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A thesis submitted to the Graduate Program in Sociology
in conformity with the requirements for the
Doctor of Philosophy degree

Queen’s University
Kingston, Ontario, Canada
September 2020

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Abstract

This dissertation analyzes state-family relations in Canada, and collectively alongside Finland, as they relate to mothering and child welfare. In response to calls from the Canadian Federal Ministry of Child and Youth Services (2015) to increase access to preventative services and family support, this research project endeavours to contribute to the conversation of child welfare reform. With the application of a sociological lens, and situated within the disciplinary framework of Sociology of the Family, this research employs a collective ethnographic case study that facilitates an integrated analysis of theory, policy, practice, and lived experiences to explore the entanglement of gender, race, situational vulnerability, intensive mothering, and social constructs of risk. The whole of this dissertation adopts a manuscript-style format.

Together, the three manuscripts that compile the body of this research, knit together to produce a meaningful analysis that confirms, as well as offers insight, into the necessity of doing child welfare differently in Canada. The goal to re-imagine Canada’s current child welfare paradigm is explored in this space. The research here argues that the vision, which accompanies calls for greater access to proactive resources as a branch of Canada’s child welfare paradigm, requires a shift in state-family relations. This shift must not only strive to understand past relations involved in the delivery of Canadian child welfare, but situate the current paradigm, and look towards practical reform with insight derived from other nations. Part of this reform analysis is based on a collective analysis with Finland’s approach to child welfare. Although Finland is not without its own social problems, Finland’s recognition as one of the best countries in the world to be a mother invites global attention in the quest to re-imagine how child welfare can be done differently.
Co-Authorship

The first manuscript in this dissertation is co-authored with a former colleague of the Department of Sociology (Queen’s University), Marlee Keenan. Marlee has graciously granted the permission required for this material to contribute to the dissertation. Published in 2017, the manuscript “Manufacturing Ideologies of the ‘Bad’ Mother: Aboriginal Mothering, ‘Neglectful’ Caregiving, and Symbolic Violence in the Ontario Child Welfare System” appears as a book chapter in the edited collection Bad Mothers: Regulations, Representations, and Resistance by Michelle Hughes Miller, Tamar Hagar, and Rebecca Jaremko Bromwich (Demeter Press).

I equally share in the weight of production of this publication with Marlee. As first author of this chapter, my specific contributions include the application of Bourdieusian theory. Using Pierre Bourdieu’s analytic concepts, which include symbolic violence and habitus, I analyze why the “bad mother” label remains synonymous with Aboriginal mothers. Together with material feminist theory, I contextualize this analysis by explaining how the demands of the field of mothering are characterized by “intensive mothering” (Sharon Hays). I argue that the prescriptive demands of intensive mothering require access to capital that is often beyond what the gendered and racialized habitus of the mother involved with Ontario child welfare is able to generate.
Acknowledgements

As this chapter of my life comes to a close, there are many people that I would like to acknowledge. I would like to extend gratitude to my supervisor and committee members: Dr. Annette Burfoot, Dr. Rob Beamish, and Dr. Tim Smith. Indeed, you have made this journey seamless for me. While there is no doubt that I look up to each of you as gifted scholars, what will stay with me the most is your relatability and kindness. All three of you have shown me, by example, that it is possible to have a career that you’re passionate about. In addition, I would like to express my appreciation to Dr. Glenda Wall (Wilfred Laurier University) for her willingness to serve as my external examiner.

Dr. Annette Burfoot—it has been my privilege to learn alongside you for the last seven years. You have shown me kindness in more ways than I can count! The ways in which you hold space and hope for your students is a true reflection of your character. I will forever be grateful for the investment you have made in my life.

An important element of this research project involved conducting field work internationally. My sincere thanks to the University of Jyväskylä, and colleagues in the Department of Social Sciences and Philosophy, for welcoming me as a visiting doctoral scholar. A special thank-you to Dr. Marjo Kuronen (University of Jyväskylä) for her warm hospitality and instrumental assistance in helping me navigate the Finnish system.

A critical component of making it through graduate school is funding. This dissertation would not have been possible without the generous financial support from the Department of Sociology.
and the School of Graduate Studies (Queen’s University), as well as a significant scholarship from the Social Sciences and Humanities Research Council of Canada.

As a lone mother and the first person in my family to attend university, I need to acknowledge the privilege that returning to school as a mature student has afforded me. Thank you to my family and friends for their steadfast support along the way. To close this chapter of my life, I would like to dedicate this dissertation to three (not so little anymore) people who have been there beside me every step of the way: Grace Mae, Eli Trevor, and Jude Ethan. To my strong-willed, active, and beautiful children—time-and-time-again, what has kept me persevering throughout this journey was the importance of leaving a legacy for you; not a legacy in terms of the degree itself, but the character of resilience that I have learned along the way. One day when you are older, and you happen to stumble across this work, I want you to know how much you have inspired me. I love you so very much.
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Chapter 1: General Introduction

Responding to the Call: A Collective Re-imagination

Introduction

I keep coming back to Adrienne Rich’s statement in Of Women Born that “Some of the most brilliant women of our time are still trying to think from somewhere outside their female bodies—hence they are still merely reproducing old forms of intelligence” (1986:284). Although Rich’s claim has aged academically, its relevance still challenges me. Most days I do not grant myself the permission for my personal to be political. In the name of objectivity, I am intentional about keeping the file folders of personal and political separate. But despite my best efforts, I have learned that life is not that tidy—when the file folders get scattered, and I am forced to re-organize it all, do I assemble them in the same way? Or, do I hold fast to Rich’s claim and permit the entanglement between the personal and the political to become more fluid?

Let me begin by saying that I could not have planned the extent to which my doctoral research would intersect with my personal life. Although my saturation in policy and the literature left me well-versed, it did not prepare me for how to experience a system I had been researching extensively. In saying this, I recognize that this is not the space to personally digress. However, I want to acknowledge that as I advance the knowledge in this particular field, I do so with an academic integrity that is now grounded in personal experience. I do so with aspirations, like Rich (1986), to contribute intelligence that authorizes my positionality. In this way then, the charge to re-imagine Canada’s child welfare paradigm is met with a renewed strength.
This research project responds to calls for reform from the Canadian Federal Ministry of Child and Youth Services (2015) to provide greater access to preventative services and family support within provincial and territorial models of child welfare. Calls to reform the current child welfare paradigm in Canada recognize the need for implementing less intrusive measures that can co-exist alongside child protective services. The Ministry’s review of The Child and Family Services Act recognizes the necessity of providing “equitable access to high-quality, culturally-appropriate and community-based services” in association with child welfare (2015:np). This vision of access and provision of services transcends historical patterns of doing social work in Canada. Throughout this dissertation, I argue that this vision requires a shift in state-family relations; a shift that requires us to re-imagine doing child welfare differently in Canada. If the calls for child welfare reform are sincere, then we must: i) strive to understand past relations, ii) situate the current paradigm, and iii) look towards practical reform with the knowledge availed from i) and ii). Positioned within the disciplinary framework of Sociology of the Family, the culmination of this research seeks to do just that.

In its entirety, the goal of this research project is to contribute to the conversation of child welfare reform in Canada. Although this project is broad in its scope, the sociological lens (towards what is traditionally considered the subject matter of social work) facilitates an integrated analysis of theory, policy, practice, and lived experiences. The application of social theory, specifically in manuscripts one and two, weaves together the sociological theory of Pierre Bourdieu, feminist theory (with specific reference to material feminism), sociologist Sharon Hays’s analysis of the “ideology of intensive mothering,” and social constructs of risk. Together, these theories and perspectives merge to create a productive framework for teasing apart the
state-family relations relevant to moving towards child welfare reform. The following section outlines the objectives and research questions that frame the dissertation.

**Objectives and Research Questions**

The objectives of this doctoral research project involve: a) Analyzing existing policy surrounding, and identifying samples of, preventative programming and family support within the Ontario child welfare system; b) analyzing existing policy surrounding, and identifying samples of, existing preventative programming and family support within the Finnish child welfare system; c) gathering the experiences and narratives of professionals and clientele involved in such programming; d) conducting a collective analysis between Ontario and Finland, with regards to policy, programming, and experiences surrounding the provision of preventative programming and family support within the context of state-sanctioned child welfare.

Moreover, the central research questions of this doctoral project are: within the framework of state-sanctioned child welfare services, how are ideologies of gender and caregiving constructed in both policy and programming that specifically concern prevention and family support? What are mothers’ experiences with state-sanctioned child welfare services, specifically the access and delivery of preventative programming and family support? What insight, if any, does the Finnish family service model offer/lend by example to Canada’s legal judicial model? How can Canada’s child welfare paradigm be reimagined to include a greater emphasis on preventative services and family support?
Methodology and Methods

Although the methodology and methods of this research project are discussed with greater specificity as they apply in each manuscript, this section highlights the overarching framework of data collection. This dissertation employs a collective, multi-sited, ethnographic case study. Qualitative data, relevant to child welfare paradigms in Canada and Finland, are gathered through a combination of methods that include: an analysis of current policy surrounding the implementation of preventative programming; samples of preventative programming; an analysis of current preventative programming; visits to participating organizations (governmental and non-governmental bodies); and discussions with social work professionals and involved mothers.

This case study is described as multi-sited and collective. Inspired by ethnographic approaches to research, a multi-sited case study “… pursues links, relationships and connections, follows unpredictable trajectories, and traces cultural formations in its pursuit of explanations beyond borders” (O’Reilly 2009:145). Multi-sited case studies see value in international connections, and recognize the interaction between state-family relations and experience. Both fieldwork sites, located in the rich nations of Canada and Finland, permit the illumination of ideological differences in state-family relations concerning gender equality and caregiving, approaches to preventive programming, and differences in paradigm experiences. Rather than a comparative analysis per se, this dissertation project is framed as collective. A collective analysis places factors alongside one another with the aim of revealing insight rather than producing a sharp comparison. Although there are obvious distinctions in population size, taxation structures, cultural make-up, geographical space (and so on) between Canada and Finland, the aim of providing insight for reform takes precedence. The specificity of the case study sites in this
dissertation may not allow for generalizability, however the rich international data provide critical insight.

This research project is inspired by ethnographic approaches to research. The project aligns with the qualities of ethnographic approaches but, given the constraint of time, it is unable to wholly commit to the properties of a traditional ethnography. Furthermore, ethnographic approaches to research understand that the positionality of the researcher, to varying degrees, permeates the research project. In this case, my position of mothering three children saturates the lens through which I have participated in and experienced the field work for this project. Claiming this positionality is not meant to provide rationale for the data but to situate the context in which it was collected. For example, in manuscript three, my experience conducting fieldwork while living in Finland cannot be detached from my responsibilities caring for my children. Our experiences at the grocery store, playground, cycling, use of public transit, and visits to the doctor’s office provide further understanding into my research of state-family relations in Finland. While our experiences are not universal, these everyday interactions informed the data I was collecting.

The Manuscripts

The manuscript thesis format is well-suited to the objectives of this dissertation. As stated, the sociological lens of this project enables the weaving together of theory, policy, practice, and lived experience; each manuscript provides the space to dive deeper into the interaction of these threads. Together, the manuscripts provide a coherent and collective account of the endeavour to explore state-family relations as they intersect with child welfare. Rather than provide a full
description of theory and a literature review in the introduction of this dissertation, each manuscript details this context accordingly. Below is a brief description of each manuscript and their contributions to the dissertation as a whole.

i) Manuscript One


The first manuscript of this dissertation responds theoretically to the overrepresentation of Aboriginal mothers involved with Ontario child welfare. The persistence of this gendered and racialized involvement is contextualized with relation to colonization and analyzed using the application of a Bourdieusian framework. Using a historical overview of the state’s relationship with Aboriginal mothers and their children across Canada, we explore the significance of the history of colonization as it relates to current applications of the “bad mother” label. The residential schools, Sixties Scoop, and recent Motherisk controversy are discussed in relation to the reproduction of manufactured stereotypes of the unfit Aboriginal mother. This manuscript argues that symbolic violence is evident today in the state’s legislative construction of neglect as child maltreatment; a category of maltreatment that is very difficult to divorce from experienced poverty. It becomes apparent throughout this analysis that rather than addressing the material conditions of involvement with child welfare, Aboriginal caregiving continues to be reproduced as inadequate. We conclude by calling for the restoration of child welfare authority to Aboriginal communities.
ii) *Manuscript Two*


The second manuscript makes the necessary connections between “intensive mothering,” female individuation, risk adverse child welfare policy, and situational vulnerability. Ninety percent of caregivers involved with Ontario child welfare services are biological mothers (OIS 2015). This landscape is highly gendered. In addition, most mothers involved with child welfare experience situational vulnerability as a result of their social conditions, either materially or relationally. This includes experiences with domestic violence and poverty—two prevalent categories of child maltreatment. This chapter situates Canada’s international reputation as a friendly and gender-progressive nation together with the entrenchment of intensive mothering to reveal how the individuation of risk reproduces a gendered, situational vulnerability. In Canada, a mother’s need for help corresponds with her identification as risky; her inability to maintain distance from the state; and her failure to demonstrate engagement with intensive mothering frames her as a risk. Positioning individual mothers as the site of scrutiny arguably perpetuates the individuation of risk and regenerates the situational contexts that could in fact mitigate involvement if they were addressed.

iii) *Manuscript Three*

The third manuscript of this dissertation draws on ethnographic data from available policies, programs, and discussions with child welfare professionals and involved mothers in the Finnish child welfare system. Recognized as one of the best countries in the world to be a mother, I question what Finland’s child welfare paradigm has to offer by example to other nations seeking reform, specifically our “friendly and gender-progressive” nation of Canada. Throughout the inquiry, I analyze Finland’s family service model of child welfare in relation to welfare provisions that are recognized as both child-specific and family specific; this includes acknowledging the prioritization of preventative services, and framing parents as legally-entitled to support in raising their children. Although current tensions in the Finnish paradigm exist, including the pervasive gendered responsibility of caregiving, this manuscript reveals key insights and suggestions for reform that should be of interest to Canada. Particularly of interest, is Finland’s approach of partnering with parents. This partnering is framed as the child’s right—it is the right of the child for their parents to have access to social, physical, and material supports. The right of the child to know that their parents, too, have access to well-being, without constraint, is imperative. In this way, I argue that the well-being of parents is a worthy social investment. I suggest that as we start re-imagining child welfare in Canada, we conceive parenting support as a specific sphere of preventative family policy.

Summary

The purpose of this general introduction is to preface the central elements of the dissertation. Like a tapestry, the threads of the three manuscripts knit together to produce a meaningful analysis that adds to the conversation of child welfare reform in Canada. The call to do child welfare differently in Canada is made here.
References


Chapter 2

[co-authored with Marlee Keenan]

Introduction

This chapter dives into the social and political entanglement of the label “bad mother” as it relates to ideologies of Aboriginal1 mothering within the province of Ontario. It is difficult to ignore the extent to which Aboriginal mothering is problematized within the Ontario child welfare system. As a constitutionally mandated protective service, the Ontario child welfare system plays an instrumental role in manufacturing and sustaining ideologies of Aboriginal mothering as “unfit,” with agents of the state surveilling and policing caregiving practices that fail to demonstrate prescriptive ideologies of “intensive mothering.”2

As authors of this chapter, we come to this research as white settlers and are, therefore, inherently implicated in the project of settler colonialism in Canada. As we theorize and place into context Aboriginal mothering, we recognize that we do not have the “authority of knowledge” to carefully depict particular lived experiences (Lugones and Spelman 24). Although we do have experiences in the fields of mothering and child welfare, our positionality cannot claim understanding Aboriginal experiences past our immersion of academic texts and research into social and political policies. Ultimately, this chapter seeks to critique one of the most significant state structures that maintain the marginalization of Aboriginal peoples—namely the child welfare system—to shed light on the ways in which the system continues to reinforce the
earlier violence of the white settler state. In this respect, this research strives to contribute to (if even just in small part) the broader goal of decolonizing Canada.

Today, Aboriginal children—referring to children of Inuit, Métis, and First Nations descent across Canada—continue to be removed en masse from their communities and are exceedingly overrepresented at all phases in child welfare decision making (Chabot et al. 98). Provincially and territorially, Aboriginal children involved in substantiated child maltreatment investigations and out-of-home care placements represent anywhere from 9 percent involvement, in Ontario for example (Fallon et al. 66), to findings of 90 percent evidenced in regions of Manitoba (Baum).

With the application of a Bourdieusian framework, this chapter argues that the state’s ongoing erasure of colonial violence is evidenced through Ontario child welfare practices and policy, including the normalization of Aboriginal child apprehensions. This chapter will demonstrate that white settler practices in Canada created conditions of material and social marginalization and inequality, which, over time, became naturalized as part of Aboriginal heritage. This naturalized image of “neglectful” existence, including the subjective determination of neglectful mothering practices, continues to be sustained by the child welfare practices of removing children from their families rather than addressing the real causes that create the deplorable conditions under which some Aboriginal families live. In this way, the experiences of Aboriginal mothering, and the state’s manufactured ideologies of the “bad” Aboriginal mother, cannot be understood outside of the legacy of colonization (Cull 153; Reich 42; Waterfall 60). We focus on what Bourdieu refers to as symbolic violence, evident in the state’s construction of child neglect and the normalization of generative schemes in the reproduction and manufactured stereotype of
the unfit Aboriginal mother. It is important to convey that although the focus of this chapter is on Aboriginal caregiving within the context of Ontario child welfare, we recognize that there exists further social identities and racialized bodies involved with the child welfare system today. For example, in 2014 the Toronto Children’s Aid Society highlighted the overrepresentation of black families of Caribbean descent in the Toronto district (Contenta, Monsebraaten, and Rankin). The issue remains that in the intersecting literature on mothering and child welfare, there exists a disparity and disconnect of a representative landscape (Swift and Callahan). Although the Commission on Sustainable Child Welfare, a provincial mandate from 2009 to 2012, recommends that racial and ethnic data be collected by all agencies, Contenta and colleagues note that the Ontario government refuses to mandate such a collection and the few agencies that do collect this data are reluctant to speak to it. Respectively, this chapter seeks to highlight the ways in which contemporary child welfare in Ontario acts as another colonial strategy that specifically targets Aboriginal communities through the forceful removal of these children from their families.

A Bourdieusian Framework

This chapter theoretically draws on the analytic concepts of Pierre Bourdieu, including his discussion of field, capital, habitus, and particularly processes of symbolic violence. The application of a Bourdieusian framework provides insight and explanation into how and why the “bad mother” label becomes synonymous with marginalized women and, more specifically, with Aboriginal mothers.
Employing the concept of “field,” the field of mothering can be seen as the social arena in which the struggles of mothering take place over specific resources or stakes and access to them. Each field, including the field of mothering, has a different logic and hegemonic structure of necessity and relevance (Jenkins 84). Within the field of mothering, it is argued that the social institution of child welfare—governed and funded by the state—serves as a regulating mechanism of control over what constitutes adequate and inadequate caregiving practices. This control subsequently includes the authority to subjectively interpret child welfare policy, including the introduction of neglect in reforms to The Child and Family Services Act in 2000 as a classification of child maltreatment. Together with governing policy, agents of the state and gatekeepers of the field—including social workers, supervisors, police officers, lawyers, and judges—possess the necessary capital, class, and attributed power to persecute and label.

For Bourdieu, “habitus” is central to participation within a field. Although all mothers are considered players within the field, their habitus, positioning, and access to capital vary. To participate within the field of mothering and to successfully play the game, or arguably try to avoid state gaze and surveillance, one must, according to Bourdieu, “possess at least the minimum amount of knowledge, or skill or talent to be accepted as a legitimate player” (Bourdieu, Cultural Production 8). Applied to the field of mothering and its intersection with the field of child welfare, upholding and performing ideologies of intensive mothering arguably project a position of good standing and legitimacy within the field. Although the interests and boundaries of the field are “imprecise and shifting,” players are generally “concerned with the preservation or improvement of their positions,” including the acquisition of relevant capital
required to do so (Jenkins 85). Although it is evident that all mothers are subjected to the state’s regulatory control of caregiving practices, not all mothers are equally positioned or surveilled.

Within a Bourdieusian framework, the notion of habitus is fundamental in bridging individual experiences and the broader social structure. Habitus serves as the “mediating link” between individuals’ subjective experiences and the ever-changing social world shared with others (Jenkins 75). Developed throughout socialization, the habitus includes cognitive and affective factors, which become embedded in both conscious and unconscious interpretations (Jenkins 76-77). The embodiment of habitus, then, understands that the individual dispositions of a mother, which contribute to the formation of the habitus, are primarily the regeneration (or lack thereof) of generative schemes of the dominant-held ideologies and institutions within society (Swartz 104-106).

Practices of mothering are produced in and by the encounter between habitus and its dispositions as well as the constraints, demands, and opportunities of the social field to which the player is participating (Jenkins 78). Furthermore, institutions—such as the media, politics, and medical and psychological experts—are successful in manufacturing and manipulating images of mothering ideals, which generates schemes that become embedded in dispositions, which in turn, affect practice. This being said, the construction and label of the bad mother serves in opposition to dominant cultural ideals; the label itself represents defiance in relation to the existing norms of the field. Additionally, it is critical to convey the important role mothering dichotomies and stereotypes play in constructing labels of both good and bad mothering. Practices associated with each dichotomy are socially defined in part by the practices of players who are differently
positioned within the field; culturally defined practices of bad mothering are shaped by culturally defined practices of good mothering and vice versa.

As a social theorist, Bourdieu believes that we live in a world where perceived reality is taken for granted by members of society (Bourdieu, *Cultural Production* 2). He theorizes how “doxa” (taken-for-granted elements) and marginalization are the paramount inequalities that play out in social life. He unveils how power associated with symbolic capital generates a *symbolic violence* that legitimates institutions and individuals within a given field. As such, those that hold the greatest symbolic capital (consisting of prestige and honour) exercise power over those who hold less. This act of violence is often concealed in broadly acceptable and unquestioned processes (Bourdieu, *Cultural Production* 2). Symbolic violence is then, the subtle impositions of systems of meaning that legitimize and solidify systems of inequality (Bourdieu, *The Logic of Practice* 133; Bourdieu, *Pascalian Meditations* 172,188). As a result, experienced inequality and marginalization within the field are often naturalized and perceived as inevitable. While we recognize the various acts of resistance that take place within specific fields and the elasticity of the field to permit such practices—including a mother’s rejection of such labels (or refusal to comply to the demands of a social worker for example)—we primarily explore the durability of generative schemes involved in processes of symbolic violence, and acknowledge the potential impact this may have on the intergenerational transmission of dispositions.

Julian Go argues that Bourdieu’s conceptualization of colonization is imperative to understanding processes of symbolic violence (50). Bourdieu theorizes colonialism primarily as a “relationship of domination” (qtd. in Go 55). In Bourdieu’s fieldwork on Algerian society, he
places coercion and racial privilege at the centre of his analysis to illustrate the “colonial state’s monopoly on violence” (Go 56). Go comments the following: “Bourdieu argues that the colonial system entails distinct and logically necessary roles for colonizer and colonized: For the former, colonialism necessitates racism and paternalism, and for the latter, subservience and the adoption of related stereotypical behaviours” (58). Although these distinct roles Go references are stretched and challenged by acts of resistance, such resistance is often constrained by access to capital. In today’s society the reproduction of the colonial order is masked by perceptions of the power of individual choice, with an emphasis on micro-level explanations rather than dissecting and understanding the intersection of both macro and micro processes—or structure and agency. Indeed, Aboriginal mothers, often constructed as bad mothers, experience symbolic violence as they are individually blamed for the difficulties they face as mothers. Child welfare authorities are often unable to recognize “the roots of those difficulties in the history and current structures of colonialism and racial oppression” (Kline, “Contemplating the Ideology” 318).

The Ontario Child Welfare System

Today, the Ontario Ministry of Children and Youth Services is responsible for governing forty-seven independent Children’s Aid Societies in Ontario (nine are controlled by Aboriginal groups and three are faith based). Agencies throughout the province use The Child and Family Services Act as governing legislation in compilation with risk assessment tools and standards of practice that are intended to promote consistency in processes of decision making, and address past scrutiny over subjective determination (Swift and Callahan 148).
Although this chapter does not dive into the evolution of Ontario child welfare policy over the last century, it is important to note for further context the substantial shift in categorizations of child maltreatment implemented within The Child and Family Services Act in 2000. Such a shift continues to significantly affect marginalized populations and negatively impact state-family relations by increasing the surveillance and scope of policing caregiving practices. Arguably a response to state scrutiny over the high-profile deaths of children while in state care in the 1990s (Cameron et al. 4; Swift and Parada 3; Vandenbeld Giles 120-122), substantial policy changes undertaken in 2000 include the following: the introduction of neglect as child maltreatment; the classification of emotional abuse— with specific reference to exposure to domestic violence—as child maltreatment; the expansion of mandated duty-to-report obligations to include the public; and the inclusion of any perceived risk of maltreatment to constitute grounds for investigation and potential apprehension. Social work scholars argue that categorizations of what constitutes emotional abuse and neglect remain ill-defined within policy, and instead rely heavily on gatekeeper subjectivity (Swift and Callahan 11; Swift and Parada 3).

The most recent Ontario Incidence Study of Reported Child Abuse and Neglect (OIS-2013) provides a snapshot of the landscape of clientele involved in substantiated child welfare investigations across Ontario. Statistics from this study reveal that biological mothers represent 86 percent of involved primary caregivers, reinforcing gender stereotypes surrounding caregiving and associated maternal blame (Fallon et al. 68). The study confirms the marginalized social contexts in which many involved mothers navigate life for both themselves and their children: 49 percent of involved primary caregivers are victims of intimate partner violence, 34 percent are classified as having few social supports, and 27 percent experience mental health
issues (Fallon et al. 70). The OIS-2013 reports 24 percent of substantiated child maltreatment investigations to be a result of neglect (Fallon et al. 55).

**Generative Schemes and the Reproduction of Bad Mothers**

The demands within the field of mothering are characterized by intensive mothering (Hays, *Cultural Contradictions* 122; Hays, *Why Can’t a Mother* 412-414). Ideologies of intensive mothering require access to capital that is beyond, in most cases, what the habitus of the individual bad mother involved with child welfare is able to generate (McRobbie 136). By establishing the norms of the field as intensive mothering, it is argued that gatekeepers knowingly understand that some “players” will not be able to meet such standards. Furthermore, the dispositions and constraints of the individual mother’s habitus are then determined to be in need of change or adjustment (McRobbie 136). This is evident in mandated parenting classes premised on the basis of the acquisition of knowledge deemed adequate by the state. The gendered habitus of the lower-class, and often racialized, mother becomes the site for understanding how “social inequalities are perpetuated as power relations [are] directed directly at bodies and the ‘dispositions of individuals’” (McRobbie 140).

Symbolic violence is evident in the expectation that women are to fulfill tenets of white, Eurocentric, and middle-class versions of mothering, which is obvious in the state’s past and current treatment of Aboriginal mothers and their children in Canada. The residential school system and the Sixties Scoop alone highlight the authority of the “field of power” in constructing classifications of adequate and inadequate mothering. By trying to reform subjects, the state was
instrumental in manufacturing ideologies that the Aboriginal mother, and Aboriginal way of life, were unfit, constructing their children as in need of saving (Cull 141; Swift and Callahan 139; Waterfall 59). Since we argue that the state’s manufactured stereotype of the bad Aboriginal mother still persists today, recognizing symbolic violence toward Aboriginal populations is critical in analyzing ideologies of the “bad mother.”

**Manufacturing Ideologies of the Unfit Aboriginal Mother**

It is important to understand the category and label of the “bad mother” in its historical and cultural context. Bourdieu understands habitus to be “a product of history that produces individual and collective practices—more history—in accordance with the schemes generated by history” (Jenkins 80). History is continuously carried forward in a process of production and reproduction in the practices of everyday life (Swartz 115). This section provides a brief historical overview of the state’s relations with Aboriginal mothers and their children across Canada over the last century, which acknowledges the importance of the history of colonization in current constructions.

*Residential Schools and the Sixties Scoop: A Historical Overview*

Since European contact, Aboriginal peoples in Canada have been subject to overtly racist and assimilationist policies, which have subjugated, segregated, and, in some cases, completely annihilated Aboriginal populations. These policies were designed to eliminate what Deputy Superintendent General of Indian Affairs Duncan Campbell Scott referred to as the “Indian
question” (Royal Commission on Aboriginal Peoples 235). Marlyn Bennett and her colleagues argue that it is primarily through Aboriginal children, and the construction of Aboriginal caregiving as “inadequate,” (9) that the Canadian government sought to achieve its objective of doing away with the “Indian problem” (Royal Commission on Aboriginal Peoples 240). Bennett and her colleagues remind us of the following: “the subjugation of our nations has always been through those whom we cherish the most, through those whom we hold out the most promise for our future and the next generation of parents. The tactics used to suppress Aboriginal nations have constantly been aimed at those who are considered our nations’ most prized gifts—our children” (9). These tactics began primarily with the residential school system. Sonia Harris-Short has maintained that understanding the continued trauma caused to Aboriginal families and communities by child removal policies of the past is imperative to understanding the complex difficulties experienced by many Aboriginal families and children today (37). The purpose of this section is to outline the development of the various state policies sanctioning Aboriginal child apprehensions and to highlight settlers’ constructions of Aboriginal mothering throughout these periods.

Lina Sunseri argues that colonization has fundamentally altered and dismissed sociocultural structures, including Aboriginal gender relations and families (147). Prior to colonization, women in most Aboriginal societies enjoyed a large amount of status and power. They were leaders in political, spiritual and military spheres (Smith 18). Cheryl Gosselin argues that prior to colonization, Aboriginal motherhood was highly respected among families, communities, and nations (198-199). The implementation of the education policy of the residential school system in Canada had a primary goal of achieving total assimilation of Aboriginal people into the body
politic of Canadian society by systemically removing children from their families and communities (Lawrence 106). The schools were in operation from the 1890s until the late 1990s (Truth and Reconciliation Commission 3). They were administered by a church-state partnership, in which the federal government provided the funding and oversaw the administration of the schools, and the church was responsible for their day-to-day operation. There were 18 residential schools in operation between 1838 and 1974 in the province of Ontario alone (Kozlowski et al.).

Suzanne Fournier and Ernie Crey argue that the mandate of the government-funded schools was to “eradicate all that was Indian in the children” and replace it with Euro-Western culture, knowledge, and spirituality (54). It was believed that Aboriginal children needed to be released from the shackles of their “savage” culture in order to “live the life of White children” (Milloy 36). As such, it was imperative that the children be separated from their parents, communities, and cultures, and be placed in the schools under the “care of a mother” in the form of “circles of civilized care” (Greenwood and De Leeuw 175; Milloy 38). Not only was the separation between mothers and children imperative to the socialization process, but it was also an attack on Aboriginal ontology—“on the basic cultural patterning of the children and on their worldview” (RCAP 431). More specifically, the residential school system worked to indoctrinate patriarchal norms into the social fabric of Aboriginal familial and community structures in order for women to lose their place of leadership within them (Gosselin 198-199). Through the separation of these children from their maternal knowledge and cultures as well as through the teaching of traditional gender relations and gender roles to reflect Euro-Canadian ideologies, which are clearly antithetical to Aboriginal ways of knowing gender and gender roles, admiration for and the leadership of Aboriginal motherhood was destroyed (Gosselin 199; Greenwood and De...
Leeuw 175). This transformation ultimately led to abuse, poverty, family breakdown, and internalized and negative understandings of female identities (Gosselin 199). Indeed, Gosselin argues that “the Residential School System can be viewed as the policing of Aboriginal mothers as it dislodged the centrality of women from the family and labeled their parenting skills as abnormal” (199).

In addition to the systemic attempt to erase Aboriginal language, culture, and spirituality, Aboriginal children attending residential schools were also forced to endure horrific levels of abuse and mistreatment in the name of discipline, which according to government officials was a virtue of civilization (Milloy 43). Aboriginal parenting was perceived as inherently flawed, lenient and permissive when positioned alongside European practices and norms because it was thought that these children could not become productive members of society without strict rules and harsh physical discipline (Radmore 31). Institutional intervention was thus required. Aboriginal children were not only deprived of the opportunity to learn the traditions of their people, but also trained to be ashamed of Aboriginal practices, disrupting the passing of traditional practices from one generation to the next (Bennett et al. 16). The Truth and Reconciliation Commission of Canada (TRC) has recently stated that residential schooling was far more than an educational program; rather, the Canadian government used the schools as its main weapon in committing cultural genocide against Aboriginal peoples and in manufacturing Aboriginal caregiving as inadequate and unfit (57). Today, the trauma caused by the residential school system continues to affect generations of Aboriginal mothers and their abilities to love and nurture their own children. To apply Bourdieu’s terminology, the intergenerational transmission of dispositions has been interrupted and affected by the experiences of the
residential school system. Generative schemes that construct Aboriginal mothering as neglectful and unfit continue to affect the habitus of the Aboriginal mother. Rather than understand perceived neglect or carelessness in caregiving practices as a symptom of the intergenerational wounds caused by failed government policy, the habitus of the individual Aboriginal mother becomes the site for scrutiny and attributing blame.

The “Sixties Scoop”

During the second half of the twentieth century, the residential school system slowly began to phase out. However, as the schools began to shut down, the number of Aboriginal children admitted to provincial-territorial child welfare systems increased dramatically, as child welfare agencies replaced residential schools as the preferred system of care for Aboriginal children. The increase of Aboriginal children in care occurred as a result of an amendment to the Indian Act in 1951, implementing section eighty-eight, which extended provincial legislation to include the provision of child welfare services to all Aboriginal children and families living in Canada, including to those living on reserves (Walmsley 20). With the enforcement of this new legislation, provincial child welfare authorities had the power to apprehend Aboriginal children living on reserves for the first time. As a result, the number of Aboriginal children made legal wards of the state quickly escalated as Aboriginal children were removed en masse from their families and communities. Prior to this legislation, less than one percent of the children in care in Ontario were Aboriginal (Kozlowski, Sinha and Richard). However, by 1977, it is estimated that nearly 8.7 percent of children living in out-of-home care in the province were Aboriginal (Kozlowski, Sinha and Richard). Patrick Johnston, a researcher for the Canadian Council on
Social Development, coined the term “Sixties Scoop” to name this segment in Aboriginal child welfare history (Fournier and Crey 88; Sinclair 66).

Despite the fact that this phenomenon was labelled the Sixties Scoop, the apprehension of Aboriginal children persisted long past this decade. By 1977, close to 20 percent of the total number of children in care across Canada were Aboriginal (Kline, “Child Welfare Law” 387). At this time, one in four status Indians had been separated from his or her family (Fournier and Crey 88). Fournier and Crey argue that if non-status and Métis children were included in the count, statistics would show that one in three children, and in some provinces every other Aboriginal child, had been seized from their families and made wards of the state (88). Once removed, it was highly unlikely for an Aboriginal child to be placed in an Aboriginal foster or adoptive home (Monture-Angus 192). Instead, thousands were adopted by or were fostered by white, middle-class families across Canada, in the United States, and overseas (Fournier and Crey 89; Sinclair 66).

Social workers arguably did not have the skillset, knowledge, or resources to address the poverty, disempowerment, and multigenerational grief that came as a result of colonization and the assimilationist policies of the residential school system (Blackstock, Trocmé, and Bennett 903). At this time, reserves in Canada were approaching a state of emergency. They urgently required housing, safe drinking water, sanitation, hospitals, and clinics (Fournier and Crey 84). As a result, social workers justified their actions by arguing that the apprehension of these children was “in the best interest of the children,” a rhetoric that continues to some extent today. There existed a prevailing view among social workers and policymakers that Aboriginal children
would be more adequately cared for if they lived off reserve and in the care of non-Aboriginal families in order to “save them from the effects of crushing poverty, unsanitary health conditions, poor housing and malnutrition, which were facts of life on many reserves” (Blackstock, Brown, and Bennett 61; Johnston 23). Rather than the establishment of programs and infrastructure to address such problems, social workers were mandated by the state to remove children (Blackstock, Trocmé, and Bennett 904). Aboriginal mothers were blamed for these conditions and were portrayed as ignorant and unable to properly care for their children (Cull 143). These constructions were present in governmental reports dating back to the early twentieth century, which document the belief that high infant mortality in Aboriginal communities as well as the prevalence of tuberculosis was because of inadequate mothering practices (Cull 143). As such, Aboriginal mothers were constructed as inferior, inadequate, and unfit parents, which ultimately enabled the continued state intervention into their lives in order to “save” Aboriginal children from conditions deemed the result of individual difficulties rather than the byproduct of settler colonialism.

Child Welfare Today: Ongoing Symbolic Violence

The structure of Aboriginal child welfare services in Canada is rapidly changing. Concerns over the number of Aboriginal children entering the system as well as their treatment in the hands of provincial and territorial child welfare authorities, coupled with increased activism by Aboriginal peoples, set the stage for Aboriginal groups to pioneer federally funded child welfare agencies to provide services both on and off reserve. In Ontario, these efforts have resulted in the development of five delegated Aboriginal child welfare agencies, which are granted the authority
to enforce the Child and Family Services Act, one urban Aboriginal agency serving Aboriginal families living in Toronto and six premandated Aboriginal child and family services offering a limited range of services (Kozlowski et al.). Bennett and her colleagues argue that Aboriginal-run agencies have been able to provide more culturally appropriate services to children, families, and communities, though in varying degrees (27).

The issue remains that although Aboriginal-controlled agencies have been granted more authority in providing services to their communities, Aboriginal children continue to be removed from their families and communities and are greatly overrepresented in the Canadian child welfare system. Cindy Blackstock and Nico Trocmé estimate that there are as many as three times the number of Aboriginal children in the care of provincial child welfare authorities today as there were attending the residential schools at their peak in the 1940s (1).

In Ontario, Aboriginal children represent merely three percent of the total child population (Sinha and Kozlowski 3). However, it is estimated these children represent 21 percent of all children placed in out-of-home care in the province (Sinha and Kozlowski 3). John Beaucage, Aboriginal adviser to the minister, highlights the difficulties in determining the exact number of Aboriginal children in care in Ontario, since not all families and children involved in child welfare choose to self-identify as Aboriginal and not all workers ask families if their children have Indian or band status despite requirements to do so (1). As such, these figures are likely much higher. Dr. Lauri Gilchrist of Lakehead University remarks, “Given the current child welfare statistics, the ‘Sixties Scoop’ has merely evolved into the ‘Millennium Scoop’” (qtd. in Sinclair 67). Similarly, as Old Crow Chief Norma Kassi notes, “the doors are closed at the
residential schools but the foster homes are still existing and our children are still being taken away” (qtd. in Truth and Reconciliation Commission 186).

**Differentiating between Neglect and Experienced Poverty**

The factors underlying the overrepresentation of Aboriginal children in the Canadian child welfare system are complex. Three cycles of the Canadian Incidence Study on Reported Child Abuse and Neglect (CIS) conducted in 1998, 2003 and 2008 demonstrate that Aboriginal children are more than twice as likely as non-Aboriginal children to be reported to child welfare services and removed from their homes due to neglect (Blackstock, Prakash, Loxley and Wien 8; Sinha, Ellenbogen and Trocmé 2083). However, when neglect is unpacked, it becomes clear that structural risk factors faced daily by Aboriginal families in Canada—such as poverty, substance abuse and poor housing—are strongly equated with parental neglect. Vandna Sinha and her colleagues argue that although all provinces and territories recognize neglect as form of maltreatment, no consensus exists about what constitutes neglect across jurisdictions; the way neglect is assessed varies across Canada. Neglect often consists of chronic situations that are not associated with a specific incident or event (Trocmé et al. 68). An example of physical neglect as defined by the CIS-2003 includes a child living in “unhygienic dangerous living conditions” (Trocmé et al. 68).

It is important to understand the risk factors that become equated with neglect in the context of the social and economic conditions faced by Aboriginal communities. These conditions are shaped by colonial policies and practices that “dispossessed people from traditional lands,
disrupted functioning economic systems, suppressed First Nations cultures and languages, and separated generations of children from their parents” (Sinha 2083). Today, Aboriginal families in Canada live far below the general standard of living and experience poverty both on and off the reserve (Bennett 271-272). They are almost five times more likely to live in overcrowded homes because of the lack of affordable housing and are four times more likely to live in housing that is inadequate and requiring major repairs (Reading and Wien 8; Sinha et al. 10). A large number of on-reserve homes are infested with mould and mildew as a result of overcrowding and improper ventilation, which has led to health problems such as severe asthma and allergies (Reading and Wien 8). Food security is also a prevalent problem as Aboriginal peoples are four times more likely to report experiencing hunger than non-Aboriginal Canadians (Bennett 272). Those living in more remote rural and reserve communities face considerable food insecurity as transportation costs of market foods in these areas are so high that healthy foods are unaffordable for most families (Reading and Wien 8). Access to safe drinking water continues to be a major concern on reserves across Canada. In 2011, 118 out of approximately 630 First Nations across Canada were on a drinking water advisory (Reading et al. 3).

Most children living in areas that are plagued by any one of these issues could be considered neglected by provincial child welfare standards. These economic and structural issues are further exacerbated by the intergenerational effects of colonial policies such as the residential school system and the Sixties Scoop, which separated generations of children from their families and, arguably, disrupted the transference of caregiving practices from one generation to the next (Fournier and Crey 90-91; Sinha et al. 11). Intergenerational trauma has also been linked to negative individual behaviour—such as substance abuse, guilt, depression, and other
psychosocial problems—which has undoubtedly contributed to present day involvement with child welfare services (Sinha et al. 11).

Greenwood and de Leeuw argue that the child welfare system is practically predisposed to focus on Aboriginal mothers, who are much more likely to be lone parents caring for a higher number of children than their non-Aboriginal counterparts and face increased levels of poverty (177). These issues are justifications supporting the perpetuation of negative stereotypes, including the association of Aboriginal motherhood with social assistance. C.B. Radmore contends that this connection persists not because state policies have economically disenfranchised Aboriginal communities but because Aboriginal mothers are thought to be lazy and welfare dependent; they are perceived as unworthy of receiving financial aid (15). Furthermore, Randi Cull reminds us that the “drunken Indian” stereotype has serious repercussions on Aboriginal families, particularly on mothers who are already in precarious positions (151). When Aboriginal mothers experience addiction and substance abuse and the public and state ignore their complicity in the intergenerational trauma caused by colonial policies, issues of addiction become labelled as exclusively an Aboriginal problem.

A review released in the province of Ontario in December 2015 disclosed that the Motherisk Drug Testing Laboratory at Toronto’s Sick Kids Hospital produced inadequate and unreliable results for hair-strand testing in thousands of child welfare cases across the country and has had serious implications for families; one positive result from the test was sufficient grounds for apprehending children and placing them in foster care. Between the years of 2005 and 2015, more than sixteen thousand people were required to have their hair strands tested at the request
of child protection agencies. Hair tests were also used in six criminal cases leading to convictions (Gallant and Mendleson). Jonathan Rudin, program director for Aboriginal Legal Services in Toronto, highlights the importance of understanding the disproportionate impact that hair testing has had on Aboriginal peoples. He argues that at least one quarter of all families affected by the Motherisk failings are Aboriginal (Gallant and Mendleson). Although the Independent Motherisk Commission offers support and assistance to people affected by the results of the flawed tests, Rudin notes that the Commission can be particularly traumatizing for Aboriginal families (Porter). He asks that the Commission take the particular and unique circumstances of Aboriginal peoples into consideration: “Aboriginal people who have not only lost their children through child welfare but probably have a history of involvement in child welfare and likely residential schools—all those issues need to be considered” (qtd. in Porter N.p.). Although further data and information will undoubtedly emerge following investigations completed by the Commission, one thing remains clear: child protection agencies in the province who were requesting to test the hair samples of Aboriginal mothers were looking to prove that these women were impaired by drugs and alcohol, ultimately constructing them as unable to properly care for their children. It could be argued that these negative stereotypes, namely the “drunken Indian” construction, positioned Aboriginal women, particularly those with addiction problems, as more susceptible to this testing—once again attributing blame and scrutiny to the individual habitus of Aboriginal mothers.

**Conclusion**
Many Canadians believe that the separation of Aboriginal children from their families ended with the closure of the residential schools. However, as this chapter demonstrates, Aboriginal children are still being removed from their communities through policies enacted by the state, specifically evidenced within the child welfare system. We argue that the state is culpable for the ongoing symbolic violence experienced by generations of Aboriginal families. A brief historical overview of state-Aboriginal relations over the last century reveals a steadfast and concerning preoccupation with Aboriginal caregiving practices, which arguably involve the individualized habitus of the unfit Aboriginal mother. The habitus of the mother, including embedded inter-generationally transmitted dispositions, has become a dominant site for attributing blame for perceived child maltreatment. The difficulty in distinguishing neglectful mothering from experienced poverty and failed government policy for example highlights the state’s neoliberal focus of masking structural barriers as individualized problems. Furthermore, the ideological assumption that Aboriginal mothers lack adequate caregiving skills or that a particular race is deemed incompetent or incapable stems back to the valuation and persistence of white-Western patriarchy and assimilation, and a particular need to remedy the so-called Indian problem (Cull 146-151). The issue remains that the classification of Aboriginal caregiving as neglectful fails to consider the efforts made by many Aboriginal parents who, on a daily basis, manage their day-to-day realities, which are shaped by both historical and current structures of colonialism and racial oppression.

Though beyond the scope of this chapter, it is important to note that Aboriginal-led child welfare agencies are limited in their ability to develop and provide innovative and effective, culturally based solutions and services to better the lives of children and families in their communities. As
Harris-Short explains, these agencies “still have to operate under provincial mandate, apply provincial child welfare law, operate within the provincial governance structure and are ultimately accountable to the provincial ministry for maintaining provincial standards of care and protection” (116). Granting these agencies more say within these frameworks is merely a reform to an inherently colonial system, which continues to uphold the same colonial relations of power that worked to institutionalize Aboriginal children during the residential school era, during the Sixties Scoop and beyond, and constructed Aboriginal parenting as unfit and Aboriginal mothers as neglectful. The successful decolonization of Aboriginal child welfare can only be achieved when political and legal decision making authority over child welfare is fully restored to Aboriginal communities. Ultimately, it is our conviction that any real change must start with a radical transformation of the child welfare system and cannot end with reforms to a system that is inherently colonial in itself.

Endnotes

1 We use the term Aboriginal throughout this paper. This term is used to describe a group of peoples whose ancestors were the original inhabitants of the land but whom are now governed by Euro-Western values, laws, and regulations. Our choice to use this specific term does in no way imply that we believe that all Aboriginal peoples are the same. Like Paula Gunn Allen recognizes “the wide diversity of tribal systems on the North American continent notwithstanding—and they are as diverse as Paris and Peking” (qtd. in Hanohano 207).

2 Referring to a concept developed by sociologist Sharon Hays, intensive mothering refers to the “dominant ideology of socially appropriate child rearing” in contemporary Western society (Why Can’t a Mother 414). Tenets of intensive mothering are understood to be “child-centred, expert-guided, emotionally absorbing, labour-intensive, and financially expensive” (Hays, Why Can’t a Mother 414).

3 We initially use quotations around the concepts of neglect, as well as the dichotomies of good/bad, fit/unfit, adequate/inadequate to denote the degrees of subjectivity involved in the interpretation of such terms and to acknowledge that they are social constructions. For readability and aesthetic purposes, we refrain from applying quotations throughout.
Works Cited


Chapter 3


Introduction

This chapter takes a bold look at the interplay between mothering and the state. Despite the promotion of gender equality throughout developed nations, caregiving remains the chief responsibility of women. From the promotion of breastfeeding infants to carrying the mental load of scheduling, gathering groceries, and organizing extra-curricular activities, women remain disproportionately involved in child rearing; this involvement and the breadth of responsibilities associated with mothering continues to rise (Brown 2006; Nelson 2012; O’Reilly 2004). Even in the Nordic countries where welfare states encourage the redistribution of childcare within the family through targeted family policies such as father-specific parental leave, in everyday practice mothers remain constrained by cultural demands of good mothering (Gislason and Simonardóttir 2018; Lammi-Taskula 2006; Leira 2006). In Canada, mothers are enveloped by these cultural demands. Although sites of resistance exist, throughout the nation, there is persistent pressure to perform a precise definition of mothering.

Expectations of mothers to excel in raising children, often alongside maintaining paid labour in the public domain, is defined by sociologist Sharon Hays (1996, 2003) as “the ideological imperative of intensive mothering.” Intensive mothering identifies culturally-appropriate child rearing in Western societies as “child-centred, expert-guided, emotionally absorbing, labor-intensive, and financially expensive” (Hays 1996, 8). This ideology permeates all social relations including family policy and social work practice.
This chapter explores the nuanced relationship between maternity, vulnerability, and risk within state-sanctioned child welfare services in Ontario, Canada and aims to identify how gender interacts with vulnerability. With specific reference to understanding how mothers become identified and reproduced as “risky” and requiring reform, this chapter situates Canada’s international reputation as a friendly and gender-progressive nation together with the entrenchment of intensive mothering to reveal how the individuation of risk reproduces a gendered situational vulnerability. In this case, Canadian child welfare is an integral site for examining how contemporary cultural contradictions of mothering unfold.

Drawing on findings from a collective ethnographic case study (Veenstra, forthcoming), this chapter uses a thematic analysis of qualitative data. These data include the collection of observations, discussions with mothers and professionals involved with child welfare, and available policy and program documents; the analysis in this chapter is primarily informed by policy and program documents. A critical ethnographic approach to research understands the role of social science in critiquing the political and historical entanglement of contemporary issues (O’Reilly 2009). This critique entails approaching national child welfare systems with knowledge surrounding the instrumental roles welfare states play in shaping expectations of child rearing. For Canada, in addition to the moral policing of working class women (Hallgrimsdottir, Benoit, and Phillips 2013; Little 1998), this knowledge must include a historical understanding of the enduring legacy of colonialization and the persistent overrepresentation of Aboriginal families involved with child welfare services (Cull 2006; Lonne et al. 2009).
**Addressing the Entanglement of Gender, Vulnerability and Risk**

Teasing apart the entanglement of gender, vulnerability and risk, how they function and interact, exposes a preoccupation with female individuation—where surveillance, rationale and attributed blame are directed towards the female body (McRobbie 2009). The increasing individuation of risk reproduces a gendered, situational vulnerability. While the concept of vulnerability is contested in academia (see Virokannas, Liuski, and Kuronen 2018), it nonetheless remains operational in policy and everyday practice. According to Martha Fineman (2010), the concept of vulnerability is complex and does not fit a diagnostic set of principles. Rather, the elasticity of the concept extends beyond labelling individuals and groups, and permits a focus on the social processes involved in its (re)generation. It is this regeneration, or the reproduction of vulnerability, that is taken up here. More intently, the use of the concept of situational vulnerability references the social conditions, both materially and relationally, that interact in defining who is identified as vulnerable as a result of their social location. In social services, vulnerability often refers to deprivation or victimhood. In the context of child welfare services however, mothers involved in cases of substantiated child maltreatment are more likely to be identified as risky rather than vulnerable. In many cases, the mother’s social conditions, such as experienced poverty, construct her as a risk to her children. Rather than address the situational vulnerabilities that interact with involvement, the state often blames the individual mother for the maltreatment.

The application of a material feminist perspective addresses how the female body becomes the site of surveillance and scrutiny (McRobbie 2009). With relevance to child welfare services, it is of particular interest to question how the female body in relation to mothering becomes identified
and reproduced as risky. How a nation defines adequate mothering, and values motherhood in relation to citizenship, impacts how women are seen as service users. When involvement with state services is gendered, as is the case with Canadian child welfare, it is necessary to critically analyse how expectations of maternity function to reproduce involvement.

Cultural expectations of what constitutes adequate care for children continues to rise. While scholars argue that intensive mothering is the dominant ideology of child rearing in Canada today, not all enjoy the same socio-economic support to achieve such expectations (Hays 1996, 2009; Romagnoli and Wall 2012; Taylor 2011). To mother intensively requires women to have access to high degrees of economic, social, cultural, and symbolic capital (Veenstra 2015). Mothers experiencing strained access to capital have a more difficult time fulfilling the tenets of intensive mothering. A failure to perform intensive mothering and to demonstrate engagement in its properties is interpreted as a deviation from normative expectations. In turn, this deviation generates increased surveillance. In the same way the ideology of intensive mothering arguably serves to (re)produce classed hierarchies, manufactured social constructions of risk serve a similar function. Understanding what and who is considered risky is an integral component in addressing the interplay between constructed social policy and its subsequent impact on families’ lives.

**The Socio-historical Context of Canadian Child Welfare**

Models of child welfare differ internationally. The family service model in the Nordic countries, for example, frames child welfare as a collection of preventative measures and family support. This model emphasises the child’s rights in conjunction with offering practical assistance to the
entire family. Contrary to Canada’s legal-judicial model, in the Nordic nations there is an abrupt
difference between “child welfare,” an umbrella of provisions to foster a child’s well-being, and
“child protection,” specific provisions for a child experiencing, or at risk of experiencing,
maltreatment. In this way, child welfare is understood as proactive rather than reactive. This
research echoes Walmsley and Tessier’s (2015) findings that child welfare in the Nordic nations,
provided by the state together with non-government organizations (NGOs), encompasses a range
of proactive services. These services include extensive health care, internationally renowned
education systems, state-sponsored childcare, generous parental leave policies, financial transfers
to families, mother-child health clinics, social workers and nurses in local schools, hot lunches
during the school day and an abundance of community playgrounds to promote physical activity.

Characteristic of Anglo-American countries, Canada adopts a legal-judicial model of child
welfare. This model is captured by investigations and responses to claims of child maltreatment
for potential court presentation where decisions surround the need for state protection (Swift and
Parada 2004; Walmsley and Tessier 2015). In contrast to the family service model in the Nordic
countries, the distinction between “child welfare” services and “child protection” services in
Canada’s legal-judicial model is blurred. The terms child welfare and child protection are used
interchangeably to reference the state’s mandate to intervene and provide responsive services in
situations where child maltreatment is either at risk of occurring or already substantiated. Framed
within this premise, child welfare in Canada is reactive rather than proactive, and carries the
same fears and stigmas associated with child protection.
In Canada, ten provincial and three territorial governments are responsible for funding and the delivery of child welfare services, with the exception of Aboriginal peoples living on reserve. Although provinces and territories vary in their implementation of legislation and policies, the overarching calls for improvements are shared. Alongside six other provinces and territories, Ontario uses the *Child, Youth and Family Services Act* (CYFSA) as governing legislation. This Act was revised in 2017 after calls in the media and by the provincial government of Ontario for its reform (Contenta et al. 2014; Ministry of Children and Youth Services 2015).

Historically, the passing of *The Children’s Act* in 1893, and subsequently to follow, the establishment of Children’s Aid Societies in Ontario, witnessed child protective services move from the umbrella and delivery of charitable organizations to government-mandated provisions. Margaret Little explains how this Act “opened the door for greater state involvement in the regulation of moral behaviour” (1998, 6). Particularly the regulation of low-income mothers.

Although child welfare services became state-sanctioned, what remains to this day, is the framing of child welfare as a humanitarian endeavour of “bettering” specific populations, this includes working class and immigrant women (Hallgrimsdottir, Benoit, and Phillips 2013; Hill Collins 2001). In this way, specific groups of mothers rather than situational contexts were deemed vulnerable. Early philanthropic initiatives entailed mostly financial transfers in conjunction with the Ontario Mother’s Allowance in the early twentieth century to avoid single mothers and widows from entering the workforce and leaving their children alone in the home (Little 1998). Child welfare services rapidly transformed into the close moral supervision of mothers receiving financial assistance from the state. Similar to the landscape of employed social
workers today, child welfare professionals were predominantly white, middle-class women. As representatives of the state, these moral reformers promoted gendered, classed, and racialized ideologies of mothering that are arguably still perpetuated (Hallgrimsdottir et al. 2013; Hill Collins 2001; Little 1998).

Canada’s international reputation as a friendly and diverse nation is overshadowed by the tragic racialized treatment of Aboriginal peoples (Blackstock, Trocmé, and Bennett 2004; Cull 2006). Together, the enforcement of residential school attendance (enacted from 1940-1994) and what is known as the Sixties Scoop (an era in the 1960s where children were literally “scooped” from their families without just cause and placed for adoption) are disturbing examples of the state’s mass removal of Aboriginal children from their families in efforts to inflict assimilation. All this was done in the name of “child welfare” (Cull 2006; Veenstra and Keenan 2017). Against this racialized backdrop, we begin to see how maternity, situational vulnerability and risk interact in Canada. Cultural disjoints in caregiving expectations and the failure to adequately address situational vulnerabilities, including poor living conditions and substance abuse, see the overrepresentation of Aboriginal families involved with child welfare services persist (Blackstock, Trocmé, and Bennett 2004). Whether it is the establishment of legislation or addressing subsequent modern-day revisions, the following section questions how policy reproduces ideological assumptions of mothering and furthers gender inequality.
One tool used to exercise state expectations of women is the implementation of family policy. In Canada, family policy generally references policies that affect families with dependent children such as parental leave and means-tested financial transfers (*The Canadian Child Tax Benefit* for example). Although classified as universal family policy, in practice, child welfare legislation affects mostly marginalised families (Veenstra 2015). Similar to the national average, 90% of caregivers involved with Ontario child welfare are biological mothers (Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) 2008; Ontario Incidence Study (OIS) 2015). This landscape of involvement is undeniably gendered. In addition, this gendered landscape is taken-for-granted; it is assumed that the mother is the initial and primary contact (Brown 2006; OACAS 2015).

In 2017, the *Child, Youth and Family Services Act* (CYFSA) was revised to include gender-neutral language. Part III of the CYFSA, titled Child Protection, interprets who is considered a parent by law and references when a child requires state protection as a result of the parent’s failure to adequately provide care. In this version of the Act, “mother” is replaced with the gender-neutral language of “parent” or “person having charge.” The CYFSA description of who constitutes a parent is linguistically convoluted and immediately references the “Rules of Parentage” in *The Children’s Law Reform Act*. Below is an excerpt from the updated CYFSA, which captures the new language:

(1) “parent”, when used in reference to a child, means each of the following persons, but does not include a foster parent:
1. A parent of the child under section 6, 8, 9, 10, 11 or 13 of the *Children's Law Reform Act*.

2. In the case of a child conceived through sexual intercourse, an individual described in one of paragraphs 1 to 5 of subsection 7 (2) of the *Children's Law Reform Act*, unless it is proved on a balance of probabilities that the sperm used to conceive the child did not come from the individual.

3. An individual who has been found or recognized by a court of competent jurisdiction outside Ontario to be a parent of the child …

(2) A child is in need of protection where,

(a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person’s,

(i) failure to adequately care for, provide for, supervise or protect the child, or

(ii) pattern of neglect in caring for, providing for, supervising or protecting the child … (2017, Part III 37: 1-2).

Responding to changing family forms is not contested here. Figuring out how to be inclusive of change while not ignoring the landscape of who policies primarily serve in everyday practice is integral. While the linguistic reforms to the CYFSA embrace diversity, they do not reflect the reality that women in Canada remain disproportionately responsible for child rearing. It is this absence of recognition in policy rather than the revision of the language itself that is of concern.
The adoption of gender-neutral language is not coupled alongside gender-specific support services such as services for victims of domestic violence or increased access to affordable housing and childcare that reflect the needs of involved mothers. In their research on Canada’s welfare state and its failure to provide a national childcare policy, Hallgrimsdottir, Benoit, and Phillips (2013) reveal how Canada’s blind spot in social welfare spending includes a lack of services for families and children. This absence of material support is part of a much larger issue of gender equality where “the individualization and privatization of social care” predominantly affects women who remain culturally responsible for child rearing (Hallgrimsdottir, Benoit, and Phillips 2013, 28). Policy, and resistance to policy that supports gender-specific provisions, is an important mechanism for ensuring the agendas of welfare states.

Policy must not ignore the current climate of women’s over-involvement with child welfare services. In the case of Ontario, this ignorance denies attention to gendered social problems that require material resources. The assumption that all genders participate equally in child rearing is just not the reality (OIS 2015). Masked in the discourse of equality, the presumed gender neutrality of the caregiver in Ontario’s legislation denies women the visibility required to make significant reforms; reforms that address vulnerable situations where quality support from the state would positively impact the entire family. An example of this is the prevalence of neglect as substantiated, child maltreatment in low-income families. In Ontario, neglect constitutes 24% of all substantiated, child maltreatment investigations (OIS 2015). Patterns of neglect could entail a failure to provide secure housing, safe drinking water, proper clothing and healthy food. While these are serious concerns, since its introduction to policy in 2000, substantiated neglect has become co-opted with policing the poor (Swift and Parada 2004).
The Reproduction of Gendered Situational Vulnerability

Together with the fact that the vast majority of caregivers involved with child welfare services are biological mothers, most woman involved with Ontario child welfare are situationally vulnerable (Black et al. 2008; Eljdupovic 2013; Hazen et al. 2007). This means that most of the mothers identified by child welfare services are situationally vulnerable due to their social conditions. In child welfare, where the safety of the child is paramount, the mother’s need for help often corresponds with her being understood as risky. For example, if the mother is a victim of intimate partner violence, her social conditions construct her as a risk to her children. Here, situational vulnerability and risk become synonymous in their application. What makes the mother situationally vulnerable also makes her risky.

The Ontario Incidence Study of Reported Child Abuse and Neglect (2015) captures a snapshot of child protection across the province and details primary caregiver risk factors in child maltreatment investigations. In this report, primary caregiver risk factors are defined as: being a victim of intimate partner violence (49%); having few social supports (34%); mental health issues (27%); alcohol or drug abuse (19%); being the perpetrator of domestic violence (16%); physical health issues (8%); a history of foster care/group home (5%); and cognitive impairment (5%) (OIS 2015). In all investigations, 76% of primary caregivers exhibited at least one factor considered risky (OIS 2015).

It is necessary to position child maltreatment alongside what defines a caregiver as risky. In doing so, a pattern of involvement emerges where women in particular social situations have a greater risk of being involved with child welfare services (Swift and Callahan 2009). These
particular contexts detailed above, being a victim of intimate partner violence and having few social supports for example, capture the interplay between gender, situational vulnerability and risk. As a mother, asking for help is liable to expose a vulnerable context that identifies some sort of risk. In this way, distance from needing the state’s assistance supresses surveillance and the identification of risk.

In 2013, nearly half (49%) of all substantiated child maltreatment cases were the result of the child(ren) being exposed to domestic violence—experiencing the emotional harm of seeing their caregiver abused (OIS 2015). It is important to juxtapose this knowledge of involvement alongside duty-to-report obligations where women’s shelters, for example, are mandated to report suspected intimate partner violence (Swift and Parada 2004). A woman’s negotiation to report or flee an abusive situation is further complicated when few supportive resources exist (Black et al. 2008).

In Canada, the individual mother involved with child welfare is labelled as a woman who has made a series of poor life choices. Nico Trocmé, Director of the School of Social Work at McGill University in Montreal, Canada, comments on the relationship between problematic categories of maltreatment, such as neglect, and female individuation stating:

…the term ‘neglect’ itself is an unfortunate, in fact, problematic term. It’s a term we inherited through the history of development of child welfare in North America that appears in our child protection legislation as a category of maltreatment. But it is not a
particularly helpful term. It’s inaccurate, it’s mother-blaming, it lumps together very different situations that do not fit a coherent set of diagnostic principles. (OACAS 2017)

There is a co-option between classified child neglect and experienced poverty in Ontario (Swift and Parada 2004). As expectations of mothers intensify financially, an appropriation between neglect and poverty must be recognized as a social problem (Swift and Callahan 2009). This social problem requires prevention, practical directives, and material resources rather than solely reaction through risk management. Mothers cannot be expected to uphold ideologies of intensive mothering without quality support from the state (Featherstone and Fraser 2012). A current tension exists between mothers expressing what they actually need, and the risk of being deemed inadequate as a result of that need.

**Risk Assessment in Child Welfare**

The introduction of risk reforms to Ontario child welfare legislation in 2000 represents a fundamental shift in social policy that emphasizes the increasing surveillance of parenting practices. Vandenbeld Giles states that within

the hegemonic neoliberal ethos, the social concept of risk and the economic concept of speculation collude to provide a powerful self-reinforcing and self-justifying political framework that is only gaining in ascendency (Vandenbeld Giles 2012, 113-114).

Social policy is increasingly preoccupied with safety and mitigating future risk rather than meeting the material and practical needs of families. Vandenbeld Giles (2012) characterizes this
as a move from the material to the arbitrary. This shift is evident in the adoption of risk
assessment tools in state-sanctioned child welfare services. According to Turnell and Edwards
(1999), Australian founders of the “Signs of Safety” approach used across Ontario child welfare
agencies, risk assessment tools serve to document decisions already subjectively determined by
social work professionals. Swift and Callahan further comment that risk is “widely cited as a
concept that makes the ‘incalculable, calculable’” (2009, 20).

The identification of risk is positioned alongside the rising status of the child. Child welfare
services in Ontario are foremost positioned to protect the child with policies reflecting this
primacy. Swift and Parada (2004, 6) comment, “the principle of supporting the family unit is
now considered secondary to the safety and protection of the child.” Although Ontario child
welfare legislation in 2006 mandated family reunification as the desired result, caregivers are not
offered quality support to achieve such expectations. Divorced from the material reality of
marginalised families, constructions of risk within child welfare policy fundamentally impact
social work practice (Brown 2006; Romagnoli and Wall 2012; Vandenbeld Giles 2014).
Vandenbeld Giles states, “it becomes advantageous for the state to offload social reproduction
onto the shoulders of mothers while simultaneously creating a ‘feminist’ contradictory narrative
of emancipation through ‘choice’” (2014, 417). It is precisely this paradox—the perception of
choice within the constraints of social structure—that furthers risk adverse social policies
(Gardner 2009). These structural constraints play out in child welfare policy where the presumed
neutrality of the caregiver’s gender denies recognition of the care work women continue to
perform.
As discussed earlier, women in vulnerable situations experience the liability of being identified as risky mothers by the state. When the province removes itself from the responsibility of helping caregivers to achieve adopted parenting standards, vulnerable contexts such as experienced poverty are more likely to be reproduced. Without material assistance and quality support, the durability of domestic violence, neglect, and substance abuse persists. Knowledge of this persistence is far from novel as social work professionals are well aware of the cyclical construction of clientele’s involvement.

Risky mothers fail to perform adequate caregiving skills. Alongside intensive mothering, the entrenchment of medical and psychology disciplines in Ontario child welfare is evident in the focus on determining the competency of the mother. The competency of the mother is evaluated in assessed interactions with the child. For example, the PICCOLO™ (2013) assessment is one tool used to examine and determine the mother’s behaviours. Measures of affection, responsiveness, encouragement, and teaching are numerically assessed during observations. The mother’s tone, enthusiasm, use of affectionate nicknames, attention, interest, patience, smile, engagement, and willingness to pretend play with the child are examples of scored observations. In this way, maternal-child attachment is “objectively” evaluated and determined with checklists using a score ranging from zero to two. The measures assessed in the PICCOLO™ tool mirror rising expectations of mothers and do not reflect the reality of daily life for a parent. Furthermore, to expect a women experiencing intimate partner violence, for example, to be enthusiastic and pretend play with her child in a clinical environment where she is being surveyed is unrealistic.
Education on adequate parenting strategies is also offered through child welfare agencies in Ontario. These programs are primarily offered to parents after their involvement with child welfare and focus on broad-based interventions through learned routines and child development. The premise is that if mothers can learn to parent more effectively—based on ‘accepted expert knowledge’—their involvement with child welfare can be mitigated (Brown 2006). The Parenting Enrichment Program (P.E.P.), offered at one child welfare agency in Ontario, is an example of this transfer of expert knowledge. The P.E.P. at this agency features three different components: Triple P focuses on instruction surrounding the behaviours of children and their development; Home Stability focuses on generating a “broad level of understanding” in the areas of home maintenance and nutrition for example; and 0-18 Months focuses on educational support around feeding, safety, and community services. Administration of this enrichment program varies according to provincial funding and the availability of local staff. It is important to highlight that the content of the P.E.P. is created by third party sources with little reference to the cultural landscapes they serve. The program is detached from both the expertise of local social workers and their clientele. Social workers express frustration with this gap as they see first-hand the disconnect between the standardized programs and their clients’ lives.

Focusing on the competency of the mother further positions the material body as the site of analysis and perpetuates child welfare as an individual rather than a social problem. While it is in fact necessary to provide tailored service to service users on a case-by-case basis, the distance between focusing on the mother’s competency versus understanding how their social locations shape involvement is alarming.
Conclusion

The Ontario child welfare system focuses its energies on managing risk. As a legal-judicial system, risk adverse policies saturate the framework of child protection in Ontario. Although recent linguistic revisions to legislation embrace gender diversity, the landscape of caregivers involved with child welfare remains gendered. In this way, the invisibility of care work persists alongside the management of mothers.

Mothers identified as risky experience situational vulnerability. These contexts are reproduced when the state fails to address how gendered social problems contribute to involvement with child welfare. Instead, the expectations of mothers continue to rise. Mothers experiencing situational vulnerability are expected to perform intensive mothering despite strained access to the capital required to achieve such demands; this includes demonstrating adequate caregiver competency and performing an “acceptable” level of maternal-child attachment.

A failure to recognize the extent to which families—children and their caregivers, not either-or—are situationally vulnerable is evidenced in the lack of material resources addressing domestic violence and neglect—two prevalent categories of child maltreatment. Positioning individual mothers as the site of scrutiny perpetuates the individuation of risk and reproduces the situational contexts that could in fact mitigate involvement if they were addressed. The ongoing failure to recognize the extent to which mothers experience situational vulnerability perpetuates the gross need for a child welfare system that primarily responds to allegations of child maltreatment rather than prevents them. Martha Fineman states that
Increasingly, government is unresponsive to those who are disadvantaged, blaming individuals for their situation and ignoring the inequities woven into the systems in which we all are mired. (Fineman 2010, 257)

A step towards reimagining Canada’s child welfare paradigm is embracing Fineman’s call for a more responsive state. Part of this response must include partnering with mothers and not just policing them. It is time to halt the mother-blame-game and start living up to our reputation as a gender-progressive nation.
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Chapter 4

When Partnering with Parents is the Child’s Right: A Case Study of Child Welfare in Finland

Introduction

Over the last decade, the Nordic nations have been receiving international attention for their proactive approaches to social welfare. This attention includes recognition for delivering quality universal education and health care as well as overarching commitments to addressing gender and income inequality. Although the Nordic nations of Iceland, Norway, Denmark, Sweden, and Finland are not uniform in their policy and delivery on issues of social welfare (i.e. one “Nordic model” does not exist)\(^1\), their commitment to seeing citizens thrive continues to set them apart from the rest of the world.

My interest in understanding state-family relations in Finland started near the end of my Master’s thesis. As I analyzed the landscape of mothers involved with Canadian child welfare, I considered the engagement between families and child welfare in other nations. This inquiry led me to a published report by Save the Children’s Federation (2015). Drawing on a combination of factors, including maternal health and women’s political presence, *The State of the World’s Mothers* (2015) report ranked Finland among the best countries in the world to be a mother (ibid.). To my surprise, the supposed “friendly and gender-progressive” nation of Canada ranked 20\(^{th}\) (ibid.). At the time of this report, Finland was being praised globally for its initiatives and

the delivery of public education for children and youth more generally. What attracted me however, was Finland’s commitment to gender and income inequality and how these commitments interacted with child welfare, the paradigm itself, delivery of services, and more particularly, the landscape of those involved. I questioned how Finland’s commitment to gender and income inequality shaped their approach to child welfare. And what, if anything, could we adopt from Finland’s child welfare paradigm in our quest to reform child welfare in Canada? These general inquiries served as the starting point for my fieldwork in Finland.

This chapter scaffolds the interplay between mothering and the state via an examination of child welfare in Finland. As part of a collective ethnographic case study, the research in this manuscript is derived from available policies, programs, discussions with child welfare professionals and mothers involved with child welfare in Finland, and visits to participating bodies (both governmental and non-governmental). This chapter uses a thematic analysis of qualitative data collected throughout the Finnish field work in 2018.

Given that my overall doctoral research is a collective analysis between two distinct nations with varying histories, it is integral to situate this research within the socio-historical context of child and parental rights; this primarily involves unpacking the legacy of child welfare models in both nations. Given that Ontario’s socio-historical context was detailed in the first and second manuscripts of this dissertation, for the purposes of this manuscript, I will not repeat that information and go straight to situating Finland in this chapter.
Positioning Finland’s Child Welfare Paradigm

In contrast to Canada’s legal-judicial model of child welfare, Finland adopts a family service model. A family service model of child welfare is characterized by a range of proactive family support programs that co-exist alongside protective measures (Björok Eydal and Kröger 2010; Blomberg et al. 2010). As my research in Finland unfolded, I would learn just how integral this co-existence was in shaping the access and landscape of citizens involved with child welfare.

Dating back to the 1910s and 1920s, the Finnish state has played an active role in partnering with the changing needs of families. This partnering involves preparing for and adapting to social trends such as women’s labour market participation and diversifying family forms (Björok Eydal and Kröger 2010:12). Similar to the other Nordic nations, the rights of the child are paramount in shaping both family policy and family programming in Finland (ibid.). These rights include understanding children “as competent social actors” with decision-making authority to influence their daily lives in the areas of family, education, and politics (ibid.:12). Interestingly, these increased rights also emphasize the child’s right to receive care from both parents. For example, in the case of divorce or separation, if both parents are active in a child’s life, joint legal custody is almost always the rule (ibid.). Notably, the child’s access to their parents is at the forefront of decision-making.

In the introduction to their edited collection *Changing Social Risks and Social Policy Responses in the Nordic Welfare States*, Harsløf and Ulmestig state, “Ensuring its citizens against the misfortunes that may threaten their livelihood is the defining feature of the welfare state” (2013:1). Early welfare programs that emerged in the late 19th and early 20th centuries were
originally designed to assist citizens experiencing sickness, unemployment, widowhood, and old age (ibid.:1). Now, arguably one of the most defining characteristics of the Finnish welfare state is the goal of a middle-class universalism; a goal that includes full employment and compressed wage-structures (primarily made possible by a knowledge economy where the state is a significant employer) (ibid.:7). Harslof and Ulmestig comment on the current Nordic welfare structure, noting that the “redistribution of life chances lies at the centre of the Nordic welfare state and its achievements in bringing about substantial social mobility” (8). In addition, compared to other rich nations, the Nordic nations spend a considerable amount of their Gross Domestic Product on children, youth, and families\(^2\) (ibid:9).

With reference to Walter Lorenz’s *Social Work in Changing Europe* (1994), Bloomberg et al. argue that “… models of social policy [with relation] to social work rests on the assumption that underlying ideologies, such as a liberal or social democratic standpoint, also pervade the practice of social work” (2010:29). In other words, there is a correlation between state welfare models and different ways of organizing social work. A focus on preventative measures and, notably, the role of social workers as both helpers *and* controllers are key features of social welfare provisions in Finland (ibid.:30).

**Finnish Child Welfare Policy**

The Ministry of Social Affairs and Health is responsible for overseeing the *Child Welfare Act* in Finland. Municipalities throughout the nation are then responsible for ensuring the delivery of

\(^2\) For example, in 2015, Finland spent approximately 3.1% of their GDP on family benefits social spending while Canada spent approximately 1.5% (OECD 2020).
the Act through local agencies. One prominent topic of discussion during my fieldwork was the ongoing LAPE reform throughout Finland (translated as “a programme to address reform in child and family services”). The LAPE reform was a nation-wide, government initiative from 2016-2018 that addressed the importance of strengthening the timing, access, support, and cooperation across services for children and their families. Under the direction of the Ministry of Social Affairs and Health, and in co-operation with the Ministry of Education and Culture, the Finnish government allocated approximately 40 million Euros to the LAPE reform project (Ministry of Social Affairs and Health 2016). If the reform is successful, the Finnish government states that by 2025 there will be growth in the following areas: positive interactions between children and their parents will increase; loneliness will not affect as many children; every child will have one close and safe adult; bullying will decrease; children and young people will enjoy and complete their education; there will be less exposure to family violence and parental substance abuse; youth criminal activities will decrease; support for parents in the process of separation or divorce will be greater; and workplaces will be more family-friendly (ibid.).

During my fieldwork, I connected with two social work professionals directly involved with the LAPE reform in their municipalities. These professionals provided me with insights into the reform beyond what the government-published brochures offer. Both professionals commented on the pressure to deliver the logistics of the reform; the most pronounced pressures involved the availability of funding to see their projects through and the lack of government-direction given as completion timelines neared (both direction for their projects as well as their job security). Our discussions oscillated between praise for the potential of these projects and frustration with regard to whether citizens would see these initiatives come to fruition. One professional
expressed pride in their responsibility of bridging families’ access to speciality health-care services such as drug treatment, disability services, and mental health resources within newly established family centres. The family centres were designed as an all-in-one hub for families to receive services from a variety of professionals within the same location; proximity of access was core to their design. The family centres further encouraged families to feel welcome with play spaces and cafes in an effort to make the space feel less formal. Notably however, some of the family centres under construction were caught up in the bureaucracy of funding and time-to-completion deadlines, and there was uncertainty if these centres would open their doors.

Following this discussion, I had the opportunity to visit the Ministry of Social Affairs and Health (responsible for the Child Welfare Act and family policy) in Helsinki, Finland. Over a cup of coffee, I was warmly welcomed by two professionals at the forefront of the national LAPE reform. I must say, I was surprised at how candid the conversation was given the government setting. While there was a genuine national pride for Finland’s welfare state during our visit, there was a simultaneous willingness to reveal perceived weaknesses; a theme in conversation that presented itself throughout the fieldwork. With reference to recent political trends, we discussed what they called “a polarized Finnish population” in specific regard to the ensuing privatization of services. While the LAPE reform sought cooperation across universal social and health services, market privatization was impeding political agendas. The dilemma of how to navigate freedom of choice within the universal welfare state structure was presenting itself as a clear tension.
Together, discussions of the LAPE reform and an analysis of the current child welfare policy\(^3\) in Finland, reveals four key findings relevant to my quest for understanding their paradigm.

Discussed in brief below, these identified themes are categorized as: welfare provisions that are both child-specific \textit{and} family-specific; a prioritization of preventative child welfare services; recognition that parents are entitled to support in raising their children; and the inclusion of risk adverse language.

\textit{Policy as Child-Specific and Family-Specific}

In her address that concerns the principles of child welfare in Finland, the Ombudsman for children in Finland, Tuomas Kurttila, discusses how Finland adopts the United Nations’ \textit{Convention on the Rights of the Child}. This adoption positions the rights of the child as central. Kurttila comments that the “task of child welfare is to support the family … parents are not left alone … support and help are available to them, which is exactly what they need” (Ministry of Social Affairs and Health 2016: np). In Finland, it is the right of the child to be understood in the context of their family; this includes addressing the needs of all members of the immediate family. In this way, the health of the child’s family is socially valued and framed as an extension of the child’s rights.

That child welfare can be both child-specific \textit{and} family-specific simultaneously is an ideological difference to Ontario’s historical either/or framing (where the pendulum of policy and practice either swings in the direction of the child’s rights \textit{or} the parent’s rights). While the desired narrative in both nations is family reunification, Ontario does not place the same

\[^3\] The English translation of \textit{The Child Welfare Act} (2013) was used for this analysis.
valuation on the child’s family; involved caregivers are expected to seek help primarily on their own. Framing the health of the child’s family as the child’s right is a key finding of my research in Finland. As I will address later in this chapter, this ideological framing is a site of reform that should be of interest to Canada moving forward.

**Preventative Child Welfare**

Finland’s focus on preventative child welfare is written into its legislation. With mandated preventative provisions, Section 3a of the *Child Welfare Act* in Finland addresses this integral paradigm component:

“(2) Preventive child welfare is used to promote and safeguard the growth, development and wellbeing of children and to support parenting. Preventive child welfare includes support and special support provided in the context of for instance education, youth work, day care, prenatal and child health clinic services and other social and health care services” (2013:2).

Framing access to education, daycare, and health care services as preventative child welfare is effective in a number of ways. First, as I mentioned in my second manuscript and will detail further in the reform discussion of this manuscript, when child welfare is understood as universally accessed (education for example), the stigma of engagement diminishes significantly. Child protection (where the state assists/intervenes in incidents of presumed or substantiated child maltreatment) is an important branch of child welfare in Finland but it is not all encompassing. In this case, and unlike Canada, child welfare is not co-opted with child
protection. Framing child welfare as an umbrella of provisions that supports the well-being of children and their families enables a normalization of access. If all families can attest to accessing child welfare, the barriers to accessing more intensive provisions when circumstances arise, such as child protection services, becomes less stigmatizing.

Second, mandating preventative services as child welfare places an important valuation on social institutions, such as the education system, and commitments to ensuring their quality. When the responsibility of the child’s wellbeing is understood as a collective, state-community-family endeavor, attributing resources to preventative well-being makes sense. This holistic approach recognizes that investing in proactive resources mitigates the degree of reactive measures required. In contrast, when the state’s role is primarily reactionary, it is less accustomed to seeing how quality investment in universal services (such as daycare) shapes the trajectory of well-being for its citizens.

*Parents’ Entitlement to Support*

Section 8(1) of Finland’s *Child Welfare Act* details the importance of “…provid[ing] support in child upbringing for parents…” (2013:3). The development of social and health care services for children must recognize parents’ entitlement to support in raising their children (ibid.). I want to be clear here—to be recognized as legally-entitled to help from the state is much different than periodic, flavour-of-the-week offerings to parents. In Finland, parenting support is a specific sphere of family policy (Sihvonen 2018).
The Finnish state claims that it understands that parents are “not perfect” and require specific help from time-to-time (Ministry of Social Affairs and Health 2016: np). Because family support is an ideological aim of Finnish child welfare (Kuronen and Lahitnen 2011), when social work referrals are made, they relate more generally to concerns experienced by the entire family—living conditions, a parent’s substance addiction, and so on. In many instances, there is no evidence of intentional child maltreatment (Blomberg et al.). Rather, the child is exposed to a situational context that is not conducive to their well-being. Blomberg et al. comment, that “the ambition of social work to achieve ‘normalization’ of the life situation of clients is unique to [the] Nordic orientation” (2010:34).

Since the 1990s, family work has become an integral component of Nordic approaches to social welfare. A focus on integrated family work (concrete actions that include practical help such as assistance with caregiving, grocery shopping, the child’s homework, establishing routines, etc.) have created a new branch of professionals within the field of child welfare (Kuronen and Lahitnen 2011). The Federation of Mother and Child Homes and Shelters (FMCHS) is one non-government organization (NGO) in Finland that collaborates with the state to provide support to parents. The FMCHS serves approximately 10,000 citizens and maintains several homes and shelters across Finland, six of which focus on drug and alcohol-related problems (ibid.). A FMCHS report illustrates the recognition that parents receive, “It is important for a child to know that their parent is coping. Parents, too, need sufficient sleep and rest, a healthy diet, exercise and time for themselves … needing help is nothing to be ashamed of…” (2018: np).

Risk Adverse Rhetoric
Child welfare policy in Finland is saturated with risk adverse language. Examples include: safeguarding, safe environment, safe childhood, safe adult, and security. However, risk adverse policy is not unique to Finland. As my second manuscript demonstrates, Canada is preoccupied with managing risk. An observation worth noting here is that while a risk adverse rhetoric is present in both nations, Finland’s focus is on risk prevention rather than solely on risk management. Risk prevention is proactive. In Finland, preventing the risk of child maltreatment is coupled with preventative services that invest in the health of children and their families. Risk management on the other hand is reactive. Managing the risk of presumed or substantiated child maltreatment is coupled with responsive services that include interventions that impose safety. It is not that risk management is not necessary—it is. But the extent to which a state permits the management of risk to shape its interactions with families reflects how it envisions its relationship with parents. Clearly, the topics of risk prevention and risk management in child welfare could constitute an entire research project but the aim of this project is simply to identify indicators that shape paradigms rather than dissect them in full. In this case, although a risk adverse rhetoric is entrenched in Finnish policy and practice, it is noticeably coupled with preventative services.

**Finnish Practice**

During my fieldwork in Finland, I had the opportunity to sit down and converse with 16 individuals involved with child welfare services: 14 of these individuals were social work professionals (of varying positions and experience—including those from governmental and non-governmental agencies) and two individuals were mothers directly involved with child welfare services—both having the experience of a child in state custody. It is important to convey that
these were discussions and not formal interviews; the question of child protection must be handled with sensitivity, and the ease of an informal discussion more appropriately facilitates this. The following section discusses six themes that derived from the whole of these discussions. These themes include: the homogeneity of citizenship; gendered care work; “Experts by Experience;” the active role of NGOs; and the prioritization of access.

The Homogeneity of Citizenship

Social work practice in Finland is having to adapt to cultural differences in the population. Variance among Finnish citizens, including racial and cultural identity, is now more apparent to social workers. This is due, in part, to an influx of immigrants to Finland (a 50% increase from 2005 to 2017) as well as the more recent refugee crisis in 2015 where Finland received 32,576 asylum seekers (Ministry of the Interior Finland 2020; Official Statistics of Finland 2018). Prior to this, there was a confessed assumption that Finnish cultural expectations were thought to be widely uniform and understood.

One social worker I spoke with had been part of a local immigration team for the last eight years. This social worker personally sponsored two children from asylum-seeking families whose caregivers were unable to join them in Finland for the time-being. She commented on how the traumatic experiences of refugees were posing unique challenges for social work professionals in Finland: “we don’t have the expertise or tools to address the severity of trauma they have experienced. The unique needs of refuge families require specialized services that are not yet in place. What’s more, often there are language barriers that constrain access to available services,
as well as the very real possibility that some parents may not know how to read or write [which further complicates processes of communication].”

There is a shift taking place in the presumed homogeneity of citizenship in Finland and child welfare practices must adapt. For example, during my visit to a local child welfare protection agency, families’ cultural differences in disciplining were discussed as a current issue. In Finland, spanking as a form of child discipline is illegal. There are instances where social workers in Finland must explain this boundary to families. Interestingly, more than one social worker I spoke with discussed how hair-pulling as a form of family discipline (directed at the child and the mother) was beginning to surface as an issue. It is apparent that what may be understood as culturally appropriate, may in-fact be classified as illegal depending on national expectations.

**Gendered Care Work**

Discussions with social work professionals reveal the persistence of “women’s work.” Even at the government-level, there is reference to a gendered participation in care work. Indeed, Finland does much to promote gender equality (and significant strides are evident—in politics for example). However, the lived reality of Finnish citizens that I engaged with is that women are still more likely to engage in unpaid, family labour. When I asked one social worker how gender plays out in child protection practices, her reflection surprised me:

*You know, I never really thought about it ... but I usually contact mom first when there’s an issue. I will follow up with dad, if he’s in the picture, but the initial phone call goes to mom.*
This social worker’s comment echoes a common thread throughout the data: the mother’s participation is assumed, and the father’s is invited. It is evident that the stronghold of this rhetoric saturates practices in even the most gender-progressive nations. *Maybe mothers are more active to contact*, contemplated another social worker. Yes, there’s an active effort to bring dad into care plans in child protection, but women continue to be associated with the primary care of children and this gender discrimination must not be ignored.

*Experts by Experience*

“Experts by Experience” is a nation-wide concept⁴ in Finland with an objective to include the voices of service users (children, youth, and parents) who have experience with social welfare services, and in this particular case, child protection services (Meriluoto 2018). As the title of the program suggests, involved parents are classified as experts because of their specialized experience with state services. In this way, parents offer an informed voice to the reform of programs and policies, and provide insight into current practices. The Experts by Experience program surfaced in Finland in the 2000s, and has since impacted professional development in social work, and subsequently, the delivery of programs to service users (Meriluoto 2018). Both mothers I spoke with were involved with child protection and had one child in state care, and both were involved with the Experts by Experience initiative. While their experiences cannot be

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⁴ For more information on the concept of “Experts by Experience” see Meriluoto, Taina. 2018. “Making Experts-by-experience Governmental Ethnography of Participatory Initiatives in Finnish Social Welfare Organisations.” PH.D. dissertation, Faculty of Humanities and Social Sciences, University of Jyväskylä, Jyväskylä, Finland.
generalized, the mothers’ testimonies provide greater context to my Finnish case study and I would like to include them here:

**Maëlle**

Maëlle is the mother of four children ages 10-17 years old. Since her divorce, Maëlle has been the sole support parent. She has been searching for appropriate support from child welfare services since her youngest child was born (at the time of our discussion, he was 10 years old). Initially, as a young mother with several children, Maëlle said that she was not taken seriously by professionals. Rather than providing parenting support, Maëlle’s mothering was questioned. It was not until her son was eight years old, and her son’s teacher declared that he was no longer welcome in the classroom, that Maëlle’s family began to receive the support they needed. At this point, Maëlle, herself, suggested that her son be in the care of a foster family. This decision proved positive for all members of the family, including Maëlle’s other children who she said had been affected by the youngest child’s behavioural needs.

After a six-month placement in the foster home, it was suggested that Maëlle’s son return home to her care. Maëlle however, said that she felt that this was too early. When we spoke, Maëlle’s son was doing well in the foster home where he considered his foster mother as a grandmother figure. Maëlle called her son on the phone every day, and he returned to her care on weekends and holidays. Maëlle described her relationship with the foster mother as good; sometimes they met for coffee during the day. Maëlle felt that it was not until the foster mother confirmed her son’s behavioural needs that she was taken seriously. In addition to the youngest son remaining in foster care, the other children have had access to support families. Two support families
provided caregiving relief for Maëlle’s other three children one weekend per month. Maëlle expressed that all of her children believed that have two families, and she felt comfortable with the support her family was receiving.

The most poignant aspect of my discussion with Maëlle was when I asked her, as a mother, what support would she like to have? Her response took a while. And she finally commented that it was a difficult question to answer, as no one had ever asked her before what she needed. As she found the words, Maëlle expressed that what she needed the most was to feel heard and to be trusted. It is clear that having no one believe her experiences from the onset of her son’s identified needs has had a lasting impact on her. Maëlle viewed herself as an activist for her children. She has had the courage to share her journey with others and has been thanked by professionals for the insights she has shared.

*Chloé*

Chloé is the mother of a five-year-old child. She described her pregnancy as unplanned and not overly welcome by the child’s father; their relationship was casual and the child’s father already had two children from a previous relationship. Chloé said she experienced depression throughout her pregnancy. When the baby was born, she went to what she described as a mother and child family home, an NGO in Finland, for practical assistance with caring for the baby. Chloé praised the NGO for their community approach. At the home, she was able to share her experiences with other parents and receive care for both her and her child.
Chloé’s daughter had been in a foster home for the last two years. While Chloé did not initially agree with her child going to a foster home, she admits that she was burnt out in her daily struggle to survive and provide care for her daughter. Chloé described how a long battle with depression (since she was 17 years old), and insufficient medication, left her turning to alcohol in an effort to cope. At the time of our discussion, Chloé was caring for her daughter every third weekend and on holidays. She knew her daughter’s foster family quite well, and expressed delight in the caregivers both being professionals. Her daughter’s care plan was being evaluated once per year, but Chloé believed that lone parents have a more difficult time regaining care of their children from the state.

When Chloé was asked what she needed the most as a mother, her response was community. Indeed, she felt that she has received this support from others since her daughter was born. Over the years, the family home that Chloé and her daughter initially stayed in visited them periodically, and she has felt supported from various social workers and professionals whom she has worked with.

Chloé took pride in her career, and recognized that her ongoing battle with depression made it difficult to extend care to her child. She believed that if both parents were involved in her daughter’s life, that care arrangements might look different. She also believed that if her daughter was the father’s only child, that might have also changed the circumstances. Chloé recognized that the two children the father already had was likely all he could handle. While an effort was made to involve the child’s father in care plans, since the beginning, he’s failed to show up to scheduled visits. Chloé’s daughter had not seen her father since she was one-year-old.
old. Chloé was continuing to send the child’s father and the paternal grandmother updates and photos in the mail.

Chloé was involved in the Expert by Experience initiative in her local municipality. She participated in training programs for foster parents and attended professional conferences. Chloé believed that the Expert by Experience initiative valued the mother’s point-of-view, and expressed surprise at the interest others have had in her journey.

_The Active Role of NGOs_

NGOs play an active role in providing child welfare services in Finland; they represent an essential extension of services and their presence is largely welcome. In many ways, NGOs in Finland reflect the importance of collaboration and community. During my fieldwork, I had the opportunity to visit one NGO centre that developed training for child welfare professionals and programming for children in state care throughout the nation. This particular organization operated in close contact with local municipalities, schools, and other NGOs. Their role was to develop methods and tools to serve foster care children throughout their journey. While their goal was to increase the welfare of children in foster care in an effort to prevent social exclusion, their vision included developing working methods for family reunification. Once again, I witnessed the delivery of simultaneous service to children and their families—not either-or.

During my visit to this particular NGO, I was shown a unique initiative that focused on recognizing the several families which are in the child’s mind who lives in foster care. This initiative understood that while children may be removed from their families, they are afforded
the right to be understood in the context of their families. As discussed earlier, the necessity of upholding the child-parent relationship is framed as the child’s right. In its variety of forms, it is the child’s right to access their parents. One practical example involved in this initiative is the writing and delivery of postcards. Children and parents involved with child protection services are given the resources to write postcards as a way to maintain communication with one another.

_Prioritizing Access_

Prioritizing ease of access to child and family services is a goal of child welfare in Finnish practice. As discussed, accessibility is exemplified in the LAPE reform discussions where newly established family centres prioritize the importance of serving families at one central location. Easing the burden of travel, the family centres also achieve greater professional collaboration in their efforts to serve families in need.

In Finland, access to preventative programming and child welfare services does not require “clientship;” a family does not need to have an open case file to access most services. Without the formality and associated label of “client,” there is an ease of access and depreciation of stigma for families. Besides those that require child protection from the state, families can receive services as needed. For example, the birth of a child is a particular phase in life where families may benefit from additional hands-on help from a family worker. In this case, family workers can provide situational respite for families; this could be assistance with household tasks or help with establishing new routines.
Students in Finnish schools also have access to resident nurses and psychologists. The presence of professionals in schools serves an important function; children have daily access to preventative resources. These resident professionals are often the first source of specific help for children and their families. Their presence takes the pressure from teachers to simultaneously teach and serve as social workers to their students (a situation we see often in the Canadian context).

**What the Finnish Paradigm Reveals: Key Insights for Canada**

After acknowledging policies and practices in Finland’s child welfare system, what does the Finnish paradigm reveal of interest to Canada? One aim of my ethnographic research is to offer suggestions for reform. As Canadian provinces and territories grapple with deteriorating child welfare systems, it is critical to learn from and strategically-adapt what works well for other nations. I argue that we need to pay attention to three key insights gathered from the Finnish research: child welfare is distinct from child protection; the well-being of the family unit is socially valued; and a strong community is intentionally built.

In Finland, child welfare is distinct from child protection. This is the most pronounced takeaway from my research in Finland. Child welfare in Finland is ideologically framed as the welfare of children—all children. It sounds simple, but this paradigm has a significant impact on the provision of services and subsequent landscape of involvement. When child welfare is understood as an umbrella of services easily accessed by all families—universal daycare for example—the stigma associated with state engagement diminishes. In this way, child welfare is not subordinated or reduced to child protection. Rather, child protection becomes a specific
branch under the larger umbrella of child welfare. With this change in understanding of the relationship between child welfare and child protection, there is a greater ease in the interaction between the state and families. When state-family interactions are largely positive and helpful, citizens come to understand their relationship more as partnering rather than policing.

The well-being of families is socially valued in Finland. In many ways, Finland’s valuation is not unlike the rhetoric of other nations but it is distinct in its commitment and application of resources. This valuation is not conservative or religious, but presents as one of practicality. The well-being of children requires the well-being of families. Again, this presents as simple, but its implications for shaping state-family relations are important. To be clear, I am not speaking about family preservation here; the multitude of family forms is vast in Finland. I am referring to the valuation of the well-being of the family unit and recognition of its role as an integral social institution. The health of the child’s immediate family affects the child. We know this. In this way then, the well-being of parents is worthy of investment. The Finnish child welfare paradigm frames parents as critical resources in their children’s development. And notably, this relationship is reciprocal; the state is also an important partner for parents.

Finally, Finland exhibits a strong sense of community. There are a number of factors that contribute to this strong sense of community. First, the quality of support networks in Finland is high (OECD 2020). The OECD Better Life Index (2020) states that 95% of people in Finland are aware of someone they could rely on if they were in need. Indeed, the two mothers I spoke to with children in state care both knew the foster families their children were placed with. While Finns are known for their stoic demeanour, their willingness to walk alongside others in times of
need is apparent. Second, there is a high level of social affinity in Finland which contributes to a strong sense of community. Peter Lindert (2004) relates social affinity to a form of reasoning that takes into account a positionality of “that could be me” (or someone I know/care about)—an understanding that rationalizes state spending, for example, on preventative provisions within child welfare. During an informal discussion with a Finnish social worker, we shared stories about our children and she was shocked to discover that school-aged children in Canada bring their own lunches. She subsequently joked that if she was responsible for packing her child’s school lunch, it would not likely pass for being healthy. Supplied healthy hot lunches in Finnish schools is one example of preventative programming under the umbrella of child welfare. On the other hand, Lindert notes that an absence of social affinity relates intently to entrenched class division where there are “suspicions that taxpayers’ money will be turned over to ‘them’ [the lower class]” (2004:187). And thirdly, my experience living in Finland recognizes how the proximity and design of physical space, of neighbourhoods and their services, enables community. The “neighbourhood effect,” as Sampson (2012) puts it, acknowledges the relationship between spatial logic and social causality. The structural dimensions of neighbourhoods contribute to collective processes involved in establishing community. In my personal experience, the strategic placement of playgrounds, markets, cycling paths, and libraries are just a few examples of how spatial logic works to facilitate community in Finland.

**Snakes in Paradise: Current Tensions**

Although the Nordic nations are often described in the literature as welfare paradises, Forsberg and Kröger (2010) argue that it is important to convey that there are “snakes in the paradise” (8). So, while Finland’s social welfare provisions reveal insight, social problems persist. Relevant to
this research, evident social problems include the pervasive gendered responsibility of caregiving depicted in mothers’ primary involvement with child protection services and a limited awareness of the persistence of domestic violence.

As previously mentioned, Finland continues to wrestle with women’s over-involvement in care work. In this research, discussions with social work professionals and mothers directly involved with child welfare and child protection revealed a steadfast gendered participation. Why women in Finland remain the primary contact in child protection services is a site for further research. In addition to this, I was surprised at the lack of awareness surrounding domestic violence, and more specifically intimate partner violence, as it intersects with child protection in Finland. As the most prevalent context for child maltreatment, exposure to domestic violence represents almost half of all substantiated cases in Ontario (OIS 2013). When I questioned how intimate partner violence intersects with child protection in Finland, professionals at one local agency confessed that their knowledge of this prevalence was limited, suggesting that perhaps incidence rates in Finland are low. Following up with the same agency one week later, a social worker involved in our initial discussion informed me that our recent dialogue of intimate partner violence had prompted the social work team to address this seemingly private issue with a family in need of help. In this way, I believe that the intersection of domestic violence and child maltreatment is not only a site for further research in Canada, but for Finland as well.

Finally, there is growing pressure in Finland to supply the expansive provisions characteristic of its welfare state (Noack 2019). Although not specifically related to child welfare per se, the Finnish government’s resignation in 2019 is a “snake in the paradise” worth highlighting. In
2019, the Finnish government resigned after a failure to see its proposed health care reform pass through parliament (Vandoorne and Bell 2019). Described as politically responsible for stepping aside, the government failed in its proposal for a decentralized healthcare system which would enable greater access to private services. All this, in an effort to address an aging Finnish population and lower birth rates (The Washington Post 2019; Vandoorne and Bell 2019). Finland recognizes that its expansive social provisions are expensive. While the Finnish government failed to deliver on its proposed health care reform, Finland’s consistent pursuit to address citizens’ future needs must be praised. In December 2019, Finland voted in a new left-wing coalition government led by the world’s youngest sitting head of government, Sanna Marin (Noack 2019).

Concluding Remarks

Despite identifiable social problems, the Nordic nations continue to serve as global leaders for their initiatives in social welfare. In an effort to better understand Finland’s child welfare paradigm, this manuscript offers an overview that is specific to my case study findings. Although the findings of this case study are limited in their generalizability, they offer critical insight into how things can be done differently. As Canada wrestles with necessary reforms to provincial and territorial child welfare systems, identifying the assets of Finland’s approach serves as a valuable toolkit to forming new constructions of policy and practice here.

Finland’s commitment to addressing class inequality is reflected in its child welfare paradigm where proactive services are universally accessed. Although issues of social class persist in Finland, I have witnessed a universal access of child welfare services that cuts across class lines,
which is largely absent in Canada. In this way, the rhetoric put forward of not having to be (or appear to be) a perfect parent seems genuine. There is practical help without stigma. As for Finland’s commitment to gender inequality, it is still not entirely clear to me the extent to which this overarching commitment intersects with child welfare. As discussed, women’s association with care work remains steadfast in Finland and is specifically evidenced in child protection services. This observation leads me to echo a recommendation from my second manuscript—that if the landscape of involvement is gendered, then provide services that are gender-specific. Provide services that address the lived realities of the women accessing them. In no way, does denying a gendered landscape further equality.

The journey into state-family relations in Finland, particularly as they intersect with child welfare, has been an enlightening element of this study. Moving towards reform in Canada, the approach of partnering with parents rather than solely policing parents deserves consideration. Re-shaping parents as assets, framing parents as worthy of investment, will require a shift in ideology and an increase in material resources. I keep going back to the phrasing at the forefront of one Finnish NGO initiative—*the several families which are in the child’s mind* …. As we start re-imaging child welfare in Canada, it is important to keep in our minds, that children long to see their parents doing well. With this, it is possible to imagine parenting support as a specific sphere of family policy.


Chapter 5: Summary and Conclusion

Moving Towards a Proactive Child Welfare Paradigm

The lapse of time that accompanies the doctoral process enables the opportunity for change in the field of research. As I conclude this dissertation, I am happy to report that the call to do child welfare differently in Canada has been taken up. The extent to which tangible change will continue to take place remains dependent on various factors (which includes funding), however the necessary dialogue is occurring. In the past month, two policy initiatives affecting Canadian child welfare have been announced. These announcements include a historic protocol agreement between the Government of Canada and the Assembly of First Nations (AFN) to transfer the authority of child welfare services to First Nations communities, and a policy directive that orders Children’s Aid Societies (CAS) and hospitals to end the practice of issuing birth alerts. Notably, the urgency to reform Canada’s current child welfare paradigm is pronounced by the steadfast racialized reality that more than 50 per cent of the children residing in state care today identify as Indigenous; a figure that exceeds the number of Indigenous children in state care during the implementation of residential schools in Canada (Indigenous Services Canada 2020; Stefanovich and Tasker 2020).

The agreement between the federal government and the Assembly of First Nations establishes a commitment to regular dialogue between the parties and acknowledges the financial responsibilities required to support the process of transferring child welfare authority to First Nations communities (Indigenous Services Canada 2020). This historic protocol comes in response to Bill C-92 (An Act Respecting First Nations, Inuit and Métis Children, Youth and Families) that was passed by the federal government in 2019. In response to this new agreement,
the Assembly of First Nations National Chief, Perry Bellegarde, acknowledges the need for a child welfare paradigm with greater access to preventative services and fewer of the reactionary child apprehensions characteristic of the current paradigm (Stefanovich and Tasker 2020). Although the new agreement is filled with hope, until the details of the transfer of authority are finalized and set in motion, there remains a cautious optimism that the collaboration is more than part of a political agenda.

The second announcement that affects current paradigm practices comes from the provincial government of Ontario and follows changes already made in the provinces of British Columbia and Manitoba. In response to the systemic racism characteristic of Ontario’s child welfare system, these changes involve a policy directive to cease the practice of issuing birth alerts between child welfare authorities and hospitals when it is believed an infant may be in need of state protection after delivery (Kirkup 2020). The policy directive recognizes how this common practice of communication between CAS and health professionals negatively affects marginalized and Indigenous women and their children (ibid.). In an interview with The Globe and Mail, Ontario’s Associate Minister of Children and Women’s Issues, Jill Dunlop, claims that the Conservative government is focused on prevention, early intervention, and working alongside families with the policy directive serving as an extension of this commitment (ibid.). Ontario’s agencies have until October 15th, 2020 to cease the controversial birth alert practice.

Indeed, the recent announcements detailed above are positive steps towards reforming Canada’s current child welfare paradigm. While I am hopeful that the federal and provincial governments are beginning to recognize the need to conduct child welfare differently in this country, action—and not just announcements—will demonstrate governments’ commitments to change.
I set out on this doctoral project with the goal to re-imagine Canada’s child welfare paradigm. This dissertation responds to calls from the Canadian Federal Ministry of Child and Youth Services to increase preventative services and provide greater access to family support by contributing to the conversation of reform. In doing so, I have taken stock of past and current state-family relations as they intersect with child welfare in Canada, and I have explored how Finland’s approach to child welfare offers practical insight from a global perspective. There have been smaller pockets of research that I have been tempted to dive into along the journey but it was important to me to remain faithful to the broad sociological lens that offers the vantage point of capturing the intersections of policy, program, practice, and lived experiences. If I had not taken this broad brushstroke approach, I am convinced that I would not have been able to grasp the entanglement of gender, race, maternity, risk, and citizenship.

The findings from this research project are discussed throughout the three manuscripts that make up the body of this dissertation. The first manuscript explores the marginalization of Aboriginal mothers and the role the Ontario child welfare system played in manufacturing and sustaining ideologies of Aboriginal mothering as unfit. Applying Bourdieusian theory, Kennan and I argue that the state is culpable for the ongoing symbolic violence experienced by generations of Aboriginal families. Rather than addressing the structural barriers characteristic of experienced poverty, the habitus of the Aboriginal mother is the dominate site for attributing blame for substantiated child maltreatment. This manuscript concludes with our convictions that tangible change between the state and Aboriginal families must include the restoration of child welfare authority to Aboriginal communities.
The second manuscript extends focus on female individuation, and dives into the persistent pressures women experience to perform a precise definition of mothering. A thematic analysis of policy and programming documents relevant to Ontario child welfare today, highlights that the individuation of risk reproduces a gendered situational vulnerability. The state’s failure to recognize the extent to which mothers experience situational vulnerability perpetuates the gross need for a child welfare system that primarily responds to allegations of child maltreatment rather than preventing it. Although recent linguistic revisions to legislation embrace gender diversity, the landscape of caregivers involved with child welfare remains gendered. This research finds that the invisibility of care work persists alongside the management of mothers.

Finally, findings in the third manuscript confirm that a gendered participation in care work is not unique to Canada. Drawing on ethnographic fieldwork, my analysis of Finland’s child welfare system reveals key insights that contribute to the conversation of re-imagining child welfare here in Canada. My research into the Finnish family service paradigm finds that child protection is only one branch of child welfare and does not represent the entirety of its services. In Finland, preventative programming and the ease of access to services is prioritized for families. Parents are framed as assets to their children and understood as worthy of social and material investment. In this way, there is a recognizable partnership between the state and families in Finland.

As I conclude this dissertation, there are threads that have surfaced throughout the manuscripts that I want to briefly address as important spaces for further research. The first of these is the
prevalence of domestic violence. We know that exposure to domestic violence in Ontario is the greatest reason for identifying substantiated child maltreatment and yet this social problem persists. We also know that few resources exist for families, especially mothers with children, experiencing domestic violence. The hesitancy in meeting families’ needs who are experiencing this seemingly private issue needs to be overcome. Domestic violence is not a private issue, and in many ways, this distinction (of it being a public issue of concern) was made by the state when it classified exposure to domestic violence as child maltreatment. Whether it is funding for the presence of more NGOs or greater state services, domestic violence must be addressed as a persistent social problem affecting the health and well-being of Canadian families.

The other thread worth highlighting for further research is the saturation of intensive mothering and its stronghold on the expectations of women. This should be coupled with the enduring perpetuation of the gendered invisibility of care work. While I have discussed the intersection of intensive mothering and child welfare policy and practices at length in this dissertation, I am convinced that its saturation plays out in other policy arenas as well. Furthermore, although the climate of intensifying mothering practices is relatively well-known in Canada, my experience in Finland does not reveal stark evidence for the presence of this intensification. Questioning this presence, or the lack thereof, in other nations is a site for further exploration.

The sum of this doctoral project contributes to the conversation of child welfare reform in Canada. Together, the manuscripts that form the body of this dissertation provide a coherent sociological analysis that contributes to the breadth of knowledge grounded within the disciplinary framework of Sociology of the Family. In addition, this research is of significance to
social workers, community organizations, policy writers, government officials, and scholars alike looking to make sense of the interplay between mothering and the state.

A significant element of navigating this collective ethnographic case study was gaining the confidence to authorize my positionality. Although I have learned from experience that this positionality is not always welcome in academia, I have also learned that such resistance is usually a matter of feeling uncomfortable at the prospect of vulnerability rather than a valid deviation from methodological expectations. The particular positionality of being a lone mother, and pleading for practical help from the state during a very difficult transition in my life, has unequivocally left me desiring better for others. In this way, I part with this research with hopes that it contributes to the necessary reform for children and their families here in Canada.


Appendix

Research Ethics Approval

November 01, 2018

Ms. Mandi Veenstra
Ph.D. Candidate
Department of Sociology
Queen's University
Kingston, ON, K7L 3N6

GREB Ref #: GSOC-172-18; TRAQ # 6024277

Dear Ms. Veenstra:

The General Research Ethics Board (GREB), by means of a delegated board review, has cleared your proposal entitled "GSOC-172-18 Re-imagining Canada's Child Welfare Paradigm: A Comparative Ethnographic Case Study of Canadian and Finnish Child Welfare Systems" for ethical compliance with the Tri-Council Guidelines (TCPS 2 (2014)) and Queen's ethics policies. In accordance with the Tri-Council Guidelines (Article 6.14) and Standard Operating Procedures (405.001), your project has been cleared for one year. You are reminded of your obligation to submit an annual renewal form prior to the annual renewal due date (access this form at http://www.queensu.ca/traq/sigron.html; click on "Events," under "Create New Event" click on "General Research Ethics Board Annual Renewal/Closure Form for Cleared Studies"). Please note that when your research project is completed, you need to submit an Annual Renewal/Closure Form in Romeo/traq indicating that the project is 'completed' so that the file can be closed. This should be submitted at the time of completion; there is no need to wait until the annual renewal due date.

You are reminded of your obligation to advise the GREB of any adverse event(s) that occur during this one-year period (access this form at http://www.queensu.ca/traq/sigron.html; click on "Events," under "Create New Event" click on "General Research Ethics Board Adverse Event Form"). An adverse event includes, but is not limited to, a complaint, a change or unexpected event that alters the level of risk for the researcher or participants or situation that requires a substantial change in approach or to a participant(s). You are also advised that all adverse events must be reported to the GREB within 48 hours.

You are also reminded that all changes that might affect human participants must be cleared by the GREB. For example, you must report changes to the level of risk, participant characteristics, and implementation of new procedures. To submit an amendment form, access the application by at http://www.queensu.ca/traq/sigron.html; click on "Events," under "Create New Event" click on "General Research Ethics Board Request for Amendment of Approved Studies." Once submitted, these changes will automatically be sent to the Ethics Coordinator, Ms. Gail Irving, at University Research Services for further review and clearance by the GREB or Chair, GREB.

On behalf of the General Research Ethics Board, I wish you continued success in your research.

Sincerely,

[Signature]

Dean Tripp, Ph.D.
Chair
General Research Ethics Board

c: Dr. Annette Burfoot, Supervisor
Dr. Sarita Srivastava, Chair, Unit REB
Ms. Celina Casswell, Dept. Admin.