rhonda knew that a call from Linda usually meant that she had to move fast to go visit and develop a plan with Linda. Linda had told me earlier that Rhonda had always figured something out so that she could keep her boys with her. And Linda had also said that Rhonda was very clear and firm about her expectations. This must be what Linda was referring to.

Rhonda kept working with Linda and her boys. And at one point Rhonda says that Linda even began to anticipate crises so that plans could be put in place so that a full crisis could be avoided. It seems that Linda's coping skills and parenting skills were developing simply by having a worker who took the time to meet, discuss and plan together. There were a couple of times that the boys did need to come into care for a very short period because the crisis was so difficult and supports were not available from extended family. However, these foster placements were only a few days until "Linda got back on her feet" and then the boys were placed back with her. Linda was struggling with poverty, boys who didn't listen, boys who were getting involved in gang activity, and extended family disagreements that she found frustrating. Rhonda's account focused a lot on her relationship with Linda and her efforts to figure out ways to support Linda and the boys to remain united. Rhonda alluded to Joey's personal struggles with getting discouraged, getting in with the wrong crowd and landing in the youth centre. Rhonda also knew about Joey's disappearance which she was aware of even though the family had no file with CFS at the current time. My impression was that Linda had called Rhonda to tell her that Joey was missing.

It wasn't until I read the file that I developed a fuller appreciation for the difficult life Joey has had. The first time Joey was suicidal was approximately 3 years before Rhonda was involved. There was no assessment at the time of what circumstances might be causing his reactions. The file notes are certainly very cryptic. One has to guess at a lot of the contextual circumstances of people's lives. Linda embarked on a plan to prepare for the boys being placed with her after they were abused in foster care. The children's abuse in foster care is not documented in the CFS file. However, when Rhonda, Linda and Rhonda's supervisor met together, they made the plan to move the boys home in about half a year after Linda followed through on some counseling. As planned the boys moved home. Linda had an addictions struggle 3 months before the boys are to move home, according to the file. Rhonda consistently saw this as part of the process of recovery from addictions, and reviewed the plans, supports, and options with Linda, who presumably followed through with the plans. I say 'presumably' because those details are missing in the file.

In the research narratives and in the file, Joey's life seems to slip into the background very easily and get lost in the shuffle of arrangements, multiple stressors, and everyone's silence about the effects of abuse and other power inequities. Joey and his brothers were seeing a psychologist. The first time we discover this is in the file when the psychologist writes a transfer summary when the boys are placed back home with their mom. There is nothing in the report summary about the boys. The focus is clearly on the mother's problems. Here are the issues the psychologist lists:

*Identified problems:*

- *Linda's Chronic Alcohol problems and denial*
- *Linda's inability to take responsibility*
- *Linda's history of violent relationships*
- *Linda's history of unwillingness to accept agency help*
- *Linda's inconsistency in contacting the CFS agency*

- *Linda's inability to understand the children's needs and meet them*
- *Linda's own admission that she is jumping through hoops to get the children back*  
*Signed Joey and Jason's Child Psychologist*

The children's psychologist does not seem to be in support of the children moving home. It is unclear how she came up with this assessment of Linda's parenting. This is an example of mother blame. Without any information about the psychologist's relationship with Linda or whether she did a family assessment, she focuses on Linda's deficits. Some of these issues appear to be untrue or in very stark contrast to what Rhonda indicated. For example, "unwillingness to accept agency help" and "inability to take responsibility" are qualities that are in direct contrast to what Rhonda indicates are Linda's strength as a mother.

The comment "jumping through hoops" is an interesting observation by the psychologist. I had wondered whether this was a cross-cultural misunderstanding. Many Aboriginal women have talked about the process of dealing with child welfare agencies as "jumping through hoops". There is a new report about Aboriginal women and child welfare with "jumping through hoops" in its title (Bennett, 2009). The meaning is that Aboriginal women are asked to take many parenting classes and follow through on numerous courses and support groups. They sometimes describe this as a process of "jumping through hoops" to get their kids back. That comment by the psychologist has been documented in a way that could suggest that Linda is not genuine in her commitment to parenting the boys.

In contrast to the psychologist's report, Rhonda makes some suggestions in the file when the boys are placed back home with Linda. This is her summary in the file:

*Worker's Recommendation for the future:*

- *Should Linda come to the attention of the CFS agency, social workers recommends that all attempts be made to support the children at home; Linda may benefit from support and education; and information on how to deal with stressors.*
- *Jason and Lionel have spent a great deal of time in care and every effort should be made to support these children in the family – they are well connected to family and community.*  
*Signed Rhonda (Worker)*

*File Closed.*

It is interesting that Rhonda closed the file after the boys were placed with Linda because the majority of Rhonda's discussion in her interview is about the work they did together after the boys were placed at home. At one point I thought perhaps the agency insisted that the file be closed since there are no immediate protection concerns. Or the other possibility was that Rhonda was changing jobs because she has written the transfer

summary as if other workers might get involved. However, there are notes in the file after that when Linda called for assistance from Rhonda so that does not seem to be the case.

The file does focus on Joey's experiences more than Linda or Rhonda do. Joey's story seemed to continually get lost in the many details of this case story. Joey's frustrations are exhibited in behavior problems. And these behavior struggles turned into getting into trouble with the law and he was assigned a probation officer three months after he moved home. He and his brother were also sent to the children's mental health centre for an assessment at that time. There is no documentation in the file until a year later when this note appears. Unlike previous notes and discussions, Rhonda's in this note has much more concern for risk for Joey and those around him:

September ..... Joey is now 15 years old. He needs a place to stay. Paternal Grandparents home is not an option. His brother, Lionel is doing very well. Linda is supportive. Worker recommends Psychiatric Assessment for Joey. Is he hallucinating? Joey lashes out at the parents a lot, accuses them of abusing drugs, very very angry boy. Joey fails to comply with probation and is sentenced to 3 months. Joey seems paranoid. His general mental health is not good. Upon release from detention, he is not to go home, and he says he does not want to go home. Signed, Rhonda

After this, the file continues to document a secluded, withdrawn boy who is afraid of others but other people are also afraid of him. He has outbursts and there are several more notations about his paranoia. I think again about Joey's story as I review the rest of the file. I think about Rhonda's discussion of her attempts to build a supportive relationship with Linda and her boys. I think about Linda's struggle with the child welfare system prior to Rhonda's involvement, but most of all, I think of Joey. Where is he? How did he get lost in the details of the multiple stressors and difficult circumstances in this case? What could have made a difference sooner to his identity, wellbeing, and options for participating in his community?

Then I think about Linda's deep sense of loss and worry about Joey, now and always. How does one parent a boy who is so withdrawn but has so many behavior problems at the same time? What will make a difference to him so that he finds his way in the community? These are difficult questions because they are not only about parenting Joey, these questions are about poverty, the rebuilding of positive identities for Aboriginal youth, creating educational and employment opportunities for Aboriginal youth, and offering positive supports to Aboriginal families throughout their lives, not just when the protection system has let them down.

I think about Rhonda's comments about the CFS system. She is remarkably candid about her criticism of the system in which she is now a supervisor. "Our system doesn't allow us to support families with children at home right now. Our CFS system does not promote working from a strengths perspective; often that was not allowed in the paperwork." She goes on to discuss what happens when a case goes to court for permanent wardship. "Women just don't show up in court and then things are consented to that might not have been consented to if they were represented by a lawyer. People have been wronged," she says. "We can't take that away from them." She is referring to the oppressive historical

experiences of Aboriginal people and the experiences Aboriginal people have had with CFS.

Rhonda has many concerns about the lack of support for workers in CFS. "Caseloads are too high, crisis after crisis...no time, even though my relationship with Linda was kind of ok, I could have done much better with more time and resources. We could help women make those transitions to other resources and support systems but we have no time for that now." She also has concerns about resources for women like Linda in the community. "Day cares are too full, fees are too high, housing is deplorable. I think there is racism in our systems when people look for housing and in our (CFS) system in how we talk about families."

I am obviously impressed with Rhonda's story of support for Linda. She can see it in my face. So she says: "But if something horrible had happened, we'd all be sitting here talking about how I should not have been so strength focused and focused more on risks". When I see this comment in Rhonda's transcript, I think she is commenting on the scrutiny workers often experience about their decisions at inquests and in the media. Being a CFS case worker is clearly a difficult, contradictory, if not impossible role.

As I sit in the office waiting for the next interview for my study, I reflect on Linda's story. A missing child is hard to imagine. The struggle with systems that twist your words or rename potential strengths as deficits is a problem. Some of the differences in how Rhonda took time to develop a relationship with Linda are quite striking when compared to the previous case study narrative where no one bothered to connect with Betty.

In the first story, no worker identified any of Betty's strengths. In the second story, another professional focused exclusively on concerns about Linda's parenting however she is not Linda's therapist. Rhonda identified Linda's strengths which became important in organizing the crisis plans. Abuse of children while in foster homes is an issue in both stories. The workers intervened in different ways in the two stories. The first worker minimized the issue and dismissed the mother's concerns. Rhonda, the second worker, who had developed a relationship with Linda was also much more comfortable sharing details of the case story and discussing her observations about the child welfare system in general even though she was critical of the organization. The worker in the first story was less interested in being interviewed and discussing the case, and much less critical of the child welfare organization than the other worker. The two mothers' experiences of their workers is reflected the worker's descriptions of their role and involvement with the women. Betty and Linda were very articulate and detailed about their experiences.

In both stories, children had been abused while in foster care. While children's welfare and safety is central in the CFS mandate, there seems to be a double standard when the abuse occurs within a foster home. These details are not documented in the file or investigated (according to the file documentation I could obtain).

I had discussed the issues of gender and ethnicity with mothers in this study. Three quarters of the women in this study had no preference when it came to gender and ethnicity of the worker. What they wanted was to be listened to, treated with respect, and

taken seriously. I have wondered about me as the researcher being a non-Aboriginal person doing research with Aboriginal women in this way. Clearly I am in a power position as a white, educated woman, but the women seemed to see this as an advantage because they were able to tell their stories of concern and have these issues documented by someone from the University.

The women in the study were very pleased that their stories were being heard. Their concerns are being listened to and documented in this research. The changes they hope for may not occur immediately, but this is part of the process for identifying concerns and changes that are needed. Linda highlighted her experience of participating in this research when she made some concluding comments about positive supports in her life. Here's what she said:

*At like the Community Resource Centre, those women are very very supportive. Like that's where we were yesterday. That's where we got a hold of you. I was sitting and it's like really comfortable there too. It's like a housing complex, it's not like an office building like this. It's like a townhouse and the atmosphere is just comfortable. Sometimes when I go there I think I'll just go have coffee and use the phone and then I end up sitting there for hours. So it's nice to have a place to go. This is nice (referring to this research interview). Everything sounds really good actually. I actually feel nice. A little lighter. I feel better. Yeh. This is the first time we've been in what you call an interview like this together.*

These narratives illustrate the fear women experienced when involved with CFS agencies. It was difficult to trust workers, agreements and anything related to the agencies given the untrustworthy history between CFS and Aboriginal families. Mothers were unsure of whether to trust another worker because their experiences had not been positive. Relationship building efforts by workers appear to be necessary and essential to develop working relationships so that families can be supported in offering child care and caregiving to their children. Mothers were struggling with their own addictions and inadequate personal supports in these scenarios. However, they had parenting skills and a desire to parent. In both cases, there was also an attachment or a connection with their children that could be seen as positive and could be fostered by agencies involved.

Workers would need to see themselves as advocates for mothers as Rhonda illustrated with her role in assisting the family to be reunited.

Emotions in both situations were intense. Mothers felt strongly about their children and their history with workers. However, in one situation, family members' motivation and desires were quickly squelched by legal efforts by the workers to move toward permanent guardianship. In the other situation, the worker got involved in the emotional complications of reuniting family members. She had to continue to advocate for the family's reunification even after the mother had followed through on all recommendations and family members were reunited. There were still concerns about the decision to reunite the family because the boys continued to have problems. Other professionals continued to question the mother's competence and wanted to (re)blame her for the boys' struggles. The worker walked a challenging professional line of advocating for the mother and boys to remain united, while also keeping the wellbeing of the boys central.

These two narratives illustrate a contrast in experiences with formal supports like CFS workers. Many women in the study spoke about the contrast in the support they received at the Community Resource Centres and the experiences they had with child welfare and economic security workers. The contrasts between mandated and non-mandated agencies will be explored further in the next chapter. The next chapter also examines the mother- worker relationships in a wider context of agencies, funders, and social values.

## **Chapter 8 – INVOLUNTARY CLIENTS AND A MULTI-LAYERED ANALYSIS**

### *Introduction*

This chapter examines the findings in a broader social context. Mothers reported that their experiences with mandated agencies were more problematic than the positive support they had from community resource centres. An analysis of the dynamics of mandated agencies follows. In mandated organizations clients are involuntary and power is awarded to CFS and EIA staff and managers. The features of mandated agencies are compared to non-mandated agencies based on the reports of mothers and workers in this study.

In addition, the study findings are presented in an integrated model which examines mothers', workers', agencies', and government funders/leaders' roles and how power is exercised. Mothers' and workers' relationships are analyzed in a broader context of social values and practices. Each part of the model is discussed and the relationships among these factors are analyzed. The exposed power dynamics relegating lone mothers with low incomes to be continually marginalized and invisible are central themes in this analysis.

### *Researcher's Comparison of Mandated and Voluntary Agencies*

The mandated CFS and EIA agencies had a great deal of power in restricting resources and opportunities for lone mothers in this study. Mothers had many negative experiences with mandated workers and agencies. Even if the women approached the agency by choice for support, several women explained how suddenly, they were being investigated and accused of things that were not true. The women described wondering how these accusations had come about and this was frequently not explained to them by

the workers or anyone from the agency. Many of the women found support from family, friends or local family community centres to assist them in communicating with the mandated agencies. Therefore, what seemed to emerge from the women's experiences was a dichotomy between mandated and non-mandated services.

The women's experiences with non-mandated agencies also became part of the discussion in this study. The differences between mothers' experiences with non-mandated and mandated agencies are illustrated in Table 29. From what women described, mandated workers can be a source of support and a source of stress in their lives. However, the experiences with mandated agencies were identified as more consistent sources of stress, despite an individual worker who might have been supportive. The themes identified in the table comparing mandated and non-mandated agencies were chosen by the researcher. These themes emerged from the data.

Women felt they had a choice and felt respected in the community centres and therefore, often relied on the centres for positive support to cope with distress in their lives. Frensch, et al (2005) had similar results in their study of families' experiences with different types of workers and agencies. In child welfare, workers were often in investigative roles; while in children's mental health, workers were often the first supportive people to understand the meaning of children's behaviour problems and offer resources (Frensch et al, 2005). Their study also found that parents often reported feeling blamed and not understood by their workers.

**Table 26**

**SOCIAL AGENCIES: Differences between Mandated and Non-mandated Agencies**  
(interpretations by the researcher from data emerging from interviews and files)

<b>MANDATED</b> (EIA & CFS)	<b>NON-MANDATED (Voluntary)</b> (Community Resource Centres- CRC )
Women were not choosing to participate	Women chose to participate
Women felt judged	Women felt accepted
Resources not available or useful	Women received a variety of resources (info, practical, advocacy, child care)
Women often experienced workers as disrespectful, judging, & aggressive.	Could visit centre, check out resources & Workers; trust built slowly as woman is ready
Children often removed (even overnight Until workers got the facts straight)	Variety of supports, including break from kids, talking with women; info, practical ..
Needed advocates to make themselves heard at times;	Received advocacy support to deal with mandated agencies;
When workers were supportive they listened, didn't judge, were clear & firm re expectations	Workers built relationships with mothers; mothers volunteered at CRC, were on boards, developed skills
Women generally wanted fewer of these services although identified that more resources / smaller caseloads are needed if these services will continue....	Women requested more of these services, indicating that they feel safe, can use resources at their own pace, and can get support for so many of their practical needs
Crisis oriented	Preventative, support services, advocacy,
Legislated mandates & funding	Funding less stable; programs cut from time to time with changes in gov/ priorities.
Clear hierarchy of professional workers & clients	Community members are involved as clients, volunteers, staff & board members.
Social Work role: Supports legal mandates & social policing of these mandates (eligibility/appropriateness and other gate keeping of resources)	Social Work role: Support cultural esteem, self determination, & community capacity building.
Social Work actions: children removed from families; basic needs \$ or children withheld if policies not followed.	Social Work actions: provide support, advocacy, respite, and prevention of long term problems.

Rooney (1992 & 2009) indicates that the role of social welfare agencies is twofold. Social welfare is an effort to alleviate suffering and protect society. This dual commitment can create dissonance and frequently results in involuntary clients who are on the margins of society being legally mandated to behave in particular ways which are perceived to be “for their own good”. This patronizing approach, according to Rooney

(2009), runs the risk of using social power to coerce and pressure people. When the service providers accept and understand the power society has given them, they can be more vigilant to acknowledge that power, they can be more careful to respond respectfully to clients' oppositional behavior as a natural response to coercion, and they can specify the limits of that power as a way to clarify carefully what specific changes need to occur to regain voluntary social status. The complication is that frequently, this level of practice clarity does not occur at the front line, according to Rooney (1992), and mirrors a parallel process of power inequity between practitioner and supervisor, supervisor and organizational management, and the organization and policy makers. This power inequity reflects social values that emphasize individual responsibility for pathology or personal struggle regardless of whether the issues are socially and contextually created. The intrusiveness and power that agencies exhibit exerts pressure on clients to behave in ways they may not understand or agree with. It also risks redefining client problems to fit mandates rather than attempting to understand individuals' situations within a social or community context of values, socio—economic inequities, and practices through social policies and legal applications. Rooney (1992 & 2009) suggests going beyond awareness of the power dynamics to an individual and organizational audit of power dynamics on a regular basis. The purpose of such an audit is an effort to restore understanding about the effects of race, class, gender, socio-economic status, psychological diagnoses, previous agency experiences, and opportunities to access resources. This understanding could then translate into more equitable and respectful practice in social welfare agencies, particularly when they wield legal power to pressure clients to make behavior changes. Rooney's (2009) approach

reflects the work of Gough et al (2004) who explore a social structural analysis of insecurity and welfare regimes across numerous countries and government structures.

Mandated agencies were identified in this study as more coercive and judging by women than non-mandated agencies. Mandated agencies did not appear to be fully recognizing and addressing the socio-economic power inequities that their Aboriginal female clients were experiencing. The mothers felt pressured, misunderstood, judged, and without choices. This led to an adversarial relationship, not only initially, but such conflict and negativity in the worker-client relationships seemed to continue until women happened to have a relationship with a worker who took additional time to listen, understand, and look past the initial frustration and anger women expressed. The concerns that mothers' raised will be integrated more fully into the final analysis examining power dynamics at the interpersonal and systems levels.

#### *Review of the Results: A Multi-layered Systems Analysis*

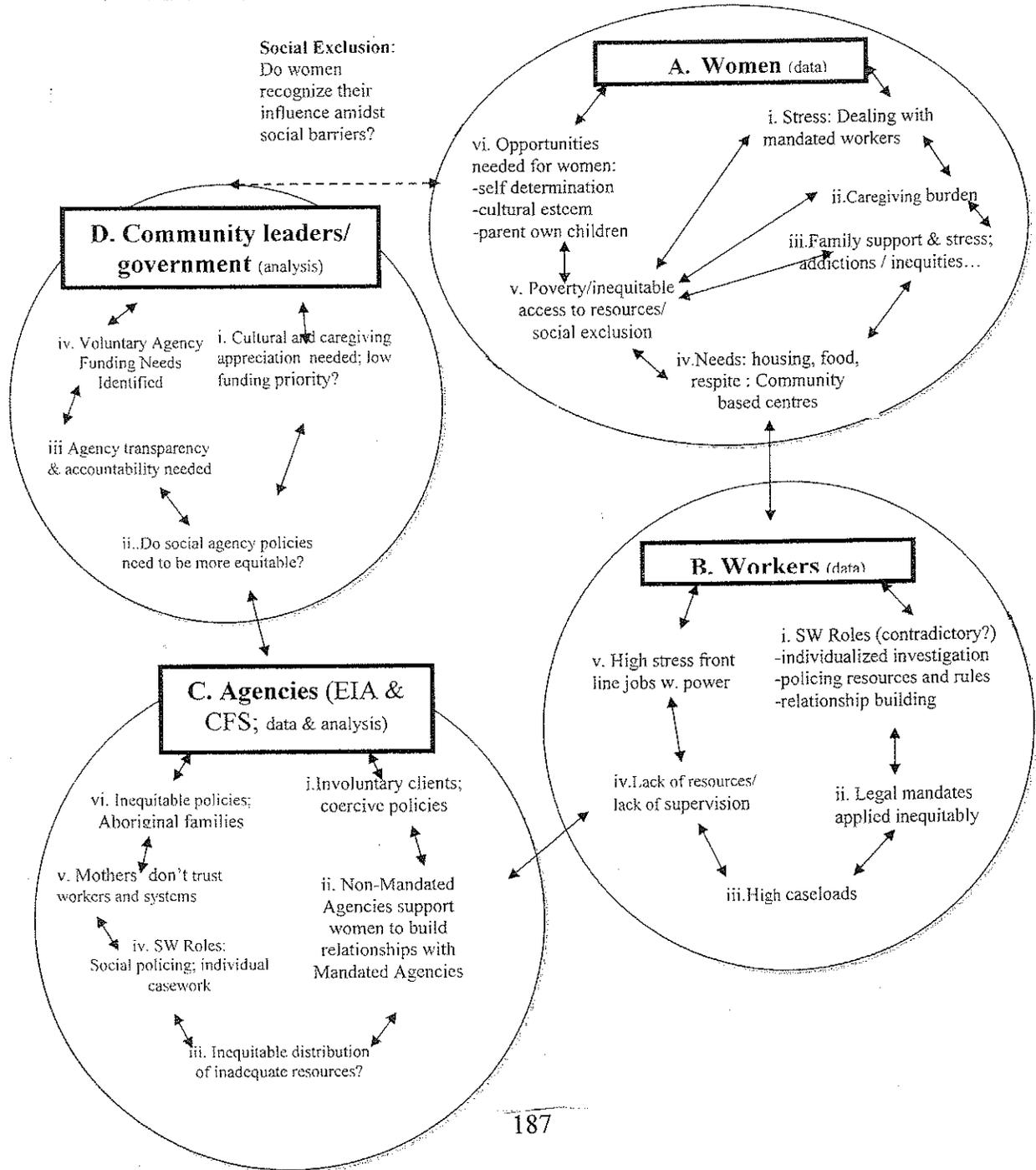
A comprehensive model of the data findings is presented here. There are four central components or systems identified in this model. The four components represent groups of people involved in this issue. These are: women, workers, agencies (run by people), and leaders (including government/funders/ community leaders). Issues and concerns were raised by mothers and workers in this study and the model organizes some of these perceptions illustrating how these issues are inter-related. As the data from the women, workers and files was reviewed and analyzed, it became evident that the experiences of individual women and workers occurred in the context of an agency setting which had specific expectations and barriers. The agencies were also set in the context of a funding and government structure. The policy and funding analysis is brief and an analysis which needs more research and exploration than was possible here.

The four systems which are examined in this final chapter provide an overview of the micro and macro level systems which are explored in this study. Micro systems refer to individual women, families, individual workers, or a relationship between a mother and a worker. Macro systems refer to organizations like the EIA or CFS agencies, the community represented by its leaders in government, or social priorities and values represented by social policies. This study has explored multiple stressors and multiple layers that influence the relationship mothers have with their service providers. There is an interaction of many factors which have an effect on women's concerns and potential strategies to address such concerns. A preliminary examination of potential strategies has led to questions which can create a direction for further research of these issues. The following illustration is an overview of the entire model. This is followed by a more detailed analysis of each part of the model.

An overview of the chart illustrates that multiple issues were identified by the women and workers. Systems frequently reinvent themselves only to remain the same (Rooney, 1992). This truism becomes more evident when examining the values, funding priorities and organizational priorities of the agency and government systems. While the women, workers, and agency files provided the three data sources, analyses of their observations formed the discussion about the involuntary features of social agencies and funding priorities.

Figure 21

**Macro and Micro Level Systems Analyses**  
**Multiple Stressors, Multiple Layers, Multiple Strategies**



The issues raised in this illustration have already been discussed in a variety of ways in this thesis. This overview illustrates how systems and the issues raised interact. This interaction model shows links among themes which emerged from the data. However, causal relationships are beyond the scope of this study and require additional attention in the future.

Exploratory qualitative studies may uncover a variety of issues and themes. In this study, the participants were asked to reflect and discuss a relationship with a former worker which stood out to them. Because 96 per cent of the participants were Aboriginal, examining Aboriginal culture and oppression in historical and social contexts became important to the analysis. Aboriginal colonialism is a current issue when one examines the effects of the mandated organizations in this study. The women chose to speak about their experiences with CFS and EIA instead of social workers from other agencies or treatment centres and therefore the mandated agencies became a central focus of the study. After reviewing the mothers' and workers' observations, it does not appear to be accidental that mothers were most concerned about expressing their experiences with mandated agencies which had exerted an enormous power in their lives. Mothers' experiences were the foundation for examining other factors in the study including individual and aggregate experiences of stress, support, power, social inclusion, and gender and racial inequities. What follows is an examination of each system in the model.

The first system discussed here is a summary of women's experiences of caregiving, of social inequities, of coping strategies, identified needs, and some resulting implications.

### *Women in the Study*

Women were the first source of data in this study. A review of the stressors and supports that women described, illustrates that there are three central sources of stress and three central sources of support. The most frequently identified source of stress in women's lives was their struggle to deal with workers from the mandated agencies identified in this study (EIA and CFS). Apprehensions of children, waiting for basic needs money, and the aggravation of the power dynamics in both organizations was very frustrating for mothers. They often felt judged and degraded as a result.

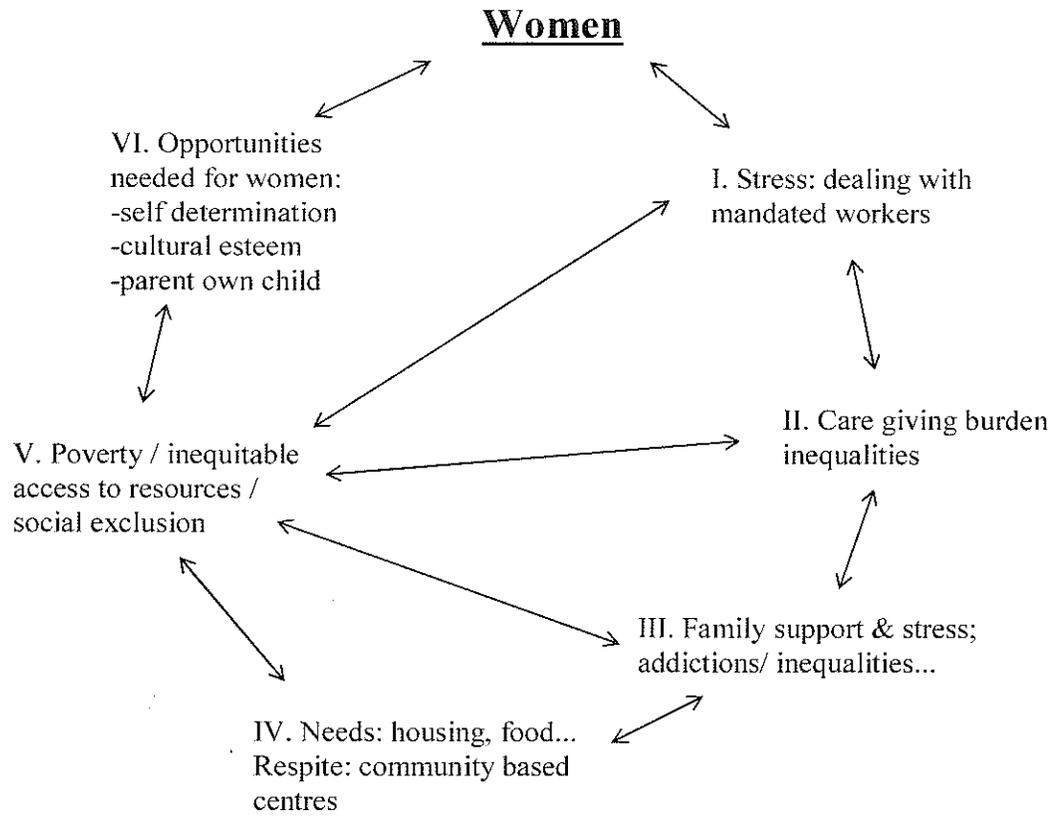
A second stressor identified by mothers' was the caregiving burden while in poverty. This included parenting alone, not having reliable child care support, and frequently also looking after extended family members who were ill or dying. A third source of stress was reported as the addiction challenges they experienced. Addictions were a personal challenge for 65 per cent of the mothers in the study. However it was also identified as a struggle for family and friends by 61 per cent of the mothers. While family and friends in the community were also very important to the women as a source of support, there was sometimes an unpredictable quality to the support which meant it was also a source of stress simultaneously for mothers. Some women also described the difficulty with addictions in the community which frequently became a source of stress for them as they were parenting on their own and seeking a break from the caregiving burden. Community resource centres and other agency supports were also identified as consistently positive supports by women. Difficulty accessing adequate housing, food, money, transportation and safety are issues often associated with poverty (Raphael, 2007). These basic needs were identified consistently by mothers in this study as outstanding needs for many women in the inner city.

The three central supports women identified were family, friends, and voluntary agencies like the community resource centres in their neighbourhoods. Advocacy from family and the resources centres was essential to assist women in accessing resources from CFS and EIA (mandated social service organizations).

Boss (2003) indicates that stress factors for women can be ameliorated by positive support, however, when stress piles up without adequate support, coping mechanisms can disintegrate. Marmot and Wilkinson (2006) indicate that stress affects coping and health. They also warn that individualized approaches to ameliorating the effects of stress in oppressive circumstances can create additional burden and blame victims of violence or social inequity.

Many of the women discussed how difficult it was to cope with addictions when they felt particularly judged and excluded by not being able to parent their children and feeling like they could not participate in their family's futures.

Figure 22: Women



Kline (1992, 1993) addresses the importance of opportunities for self determination and positive connections to Indigenous culture as strategies for challenging social oppression. This can occur by supporting women to parent their own children, having an understanding of cultural values included in child welfare policies and practices, and by broadening society's notions of caregiving to include a variety of models so that women are not solely burdened with responsibility for their children, particularly when they live in poverty or struggle with health issues. Kline (1994) directly links the effects of colonization to the high rates of Aboriginal children in foster care, poverty, and the high rates of addictions in Aboriginal communities.

Raphael (2007) and Brubacher (2006) also make links among these issues and call for community-based services that directly advocate for and support self determination, rebuilding positive cultural identities, and community development strategies which support existing strengths and identify opportunities for empowerment. Blackstock and Trocme (2004) illustrate the disproportionately high number of Aboriginal children in child welfare's foster care in Manitoba (more than 70 per cent) while less than 30 per cent of the family support resources went to Aboriginal families. They indicate that such inequality may be linked to priorities in agencies reflected by social values and funding structures.

The women's primary contact with mandated agencies was through their relationships with front line case workers. This mother- worker relationship was the inspiration and focus of this study. Women are involved with EIA and CFS agencies as involuntary clients, according to Rooney (2009) because they have not chosen poverty or the multiple stressors in their lives. The women have also not chosen to access support from mandated agencies in many cases, which are essentially providing service as a social

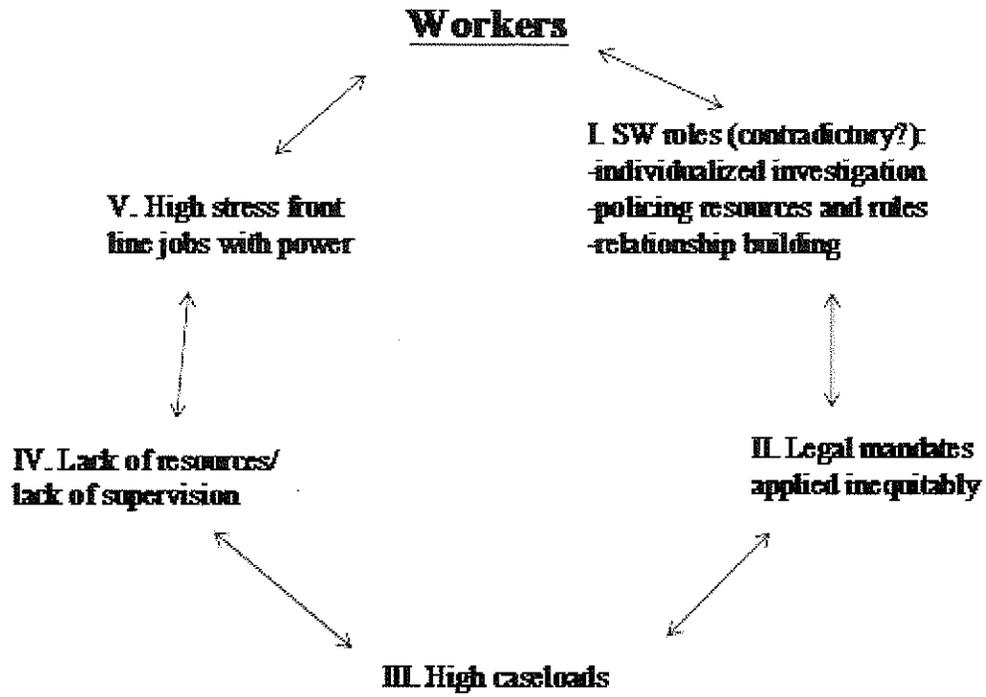
requirement without choice for their clients. Even when they approached these organizations for resources, the women described feeling judged, put down, and deceived. The workers' relationships with the women sometimes reflected the organizations they represented. The workers' experiences, observations and roles are examined here.

### *Workers in the Study*

Workers discussed their roles, frustrations, and observations. Unfortunately, only five workers were contacted. However, this was due to road blocks from the organizations the workers represented as already discussed. Workers in EIA and CFS are still delivering services through individualized case work roles. This means they have no mandate outside of the presenting problem of either financial assistance eligibility or children at risk for abuse or neglect. Their roles were specifically designated to investigate the experiences of clients related to these mandates. Contextual or social contributions to these presenting problems were considered unimportant.

By this definition, social workers' roles could be defined as policing parenting and policing use of financial resources. Several workers indicated that the rules and policies are clear but that there is some leeway in applying these rules depending on the flexibility of supervisors and creativity of workers. In addition, all workers indicated that relationship building was a primary ingredient in client success on their caseloads. Without a positive relationship workers felt that clients did not trust them and they could not offer services that clients understood or accepted. When clients did not trust them however, this was often interpreted as a client problem not an organizational or worker problem.

Figure 23: Workers



Rooney (1992 & 2009) suggests that the case worker's role is complicated and contradictory. He indicates that workers in mandated agencies inevitably have adversarial relationships with clients at least initially because clients' participation is involuntary. Clients are frequently perceived as the problem and workers have the role of alleviating the client's suffering while protecting society. The agencies tend to emphasize protecting society and client variables such as race, gender, socio-economic status and psychological diagnosis are often seen as inconsequential.

Rooney (1992) also identifies that mandated agencies often do "good for the client's sake" when the view of "good" might differ between the agency's views and the client's views, thereby setting up a paternalistic relationship and hampering self-determination and empowerment opportunities. This analysis led to an examination of the contradictions in workers roles. They are mandated to police parenting and the parameters of basic needs money eligibility. However they are also gatekeepers of resources and support for low income and multi-stressed families. Brill (2002) indicates that contradictory social values underlie the design of front line workers' roles. The values of looking after our neighbours and striving for individual success are inherent in so many of our social institutions. Schools, service centres, medical systems, and government organizations could be analyzed for underlying values and these potentially contradictory values can be found (Brill, 2002). Workers can create justifications for their need to judge or coerce clients because of their policing role. It could be argued that their role is to protect society and protect the clients from their own destructive behaviour. However, this is simply another way of blaming mother-led families for their experiences of poverty and social oppression. This is an area that requires further exploration and research.

These paternalistic ideals can easily translate into what Kline (1994) describes as inequitable applications of child welfare policies for Aboriginal families whose values and practices may not match the interpretation of the policies by dominant culture workers or supervisors. Ideals of motherhood, the traditional family, and community organization which are not broad enough to include Aboriginal cultural practices must become more flexible and inclusive, according to Kline (1994).

When barriers that workers were facing were discussed, workers identified high caseloads, lack of adequate resources, lack of supervision, and high job stress as organizational barriers to offering the services that workers believed families need. What workers agreed on was that high front line caseloads and lack of resources were barriers to more effective client service. What workers were less unanimous about was the power that they have in their roles. Although the worker sample in this study is very small, there seemed to be a split between the women and men in identifying and discussing the power workers hold. Women seemed more articulate about power issues while the male workers were disinterested and did not engage in a discussion of the dynamics of power. Rooney (2009) discusses the power of the worker by examining the power of the legally mandated organizations which can coerce clients into cooperating with mandates by refusing food, shelter, clothing, and opportunities to see or parent one's children. Several mothers offered examples of such coercive experiences with EIA and CFS workers and agencies.

Rooney (2009) also indicates that workers are not without job stress in these roles. In addition to adversarial relationships with clients, inadequate resources to carry out the job, and lack of supervision, workers also often become involuntary service providers where they remain in the roles fearing they do not have other employment options. Other

researchers like McKenzie and Morrisette (2003), Swift (1995), and Brubacher (2006) have identified these issues of high stress and inadequate support for workers to fulfill their roles thereby often leaving them to continue in their paternalistic roles. With inadequate supervision and a mandate that prescribes paternalistic intrusiveness, there is an implicit prescription for coercion of clients. This is a particular risk when workers are feeling overburdened and do not take the time for relationship building.

Rooney (1992) indicates that bureaucratic power, once people have it, is often invisible to them. This creates some difficulties when service provision roles such as those in EIA and CFS agencies work primarily with already socially marginalized groups because exclusionary practices go unrecognized. In addition, the power dynamics that exist and are supported by social institutions can also become invisible to practitioners and policy makers. These dynamics might include power differentials between men and women, between races, and among different socio-economic groups in our society. These power differences need to be exposed to address social, legal, and practical inequities, particularly for Aboriginal women, according to Kline (1994).

Workers and their agencies are represented as two distinct systems in the model even though these systems are closely linked. Workers in this study, at times, had difficulty speaking objectively about their organizations. However, the experiences of workers and their organizations are discussed separately here and the relationship between them is represented by an arrow indicating that the workers are separate entities and can provide their services within the mandates. Three workers were able to speak more objectively about their agencies despite their employment closely associated with their agencies. Workers can still recognize the involuntary status of their clients, they can clarify roles and expectations, they can appreciate the values and cultures of their clients,

and they can perform their roles as resources without paternalism and judgment as primary emphases (Rooney, 2009). Examples of such supportive alternatives were illustrated in the case study analysis and other stories women told where workers emphasized relationship building with empowering and self-determining approaches that respected cultural values, community connections, and acknowledged leadership skills that women already had.

A third source of data came from the agencies in the form of worker file documents. The following is a review of data analysis as it relates directly to the EIA and CFS agencies identified and examined in this study.

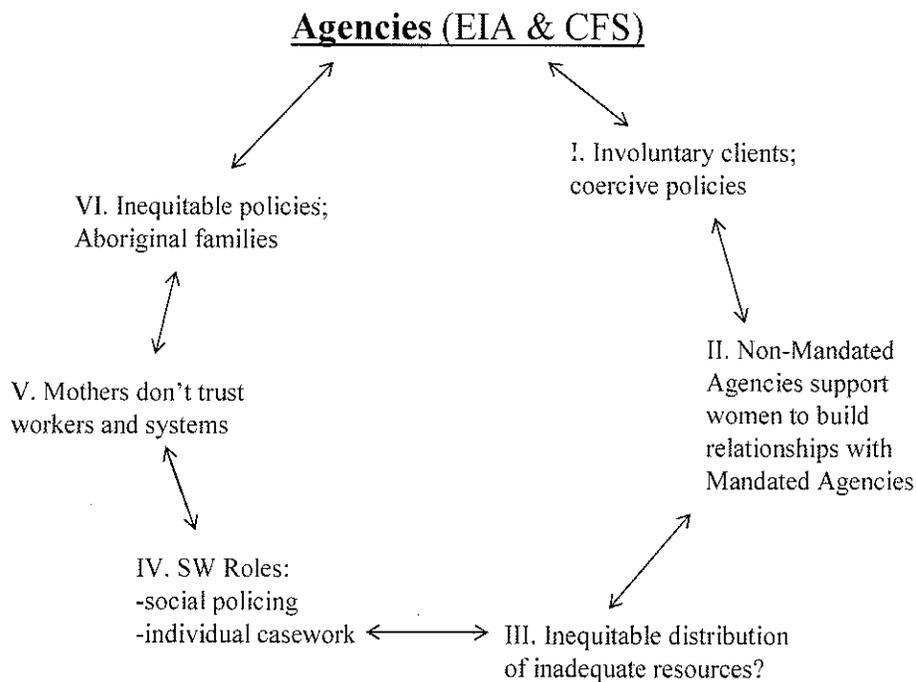
#### *Agencies in this Study (EIA & CFS)*

Mandated agencies have enormous power over their clients. Women discussed their experiences between mandated and non-mandated agencies which became a source of analysis. When compared with their experiences in community resource centres, mothers described that they felt they had less control over the relationship building with mandated workers, mothers felt the resources were less accessible and the resources were less useful. In addition, mothers often felt they needed the support of non-mandated agencies to support them in addressing the inequities they experienced in the EIA and CFS agencies. Even when mothers had approached the mandated agencies for support on their own, they still frequently felt like involuntary clients because they felt judged, misunderstood, and were unsure how much to trust the workers and the agency. Rooney (2009) describes the role of mandated agencies as coercive because they can persuade clients to accept services by withholding basic needs like money for food or shelter or they can withhold access to visiting with family members. This process of withholding visits with children can occur throughout the investigation period which can go on for

weeks or months as illustrated in the examples. Therefore, women were intimidated and fearful that they would be punished if they stood up for themselves and fought the restrictions. Mothers were also fearful that the agency would interpret their speaking up for themselves and their children as anger and further evidence that they are not good parents.

As Dewberry Rooney (2009) points out, when women are compliant out of fear, there is a silent mandate that they are responding to in organizations. Women frequently care so much for their children, that they will comply with agency “suggestions” even when they do not agree with them because of the imbalance of power that exists between the agency’s power and the women’s own marginalized experiences.

Figure 24: Agencies



Kline (1993) and Swift (1995 & 1998) indicate that social concerns about neglect of dependents are frequently rooted in women's experiences of poverty and women's experiences with violence or other oppressive actions by others. When women are lone parents with little or no social, economic, or practical support from fathers, partners, family, or their community, they can be at risk for neglecting to provide for the basic needs of their dependents. When this occurs and child welfare or economic welfare services frequently blame mothers rather than examining the social and economic context within these dynamics occur. Fathers are seldom sought out to be held accountable for their role. Family and friends are sometimes seen as unsupportive or dangerous by workers. In some of the situations women were warned to stay away from family and when they refused, the children were apprehended. This caused a great deal of stress for mothers. Often women and their children have come through violent or difficult circumstances only to experience further blame and social exclusion from organizations like CFS or EIA. These organizations frequently identify mothers as alone in their responsibility for children, which is another way of blaming them for their socio-economic circumstances. As Swift (1995) indicates, the child welfare system is designed to manufacture "bad mothers".

These experiences of blame, coercion, and judgment were themes women in this study raised consistently. In addition, many of the women said they relied on advocates to support them in developing more positive relationships with workers from mandated agencies. Women were resourceful in finding people who could support them by attending agency meetings with them, helping them understand their own rights, or helping them understand what agency workers were saying. Some women regretted not fighting harder to retain guardianship of their children despite their fear of the system's

power. Frequently, women relied on community resource centres in their neighbourhood for support and advocacy. And when women were asked what resources are still needed in the community, they indicated that advocacy and the other practical support they received at the community resource centres had been invaluable and more such resources were needed. Several women also described relying on family members for support and advocacy.

It would be interesting to investigate some these issues further. In essence, much of the funding for mandated and non-mandated agencies is from public sources and women identified that their relationships with mandated workers have been a central source of stress. Non-mandated agencies are funded partly to support mothers in developing relationships with mandated workers. Rooney (1992) indicates that employees in organizations often operate as if they do not recognize their own power. And once they have that power, on a daily basis, they develop ways of justifying their decisions. Rooney (2009) illustrates how different ideological beliefs create rationales for creating individualized, intrusive processes that coerce clients rather than support them to be more self-determined.

In a related observation, my own experiences when attempting to access data from CFS seemed to mirror the women's descriptions of barriers, misunderstanding, and simply being blocked from further discussion with the agency. The barriers were couched in good intentions to be helpful to me in my data gathering. However when the process was fully discussed, the intentions were to suit organizational needs over my research interests. Therefore, in the end my research process mirrored the women's experiences of being patronized with talk of good intentions while blocked from receiving the requested services. Some argue that social welfare systems cannot change because they are

designed to regulate the poor and keep the social class order as it is (Piven & Cloward, 1993).

Kline (1994) blames the underlying current of racism in structures like child welfare for inequitable distribution of resources and exclusionary practices that leave Aboriginal and other marginalized women feeling judged and oppressed. Blackstock and Trocme (2004) and other researchers like Bennett (2008) and Baskin (2003) illustrate the devastating effects of colonialism on Aboriginal communities. Recently, the child welfare system in Manitoba reorganized its agency structure as identified by Bennett (2008). It will be interesting to observe and analyze whether resources are more equitably distributed among families that need resources with organizational changes. Indications are that Aboriginal families receive fewer resources for prevention and family support than non-Aboriginal families (Blackstock & Trocme, 2004, Bennett, 2008). Resources for prevention and family support are important when emphasizing community development rather than apprehending children after crises have occurred.

As identified in this model, EIA and CFS agencies and front line workers play the role of gate keepers for resources that provide basic needs like food, clothing, and shelter. However, workers also play the role of gate keeper for resources that support families in managing to live together in their homes. While under a mandate of social protection, workers are also under a mandate to relieve suffering (Rooney, 1992). However, Swift (1998) and Kline (1994) are critical of mandated agencies for their neglect of mothers' caregiving burdens thereby "manufacturing bad mothers" by providing inadequate resources to women and children who need these supports the most. Rooney (2009) and Raphael (2007) indicate that by individualizing services to mothers, we contribute to

mothers' stress and caregiving burden, and we further alienate and exclude women and children in poverty by essentially blaming them for their circumstances.

Another theme mothers identified in this study was their distrust for workers and agencies that offer mandated services. Even when women volunteered for the study to tell a primarily positive story about that worker who "believed in me and that made all the difference", they had other stories of less positive relationships that made the positive experience stand out more distinctly in their memories and in their narrative. This phenomenon of distrust which emerged in the narratives of this study supports other research which has had similar results. Cameron and Hoy (2003) and Brubacher (2006) have obtained similar results from families who were already socially marginalized and had negative experiences with mandated agencies and developed long term distrust and scepticism of these agencies. Kline (1992) indicates that the long history of intrusion and colonization with intent to assimilate Aboriginal children into European traditions and practices within a legally sanctioned mandate is a central source of mistrust for Aboriginal mothers.

Kline (1994) summarizes the concerns for Aboriginal women and children by calling for changes that include greater appreciation for Aboriginal values and practices, an interest in Aboriginal community sustainability and self-government, and positive identities for Aboriginal communities through a reconnection with Indigenous knowledge and tradition which was illegal to practice for so many years. Rooney (2009) is more inclined to recognize that agencies with involuntary clients seem to be rather permanent fixtures in our communities. However, there is a great deal that organizations, managers and workers can do to recognize the power that mandated agencies have, which is legally and socially sanctioned. Workers and managers can use their power to advocate for

marginalized groups rather than police and coerce them. Rather than label individual clients as deviant or bad, client's involuntary status can be acknowledged while respectfully clarifying roles, expectations, and limits of power and offering resources needed for clients to regain their voluntary status and their own self-determination. Rooney (2009) also suggests that there is a parallel process between client and worker, practitioner and supervisor, supervisor and the agency, and the agency and policy makers/funders. When power dynamics are regularly assessed and audited, according to Rooney (2009), guidelines can be modified to match client needs. Variables such as race, gender, socio-economic status, medical or psychological status, and previous experiences with the organization can be taken into account to build relationships that better meet the needs clients have.

In examining the fourth system in the model, community leaders and government are identified as having indirect but important influence on the mother-worker relationship. Government funded mandated agencies are part of the government structure, however, in this analysis they have been identified as two distinct entities suggesting that there is a relationship and the possibility of some impartiality and detachment between agencies and the government that funds and governs them. In the same way workers can locate themselves as advocates for marginalized women and children, regardless of the parameters of agency policy and practices, agencies can also situate their mandate and practices as fundamentally empowering to women and children, ensuring basic practical needs are met, support for child care is offered and respect for cultural values and practices is primary. In the model presented in this analysis, agencies and community leaders/government are represented as distinct entities and as having a relationship or connection. There is no linkage indicated between workers and government systems

because front line workers and funders seldom have any contact. Workers must typically go through their managers or supervisors to contact funders. This organizational structure creates another barrier whereby workers at the front line who are most aware of mothers' stresses and needs are not free to advocate directly for their clients. This observation requires further exploration. This question was not part of the focus of this study, but bears further investigation as the workers in this study were more likely to indicate that they did not have time to advocate for mothers, however my observation as a consultant in the child welfare system is that direct service providers also do not have any authority or permission to advocate for mothers in poverty.

#### *Community Leaders/Government*

This section examines the role of community leaders and government policy and funding. While this system was not expressly "interviewed" and no data came directly from this source, mothers and workers responded to questions about their views on outstanding need, funding, and policy priorities. While this system is identified as an influential system, it was however not a primary source of data in this study. The analysis in this study raises some issues and questions for further research and discussion relating directly to community leaders, funders, and government's responsibility.

Figure 25: *Leaders*



The research literature reviewed for this study identified the low priority that caregiving roles and Aboriginal cultural appreciation have in our society. Feminist and Aboriginal research scholars reviewed here essentially agree that underlying social values and priorities have influenced this oblivious and oppressive dominant culture which essentially excludes people on the basis of gender, race and class. While Raphael (2007) and Rooney (2009) echo the exclusionary and coercive practices in social welfare service delivery to marginalized groups like Aboriginal women and children, they are more likely to argue that the source of these inequities is an economic and social organization system which reinvents itself and maintains power through labelling, pathology models, and individualized accountability, and an inequitable socio-economic value structure. The women and workers in this study identified material aid and the opportunity to parent their own children as priorities in mothers' lives. The women also indicated that these are issues and needs that they think community leaders and government could offer more support for. This was one aspect of this study and could benefit from more study and exploration.

Numerous researchers have identified that social welfare agencies need to attend to their priorities to be more equitable to women and children in poverty and particularly to Aboriginal women and children (Blackstock & Trocme, 2004; Kline, 1994; Swift, 1995). The issues raised in the mothers' interviews focused on their experiences of relationships with workers. The women's experiences supported the concept that women experienced mandated agency services as unjust and they experiences the responses from workers as biased at times. Swift

(1995) and Kline (1994) each identified the importance of moving beyond blaming individual mothers for “neglect” when social circumstances make it difficult to move beyond conditions of poverty and the effects of poverty. In addition, ideologies of “ideal motherhood”, holding mothers solely accountable for caregiving, and narrow conceptions of the “best interests of children” combine to create a situation ripe for mother blame and organizational practices that have become accepted as “common sense” (Kline, 1994; Swift, 1995).

One implication is that services must be made more equitable to Aboriginal mothers. This may need more examination to develop additional and specific strategies. Another implication is the issue of accountability and transparency. To some extent female workers also spoke about this issue. When workers and mandated agencies have power to determine whether the most marginalized groups in society deserve to have their basic needs met or deserve to have relationships with their children, there must be an accountability and transparency built into the process. This was not the central focus of this study, and more exploration of this issue needs to occur to determine what types of accountability occur currently. However, I wondered as women told their stories of feeling misunderstood and judged, whether wealthy families with money to hire high powered lawyers would have been as easily intimidated by the behaviours of the workers. If not, then how much accountability and transparency needs to be built into the process to address appeals and challenges to the workers’ assessments or agency’s policies from such clients?

One final implication that mothers and workers consistently identified was the importance of community resource centres in inner city communities. The centres

that are accessible in the community today offer a variety of practical and supportive resources for families. Women said that the centres are a place to gather with other women and participate voluntarily at their own pace. They saw these centres as a vital social service for Aboriginal and non-Aboriginal families. Community-based services have been identified as a philosophically aligned resource for some Aboriginal cultures (Brubacher, 2006; Cameron & Hoy, 2003). One mother and one worker told the story of a vital and vibrant community centre which lost its funding several years ago because the community centre was not completely financially self-sufficient within two years. It is ironic that mothers identified that these voluntary centres were essential in advocating for them when they were building relationships with mandated agency workers. While this may seem somewhat redundant financially, community resource centres were identified as vital to inner city mothers and to developing supportive networks in the community.

One final relationship and accompanying question remains to be discussed on the illustration of the four systems represented in Figure 21. What is perhaps the most precarious relationship among the systems is the women's relationship with community leaders and government. This relationship is illustrated by a dotted line because women did not see themselves as having influence in their governance. The mothers were somewhat surprised when I enquired about their observations of what government or community leaders needed to know or could do to support lone mothers. Implicit in their comments was the assumption that community leaders are not interested in their needs or ideas. As Raphael (2007) indicates, when marginalized groups are socially excluded, they may not identify with the dominant community and they usually are not participating in leadership and direction setting for policies and practices that affect them. As illustrated in

this study, the onus has primarily been on the women to make changes to address the effects of poverty and this study has illustrated the need for society or the institutions that are publically funded to integrate more inclusive changes. Women also need more opportunities to be self determined through a supportive community which includes other allies who endorse empowerment strategies. Therefore, low income women need to be consulted, involved, and respected to be empowered in this fashion. And the evidence in this study pointed to the reality that this is not materializing enough particularly in mandated social welfare organizations.

### *Summary*

In summary, this chapter integrated issues that emerged from the data into a multi-layered model. While two dimensional, the model is hardly linear in that linkages and connections among issues is illustrated. Stakeholders or organizations were grouped to become systems in the model. Drawing on the data, issues and themes emerged into numerous patterns within each system. The model also illustrated relationships or an omission of relationships among the systems. The central dynamic in the model was the power dynamics inherent in an analysis of racism, sexism and classism in our society. This study exposes the dynamics of power, illustrates how women's experiences and roles continue to be marginalized, and finally reports the inequities experienced by Aboriginal families. The model illustrates that changes and challenges need to be made to workers' roles, agency policies, and community leaders' priorities to pay more attention to the needs and stresses mother-led families experience. The supports and resources which could benefit low income mothers are not a priority for

fundings and agencies. Instead, the policing of resources, families, and basic needs was experienced as the norm by many participants when they were clients of mandated social welfare agencies.

## CHAPTER 9 Conclusions

### *Study Summary*

Lone mothers who are from a minority status were invited to comment on their experiences with social service agencies and workers. The study explored and analyzed the interactions among mothers and their workers by interviewing both populations and drawing on agency file discourse data. These three data sources provided a rich description of disturbing and unjust experiences Aboriginal mothers face. The study exposed an individualized focus in social work case management that re-blames mothers for social conditions like poverty and lack of adequate child care options. Mothers described judgement, powerlessness, and inadequate resources to deal with the individualized burden of caregiving, poverty, addictions, and lack of support. When mothers had adequate support, these multiple stresses were more manageable. However numerous women described experiences of supportive people no longer being able to offer support or suddenly friends or family members needing more support than they had been able to previously offer.

The narrative and multi-level analyses offered detail and opportunity to examine two of the cases with greater depth and simultaneously a broader analysis occurred examining the mother-worker relationship within a context of complex agency, government, and social priorities. Social welfare agencies offered very little advocacy on behalf of Aboriginal mothers. Social welfare organizations were identified as holding enormous power over Aboriginal families. Front line workers who are the most knowledgeable about the everyday stresses and barriers that mothers face appeared to be discouraged from advocating on behalf of Aboriginal families. Instead, there seemed to

be a momentum toward “building a case” against families to fulfill permanent ward applications in court.

There was also a focus in this study of examining what mothers and workers identified as strengths or what was working well in the social welfare systems. When workers took time to listen and build relationships, women experienced this as positive. Workers sometimes explained what they doing and why to women in an explicit and more transparent way which women appreciated, noticed and responded to with greater trust and motivation. When workers offered information about how systems work and what the role of child welfare was, women felt empowered. Most importantly, women and workers identified the importance of community resource centres in women’s lives. The choice, respect, advocacy and support mothers experienced in these centres was seen by women and workers as essential for rebuilding community and individual identities in Aboriginal communities.

Limits of the study are presented here followed by a discussion of the implications of the research for numerous groups and organizations.

#### *Limits of the study*

One of the risks of qualitative exploratory studies is the large amount of data that is accumulated. This can be overwhelming, broad in scope and may not be easy to organize or categorize. However, the mother-led families with low incomes have many aspects of their lived experiences that have not been understood or adequately analyzed and qualitative interviews which explore a variety of topics have been a successful way of reporting and analyzing women’s marginalization (Kirby et al, 2006).

Although the numbers in the sample size are small, generalizing from these research results is not the central goal of this study. Themes and issues that arise could

then be explored further in future studies to explore how wide spread these experiences are. Gomm et al (2000) warn against broad sweeping generalizations from small sample sizes because that is not the purpose of qualitative exploratory studies. Instead such qualitative studies are exploring a particular theme or issue with the goal of articulating details and discovering the richness of personal experience about the participants that would be lost in a broader survey. The goal is to describe, document, and analyze the stories of the women's experiences with multiple stressors and with formal supports in a socio-political context. The narrative case study series design lends itself well to analyzing more depth in individual mothers' stories while comparing and developing themes across cases.

This study's unique design of accessing the recollections of up to 25 women and their primary social workers exposed new and fascinating perspectives about these formal helping relationships and mandated agencies. However, there were some logistical challenges in accessing enough participants and files to have complete cases. Another complication with the data sources is the number of people that have to offer their consent for the data to be collected requiring time and persistence on the part of the researcher. The delays and blocks from organizations to the data gathering process were frustrating, however the results were well worth the struggle.

There were few risks to participants. Women or worker participants could feel emotionally vulnerable telling their story or sharing their recollections. No one who was interviewed for this study seemed overwhelmed by being involved in the study. On the contrary, the positive effects of having these recollections recorded, analyzed, and discussed seemed to benefit the participants by their own description. The women referred their friends and family members to the study and asked that more research of

this type occur. Perhaps the only person approached about this study who seemed particularly encumbered by the tasks of this study were the managers and senior manager who chose not to participate and chose not to let their staff participate in this study.

One final limitation of this study may have been the recruitment process which may have led to a somewhat skewed sample. Posters were simply distributed in the community and were sent to community agencies. Primarily Aboriginal women replied and many more women were willing to participate which may point to the need for more research in this area. Not all the women responded to the posters. As word got around the Aboriginal Friendship and community resource centres, neighbours, friends and cousins of other women who had been interviewed contacted the researcher. It is difficult to determine whether this led to a particular group of Aboriginal women being interviewed in the study. Since the results are so similar to other research projects on similar topics, indications are strong that this was a fairly representative group of women who happened to be the most eager or first to respond to the opportunity to tell their story.

#### *Implications for Aboriginal mothers*

Aboriginal mothers were eager to tell their stories of deplorable experiences with social welfare organizations. While most of the mothers were new to expressing their concerns in this way; that is research interviews, they seemed to gain an appreciation of the importance of their own stories and the importance of their experiences. It appeared that the women were on their own journeys of strengthening their cultural, self determined and caregiving identifies. Despite overpowering social barriers, there are opportunities for women to influence their communities and their own empowerment. While this is not entirely or primarily mothers' own responsibility, there are opportunities for collective social action which have not been fully actualized.

One additional comment needs to be made about Aboriginal women's experiences. Without exception, there should be no reprisals for women and children who advocate for themselves. Brubacher (2006) quotes Chief Justice Sinclair from the Aboriginal Justice Inquiry. Sinclair had said: "We know the natural instinct of a mother when a child is taken away from her, is to go and do something about that (p. 99)." Brubacher (2006) follows this quote by indicating that the "consequences of resistance" have been harsh for Aboriginal women and their families. This study illustrated how families had become afraid and discouraged about resisting the child welfare system.

*Implications for social workers and front line social work practice*

When workers employed relationship building and listening skills, women noticed and appreciated this expression of respect. When their stories were listened to, women felt like they were treated like clients or human beings rather than targets or objects for scrutiny. Respect was also defined by women as the times when workers followed through on their agreements, explained what they were doing, and listened to the women's side of the story. It was disturbing how frequently workers and mothers described that these basic tenets of professionalism and respect were overlooked by workers and not practiced in social welfare agencies.

Workers expressed that they were often discouraged from practicing from a strengths perspective and at times they had been trained not to record strengths in the files but rather keep file recording focussed on the facts related to the specific mandate of the agency. These prescriptions suggest that there could be a perception that there is a dichotomy when it comes to strengths and risks, meaning that strengths and risks cannot be assessed simultaneously as Swift (1995) suggests. However, clearly strengths and risks exist simultaneously in family situations and by identifying and discussing strengths with

families one is not overlooking risk factors. Numerous authors who discuss ways of motivating reluctant clients suggest that focussing on strengths and creating a positive relationship with clients when they are reluctant to change is more essential than insisting that clients want to make the changes that they are being faced with making under threat of punishment (Madsen, 2006, Raphael, 2007, Rooney, 2009).

Rooney (1992) suggests that in order to avoid participating in the oppression of marginalized groups, workers and organizations engage in a regular power inventory self audit to examine whether they are inadvertently contributing to further marginalizing or oppressing clients. While this is easier to discuss than do in practice, the act of attempting to self audit power dynamics in this way already signals other workers, managers, and clients that power dynamics that oppress Aboriginal mothers or other marginalized clients are being noticed and attempts are being made to not contribute further to this oppression. The self audit for individual workers and departments is an essential process to integrate into social welfare organizations that hold power over people's lives and basic needs.

Several mothers and several workers described the powerful and positive effects when workers focus on community development and preventative approaches rather than simply assessing risk on an individual basis and apprehending children as a primary intervention strategy. However, all workers who discussed preventative priorities in an ideal sense also identified that there is little to no support in social welfare organizations for such an approach. There could be more assessment of whether the presenting problems are related to the experiences of oppression as Dewberry-Rooney (2009) points out. When presenting issues are related to oppressive social circumstances, the focus of intervention must be different than when there is not a link to oppression (Raphael, 2007, Rooney, 2009).

Some of the ideas for creative strategies of intervention came from the workers themselves. Despite narrow mandates and concern for individualized blame for mothers, one worker designed a letter for the future when she transferred a case to other workers. She indicated that “every effort should be made to keep this family reunited”. And this creative approach to case management in addition to her concerted efforts to offer resources and problem solving opportunities within a trusting relationship are inexpensive and useful approaches to integrate into case management practice.

*Implications for agencies and managers*

Organizations like CFS and EIA have enormous power and influence in minority women’s lives. While managers were not interviewed or studied as a separate entity, workers, mothers and the occasional manager that I had contact with in conducting the research contributed to knowledge about the role of managers as leaders in organizations.

One of the concerns raised in this study addresses the number of mothers who were affected by addictions and the lack of apparent knowledge or practice application of best practices in the treatment of addictions by workers and agencies. One explanation is that workers are not trained in addictions counselling but there is no evidence in this study to confirm or deny this idea. Another explanation is that there is a lack of attention to the effects of addictions in a similar way that many of the agencies’ staff did not seem attentive to other factors in the context of women’s lives like poverty, effects of violence, lack of support and lack of access to affordable day care and safe housing. Clearly some of the workers are exceptions to this generalization.

The women themselves indicated that when adequate support was accessible and available in their lives, that other challenges like parenting and poverty were much more manageable and they were much less susceptible to relapse of the addictions cycle. This

also provides a challenge to re-examine the priorities in social welfare service delivery particularly as these priorities relate to knowledge and practice regarding addictions and support. When broader social issues are addressed instead of individualizing the focus on minority women, support through community resources, accessible day cares and preventative respite services can prevent bigger crises from developing as Linda in the case study narrative pointed out.

The study also raises important questions about mandate priorities and interpretations in child welfare. As one of the social workers pointed out, a community development approach such as she was involved in at one point, greatly reduced the need for open active child welfare files. The local community centre had a preventative effect by empowering community members to develop leadership skills and offer resources in their own community. This shift from an individualized case work approach to a community development approach with oppressed groups and communities is not new. However, the point that was raised in this study by this worker was that the funding structures must recognize that community development takes more time than two years and that the long term effects are beneficial to all community members. When problems are prevented, the services of community resource centres are potentially more financially efficient. In the long run as problems are prevented from developing into crises, services that are crisis-oriented are needed less often and communities are strengthened.

Child welfare agencies in this study seem to focus almost exclusively on risks while almost discouraging or at least not encouraging workers to examine and record strengths. This calls into question the goal of the child welfare organizations. Have the mandates been reduced to risk management or does the “best interests of children” still include positive safe relationships with family and communities being enhanced and

protected as Kline (1994) enquires? One worker expressed her concern and outrage about the comments and cheers workers made in her agency when the court had awarded permanent wardship to the CFS agency. This comment suggests that if this attitude among workers about the “success” of gaining permanent wardship of children is pervasive, that perhaps an internal inventory to review current interpretations and resulting practices relating to the child welfare act are needed.

Another issue raised in the study is how workers or agencies assume that change occurs. The behaviours and responses workers exhibited as described by mothers and workers, suggested that workers seemed to believe that mothers should want to change and if they were not motivated to change in the way CFS wanted, that this was an indication and evidence that they were not good mothers. This is contrary to current notions of how change occurs. People can and do change even when they are threatened with punishment (Rooney, 2009). The role of professional helpers is to search for strengths, develop a relationship, and engage people in a motivational approach to generate the possibility of hope for change (Madsen, 2006; Raphael, 2007). This is particularly important when oppressed groups have experienced systemic racism and sexism.

Women could be involved more in policy development at the agency and public policy levels. Mothers interviewed for the study raised the issue of how good it felt to be involved with community resource centres as volunteers and as board members. They developed leadership skills and were able to make a bigger contribution in their communities. In turn, they were more involved with support systems that were positive in their lives. Their self esteem and cultural appreciation was also increased. I have no doubt that if Aboriginal mothers were involved in public policy development that there would

be a dramatic shift away from an individualized case management model and toward more community development at every level of the social welfare organizations with a distinct objective of community capacity building (Brubacher, 2006, Hunter, 2000).

And finally, there must be an end to reprisals for mothers who resist the apprehension of their children. Aboriginal mothers have paid a huge social and personal price for speaking out to the extent that they have. The women in the study indicated that numerous times they were too afraid to speak out and stand up for themselves. Dewberry-Rooney (2009) refers to such compliance as a “silent mandate” meaning that mothers chose to comply with recommendations from the agency because of the fear they felt at the imbalance of power from the agency rather than that they agreed with the value of the plan. This type of coercion can be seen in many instances in social welfare service delivery with marginalized groups (Raphael, 2007, Rooney, 2009). Bennett (2009) identified issues of coerced compliance because women felt fear. Her study is entitled “Jumping through Hoops”. This was the same terminology used by one of the professionals involved in Linda’s case study story. However the professional was using this term to show how Linda did not really believe in the changes that were required. This is another example of the silent mandate.

Organizations have a challenging task of offering resources to marginalized groups with limited resources and funding options. However, the priorities and practices need to change so that Aboriginal women and children are treated with greater respect and engaged in processes that strengthen families and communities as well.

#### *Implications for funders and policy makers*

The individualized focus of case management which has been shown here to re-blame Aboriginal mothers in poverty has already been discussed in the implications for

workers and organizations. However it bears repeating here because it is the funders and policy makers who develop and set forth the funding priorities which are carried out by agencies and workers. While agencies and workers wield enormous power, one could argue that it is funders and policy makers who set the direction for service delivery by the funding priorities which are sanctioned. Mothers and workers indicated that more secure funding is required for community resource centres. In numerous instances, mothers had relied on community resource centres for support and advocacy to attempt to develop relationships with mandated agencies like CFS and EIA. This funding redundancy points to a need for mandated agencies to simply build relationships more effectively with marginalized groups and let community resource centres fulfill their objectives of offering support and psycho-educational resources that mothers wanted. Related to the concept of whether the focus of treatment is individualized or societal is the idea of whether a philosophy of prevention or a response to risk and crisis are priorities for funders and policy makers. Mothers and workers indicated that the preventative approach to support, respite and community development that community resource centres had was much more effective in capacity building and strengthening individual identities than individualized crisis management and apprehensions. CFS in Winnipeg has been criticized for the high proportion of Aboriginal children in foster care and the individualized approach to child welfare service delivery (Bennett, 2009).

Brubacher (2006) illustrates how important it is to involve Aboriginal people in every aspect of organization and leadership in child welfare organizations. This model of self governance is part of the necessary ingredients for communities to move forward and develop positive identities.

Finally, a related funding strategy that could enhance the lives of Aboriginal mothers and potentially prevent the need for extended child welfare services in Winnipeg is a focus on poverty prevention, adequate access to caregiving resources and safe housing in safe neighbourhoods. This does not necessarily mean more funding; it means that priorities for funding are shifted to benefit women to prevent chronic problems like poverty and isolation. As in all political debates, this notion of prevention tends to be less popular than treatment of developed problems, however Aboriginal researchers and leaders are indicating that this is what is needed to strengthen individual and community identities (Avery, Kinew, 2006, Bennett, 2009, Brubacher, 2006).

#### *Implications for training and education*

This study has implications **for** educational institutions. There appears to still be a gap between social work practice and academic emphases particularly as it relates to social work training for social work career entry. Academic institutions tend to emphasize what could and should occur to empower marginalized groups over practice skills. This is an important emphasis because typically social and funding priorities do not prioritize marginalized group's needs. It is important for training institutions to continue to teach a broader assessment approach to understanding problems in a social and political context. There were several examples in this study where workers had been discouraged or at least not encouraged to reflect upon or assess mothers' broader context of experience including the effects of poverty and other multiple stressors. However, workers also need to be prepared to face the realities of practice organizations. When workers are faced with narrow mandates and restrictive practice protocols that contradict their training and preparation for field social work, then they need some creative strategies and approaches of how to maintain their philosophy and principles while not jeopardizing their

employment or livelihood. If they do not develop those creative strategies while they are being educated and trained, there is a risk that they will simply cope with the large caseloads and onerous tasks of child welfare social work in a similar way that their supervisor or other workers already do the work; which is one way that institutions often re-invent themselves (Rooney, 2009). The worker who wrote the letter to the future in the file when she transferred the file to other workers employed such a creative strategy for empowering marginalized families. The principles I am suggesting here are consistent with principles outlined in numerous studies on anti-oppressive social work practice (Baskin, 2003, Dominelli, 2004, Raphael, 2007). Another implication which results from this study examines the process of data gathering in this study. Barriers to data gathering in this study have been discussed earlier in this thesis. However the barriers were so extensive that they compromised the number of case studies in the series to be analyzed and delayed a student's progress. In addition, this had an effect on the methodology used to compensate for the small number of case studies. The University may want to investigate whether there are more accessible protocols which can be negotiated between the social welfare organizations and the university as a way to encourage future students to continue on this path of examining and studying social welfare practice and policy by gathering data from these organizations. Several explanations have already been given in the thesis about possible reasons for the barriers that the agencies engendered. However one additional possibility is that the agency is also not prioritizing Aboriginal mothers in poverty as a social crisis that needs an immediate solution. If this is the case or even part of the context for the barriers I experienced, then academic institutions that support research in social welfare organizations may have a

difficult task to build bridges to make access to data more manageable, despite the child welfare mandate which emphasizes the importance of research.

### *Implications for the community and society*

Funders and policy makers reflect the community's values and priorities as they are typically under the direction of elected officials. Thus there is some repetition in this section of other issues that have been discussed already in this chapter. However the central issues bear repeating and extend beyond what policy makers and funders think and do to also challenging community members and the social institutions to examine. Aboriginal women's need for opportunities in leadership that enhance their own self determination as individuals and as a community of families and caregivers is an essential priority. Caregiving is not as a priority in our society as seen in the missing child care legislation and funding structures. Mothers who speak up and speak out when their children are apprehended must not be re-blamed and re-punished for vocalizing their anger and concern. The community should be outraged that the mothers in this study experienced so much judgement and that organizations wielded so much power over women in poverty. Such outrage would be a signal of social justice priorities in our community and society. I do not believe that this outrage will occur in the near future as social justice is not a central priority in our community.

### *Implications and directions for future research*

The implications for future research emerge from the other implications already discussed in this chapter. Some workers are finding ways to remain optimistic and practice a more contextually relevant, non-blaming practice despite narrow mandates. Despite restrictive conceptualizations and mandates or the pressures of high crisis

oriented caseloads in workplaces, creative case management strategies are being employed by some workers. It is important to explore and analyze these creative approaches to social work practice with further attention and exploration.

Reflexive, transparent and accountable social work that empowers clients has been shown to be more likely when workers and organizations invest in doing regular power inventories or audits to ensure that they are not contributing to clients' oppressive experiences. More practical strategies of carrying out such audits are necessary.

Aboriginal families require equitable access to resources and respectful practice strategies from workers and organizations. This is a high priority that emerges from this research. In Winnipeg, CFS is reorganizing. This signals the possibility of changes in the structure and practice within child welfare. However, some local researchers are sceptical of the extent to which things will change (Bennett, 2009). It would be interesting and enlightening to examine which regions are attempting new strategies that are empowering Aboriginal women and their families. It would also be interesting and useful to examine what innovative strategies have occurred in the past like the community resource centre idea that was raised by one of the workers in this study.

Child welfare agencies have a central objective of protecting children from being hurt and traumatized. However the methods of fulfilling this role have sometimes caused additional harm to children and families. It would be valuable to continue to explore how safety, strengths and risk can be assessed and addressed in marginalized family's lives without further adding to the oppression low income Aboriginal mothers experience.

Swift (1995) expresses her concerns about how society has some unrealistic ideals for motherhood that no one seems to be able to aspire to thereby leaving marginalized women and children particularly at risk for becoming enveloped in the social service

system. Ideals of motherhood and the effects of such ideals for women and the rest of our society are also being studied by the Association of Research on Mothering (O'Reilly, 2007). This research is invaluable in placing the social values that tend to re-blame mothers for social problems at the centre of a study on motherhood.

Agencies and risk management foci are here to stay (Rooney, 2009, Swift, 1998), therefore we need to keep examining practice issues in our research as social workers and educators. There is sometimes a message from research grant funders that examining practice issues in their current context is a waste of time and money because so many things are wrong with the current state of social welfare practice. However, these are important ways of improving our practice wisdom and skills.

One question that kept haunting me during the analysis was what would happen if clients had not remained silent when they felt their rights were being violated by the child welfare organizations. What if they had the financial resources to challenge child welfare organizations in court? This emphasizes the criticism that marginalized groups are not being treated fairly and equitably in social welfare organizations. Exploring some of these questions further is essential to equalizing the power dynamics and eradicating racism and classism in child welfare.

And finally, as mentioned already several times in this chapter, Aboriginal mothers in poverty must be invited to participate in public policy development. They need opportunities to develop leadership skills at every level of agency and public policy design and implementation. Their voices need to be heard through research but also through full participation in policy generation. This is not a desire to hold women responsible for social changes or to further burden women with more life sustaining caregiving work, however, when clients are involved in their own policy development

they are more invested in the process, infrastructure, and outcomes, as illustrated in the Brubacher (2006) community development example.

### *Summary*

In conclusion, this research has implications for multiple groups of people and organizations. The implications could be far reaching however, there are also areas that are identified which require further examination. This study contributes to the literature by examining the experiences of minority women with lower power who are interacting with social welfare institutions. These institutions have enormous power in women's lives. This critical analysis of social work in Winnipeg's inner city expressed mothers' stories and experiences. It also expressed workers' experiences and offered an analysis of agency and social priorities that require review and changes. This study explored the lived experiences of mother-led families with multiple stresses in relation to their social workers. The perspectives of mothers and their workers about the social service experience were invaluable in analyzing four cases in more depth, to illustrate the differences between mandated and non-mandated agencies, and to examine the relationships among the issues raised. The barriers to data collection initially presented a difficulty to the researcher in that fewer complete case studies were accessed than initially thought possible. However, the data that was not part of the case study series provided a collection of issues raised by women, workers, and files that were integrated into a multi-layered systems analysis. The multi-layered systems analysis resulted in a discussion of implications for women, workers, agencies and community leaders like funders and policy makers.

Aboriginal mothers in the study identified the judgement and discrimination they experience within mandated agencies. They rely on family and community resource

centres for support and advocacy. They also identified and recognized the devastating effects that addictions have had on their families and communities. Addictions were greater barriers, according to some women in the study, than their struggle with poverty and caregiving burdens. However the combination of all these stressors without adequate practical and social support, made it devastating for many of the women when they were faced with the challenge of how to take a break or look after their families on their own in the midst of these stressors. The historical effects of systematically disintegrating Aboriginal culture and communities were evident in the inequities women described.

When workers took time to build positive relationships with women, women trusted the workers more for support in developing their own personal agency and self determination. A multi-layered final analysis categorized the results into a model which illustrates women's perspectives, workers' observations, and their relationships with each other in the context of agency procedures and public policy. Multiple strategies and numerous additional research directions are identified. The implications of this research have been discussed here. However, the inspiration for this study came from many years of work with lone mothers and a desire to document their stories, their experiences of oppression within social service systems and to record their visions for change. The women's experiences are summed up in these final comments from the women themselves:

*Single women with children...you know how isolated and frustrated they get. They need programs for children, ...plus the daycare issue...and they should have more drop-in centres for youth and families..... so the parent says, oh cool, let me take my kids here....*

## APPENDICES



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## **HI MOTHERS... 'WANT TO TALK ABOUT YOUR EXPERIENCES WITH SOCIAL WORKERS WHILE MOTHERING CHILDREN ON YOUR OWN?**

I am a student researcher at the University of Manitoba. I am looking for mothers who want to talk about their experiences working with their former social worker (service ended 6 months to 3 years ago). I am interested in finding out HOW YOU EXPERIENCED TALKING WITH SOCIAL WORKERS and HOW YOU MANAGED BEING A SOLE CAREGIVER FOR YOUR FAMILY. I would like to interview you for about 1 ½ to 2 hours. Transportation costs are covered and \$25 will be yours! Any comments made about your experience with social workers is *confidential and* will stay that way and all responses are completely voluntary; you don't have to tell me anything that makes you uncomfortable. I will not use any real names or recognizable details from interviews in the final written report. Only themes will be identified and analyzed.

Mothers eligible for the study have low incomes, are solely responsible for raising families, and have accessed social services in the past 6 months to 3 years. I am interested in your positive or negative experiences.

If you are interested in being interviewed, please call Carolyn Peters at 793-4733, send your name and contact information to me at the letterhead address, or email me at [petersc@cc.umanitoba.ca](mailto:petersc@cc.umanitoba.ca)

If you would like more information, YOU ARE WELCOME TO contact my supervisor Dr. Denis Bracken FACULTY OF SOCIAL WORK, UNIVERSITY OF MANITOBA at [bracken@cc.umanitoba.ca](mailto:bracken@cc.umanitoba.ca) or Dr. Harvy Frankel 474-9550. This research has been approved by the Psychology/Sociology Research Ethics Board (PSREB). Any concerns or complaints about this project may be shared directly with the researcher or you can contact any of the above-named persons or Human Ethics Secretariat at 474-7122 or email [Margaret\\_Bowman@umanitoba.ca](mailto:Margaret_Bowman@umanitoba.ca).

The researcher is bound by law to report illegal or unethical actions. This would be the only reason for breaking confidentiality. A file should not currently be open to Child and Family Services.

[www.umanitoba.ca](http://www.umanitoba.ca)

### Phone Scripts for setting appointments with Mothers

Hello, I'm Carolyn Peters, a student researcher from the University of Manitoba. You responded to the ad about the research project I'm doing. I'm interested in talking with mothers who have been experiencing a number of stresses in their family and who have been involved with an agency or social worker. When were you involved with a social worker? The Canadian Low Income Cut Off is \$20,000 as an annual income for a family of three. Would you say that you have a low income by this definition?

If it fits the criteria, then continue:

I would like to talk with you about what it was like to try to get some help at that time. I'd like to sit down with you and ask you a few questions, is that ok with you? If yes, then continue:

Would you like to get a copy of the interview questions ahead of time?

Yes \_\_\_\_\_ no \_\_\_\_\_

It would take about one and a half to two hours to talk about what it was like to go talk to the counsellor/ social worker at the agency. I'd also ask you about what some of your struggles and successes were at that time and what you think others need to know about being alone in caregiving for your family. 'Sound ok? If yes, continue; if no, then thank her for her time and end phone call.

Everything we talk about would be confidential and no one would get to see the notes except me and the secretary who types them. The secretary who types the transcripts is also bound by confidentiality and will not reveal the details to anyone. I'd really like to be able to audio tape the conversation is that ok with you? If yes, then continue; if no, then thank her and end phone call.

What I like to do after the taped conversation is to have someone type up what we talked about and then come back and show it to you so that I am accurate in understanding what you meant. You can then make changes to your answers if you like. Is that ok with you?

If yes, then continue; if no, then explore concern and answer questions.

I'd like to give you a small appreciation for participating in the research study so I'll give you \$25 when you review the typed interview. I can also cover your transportation costs and child care costs, if needed.

Just so you know, I'll have some papers for us to go over so you understand what I'm planning to ask and what the information will be used for. My purpose is to understand your experiences with social workers better. The details of things you tell me will not be shared with anyone other than my research advisor. No one will know you participated in the research except the social worker whom you name and the staff who give me your file all of whom are bound by confidentiality rules. I won't use your name with anyone outside the agency. I will also ask you whether you would give me permission to speak to your former social worker/counselor. I wouldn't share anything you said with him/her, but I would share your name, if that would be ok with you. I would then interview the worker after I talk to you but I wouldn't share anything either way. Your interview information would not be shared with him/her, and his/her interview information would not be shared with you. I will also ask your permission to read the agency file about you and your family. Again, the information from the file will not be shared with the worker or with you. This information is only used to get a written record from the workers' viewpoint at the time of the contact with you.

Do you have any questions about that? Yes, no

Are you ok with what I've told you so far? Yes, no (if no then discuss further or end and thank the mother for her time).

I have to write a final report and you would be welcome to read it.

If yes, then: Good, Any questions?

If unsure, then: do you want to think about it? Can I contact you again in a week?

If no, then: thanks for your interest in the study, let me know if you change your mind.

Let's decide where and when to meet. Do you need transportation or child care costs covered?

Set date, time, and place.

Thank you so much. I look forward to meeting you.

Review arrangements.

SCRIPT COMPLETE

## Consent Form for Mothers

Research project title:

**Mother led families with multiple stressors: A qualitative study about mothers' and their social workers' perspectives of the social service experience**

Researcher: Carolyn Peters, Doctoral Student, 793-4733; [petersc@cc.umanitoba.ca](mailto:petersc@cc.umanitoba.ca)

Doctoral Thesis Advisors can be reached at:

Dr. Denis Bracken, [bracken@cc.umanitoba.ca](mailto:bracken@cc.umanitoba.ca) or Dr. Harvy Frankel at ph. 474-9550

Sponsor: University of Manitoba, Faculty of Social Work

Please take the time to read this carefully.

I understand that Carolyn Peters is the only researcher in this study and that she wants to interview me. The information we discuss will only be used for this study and presentations or publications that are related to this study. I understand that one reason for this study is because mother led families are still a misunderstood population in society and in social agencies. The purpose of the study is understand and analyze any gap between mothers' experiences and social workers' perceptions of a former professional relationship and interaction. This research can analyze whether social workers' have strategies to overcome systemic barriers (social, policy, and agency) that marginalize mothers. And finally, this research can point to further gaps in the research about social work practice and identify practices, principles, and policy changes that could improve mothers' experiences of raising children on their own.

I understand that she wants to interview me in an audio taped conversation for one to two hours. The interviews are audio taped so that the researcher doesn't have to take notes or remember every detail. I understand that the tapes will be transcribed into written form by an assistant who will not know names and identities of the women. I understand that I will be identified only by a code. Only the researcher will have the identity of my code. If examples are used in the final report, individuals will not be unidentifiable.

I understand that I will have the choice to review the entire written transcript or a summary of the written transcript after it has been transcribed. This is an opportunity to correct information so it accurately reflects what I meant to say. I will be able to go over the transcript or summary with Carolyn Peters in a second brief face-to-face meeting with Carolyn.

I understand that I will be asked to discuss my personal experiences with social work services involved with my family. If I want to know more about services available for me or my family, I understand Carolyn could provide me with such information.

I understand that Carolyn will ask to speak to my former social worker. I will tell her the name and give her written permission with this consent to talk to the worker. I understand that Carolyn will not say anything about the details of our conversation and will not tell me what the worker said. Carolyn will only get the name and agency of the worker from me and then will only disclose my name and my children's names to the worker. The information from the interviews will only be used as themes in the final report (no names attached).

I understand that an experienced researcher and the committee overseeing this research will review the final report prior to it being released. They will help ensure that the people and agencies will remain anonymous. Any additional publications that result from this research will use similar precautions to ensure anonymity.

I understand that Carolyn will give me \$25 as a token of appreciation for my time and effort when I review the interview transcript the second time we meet.

The audio tapes and transcripts will be stored until after the thesis defence in a locked filing cabinet or a computer file with a password in the researcher's possession where only the researcher will have access to them. This information will only be retrieved in the event of a subpoena following the completion of the doctoral thesis as required by law. After the defence of the doctoral thesis is complete, the tapes and transcripts will be destroyed.

I understand that Carolyn Peters, the student researcher also wishes to review my agency file at the time I was involved with the social worker. I give permission for the researcher to review my file and contact my former social worker provided the information is used only for the research project and my involvement remains anonymous in the final report.

The information and details from interviews and files will remain confidential. This ensures that the researcher is careful not to share any details, your name, or whether you participated to anyone. The secretary who is also bound by confidentiality will be the only one besides the researcher who will have seen your name. Otherwise a code will be used to identify your responses in the interview, and only the researcher has access to the names and codes. This information will be kept in a locked cabinet or pass word protected computer file that only the researcher has access to. The only limit to confidentiality is the same as it is for all professionals, that if the researcher has concern about harm to vulnerable persons, or to me or others, that appropriate actions would be taken to ensure safety and personal wellbeing as needed. In such a situation where violence is disclosed, reports must be made by law to the authorities. The researcher also follows the Professional Canadian Social Work Code of Ethics.

I understand that I will have an opportunity to obtain a copy of a summary of the final report or the full final report when it is complete and can request this of the researcher. I understand that if I am interested in receiving a copy I should check off the right "yes" below.

I understand that I can end the interview at any time, for any reason, and that I can also choose not to answer any question during the interview. I understand that I can also withdraw the information I have shared with the researcher prior to the final report. I will have the opportunity to review the transcript of the interview and can make changes at that time to clarify the meaning I intended. I understand that I can also withdraw from the research project at any time simply by indicating my wish to do so. I will still receive the \$25 if I withdraw from this research project. . In no way does my withdrawing from the study affect my future ability to receive services from the agency nor does my choice in any way affect the services I am currently receiving from other agencies.

My signature on this form indicates that I have understood the information about this project and agree to participate as an interviewee. In no way does this waive my legal rights nor release the researchers, agency, workers, or the University from their legal and professional responsibilities. This research has been approved by the Psychology/Sociology Research Ethics Board (PSREB). My concerns or complaints about this project may be shared directly with the researcher, or I can contact any of the above-named persons or Human Ethics Secretariat at 474-7122 or email [Margaret.Bowman@umanitoba.ca](mailto:Margaret.Bowman@umanitoba.ca). A copy of this consent form has been given to me to keep for my records and reference.

I, \_\_\_\_\_ give permission to Carolyn Peters, researcher and doctoral student in the Faculty of Social Work, University of Manitoba, on this day \_\_\_\_\_ to interview me and to audio tape record our conversation. With this signature I also give permission for her to contact my previous worker and view the agency file for the purposes of this research project as outlined above.

-----

Participant's signature \_\_\_\_\_ date \_\_\_\_\_

-----  
Researcher's signature \_\_\_\_\_ date \_\_\_\_\_

I would like a copy of the **summary** of the research in this study.

\_\_\_\_\_yes \_\_\_\_\_no

I would like a copy of the **entire** final report of this study.

\_\_\_\_\_yes \_\_\_\_\_no

I would like the report information to be sent to

\_\_\_\_\_.

I expect I could receive a copy by (expected date by which to receive copy as indicated by the researcher) \_\_\_\_\_.

I received the \$25 from researcher \_\_\_\_\_ (initials)

I received needed child care expenses \_\_\_\_\_

I received bus tickets \_\_\_\_\_

I heard about this project from \_\_\_\_\_

### Interview Formats for Mothers

Introduction, review informed consent form (with description of research, Appendix A).

Provide mothers with a copy of the informed consent form.

Complete Demographics form with mother.

Tape recorder on.

1. Can you tell me the age of your children and who was living in the household when you were involved with the \_\_\_\_\_ agency \_\_\_\_\_ years ago?

Perhaps draw a genogram (a visual depiction of who is in the household/ family).

2. a) What were some of the stresses at that time in the different areas of your lives?

Prompts: school, extended family, neighbourhood, finances, ex-partners, children's behaviours (if there are stories or detail, then clarify and explore details).., your own health (if there are stories or detail, then clarify and explore details), discrimination you experiences, and feelings about how your family managed ...

b) Can you talk about the challenge to make ends meet financially?

c) What do you think about the connections between women who raise their children alone with low incomes and the society responsibility for poverty and children's wellbeing? Prompts may include examples or rewording or micro and macro links (racism, sexism, isolation, lack of resources, neighbourhood safety concerns).

3.a) Who were some of your supports at that time?

Prompts: neighbours, family, school, agencies, friends...

b) what type of support did they offer/give? Practical, financial, emotional, friendship, respite or child care, food, rides, things, etc...

4. When you look back now, what do you think made it possible for you to manage through that time?

5. How did you get involved with \_\_\_\_\_ agency?

6. What was your first reaction to the agency? Why?

7. What was your first reaction to the social worker/counselor? Why?

Can you describe your relationship with the social worker/counselor over time?

8. What can you recall about your feelings about the worker in the first few meetings?

Prompts: what do you recall as making you feel relief and hope?

What do you recall as making you feel worry, unease, and fear about the help ?

Was the worker the same ethnic or racial background as you? Did that matter to you?

Was the worker the same gender as you? Did that matter to you? (explain responses).

9. a) As you look back, is there anything that the agency or the worker did or didn't do that might have made it difficult to feel good about the help?

b) Is there anything the worker or agency did or didn't do that made you feel good or hopeful about the worker's involvement with your family?

10. If you think of yourself and other women who are trying to get help now, what would be some advice you would give the agency, social workers or other mothers about meetings between families and social workers? What advice would you give them about doing something about the family needs when there are so many stresses?

11. What came out of all the stress, struggle, help and hard work at that time? How did things turn out? What do you think were the things that contributed to how things turned out? What do you think the agency, the worker, or anyone else (government, community, school) could have done to make things more manageable for your family?

12. a) As you look back, what were some of the positive things that came out of your work with \_\_\_\_\_ at the agency?

b) What were some of the negative things that you recall from your work with the social worker and agency at the time?

13. Is there anything else I or the other social workers should understand that I haven't asked you about?

14. Do you think social workers, the community, or the government/community leaders understand enough about what it's like to raise a family on a low income? What would you like people to understand about that? How did you manage that?

15. What else would you like to say about the connections between society's problems like poverty, low cost housing shortages, employment shortages, racism, and safety and the connection of these issues to women's everyday struggle with those problems? Prompts: Who is responsible for what? What do you wish the community would do to make you and your family feel more like you belong? What else needs to happen? What have you tried to do to encourage a feeling of belonging to the community for your children?

16. 'Anything else you feel others in the community need to understand about you and your situation?

Thank you, compliment on a perceived strength.

To the interviewee in conclusion:

Thanks so much for your time. If you think of anything else you wish you had said, remember it, or write it down and we can add it when I come to show you the transcript. (Indicate approximate time frame when transcripts will be ready for their review).

## Phone Scripts for setting appointments with Social Workers

My name is Carolyn Peters and I am a student researcher at the University of Manitoba in the Faculty of Social Work. I got your name from one of the mothers that you worked with as a social worker sometime in the past three years. I am interviewing mothers and social workers about their experiences when working together. I have already interviewed the mother \_\_\_\_\_(name), and I'd really like to hear about your experiences in working with her and her family. What you tell me is confidential. So the things you tell me about the family and about your observations at the time will be strictly confidential. About 20 mothers and 20 social workers will be interviewed. The interviews take about 1 ½ to 2 hours. The agency you worked for won't be identifiable in any reports either. Your director has said that I can approach workers in the agency about being interviewed. Those workers who participate in the study will have their name placed in a draw for a gift basket. I would be happy to send you a copy of the interview questions in advance if you like.

Are you interested in knowing more or being interviewed?

Yes, no, (If worker says "no" at any point in the rest of the interview to her/his interest in the research project, I will thank the worker for his/her time and end the conversation).

If yes, then:

I am hoping to ask you about your work with the family and also about broader issues relating to working with families in our community. Would you like to see a copy of the interview questions in advance of the interview?

\_\_\_\_\_yes \_\_\_\_\_no

The interview would be about one to two hours, and I would like to audio tape it. When it has been transcribed by an assistant who would only know the interviewees by a code, then you can review the transcript or a summary of the interview and make any changes you would like. You don't have to answer any questions that make you uncomfortable and you can withdraw from the project at any time prior to the final report simply by indicating your wish to do so. In the final report only themes will be described and no names will be attached. Any questions?

Could we set a time to meet?

Yes, no,

If yes, then set time and place.

(If worker is unsure, I will offer to contact them in a week after they think about it, or offer to meet to discuss project further or answer questions.)

Thank you, hopefully your contributions can improve our services to mothers in the community. Review arrangements.

## Consent Form for Social Workers

Research Project Title **Mother led families with multiple stressors: A qualitative study about mothers and their social workers' perspectives of the social service experience**

Researcher: Carolyn Peters, PhD (Cand.), Doctoral Student, 793-4733; [petersc@cc.umanitoba.ca](mailto:petersc@cc.umanitoba.ca)

Doctoral Thesis Advisors: Dr. Denis Bracken, [bracken@cc.umanitoba.ca](mailto:bracken@cc.umanitoba.ca) or

Dr. Harvy Frankel ph. 474-9550

Sponsor: University of Manitoba, Faculty of Social Work

Please take the time to read this carefully.

I understand that Carolyn Peters is the only researcher in this study and that she wants to interview me. I understand that the focus of the study is to interview mothers and their former social workers about their experiences when working together.

The information we discuss will only be used for this study and presentations or publications that are related to this study. I understand that the researcher has written consent from the mother I worked with previously to interview the former workers and review the files. I understand that the researcher also obtained verbal permission from the Executive Director of the agency to approach workers to be interviewed and for files to be viewed. In no way does this compromise the worker's right to refuse or withdraw from the study at any time.

I understand that the interviews will be audio taped and last 1 ½ to 2 hours. I understand that I can choose to review a transcript or a summary of the audio tapes at a later date to clarify and make changes so that my meaning is clear. I understand that the tapes will be transcribed by an assistant to the researcher who will not know the identities of the mothers or workers interviewed in this study. Each mother and worker will be identified by a code. I understand that only the researcher will have the identity of my code.

I understand that I will be asked to discuss my recollections of the case, the family, my observations about barriers to effective service, and creative ways to offer service. There is a potential that the discussion will have a positive result because the participants have had an opportunity to discuss social work approaches to complex cases and to contribute to identifying targets for change in the delivery of social services.

I understand that the researcher will or has given me the identity of the family members however, the details of the interview with the mother are confidential. Similarly, what I say about the situation or the family is also confidential and will not be shared with the mother or anyone else other than the research study advisor. The information from the interviews will only be used as themes in the final report (no names attached). There is a research committee that oversees this study. That no one is identifiable in the final report will be ensured by having the research study committee members review the final report prior to it being released. Any additional publications that result from this research will use similar precautions to ensure anonymity.

The audio tapes and transcripts will be stored until the thesis defense is complete in a locked filing cabinet or a computer file with a password in the researcher's possession where only the researcher will have access to them. This information will only be retrieved in the event of a subpoena for information from the interviews. After the thesis defense the tapes and transcripts will be destroyed.

I understand that the researcher also wishes to review the agency file at the time I was involved with this family through the agency. The purpose of viewing the file is to review the written original record for a broader understanding of the entire context.

I understand that I will have an opportunity to obtain a copy of the final report or a summary of the findings when it is complete. I understand that if I am interested in receiving a copy I should check off the "yes" below.

If I wish to withdraw from this project at any point prior to the final report, I understand that this is my choice. I can also withdraw any information I have shared with the researcher prior to the final report. I understand that I can end the interview at any time, for any reason, and that I can choose not to answer any question during the interview. If I refuse to participate or withdraw at any time, this information will in no way affect my employment, nor will my employer or the agency director be informed of my choice to participate or withdraw. The researcher is bound by law to report illegal behaviour and confidentiality will only be broken if there is illegal behaviour that has been identified.

I understand that there is no remuneration for my participation in the project, however myself and all the social workers who are interviewed will have their name placed in a draw for a gift basket.

My signature on this form indicates that I have understood to my satisfaction the information regarding participation in the research project and agree to participate as an interviewee. In no way does this waive my legal rights nor release the researchers, agency, or the University from their legal and professional responsibilities. The researcher follows the Professional Canadian Social Work Code of Ethics. My continued participation in the study should be as informed as my initial consent, and I can ask for clarification or new information throughout my participation.

This research has been approved by the Psychology/Sociology Research Ethics Board (PSREB). Concerns or complaints about this project can be shared directly with the researcher, or contact any of the above-named persons or Human Ethics Secretariat at 474-7122 or email [Margaret\\_bowman@umanitoba.ca](mailto:Margaret_bowman@umanitoba.ca). A copy of this consent form has been given to me to keep for my records and reference.

I, \_\_\_\_\_ hereby give permission to Carolyn Peters, researcher and doctoral student in the Faculty of Social Work, University of Manitoba, on this day \_\_\_\_\_ to interview me and to audio tape record our discussion.

-----  
Worker's signature                      date

-----  
Researcher's signature                      date

I would like a copy of the **summary** of the research in this study.  
\_\_\_\_yes \_\_\_\_no

I would like to receive a copy of the **entire final report** of this study.  
\_\_\_\_yes \_\_\_\_no

I would like the summary or entire final report to be sent to  
\_\_\_\_\_

I can expect to receive a copy of the report by  
\_\_\_\_\_.(expected date by which to receive  
copy as indicated by the researcher)

## Interview Format for Social Workers

Introductions, review informed consent form, tape on.

Provide worker with copy of consent form.

Complete demographics form with worker.

1. Review case notes from file with work...children names and ages, central issues, time frames...etc....
2. What were some of the stressors and issues you saw in the family at that time?  
Prompts: Children (behaviour), mother (coping and managing), finances, safety, low income, neighbourhood, school, extended family, ex-partners, friends, social discrimination.
3. a) Who were some of the supports for the mother and family?  
Prompts: neighbours, family, school, agencies, friends,  
b) What type of support? Emotional, practical, financial, rides, things, food, child care/respice, friendship,
4. a) What do you think made it possible for her (the mother) / them (the family) to manage at the time?  
b) What were/are some of the family's and mother's strengths?
5. How did your agency get involved with \_\_\_\_\_?
6. What did you think was \_\_\_\_\_'s first reaction to your agency and you as the worker? Why do you think she reacted in that way? Can you describe your relationship with \_\_\_\_\_ (mother/family)? Was she the same ethnic or racial background as you? Do you think that mattered? (Explain). Do you think your gender mattered? (Explain).
7. What was your assessment of the family situation? How did you see the problems and the possible solutions?
8. What do you recall about the first few meetings with \_\_\_\_\_ (mother and/or family members)?  
Prompts: did she/they seem relieved, hopeful, reluctant, worried, fearful, interested, curious, impatient, thoughtful....about the service you and the agency provide?
9. a) What are the things that you or the agency did that you think contributed to the mothers' feeling good or hopeful about the help? Explore details.  
b) what are some of the mothers' strengths that contributed to things going as well as they did? (is there a way to record strengths in the files?) do you feel your role/agency gives enough opportunity to work from a strengths perspective?  
c) What are the things that you or the agency did that you think may have contributed to her worry or reluctance about the help?
10. Is there anything else that you think contributed to difficulty in offering the kind of help she needed?

Prompts: high caseloads, agency policy, lack of supervision, lack of resources, social issues like poverty or discrimination, government policy, mandates restrictions, funding, other...(explain)

11. If you think about women like \_\_\_\_\_ trying to get help now, what would be some advice you would give the agency, social workers, or mothers about meetings between social workers and families?

12. What were the results of all the stress, struggle, help and hard work at that time? How did things turn out? What do you think were the things that contributed to how things turned out? What do you think the agency, you, or anyone else could have done to make things more manageable for \_\_\_\_\_ (mother, family, social workers)?

13. a) As you look back, what were some of the positive things that came out of your work with \_\_\_\_\_ (mother/family)?

b) What were some of the negative or concerning things that come out of this case?

14. What do you think social workers, the community, or community leaders (government) need to understand about what it's like to raise a family on a low income?

15. What connections do you make between social issues like poverty, low cost housing shortages, employment shortages, racism, sexism, safety and women's every day struggles with these issues? Prompts: how do you make those links in your assessments? How do you make those links when you talk with people on your caseload? How do you think social workers could and should be dealing with social issues like poverty? What do you do to address poverty or discrimination in your work? What do you think would help marginalized families be more included in their communities?

16. Anything else you'd like to add? Thanks ...and a compliment about their work if appropriate.

**Demographics Form for Mothers**

Mother's name \_\_\_\_\_ Case Code # \_\_\_\_\_ (office use)

Worker's Name and case code \_\_\_\_\_

Requested copy of summary of the research findings \_\_\_yes \_\_\_no

Requested copy of entire final report \_\_\_\_\_yes \_\_\_no

Requested copy to be sent to:

Address \_\_\_\_\_

Mother's Phone # \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Names and ages of children (currently in household)

\_\_\_\_\_

Names and ages of children (currently not in household)

\_\_\_\_\_

Agency affiliation: \_\_\_\_\_

Agency address: \_\_\_\_\_

Social Worker's name and address/ph #

\_\_\_\_\_

Mothers' :

Country of Origin (if not Canada) \_\_\_\_\_

Ethnic/Racial Status \_\_\_\_\_

Economic status \_\_\_\_\_

Other pertinent family/case information

\_\_\_\_\_

Demographics Form for Social Workers

Worker's name: \_\_\_\_\_ Case Code# \_\_\_\_\_ (office use)

Requested copy of summary of the research findings \_\_\_\_\_ yes \_\_\_\_\_ no  
Requested copy of entire final report \_\_\_\_\_ yes \_\_\_\_\_ no

Requested copy to be sent by \_\_\_\_\_

Worker's:

Current Agency Address \_\_\_\_\_

Former Agency Address \_\_\_\_\_

Current Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Name of family / Code of family \_\_\_\_\_

Title of worker at time of engagement (case manager, counselor, abuse investigator etc.): \_\_\_\_\_

Agency affiliation at the time of involvement with the family: \_\_\_\_\_

Years of experience in social work practice at the time of involvement with the family: \_\_\_\_\_

Worker's:

Sex: \_\_\_\_\_ Age at the time of involvement with family \_\_\_\_\_

Worker's Race / Ethnicity \_\_\_\_\_

Indicate if Race/Ethnicity is the same/different from family's \_\_\_\_\_

Education Level of worker at the time of involvement with family \_\_\_\_\_

Level of training at the time of involvement with family (did worker have special training

in the issues that the family was dealing with? explain)

Other pertinent family/case information \_\_\_\_\_

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