

CAREGIVER-TEEN CONFLICT & THE CHILDREN'S AID SOCIETY:
A BENEFICIAL RELATIONSHIP?

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By

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ABSTRACT

This thesis provided caregivers of teenagers exhibiting problematic behaviors, an opportunity to voice their feelings, and experiences in regards to working with the Children's Aid Society of London and Middlesex (CAS). Parents were asked if they viewed their relationship with the CAS as beneficial and what suggestions they had, if any, in regards to improving services in the future. In this study, parents indicated that changes in legislation were necessary to ensure best service to families experiencing conflict as described above. The findings in this study are not conclusive as only a small sample size was used, however, the study allowed an in-depth exploration of the way caregivers experience CAS service when having a teenage child. The participants and host agency are from London, Ontario, but the information discussed may be transferable to other agencies and cities.

Literature in regards to caregiver-teen conflict, how the conflict is caused, the services that help families through these problems and the caregivers' experience of these services were reviewed as a basis for the research. The findings suggested that caregivers were very frustrated with the CAS and did not view their interaction with this agency as beneficial. However, the CAS was not blamed for their lack of ability to help, instead, caregivers placed blame on the legislation that provides guidelines to support families. Caregivers in this study offered recommendations to improve supportive services in the community, some of which were changes to the age of consent to receive counseling, teenagers not being able to choose to leave school before the age of eighteen, and the

government needing to help caregivers care for their children as opposed to undermining their authority.

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Part 1

INTRODUCTION

The purpose of this research is to gauge whether the relationship between the Children's Aid Society (CAS) and the parents they work with is beneficial when working in regards to caregiver-child conflict issues. This study specifically focused on the CAS of London and Middlesex.

I initially became interested in conducting research with voluntary clients of the CAS because I often wondered why families would voluntarily contact the CAS when there has been traditionally a negative stigma attached to being involved with this agency. In Western countries, it is believed that adults must manage their own lives in a socially responsible way, and that families should manage their own problems privately without the help of professionals paid by the community (Scholte, Colton, Casa, Drakeford, Roberts & Williams, 1999). It is suggested that it is for this reason that asking for social assistance, not unlike that offered by the CAS, can carry a sense of disqualification or stigma for the people involved (Scholte et al., 1999). Scholte et al. (1999) indicated "Visits from social workers to assess parental capabilities and the possibility of removal [of children] can transmit to parents and children a feeling of guilt and condemnation that reinforces rather than relieves social problems (p. 374). Another reason for my interest in this issue was that I found there was a lack of material available in regards to the

experience of voluntary clients who work with the CAS. These issues will be addressed throughout this paper.

In an effort to gain a clearer picture as to what resources are in the London community with regards to caregiver-teen conflict, I spoke with a consultant from the London Police Family Consultants (2003), as well as a Crisis Intake Worker at Craigwood Youth Services (2003). They informed me that London has a number of resources available to help families experiencing problems with their adolescents such as the Multi-Systemic Therapy Program, family preservation services, and support groups. However, the issue/problem with these resources is access, coordination, waiting lists and money.

The London Police Family Consultant (2003) reported that private counseling and therapy cost money for families who are unemployed or do not have an employer who subscribes to an Employee Assistance Program (EAP). Those community agencies that offer home preservation services have waiting lists from six months to one year. This amount of time to wait can feel like an eternity for a family in crisis. It was further explained that once families become involved with the system they often receive brief services or the services are not exactly what they wanted or needed i.e. child placed in a group home (London Police Family Consultants, 2003). The Craigwood Youth Services Crisis Intake Worker (2003) informed me that a number of agencies in the city have collaborated to form a crisis service for families where the family is seen the day after their call is placed to the crisis line. Brief services--three sessions--are offered to the

family. An assessment and recommendations for service are followed. Conner (2002) reported that a number of services focus on symptom relief as opposed to looking at the real problem. Often, parents are told to bring their child to a doctor where they are often diagnosed with depression or anxiety resulting in them getting a counselor or therapist and being prescribed antidepressants. Conner (2002) reports that the diagnosis made is almost always based on a few brief interviews. He wrote that a thorough educational, social and psychological evaluation is almost never completed. The problem is, however, that often families will not receive the help that they need in a timely manner unless a diagnosis is made (London Police Family Consultants, 2003).

It was suggested that another part of the problem is that there is no real case management available for London families and this is a result of agencies being overloaded and lacking funds (London Police Family Consultants, 2003). Parents reportedly become so frustrated with the system that they contact the CAS or Family Consultants while in crisis in an effort to have their child placed in foster care (London Family Police Consultants, 2003). It is the consultant's opinion that at this point families do not have six months to wait to see a counselor, they need help at the time of contact. Unfortunately, services such as the CAS and the London Police Family Consultants can only "cool" a crisis and not provide any "real therapy".

This research is very important for future service to London families experiencing conflict as their voices and their opinions are being heard and documented. Through these voices, better service can be provided in the future. In this paper, I will begin with

a literature review that will provide a working definition for caregiver-teen conflict and what researchers have written about the causes of this conflict. The review will also discuss the services families access in times of crisis and how parent's experience intervention in regards to these issues. The literature review will be followed by a discussion of the research question, the methodology used in this research, the findings and analysis and a discussion in regards to the limitations of this research. The paper will conclude with a section in regards to recommendations caregivers have provided for future practice.

Part II

LITERATURE REVIEW

Overview

Two primary bodies of literature have informed this thesis. These are: theoretical literature on parent-teen conflict and the manner in which families cope with this conflict as well as ways that caregivers experience intervention regarding caregiver-teen conflict. I felt that it would be important to understand the caregiver-teen relationship and what is considered by the literature to be “normal” interactions in order to best understand what is considered deviant (the terms normal and abnormal will also be defined). It is, however, difficult to decide what is a typical caregiver-teen relationship according to Western Societal views, as there are a number of factors that exist that can affect families. There are also a number of coping strategies that families use to cope with this stress. Where a stressful event might affect one family in very little ways, it could throw another family into complete disarray. This will be further discussed throughout the literature review.

The second body of literature that will be examined is the ways parents experience intervention regarding caregiver-teen conflict. This literature will show what has already been found in regards to parent’s experience and it will also show the importance of client’s feedback in the provision of services to this client population.

Caregiver-teen Conflict: What is it? What causes it?

In the Western world, societal conceptualizations of family have shifted from a nuclear form– mom, dad, kids and pet to a variety of forms i.e. single parent, two lesbian moms, two gay dads, stepparents and the list continues (Freud, 1999). Despite its composition, one thing that is constant is that families continually grow and change. Some of the reasons for these changes are births of new children, divorce, remarriage, and changes in developmental stage and death. Sometimes these changes cause turmoil, leading the family to seek supports outside of the home (Baker & Dryden 1993). Developmental changes can compound, it is therefore important to examine the adolescent stage and provide some background knowledge of the developmental tasks of families during this stage of the life cycle (Keresman, Zarski & Garrison, 1997).

Adolescence can be a difficult time for families (Berk, 1997; Glasser & Glasser, 1970; Conner, 2002; Schave & Schave, 1989; Baker and Dryden, 1993). Keresman et al. (1997) wrote that the emotional process of transition for families going through the adolescent stage of the life cycle is involving the “increasing flexibility of the family boundaries to include the children’s independence” (p. 18). The relationship between the parent and the child then needs to shift and parents are required to make changes in their roles to accommodate the changes of the maturing adolescent (Keresman et al., 1997). Adolescence is described as the time of moving from dependence on the family for physical, emotional and financial support to interdependence with the adult community

(Highland, 1979; Keresman et al., 1997). Keresman reported that the normative adolescent stage transition includes:

Major role changes in the adolescent's position relative to others in their lives. There is a shift in loyalties toward peers and away from family. This shift brings about a different combination of expectations and obligations. During this shift, adolescents demand greater support and autonomy from their families and friends (1997:19).

It must be kept in mind that much of this research comes from a Western world point of view, heavily influenced by Eurocentric beliefs. Therefore, terms such as “normative” and “typical” are based on ideas stemming from the dominant or more powerful groups in society's point of view. It is important to define what normal and abnormal suggest, as they are terms that have been used throughout the literature and are terms that have great implications for research. In the article, “The Social Construction of Normality” by Sophie Freud (1999), she stated that the concept of normal refers to “conventional behavior based on current community standards of a presumed majority of people...It means not being weird, eccentric, or insisting on one's own way of doing things” (p. 28). Freud (1999) wrote that “when people use the word abnormal, they usually refer to this sense of normal, and it is here that normality is equated with being good and acceptable while abnormality is reprehensible, deviant, perhaps even illegal” (p. 28). Epstein, Bishop, Ryan, Miller & Keitner, (1993) have indicated that normality is an “ill-defined concept [that] often seems to mean not displaying any particular problems.” (p.139). Walsh (1993) explained that a definition of family normality is problematic as the term normal “is used to refer to quite different concepts, depending on one's frame of

reference, which are strongly influenced by the subjective position of the observer and by the cultural surround” (1993:4). The label of normal means different things to different people (McGoldrick, Heiman & Carter, 1993; Epstein et al., 1993). Walsh (1993) explained that there are four major perspectives on family normality; each with its own set of implications for study. She wrote that families are considered normal in terms of asymptomatic functioning, average functioning, optimal functioning, and transactional processes. Froma Walsh (1993) has written about the issues and concepts of normality that are pertinent to this research. She will be referred to throughout the discussion of normality.

Asymptomatic functioning is a clinical perspective grounded in the medical model, “a family is regarded as normal – and healthy – if there are no symptoms of disorder in any family member. The judgment of normality is based on negative criteria: the absence of pathology” (Walsh, 1993:5). Limitations to this perspective are that it has a “deficit based skew and inattention to positive attributes of family well-being. Healthy family functioning involves more than the absence of problems and can be found in the midst of problems” (Walsh, 1993:5). Families are not problem free and the presence of a problem should not automatically be viewed as an indication of family pathology (McGoldrick et al., 1993). It would be incorrect to presume that all individual problems are symptomatic of and caused by a dysfunctional family. Further, it is incorrect to assume that a healthy individual has come from a healthy family. Walsh (1993) warns

that there is no simple one-to-one correlation between individual and family health or dysfunction.

Families considered normal on average is from the perspective that states if it is typical, or fits a pattern that is common and expectable in ordinary families then the family is normal (Walsh, 1993). Walsh commented, “unfortunately, the negative connotations of deviance lead to pathologizing difference. We should keep in mind that by the definition of ‘average’, an optimally functioning family would be as ‘abnormal’ ...as a severely dysfunctional family” (Walsh, 1993, 6).

The approach that states normal families as optimal seeks to define a healthy family in terms of optimal functioning or ideal traits (Walsh, 1993). An optimally, well-functioning family is seen as successful in accomplishing family tasks and promoting the growth and well-being of individual members. Walsh (1993) states:

Clinicians must be cautious about standards of optimal family functioning derived from clinical theory and largely based on inference and extrapolation from disturbed cases...We need to be aware of the pervasiveness of cultural ideals in defining family normality and health. Social norms of the ideal family are culturally constructed values that prescribe how families ought to be. A certain range of conduct is deemed permissible and particular family forms and traits are considered desirable according to prevailing standards in the dominant society. Ideals may vary in particular ethnic communities (p. 7).

Walsh (1993) warns that it should be kept in mind that what is optimal functioning for a particular family may not fit the standard deemed ideal.

Normal family processes have been described as a systems orientation that offers an overarching perspective on “family normality for considering both average and optimal

functioning in terms of basic processes characteristic of human systems” (Walsh, 1993, p. 7). It was explained that normal family functioning is “conceptualized according to organizational principles governing interaction” (Walsh, 1993, p. 7). This perspective is summarized by stating:

the integrations of systems and developmental perspective form an overarching framework for considering normality. The definition of average and optimal family processes is contingent on both social and developmental contexts. What is normal-either typical or optimal - varies with different internal and external demands posing challenges for both continuity and change over the course of the family life cycle (Walsh, 1993, p. 9).

All views of normality are socially constructed, influenced by our own worldviews and by the larger culture (Freud, 1999; McGoldrick et al., 1993). As a result “...our current conceptualizations of normal family processes must take into account the changing views of changing families in a changing world” (Walsh, 1993:4). Therefore, when reviewing the research based on what society views as normal adolescence, it can be assumed that throughout the review, normal is often taken to be what is acceptable by the dominant or more powerful members in society on average. Consequently, we must remember that the concept of normal is often culturally and socially biased and when it is used in research, we must be cautious of its interpretation and meaning.

The research states that there is a shift in relationships during the adolescent stage and that the roles of the family members change as well. Cooney (1986) wrote:

Conflict and tension frequently arise, since adolescents’ emerging needs for independence are not accompanied by an equivalent weakening of the parent-child ties on the part of the parents. Parents may view their child’s emancipation as rejection of the home. In response to their adolescents’ push for autonomy,

parents may attempt to prevent additional loss of control by resorting to increased authoritarian discipline. At a time when adolescents are clarifying values, seeking new, more important social roles, and experiencing a greater capacity for activity, the restraints induced by such discipline may interfere with their socioemotional development (p. 173).

Cooney (1986) further states that while the values and behaviors of childhood are no longer accepted as appropriate, the values and roles expected of adults are not totally permissible either, creating a double bind for individuals in this age group. For decreased conflict, parents will have to change and go along with the changes that their teenager experiences. If there is not a change in attitude amongst family members then conflict will inevitably arise (Cooney, 1986; Baker & Dryden, 1993).

The National Clearinghouse on Family Violence (NCFV) (2003) claims that parents who lose their tempers and withdraw can make the situation worse. Further, parents who condemn their teens and judge them can inflame a crisis. Constant negative messages from parents can lead to hostility, indifference and withdrawal in teenagers.

Due to the amount of changes during this time, adolescence is reported to be a time when conflict is expected (Schave & Schave, 1989; Baker & Dryden, 1993; Berk, 1996; NCFV (2003); Garbarino & Guttman, 1986). However, Buchanan (1996) challenges this view and stated that being a parent to an adolescent is substantially different than the earlier parent-child relationship and therefore there is a stereotypical view that adolescence is a time of turmoil and crisis. Despite this wide spread belief, there is a low incidence of parental rejection and relationship difficulties at this time (Buchanan, 1996). It has been reported that these changes may produce a temporary period of conflict. Berk

(1996) wrote that the arguing that does take place is generally mild and that only a small minority of families experience a serious break in caregiver-child relationships. However, because of these changes, it is expected that adolescents experience problems or difficulties in order to make the transition to the next phase of development (Keresman et al., 1997). When these difficulties become overwhelming for the family system the family typically feels they are in need of outside supports.

Cooney (1986), states that adolescence is a time of “change, and involves a quickening of the pace of life events” (p. 173). The NCFV describes adolescence as the period from puberty’s onset to the beginning of adulthood. It is understood that North America is comprised of a number of cultures, however the dominant culture describes this period as a span of years, a stage of growth, a subculture, a state of mind or all of the above (NCVF, 2003). The NCFV (2003) wrote that in many cultures adolescence is not recognized as a distinct stage of life but that young people move directly from childhood to adulthood with the transition marked by a formal rite of passage. They further state that due to technological advances that followed the Industrial Revolution in Europe and North America, young people have had to stay in school for many years elongating the “becoming” period between the end of childhood and the beginning of adulthood. The NCVF (2003) indicated, “The term adolescence was invented to describe this in-between period in which young people are neither children nor adults”. McGoldrick et al. (1993) indicated that adolescence is the invention of the 19th century related to the cultural, economic and political contexts of these eras. Preto (1999) stated that there exist

significant differences in the manner in which families will adapt to the changes of their adolescent, depending on the meaning that the family gives to adolescence as a life stage and to adolescent roles and behaviors. She further stated that cultural factors and socio-economic forces are factors that can greatly impact how families will define this stage of development (1999).

In this construction of “adolescence”, phases have been attributed to it in an effort to facilitate the understanding of the various processes that occur to an individual during this time of life. The literature states that there are three phases in adolescence. Early adolescence, reported to be from ages 11 or 12 to 14 years where there is rapid pubertal change; middle adolescence, from 14 to 18yrs when pubertal changes are nearly complete; and late adolescence from 18 to 21yrs when the young person achieves full adult appearance and faces more complete assumption of adult roles (Schave & Schave, 1989). For the purposes of this paper, early adolescence will be focused upon, as it is primarily this group that becomes involved with the CAS due to caregiver-child conflict.

There is literature that suggests that most caregiver-child conflict occurs “because both sides believe that they are not being listened to and that the other side is out of tune with their beliefs and interests” (Gosling Counseling International, 1998). However, I question what differentiates this stage in the family relationship from other stages because every stage presents different stressors. Why would the adolescent stage be more conflictual than the toddler stage for example? Preto (1999) wrote that the family structure changes from a unit that protects and nurtures young children to one that

prepares the adolescent for adult responsibilities and commitments. Preto (1999) further indicated that:

This family metamorphosis involves profound shifts in relationship patterns across the generations, and while it may be signaled initially by the adolescent's physical maturity, it often parallels and coincides with changes in parents as they enter midlife and with major transformations faced by grandparents facing old age (1999:274).

Hightower (1990) stated that the stresses of adolescence can be mitigated by parental influence and that children are helped to cope with the world when they are supported by good parenting (1990). The same researcher suggested that there are three basic styles of parenting:

1. authoritarian parents, who attempt to control their children in accordance with an absolute set of standards;
2. indulgent-permissive parents, who take a tolerant accepting attitude toward their children and who impose few controls;
3. authoritative parents, who encourage their children's independence and individuality, encourage verbal give and take, recognize the rights of both the children and themselves, and yet firmly enforce rules and standards and expect the children to act in a mature fashion (1990:260).

It is important not to discuss these three styles of parenting in isolation. Issues such as cultural factors have great impact on parenting style. McGoldrick, Preto, Hines & Lee, (1991) stated that cultural norms and values prescribe the rules by which families operate, "including how family members identify, define, and attempt to solve their problems, and how they seek help" (p.546). Therefore, when discussing conflict in the family, adolescence in and of itself cannot always be seen as the only contributing factor to the changes that families experience during this time in the life cycle. Other issues such as

culture, socio-economic status, and developmental stage of the parents are other factors to consider that can affect conflict during this time of life.

As mentioned, culture plays a major role in many families in Canadian society. In my practice I have often witnessed a clash of cultures between the family's culture of origin and the accepted dominant North American culture. McGoldrick et al. (1991) wrote:

Eastern cultures tend to define the person as a social being and to define development by the growth in the human capacity for empathy and connection. By contrast, many Western cultures begin with the individual as a psychological being and define development as growth in the human capacity for differentiation" (p. 547).

Therefore, it is understood that in North America, children are taught to think independently and told of their many rights. This can often clash with the family's method of functioning if the parents have differing views in regards to the level of independence they want their children to have. Differing perspectives in regards to this level of independence can lead to serious communication difficulties amongst family members.

Gender issues impact families of all cultures. In many patriarchal families or where there are specific expectations of each gender, treatment of the individual members tend to differ where males are given more independence and personal freedom and the females are more controlled and protected (Baker & Dryden, 1993).

Walsh (1993) addressed the impact of poverty and socio-economic status on families. She wrote that declining economic conditions and job dislocations have had a

devastating impact on family stability and well-being which has fueled family conflict and violence, marital dissolution and the increase in poor, single-parent households. Further, Walsh (1993) reported that “social and economic disenfranchisement have contributed to the rise in unwed teenage parenting” (1993:22). Buchanan (1996) reported that “poverty, inadequate nourishment, poor housing, inadequate education, poor health care, unemployment, decaying neighborhoods and alienation permeate down from the societal level and determine, by complex interactions, how children fare in their own homes” (p. 41). From this, we can see how poverty can play a role in the interactions amongst family members. Buchanan (1996) further reported that researchers have found that although child abuse cuts across social and economic groups, it does so unevenly and that the risk of child abuse is greater among those who are poor, unemployed and have poor paying jobs. I would argue that marginalized groups are more visible to social service agencies as the average client is poor and on social assistance. I suggest that it is for this reason that the poor are thought to be at greater risk of child maltreatment. Buchanan (1996), however, qualifies the above statement and wrote that the difficulty with single-focus theoretical approaches is that they do not explain the exceptions such as the majority of families who do not abuse their children despite severe social disadvantage.

Another factor for families with adolescents is that the parents often experience life and marital dissatisfaction at this stage (Garbarino & Guttman, 1986). These marital conflicts increase the risk of adolescent problems in the home. Research of Calgary

couples found a U-shaped pattern of marital satisfaction, with the lower levels reported between the years when the children were teenagers until they left home. There were many reasons suggested for this, some of which were financial demands, parents becoming increasingly more aware of what they had yet to accomplish, teenage children being highly critical of their parent's appearance, values, accomplishments and lifestyle at a time when their self-worth may be fragile (Baker & Dryden, 1993). Further, divorce and remarriage have been cited as being difficult for an adolescent to experience (Conner, 2002; Baker & Dryden, 1993). When a separation occurs, children's reactions generally are better the more harmonious the separation has been. Studies indicate that children's social and emotional adjustment is often better in harmonious separated homes than in intact conflictual homes. In hostile intact homes, children imitate their parents' behaviors and gradually adopt unhealthy ways of interacting with others (Mikesell & Garbarino, 1986; Baker & Dryden, 1993). Elinat Pelad (1993) reported that 3.3 million American children between the ages of 3 and 17 are at risk of exposure to domestic violence and that these children are at higher risk to suffer from an array of behavioral, emotional and cognitive problems. According to Pelad:

Violence in the home causes a great deal of turmoil for children. There is a constant moving or shifting between relatives, frequent absences from school, isolation from neighbors. This transient and crisis oriented life style prevents the children from establishing roots, developing feelings of security and trust about grown-ups, or respect for their own self worth. Abandoned emotionally and physically neglected and abused, they turn to a world of fantasy and often fall into life of crime (1993:46).

This life of crime leads to juvenile delinquency, which can lead to further family breakdown. Cooney (1986) warns that delinquency is a function of complex interaction of factors and that it is not likely that any one condition such as poverty, erratic discipline, and parental absence will be the direct cause of delinquency.

Services to Help

Much of the literature states that the most effective treatment/intervention for families seeking help with caregiver-teen conflict are home-based family preservation programs (Gordon, Arbuthnot, Gustafso & McGreen, 1988; Batavick, 1997; Fraser, Pecora & Haapala, 1991). These programs are best suited for families where there is imminent risk that the adolescent will be separated from the family (Gordon et al., 1988; Keresman et al., 1997). Intensive Family Preservation Service (IFPS) staff provide a variety of clinical services for families such as training in child management, effective communication, managing anger and other emotions, de-escalating crisis and avoiding the use of physical force or violence (Fraser et al., 1991). Gordon et al. (1988) reported:

Home-based treatment has several major advantages over clinic-based treatment: treatment continuity is assured through elimination of no-shows; families are more comfortable and feel less stigmatized in their own homes, fostering the development of a therapeutic alliance; assessment is more valid in a natural environment; and generalization of skills and perceptions learned during treatment is enhanced when the treatment and natural settings do not differ (p. 245).

Batavick (1997) wrote:

On a community level, it promotes integrating existing supports to reduce fragmentations and duplication. On a family level, it uses the strengths perspective to build on family supports and strengths, as well as to empower consumers to shape their own plans and the systems that serve them” (p. 640).

Advocates for family support programs emphasize that involving consumers in collaborative planning creates responsive and effective programs (Batavick, 1997).

For families where the adolescents are involved in the criminal justice system, multisystemic therapy (MST) has shown promise “because it specifically addresses the determinants of antisocial behavior at the individual, family and community levels” (Nichols & Schwartz, 2001, p. 494) thus, addressing the structural forces that are involved and are affecting the family. The outcomes of families involved with MST include fewer arrests, less incarcerations and self reported criminal activity as well as improvements in juvenile and parental symptoms and family relations (Nichols & Schwartz, 2001).

There are programs that take a strength-based approach to working with youth such as the youth development perspective. This is a value perspective that recognizes the inherent value of youths and seeks to draw on youth’s strengths and build on their competencies. It believes that adults should provide supports and opportunities in an effort to facilitate this transition (Batavick, 1997). Other family intervention measures are services such as family mediation, which is a means where the family members work together to solve issues and come to an agreement together (The Hammond Group, 2003).

Some family therapy/counseling adhere to the idea that a change in any one part of a system will affect all the other parts (Nichols & Schwartz, 2001). The lack of awareness of the connections between family members’ actions can create problems for the family. Much of family therapy is about helping people make those connections and learn to better communicate with one another (Nichols & Schwartz, 2001). Further, Nichols and

Schwartz (2001) wrote that there is a natural tendency to focus on the problems and the causes of these problems in family therapy. They indicate that it is a family's strengths, not weaknesses that are most important to the success of therapy. Batavick (1997) explains that although a person's own environment may often have many stressors, it is also filled with many resources that contribute to their quality of life.

Parent support groups are also being offered by agencies more and more in an effort to have parents feel less isolated and allow them to gain perspectives and ideas from one another (Fraser et al., 1991). Gordon & Davidson (1991) discussed behavioral parent training as a means of intervention in cases of caregiver-child conflict. This approach to family therapy is based on research that suggests that the behaviors of children are shaped by and maintained by events in their natural environment. Therefore, for change to occur, modification of these environmental contingencies is necessary. Gordon & Davidson (1991) further reported, "this has led to the conclusion that parents possess an extraordinary potential for generating behavioral change due to the fact that they are often the ones with greatest control over the significant elements in the child's natural environment" (p. 518). The behavioral approach, therefore, focuses on training parents in the effective use of social learning principles such as reinforcement, modeling, and punishment to control or modify their child's behavior. Gordon & Davidson (1991) reported that there is a study that showed several social learning-based family intervention programs that demonstrated successful treatment with gains being maintained at follow-up periods of up to eighteen months. This study noted that similar

programs, which failed to produce change at termination and follow-up involved time limited treatment and graduate student therapists. The successful programs offered open-ended treatment by experienced parent trainers.

In contrast to home-based treatments, it was informally observed that repeated court involvement and foster care or detention center placement, increased the family's negative interactions i.e. family's tendency to scapegoat the delinquent and to not change family interaction patterns or parenting practices (Gordon et al., 1988). They also report that out-of-home placements increase the risk of future involvement with the juvenile justice system.

Studies have shown that when a child is placed out of the home, the child can internalize the blame (Fisher, Marsh, Phillips & Sainsbury, 1986). It was reported that residential care reinforced young people's sense of powerlessness and alienation of being subject to arbitrary authority.

Wood (1990) reported that in the past child welfare tended to utilize foster placement as it's major response and that the juvenile justice system relied on the removal of youth to institutions for delinquents. The advantage of this was seen as the youth being out of sight and therefore out of mind. The problem was that the family was also regarded in this manner in that it was usually ignored both by the juvenile justice and community service systems. Wood (1990) indicated that this de-familization usually did not work well in terms of any positive real change for either the youth or the family.

Parents' Experience of Services

The literature discussed in this section provides a base for the research conducted in this paper, in that most of the literature discussed how parent's experience intervention with regards to caregiver-child conflict. However, the literature did not focus on how parent's experience CAS intervention in regards to caregiver-teen conflict. Fisher et al. (1986) conducted a study of the views and experiences of children, parents, residential workers and social workers involved with child protection in England and Wales. Their study shows that many parents wanted their children placed in care because they wanted their child to get help. They felt as though the best place to get this help was if their child was out of their home and somewhere safe, where there was more structure. The study showed that what these parents were expecting from the residential care facility or foster home did not or could not fulfill their expectations (Fisher et al., 1986). Many parents who placed their children in care found out later that their child's behaviors became worse. Other studies have also reported that treatment for families experiencing conflict between the parent and child, are focusing more on home based interventions as it has been found that although the home environment may have many stressors, it is also filled with many resources that can contribute to one's quality of life (Batavick, 1997).

Fisher et al. (1986) reported that parents who wanted to place their child into foster care due to caregiver-child conflict, felt that social workers were not good at recognizing the stress they were experiencing as no one understood what it was like to live with a

difficult child (Fisher et al., 1986). Further, initial contacts were thought to be “tense and fraught with the weighty backlog of information clients felt they had to convey to the worker...” (Fisher et al., 1986:43). An interesting difference to note in regards to experiences of parents and workers and expectations that come out of this was that for the client, his or her problems were unique as opposed to the worker who felt they were commonplace (Fisher et al., 1986). It was felt that the worker and the client have the same but different goals. While both want to ease the conflict in the home, the client wants their account of the nature and history of the problem recognized and therefore the consequent stress acknowledged. The worker tries to categorize the client’s problems in an effort to make their work more manageable and make an assessment, which although trying to be unique to the family, will be routinized, for the worker (Fisher et al., 1986).

Other feelings in regards to caregivers experiencing caregiver-child conflict and seeking help from the CAS, are that parents felt they had to prove how bad their child was and argue that it was not a part of normal behavior that should be tolerated as told to them by their worker (Fisher et al., 1986). Social workers in this study were reported to see the roots of child care problems in family relationship as opposed to parents who saw the problem lying in the child’s qualities/characteristics. This problem is partly generated by the parent’s unwillingness or refusal to see themselves as part of the problem (Fisher et al., 1986). The above has caused conflict in the worker-client relationship, in that the parent felt that the worker was pushing the cause of the problem on them. This is evident by the worker’s insistence that they become involved in treatment. The worker felt that

the parent was not able to see the true cause of the problems due to the parent's frustration level and insistence on their child going into care (Fisher et al., 1986).

For effective service in child protection, understanding the parent's experience is vital (Drake, 1994; Magura & Moses, 1984; Magura, 1982; Fryer, Bross, Krugman, Denson & Baird, 1990). Before delving into what parents said of their experiences in these studies, a brief description of each will be provided to place the research in context.

Fryer et al. (1990) conducted a study in Iowa where parents were surveyed in regards to the effectiveness of child protection workers in meeting their needs. The one hundred families involved in this study had been previously reported for abuse or neglect and covered the eight geographic districts of the state of Iowa. Drake (1994) conducted a study in diverse areas in Missouri focusing on the views of parents and child service workers in regards to social worker-client relationship competencies in child welfare. Magura & Moses (1984) conducted a study where clients from child protection services in Texas and Hennepin County Minnesota as well as a Florida outreach center were asked to evaluate child protective services. A common theme in each of these studies was client's communication with their workers. Parents stated that in order to have effective assessment and intervention in children's services, an adequate working relationship had to first be established between the worker and the client (Drake, 1994, Magura, 1982; McCallum, 1995). Parents felt that their involvement with these agencies was beneficial when workers who were able to effectively communicate with them were made (Drake, 1984; Magura, 1982; Maluccio, 1979). Communication is, therefore, described as key to

the building of relationship, as is the therapeutic use of authority and the ability to support the family (Drake, 1994; Buchanan, 1996).

McCallum (1995) conducted a study in the Kitchener-Waterloo area of Ontario and the participants were current and former clients of the Family and Children Services of the Waterloo Region. The two main goals of this study were to hear and understand the voice of parents in a child protection service and to use that voice to develop a model of intervention. She reported in her study that many families felt “that once they were identified as abusers in the beginning stages, it was difficult, if not impossible to be seen as a capable and ‘safe’ parent.” (p. 139). Further, parents expressed a need for child protection workers to have a more strength-based approach as opposed to a deficit model. They felt as though most of the focus was on their problems as opposed to their successes and viewed this negatively (McCallum, 1985). By using a strength based approach, families are able to better empower themselves to shape their own plans and the system that services them (Batavick, 1997).

Parents have also discussed issues of power with the child protection system (McCallum, 1985; Drake, 1994). Parents have said that they feel powerless with regards to the child protection system because of the authority and power this agency possesses. Using a strength-based approach is believed to decrease the feelings of powerlessness that parents feel (McCallum, 1995; Batavick, 1997). I would think that because of the issues of power, development of an effective working relationship would be essential in order to get to the root of a problem. It would seem that efforts to define the problem is

difficult at the front end of the worker-client relationship and that perhaps this tension seeps into the work which contributes to negative experiences for families. This will be considered throughout this study and addressed in the discussion portion of this paper.

The Child & Family Services Act (CFSA)

I felt it was important to briefly discuss the CFSA, as it is the driving force behind how a number of agencies carry out their work with families, especially the manner in which the CAS works with families. Since this paper is partially focused on the CAS and how this agency supports families experiencing conflict with their teenagers, it seemed natural to have a discussion about what the CFSA is and does.

The CFSA is a public statute, which is passed by the Ontario legislature. The purpose of the CFSA is to promote the “Best interests, protection and well being of children” (www.e-laws.gov.on.ca). Further, the additional purposes of the act are:

- 1) To recognize that while parents may need help in caring for their children, that help should give support to the autonomy and integrity of the family unit and, wherever possible, be provided on the basis of mutual consent.
- 2) To recognize that the least disruptive course of action that is available and is appropriate in a particular case to help a child should be considered.
- 3) To recognize that children’s services should be provided in a manner that,
 - i) respects children’s needs for continuity of care and for stable family relationships, and
 - ii) takes into account physical and mental developmental differences among children.

The CFSA, therefore, has been put in place to ensure community agencies such as the CAS support families in the most ethical and appropriate manner possible.

The review of the literature has shown that adolescence can be a difficult time for families for a myriad of reasons. It also has discussed what type of services in the community is available for parents to access in times of need. How parents experience these supportive services was also looked at. The literature suggests that a great deal of stress and conflict can occur in a family when parents are having difficulty coping with their child's behavior. How parents experience the services that are put in place, as a means of support and who are governed by the CFSA will be further explored in this paper.

Part III

THE RESEARCH

The Problem

As mentioned earlier, the literature shows that parents tend to believe that their child will obtain more structure while they are in care. Home based and intense preservation services are believed to be the best means of working successfully with these families. Whether or not the CAS can offer the type of service the family needs is questionable, as a great amount of time, counselling and money is needed. These are resources CAS workers unfortunately do not have. In addition to not having the resources, I question whether the CAS is mandated to service these families. The current mandate of the CAS is interpreted by agencies to:

- Investigate allegations or evidence that children under the age of 16 may be in need of protection
- Protect children where necessary
- Provide guidance, counselling and other services to families for protecting children or preventing circumstances requiring the protection of children
- Provide care for children assigned or committed to its care
- Supervise children assigned to its supervision
- Place children for adoption

(CAS, 2002; online resource)

It is the third point in the mandate that creates some debate. The CAS is a child protection agency, not a family or child-counselling agency. Families that experience conflict with their teenager are not considered child protection issues but more child

behaviour issues. It is when the situation escalates to the point where there is complete breakdown in the functioning of the family, and the child is on the verge of being asked/told to leave the home, the CAS becomes involved. Placing a child in care due to behaviour issues is not always the best solution and should only be considered as the last alternative. The CAS' eligibility spectrum (a tool designed to assist Children's Aid Society staff in making consistent and accurate decisions about eligibility for service at the time of referral and assists in interpreting the legal requirements for initial and ongoing child welfare intervention (Risk Assessment Model for Child Protection in Ontario, 2000)) states that it is not the severity of the child's behaviour being rated but the parent's ability or inability to cope with these behaviours that determine the level of security. Therefore, it is not the child that the focus is on, but the parent.

Currently, the CAS of London and Middlesex has responded to the lack of or inability of the community to respond to these families by developing parent support groups and increasing the number of family support workers in the agency. In doing this research, I am interested in knowing what services are offered in my community, London, Ontario, as this is the community where my interest in this subject arose. I want to hear directly from the parents who were involved with the CAS, based on caregiver-child conflict, about how they experienced CAS intervention. I want to know what they feel about the response of the CAS with their family. I want to know if they felt these services were beneficial for them and how the community and/or the CAS could have better helped their family. I anticipate that families will state that they needed more intense service from the CAS. I suspect that those families whose child was placed in foster care may say that the physical break from their child was useful but that ultimately

their child's behaviour had not improved. As evidenced in the literature review, there are a number of structural issues that affect families that are often ignored when working with them for brief periods of time. I believe that the services offered in London are good ones but that their accessibility and lack of funding result in unsuccessful brief services. Many families, after obtaining brief service, come back to the attention of community agencies such as the CAS because the core issues had not been addressed upon initial contact. The mandate of the CAS is to protect children, not to provide counselling in regards to child behaviour. Perhaps the CAS needs to look at their mandate and determine if policy changes are needed in regards to the amount of prevention it offers families as opposed to the intervention that they provide. This study will endeavour to look at the caregiver's experience of CAS services and whether they felt their relationship was of benefit for their family.

Methodology

The purpose of this research is to gain insight in regards to the CAS and their work with families experiencing caregiver-teen conflict from the perspective of the caregiver. I have questioned whether this relationship is beneficial as the CAS is more a child protection agency as opposed to a behaviour management agency. I believe that a major player in judging whether or not this relationship is beneficial is the caregiver and therefore their voice is sought to determine whether this relationship is beneficial.

Theoretical Base

The method of analysis used in this qualitative study was the grounded theory approach. Grounded theory is a means of analysis that requires study from each bout of data collection (interview) before continuing with further data collection (Dick, 2002, On line). The first interview is analyzed line by line and emerging themes are coded. All interviews thereafter are compared to prior interviews. As coding progresses, certain theoretical propositions emerge that link between categories and/or link to a core category – a category that appears central to the study. Dick (2002) indicates, “As the categories and properties emerge, they and their links to the core category provide the theory” (On line). At any time throughout the process of coding and analysis, notes are written about the data called memoing. Eventually the core category and its links saturate. Saturation is “when interviews no longer add to what already is known about a category, its properties and its relationship to the core category (Dick, online: 2002). When this occurs, sorting the data is necessary. Memos are grouped--like with like--and

sequenced in whatever order makes the emerged theory clearest (Dick, 2002, On line). Dick (2002) stated, "In short, data collection, note-taking, coding, and memoing occur simultaneously from the beginning. Sorting occurs when all categories are saturated...writing occurs after sorting". The reason why this study is stated to be a grounded theory *approach* as opposed to grounded theory is because the scope of this study would not allow for formal grounded theory to emerge from the data collected.

Design, Procedure & Participants

Following a McMaster ethics review process, I sent a letter of request, a copy of the Thesis Proposal, and the Parent Information Form (Appendix 1, 2, & 3 respectively) to the Executive Director for approval and permission to use past clients of the CAS and review their records. Once approved, the Director of Intake Services provided me with a list of families whose cases had been open within the past year (May 2002-present) because of caregiver-child conflict. A co-worker at the agency had agreed to go through the list and randomly select three to four families to participate in the study. This list comprised of 186 case openings, 92 of which were currently closed. For those cases that were closed, it was necessary for the worker to ensure that the parent had initiated contact with the Society by reading the referral information. These cases were highlighted and the worker contacted the family to request their participation in the study. Initially, all of the families contacted indicated a willingness to participate and also indicated that they would be agreeable to me calling them to set up an appointment and discuss the project

further. Unfortunately, when I contacted the families, none, where messages were left, returned my call, and one parent indicated that she would need time to think about whether or not she wanted to be involved. It was then decided that the worker would contact another group of families and set up appointments with them at the moment the families indicated that they were interested in participating in the project. This method proved to be more successful and I met with each family at their home.

Five families were interviewed but in the end only four families were used in the study, as one of the families had been open to the agency at the time of the interview. This was only discovered during the interview. The data collected from this interview has since been destroyed and disregarded.

The initial meetings began with an explanation of the project and the signing of the parental consent forms (Appendix 4). I then audio taped the interviews and upon completion of the interview, indicated that once the project was completed I would make efforts to contact them to discuss the results.

I had decided to transcribe the interviews myself as this would aid in the analysis of the interviews by helping me to process the interviews while transcribing. As mentioned, the method of analysis used was the Grounded Theory Approach; therefore each interview was analyzed before the next interview took place. Major ideas and issues from each interview were noted and further explored in subsequent interviews.

Upon completion of my analysis of the data, I made attempts to contact each of the parents that participated in the study as a follow-up to review the findings. I was only able to speak with one of the parents to discuss the final findings.

Cultural Review

In conducting qualitative research, it is important to know how the researcher's biases, experiences and knowledge can shape the research (Rubin & Babbie; 1993). I was raised in a very comfortable middle class home where my only concerns were school and friends. Even now, as a young working professional, I am not faced with many of the practical issues that a number of CAS clients have to face. There are a number of clients from a lower socio-economic status involved with the CAS and therefore, I am not able to fully understand the practical dilemmas that parents and teenagers face everyday. I do recall as a teenager a stage of rebellion where nothing my parents did was right and they seemed far-reaching and out of touch with the issues that young people faced in my generation. This caused a great deal of conflict in my home, as I was becoming a very independent and rebellious teenager while being raised in a quasi-traditional Caribbean home. Due to this experience, I feel as though I can connect with teenagers, especially those that are first generation children of immigrant parents. The issues of two cultures clashing are not foreign to me and I have seen how this has played out in many of the families that have been involved with the agency.

Prior to working at the CAS, I had very little knowledge of caregiver-teen conflict. I had no idea of the complexities some families experienced. Despite my rebellious nature,

swearing in the presence of my parents or any other adult was unheard of, skipping school was not thought of and coming and going from my home whenever I pleased was not an option. Before I became a Child Protection Worker, when I heard of things like the above happening, I automatically thought that the child was a “bad seed”. However, I am now more aware of the contributing factors that play a role in these cases. I admit that sometimes I focus the attention on what the teenager has done as opposed to why the teenager has behaved in the problematic manner as described by the parent.

Through varying work and personal experiences, I assume that caregivers and teenagers experience conflict partially because of the method in which they communicate. Often, the method of communication has not grown with the relationship of the teenager and the parent, thus leaving the parents wanting to speak and treat their teenagers as though they were still young children.

I anticipated that I would have difficulty “switching hats” from being a child protection worker to a researcher. I found that I had to be consciously aware of how I was interpreting the data--whether it was through the lens of child protection or as a researcher gathering data for a project. I had to ensure that I was not trying to assess the reasons for the family’s conflict, as I would have in child protection. However, this can also be regarded as a strength because being in child protection I think I am able to better understand and empathize with the difficulties the parents in this study discussed.

Another issue that I was aware of was the idea of power in the client-worker relationship in Child Welfare. Often in this line of work, there is, unfortunately, a power

differential between the worker and the parents as the CAS carries a great deal of authority in practice. I wanted the participants to view me as a researcher as opposed to a child protection worker so as to not skew the results. I believe that this issue was minimized as I introduced myself as a Master's student with McMaster University, and all correspondence was written on McMaster University letter-head. Discussion as to my affiliation with the CAS was not discussed unless directly asked.

Data Analysis & Results

The original question in this study is whether or not the relationship between families and the CAS is beneficial when the primary concern is caregiver-teen conflict. In this study it is the voice of the caregiver that determines whether this association is in fact beneficial. This study has allowed parents to discuss their feelings in regards to the service they received from the CAS and has also allowed them to define what a beneficial relationship with the CAS would be from their perspective.

This study used the grounded theory approach which links the themes found throughout the research to a core category. The participants that were used comprised of two single mothers, an aunt and a father involved in a common-law relationship. As discussed, each family had involvement with the CAS within the past year and their cases were currently closed. At the time of involvement, these caregivers were the custodial parent of the teenager exhibiting the problematic behaviors. The subjects ranged from thirty-five to fifty-five years of age and were of lower to mid economic status.

Caregivers in this study discussed their family's relationship with the CAS and agreed on a number of issues and views with regard to the benefit obtained by this relationship. Themes were generated where two or more caregivers agreed on or discussed common issues. Major themes that came out of the data pertained to the CFSA, the caregiver's relationship with the CAS, and frustration with regard to the system. Participants further reported frustration with their children and themselves as

well as issues of instability that preceded the problematic behaviors in their children.

From these themes, a core category was found: caregivers want the opportunity to guide their child down the “right path”. Caregivers felt that the means to do this was to gain or regain their parental authority or control over the situation affecting the family. It was found that instability in the family led to a loss of control, which resulted in frustration when parents attempted to regain this control. The issue of control was discussed with each of the participants and each agreed that they lacked authority over their child and had a need to get this authority back. They felt that with this authority, they could successfully guide their child in the right direction to ensure the child had a positive future.

The Core Category

In each interview, there was a deep-rooted understanding that the caregiver wanted what was best for their child. Initially, I interpreted this as the caregiver wanting to control their child. I later realized that caregivers wanted to guide their child in the direction that would offer the child most success in life. Caregivers talked about education being key to their child becoming independent and successful. Each caregiver discussed feeling frustrated with their child in regards to the child’s truancy from school. One parent expressed this issue quite well in saying:

They have to get their education. I say ‘Do you want to end up like me?’ Like I’m not saying that I’m bad or anything but, I’m forty-one years old, I don’t have my grade twelve, I’m working ...I want them to get more, I don’t want them to struggle like I’ve had to struggle...it’s frustrating when the kids don’t go to school. Don’t

know how you can get through them to say, you know, you really need your grade twelve, you need your education.

The frustration of caregivers in regards to the behaviors exhibited by the children-- non-compliance, aggression, poor choices, negative peer groups--were also evidence of caregivers making efforts to ensure their child's life is positive. Participants wanted to ensure that their child's future remained bright and was not inhibited in any way.

Most of the caregivers interviewed were able to attribute their inability to manage their child's behaviors after a significant event that occurred in the family's life. Divorce, separations, deaths, adult conflict and mental health issues were all reported to be contributors to children's behaviors becoming problematic. Further study into how to counteract these major life events in family's lives is necessary in order to better help these families. However, because parents were able to understand the precipitating events to their child's behaviors, most showed some form of regret in having to put their children through the event. Parents, at the time of my interview with them, discussed methods of counteracting the effects of these events. The participants' primary suggestion for help is counseling. In regards to their relationship with the CAS, the parents' efforts to obtain support from the CAS was not helpful even though they described the workers in a positive manner. The families further indicated that the system--police and the courts--were also not effective and that they felt frustrated and "lost in space" as a result.

Legislation & Relationship with Workers

Each of the four caregivers in this study expressed how they felt about their workers as people in addition to their worker as a means of support. In each description the issue of legislation was brought up as well as how legislation had affected their worker's ability or inability to work with the family.

As discussed in the literature review, the CFSA is the document that guides the mandate of the CAS. It is a document where the purpose is to promote the best interest and well being of children. The area of the act that caregivers in this study continually referred to was the cut-off age for their teenagers to receive help. All of the caregivers agreed that the age of sixteen was seen by outside agencies i.e. CAS and police, as the age where intervention was no longer possible. Caregivers discussed how the police could not help them enforce curfews because their child was too close to the age of sixteen,

I called the police like...I don't know how many times I phoned the police. And they really didn't do anything because she was close to sixteen.

Another parent stated in regards to the CAS:

[Sic] I didn't get help through them I just didn't. And I didn't feel like I could call again, really, I didn't feel it's right because it's like, there's nothing that they can do. It's like 'Lady, you know, he's such and such an age.' And that wasn't just CAS, there was other agencies too.

Overall, the participants felt that at the age of sixteen their children were not mature enough to be making adult decisions about their lives:

Well, the law should be changed. It should be more to eighteen and not sixteen. If you can't vote or drive at sixteen, you shouldn't be allowed to live on your own and quit school.

Caregivers stated that the age of consent was also problematic. The act states that a service provider may provide counseling to a child who is twelve years of age or older, with the child's consent and that no other person's consent is required (Child & Family Services Act, 2003, On line). Also, with regards to the CFSA, at the age of twelve, children must consent to any plan of care made between the Society and the family that directly involves the child. Therefore, if a child does not want to participate in counseling services or enter into care, the child cannot be forced to do so unless the child's safety is at risk i.e. if the child is suicidal or is a danger to themselves and/or others. The participants' response to allowing children this amount of power was that of frustration, surprise and sadness. One parent stated that agencies told her:

'As long as he's such and such an age, if he wants to, he can come.' Excuse me? What? Oh my God! How do they know what they want when they're that little?

Another theme that was generated throughout the interviews, discussed almost simultaneously with the legislative issues, was the parent's relationship with their worker. As written in the literature review, the relationship that the client has with his/her worker is important in the worker-client relationship (Drake, 1984; Magura, 1982; Maluccio, 1979). None of the families complained in regards to their relationship with their worker and descriptors such as, "very nice", "straight shootin",

“reasonable”, and “good” were used to describe the workers. The parents also indicated that the workers were helpful to their emotional well being in terms of having someone to talk to, however, the workers were not successful in helping with managing their child’s behaviors. A parent stated in regards to the experience:

But it wasn’t a negative experience it was just very disappointing...to think then what am I supposed to do? And I didn’t have a clue.

Another parent said:

I had [sic] a woman come, a really nice lady come every Monday for about two or three weeks. But that was it. They knew that [daughter] was turning sixteen in [date] and I never heard from them again.

The literature states, that in order to complete an effective assessment and intervention in children’s services, an adequate working relationship must first be established (Drake, 1994; Magura, 1982). Further, assessments are generally not made through thorough evaluations but brief interviews which do not allow for real relationships to be formed (Conner, 2002). Based on what parents said in regards to their workers not being helpful, I believe that the issue stems from what the parents articulated in regards to what the CFSA states about the age of consent. It states that once a child is twelve years old they have to consent to treatment/counseling and be consensual to a plan of care with the CAS. Considering that a number of teenagers do not feel they are the issue and that their parent is the issue, a number of them will not participate or work with the child protection worker. Without this step, it is very difficult to move on. A mother commented by saying:

It's hard to get kids to go to counseling. They see it as a bad thing and it's not a bad thing it's such a good thing.

Keeping their children at home was an issue for two of the parents who reported that their children constantly ran away or left home against an existing court order. They indicated that they turned to the police for help but were disappointed by the response. One father indicated that according to his court order:

[Sic] technically [daughter] supposed to be living with me but...at fourteen usually police don't, at least what I know, don't enforce it physically.

A mother stated:

Before sixteen you're allowed to phone the police but they don't really look for her because she's so close to sixteen!

Overall, participants in this study did not find the system to be helpful. They indicated that individuals in the community who have been given authority i.e. police and CAS, were not able to help them in the manner in which they wanted due to the confines of the legislation. Specifically, they noted that legislation was not helping families because the age of sixteen is what many agencies use as a cut-off for intervention. If the child is close to sixteen, agencies try not to get involved. Many parents offered suggestions as to how the legislation could be changed. Suggestions such as teenagers being mandated to obtain counseling for their issues, stronger consequences for children if they do not go to school, and the law being changed to work with teenagers up until the age of eighteen as opposed to sixteen, were all offered by parents to help ease the issues related to these types of cases. It was

suggested that the public be educated in regards to where to go in times of crisis, as finding out about different agencies while going through a crisis is difficult. One parent stated that people make up the legislation and therefore if the people, meaning the public, were to become more involved in legislative decisions, there would be an improvement in the system and therefore an improvement in services offered to parents and their children.

Frustration

The subjects involved in the study made reference to a number of feelings that they experienced while working with the CAS in regards to their teenager's behaviours. Feelings such as sadness, anger, anxiety and fear were spoken to on a number of levels. A word that I felt encompassed these feelings and that was used by the caregivers a number of times, was *frustration*. Families spoke of frustration with the police, the system, the CAS, the child and even themselves. I have divided this section into three parts: *Frustration with the Child*, *Frustration with Self*, and *Frustration with the System*, which encompass the police, and the CAS.

Frustration with the Child:

All of the caregivers discussed a certain level of frustration in regards to their teenager's behaviors. Behaviors such as non-compliance, truancy from school, aggressive and threatening behaviors, and running away were all issues caregivers discussed as most problematic. The participants indicated that the child's behaviors

got to a point where their authority was disregarded and the control they once had disappeared. One mother stated:

[Sic] the more I checked things the more it got out of control. It was like the little girl in Montreal just started leaving home, running away.

One father, in regards to being able to force his child back home said:

Even if I was [able to], she [daughter] would probably go about leaving here anyways. So what I'm saying is, what's the purpose of this, you know?

Another caregiver reported that her frustration led to her wanting to give up caring for her niece:

There were times where I just wanted to throw my hands up and say, 'you know forget it. Look, I can't do this all the time.'

The reasons that caregivers gave for not giving up hope with their teenager, was that they wanted what was in their child's best interest. They did not want their child to have to suffer through life and they wanted them to heed their warnings before their child found themselves in a situation that would negatively affect his/her future.

The feeling of being "lost in space", was a descriptor three of the four parents agreed described their feelings in regards to their inability to successfully work through the issues with their children at the height of conflict. The feeling of being lost in space was compared to being in cyberspace, as was a feeling of loneliness in the "battle" to regain control of their child:

Yeah, I feel like I'm out there. You know like no one's listening to me – Cyberspace!

This feeling of loneliness was enhanced when parents felt that they could not gain supports from agencies that they believed were there to protect their children.

Although, in the system's eyes, these children were determined to be safe because they had parents who were making attempts to act protectively. In the parent's eyes, the children were seen to be heading towards self-destruction:

I've gotten to a point where I'm not, the situation doesn't so much upset me it's just I think, I want my child to succeed, I want him to get better... You know, you just want what's best for them.

Another caregiver stated, that after her niece came back to live with her, after living in a community group home:

[Sic] she realizes a lot of things, that I am here to help her. I'm not here to hurt her in any form whatsoever. I'm just here to help. I want her to get an education; I want her to get a life and a good one.

All of the participants discussed their inability to keep their children from constantly running away from home and staying where he/she wanted to stay. The frustration that the caregivers felt built to a point where they sought outside supports. In some cases, the caregiver compromised their own beliefs in order to have the child stay somewhere where they knew the child would be somewhat safe. One example of this is where a mother stated:

I got her home, but I had to take her [boyfriend] with me...but I had to have my girl home.

This same mother stated that when her daughter refused to stay home and decided to stay with her boyfriend instead, the mother did not find this to be an ideal situation but knew it had to be accepted.

She lives with this guy. A guy like her – very lonely [sic] I should thank my lucky stars that she's safe with him. He's, you know, he's been on his own a long time, but she's safe with him.

A stepmother stated:

When he [father] had [son] and [daughter] living with us, he'd [father] just do things because he had a very big attachment to the kids and he didn't want the kids to leave.

All of the caregivers struggled with their children not attending school.

Participants stated:

I had a teenager who was rebelling...he wasn't going to school, every time we even talked to the principal [sic] she found he was too upset because he'd bring up the divorce.

The agreement was [daughter's boyfriend] and [daughter] would come here, and I put them both up for five months...all I asked was that they both go to school. [daughter] has dropped out of school now and [daughter's boyfriend] doesn't go to school.

Two of the caregivers indicated their inability to cope and made arrangements for their child to live outside the home. As written in a prior section, many parents want their child placed in care because they wanted their child to get help that the caregiver did not feel they could sufficiently provide (Fisher et al, 1986). One mother stated:

And somebody told me that they [CAS] would take him and put him in a home...he didn't want to listen to me, maybe, you know [he would listen to them].

An aunt stated that her reasoning for placing her niece in a home for teenage mothers was:

I figured that she would get everything that she needed, all the education on being pregnant, on being a mother, and everything that she needed from this place and that's why I placed her there.

As shown, two families in this study requested outside placements for their child.

One caregiver was satisfied with the care their child received while the other ended up placing the child with the non-custodial parent. It should be noted that in regards to the caregiver, who felt the placement was beneficial, her child was sent to a specific treatment facility outside of the CAS where education in regards to her condition was taught. This cannot be considered the norm for CAS foster placements as most foster and group homes are safe places for children to live, not educational facilities.

I feel that much of the frustration caregivers felt towards their teenager was because they felt as though they had compromised their values and beliefs to accommodate their teenager in hopes that their child's behavior would improve. Unfortunately, the teenager's behavior did not improve leaving caregivers at a loss—frustrated—with what to do with their child.

Frustration with Self:

The participants discussed a certain level of sadness or disappointment in themselves for not being the “perfect parent”. They believed that these mistakes had contributed to the presenting issues, thus blaming themselves for their child’s negative behaviors. One mother talked about her lack of availability to her daughter prior to the escalation of conflict:

I threw myself into my work and I, I really, that one year, I wasn’t there for [daughter]...And it’s been kicking at me ever since.

Another parent stated:

If I had to blame anybody I’d have to blame myself. You know, I married him, I had the children. I should have maybe left sooner. I didn’t know.

All of the caregivers agreed that they did the best that they could at the time.

The caregivers indicated that they tried to focus on what should be done to help their child as opposed to what had occurred in the past that led up to their child’s problematic behavior. The issue of control has been discussed throughout the analysis as it is linked to all sections. I believe that caregivers were frustrated with themselves also because they could not gain control of their teenagers. As mentioned, caregivers advised that they wanted what was best for their children and because their teenager was non-compliant, they would make poor choices for themselves. Frustration arose for the caregiver when they watched their child head down a destructive path and the caregiver felt as though they had no control in regards to what they could do to help or protect their child.

Frustration with the System:

Caregivers often spoke of the system, which refers to the legislation and authority figures like the police and the CAS. They discussed how this system had contributed to them not being able to obtain the help that they needed. They discussed their frustration with not being able to control their child and the system not forcing their children to obey the house rules. Participants discussed how they were told that they had to be responsible for their child, yet the law gave their children the right to refuse help such as counseling. Three of the caregivers stated that the system restrains or undermines their ability to effectively parent due to the laws that are currently in place. Another caregiver stated that she agreed with the other participants' feelings in regards to legislation allowing the children to make adult decisions that the child is not ready for. One father talked about the uselessness of enforcing his court order that states he is to have the children live with him. He said:

I can't even get the police to do that [physically remove children from the mother's care]; they may go and say you're supposed to live with your dad. 'Well I [child] don't want to live with my dad.' If there's no imminent danger – they stay.

Once the CAS became involved with the families, the parents state that the workers were very nice but that they were not helpful. One mother stated:

I feel sorry for the children that don't have a home. I feel sorry for myself. I also feel sorry for kids [involved with the CAS], Children's Aid isn't helping them for sure [sic]. If [CAS] not going to them...I don't know.

A father indicated that he liked the worker that was assigned to his family's case. However, in the end the kids did what they wanted to do and did not follow through with the plan that CAS made with him and the mother in regards to having the children stay with him. He said:

I liked the [worker]. I felt she was pretty straight shootin...during this meeting [with the worker, dad and mom] the [mother] wrote a letter saying she wanted me to take the [daughters]... and then in the last couple of weeks she's [daughter] has missed half of her exams and now in the last couple of days she's [daughter] called and says well I want to live at my mom's.

I found this last issue rather interesting as the literature states that when the client and the worker have a positive relationship the work that is done with the family is more successful (Drake, 1994; Magura & Moses, 1984; Scholte et al, 1999). I'm left wondering if perhaps because the CAS is a child protection agency and not an agency that manages child behavior if this is the reason, parents feel frustrated by the lack of work CAS can actually do. There is a link between the caregiver's frustrations with the system, the relationship caregivers have with their workers, and legislation. Legislation does in fact dictate what workers can and cannot do. This leaves caregivers frustrated that the CAS cannot do what they want them to do for their families.

Another issue I believe needs further study, is that more focus is needed on working with the child as opposed to primarily working with the parent. Parents commented on this issue stating that they needed the worker to help their child as opposed to helping them. A mother indicated:

Basically [sic] she [the worker] came to speak to me. A really nice lady...it helped me a little bit to talk to her but I needed help for [my daughter]. Both of us needed help you know...if there was a way that they could have talked with her and maybe get her into seeing someone.

Another parent indicated that she was given a phone number to call by her worker for someone who could help her and her son. She stated:

I'm sure there must have been a social services number or something [sic] but I think it was more for me. And I was looking for something more for him or us. Not just me.

The literature states that the best means of working with families experiencing conflict with their teenagers is to provide intense family preservation services. The CAS has not been able to do this, as they have not had the necessary resources to provide such services. Within the past year, more services have been put in place for families experiencing conflict with their teenage children at the CAS of London and Middlesex i.e. parent support groups, and an increase of family support workers.

Instability

Many families discussed how their teenager's behaviors became increasingly difficult after a specific time of turmoil or crisis in the family. When I began working in Child Protection, we were constantly reminded by our supervisors to ask families what had changed in their lives or in their child's life that may have contributed to the change in their child's behavior. The literature states that sometimes changes in the family cause turmoil, leading to the family to seek supports outside of the home (Baker & Dryden, 1993). In this study, many parents described their child as being

angry, bitter, disrespectful and noncompliant after a certain situation occurred in the child's life. I have encompassed the feelings that parents had described of their children's lives at the time of turmoil into one word that I felt described what the families in the study had discussed – a time of instability. The participants spoke of heightened instability in the lives of their teenager prior to and during their involvement with the CAS. Three of the caregivers described heightened conflict after they separated or divorced their partner. One mother indicated:

I went through a separation and um [sic] I kinda did things a little quick [sic] you know when you're upset about things you kinda do things fast and I took [daughter] out of school [sic] my sister arranged to have her in high school that she went [sic] I moved here six months later [sic] the minute I got here, it was all down hill from there [sic]. She's very angry at me, extremely angry at me for the situation.

Another mother attributed her son's behaviors to her divorce. She stated:

I had a teenager who was rebelling and I think a lot of it [was because] I got divorced. And I think it hit him really, really hard. And we never got counseling at the time.

One father indicated that because of the divorce, the children have decided that they can choose where they want to live when they do not like what one parent does or says. He said, in regards to his daughter's response to discipline:

You know, she can say, 'No, no, no, I can do what I want. I'm going to moms. I'm going out.'

Parents discussed being pushed to their limits with their child's behaviors. One caregiver advised that she took her niece into her home after her niece's father (caregiver's brother) had died. She reported that after her niece moved into her home,

her niece tested her to such a degree that she sometimes felt as though she had no choice but to give up. As mentioned earlier in the “Frustration with the Child” section, this caregiver stated:

There were times where I just wanted to throw my hands up and say you know forget it. Look, I can’t do this [argue] all the time.

It must be kept in mind that the term instability is subjective to the person using it. It is based on the notion that there was a norm in the family functioning and that this norm has deviated to a situation that is disruptive for the family leading to temporary instability. Aponte & VanDeusen (1991) wrote:

From a structural perspective, functional and dysfunctional levels are determined by the adequacy of the fit of a system’s structural organization to the requirements of an operation in a set of circumstances. The *structural organization* of families refers to relational pattern common to all families, colored by the personal idiosyncrasies of each family with its tradition, culture and socioeconomic situation, and adapted to its functional requirements. The functions relate to all areas of human social activity, which are in accord with the nature of the social unit and its point of development. The *circumstances* refer to the context, that is, the time and place and social parameters within which the family or family members are to operationalize the structure in carrying out a function. Dysfunctional structures are not specific to symptoms, since it is the appropriateness of the fit of a family and its subsystems to the requirements of the functions in given circumstances that determines the presence or absence of a problem (p. 313).

Therefore, what one family may consider as appropriate functioning may be chaotic for another. Sometimes the constant turmoil and crisis in a family is the norm for that family. These types of lifestyles become problematic when one member of the family wants to change the rules or when a new member wants to change how things have been functioning. One father said:

I don't think they have that structure with their mother. I don't think mine was much better but with [current spouse] it's a lot better and they [children] don't want that. Since they're older, their mother says that they can come with their mother and there is nothing that I can do. And then all of a sudden, two months later, when there's a problem, go back [to father's home]? That's frustrating.

This is an important issue to consider when working with a variety of families with different notions of what a crisis entails. A worker who understands how a family defines their own idea of crisis or instability can then try to empathize and help the family cope with the issues that they or their children are experiencing.

In this study the children's behavior was attributed to what was considered a crisis the family or child was experiencing. Some caregivers indicated that there was adult conflict leading to separation. Further, caregivers indicated that the child had isolated themselves after a move to a new city or school and others indicated that their child's peer group was to blame for the change in their child's behavior.

Caregivers discussed a number of issues throughout this study. The issues ranged from feelings of frustration with their child, themselves and the system to feelings of regret, fear, and blame for believing they have played a role in their child's potentially self-destructive behavior. Parents ultimately want to see their children succeed. These feelings of wanting their child to succeed are linked to feelings of frustration because caregivers became frustrated when their efforts to help their child appear to have no effect on the child.

Discussion

All of the participants in this study discussed their frustration with the CAS' inability to help them manage their child's behavior. When I began this research, I suspected that parents would be angry with the CAS for not being able to help them in the manner in which they hoped. However, parents reported being angry at the legislation, as they understood that it was legislation guiding what the CAS and other agencies in the community could and could not do for them and their children.

Caregivers understood that the CFSA states that in Ontario, sixteen is the age where most agencies cut-off their services and that the age of consent is twelve years. Due to this fact, the CAS and police can only do so much with these teenagers--which is not much. Due to the fact that legislation states that children over the age of twelve have to agree to the plan of service that the CAS and the parents put together, CAS, police and parents are stuck when the child refuses to participate or agree with the plan. Although it is true that the courts can make orders as to where the teenager must reside and make orders forcing the child to attend school, this is only after the child becomes involved in the criminal justice system. Further, if the teenager refuses to cooperate they can be faced with consequences. The CAS, however, cannot enforce these consequences.

The Caregiver's Voice

Caregivers have made suggestions as to how they believe changes in the legislation can help parents better “control” or maintain some sense of authority over their children. Some of these suggestions were discussed in the prior section but will be again listed here along with other suggestions made by the caregivers. This is done in an effort to emphasize gain the caregivers’ views as to what needs to be changed and/or maintained in the system. The suggestions will be paraphrased in an effort to present all of the views of the parents in a more comprehensible manner. To ensure that I have noted caregivers’ recommendations as close to what they have said, I followed up with one of the caregivers who provided me with some final feedback. This feedback is included in the recommendations below:

- *Less reliance on the government to support families is needed. More families need to help support family members in times of crisis.* In this study three of the four families discussed relying on family for emotional support. I wonder if this has to do with gender, as the female participants talked about the importance of the extended family while the male did not. As only one male participant was involved in this study, this conclusion cannot be drawn but would be interesting to explore in any future research.
- *There needs to be an agency in place to offer parents support i.e. referrals to agencies best suited for their situation, education etc...* This recommendation seems contradictory to the prior, however, caregivers

explained that they need the government to make laws that will support their authority with their children. They explained that familial support is not as effective as the legislation but it is a positive source of emotional support. Three of the four participants discussed a need for more guidance in their interactions with agencies such as the CAS and the police. They indicated feeling a sense of loneliness and frustration with the inability to get the help needed when it was needed. Again, caregivers felt that having a structured agency supporting their rules i.e. attending counseling or attending school, would be of benefit.

- *Although it is the whole family that is in need of support, more focus should be given to the child exhibiting the problematic behaviors, in that, the workers need to make more efforts to bond with the child and insist on counseling services. Receiving counseling should not be an option for a child.*

Three of the four participants discussed the benefits of counseling for their families. They stated that, in regards to the CAS, workers concentrated more on them (the parent) than the child. From personal experience in working with these families at intake, it is easier for the worker to gain the cooperation of the parent and work with the parent as opposed to focusing on the child.

Unfortunately, I can see where these comments come from and why these families feel this way. Participants also indicated that the legislation (in regards to the age of twelve being the age of consent to obtain counseling and

other services) must recognize that children at the age of twelve are not yet able to make these decisions. I tend to agree with the participants in regards to this issue. I believe that it is feasible for amendments to be made to the legislation and that the age of consent be increased. This can be accomplished if there is enough pressure being placed on the local MPs to voice their constituents' opinions to those with the power to change/amend legislation.

- *The law should enforce a strict policy in regards to school attendance. Teenagers at the age of sixteen should not be permitted to leave school without facing consequences for their behavior.* All of the participants in the study discussed feeling very frustrated in regards to their child's truancy problems. However, they were not able to offer suggestions as to how the legislation could enforce policies to force teenagers to attend school. Upon follow up, one of the caregivers explained that the school system has improved in regards to this issue. She stated that the schools are moving away from charging the parent when their child is truant from school and instead, forcing consequences on the child.
- *When a child is close to the age of sixteen, agencies should still provide the best service possible and not "give up" because the child is close to sixteen.* Parents discussed frustration with regards to agencies not providing help for their child because the child was almost sixteen. They suggest that agencies

work as hard as they can with the teenagers, as some help is better than no help. I believe that part of the issue for many agencies mandated to work with teenagers under the age of sixteen is that a great deal of energy, time and resources are needed when making referrals and getting teenagers in the appropriate supportive agencies. Once the child turns sixteen, it is difficult to continue to provide service, as the agency is not funded to do so. Despite this issue, caregivers are correct in their request for workers to make the best possible efforts before their children turns sixteen. This is an issue that needs further exploration by agencies mandated to work with teenagers under the age of sixteen.

- *Because people create the system, people who are being affected by legislation need to become more involved in the decision-making.* This suggestion was offered by one of the parents during the initial interviews and upon follow up, another parent agreed. If the community members ensure to be up-to-date with their politicians and the politician's political stance, the people can voice their opinions by voting and putting people in place that best represent their interests.
- *Agencies need to be more understanding of the stress that parents are experiencing during times of crisis especially when there are a number of structural issues affecting the family. More supports need to be made within the family's immediate community.* This suggestion was offered by the last

parent interviewed and therefore could not be explored with the other parents. This mother advised that being a single parent of an out of control teenager is difficult, especially when there are issues of poverty and lack of support from the non-custodial parent. She reported that on top of the stress of having to manage a child's negative behaviors, getting children and herself ready for the day, having to use public transportation, having to come home and make supper for her family, and then having to help her children with their homework calls for a full day. Being expected to attend a group, finding and paying for a babysitter in order to attend the group and fully participating in the group is not realistic. This mother suggested support groups being created within the immediate community as better bonds may be created amongst neighbors. Further, this would mitigate against the above issues as well. This recommendation, I feel, is quite feasible and is one that could materialize with further research.

- *Counseling should be mandatory for all family members in regards to marriage, divorce or any other stressful life event.* The last interviewee also made this suggestion. She believed that with every major life event, family members should be mandated to attend counseling to ensure the emotional well being of each member. I think that this recommendation would be feasible in some circumstances but not in all circumstances. Certainly, in many religious circles, marriage counseling is mandatory if a couple wants to

be married in a particular church. However, it is not mandatory by law that these couples receive marriage counseling prior to getting married. Making this mandatory may be of benefit and could potentially decrease the current divorce rate. When a couple is seeking a divorce, counseling again can be made mandatory by law before a judge finalizes it. However, as it is the individual who defines what a crisis means to them, it would be difficult to mandate and ensure that families receive counseling for crisis situations that may not be considered a crisis for the general population.

- *If a parent is responsible for a child until the age of eighteen, the laws have to help the parents do what they feel is in their child's best interest and not provide the child with the right to refuse what a parent plans for them.*

Parents felt that their children, as well as themselves, were in need of counseling services. However, they became frustrated when told that their child has to be in agreement with the counseling or the child does not have to participate. This was felt to be a means of undermining the parent's authority. This is an issue that needs further exploration and research. I agree with this point because parents need to be able to fall back on the government and on the laws when seeking to have their teenager follow through with counseling and other supportive services.

- *When a parent contacts an agency and the parent is in crisis, placing them on a waiting list is not acceptable. The parent is in need of help NOW! Parents*

advised that being placed on a waiting list for service is not beneficial, as help is needed immediately. However, being met immediately by a social worker that cannot offer any support is also not helpful. Perhaps meeting with a parent immediately to assess the situation and making efforts to have a community response within a short amount of time is feasible. Because of the lack of resources and money, it is difficult to see how this can actually occur at this time. As mentioned, it is an issue that needs to be seriously considered because placing a family in crisis on a waiting list will exacerbate the presenting problems.

I feel that many of the recommendations made by the participants in this study are feasible. Those suggestions that involved the community i.e. creating a support group within the community, can perhaps be led by the community members with a social worker involved as a resource. Batavick (1997) had discussed helping empower people to help themselves by using a strength-based approach to treatment. Creating a community support group and a family network are examples of where these methods of support can be used.

The literature also discussed the importance of communication between the worker and the client. Social workers need to listen to their clients and provide an opportunity for the client to come up with ideas to resolve their own situations. Clients know their families better than a community service provider. If caregivers

feel more work with the teenager is needed in order to create a bond between the worker and child, this should be considered and acted upon.

Caregivers can also address legislative issues. Contact with their local MPs is vital to have their voices heard amongst the decision makers in the legislation. Despite all of the recommendations and the feasibility of those recommendations, social workers need to remember that families, by the time they contact a professional, are in crisis. Helping to empower a single mother to take on more responsibilities and tasks by creating a support group may not be productive. The correct timing must be considered and starting where the client is at is important for a successful outcome.

Limitations

Qualitative research involves a subjective methodology and the use of self as the research instrument. The data collected is not meant to be generalizable like in quantitative studies, which apply to a large population. The data is meant to be transferable in order to apply to similar groups that have been studied. In this research, there was only a small pool of participants used. Therefore, the findings cannot be interpreted as the manner in which all families experiencing caregiver-teen conflict and who are involved with the CAS will feel. The reader should be cautious in transferring findings when working with families from other settings because different agencies and different communities provide different services. It must not be assumed that caregivers in this study are representative or have the same issues as caregivers involved with other child protection services.

The subjects in the study, with the exception of one, were all single parents. This could restrict the data's relevance to families where there are two parents or long-time caregivers involved. Further, as only one participant was not the child's primary caregiver from birth or a very young age, relevance may be restricted for caregivers who took over care from parents later in the child's life i.e. grandparents, older siblings, or friends.

Ideally a larger sample size including the experiences of caregivers, teenagers, siblings and CAS workers would have allowed the research to be more transferable.

However, due to time constraints and the limitations of a Masters thesis, this was not realistically possible for this study.

I purposely introduced myself as a Master's student as opposed to a child protection worker so that the participants would regard me as neutral. I feel that this helped in caregivers' comfort with speaking to me about the benefits and limitations of working with the CAS. In child welfare, there is often a differential in power resulting in parents not expressing their true feelings and thoughts. An advantage to this research in particular, was that parents were made aware that their voice was necessary in order to help provide improved services to parents in the future. Again, I believe that explaining this benefit to parents helped them to express themselves freely and honestly.

Conclusion

This study endeavored to allow caregivers to voice their thoughts and experiences about their relationship with the CAS when the primary concern is caregiver-teen conflict. Caregivers were asked if they felt this relationship with the CAS was beneficial and if not, what recommendations could they offer to improve this relationship. The suggestions offered by participants were all feasible and further research is needed to determine what the practical issues would be to make the suggestions a reality.

Caregivers described their assigned social workers positively but indicated that the CAS was not helpful, thus, the relationship with their family and the CAS was not beneficial. Caregivers did not blame the CAS but blamed the CFSA for restricting what agencies like the CAS can do for families experiencing conflict with their teenagers. The most common complaint amongst caregivers was that the age of consent--twelve years old-- was too young and does not allow parents to exercise their authority and be responsible for their child.

Caregivers explained that gaining control or parental authority of their teenagers is very difficult and that government and supportive agencies need to keep this in mind when providing services. Further, parents expressed anxiety in knowing their teenagers would soon be independent and potentially leaving home. Caregivers wanted to be able to regain control of their teenager to guide them down the right path

and secure their success in life. The issue of control was not only evident in the participants overall frustration with their children but also in their recommendations. Caregivers wanted to obtain help by supporting each other within their communities. They wanted to influence legislation by having a voice to relay their concerns with regards to the current legislation. Having their voice heard and expressing ideas were of interest to the participants and was a driving force in them participating in this piece of research.

As mentioned throughout the paper, the age of consent is problematic. If I were given the power to change this section of the CFSA I would. I feel that changing the age of consent to the age of sixteen would allow the child more opportunities to obtain help—whether wanted or not. In other provinces, such as Quebec, children up to the age of eighteen receive service from the child welfare authorities. This may be an issue that the Ontario government might want to consider. If this were to occur, more staff and money would be required and perhaps specific caseworkers would be needed to work with this population.

Caregivers are in need of options. Perhaps a manual put together by social workers at various community agencies could be compiled. This manual would be specifically targeted for caregivers and would explain that they are not alone as well as provide them with direction in regards to their situation. This manual would also have a listing of all of the community agencies that work with teenagers in the community as well as a brief description of each service.

Overall, parents described a feeling of being “lost in space” when trying to gain support from outside agencies such as the CAS in their attempts to regain control of their teenagers. This loneliness and anxiety can potentially lead to feelings of anger and resentment towards the teenager. As discussed in the literature review, parents who lose their tempers, condemn their teenager, or withdraw from them can inflame a crisis (NCVF, 2003). This is one reason why the opinions of caregivers need to be heard. It is easy to suspect what is happening in a family but it is better to have first hand knowledge. The voice of the clients can impact services offered to families. It is therefore very important that when further research in regards to experiences of clients is being conducted, that the primary source of information be the client.

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Appendix 1

May 2, 2003

Mr. John Liston
Executive Director of the
Children's Aid Society of London and Middlesex
1680 Oxford St. E.
London, Ontario
N5V 4X7

RE. MSW Thesis Proposal

Dear Mr. Liston:

As you are aware, I have been on a leave of absence from the Children's Aid Society of London and Middlesex (CAS) for one year to pursue my MSW degree at McMaster University. Part of the requirements to complete the program is to write a thesis. The topic that I have chosen is "Parent-teen conflict and the CAS – A Beneficial Relationship?" The CAS has been and continues to be increasingly concerned with the growing amount of parent-teen conflict cases received at the agency. The agency often finds it difficult to discern whether the problems presented are actual child protection matters, where the child is at risk of emotional or physical harm, or if the family is in need of counseling to help mediate the conflict in the home. Parents will often contact the CAS making threats to harm their child if something is not done or threaten to leave their child on the doorsteps of the CAS. This has resulted in children coming into CAS care unnecessarily.

My current understanding is that services offered by community agencies in London for families experiencing problems with their teenagers are scarce and I am therefore left wondering if approaching the CAS is the family's way of asking for help that should be serviced in a facility other than child protection. In this study I want to gain the perspective of the parent in regards to why they decided to access the supports of CAS. I want to know if they found CAS services helpful and if not, what services were they looking for and how can CAS better serve families who are experiencing conflict with their teenagers. I also question whether or not the CAS is mandated by the CFSA to open cases where there is familial conflict with no indication of harm coming to the child. I am left questioning if the CAS endeavors to make these cases fit into the mandate in an effort to prevent further frustration in the family resulting in the child potentially coming into care unnecessarily.

In order to successfully complete my thesis I am requesting your assistance in regards to the recruitment process. I am requesting that the agency provide me with non-identifying information about a number of closed cases where the initial reason for contact with the CAS was parent-child conflict concerns and where the parent initiated the contact. Three to four cases will be randomly selected from this pool for interview. Before I am given identifying information about the cases, a representative of the agency will contact the selected parents asking if they would consider being involved in the research project. The agency representative will pass the names of parents agreeing to take part onto myself who will then contact these parents and provide verbal and written information about the study. Consent forms will be provided to the parents requesting their permission for file reviews.

At the completion of this project, I will provide the CAS with a report and presentation if requested. Please find enclosed a copy of the thesis proposal, which has been approved by the Ethics Committee at McMaster University, as well as a copy of the Parent Information Letter, and a consent form for you providing me with permission to use the CAS' records.

I would like to begin the interviewing process in the middle of May 2003 and therefore am requesting a response from you at your earliest convenience. I can be contacted at home at 679-1571 or by cell phone at 476-0784. Thank you very much for your time and I look forward to speaking to you in the near future.

Sincerely yours,

Jennifer Ansine
MSW Student
McMaster University
Enclosure (4)

cc: Rhonda Hallburg

Appendix 2

Parent-Teen Conflict and the Children's Aid Society: A Beneficial Relationship?

Agency Informed Consent Form

I agree that the Children's Aid Society of London will take part in a study of parent's experience of parent-child conflict and Children's Aid Society's intervention. I have been fully informed about this study and I understand its purpose. I understand that Jennifer Ansine is the principle investigator of this study, and that her actions in this capacity are being supervised by Gary Dumbrill (faculty member of the McMaster School of Social Work).

I understand that recruitment will take place by the agency providing Jennifer Ansine with non-identifying information about a number of closed cases where the initial reason for contact with the CAS was parent-child conflict concerns and where the parent initiated the contact. Three to four cases will be randomly selected from this pool for interview. Before Jennifer is given identifying information about the cases, a representative of the agency will then contact the selected parents asking if they would consider being involved in the research project. The agency representative will pass the names of parents agreeing to take part onto Jennifer who will then contact these parents and provide verbal and written information about the study. Consent forms will be provided to the parents requesting their permission for file reviews. Once parental consent is given, I am willing to permit Jennifer to use the requested files from the Children's Aid Society of London (CAS) and Middlesex

I have been fully informed about this study and I understand its purpose is to aid in enhancing the manner in which families experience the services of the CAS in such matters. I understand that there is the risk that these former clients may become upset about the experience they had in working with the CAS, however, if this were to happen, I understand that they will be given the opportunity to contact Jennifer Ansine who will provide them with a referral for counseling assistance. I also understand that the researcher will assure the anonymity of the participant families.

I understand that all data will only be used by Jennifer Ansine, her supervisor (a McMaster University Professor) and a transcribing assistant. I have been informed that the tapes will be stored in a locked filing cabinet at McMaster University and when they are being analyzed off-site they will be kept in a locked filing cabinet in the researcher's home-office. The tapes will be destroyed after two years and all transcripts will not have the families' name on them.

Executive Director Signature

Researcher Signature

Date

Date

Appendix 3

Caregiver's Information Letter

Project Title

Caregiver-Teen Conflict and the Children's Aid Society: A Beneficial Relationship?

Investigator

Jennifer Ansine

McMaster University, School of Social Work

Supervisor

Dr. Gary Dumbrill

McMaster University, School of Social Work

Request to Participate in Research:

This letter is to inform you of the research that I am currently conducting into caregivers' experience of caregiver-child conflict and the Children's Aid Society's intervention and to request your participation in this research.

Background and Information Letter

The Children's Aid Society of London and Middlesex (CAS) has been and continues to be increasingly concerned with the growing amount of caregiver-teen conflict cases received at the agency. The agency often finds it difficult to discern whether the problems presented are actual child protection matters, where the child is at risk of emotional or physical harm, or if the family is in need of counseling to help mediate the conflict in the home. Often, caregivers will contact the CAS in extreme frustration with their teenage child as well as with the lack of services offered in the community to mediate the family's problems. I believe that this frustration leads to children coming into the care of the CAS unnecessarily.

My current understanding in regards to the services offered in London for families who are experiencing problems with their teenagers is scarce and therefore I am left wondering if the CAS is the family's way of asking for help that should be serviced in a facility other than child protection. Therefore, in this study I would like to gain your perspective in regards to why you decided to access the supports of the CAS. I want to

know if you found CAS services helpful and if not, what services were you looking for and how could the CAS have better served your family.

Upon completion of this study, I would like to present the findings to the CAS and perhaps look at changing and/or improving our services to families who have experienced conflict with their children. Your participation in this project is essential for its success and your participation will be kept confidential. This means that I will not be permitted to discuss anything that a particular person has said without that person's permission. Every precaution will be taken to respect your privacy. All audio-taped interviews and other data will be stored in a locked filing cabinet at McMaster University except when being analyzed by me at which time the data will be stored in a locked filing cabinet in my home. All data will be destroyed two years after the completion of the research project. No identifying information will be included in any written reports of the research. All identifying information will be removed from the interview material and field notes.

I must inform you that there are situations in which, by law, I will not be able to keep the information that you provide to me confidential: disclosure of child abuse, threats by people to harm themselves or others or when required by court subpoena are such examples.

By participating in this study, you will be asked to meet with me for an initial interview of approximately one to two hours in duration. Your interview can take place at a location of your choice such as your home, an office etc... During this interview, you will be asked questions in regards to the issues that made you contact the CAS. Some of these issues in regards to the familial problems that occurred in your family and the CAS intervention may be upsetting for you to recount. If this occurs, you can contact me at the phone number below and I will provide you with a referral for counseling assistance. You have the right to withdraw your participation in this study at any time and if you choose to withdraw, all information that you have provided will be destroyed.

Also, in an effort to gain a broader perspective and deeper understanding of your family's situation at the time of your involvement with the CAS, I will be reviewing your file (only with your permission). Upon completion of the study, I would like to meet with you a second time to discuss the results of the research and to ensure that I have understood your perspective correctly. At this time, I will also provide you with a report about the findings if you so desire.

Throughout the duration of this research I would be pleased to answer any of your questions about the study. You can reach me at (519) 476-0784. This project has been reviewed and approved by the McMaster Research Ethics Board. Should you have any questions about your participation in this research, you may contact the Board at (905) 525-9140 x24765.

Jennifer Ansine
MSW Student
McMaster University

Appendix 4

Caregiver-Teen Conflict and the Children's Aid Society: A Beneficial Relationship?

Caregiver Consent Form

I agree to take part in this study of caregiver's experience of caregiver-child conflict and the Children's Aid Society's intervention. I understand that Jennifer Ansine of McMaster University is the principle investigator of this study, and that her actions in this capacity are being supervised by Gary Dumbrill (faculty member of the McMaster School of Social Work).

I am willing to take part in one interview that will last between one to two hours and am agreeable to having this interview audio taped and transcribed. I understand that I may decline to answer any particular question. I also understand that I may access any information that I have provided at any time. I have been fully informed about this study and I understand its purpose is to aid in enhancing the manner in which families experience the services of the CAS in such matters. As such, I will be asked questions in regards to my experience with the CAS and how this experience has affected my family since our involvement. I understand that there is the risk that I may become emotional or upset by discussing these experiences of working with the CAS and that if this happens, I can contact Jennifer Ansine who will provide me with a referral for counseling assistance.

I understand that I can choose to withdraw from this study at any time and that, if I do, any information I have provided, and including audiotapes or notes will be destroyed.

I understand that my anonymity is assured, and that all data will only be used by Jennifer Ansine, her supervisor (a McMaster University Professor) and a transcribing assistant. I have been informed that the tapes will be stored in a locked filing cabinet at McMaster University and when they are being analyzed off-site they will be kept in a locked filing cabinet in the researcher's home-office. The tapes will be destroyed after two years and all transcripts will not have my name on them or identify me in any way.

I have been assured that my participation in this research project is confidential, however, I understand that confidentiality cannot be maintained if I inform the researcher that a

child under the age of sixteen is being or is at risk of being harmed or sexually abused or if I inform the researcher of someone who plans to harm themselves or others. I also understand that there is a remote possibility that interview transcripts could be subpoenaed for court proceedings. I understand that this risk will be reduced by my transcript not containing my name and any notes linking me to my transcripts and tapes being destroyed as soon as my interviews are complete or as soon as I indicate I wish this to take place.

I also give my informed consent to allow the researcher to review my file with the CAS in an effort to gain a broader perspective of what was happening with my family at the time of my involvement. I also understand that at the completion of this study, the researcher will meet with me to discuss the findings and ensure that the information is presented in the manner that best represents the information that I have provided.

Caregiver's Name:

Caregiver's Signature:

Dated:

Witness Name:

Witness Signature:

Dated: