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# Reclaiming Our Identities as Good Mothers: Narratives of Mothers with Child Welfare Experience

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UNIVERSITY OF CALGARY

Reclaiming Our Identities as Good Mothers:

Narratives of Mothers with Child Welfare Experience

by

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A THESIS

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## Abstract

The predominant definition of motherhood in Canada, and Western Society, reflects the notion of intensive mothering, whereby mothers are expected to manage their responsibilities as the primary caregiver of their children and household, while maintaining employment outside of the home. This notion, based on a middle-class, Eurocentric construct leaves little consideration for the experiences of mothers from diverse socio-economic, and ethno-racial backgrounds. Mothers involved in child welfare for allegations of abuse are challenged with identifying with this definition of motherhood, as they face stigmatization by their communities and shame for their care of their children. Research affirms that mothers in child welfare are disproportionately younger, and of lower-economic status compared to the general population, in addition to having higher rates of homelessness, unemployment, and mental health concerns. My research question is: How do the narratives of mothers with child welfare involvement challenge good mothering ideology? This qualitative, exploratory study collaborates with three mothers in Calgary, Alberta, who, over the course of a series of in-depth interviews shared stories of the mothering they experienced in childhood, the challenges in their own mothering which resulted in having their children apprehended by the state, and finally their journey to regaining custody of their children. Interviews were audio-taped, transcribed, and thematically analyzed. These women's narratives highlighted their resiliency in their reclaiming identities as good mothers while challenging socially constructed beliefs about women, and mothering. Our intention is that the women's stories can inform child welfare policies and procedures to best support diverse families involved in the child welfare system.

## **Preface**

This thesis is original, unpublished, independent work by Hee-Jeong Yoo. The experiments reported in Chapters 3-5 were covered by Ethics Certificate, number REB14-1514, issued by the University of Calgary Conjoint Faculties Research Ethics Board for the project “Overcoming our Losses: Stories of Mothers Struggling in Losing and Reclaiming our Children” on January 28, 2015.

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## **Dedications**

I wholeheartedly dedicate this study to my mom, who has been my source of strength and inspiration throughout my entire life.

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## **Chapter One: Introduction**

Mothers are recognized as key members of many households and family units. The importance of this role is enacted throughout multiple aspects of society. For many Canadian women, their identity is closely associated with their role as mothers. In Western society, motherhood is often portrayed within the definition of intensive mothering, whereby the mother assumes the role of the primary caregiver for the children and family unit while at the same time maintaining a lifestyle beyond the household (Carolan, Burns-Jager, Bozek, & Escobar Chew, 2011; Wells, 2011). This notion of intensive mothering is derived on the basis that the woman has moderate income, and reliable supports with ongoing stability in her everyday, daily functioning. Therefore, intensive mothering excludes a considerable population of women who identify as being from backgrounds that may otherwise struggle with this notion leading to experiences in society causing feelings of shame, and questioning their good mothering identities.

Women involved in child welfare for allegations of abuse is one group of mothers who struggle to connect with this construct of motherhood. These women are disproportionately from diverse ethnic backgrounds, and of lower-economic status compared to the general population (Trocmé et al., 2010). In addition to the shame and stigmatization enforced in society, current child welfare practices also contribute to the deconstruction of good mothering identities (Wells, 2011), thus creating a significant impact on a mother's identity and solidify her belief that she has failed within this role (Ainsworth & Hansen, 2011; Schofield et al., 2011).

### **Definition of Terms**

Mother: For the purposes of this study, a mother is an individual whose gender identity is female, and whose role within a family unit is or has been to provide caregiving duties to children within their care.

Child: A person under the age of 18 years old.

Child Welfare Involvement: Any services including investigation, protective services, supervision order, temporary guardianship order or permanent guardianship agreement or order.

Western Society: Within this study, Western society refers to a set of social norms influenced by European immigration, colonization and influence.

### **Statement of the Problem**

The notion of intensive mothering within Western society maintains the continued stigmatization of mothers who are otherwise unable to fit within this construct, and enter the child welfare system. Mothers who deviate from this socially constructed definition experience social disapproval including shame and stigmatization. As a consequence of child welfare involvement a woman's identity as a mother is threatened, which may in turn, solidify her belief that she has failed within this role (Ainsworth & Hansen, 2011; Schofield et al., 2011). Current child welfare literature recognizes societal constructs of Eurocentric motherhood expectations, and in response calls for more research on exploring the diverse experiences of mothers involved in child welfare (Carolan et al., 2011; Wells, 2011). My research question supports the inclusion of mothers from diverse experiences as marginalized individuals as part of challenging intensive mothering ideology. Further, available literature on the experiences of child welfare involvement is focused primarily on the perspective of caseworkers, rather than mothers themselves (Ainsworth & Hansen, 2011), and highlights a mother's weaknesses. Including the voices of mothers with child welfare involvement in this study is a necessary step to adequately guiding

future child welfare policies and practices. This study incorporates a narrative approach to include a strength-based perspective of three mothers who have former involvement with child welfare, and shares their experiences with losing custody of their children and reclaiming their mothering identities.

Mothers who enter the child welfare system often bring with them a complex history of adversities, and therefore require a system that is supportive, healing, and aims to improve their lives. It is only by asking mothers about their experience in child protection that social workers, policy makers, and the child welfare system can begin to effectively meet the needs of this vulnerable group. For this study, I used a qualitative approach to collaborate with mothers who shared their stories of being involved in the child welfare system. Together, we identified themes of perseverance and resilience to recast these women as good mothers.

### **Research Question**

My research question was informed by the current body of literature as expanded upon in my Literature Review chapter, and by my own personal journey and my social work experiences which is further discussed in my Methodology chapter. My research question is: How do the narratives of mothers with child welfare involvement challenge good mothering ideology?

### **Significance of the Study**

The objective of my research study is to critically examine Western society's notions of good mothering, and create a definition of good mothering that is inclusive of mothers from diverse backgrounds. My hope is this objective can challenge the stigma of having child welfare involvement, and inform the child welfare system how to better support the mothers they are charged with serving. By offering their stories, their experiences can inform the development of policies that encourage mother engagement in child protection practices.

An understanding of the desire of mothers involved in child welfare to remain connected to their children and sustain their identities as mothers, is understudied. My hope in conducting this research is to contribute to the knowledge gaps in child welfare services, and in doing so inform practitioners, researchers, and policy-makers about the multiplicity of needs and the uniqueness of this population with respect to supporting their mothering. Ainsworth and Hansen (2011) recommend the need for policies and practice to shift from balancing the rights of children and parents, to integrating these rights to ensure dignity and respect for the family unit. An intended outcome of this study is that the women's stories can inform child welfare policies and procedures to best support diverse families involved in the child welfare system. This aligns with calls from the literature recommending further research on the unique experiences of mothers involved in child welfare to improve parental engagement and child welfare service provision (Ainsworth & Hansen, 2011). It is proposed that through improving parental engagement, mothers who become involved with child protection can feel empowered, and ultimately receive the support they deserve.

### **Summary of Chapters**

First, in Chapter Two I provide a guide through the current body of literature as it relates to my research study. In Chapter Three, I provide an explanation of the research methodology. In my third chapter, I present the results of this study in Chapter Four, and in the final chapter, I provide a discussion of my findings, including recommendations, limitations and implications of the study.

## Chapter Two: Literature Review

In Canada, mothers are unequivocally a key figure in the household. Although there is an increasing trend towards recognizing the importance of paternal rights (Cameron, Coady, & Hoy, 2014; Flood, 2010; Gross, 2004; Maxwell, Scourfield, & Featherstone, 2012), mothers continue to be the predominant primary caregiver (Pedersen, 2012; Thompson, & Walker, 1991). The 2016 Canadian Census (Statistics Canada, 2017) included 5.8 million children aged 0 to 14 years old and provides the most current description of Canadian family caregivers within family structures. Approximately 19.2% of Canadian family structures consisted of lone-parent families, of which 8 out of 10 were lone-parent mothers, accounting for 15.6% or 905,630 children living with single mothers in Canada (Statistics Canada, 2017). Comparatively, 3.6% reside with lone-parent fathers, 73.3% with two biological or adoptive parents, 6.1% with one biological or adoptive parent and one step-parent, and 1.4% with grandparents, other relatives, or foster parents (Statistics Canada, 2017).

The significance of the mother's role in family units is further emphasized among families involved in the child welfare system. The Canadian Incidence Study of Reported Child Abuse and Neglect 2008 (CIS-2008), a national study on reported child abuse and neglect cases in Canada in 2008 which provides the opportunity to examine the profile of mothers who have been involved in child welfare across Canada, and also highlights some of the social disadvantages among these women (Trocmé et al., 2010). According to the CIS-2008, of all families involved in confirmed child maltreatment cases, 86% recognized mothers as the primary caregiver (Trocmé et al., 2010). This highlights the importance of mothering and the contribution of this role in the household. As such, the importance of understanding the experience of

mothering in relation to child welfare is critical to provide the necessary knowledge-based to improve the policies and procedures that ultimately shape child welfare outcomes.

### **Mothering Ideology**

Over the past 50 years, Western expectations have increased for women to define themselves as good mothers (Bell, 2004; Romagnoli, & Wall, 2012). Mothers are seen as a central component of the family unit, and there is growing pressure for women to portray a sense of perfectionism within this role (Ramvi & Davies, 2010). Sharon Hays (1996) provided a first examination at mothering ideology in contemporary Western society, defining mothering as the “centre of the familial attention, but is also the person who guides the process of ‘childrearing’” (p. 57). Central to this ideology is the notion that the child's needs are placed as the highest priority, and then inevitably the mother's as secondary to those of her child (Baker & Carson, 1999). This designation of the mothering role necessitates the provision of resources, patience and physical labour to promote the well-being of her children, at times at the cost of her own wellbeing (Hays, 1996; Pedersen, 2012). While this ideology has been described as outdated, it continues to be the most socially accepted mothering ideology in Western society (Butler et al., 2010).

Now more than ever in history, mothers are challenged with balancing the pressure to define themselves beyond the traditional domestic roles while fulfilling these very same obligations (Banwell & Bammer, 2006; Carolan et al., 2011; Kugelberg, 2006; Wells, 2011). In addition, Western society upholds the notion of intensive mothering ideology, whereby mothers are held responsible for the entire wellbeing of their children and families while at the same time pursuing the demands of a successful career (Carolan et al., 2011; Hays, 1996; Pedersen, 2012).

Also, within this ideology, women are expected to balance multiple roles while maintaining the domestic responsibilities of their household (Banwell & Bammer, 2006; Kugelberg, 2006).

The responsibilities of parenting however are unequally distributed among mothers, and their male counterparts, fathers (Kugelberg, 2006; Pedersen, 2012). Mothering and fathering represent very different ideologies (Arroba, 1996; Kugelberg, 2006; Pedersen, 2012). Indeed, the responsibilities of mothering are commonly held to higher standards, and greater expectations than fathering (Carolan et al., 2011; Pedersen, 2012). Arroba (1996) acknowledges this gender inequity when in stating, “while to 'father' signifies to beget a child, to 'mother' implies constant nurturing, and lifelong concern for the children” (p. 12).

To fulfill the responsibilities of the good mother role, mother must act in ways that meet societal expectations (Bell, 2004; Butler et al., 2010; Rutman, 2002). However, as the construction of motherhood is predominately based on Eurocentric, middle class constructs, there is little consideration for diversity including the experiences of mothers from varying socio-economic, and ethno-racial backgrounds (Carolan et al., 2011; Silva, 1996; Trocmé et al., 2010; Wells, 2011). Arroba (1996) references sociologist Maria Mies (1986) in arguing that, “concepts like the 'biological' or 'natural' family are linked to an ahistorical concept of the family, in which heterosexuality and the birth of children who have the same biological parents, are both compulsory” (p. 9). As such, women who deviate from this Eurocentric definition are subjected to intense scrutiny, and report experiencing social disapproval (Bell, 2004; Butler et al., 2010).

**History of Eurocentric Mothering.** Arroba (1996) outlines the historical development of Eurocentric constructs of motherhood, as rooted in the patriarchal system. Family historians acknowledge that a patriarchal system of family organization replaced the matriarchal system, wherein women led their families and communities (Stone, 1976). Prior to adopting patriarchal

systems, the bond between a mother and child was the only recognizable relationship, and therefore served as the representation of loyalty and family structure. Walker (1983) suggests that the shift from the societal preference from a matriarchal to a patriarchal society occurred when man's control over reproductive capacity was realized. This, then fuels today's male-headed family structure (Silva, 1996). Arroba (1996) links the sexual dominance of men's control of reproduction with class and race dominance, and further states that sexual regulation is fixed in the formation of classes. A male-dependent family is the most widely accepted organization of the family and household today. Within this structure the male is acknowledged as the principal leader and main source of income in families and women are expected to comply with these oppressive systemic structures (Arroba, 1996; Silva, 1996).

The creation of capitalism also played a significant role in this transition as it came to fruition in eighteenth and nineteenth century Europe (Mies, 1986; Silva, 1996). As part of this notion is the social and sexual division of labor (Silva, 1996), which Mies (1986) describes as a pillar of capitalism. This transition produced many changes in the family structure. One notable change was the notion of the nuclear family. During the transition from a matriarchal society to a patriarchal society, the concept of male superiority and the subordination of women became evident in public law. Mies (1986) identifies the consequences of breaching this patriarchal structure results in severe victimization of these women by religious institutions, immediate communities, and the welfare state itself. Consequently, patriarchy continues to be reflected in current social structures.

**Mothering Identity.** Implicit in contemporary motherhood ideologies is the notion of good and bad mothers (Rutman, 2002). When mothers fail to meet societal constructions of the good mother ideology, a women's entire identity may be questioned as good mother and good



person are often considered synonymous (Wells, 2011). For women, self-identity is closely associated with their role as mothers, and those who lose custody of their children report feelings of inadequacy, and an entire lack of self-identity (Wells, 2010). Herland and Helgeland (2014) provide a description of this relationship between womanhood and mothering identities when they state:

Motherhood identity is not inborn but arises during a mother's experiences with her child, and is a product of dominant discourses... Our interpretation of how we imagine other people judge us is the crucial factor, something that may itself depend upon how we have grown to judge ourselves based upon past social experiences... The women appear to filter their view of themselves as mothers through the judgements of others, particularly the [child welfare workers]. Their self-conceptions as mothers furthermore reflect dominant discourses of motherhood. (pp. 48-49)

As reflected in the above passage, a women and mother's identities are often considered inseparable.

A mother's identity, and the loss of this identity is a reoccurring theme in child welfare literature. Intensive mothering ideology is reinforced throughout systemic operations of society (Romagnoli & Wall, 2012), including mass media (Romagnoli & Wall, 2012), and government organizations (Butler, 2010). Child welfare contributes to this Eurocentric construction of intensive mothering ideology, and identity (Davies, Krane, Collings, & Wexler, 2007; Shin, Ezeofor, Smith, Welch, & Goodrich, 2016). Intensive mothering is translated in child welfare expectations when mothers are placed under extreme pressure to comply with multiple objectives including therapy, programs, employment and housing responsibilities and thereby further

legitimizing intensive mothering ideology (Butler et al., 2010; Carolan et al., 2011). In a review of British Columbia's Ministry of Children and Family Development's 2008 report, *Strong, Safe and Supported: A Commitment to B.C.'s Children and Youth*, Butler et al. (2010) found that child welfare intervention policies were congruent with Western mothering ideology which target children as the sole focus of intervention, and obscures the role of the parent. Further, the child welfare policies and practices identify mothers as variables of risk and pose a danger to the child.

Some child welfare literature also finds mothers as culpable for the neglect or abuse of their children in situations where there is the possibility of other perpetrators (Cameron et al., 2014; Maxwell et al., 2012; Wells, 2010). Even with the presence of other caregivers, mothers are more likely to be the key focus of caseworkers and intervention plans (Cameron et al., 2014; Maxwell et al., 2012). As a result, a women's identity as a good mother is continually challenged throughout their child welfare involvement.

While there is a growing body of literature on mothers in child welfare, there is a need for more research on these women from the strength-based perspective (Baker & Carson, 1999). Currently, literature instead highlights mothers' shortcomings including having poor parenting capacities, maladaptive coping skills, emotionally withdrawing from children while focusing instead on substance use and difficult partner relationships (Banwell & Bammer, 2002; Banwell & Bammer, 2006). There has been relatively little research conducted on understanding the impact of intensive mothering ideology on women of marginalized groups (Pitt, 2002; Romagnoli & Wall, 2010), missing and notes the need for more research on exploring the diverse experiences of mothers involved in child welfare (Carolan et al., 2011; Wells, 2011).

## **Characteristics of Mothers Involved in Child Welfare**

Mothers who are investigated by child welfare are an especially vulnerable group as they are more likely to face multiple social disadvantages than the general population (Carolan et al., 2011; Damman, 2014; Douglas & Walsh, 2009; Gourdine, Smith, & Brown, 2013; McCoy & Keen, 2009; Marcenko, Lyons, & Courtney, 2011; Schofield et al., 2010; Slettebo, 2013; Trocmé et al., 2010). Trocmé et al. (2010) categorized these social disadvantages as caregiver risk factors and found that 78% of primary caregivers of families involved in child welfare experienced at least one parental risk factor (Trocmé et al., 2010). Victim of domestic violence, having few social supports, and having mental health issues were the top risk factors identified (Trocmé et al., 2010). The presence of multiple risk factors has been reported as a significant contributor to child abuse and neglect (Dunkerley, 2017; Escobar-Chew, Carolan, & Burns-Jager, 2015). Literature also identifies that the current child welfare system is ineffective in addressing complex needs, and that further research is required to sufficiently support these women (Dunkerley, 2017; McCoy & Keen, 2009).

**Poverty and Neglect.** The association between poverty and child maltreatment is one that is recognized as a critical area requiring more attention in child welfare research and child welfare practice (Damman, 2014; Sykes, 2011; Trocmé et al., 2010; Zilanawala & Pilkauskas, 2012). Poverty is widely acknowledged as the most common risk factor experienced by mothers involved in child welfare (Dunkerley, 2017), particularly for cases of child neglect which are commonly rooted in a mother's financial struggles. A common misconception is that physical abuse, or corporal punishment is the most common reasons for a mother to become involved child welfare services, however it is found that neglect is in fact the leading reason (Trocmé et al., 2010). Neglect is defined by the Government of Alberta Human Services (2012) as, "failing

to provide age appropriate basic care such as food, clothing, shelter, love and affection, medical and dental care, education, and protection from harm” (para. 1). The importance of the relationship between child neglect and poverty is that it is unintentional, at times unavoidable circumstances that lead a mother to factors which inadvertently lead to child neglect. The inability to purchase clothes, and obtain food for her family are further compounded among issues related to poverty (Damman, 2014; Gourdine et al., 2013; Marcenko et al., 2011). Stigmas against mothers’ involved in child welfare, particularly for neglect, negate the idea that poverty is a systemic issue requiring social change, and potentially create additional barriers for these mothers.

Marcenko et al. (2011) conducted a study in Washington State which examined 747 mothers involved in the child welfare system; 70% were unemployed, and approximately 49% of the sample reported an annual income of less than \$10,000 (Marcenko et al., 2011). In Canada, 35% of families in child welfare were noted as having low income or no income (Trocmé et al., 2010). Another consideration related to poverty are the reported low education levels among this group, which in turn limit opportunities for employment and stable income (Gourdine et al., 2013).

For mothers who have lost custody of their children to child welfare services, these poverty issues are further intensified; they have an even higher percentage of low-income, unemployment, and homelessness compared to mothers in child welfare who have not lost custody (Marcenko et al., 2011). This is an important fact questions the appropriateness of current child welfare services for mothers facing financial hardships, and further challenges the effectiveness of services targeting mothers in poverty.

Similarly, unstable or inadequate housing is also a frequently co-occurring concern among mothers involved in the child welfare system (Dunkerley, 2017; Zilanawala & Pilkauskas, 2012). In addition, high rates of neighbourhood safety concerns and neighbourhood violence is another factor mothers involved in child welfare regularly face (Gourdine et al., 2013). There is overwhelming research which states that the majority of mothers in child welfare, particularly mothers facing allegations of neglect, are impoverished and struggle to obtain the bare essentials. Therefore, easier access to services for financial support is believed to avert many cases of child neglect from entering child welfare (Damman, 2014), rather than the more intrusive alternative of child apprehension.

**Complex Trauma, Mental Health Concerns, and Substance Use.** Much like poverty, mental health concerns are also a frequently reported challenge faced by mothers in child welfare, and like poverty, there are deficits in services to sufficiently address these challenges (Staudt & Massengale, 2015). Research on mothers' substance use have been framed as interrupting the needs of the child, and are consistent with other literature which highlight mothering challenges (Banwell & Bammer, 2006). Rather than being seen as an area requiring additional support, substance use among mothers often creates further barriers to supportive services. When women are provided with a fair chance to be heard, it is found that negative personal and life events underline their mental health and substance use issues (Choi & Ryan, 2007).

High rates of co-morbidity of mental health problems and substance use disorders have been found in studies of this mothers involved with child welfare. Marcenko et al. (2011) conducted a study where she interviewed 747 female caregivers, and found approximately 23% had concurrent mental health and substance use disorders. Nair, Schuler, Blac, Kettinger, and

Harrington (2003) included 161 substance-abusing mothers with child welfare involvement, and found 70% with depressive symptoms. Unfortunately, substance use and mental health is yet another factor that further stigmatizes this population. Mothers who use substances are explicitly challenged by society to question their identities as good mothers (Virokannas, 2011). Studies which explored substance use and mental health concerns among mothers in child welfare note this concerning gap in services, and calls for further research on effective services for these women (Bundy-Fazioli & DeLong Hamilton, 2013; Ghaffar et al., 2012; Gourdine et al., 2013; Marcenko et al., 2011).

Insufficient resources and support is a re-occurring concern for this population. A lack of supportive network, and social isolation are also highlighted in literature as a concern requiring attention and improved services. Mothers of marginalized circumstances are often single parents, and with limited access to social supports in their daily lives (Ghaffar et al., 2012).

Consequently, social isolation is a frequent risk factor for these women (Gourdine et al., 2013). Supportive networks are a valuable tool for single mothers and a key factor to healthy child development. Ghaffar et al. (2012) examined 42 families, and found that 28 of them had primary caregivers were single mothers. Carolan et al. (2011) reported that mothers with child welfare involvement who are involved in intimate relationships report higher rates of domestic abuse, as well as unreliable or opportunistic partners than mothers without child welfare involvement.

Complex trauma is defined as enduring, consistent, and ongoing victimization throughout the lifespan (Carolan et al., 2011). For women in the child welfare system, persistent trauma and/or victimization is experienced throughout their lives at multiple levels; including childhood abuse, domestic violence, and systemic discrimination. Some researchers argue that trauma and victimization can disrupt parenting capacity by impacting a mother's ability to develop positive

relationships (Gourdine et al., 2013; Ghaffar et al., 2012). While the intention of child welfare may be to support families through these issues, mothers frequently report experiences of re-traumatization, and re-victimization as a consequence of their involvement in the system (Bundy-Fazioli & DeLong Hamilton, 2013). Complex trauma highlights the multiple challenges faced by these mothers, and the need for services which sufficiently address the intersectionality of these compounding issues.

For a mother, losing custody of a child can be, in and of itself, a traumatizing occurrence that is difficult to understand for those who have never experienced this type of loss (Carolan et al., 2010). Feelings of grief associated with loss of the custody of their children, and understanding their identities as mothers are common themes within child welfare literature. Schofield et al. (2010) describes the concept of disenfranchised grief, where the loss of their child custody to child welfare is not recognized in society. Further, aligning with the notions of Western mothering ideology mothers who lose custody of their children may undermine and devalue their role as mothers to protect against the shame associated with this disenfranchised grief (Wells, 2010). There is a need to explore best practices to support the grief and loss process of mothers who have lost custody of their children while involved in child welfare (Douglas & Walsh, 2009), as well as to ensure that child welfare involvement limits the cycle of trauma and victimization of these women.

### **Reported Experiences of Child Welfare Involvement**

The experiences of child welfare involvement have been focused largely on the perspective of child welfare service providers, while the voices of mothers remain limited in literature (Slettebo, 2013). Schofield et al. (2010) notes that the level of mother engagement is heavily influenced by caseworkers' personal attitudes and empathy toward the mother. This

inadvertently results in caseworkers enforcing their own course of intervention, with limited input from the mother. Literature recognizes that caseworkers' perceptions of mothers in child welfare are often fueled by negative beliefs (Damman, 2014). Studies which explored the perceptions of caseworkers showed that caseworkers often presented a lack of empathy, and negative attitudes toward parents (Ainsworth & Hansen, 2011; Forrester, Kershaw, Moss, & Hughes, 2008), which leads to disempowering treatment of mothers in the system.

The limited literature from the perspective of mothers report mixed feelings with regard to their experience with a greater emphasis on their negative experiences (Studsrod, Willumsen, & Ellingsen, 2014). For example, Carolan et al. (2010) explored the child welfare experiences of three mothers who described their involvement as an intensely shameful and stigmatizing experience. Additionally, Ghaffar et al. (2012) interviewed 47 caregivers of which 39 were female, regarding their experiences with child welfare. They report that parents often felt as though they were not treated with respect, and instead seen as problems for their children (Ghaffar et al., 2012). Bundy-Fazioli and Hamilton (2013) also conducted a similar study where they interviewed 7 mothers who described their experiences with child welfare as “disrespectful and disempowering” (p. 259).

Child welfare involvement for parents is often associated with feeling blamed, embarrassed, and disempowered (Ghaffar et al., 2012). At times, mothers are called to question their sense of self-worth and self-blame (Carolan et al., 2011). These women commonly feel uncertainty of their own parental capacity, and struggle with their feelings of not being a “good enough” mother (Carolan et al., 2011). In addition to the pressures placed on these women by caseworkers, and the child welfare system, mothers may also be challenged by their own children as being blameworthy, and not being good enough (Schofield et al., 2010). Child



welfare practices can at times involve highly intrusive interventions including close monitoring, and intense scrutiny of mothers' actions (Wells, 2010). In reference to the use of child welfare services, Banwell and Bammer (2006) state, that "these services places women under continued surveillance by authorities and enhances the stigma of being in need" (p. 511). A study from Australia, for example, found that parents report feeling powerless, not listened to, ignored and disrespected in their involvement with the child welfare system (Ainsworth & Hansen, 2011). In another study, mothers described their experiences with the child welfare system as victimizing, and felt they were "jumping through hoops" to meet child welfare worker expectations (Bennett, Spillett, & Dunn, 2012, p. 79). These feelings of shame and stigmatization create barriers for engaging in services. Negative effects are shown to, in fact, encourage behaviour which may promote more intensive child welfare interventions (Schofield et al., 2010; Wells, 2011). Feelings of being stigmatized and shamed can lead to increased aggression, self-defeating, and anti-social behaviour among parents in child welfare (Schofield et al., 2010; Wells, 2011).

Further compounding the challenges with receiving these services, the child welfare process itself can be complex and difficult to navigate (Schofield et al., 2010). Involvement with child welfare is frequently associated with the justice system, which can also contribute to the confusing process of child welfare (Bennett et al., 2012). Bennett et al. (2012) noted that parents lacked awareness regarding their rights, and alternative interventions to child welfare.

In addition to the complex legalities with child welfare involvement, mothers also report limited communication, and transparency of service from caseworkers as another challenge (Schofield et al., 2010). While adequate communication was identified by both caseworkers and mothers as a valuable tool, inadequate communication is reported as a frequent concern (Schofield et al., 2010). Mothers' concerns such as changes in foster care placement of their

children, or harm to their children while in care is noted as being inadequately addressed (Carolan et al., 2011).

Families in need of child welfare intervention are reported to experience high levels of stress (Buckley, Whelan, Carer, & Murphy, 2008). Working through allegations of child abuse is a difficult process which can have long term implications for the family (Buckley et al., 2008; Bolen, McWey, & Schlee, 2008; Damman, 2014). This process is described in the literature as re-traumatizing, and/or re-victimizing (Buckley et al., 2008; Bolen et al., 2008; Damman, 2014). Mothers are viewed as being responsible for engaging in incidents of domestic violence, or failing to protect their children from harm (Damman, 2014). In addition to working through the allegation of child abuse, mothers are also expected to address their own histories of childhood trauma and abuse (Bundy-Fazioli & Hamilton, 2013).

Services must begin to include the voices of these women in intervention strategies in order to best understand the needs of these women, and provide adequate services as identified by this population.

### **Child Welfare Orientation: Best Interest of the Child**

The direction of a case plan is largely dependent on the decision of the caseworker, whose expertise are in child development, and whose focus of intervention is typically for the best interest of the child (Bulter et al., 2010; Dunkerley, 2017). As such, children considered to be the entry point for family support services (Butler et al., 2010). Thus, many researchers suggest that child welfare perpetuates intensive mothering ideology, and supports the notion of prioritizing the well-being of the child above everything else (Butler, 2010; Dunkerley, 2017). As Dunkerley (2017) states, “Indeed, much of the focus in child welfare remains on the protection of children from caregivers rather than on providing support to their mothers.” (p.

256). As a result, a mother requiring support is only eligible for child welfare services if a caseworker deems a child is at risk of harm (Gough, 2006).

A caseworker's actions are in some measures, influenced by shifts in child welfare orientation (English, Wingard, Marshall, Orme, & Orme, 2000; Waldfogel, 1998; Yoo, DeMone, & MacLaurin, 2015). Parental rights, family preservation, and safety of the child are some of the competing tensions in child welfare orientation (English et al., 2000; Waldfogel, 1998, Yoo et al., 2015). Literature recognizes the challenges faced by caseworkers in providing adequate service to the child and family while considering these competing tensions (Dumbrill, 2006a). These shifts in orientation are sometimes referred to as a swinging pendulum where prioritizing family unification may come at a cost to the safety and protection of the child, and the decision to act in the best interest of the child may reduce support family unification (Dumbrill, 2006a; Yoo et al, 2015). Historically, child welfare interventions have primarily focused on ensuring the best interest of the child while negating parental rights, and family preservation (Ainsworth & Hansen, 2011; Dumbrill, 2006b; Thompson & Thorpe, 2003). As Dunkerley (2017) notes, "Child welfare policies and practices frequently regard women's and children's needs as interchangeable, with the focus on mothers only as direct caretakers of children, not as human beings in their own right, with needs, feelings, and experiences of their own" (p. 251). Thus, women are often limited in their ability to seek preventative child welfare support or early interventions.

A focus on the best interest of the child was created from child welfare's forensic model of practice (Ainsworth & Hansen, 2011), where the level of risk to a child is assessed using an investigative approach to inquiry. The best interest of the child approach has been described by parents as prosecutorial and antagonizing (Ainsworth & Hansen, 2011). This orientation leaves

parents feeling powerless to the caseworker's decisions (Schofield et al., 2010), and contributes to the punitive and oppressive experiences frequently reported by parents involved in child welfare.

In recent years, literature on child welfare has begun to challenge practices and policies orientated toward the best interest of the child, and instead calls for the balance of rights of both parents and children involved in child welfare (Connolly, 2010; Munro & Ward, 2008; Schofield et al., 2010). One alternative is a rights-based approach to child welfare, which considers the rights of both parents and child, and therefore provides a more equitable approach to services for mothers involved in the system (Connolly, 2010). Nonetheless, a change in child welfare approaches, that is supported by research, is required for mothers to most effectively supported during their involvement.

### **A Call for Increased Parental Engagement as a Practice Resource**

Platt (2011) defined parental engagement in child welfare as “the mutual, purposeful, behavioural and interactional participation of parent(s) and/or carers in services and interventions provided by social work and other relevant agencies with the aim of achieving positive outcomes.” (Platt, 2011, p. 142). It has shown to increase family unification rates, as well as increase rates of long term safety of the child in the family (Kemp et al., 2014; Mirick, 2014; Platt, 2011; Slettebo, 2013). It is an increasingly supported resource in creating an individualized approach to child welfare practice (Kemp et al., 2014; Mirick, 2014; Platt, 2011; Slettebo, 2013), and encourages service users to influence the services they are receiving (Slettebo, 2013). Many agencies have begun to prioritize parental engagement efforts in their service provisions for its creative and reflective approach (Mirick, 2014; Slettebo, 2013). Dunkerley (2017) summarized the value of parental engagement for mothers in particular when she states the following:

Because women are frequently the primary caregivers for children, as mothers, aunts, grandmothers, or adult siblings, failing to appreciate the perspectives of these women and the contexts in which they are caring for others should be of significant concern for child welfare providers. Better understanding of these women and the environments in which they live could provide opportunities for more children to return safely home rather than remaining in foster care longer than necessary. (p. 252)

This participation allows for mothers to collaborate with caseworkers by highlighting their strengths, and creating a case plan that effectively meets the needs of their family (Damman, 2014). Parental engagement incorporates a strength-based approach to casework, where “strength-based practice encompasses a range of attributes, including an empowerment orientation that builds on parents' competencies, emphasizes the development of supportive, collaborative relationships between workers and clients, is optimistic that families have the capacity for change, and aims to enhance family self-sufficiency” (Kemp et al., 2014, p. 27).

More than ever before, child welfare policy and practice frameworks now emphasize the use of family-centered, strength-based practice in concert with efforts to reduce identified risks to child safety (Kemp et al., 2014). When effectively delivered, this model of child welfare practice has the potential to minimize some of the barriers mothers face as part of their experience with child welfare involvement, and increase positive family outcomes by promoting a more accurate identification of family's strengths, supports and services needed (Damman, 2014). Platt (2012) notes the importance of parental engagement by stating, “Without active engagement of families with services, the chances of an intervention maintaining a child safely in his/her family of origin are minimal”. (p. 139). A study by DePanfilis and Zuravin (2002) found that attendance-at-services alone, decreased likelihood of recurrence of maltreatment

during child welfare involvement. Parents engaging in their case plan, in itself, is recognized as an important part of the process of client change (Lalayant, 2012).

The involvement of parents beyond their individual case plan is an emerging practice in public child welfare that has been gaining increased attention (Cohen & Canan, 2006; Lalayant, 2012). In the UK, for example, there is a long history of parental involvement in child welfare conferences as a result of statutory requirement to engage parents in child protection meetings which has proved to increase positive outcomes for families (Lalayant, 2012). Currently the implementation of parental engagement models in Canada is limited to mainly addressing cultural diversity. For example, in 2011 the Edmonton and Area Child and Family Services Authority (2013) established their dedication to providing a service plan sensitive to culturally diverse families by revising their policies and procedures to reflect this new approach.

Nonetheless, individualized plans to support cultural diversity is a monumental step to achieving individualized case work plans for all families in the child welfare system. The hope is that parental engagement can continue to inform individualized plans to support families' diversities of gender, age, structure, financial circumstances, as well as culture.

In summary, this literature review notes that the significance of mothers in child welfare is not yet fully acknowledged, nor utilized for improved service provision by researchers and practitioners alike. Among families in child welfare services, and families across Canada, mothers are most frequently recognized as the primary caregiver for children, and yet there is little research that supports their voices in services for their families. These women face a unique set of challenges that are yet to be sufficiently addressed. Perhaps their greatest challenge is the stigmas they face associated with their reasons leading to child welfare involvement, and being labelled by some as bad mothers. Overcoming this challenge, and ultimately reclaiming their

mothering identities requires the inclusion of their voices in research, and in their case plans. The following chapter outlines the application of this literature review in the methodology of this study, and provides an overview of the way in which these mothers' strengths and vulnerabilities have shaped the research design of this study. In the next chapter, I also describe my approach to exploring the narratives of mothers with child welfare experience with hopes that their experiences may provide valuable knowledge to inform policies and procedures, and ultimately help to improve the experiences of mothers who face future child welfare involvement.

### **Chapter Three: Methodology**

This chapter provides a detailed description of the research methodology I used for my study. In this chapter, first I explain the purpose of the study, and follow with a review of the research question that framed the data collection and the data analysis process. I then outline the specifics of the data collection and analysis procedures.

#### **Research Objective**

The primary objective of my research project is to deconstruct and then reconstruct Western society's notions of good mothering, and challenge the stigma of having child welfare involvement by sharing the voices and experiences of mothers from diverse backgrounds, and unique child welfare experiences. As discussed in the literature review chapter, this population faces particular challenges as vulnerable women and mothers (Damman, 2014; Sykes, 2011; Trocmé et al., 2010). Furthermore, they are recognized as needing more attention in child welfare research to effectively meet their needs while involved in the child welfare system (Wells, 2010). Ensuring the inclusion of their own voices, and honoring their individual perspectives is perhaps, the most effective approach to informing current child welfare policies and practices.

I used a narrative approach to collect and share the stories of three mothers' involvement in child welfare. A narrative approach, which I describe further in the later part of the chapter, centers women sharing of their personal journeys to reclaiming their mothering identities after facing childhood and adulthood adversities. In using this approach, the women provide critical insights into more inclusive and nuanced definitions of good mothering.

**Research Question.** My research question is informed, in part, by gaps in current literature on mothers' involvement in child welfare which highlight the need for greater attention



to the diverse perspectives of mothers. As I first defined in the literature review chapter, Western society's support for intensive mothering ideology contributes to the stigmatization of mothers who face adversities, and whose mothering do not fit within this narrow definition of motherhood. Thus, my research question calls for the inclusion of voices from mothers whose experiences as marginalized individuals may contest intensive mothering ideology.

There is also a need for more research from a strength-based perspective to understanding this population (Carolan et al., 2011; Wells, 2011). As literature on mothers in child welfare is primarily focused on their deficits in parenting, such as having limited parenting capacities, utilizing maladaptive coping skills like substance use, and engaging in hostile partner relationships (Banwell & Bammer, 2002, 2006), there is relatively little research that speaks to women's abilities to overcome multiple life stressors. As I explore the mothers' journeys with child welfare, I also hope to draw from each mother's strengths, as they manage losing and regaining custody of their children to child welfare, to reconstruct Western notions of good mothering.

Additionally, my research question is influenced by my personal and professional experiences, which is further discussed in the Social Position section of this chapter.

My research question is: How do the narratives of mothers with child welfare involvement challenge good mothering ideology?

### **Social Constructivist Worldview**

I used a social constructivist worldview to guide this exploratory study on mothers' experiences with child welfare to challenge societal norms of mothering. This worldview is considered throughout the research proposal including methodology, theoretical framework, and implications for the population of focus. Creswell (2014) summarizes this worldview by stating

that social constructivists “hold assumptions that individuals seek understanding of the world in which they live and work.” (p. 8). This worldview was first referenced by Mannheim, Berger and Luckmann (1967) in *The Social Construction of Reality*, and later popularized by Lincoln and Guba's (1985) *Naturalistic Inquiry* (Creswell, 2014). They explored the relationship between the individual and environment as this relationship constructs reality, and influences identity (Lincoln & Guba, 1985; Mannheim et al., 1967).

Foundational to this worldview is the belief that all individuals develop subjective meanings of their world and lives (Creswell, 2014; Lyons, & Taylor, 2004; Teater, 2010). Meanings are not simply adopted by individuals, instead are generated through social interactions, and through encounters with social norms that function in individual lives (Creswell, 2014). In their book, Klotz and Lynch (2007) guide constructivist researchers to carefully examine the relationship between individuals and their social interactions, which they define as mutual constitution (Klotz & Lynch, 2014). They identify three components of mutual constitution: intersubjectivity, context, and power (Klotz & Lynch, 2014). Intersubjectivity includes social norms, languages, time, regions, and ideologies that influence a person's identity and behaviours (Klotz & Lynch, 2014). Context builds on intersubjective understandings to position research questions to recognize historical and social influences (Klotz & Lynch, 2014). Constructivist researchers are cautious of static notions of society, and culture as it may impede the possibility for changing mutual constitutions (Klotz & Lynch, 2014). Lastly, power refers to the tension in competing meanings as multiple meanings often coexist, and calls for researchers to provide a critical lens on how and why certain meanings predominately prevail in particular contexts (Klotz & Lynch, 2014).

This conception of mutual constitution provides researchers with a framework for assessing how interactions influence the development of identities, challenge dominant meanings, and increase shifts in discourse (Klotz & Lynch, 2014; Lyons & Taylor, 2004; Teater, 2010). Constructivists view identities as social relationships and interactions that change over time and across contexts, and researchers seek to understand these relationships and interactions between the individual and their broader contexts (Klotz & Lynch, 2007). Research within this worldview should focus on the processes of identity construction, and focus on the processes that relate contexts in the development of one's identity, and the meanings that an individual has created in their interactions (Klotz & Lynch, 2007).

Constructivists recognize that some identities are complemented or reinforced in society while others are undermined or contradicted (Klotz & Lynch, 2014). Constructivists also recognize that identity is often based on a division between us and them, and people either strive to redefine, or join the dominant identity (Klotz & Lynch, 2007), hence the notion that identities are malleable, and people can alter them throughout their various interactions (Lyons, & Taylor, 2004). The fluidity of mutual constitution is also why researchers must provide a social position of themselves in the research to acknowledge their relationship within social contexts as it influences their analysis (Creswell, 2014). My own normative views, resulting from my own mutual constitution inevitably influences my participants, and informs the reporting of the findings (Klotz & Lynch, 2007). I expand on my mutual constitution in the section Social Location.

The social constructionist worldview is in agreement with the research presented in the literature review in that it recognizes that institutional context, at times, creates and impose repressive labels on marginalized groups (Klotz & Lynch, 2014). Further, within this theoretical

framework. roles and representations reflect and reinforce dominant power relationships to a point where they appear to be the only valid worldviews. (Klotz & Lynch, 2014; Lyons, & Taylor, 2004). Importantly however, constructivists challenge the static nature of meanings by recognizing that people have the potential to disrupt institutionalized meanings, such as motherhood (Klotz & Lynch, 2014; Lyons, & Taylor, 2004).

Literature widely acknowledges that a goal of constructivist research is to include, to the fullest potential, participants' views and voices in the outcome of the findings (Creswell, 2014). To support this goal, it is advised that the research questions be broad so that the participants can construct the meaning of a situation, typically forged in discussions or interactions with other persons (Creswell, 2014). As meanings are subjective and varied, researchers should look for complexity of views rather than simplifying meanings into a few categories (Creswell, 2014). Strong generalizations are cautioned in this worldview, and instead it emphasizes context-specific analysis. This has created tension between strength in generalization over detail-oriented reports (Creswell, 2014). A combination of logic and consistency in the use of evidence thus distinguishes better scholarship. With this approach, researchers are encouraged to use open-ended questioning to better support careful listening by the researcher (Creswell, 2014).

**Theoretical Frameworks: Feminism.** Constructivism recognizes the role of systems, such as child welfare, as a contributor to the meanings individuals create (Klotz & Lynch, 2014). As stated in the literature review, notions of intense mothering are re-enforced throughout child welfare practices which are heavily focused on the actions of the mother, and place unfair expectations based on her role as mother (Wells, 2011). The challenges these mothers experience from their involvement in the system often result in a negative shift in their meaning of motherhood, and their mothering identities. Within constructivist worldview, theories must

recognize the interaction of individuals with and within society's systems. Feminist theories fits within this worldview as it recognizes the gendered expectations from child welfare, and seeks to challenge child welfare practices that negatively shift an individual's meaning of motherhood and her mothering identity (Teater, 2010). This theory is used in my study to deconstruct mothering expectations by examining the impact of child welfare practices on mothers (Featherstone, 2010). Feminism builds on constructivists support for individual's abilities to challenge the institutionalized meaning of motherhood by highlighting the gendered, and oppressive practices some individuals experience in child welfare (Klotz & Lynch, 2014; Lyons, & Taylor, 2004). Therefore, feminism works with constructivism to explore the relationship between a mother, her experience with child welfare, and the distinct meanings she takes away from her experience.

Feminist theory first developed in the 1970s and 1980s to explain the differences between men and women, implemented approaches in practice to support these differences by increasing consciousness of the oppression women experience and help to gain control of their lives (Teater, 2010). Feminists sought to challenge gender-role stereotypes of women by addressing oppressions on the personal, interpersonal and/or societal level (Dominelli, 2002; Teater, 2010). It is this aspect of feminism, that recognizes the relationship between these levels and a woman, that complements constructivist worldview (Creswell, 2014). Early contributors of feminism were primarily white, middle-class, academic women. Feminism theories later developed to include theoretical frameworks that are sensitive to ethnic, cultural, and socio-economic diversities (Teater, 2010). Hence, feminists are often reluctant to make generalizations about issues such as race, class, ethnicity, age and sexual orientation (Teater, 2010; Valentich, 1996). When applied within the constructivist framework, feminism provides individualized

opportunities for women to address the persisting household risk factors endemic to their child welfare involvement (Carolan, 2010; Wells, 2010). Present-day feminist social workers have now broadened their mandate to focus on addressing all forms of oppression, exploitation and discrimination (Bricker-Jenkins & Nettings, 2009). For example, feminist practice has been applied to helping men facing negative consequences from societal expectations of their gender role with achievements, and masculinity (Flood, 2010). When applied to this study, feminism works in conjunction with constructivist worldview to highlight and validate the uniqueness of each mother's journey, and the impact of her child welfare experience on the development of her mothering identity (Wells, 2010).

Feminism is an exceptionally appropriate framework for social work as the majority of social workers are women, as are the clients who access services (Orme, 2002; Teater, 2010). Feminist social work recognizes this gender representation in the field, and also upholds the common effort of the profession to create equitable opportunities in society (Bricker-Jenkins, & Hooyman, 1986). These theories also provide a social justice perspective to constructivist worldview by encouraging change to current practices (Carolan, 2010). Literature highlights four commonalities among feminist social workers which Teater (2010) lists in her book, *Social Work Theories*:

- (1) to end patriarchy;
- (2) to empower women;
- (3) to view the person-in-environment (that is, the personal is political); and
- (4) to raise the consciousness of women and society as a whole in regard to the structural gender inequalities. (p. 91)

Additionally, feminist social workers work to transform social systems and institutions, honour diversity, and encourage egalitarian relationships (Dominelli, 2002; Orme, 2009, Teater, 2010). When these values are applied to my study, my goal is to empower each mother by focusing on

her desires and goals for herself, embracing her mothering identity by rejecting society's construction of good mothering, and challenging those societal norms (Teater, 2010).

Feminist approach calls for interventions where caseworkers act as advocates for the families they work with, and interventions which are empowering in nature (Carolan, 2010). Feminist practice seeks to challenge and diminish the power inequalities within society, social workers should maintain a relationship with the client that is collaborative and egalitarian in nature (Valentich, 1996). This theoretical framework promotes a more equitable distribution of power between caseworker and mother (Ghaffar, 2012).

**Theoretical Frameworks: Intersectionality.** As outlined in the literature review, mothers involved in child welfare are often marginalized, and subjected to multiple forms of adversity or harms including: poverty, substance use, mental health concerns, and complex trauma (Damman, 2014; Sykes, 2011; Trocmé et al., 2010). The stories of mothers in my study not only tell of overcoming adversities from their involvement with child welfare, but also speak to overcoming multiple systemic and life-long hardships. Intersectionality brings together the multiple facets of a mother, and the meanings she's created in her environment. Intersectionality is a fitting theory for this study as it makes sense of "how interlocking systems of oppression are experienced by marginalized groups" (Shin et al., 2016, p. 212), and acknowledges the multiplicity of oppressions impacting these women. Intersectionality applied to this study provides a framework where the identities of mothers can be considered within the context of their childhood adversities, the challenges they faced that lead to their child welfare involvement, as well as their strengths in reclaiming their motherhood following the involvement.

Intersectionality is rooted in feminism as it stems from critical feminist theory, which is a branch of feminism that examines multiple overlapping individual and institutional level

oppressive systems (Crenshaw, 1986). Critical feminist theorists analyze the ways in which governments, social systems, and organizations obstruct and hinder the wellbeing of certain populations, and attempts to work toward equitable forms of social justice (Crenshaw, 1989). Feminist scholars first began employing intersectionality to understand gender in relation to other social identities like, race, class, and sexual orientation since the late 1980s (Shields, 2008). Intersectionality, coined by Kimberlé Crenshaw (1989) as part of her critique that the experiences and challenges of Black women often fell through the cracks in both feminist and antiracist discourses, and she evaluates the ways in which hierarchies function to establish and reinforce the social marginality of women of colour. Critical feminist theory moves beyond general oppressions and focuses instead on macro-level, systemic oppressions. While intersectionality was originally focused on race, gender and class, it has now expanded to consider other social categories including sexual orientation, occupation, health and age (Krumer-Nevo, & Komem, 2015).

Constructivist worldview recognizes that individuals make meaning through their various social interactions with others, interactions with their physical environment, as well as the events they experience in combination with their social and physical environment (Mannheim et al., 1967; Lincoln & Guba, 1985). Feminism in this study is used to highlight the gendered expectations child welfare often places on mothers, and works with constructivism to highlight the damaging meanings mothers attribute to themselves as a result of their negative experiences with child welfare. Intersectionality provides the opportunity to explore the multiple oppressions a mother experiences leading up to her involvement with child welfare, as well as the oppressions feminism highlights during her involvement in child welfare, and guides this study



in recognizing that oppressions must be considered as an issue impacting the lifespan of a mother.

### **Reflexivity**

Reflexivity is understood as a researcher's awareness of the influence they have on the participants, and accepting that there is no neutrality in their research (Gilgun, 2008; Probst, 2015). Reflexivity also includes recognition of the way that the research process impacts the researcher (Gilgun, 2008; Probst, 2015). Having researchers acknowledge their positioning in relation to the study increases honesty in the findings, and protects the findings against claims of pure objectivity (Probst, 2015). Longhofer, Floersch, and Hoy (2013) refers to reflexivity as "our human capacity to consider ourselves in relation to our contexts; and our contexts in relation to ourselves" (p. 140). This definition highlights the significance of reflexivity in constructivist research as it provides the opportunity for researchers to recognize themselves as an influencing part of the participant's environment, as well as their participation in the study. The narratives that the three mothers in this study shared, and the way in which they told their narratives were influenced by the mutual constitution I bring to the questions I chose to ask, how I contextualized those questions, as well as my verbal and non-verbal responses.

My approach was influenced by my personal and professional experiences. I grew up primarily cared for by a single mother. My dad was in and out of my life during my entire life as he struggled with his own mental health challenges. When I was 12 years old, my mom divorced him. During my childhood she was heavily scrutinized by her family and was met with little support as no other member of her nine-sibling family had experienced divorce. Thus, during my own childhood, I witnessed the financial struggles, familial exclusion, and social isolation my mother experienced as a single mother. I also acknowledge that my mutual constitution includes

feelings of frustration, shame, and fear. I have observed, in relation to my own experience of being mothered, the challenges faced by mothers who do not completely fit the constructs of a “good mother” as idealized in Western society. These experiences have led me to empathize with the women with whom I collaborated with in the study. While I was cautious about transference of the feelings and meanings I’ve created with my own experiences, I also recognize that my own experiences may create some bias perspectives with my approach to working with mothers in my study and in analyzing the findings.

I am a Registered Social Worker with the Alberta College of Social Workers, and I am in the process of completing a graduate social work degree from the University of Calgary. I am currently a family counsellor for a public health agency and approximately five years ago I was a caseworker for a First Nations community. My social work journey has introduced me to a diverse range of theoretical paradigms that influence my conceptualization of the mothers’ narratives. As I acknowledge the biases from my personal experiences, I recognize that my professional experiences may also impede on my neutrality.

### **Research Approach and Rationale: Qualitative**

The power of language is a foundational pillar of social work practice (Wells, 2011). It is through language that social workers create relationships, and work with others to promote social justice. Qualitative approach is a natural fit for social work research as it uses this power of language to understand human actions, and the interpretation of their actions (Pinnegar & Daynes, 2007). This approach requires the participants themselves to report on their experiences without interruptions from external perspectives (Neuman, 1994). My research question seeks to use each of the participant’s individual journeys to create a more inclusive definition of good mother. In doing so, I will try to preserve the voices and stories of the women such that their

experiences will contribute to the reconstruction of good mothering. As such, a qualitative approach provides the opportunity to share the participant's voices while ensuring limited external interpretation (Neuman, 1994).

### **Design: Narrative Inquiry**

I chose to use a narrative inquiry approach as the research study design for my study as it is useful to explore stories about women's lives (Daiute, 2014; Riessan, 2008). Narrative inquiry can be used stories to gain insight into individual's lives (Creswell, 2014; Daiute, 2014), as it allows researchers to investigate how individuals experience and make sense of the world drawing on their own perspectives (Webster & Mertova, 2007). Narrative inquiry is of particular value within my study as this approach emphasizes stories that represent a sequence of events (Guest, Namey, & Mitchell, 2013). For these three women, this approach is effective in highlighting their life-long journey to reclaiming their mothering identities.

Narrative inquiry works with the previously described theoretical frameworks as this approach recognizes that narratives are culturally dependent, drawing upon culturally shared images and conventions to present and interpret experience, and recognize connections between individual and society (Bell, 2004; Wells, 2011). For the women in my study, their storying of their experiences in child welfare are influenced by societal values and beliefs, and societal systems including the child welfare system itself. Narrative research allows these women to reflect on their stories while acknowledging these influences.

This technique is also distinguished from coding primarily by its inclusion of a holistic perspective and from employing situated-relativity of interpretation (Ezzy, 2002; Webster & Mertova, 2007). Coding is the method of organizing the data into chunks or segments of text by separating sentences into categories, and providing a label to those categories (Creswell, 2012).

Coffey and Atkinson (1996) advise caution in the use of coding as it can blur the “whole story” as they further explain, “Our interview informants may tell us long and complicated accounts and reminiscences. When we chop them up into separate coded segments, we are in danger of losing the sense that they are accounts” (p. 52). In contrast, narrative inquiry supports a holistic approach to analysis that is best used with longer duration and longer sequence of events; it is therefore not designed for explicating short-term experiences (Webster & Mertova, 2007). This style of inquiry seeks to organize a sequence of events into a whole so that the significance of each event can be understood through its relation to that whole (Livholts & Tamboukou, 2015; Riessman, 2008). While my study explores narratives of the experiences of mothers’ involvement in child welfare, it is important to consider that these stories present a story within a story that is woven throughout these women’s lives. Narrative inquiry further supports the theoretical frameworks as it honors the personal meanings that individuals derive from their stories rather than the stories themselves. In this manner narrative inquiry provides a window to the insights and depths of the individual’s experiences (Daiute, 2014; Webster & Mertova, 2007).

### **Participant Recruitment and Inclusion Criteria**

As I outlined in the literature review chapter, mothers in child welfare are an exceptional population; they are impacted by multiple forms of oppression and face numerous challenges and thus constitute a vulnerable group. Throughout the recruitment process my intention was to be mindful of these vulnerabilities, and to act and interact or make decisions in a way that was more empowering than objectifying and further stigmatizing.

Purposive sampling is focused on understanding an individual’s experiences, rather than generalizing an individual’s experiences to the greater population (Lincoln & Guba, 1985). This

sampling method also recognizes that broad inclusion criteria are at times necessary to allow for studies that focus on vulnerable populations who are otherwise difficult to recruit (Guest et al., 2013), thus purposive sampling is used in several studies on mothers involved in the child welfare system (Escobar-Chew et al., 2015; Nixon, Radtke, & Tutty, 2013; Skyes, 2011).

Inclusion criteria was inclusive of women who self-reported having former involvement in a child welfare investigation as a mother. Specifically I was interested in women whose journey included losing and regaining custody of their children in relation to their involvement in child welfare. As I utilized a constructivist framework to challenge good mothering ideology, this broad inclusion criterion was created without specifications for the nature of their reasons for child welfare involvement nor the degree of their involvement and valuing a mother's own interpretation of her experiences without influence for what child welfare services may have determined as the reason or the nature of her involvement.

Recruitment of this population creates particular challenges as the stigma and often the shame of having child welfare involvement does not allow for mothers to readily identify as meeting the inclusion criteria for this study. Therefore, I relied on the specialized knowledge about the population that my supervisor, Professor Walsh, has to connect with mothers with child welfare involvement (Berg, 2007; Frankfort-Nachmias, & Nachmias, 2008). This method is referred to as purposive sampling where the researcher uses subjective judgement, based on this specialized knowledge, to select the sample population (Berg, 2007; Frankfort-Nachmias, & Nachmias, 2008). Professor Walsh has demonstrated specialized knowledge concerning mothers with child welfare experience through several research studies she has previously conducted. For this study, Professor Walsh contacted two women from her previous research, who she knew had prior child welfare experiences and had lost and regained custody of their children. In addition, a

third woman was recruited via an agency that worked with vulnerable women, many of whom had child welfare involvement. She first connected with the agency by providing a letter of invitation to participate in research (Appendix A).

For narrative inquiry, Creswell (2013) states that a sample size of one or two participants is sufficient. Guetterman (2015) analyzed 51 qualitative studies, including 10 narrative studies, to summarize sample size and sampling practices. Guetterman (2015) notes that, of the 10 narrative studies, sample sizes ranged from 1 to 52 participants. These studies provide the rationale for determining the inclusion of three participants as a sufficient sample size to conduct a narrative study.

### **Data Collection and Interview Protocol**

Ethics procedures were organized prior to starting the data collection process, and these procedures are explained in the section, Ethical Considerations. Jenn and Toni were interviewed two times, and Lisa was interviewed three times. The interviews were conducted from February to April 2017. The date and time of the interviews were established collaboratively over the phone. The participants were also consulted on which location they wished to have the interviews while considering the sensitive nature of the topic, all meetings were conducted in women's own homes for comfort, privacy and at times to accommodate child caring responsibilities. Prior to beginning the recording, the interviewer reviewed the purpose of the study, and usefulness of their narratives. Each participant also reviewed and completed a demographic questionnaire (Appendix B), and informed consent form (Appendix C) that outlined the voluntary nature of the study, as well as the confidentiality and anonymity of their participation. I further outline informed consent and ethical practice in the section Ethical Considerations.

Constructivist research requires the collaborative efforts of both participants and researcher, therefore, each mother was informed of the opportunity to guide the direction of the interview as they wished. Nondirective, informal, and conversational styles were used in the interviews. Frankfort-Nachmias, and Nachmias (2008) describe nondirective interviews as having:

little or no direction from the interviewer, respondents are encouraged to relate their experiences, to describe whatever events seem significant to them, to provide their own definitions of their situations, and to reveal their opinions and attitudes as they see fit. (p. 215).

Interview lasted from 40 to 90 minutes. The interviews were audio-recorded, and transcribed verbatim by a professional transcriptionist to allow for more efficient data analysis.

### **Data Analysis**

The transcriptions of the audio-recordings were thematically analyzed. Segmenting was employed as part of the analysis, which involves breaking narratives up into units of lines and stanzas for the purposes of highlighting content and linguistic cues (Riessman, 1993). Segmenting was also supplemented with observational notes from the interviews to ensure accuracy, and manage details from the interviews that were otherwise not captured in the recordings. Coffey and Atkinson (1996) state while segmenting “may be an important, even an indispensable, part of the research process, but it is not the whole story” (p. 52), and therefore connecting strategies were employed to organize the transcriptions into themes. This approach considers each narrative a unique story in itself, which differs from categorizing strategies that seek to rate data in terms of similarities and differences (Maxwell & Chmiel, 2014). Connecting strategies is aligned with intersectionality framework as it is concerned with how different

variables interact within each narrative (Dey, 1993; Maxwell & Chmiel, 2014). This approach allowed me to explore the intersections of each mother's past experiences as it impacts her mothering identity.

### **Trustworthiness, Authenticity and Credibility**

Trustworthiness in qualitative studies is ensured through authenticity and credibility. Authenticity is the ability for researchers to provide a perspective of the findings that is balanced, and to provide community members, peers, and practitioners future opportunities to work toward social justice and human rights (Merriam, 2002; Mertens, 2009; Webster, & Mertova, 2007). As narrative inquiry is based on individual truths, rather than identifying generalizable findings, the aim of authenticity in narrative research is primarily to ensure that "the researcher provides enough information in order to convince the reader that the story is told in a serious and honest way" (Mertens, 2009, p. 100).

Credibility is the ability to demonstrate congruency between the findings and reality (Shenton, 2004). Literature suggests multiple strategies to enhance credibility (Creswell, 2013; Shenton, 2004). Clarifying researcher bias is heavily noted as a necessary stage of credible qualitative research (Creswell, 2013; Shenton, 2004). As such, I describe my social location as part of identifying my bias as a researcher. I also employed triangulation, whereby multiple sources of data are referenced to confirm emerging themes in my findings (Creswell, 2013; Lincoln & Guba, 1985; Merriam, 2002; Shenton, 2004). I compared my themes to studies previously conducted on this population, and found the findings of these studies were congruent with my themes, which further promotes the credibility of my study. Additionally, rich, thick descriptions were used to convey the findings, and contributed to the authentication of the study (Creswell, 2013; Merriam, 2002; Shenton, 2004). I ensured that the readers were provided with



sufficient context of the narratives. Frequent debriefing sessions between the researcher and superiors are recognized as increasing credibility as the supervisor may highlight flaws or recognize biases (Shenton, 2004). Additionally, debriefing sessions provide an opportunity to provide feedback from an expert role, and thus I frequently consulted with my supervisor throughout the data collection, and analysis process.

### **Ethical Considerations**

I submitted a research proposal, outlining ethical considerations to Dr. Walsh as my thesis supervisor. She received ethics approval from the University of Calgary Conjoint Faculties Research Ethics Board prior to commencement of this study. Additionally, I completed the Ethical Conduct for Research Involving Humans Course on Research Ethics.

Prior to beginning the interview process with each participant, I reviewed the general subject of discussion, and indicated the nature of information that was being asked of the participant. The purpose of the study, and usefulness of their narratives was also discussed. Each participant reviewed and signed a consent form that outlined the voluntary nature of the study, as well as the confidentiality and anonymity of their participation. Identification of the participants was reduced by omitting identifying data from the findings, such as last names, and names and ages of children.

As previously mentioned, child welfare involvement for many mothers can be a shameful and challenging topic to discuss. Hence, this study provided additional consideration for the sensitive nature of the interviews, and the potential vulnerabilities of the women involved. As part of a distress protocol, each interview was followed by a time to de-brief about the matters discussed, and the participants were informed that clinical, supportive services were available if they felt it necessary.

The objective of my research is to reconstruct good mothering definitions by exploring the experiences of mothers who have had child welfare involvement. In this chapter, I reviewed the theories, principles, and methods I used to collect and analyze the narratives of three mothers who have had child welfare involvement. The following chapter presents the results of my study based on the methodology outlined in this chapter.

## Chapter Four: Findings

The objective of my research was to challenge Western notions of good mothering using the narratives of mothers who have been involved in child welfare. Three women participated in this study. They courageously shared their personal journeys to reconstructing good mothering norms, and defining their mothering identities. This chapter presents direct quotes from the narratives of these women's lives, from which four themes emerged: Disrupted Mothering, Adversities in Motherhood, Good Mothering While Facing Challenges, and Reclaiming Motherhood.

The women first narrated their own childhoods, providing insight into their relationship with their mothers. They then spoke to the impact of this relationship on their own development as young adults, and later as mothers themselves. Each of these unique journeys included overcoming enormous adversities, particularly challenges in motherhood. These challenges included losing custody of their children, and their struggle to manage mothering identities. Lastly, they recalled their experiences with finally embracing motherhood, and reclaiming their mothering identities. While the strength and resiliency of these women from their narratives teach many valuable lessons on good mothering, their narratives also speak to gaps in services for this population, and subsequently highlight areas of service provision that require further attention from practitioners, researchers, and policy-makers.

### Participant Profiles

**Lisa.** Lisa had the most recent involvement with child welfare amongst the three participants. Lisa's narratives were reflections on her experiences with homelessness approximately two years prior to her interviews for this study. During this time two of her three children (her youngest daughter and son) were taken from her care and placed in foster care. Her

oldest son has resided with his dad in another province since he was an infant, and she reported having no contact with him throughout his life. Lisa's narratives were reflections on her journey to increasing her self-confidence while leaving behind abusive relationships, and managing her mental health challenges during the last two years.

**Jenn.** Jenn is a widow after the loss of her husband over 16 years ago to a drug overdose. She has twin adolescent sons, one of whom has been diagnosed with a developmental disorder. She has had two involvements with child welfare, and currently maintains custody of both her children. Jenn's narrative circulated around her most recent child welfare involvement, and her efforts to rebuild the bond between her two sons and herself after her last release from prison over three years ago.

**Toni.** Toni has three children, and has an extensive history of homelessness and substance abuse. At the time of the interview, she had maintained sobriety for over five years. It was evident that much of Toni's narrative was informed by her current schooling in Addictions Counselling, and she often referred to concepts of intergenerational trauma and addictions theories in her stories. Toni's narrative circulates around the period of her homelessness during this time she gave birth to her first child, and gave up custody to child welfare immediately at birth. Her second oldest child currently lives with her after Toni regained custody from child welfare.

The remainder of this chapter presents each of the four themes with supportive quotes from the interviews.

### **Disrupted Mothering**

Each of these three women described their mother-child relationships as complex, and reported separation from their mom's homes in their early or late adolescence.

Lisa grew up under the care of her mom and stepdad, both of whom struggled with alcohol abuse. She recounted her stepdad as an authoritative figure who maintained control over multiple aspects of functioning in the home, including who Lisa befriended, and the music she listened to. This is perhaps Lisa's first of several relationships with men who exerted coercive control over her life, while her mom remained a passive character that provided little protection from the ongoing domestic challenges of insufficient finances, and alcohol abuse. In the following, Lisa reflected on her mother's marriage to her stepdad, and the impact of this relationship on their mother-child relationship. When initially asked about the marriage she stated, "They made their marriage work the best they could". When asked to expand on her response, Lisa elaborated:

After a while I found out that they had to borrow money to keep the house. ... You can pretty much say ours was a dysfunctional family.

Regarding her mom and stepdad's alcohol use, she commented:

Actually, in that time period [of late childhood] I almost lost my mom cause she drank. She was, she was a little bit of an alcoholic. ... [My stepdad] and my mom would drink and at the end of their days and everything like that... that's when their arguments kinda came out about things. But I was old enough to, to step in or realize and those were the times when on the weekends I didn't wanna go home. And my mom like my mom knew that.

As a result of her mom and stepdad's conflicts, Lisa became avoidant of going home, and upon further consideration, she recounted her own interpersonal challenges with her dad. She recalled:

Well as a child I didn't make it easy for them, for my mom more like it. But um, that's the thing though, I was a little bit more of the good kid. But just say it was hard because I

wasn't allowed to have friends over. Um, cause [my stepdad] didn't like it. Um, I wasn't allowed to play music because it always had to be his way unless he wasn't there. Then my mom kinda allowed us to, to be more ourselves I guess.

Furthermore, she went on to also state:

For the most part it was good, um, [my stepdad] taught me some of my art, um, he was there to talk to sometimes, but made it really, really difficult for us to go and have family time. Family like, he never wanted to come out to visit my mom's family.

The challenges her stepdad created with Lisa's family extended to her children. Lisa explained:

[My stepdad] didn't like being called a grandfather. He didn't really wanna take that role.

With no mention of support from her mom, her stepdad continued enforce his authority without regard for Lisa's needs when Lisa had children of her own.

Much like Lisa's journey, Jenn's childhood was also characterized by parent-child relationship conflict. When asked to describe Jenn's relationship with her mom growing up, Jenn voiced her perspective of her mother's premature entry into parenthood, and the tension this brought to their mother-child relationship. She expressed:

So [my dad] and my mom's relationship, it was rocky to begin with. I found out later in life that my mom really didn't really want to be pregnant with me when she got pregnant. And you know, my dad kind of conned her into you know, "It'll be ok". So she wasn't really prepared to be a mom when I came along.

Jenn also clarified that her dad went to an institution for mental health illness during her childhood, leaving Jenn with her mom. Within Jenn's dialogue, there is a sense of loss with her dad that was left unresolved throughout her childhood. Perhaps for this reason, Jenn developed a deep resentment toward her mom. She recalled:

My dad got real sick when I was about 8 years old and he was diagnosed with clinical chronic depression. When he went to go live in a mental institution they told me my dad was sick. When I saw him he didn't look sick. I didn't really understand sick of the mind. So I figured my mom had done something and he just didn't really wanna be there.

While her father was admitted into the mental health facility, Jenn's unresolved grief remained relatively unnoticed. Supportive services for grief, psychoeducation, or family counselling were not provided at this time, leaving Jenn and her mom with a lack of resources or skills to manage this difficult life-transition. Jenn and her mom's relationship ultimately deteriorated, creating a greater opportunity for Jenn to develop a lifestyle of high-risk behaviours. She shared their final break in their relationship occurred in her adolescence after a physical altercation with her mom. In the following, Jenn described her mom's decision to resign custody of Jenn over to child welfare:

We moved to Calgary. I was running away and experimenting with drugs and I wouldn't have nothing to do with her. She hit me once and I beat her up and she called social services and signed me over.

Jenn's fundamental years of development are characterized by abrupt change in family-structure, a strained relationship with her mom, and early entry into child welfare. As we will later hear, these experiences informed her own involvement with child welfare as a mother.

Toni's narratives provided limited insight into her biological family of origin. Toni was removed from her biological family's care, and placed in foster care as an infant. Additionally, she was removed a considerable distance from her home reservation to a different province. Throughout her narrative, she speaks to this disruption in her cultural knowledge, and her

familial connections. The following reflections is Toni's perspective on the impact of colonization and residential schools on her life as it relates to herself, and her mother:

So [colonizers] were coming and trying to save us savages. Like really, like in there it says we 'Take the Indian out of the child'. Like are you fucking kidding me? It was a genocide and people don't even realize how, how close that was. This wasn't hundreds and hundreds of years ago. This was my mother, this was me.

She further explained:

So my mom was in residential school, her mom was probably in the bush, and her mom before that was in the bush. You know, they lived their life, they loved their life, they did pretty much whatever. Then all this colonization came in and we were made to be "Oh you're, you're nothing, you're worse than whatever. Your religion, your culture, your spirituality, you're a heathen you can't do that it's bad". And so my mother grew up with that from her mother and you don't even know if her mother was brainwashed to think that Aboriginal people she didn't want to be an Aboriginal person because it was so dirty and that's not . . . so they tried going to church, they tried going.

Toni's removal from her province and family created enormous exclusion from her culture, as well as discriminatory experiences. Cultural sensitivity in child welfare is a relatively recent endeavor. While the reasons for apprehension was not discussed, working to provide the least intrusive intervention was not served to Toni but rather she was radically uprooted from her family. At the time that Toni was apprehended, there was limited research on the negative impact of First Nations children removal from their culture. This is an area of child welfare research that continues to develop and change practice and policies (Blackstock, 2011). Toni faced prejudice from her own family as a result of her early apprehension from her family's care. She shared:



My mom is dead. I know that, I don't even know who my grandmother is, I know that they're, up there but yeah. I don't know my family. I've met a little bit of them but they are the ones that are on the reserve or very closed off even if you are from the reserve. If you didn't grow up on the reserve then you're just an 'apple' [derogatory term for an Indigenous person who acts or is perceived to be White] kind of ah, oh all you want is our money from the band kind of thing right?

Lisa, Jenn, and Toni recalled their childhoods as turbulent, and generally unpredictable. Narratives of complex family structures, and intergenerational trauma have begun illustrating a broader picture of long-term hardships.

### **Adversities in Motherhood**

It is widely acknowledged that healthy childhood development is crucial for later life functioning, and early childhood experiences may have considerable influence on who we become as adults. In this section, these three women share the impact of their childhood experiences on the challenges they faced as new mothers. We hear the challenges that arose from their experiences with their own disrupted mothering, and their efforts to regain these gaps in their development.

Lisa was provided with an opportunity to leave her mom and stepdad's home through one of her first significant relationships. However, the coercive authority Lisa experienced with her stepdad remained present in this relationship as well. Lisa reflected on this period of her life by first sharing her initial reasons for starting and maintaining abusive relationships. She shared she "...Started getting into abusive relationships and thinking that was love and stuff like that. Or like I loved them but they didn't love me pretty much in the end". The following are descriptions of this first relationship, which she admitted was a time of loneliness and confusion. This

relationship began with her moving across the country, where Lisa found herself in a violent relationship and completely isolated with no supports. She disclosed:

He [first boyfriend] wanted to go back home. So I pretty much just left with him and I moved. And about a month after that he beat me. And I had nowhere to go, and I was still in contact with a really good friend of mine and that's how I ended up across the country. She was able to leave this relationship with the help of a friend, and soon after met the father of her first child. This relationship with her son's father quickly ended, and she eventually returned to her home province with her first son. When her son's father threatened to charge her with kidnapping she became frightened, and sent her son back without pursuing her rights as a mother. Lisa looked back on her difficult decision to send her son back to her ex-partner:

It was really, really hard because I felt like I didn't have the support from anybody out here [Calgary] to say no. So I could actually keep [my son] here with me.

Lisa did not have the support of her family, nor a positive support system at this time. Thus, her history of getting involved with unreliable and challenging people continued. Lisa did not discuss with great detail who the father of her second and third children was, with exception to his unexpected overdose. Following his death, she entered yet another co-dependant relationship. This partner was also a substance user and while there was no physical violence the relationship did involve emotional and verbal abuse. Lisa confirmed, "The violence would just be more, pretty much the verbal abuse and the mental health part of it." She went on to describe the deterioration of her mental health as a result:

I had a boyfriend at the time, and it wasn't the best relationship... Um, well there was a lot of secrets. Um, he was a crack addict. Um, so that's pretty much where a lot of our money went. Um, that also went to the point where we were getting evicted a lot and I

was always covering a lot of, of things, like food and I was able to get extra money from other places. Which didn't make me feel very comfortable because he said that he would always be able to fix and he never did and I just, um, I kept believing him. And so, when child welfare came, and came in and um, it kind of opened up my eyes of maybe what I was doing with my kids' lifestyle and how I was raising them.

She further elaborated:

It's just I was so worried about things and because I knew about his habit it was kinda like the guilt trip of, like, I just let him spend pretty much our rent money knowing or thinking that he was going to save us. Or whatever. And instead it was like my ship was sinking even more.

Shortly after, Lisa became involved in child welfare services, as she recalled:

...It got to the point where my mental health wasn't there. And so, the school called child welfare because my daughter wasn't attending school for grade one.

Lisa had functioned as a grossly isolated, single mom for most of her motherhood, and as such, macro-supports like the educational system may act as a valuable resource for preventative interventions for struggling families-in-need. Lisa's story, however, calls into question the educational system's capacity to support families such as Lisa's.

Jenn's early life was characterized by difficulties in the mother-child relationship, and high-risk adolescent behaviours. In the following, she described leaving the hostile care of her mother, to entering the care of child welfare where she went in and out of various foster homes and residential facilities. Jenn eventually married and had two sons. While she did not elaborate on the nature of her marriage, or her husband, she shared that her husband was a drug dealer and

he passed away from an overdose. Jenn reflected on her role as a single mother after the loss of her husband:

Well ‘cuz I have to be both, I have to be mom and dad right, and there is no break for me. Um, there is no girls’ nights or you know, there is no other adults at the end of the night to sit down with and try and figure out something to do with [my sons]. You know, how are we gonna’ tackle this issue or that issue. It all has got to come from up here.

After the loss of her husband, Jenn found herself as the sole provider for her family, and with the sudden responsibility of obtaining a job, managing a household, and mothering her two sons. When Jenn struggled to manage a reliable source of income, she turned to drug dealing to support her family’s needs. She disclosed:

I went to welfare and welfare was like “Well you’re 25 years old, go find a job”. Um, until that point in my life I had no job skills. Like my mom threw me out when I was 10 and I grew up on the streets and in and out of foster care, in and out of the young offenders centre and [residential home setting] and secure treatments so you know, by 25 my, my ah, resume was like car thief and you know shop thief.

She further elaborated:

Yeah it was totally to supplement my income because my husband overdosed in bed beside me and ah, like ah, orphans’ benefits and widow’s pension they turned me down.

Despite Jenn’s efforts to obtain legitimate income for her family, each of the services turned her down without ensuring the wellbeing of her family. Therefore, Jenn turned to the coping skills she developed in her adolescence on the streets and began drug dealing. Once again, an opportunity for Jenn to receive early interventions before jeopardizing the safety of Jenn and her children was overlooked.

Toni spent most of her early adulthood homeless, and as a heavy-crack user. She became pregnant for the first time while homeless. The following provide insight into the internal struggles she experienced during this time. She reflected:

I didn't have a place to live, I didn't live a stable lifestyle, I didn't have no support system, I don't know my family, I don't know my mother. I didn't have anything, so how could I give anything to that baby?

It was only after achieving sobriety that Toni began to cultivate basic life-skills. In the following, Toni stated:

Like all this stuff like all these things that people know when they grow up, you need to, you know, you, you wake up, you go to school, you're done school, you get a job, you know, you get a place. None of that stuff I knew. Like even three years into my sobriety I still didn't know what kind of underwear I liked. I didn't know what kind of a pillow I wanted to sleep on. I didn't know if I liked it hard or soft, I didn't have those. So it, it's, I didn't know all I did, I just did it by instinct.

Lisa, Jenn, and Toni's early adulthood was a time dedicated to increasing life-skills, and resolving the issues created in early childhood. The impact of these adversities carried into their early years as young adults, and as new mothers.

### **Good Mothering While Facing Challenges**

For these three women, their early years of motherhood was characterized by adversities. They developed their identities as mothers, and they also learned to manage their adversities. The following narratives describe a significant period of time in which these women battled addiction, domestic disturbances, and household instability while in the early stages of identifying their individual approaches to overcoming their challenges.

After Lisa's first involvement with child welfare, there is a notable change in priorities as told in her narrative. During this time period, Lisa began seeking and accepting help. While the multiple abusive relationships, and lack of supports ultimately took a toll on Lisa's mental health, child welfare became involved. Lisa embraces the interventions she receives from child welfare. There is also a shift in seeking more independence that shapes Lisa's involvement in child welfare. Lisa reflected:

I was a single mom at that time. I was living at a friend's house. Um, I wanted to get back on my medication 'cause I wasn't. And I had written a letter to my doctor and apparently that letter got, went to child welfare...

Lisa did not elaborate on what was written in the letter, but she suggested it was related to her mental health challenges and her doctor felt it was appropriate to contact child welfare as a result. Lisa was receptive to child welfare's interventions, and she described her overall experience with child welfare positive. When questioned about her positive experience, she reported the following as most valuable; having choice in the direction of her case plan, quality of care for her children, and having an in-home worker. Lisa discussed:

I had a choice, like my worker gave me a choice of doing a temporary custody agreement. She could have come in and threw an apprehension at me.

She also commented:

...And [my in-home support worker] used to be a child welfare worker so there was a lot, there was like a full year of like, um, like no actually there was six months that I didn't have my kids with me. So struggling just keeping this place on my own and having house visits and stuff like that. It was very, it was struggling and, and, um, but just yeah she just wanted to see if it would help me with my self-confidence and my self-esteem

and she just trying to push me just a little bit further I guess. ... When I was having a bad day or um, even after a visit I still felt like sort of like that failure. But then again [my caseworker and in-home worker] just tried, they told, they helped me remind myself like about the stuff that I need to go through to be able to have a better relationship with myself and my kids.

With regards to the quality of care her children received, Lisa stated:

... but I was also very lucky that they would be able to stay in the same foster home. So that was, that made me feel, because [my youngest child] was pretty young um, but [my oldest child] got into counselling so like I, so in a way I guess I used the system for more, the outcomes of helping [my oldest child] through the play therapy and stuff.

Lisa's reclamation of her mothering identity is highlighted in the above passages. While engaging with child welfare services may have been a difficult process, Lisa chose to use this experience as part of her journey to getting the help she required and her children required, and also as part of developing her own mothering identity.

While Jenn's narrative is much about overcoming the challenges she faced in child welfare, it also highlights areas that require improvement in child welfare interventions. Jenn's struggle with her experience in child welfare, particularly managing her relationship with her caseworker was frequently discussed in her interview. Nonetheless, Jenn remained dedicated to her case plan, and to fulfilling her responsibilities to get her children back into her care.

Regarding her caseworker, Jenn expressed:

She was a twit. She was like 12 years old and I don't know if she ever washed her makeup off of her face. She just thought that she was like a fucking fairy princess God and she was gonna' sprinkle ... her social work dust over everything...

She further explained the challenges she experienced with her caseworker:

And that's not the way it should be but that's the way that it is. Me and my social worker this [worker's name], like I can't even tell you how many times I asked for a transfer and I was just stuck with her. ...It wouldn't, they, they needed to get me somebody new. And that's what I wanted and I would put in a request form, request form, request form, and I'm sure she would just say "Hey you know, me and [worker's name] had an argument so all those requests forms are coming so heads up". Laughs. And like really I wanted to punch her in the face.

She elaborated:

Well I knew that I was gonna' have to bow to her [child welfare worker]. Like I knew that I was gonna' have to do basically whatever she wanted me to do to get my kids back. Like she held the power. I understood that.

Jenn recalled her dedication to her children, and her determination to completing the case plan.

She noted:

Because all you wanna' do is so what they want you to do to get your kids back. You're not thinking about yourself, you're not, you're thinking about whatever they want, whatever they are expecting of you to do, so you can get your kids back, that is what you are there to do. You are there to prove to them that you can accomplish those tasks. ...And that's pretty much the end. So I did everything that was on her list, I sat through that [drug and alcohol course] course even though I probably, there was probably somebody else who very much needed that seat. I went to all their therapists and counsellors and when the final day came and the social worker came to sign off and she



said “Is there else I can do for you?” I said “Yeah get your shoes on and get the fuck out of my house”. That was the end of that.

Jenn was asked to share an area of improvement for caseworkers based on her experience with her caseworker to which she stated:

So the first thing that I would suggest is that you, um, you need to acknowledge that we are the experts in our own lives and that you are here to help us with some bumps in the road. Because social workers are not there to come in and fix everything and make everybody in the family that they wanna’ see. ...It is, it is, the most important thing. That goes for anybody that I deal with, doctors, I go see my family doctor, it’s my body I know. So you know, like it’s not your body you don’t tell me how my pain feels. Um, and you know they’re there to help. Social workers are there to help, they’re not there to direct. They’re background crew members they’re not the director of the show.

She also added:

Would be to, to get over themselves. Right, like just because you have all the bachelor degree or the masters or whatever, you’ve got all the things behind your name, it doesn’t mean that you’re the fix all you know what I mean? It’s not like you don’t have all the answers.

Jenn also expressed frustration with a general lack of knowledge with her own rights as a mother while involved in child welfare, and the lack of transparency with the case plan in the following statements:

First of all, I didn’t realize that I could [enforce my rights with child welfare]. Well when, when my kids were first taken I was in jail. So I never got to meet their social worker until after I got out. So for the whole time that I was in, she had all, what she had about

me was written in this file. Mom fucked her parole up went back to jail, abandoned kids, failed to meet the necessities of life, bla, bla, bla. She never, like she never came up to the jail to visit me, she never, like nothing. There was no communication about us until I got out. By that time, she figured that she already had this glorified plan in place and she made all kinds of assumptions about me. One of those assumptions being that I was selling dope to support my habit therefore I must have been ah, neglecting my kids and failure to provide the necessities of life and all those other things that the intake worker had filled out on my form.

She further explained:

So when I went in, when I got out I had to go in for a meeting with her. The first meeting that I went in there she was; it was actually pretty casual. We sat down and she's like you need to do four things. We signed a contract. You have to find a safe place to live, you have to have income, you have to abide by your parole conditions and you have to go to counselling with me. Bam, done. Worked my ass off, got into subsidized housing, got into counselling, bugged, picked welfares' ass until they cut me a cheque and you know getting ready. Gotta' put the boys in school, they're gonna' be back before September. Two weeks before I expect them to come back, I get called in for another meeting. I'm thinking the meeting is just to you know, go over the finer details and, and so she comes in the room, there's two of them. "I'm gonna' bring my co-worker in here." So now the power, you know the power is out of line, they sit down and they say "You know after further review of your file, we'd like you to take a six weeks [drug and alcohol treatment] course and we'd like you to see our counselor and have the in home worker from [agency for developmental disabilities] and somebody else on top of me seeing my parole officer

and my probation officer, and parole psychiatry and parole psychology. I, in that meeting, I felt like I needed to do whatever the two of them were telling me, I just had to take it and somehow figure out a way to accomplish all of these things. What I learned later on is that you have the right to ask questions. And you know, had there been some sort of parent advocacy group in place that I could have reached out to and they could have said “If they tell you that you wanna’ go to [drug and alcohol treatment] and you haven’t used drugs, you go like this and say “Here test my hair, would you like me to pee in a cup and then I’ll go to [drug and alcohol treatment].” And when they said if I had had somebody to phone and I had explained all that and they would have said “Listen, you’re seeing parole, your parole officer, your probation officer, parole psychiatry and parole psychology, you can go in there and talk all of those people, those two ladies to get you a consent form and you can consent for them to talk to all four of those people who work for the federal government of Canada and they can check in with them.

Another concern Jenn had was the lack of individualized interventions. She stated:

Because that’s what they do, they, they want to make you this, you know, the, the cut out they wanna’ make you the gingerbread house family. The cut-out family and that’s not fair because everybody’s family is different and everybody’s dynamic is different. Everybody is not going to fit into that perfect box that you have in your mind where you know, there’s a mom and a dad and three kids and a dog and everything’s good. It doesn’t work like that.

Much like Jenn, Toni also did not have sufficient skills to obtain employment and as such, she turned to prostitution. Toni became a mother during this time period. The following is

an extended passage in which Toni shares her interpretation of mothering with her first child.

Toni provided her own meaning of good mothering, and stated:

I don't believe for myself I didn't believe in abortions. I knew Creator knew who I was. I have that spirituality of, of there's something bigger than me. Not everybody can get pregnant so why would Creator give me, this homeless, junkie, prostitute, a baby? So I had no right to kill that baby and Creator knew and he was gonna' walk with me through this, and I knew that baby was not my baby. I knew that somebody was gonna' take the baby that I had and is gonna' love that baby. And bring that baby up with love right? Because why would Creator give a baby to me? He knew that I was in no place to, to and, and, it's very spiritual. Even when I was on the street you know, I remember having her and just crying. ...Then I gave her up, it's like the hardest thing in the world but I knew that somebody, that couldn't have a baby was gonna' have a baby because of me. So that's, yeah. ...Um, at that time it's just, just that. That, that social expectation of "Oh well where's your baby you were pregnant?". Well I don't have it, I can't because you know. But what exactly, what am I gonna' take her back to the crack shack and let her live with me on the corner. I didn't have a place to live, I didn't live a stable lifestyle, I didn't have no support system, I don't know my family, I don't know my mother. I didn't have anything, so how could I give anything to that baby? Throughout that whole pregnancy that, that's what I knew yeah. It's not a failure it's just that sadness, that depression that...well I guess I felt like a failure even though you, I knew that, it's just instinctual. It's just like a dog, if a dog went and gave birth and one of the babies was dead or something, that dog's still gonna' feel sad even though it knows that had nothing to do, like that's beyond me. You know it's just, just instincts.

Ensuring that her children are provided with the best quality of care and love was Toni's priority as a good mother. With her older children, this quality of care meant a willingness to give up her custody of her own children to others. She expressed the difficult decision she made to keep her child in child welfare care after she gained sobriety. She reflected:

Yeah. I actually, I really with [oldest child's name] I'm really proud cuz' I could have fought for her again when I started, when, after I got [middle child's name] home and stuff and I didn't. ... Well because to go in there and rip up all that at 12 years old, you know, I, I was there and they let her know I was there and still knows I'm here. But I didn't wanna' go in and, and, disrupt her whole entire life for an ugly old court battle and all this ugliness coming out and the negativity and stuff. Right? So I think in that way I'm also a good mother because I let her be where she wanted to be.

Throughout Toni's narrative, she discussed the value she places on her children being adopted as she noted:

She lives with her foster family who didn't adopt her that they could have adopted her because he's adopted, so why, so yeah. ... I'm pretty pissed about that. I always will be I hate them or whatever. Anyways and [oldest child], these two actually know each other. She lives in Ontario. She got adopted and she's um, she's a teacher now.

Toni shares her reasons for wanting adoption for her children is to ensure that her children are not used as a source of income for the caregiver, but rather they are treated with care. She commented:

I didn't want her to be a [source of] money, because they get paid for them every month. Ok, if you, you know, you fought so hard to take my child from me, adopt her. Take her and, and, have her as yours, because we don't get, we don't get, like I don't get a frickin'

\$2,500 cheque every month for me being a mom, so why should they right? Like why, why is that ok. Her teeth doesn't get paid for by social services, she can't get braces right now cuz' I can't afford them. She can't go out to like bit ah, [oldest child's], was into hockey and everything is paid. Yeah it's easy being a mother that way sure. Right? And so that pissed me off because if they wanted her so bad they would have... Well if you take everybody's other kids and just get paid for having them with you, you know, and you paid you're paid to, to be that mother. You're not a mother, you are a mother but you're not really. Like that is your job.

Protecting her children's wellbeing without regard for custody is perhaps Toni's most important value she upholds as a good mother. In addition to managing barriers with adoption, Toni was informed that her daughter was sexually abused while in care, and her daughter remained in the perpetrator's foster home. Furthermore, this same foster family attempted to adopt her daughter. As she stated:

I phoned and the worker the worker [child welfare worker] phoned me and asked me am I ok for them to adopt her now. When she's [in her adolescence]. I'm like "No I'm not, I'm not ok with that, I'm not ok with her being there. None of this stuff is ok". I said.

Toni and her daughter experienced a tremendous failing of the child welfare system, and there was no remediation. Toni was asked to share her perspective on the incident. She commented:

Why do I think it [occurred] because it's a fucking institution. It is, it is, it's an institution if you work under that umbrella. Like even right now, right now as a social worker. If you go in it, it's fucked up is what it is. I don't even know. I don't even know, it's policy and procedure and all that other crap and they've been in there for so long that they knew so many people within social services that were gonna' protect them.

I think that if any negative light comes of their workers, it's a government thing. It's a disgrace to government, it will cause scandal so we're just gonna'

Aligned with Jenn's standpoint, Toni also expressed her frustrations with the lack of transparency with the case plan, and noted similar concerns with her caseworker. She summarized:

When I went up and I did everything I was supposed to do and my daughter was supposed to come back to me in my home and then they turn around and say "No". Because they wanted to keep. Like that was an ultimate betrayal if not. Like the director was on my side in court. Like "Oh well we like this one"... Well it's like "Oh well we like this one, we think we're gonna' keep it." You know, I, we, we've talked to, throughout this whole year we've talked about getting the clothes and getting her transitioned over to Calgary with you and everything 'cuz this is your child. But the day she's supposed to leave... "Oh you know what, who cares about all that, we've decided we're just gonna' keep your kid. Is that ok?" Yeah. So can you imagine...

Toni was asked to share her insights on her caseworker's decision to pursue this case plan. She stated:

I let all these people down that were supposed to be there supporting me and understanding when ok, you know what, Toni is ok. She doesn't wanna' go on. I think we should stop. Nobody was there to say that for me and I was telling them, I wanna' stop, this is too much, I can't do it anymore. Right? They didn't um, 'cuz they were more excited that there was somebody there that was going through this 'cuz it was its, was so new for them I guess. Right? ...They wanted to get famous for being there for the one that got her parent, 'cuz she was Permanent Guardianship, and there was no

Permanent Guardianship Orders were ever reneged at that time. ...I was like kicked when I was down and I don't even know. If somebody would have said "Ok, you know what, you guys need to back the fuck off her and let her breathe" that would have been good.

Laughs. Right?

Further aligned with Jenn's concerns, Toni also expressed concerns with her caseworker:

Like if you [interviewer] went into the field now, to me you're young. Right? And but they're telling me that "Oh well you can't do this," or "You can't" and I'm like "I'm doing it, here this is, here that is piss test me whatever you want I don't care". She's kind of being rude to me like really rude she's like "No you can't do it" so I went above her.

Toni was asked to provide suggestions for improvement with the child welfare system based on her experiences. She explained:

I think seriously that, . . . oh, I don't even know because there's such a high turnover and then the ones that have lasted there for so long shouldn't be there because they're burnt out. I think that the caseloads are way too big to be given to new social workers. No I do I think the case loads are ridiculous, of course people are going to get lost in the system. You know and you see so much, there needs to be more support for the people that are supporting the people. Really, truly, like you can't, if you've got 120 frickin' cases how are you even gonna' see each of them. How are you gonna' talk to each of them. The only time you hear from them is if something bad has happened. So what are you supposed to celebrate with them, you know it's so backwards like.

Toni was finally set up with effective workers and a case plan that adequately met her needs. She shared:



I started talking with the team lead and she was amazing she set me up with a lawyer that was awesome that was gonna' fight for me and everything. Yeah and she would talk to me when I needed to talk to or calm down or whatever. ...She helped she would, like whenever I had any kind of complaint or any kind of, anything, like I've got this kid telling me and, and, and, that I can't do, that they can't do anything or just, I can't even remember what it was, just the attitude I was getting back and I hate to say it like that because she was young and she didn't know what the fuck she was doing. ...I think it was just that one, that well no, the, they um, I had an in-home support worker through [homeless-serving agency]. And she was amazing. I loved her...She just really, she was Aboriginal and she, I think she went through her own stuff and she was real. She wasn't this untouchable ohhhhhh kind of a person. She was a real person with real feelings and understood what was happening and was there to be supportive for me and not like being watched, right? So it wasn't a, a here I am and, and this person is watching all my moves. It was like we were walking together with her, right? That's huge, that's a huge difference.

Toni then shared her final stage with mothering in challenging circumstances. She commented:

And the things that I did, I went above and beyond because I wanted to you know. I wanted to and it wasn't for them though. It was for me, I wanted to be the best mom that I could be to this girl coming home.

She continued:

...I had to be very selfish for the first three years at least of my recovery. So I couldn't even think about, I couldn't think about my other children, I couldn't think about anything other than myself. Right now I'm happy. With all these electronic stuff, people

if they want to find me I'm out there. Right? I've, I've, I was you know in touch with, they were on [social media] with me, my two daughters like I said they're in touch. My oldest knows about me.

These women described their dedication and attempts to be good mothers, and it is these narratives from this particular time in their lives that we begin to redefine mothering identities, and challenge societal norms of good mothering expectations.

### **Reclaiming Motherhood**

In this final stage of their journeys to reclaiming motherhood, Lisa, Jenn, and Toni share what it is like to gain peace with their mothering, and where they are now. The women shared their experiences with resolving their past adversities, finding peace with their losses, and most importantly, translating the knowledge gained from their past experiences to their children.

For Lisa, a part of finding peace with her mothering was to embrace her use of supportive services. While Lisa expressed a desire to have more independence, she recognized that accepting help was an important part of reclaiming her mothering identity. She voiced:

I wish I would, I wish sometimes I could be more independent. As much as some people "Oh you are independent now". ...But then that just goes back, it just kinda' goes about the way I'm living right now and it kinda' goes back to like, I'm, I have to support, I have to like um, support like I rely on the systems and everything like that, that could keep us going by.

Lisa was asked to share her thoughts on being a part of this study, and the process of reflecting back at her journey to reclaiming her motherhood. She stated:

I've always, I've kind of related to butterflies as the starting out kind of like the cocoon, like I'm shy and everything like that then when I blossom it's kind of like my, my wings and stuff like that come out...

For Jenn, reclaiming her mothering identity involved demonstrating her dedication to her case plan with child welfare. Additionally, she also reclaimed her mothering identity by using her own childhood experiences to inform her approach to mothering. She explained:

Well I think [my childhood experience] has impacted [my parenting] because I know, like I know everything, I don't mean like I know 'everything' but like I've been in the gutters and I've been, you know what I mean I have a lot of... knowledge... A couple of months ago [son] came and sat down and said "You know mom I've been thinking about it and I think I'm gonna' start smoking pot". I was like, why do you think that? "Well I'm have a little of anxiety and I think it would just make it nicer when I come home to deal with [my children]." You know he was like pitching his argument then he was like "You do it". I do I have a green card, so what I'm 40 years old I have a green card I'm not an asshole". ...Pretty much yeah. Then he was like "Well you can't stop me". I said "No but what I am gonna' tell you to do is do research on it, find out exactly what you're doin' to yourself because it affects me a lot differently than it affects you and I've been smoking the stuff since I was about 11 years old so it's gonna' do things to you that, you know what I mean, my body has adjusted over time but your body it's gonna' hit you like a punch in the face. I didn't make a big deal about it, like I think some parents well maybe you know, hit the roof.

She went on to elaborate:

When I was a kid and my foster parents or my social workers or my mom or somebody would flip out on me and I would just flip them the bird and walk out the door and be like “Fuck you, like you don’t have any power over me you can’t tell me what to do”. Then about a week later he went to go sleep at his friend’s house who I know smokes weed, because me and [son] have a really open relationship, we talk about lots. So ah, I let him go for the weekend and his uncle picked him up and his uncle came back into the house and [son] just went into his room. Uncle came and sat down and he was like, “He did not have a good time”. Laughing.

Jenn further stated her rationale for her mothering approach:

Is just because I know what it feels like to hurt and I know what it feels like to be lied to, and I know what it feels like to be nobody....Yeah I don’t put a lot of frills...

For Jenn, honesty with her children was a recurring value of her mothering identity. Similarly, Toni also noted honesty as a value in her mothering identity as well. She described her attitude of remaining true to one’s own identity:

I’ve got fuckin blue hair, ok, I’ve got a full sleeve [tattoo] here like, ok, if I had to worry about every single person that gave me a sideways glance I would have so much energy trying to be hateful or trying to be talking sense.

Toni explained how she conveyed the value of individuality into her parenting style. The following is her response to whether she has embraced her good mothering identity, and her explanation of her response. She commented:

Oh hell yeah, I’m frickin’ awesome. (Laughs) It’s just because I know what it feels like to hurt and I know what it feels like to be lied to, and I know what it feels like to be

nobody. ...Because I don't ever want my daughter to feel that. ...Well I try my best to be supportive to what she needs or wants. And, just be just, I'm really honest with her.

Toni further expanded on her mothering approach with her daughter. She recounted how she developed a foundation of understanding with her daughter regarding her past:

Um, (pause) I don't know. I'm very, I'm just very honest with my daughter. She knows I was ah, she knows of my addiction, she knows that I lived on the street, like I've got it out right there... Because I wanted her to know why I was gone... Yeah, like what I was "Oh mom was sick" well yeah I was, but it's because I was addicted. I want her to know... Well because I don't want her to go follow my path. I don't want her to get upset and end up going out to the park like my other daughter. She's already a mother, she just turned 17.

The following is an example Toni provided on the nature of the conversations she has with her daughter to increase understanding, honesty, and trust:

...who cares what anybody thinks of you, or, or of that. 'Cuz [my daughter] was on this big kick, she found out she's got FASD too. And "Well I'm just disabled". "Fuck shut up you're not disabled don't even go there" you know.

She continued:

Yeah it's hard to explain. So to give [honesty] to my daughter I just, I just want her to be proud of who she is. Aboriginal or you know and then I, I say "I'm Aboriginal" if I want to go pick sweet grass, I'm gonna' go pick sweet grass.

Toni shared her understanding of honesty, and its necessity in building a positive mother-daughter relationship. She commented:

Well I think though that I did [understand] in more of a way than, than most people realize. Is, is because when you live on the street and you live that life, you need to know who is there and who is not. Even if it's bullshit. Does that make sense? ...Because you need to know does buddy got my back if I'm going to get, fucking you know, so it's literally a life or death situation and you need to be honest and I grew up that way.

The foundation of Toni's mothering is her nurturance of children's individualities. She continued:

It's to allow her children to be who their children are. ...Like don't try to put them into a box. Don't say "Oh ...Like oh well everybody's you know wearing that so now you need to go and look exactly like that person and be exactly and speak like that and, and you know act like that 'cuz we're, unique and embrace that. 'Cuz that's what makes you special. ...That's you know, 'cuz I'm, I'm, I'm super crazy, hyper she gets super and I tell her "That's your super power". You've gotten things on your mind most people can only think of one thing. (Laughs).

Toni's reclamation of her mothering identity also included regaining the connections she lost to her culture, and biological family of origin. She reflected:

I think it's all an individual base. Because no, I think that now for me I think it's very individual based. Like I don't have, I would love my daughter to go dancing [traditional dancing] you know, but I don't know how to make a dress. I don't know how to get the feathers for the fans. I don't like, this is stuff that's passed on through generations. You know, and that connection isn't there but we know, I'm a spiritual being now and I pass that on I hope to her.

She elaborated:

So that's how I mother my daughter, because I tell her like for one, for me when I was growing up being aboriginal being, being, was a negative thing. So one of the very first things that I, I instilled in my daughter, "Well you're native and you're proud, you're proud to be Aboriginal you walk with your head high, don't let anybody..."

While Toni did not return to her biological family, or First Nations community permanently, Toni developed her own sense of culture that supported the reclamation of her mothering identity. She explained the role her spirituality played in forgiving her biological mom, and thus finding peace with her childhood adversities:

Yes, because [my mom's] around, she's around. (Laughs) Well because I've been on the street and I'm, I'm very spiritual and I do Louise Hay [self-motivational work] and I've done, you know and I read books and I do self-help stuff, and, and, ah, I really believe through my healing is, I'm helping her heal up there. ...Because she's up there feeling guilty, she was not feeling great. ...Well because she couldn't be a mother to her kids. So with me down here healing and doing ceremony and praying that's going up there and healing her spirit. So that she can walk in a good way in the afterlife, right? That connection to earth and that, that guilt isn't keeping her somewhere negative, right? So she can, she can be where she needs to be.

At the time of her interview, Toni was enrolled in an Addictions Counselling Certification Course. Regarding her decision to reconnect with the addictions community, she stated:

You know, that, that feel lost and that they feel like no one gives a shit. I wanna' give them a voice. I wanna' say "You know what you can do it". ...I've made a program that is um, that I'm gonna' start once I'm done my practicum and stuff. It's a program for, it's ah, it's got CVT and traditional crafting together. So I'm putting them together and

what I wanna' do is, is bring the women in, the harm reduction whatever where we can learn um, crafting but learn also resources and stuff like that within that circle. So start a healing circle with these women yeah.

Finally, Toni was asked to reflect on her entire journey to reclaiming her mothering identity, which she summarized:

How did I get to now? Oh we've been through hell, me and [child's name]. That's why I chopped off all my hair. When I got seven years of sobriety I chopped it all off because I there was so much anger and tears and, and, you know, just because I have no, um, cuz' I have FASD, I have ADHD, I have um, like ah, bi polar symptoms because of the dope, cuz' of the drug addiction.

## **Conclusion**

The narratives of Lisa, Jenn, and Toni conveyed the strength and resiliency of many mothers involved in child welfare. Thus, these women provided a powerful tool to challenge Western notions of good mothering. Their stories highlighted some of the early-life challenges common to many women long before entering child welfare services. Among these challenges it was, in part, their relationships with their mothers that determined the trajectory of these women's developmental years. They reflected on these difficult years in their childhood, and later as mothers themselves. Single-parenting, substance use, domestic conflict, and household instability were some of their frequent obstacles. In the fourth theme, Reclaiming Motherhood, the three women shared their approach to finally reclaiming their mothering identities. Across all four themes, their experiences also noted gaps in services, and provided an essential voice in the argument for more research on preventative services and early interventions.



## Chapter Five: Discussion

The first section of this chapter examines the study findings and further explores the themes that emerged in the women's narratives as it relates to the current body of literature and the theories that helped guide this study. This is followed by a summary of the study limitations. The chapter concludes by outlining recommendations for child welfare practice and policies, future research, and directions for social work education.

Given the importance of child welfare involvement as it impacts women's identities as mothers, and the scarcity of literature on this topic, an investigation of women's reclaiming mothering identities was warranted. My research question that framed this study was: How do the narratives of mothers with child welfare involvement challenge good mothering ideology?

The response to this research question, illustrated through women's stories, was summarized in the following four themes: Disrupted Mothering, Adversities in Motherhood, Good Mothering While Facing Challenges, and Reclaiming Motherhood. Perhaps what is most striking from these themes is that these mothers do, in fact, identify with many characteristics of good mothering endorsed by Western society, and importantly rather than a complete rejection of this construct based on the various and many adversities in mothering, these women challenge the singular depiction of intensive mothering. The stigma that arises from this singular depiction where women are required to constantly display a perfectionist approach to motherhood and effectively secure the wellbeing of their children at seemingly any cost, is that all women are then considered alike. In adopting this stance each journey that leads a woman to her own mothering identity is muted and indistinguishable from one another.

More precisely, while I had initially hypothesized that the narratives of the women in my study would reflect a completely different definition of good mothering that is starkly different

from Western society's constructs, I found instead that their narratives broaden this definition to be more inclusive of diverse mother's journeys. For Lisa, Jenn, and Toni, their entry into the child welfare system was the culmination of a process that evolved over the course of their lives. It began for these women in their childhood experiences of disrupted mothering. The childhood for the women in the study was characterized more by chaos and challenges rather than stable nurturing, this then negatively impacted the formation of their mothering identity during their adolescence and early adulthood. This time period for the women in the study consisted of years of poverty and homelessness, substance and mental health issues, and domestic instability and violence. A lifetime of disruption and depravation for these women culminated in their becoming involved in the child welfare system in the context of their own mothering. Understandably then, many of the challenges that the mothers expressed regarding their child welfare involvements were related to feeling misunderstood and undermined. Indeed, the frustrations expressed by these women were primarily related to their opinion that the allegations they faced against their mothering were taken out of context and not understood within the circumstances of their own lives and challenges they were facing that led then to becoming involved in the child welfare system, nor to broader socio-economic structures. Importantly, an understanding of the lifelong adversity these women experienced was not a point of consideration in their engagement with child welfare interventions.

As reflected in the literature, development of a woman's mothering identity as a dynamic, ongoing process. The notion was reflected in the worldview that framed this study. Social constructivist worldview, the belief that an individual's identity is created through the meanings drawn from her environment and interactions within her environment (Klotz & Lynch, 2014), calls for the inclusion of a woman's experiences throughout her lifespan when understanding her

own mothering identity. Social constructivism helped me to understand the important role of the women's early life experiences in the formation of their subsequent mothering identities.

It is widely acknowledged that general healthy childhood development is crucial for who we become as adults (Currie & Rossin-Slater, 2015). Specifically, the bond between a mother and her child in infancy creates the primary foundation for the future development of the child, and is considered a primary predictor of future outcomes (Nguyen, Kosik, Ko, Tran, & Fan, 2017). For example, healthy attachment between mother and child has also been shown to increase a child's performance at school, and interpersonal skills (Van Den Boom, 1994). In their study, Slade, Aber, Belsky, and Phelps (1999) examined the relationship between mother-child attachment and the woman's own experiences with being mothered, concluding that a mother perceives her attachment with her child based on her own childhood experiences. The authors summarize that a "mother's capacity to form coherent, positive, and flexible representations of her relationship with her child while balancing and managing her negative affect in relation to the child should be linked to her representations of her own early attachment experiences" (p. 612). Despite the significance of this bond relatively limited literature interrogates this relationship, particularly as it pertains to the construction of mothering identity.

Much of the literature on the impact of disrupted maternal-child relations and adverse childhood experiences concerns the broader topic of childhood in relation to later-life outcomes. Exposure to maltreatment in early childhood is related to a host of negative physical, developmental and health outcomes in childhood and adulthood and across the lifespan (e.g., Harden, Buhler, & Parra, 2016; McDonnell & Valentino, 2016). The mechanism for this association is that adverse childhood experiences, including exposure to chronic poverty, parental mental illness or substance use, exposure to domestic violence, and child maltreatment

over stimulate the body's stress response system resulting in developmental and life-course challenges (Babcock Fenerci & DePrince, 2018; Harden, Buhler, & Parra, 2016). Childhood trauma is associated with impaired intellectual and language growth, physical development, as well as compromised social and emotional health (Harden et al., 2016).

In the study each woman's journey towards mothering, one which is characterized by adversities, losses, and ultimately reclamation of her mothering identity, first starts with stories embedded in her relationship with her own mother while growing up. The impact of disrupted mothering for the women in this study was significant in childhood and indeed throughout their lives, and in particular with respect to the early construction of their mothering identities. The substantial difficulties women experienced during their childhoods established the foundation for a future tumultuous life, this only became interrupted with women's herculean efforts to surmount these difficulties and build a better foundation for later life development.

Following the description of their experiences with disrupted mothering in childhood, women shared the impact of their early life adversities on their later motherhood and the development of their own identity as mothers. Study participants identified multiple social disadvantages immediately prior to their child welfare involvement as mothers including poverty, mental health, domestic violence, and social isolation. Similarly, according to literature, mothers in the child welfare system often have had multiple social disadvantages before entering the system (Carolan et al., 2011; Damman, 2014; Douglas & Walsh, 2009; Gourdine, Smith, & Brown, 2013; Marcenko, Lyons, & Courtney, 2011; McCoy & Keen, 2009; Schofield et al., 2010; Slettebo, 2013; Trocmé et al., 2010).

Neglect, the leading concern among child maltreatment cases in Canada, most frequently stems from a family's financial struggles (Damman, 2014; Dunkerley, 2017; Sykes, 2011;

Trocmé et al., 2010; Zilanawala & Pilkauskas, 2012). Neglect is a complex phenomenon, which manifests in contexts of family poverty, inadequate parental knowledge and skill regarding child development and caregiving, social isolation of parents, disruptions in parent-child relationships, compromised parental psychological functioning and concrete issues that affect parenting (Harden et al., 2016). Poverty is a significant and recurring theme for all three of the mothers in this study. The role of poverty in hampering the women's journeys to successful motherhood highlights the inadvertent, and unescapable circumstances that lead, together with other factors, ultimately to each woman's involvement in the child welfare system. The narratives in this study highlight poverty as a systemic issue, and the requisite to recognize financial stress as a significant factor for women's involvement in child welfare. Some research advances the need for increased services for financial support in providing some relief for families experiencing neglect stemming from poverty (Damman, 2014), when applied in conjunction with other preventative services.

Women in the study shared that the tension they faced was as a consequence of the significant challenges they had previously experienced and highlighted, more specifically, the ways in which their involvement with child welfare during this critical juncture played an important role in the development of their mothering identities. Narratives of women in this study with regards to their involvement with child welfare highlight negative encounters that are similar to those reported in the literature. Some literature emphasizes parents' negative experiences with child welfare (Bundy-Fazioli & Hamilton, 2013; Carolan et al., 2011; Ghaffar et al., 2012; Studsrod, Willumsen, & Ellingsen, 2014), including child welfare's enforcement of the notion of intensive mothering (Davies, Krane, Collings, & Wexler, 2007; Shin, Ezeofor, Smith, Welch, & Goodrich, 2016). Similarly, the ideology of intensive mothering was reinforced

through the accounts of women in the study of the various mechanisms by which child welfare perpetuates intensive mothering ideology. Highlighted in the narratives is the need for more individualized interventions.

The mothers in the study concluded their stories by summarizing their perceptions of their current mothering identities. Each mother assigned value in integrating and embracing her journey as one that, while it had its roots in the disrupted mothering they experienced in their early childhood and the ensuing negative impacts on their lives including child welfare involvement, they expressed the fulfillment of their hopes and desires as a 'good' mother in reclaiming their child and their mothering identity. This journey towards reclaiming mothering identities in the context of, perhaps in site of, child welfare involvement was exemplified in two significant studies. A 2011 study in Greater Pittsburgh, examined the role of 18 mothers who were victims of domestic violence in preventing the cycle of domestic violence in the future of their children (Insetta, Akers, & Miller, 2014). Mothers in the study elucidated interventions they believed to be effective, included explaining their experiences to their children and offering advice to them about how to avoid violence in relationships (Insetta et al., 2014). The researchers stressed the importance of establishing, and rebuilding close relationships with children, which had been affected by the violence, as well as developing open communication between them and their children which emphasized that domestic violence was neither normal or a healthy behaviour (Insetta et al., 2014). In the second study, Wiig, Haugland, Halsaa, and Myhra (2014) interviewed nine mothers with histories of substance-dependent, while in treatment to understand their approaches to breaking the cycle of adverse childhood experiences. Mothers, they noted, were dedicated to ensuring that their children experience the love and predictability that they themselves had not experienced (Wiig et al., 2014).

## **Limitations**

While it is not generally a goal of qualitative methods to state objective truths within a phenomenon, the findings of this study are restricted in application to the participants studied (Leung, 2015; Mertens, 2009). Thus future research, as explained below, is needed to confirm or disconfirm the findings of this study.

The verification process could have been increased had the participants been involved in verifying the data analysis. Further, the participant sample size of three mothers could have been increased to gather a greater understanding of the stability of results. In addition, another limitation of this study involves my personal bias. It is likely that my own experiences, as outlined in reflexivity, had some influence in my approach to the interviews and analysis of the data.

## **Recommendations**

In this section, I discuss recommendations for future research, child welfare policies and practices, and implications for social work education for addressing and improving the objective of this study.

I first discuss recommendations for future research based on the limitations of my study. I recommend that further investigation is required on the role of disrupted mothering and mothers in child welfare as there is currently very limited literature on this topic to inform the constructivist perspective. Further research on this topic may inform child welfare practices to support positive mothering identities. I also recommend increased participation in the data analysis process by the participants in order to support the feminist theoretical framework that encourages collaborative work in all systems, including research (Ghaffar, 2012; Valentich, 1996).

Social work education is the academic beginnings of many child welfare case workers. Thus, it is critically important that social work curriculums include a comprehensive review of gendered biases in family-based services, the unique construction of a woman's mothering identity, and a holistic perspective of mothers who enter the child welfare system.

The narratives highlighted in this study suggest changes to current child welfare practices to recognize the inherent power of mothers to reclaim custody of their children when provided with the opportunity to create for themselves a path to reclaiming their identities as good mothers. One such method, as highlighted previously in this chapter, is a move toward parental engagement where the mother works collaboratively with the caseworker to accurately identify and advocate for the needs of herself and her family (Kemp et al., 2014; Mirick, 2014; Platt, 2011; Slettebo, 2013). Accompanying this recommendation, is the call for a review of child welfare's orientation to support the best interest of the child. As poverty and financial need is a frequently occurring condition in many child welfare cases, the interest of the mother and regard for the needs of the family as the mother sees fit, is an orientation that child welfare policies and procedures should consider in balance with the interest of the child (Connolly, 2010; Munro & Ward, 2008; Schofield et al., 2010).

Toni's narrative highlights a particularly important finding and recommendation regarding First Nations women and families who have historically been, and continue to remain, disproportionately represented in the child welfare system (Sinha, Trocme, Fallon, & Maclaurin, 2013). Toni's journey with losing and reclaiming her mothering identity was constructed alongside her journey with losing and reclaiming her cultural identity. Toni's connection to her community, and thus her ability to reach into her cultural knowledge and family supports as part of her mothering, was unconscionably stripped from her mothering narrative. Despite the many



barriers that Toni faced, she worked to create a connection to her culture in a way that was meaningful for her daughter and herself as part of reclaiming her mothering identity. The disproportionate representation of First Nations children and families in the child welfare system is rooted in Canada's history of residential schools where First Nations children were apprehended from their families and communities as part of a cultural genocide with plans of never returning these children back to their families and communities (Sinha et al., 2013). This ultimately resulted in generations of individuals severed from their families, cultures, and this crucial part of their identities.

In Alberta, in 2008, First Nations children accounted for 48% of all child welfare cases, with the majority of these cases under investigation for concerns of neglect (Sinha et al., 2013). Despite these alarming numbers, inequitable funding, and insufficient social services for First Nations communities is an ongoing issue at the forefront of human rights issues currently being debated in Canada (Blackstock, 2011). Furthermore, First Nations children continue to fall behind the national average in many areas such as education, health, and income leaving many with lifelong challenges (Sinha et al., 2013), as observed in Toni's narrative. Literature has recognized that this lack of funding and the inadequate social supports for First Nations families contributes to the higher rates of neglect, and thus to the disproportionate rates of First Nations families in the child welfare system (Sinha et al., 2013).

Touchstones of Hope is a reconciliation movement in Canada that seeks to reshape the child welfare system to be more culturally relevant for First Nations communities and families involved in the system (Auger, 2012). Research based on this movement highlights the importance of keeping children in their communities of origin so that cultural knowledge, traditions, and language can be passed on (Quinn & Saini, 2012). Toni's early removal from her

family and community had considerable impact on her early life experiences, and the development of her mothering identity. Auger (2012) states that “culture could not be defined as a ceremony or a tradition but rather a way of life” (p. 40) which for Toni was stripped away from her as an infant, and remained throughout her life a fundamental part of her identity which she reclaimed one piece at a time. While the objective of this study is not to produce findings that are generalizable, Toni’s narrative is not uncommon among First Nations mothers in child welfare. The loss of culture, elders, and the support of the community in which her heritage belongs is a significant risk factor too commonly reported among First Nations mothers in child welfare (Sinha et al., 2013). Touchstones of Hope also notes self-determination as a key component of reconciliation, and highlights the effectiveness of self-determination as a mechanism of healing for those who have been negatively impacted by the child welfare system (Auger, 2012). While the child welfare system neglected to provide Toni with opportunities or abilities to reconnect with her community of origin, as a child or as a mother, Toni’s narrative demonstrates the power of self-determination in order to reclaim her own sense of cultural connection. This exemplifies the impact of cultural disconnection as well as the power of a mother’s self-determination with reclaiming her cultural identity which was forcibly taken from her.

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## Appendix A

### Letter of Invitation to Participate in Research



UNIVERSITY OF  
CALGARY

#### LETTER OF INVITATION TO PARTICIPATE IN RESEARCH

**Researchers:**

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We invite you to participate in a research project entitled:

**Overcoming Our Losses: Stories of Mothers Struggling through Losing and Reclaiming Their Children**

The purpose of this study is to engage with mothers who have faced housing insecurity and have children who have been removed from their care to work together to explore the relationship between housing and other supports in mother's experience of losing and regaining custody of their children.

You are invited to participate in twelve focus-group discussions with other research participants who have similar experiences over twelve weeks. These focus groups will be facilitated by a Master's student at the University of Calgary. You may also be invited to talk about your experiences with the facilitator in a one-on-one interview. These sessions will give you the opportunity to express yourself artistically through photography or other artistic ways. Participation in this research is voluntary. The decision to accept or decline the invitation to

participate in this research will not impact the relationship you have with any agency or service provider. You will be reimbursed for your time and bus tickets and childcare will be provided if needed.

We do not expect any risks to you during your participation in this study. The aim study is to define and address issues of homelessness and child welfare involvement for mothers. We want to highlight your experiences, strengths and abilities as you meet and try to overcome these challenges. We hope to work together share the information to service providers, policy makers and others in the community who could make a difference in the lives of mothers and their children.

If you know of anyone else who has had experiences similar to yours who may be interested in participating in this research, please feel free to pass this information on to them.  
Thank you!

**Questions/Concerns:**

If you have any further questions or concerns or want clarification regarding this research and/ or your participation please contact:

Christine Walsh, Faculty of Social Work, University of Calgary  
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## Appendix B

### Demographic Questionnaire

Demographic Characteristics		
Date of Birth	_____/_____/_____ Month                  Day                  Year	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity		
Level of Education		
Family		
<i>Do you have any children?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of children: _____
<i>Are your children in your care?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, whose care are they in? (e.g., child welfare, other family, other)</i>
Child Welfare Involvement		
<i>Have you ever been involved with child welfare?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, Number of Placements: _____</i>  <i>If yes: <input type="checkbox"/> Group home   <input type="checkbox"/> Foster Care</i>
Justice System Involvement		
<i>Have you ever been involved with the justice system?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, have you ever had a stay in:</i>  <input type="checkbox"/> Jail or Remand  <input type="checkbox"/> A provincial/national correctional facility
Secondary Disabilities		

<p><i>Have you ever had any <b>mental health concerns</b>? If yes, do you feel comfortable sharing what they were?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>Have you ever used any <b>substances</b>?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>If yes, what type of substances?</i></p> <input type="checkbox"/> Alcohol <input type="checkbox"/> Non-Beverage Alcohol <input type="checkbox"/> Illicit Drugs <input type="checkbox"/> Prescription Drugs
<p><i>Have you ever had any <b>physical disability</b>? If yes, do you feel comfortable sharing what it was?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>If yes: Do you feel like you have a dependency to this/these substance(s)?</i></p>
<b>Supports</b>		
<p><i>Are you currently receiving any <b>income supports</b>?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>If yes, which ones?</i></p> <input type="checkbox"/> Alberta Works <input type="checkbox"/> AISH <input type="checkbox"/> PDD
<p><i>Have you received any <b>income supports in the past</b>?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>If yes, which ones?</i></p> <input type="checkbox"/> Alberta Works <input type="checkbox"/> AISH <input type="checkbox"/> PDD
<b>Living Situation</b>		
<p><i>Where are you currently staying? (e.g., rough sleeping, shelter, housing first, etc.)</i></p>		
<p><i>How long have you been experiencing homelessness?</i></p>		

### Appendix C

Informed Consent Form




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**Name of Researcher, Faculty, Department, Telephone & Email:**

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**Title of Project:**

Overcoming Our Losses: Stories of Mothers Struggling through Losing and Reclaiming Their Children

**Sponsor:** Government of Canada's Homelessness Partnering Strategy

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*This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.*

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

**Purpose of the Study**

The purpose of this study is to engage with mothers who are homeless and have children who have been removed from their care in an effort to collectively explore the empowering factors involved in the experience of the losing and regaining custody.

**What Will I Be Asked To Do?**

Participating in this study will involve attending a series of 12 workshops over a maximum of 12 weeks. Each workshop will last a maximum of two hours. During the workshops you will come together with other women and discuss experiences with homelessness and child welfare involvement. You may also be asked to talk one-on-one about your experiences with the facilitator. We are also interested in capturing your perspectives through "photo-voice". This is a

process where you would be given a camera and photography techniques and instructions will be provided. You will then be asked to document your perspectives using photography. Once the workshops are complete, there will be no other follow up to this study.

Participation is completely voluntary. You may refuse to participate altogether, refuse to answer any of the questions in the workshops, or withdraw from the study at any time. Your decision to participate will have no impact on the services you are currently receiving or may receive in the future from any agency or service provider.

### **What Type of Personal Information Will Be Collected?**

Should you agree to participate, you will be asked to provide demographic information including your education, housing status, employment, age and experiences with child welfare. This information will only be reported in aggregate, so that all information remains confidential.

It is completely voluntary and optional if you would like to include any personal identifying information in this study such as your name and/or a picture of yourself. If you prefer that your name not be included, you can use a made-up name (pseudonym). If you would rather not have your picture displayed, you may choose to tell your story without including a picture of yourself.

The workshops will be audio-taped and transcribed.

If you agree to participate you will be asked to share the photographs you have taken. They may be used in a report, in a public display, in a community event, or on a website. You are also free to choose which ones to share or may decide to not share any of your photographs.

There are several options for you to consider if you decide to take part in this research. You can choose all, some or none of them. Please put a check mark on the corresponding line(s) that grants me your permission to:

**I wish to remain anonymous:** Yes: \_\_\_ No: \_\_\_

**I wish to remain anonymous, but you may refer to me by a pseudonym in any written reports:** Yes: \_\_\_ No: \_\_\_

**The pseudonym I choose for myself in any written reports is:**

\_\_\_\_\_

**You may quote me and use my name in any written reports:** Yes: \_\_\_ No: \_\_\_

### **Are there Risks or Benefits if I Participate?**

The researchers hope to learn more about your needs and concerns. There is no guarantee, however, that this study will help you directly. The information we get from this study may help us to provide better services for you or other women who are homeless and experience child welfare involvement in Calgary. We hope that your responses will influence the service providers, community members and policy makers.

We do not think that this study will harm you in any way but some of the discussions may bring up uncomfortable feelings. If this happens, we can stop the activity and talk to you about your feelings. We will also provide you with a list of low cost or free community supports. In the event that you suffer injury as a result of participating in this study, no compensation will be provided for you by the University of Calgary, the Calgary Homeless Foundation or the researchers. You still have all your legal rights.

There is certain reportable information that, if it comes up, must be reported to the appropriate authorities by the researchers. This includes any disclosures of child abuse or neglect or that a

child is in need of intervention by Child and Family Services.

### **What Happens to the Information I Provide?**

Members of the research team will have access to the audiotapes and the transcripts. Once the audio-tapes from the workshops are transcribed, they will be erased. The transcripts and digital images will be stored in the locked offices of the Faculty of Social Work and destroyed 5 years after completion of the project, as required by the Faculty of Social Work. Information from these transcripts will be used to write reports and papers that may be published or presented at conferences. Members of the project team will have access to the data once it has been anonymized. The Calgary Homelessness Foundation will receive a copy of the final report.

No participant will be identified in any of these activities without consent. Individual quotes will be included in dissemination material but they will be anonymous or used with a chosen pseudonym. You are able to withdraw fully from participating up until the time when session recording begins. Any information provided onto audio-tapes in session will be used for the purposes of the study even if you withdraw. Individual quotes cannot be removed from a group session audio-tape without making other participants contributions and responses to what you said not make sense.

You will have the choice of which photos, if any, to share with the research team, the workshop group as well as the larger community. You are able to change your mind about sharing any of your pictures until the last day of the workshop. If you chose to withdraw from the study, any shared photographs will be destroyed. After the last workshop the audio-tape transcriptions become the property of the researchers. Your photography may be shared at conferences, in reports, community events or on a website.

As mentioned, participation is completely voluntary and your name and picture will not be included without your consent.

The researchers cannot guarantee that contributions made in the group setting can be anonymous or confidential. The research team will keep the information shared confidential and will ask group participants to do the same. Please note that, if intended reporting of photographed or videotaped images includes public display, the researchers will have no control over any future use by others who may copy the images and repost them in different formats or contexts, including online.

**Please circle YES or NO:**<sup>[SEP]</sup>

- Do you understand that you have been asked to participate in a study? **YES NO**
- Has the study been explained to you?<sup>[SEP]</sup> **YES NO**
- Do you understand the risks and benefits of taking part in the study? **YES NO**
- Have you been able to ask questions about the study?<sup>[SEP]</sup> **YES NO**
- Do you understand you can stop taking part in the study at any time? **YES NO**
- Do you understand that any images or audio recordings not removed before the last workshop can be used by the researchers for publications, conferences, articles and presentations? **YES NO**
- Do you understand that you can stop taking part in the study and it will not affect the services you receive from any social service agency? **YES NO**
- Do you understand that the images you have contributed, including potentially



- identifying photographs will be publicly displayed? **YES NO**
- Do you understand what the information will be used for? Have you received a copy of the consent form? **YES NO**
  - Did you receive a list of free or low cost community referrals if support is needed outside of this study? **YES NO**
  - Would you like to receive a summary of the study findings? **YES NO**

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### Signatures

Your signature on this form indicates that 1) you understand to your satisfaction the information provided to you about your participation in this research project, and 2) you agree to participate in the research project.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

**Participant's Name: (please print)** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Researcher's Name: (please print)** \_\_\_\_\_

**Researcher's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Dr. Christine Walsh, Faculty of Social Work, University of Calgary 403-220- 2274<sup>[L]</sup><sub>[SEP]</sub>  
[cwalsh@ucalgary.ca](mailto:cwalsh@ucalgary.ca)

If you have any concerns about the way you've been treated as a participant, please contact the Research Ethics Analyst, Research Services Office, University of Calgary at (403) 210-9863; email [cfreb@ucalgary.ca](mailto:cfreb@ucalgary.ca).

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

Please contact Kate Beamer, Project Ethics Resource officer, at (403) 210-9863 or [kmbeamer@ucalgary.ca](mailto:kmbeamer@ucalgary.ca), for any further questions or concerns pertaining to the study.