

Essay:

Memories from the frontline: One unforgettable experience of a child protection social worker in northern Canada

by

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Abstract

In this essay, a critical incident involving an experienced child protection social worker and a First Nation family is deconstructed utilizing Jan Fook's Critical Reflection Technique (2002). This deconstruction process investigates the issues of professional boundaries, revictimization, vicarious trauma, power and oppression and the ideas surrounding what a "real" and "good" social worker is. Through the reconstruction process, it is discovered that the assumptions underlying these issues are not helpful, and in fact are harmful to both the social worker's sense of self as well as to social work practice. A discussion on how to avoid succumbing to the assumptions and expectations is then generated as a means to encourage professional practice without fear. Lastly, a strength-based perspective will be utilized to demonstrate how theory was operationalized with this First Nation family.

Keywords: critical reflection, First Nations, professional social worker, child Abuse, Strength Based Perspective

Introduction

I am a 36-year-old female social worker from Canada currently residing in northern Canada in the Yukon Territory. The population for the entire territory is approximately 30,000, and the capital city of Whitehorse has a population of approximately 23,000. I have lived in the Yukon for seven years, and prior to that I worked, studied and lived in Niagara, Ontario, Canada. I graduated university in 1998 with a degree in child studies. Shortly thereafter I started working as a child protection social worker at Family and Children's Services in St. Catharines and Niagara Falls, Ontario. This agency is funded by the Ontario Government's Ministry of Health and Social Services Department and is a service mandated by law, in particular in relation to the "Child and Family Services Act. The fundamental purpose of the Act and Agency is the protection of children from harm, as well as the prevention of child abuse and neglect. From a young age, I have always been interested in working with child victims of abuse, which manifested itself when I was an eight-year-old in the 4th grade. One of my classmates, Pauly, was not like the others. His clothes were dirty and did not fit, he had an offensive odour, he always had bruises and cuts on his body and he had quite a few behavioural problems. All of his male peers made fun of

him, and our teacher showed little patience, tolerance or regard for him. I did not understand why at the time, but I just knew something was different about him. I also felt sad every time I saw him, which was an emotion that seemed to be a reflection of his. I have a vivid memory of one Monday morning when my teacher gathered the class and told us to sit on the floor. He went on to explain that Pauly would not be coming back to school, that his “life was different from yours,” and that he was not safe at his home. Through a further discussion it became clear that Pauly had suffered years of abuse and neglect, and I remember crying for him. I remember crying that I should have been his friend, and to this day, I still regret that.

Since that day I have always been drawn to helping children who have experienced abuse and neglect, and was ecstatic to be hired as a child protection social worker shortly after graduation from university. I worked at Family and Children’s Services Niagara for six years, and during that time had two different positions: I worked as a child in-care social worker, working specifically with children who had been removed from the care of their parents due to abuse and neglect and as an intake worker, where my primary role was to complete child abuse/neglect investigations. During those six years I experienced first-hand the overwhelming demands that are placed on the social worker, as well as the reality that this was not the type of job that one could “just leave at work”. I experienced many sleepless nights worrying about children, in addition to many evenings crying about how cruel humanity could be. Regardless, I knew I was in the right profession and to this day, 13 years later, I still have a passion for child protection. While working in Ontario, I saw a job posting for an experienced child protection social worker for the Yukon, which was a position in the Yukon Territorial Government’s Department of Health and Social Services. Being young, adventurous, and looking for some excitement, I applied for the job. Six weeks later I was alone, travelling some 6,000 km across the country to my new “home”. I have been working for over seven years for the Yukon government, initially as a child in-care worker, then as a family service worker (providing long-term services to families who have abused/neglected their children), but primarily as an intake worker, investigating alleged cases of child abuse and neglect. During this time I also worked on my Bachelor of Social Work via the University of Manitoba, and

I am currently working on my Master of Social Work via Nordland University in Bodø, Norway.

Putting things in context: First Nations

In order to successfully utilize Jan Fook's Critical Reflective Approach (2002), it is important to provide a context to the aforementioned critical incident. Being aware of the context in which the incident occurred allows us to examine how it contributed to and shaped the event (Ramsdal, 2010). With that being said, it would be a grave injustice if I were to exclude the historical context of the Yukon First Nation's relationship with the Canadian Government. I have previously discussed this relationship in depth in a previous essay for a social policy course, and have included an excerpt from that essay here:

In the mid-1840s, residential schools were created as a means to force Native children to assimilate into the developing Canadian society to "take the Indian out of the Indian" (Durst, 2010). Funded by the Canadian government, residential schools, which by 1850 were mandatory for all Native children to attend, essentially forced Native children out of their communities for 10 months of the year to attend schools that were predominately run by religious organizations (Wikipedia, 2010). These schools were a deliberate effort to change and destroy the Native culture through their children (Durst, 2010). In fact, in 1928, "a government official predicted Canada would end its 'Indian problem' within two generations" (CBC Archives, 2010). The last residential school closed in 1996; however, prior to and since that time, those who experienced the aims of assimilation have shared devastating stories of abuse, neglect, and trauma (CBC Archives, 2010). There have been numerous reports of physical abuse as a result of a Native child speaking their own first, and traditional, language, practicing their own spiritual beliefs, or asking questions about the Christian way of life. In my own social work practice I have heard horrific stories of emotional, physical and sexual abuse at the hands of religious leaders at various residential schools. I think it is safe to say that these attempts of assimilation have had extremely negative effects on the Natives living in the Canadian Arctic. The constant internalization of feeling devalued combined with the constant message that "I am not good

enough,” and compounded with years of physical, emotional, and sexual abuse has resulted in a marginalized Native society who have lost a significant part of their cultural identity (Durst, 2010). Language, traditions, and spiritual practices were all lost during this assimilation process, resulting in an oppressed society who struggle with their own identity to this day (Durst, 2010). The residual impacts of this internalization and loss of identity are clearly directly related to the high amounts of drug and alcohol abuse, violence, crime, depression, and despair amongst First Nations residing in the Canadian Arctic today (Manolis, 2010).

I see this despair on a daily basis in my role as a child protection social worker in the Canadian North. Approximately 25% of the Yukon population is First Nation; however, it is imperative to note that over 75% of the child welfare clients that I serve are also First Nation. Clearly, the residual impacts of residential schools continue to manifest themselves throughout the generations, making the role of the northern social worker that much more challenging. As a government worker, I am faced every day with the reality that a lot of the First Nation population does not trust me. Of course this is understandable, given the not so distant history, but that certainly does not make it any easier when faced with anger, resentment, hostility, mistrust and often hatred. Although momentum is gaining for First Nation's to be self-governing in the area of child protection, at this time the Child and Family Services Act is the law that mandates child protection intervention in the Yukon. This is a new Act, which was proclaimed on April 30, 2010, and was created in cooperation with several of the Yukon's 14 First Nations. Of utmost significance is the fact that this Act notes the importance of recognizing the impact of residential schools on First Nations (Child and Family Services Act, 2010).

You can handle this

I jolted up in my bed and looked at my alarm clock, saw it was 2:30 am and wondered why my alarm going off at such an ungodly hour? I then realized that it was not my alarm, but instead that the telephone was ringing. My stomach dropped. A call that comes in the middle of the night must be my mother or father calling to say

there has been a family emergency or worse, a death. I took a deep breath and answered the phone:

“Hello?”

“Hi Liza, sorry to wake you, it’s ‘Marilyn’ (a supervisor at work). There has been a serious allegation of child abuse, and as an experienced ‘senior’ social worker I am asking you to attend to it. I know you are not working right now, but the social worker who is working is new and lacks experience in this regard, and I know you can handle this.”

Marilyn proceeded to tell me that the on call social worker (the social worker who works outside regular office hours) had received a call from an anonymous community member, alleging that she just witnessed an eight-month-old child being “beaten up” by his mother. According to the Child and Family Services Act (2010), this allegation was considered extremely serious and warranted an immediate follow-up. Marilyn again asked that I attend to this matter, as it was in the best interest of the family and child that an experienced social worker manage the situation. She further explained that she wanted me to teach the “inexperienced” social worker how to deal with these types of allegations, and that this would be accomplished by her “shadowing” me, and then me subsequently debriefing her. Given the seriousness of the allegations, and my knowledge that these types of situations are always extremely difficult to deal with (regardless of whether the allegations are true or false), I agreed to follow up the matter immediately.

Arrangements were made for me and “Sarah” (the new social worker) to meet at 3:15 am. I picked her up and we proceeded to drive over the home of the mother who allegedly had physically abused her eight-month-old a few hours earlier. During the car ride Sarah advised me that she was feeling nervous about the situation, as she had never gone to a home in the middle of the night, nor had she ever followed up with an allegation of physical abuse. She asked how I was feeling. I advised her that I was feeling “fine” and that in my experience most of the allegations we receive are “not as bad as they seem”. I further explained that perhaps this mother spanked her child, but the caller considered that a “beating”. I advised that it was imperative that we keep an open mind, and that we be honest with the mother about what the

allegation was and observe the baby for signs of abuse, neglect, distress or pain. I asked how she felt now that she knew what was expected. Sarah shared that she was still nervous, but was happy that I was with her and that she would just be watching me. She reiterated how grateful she was that I agreed to go with her, and noted that Marilyn told her (like Marilyn had told me) that I “could handle this”.

By 3:30 am, we were knocking on the front door of the home where this mother and her child lived. A man answered the door, and behind him I observed two other females. There was smoke all around him, and the home had an overpowering smell of marijuana. I introduced myself and asked to speak to “KC”, the alleged accused abuser. KC approached the door. She was First Nation, looked like she was an older teenager and was obviously under the influence of something. She later told me that she was 19 and had smoked a lot of marijuana right before I came to her home. I advised KC of the allegations and need for me to talk to her and see her child. She opened the door further, allowing myself and Sarah into the home. I observed KC’s hands, and saw that they were shaking. I advised KC that I noticed her hands were shaking, and asked if everything was alright. She stated that she was fine and asked me to sit with her in her kitchen and explain again why I was there. I again advised that we had received a call from an anonymous community member who advised that they saw her “beating up” her eight-month-old son earlier in the evening. KC sat there, motionless, and did not respond. She had tears welling up in her eyes, and I asked what the tears were about. She advised that she had spent her life in foster care because her mother went to a residential school and did not know how to parent her. She shared that her mother used to beat her up, and that social workers came to her home in the middle of the night when she was 12, and removed her from her mother’s care. She shared that she spent her teenage years up to the age of 18 in a group home, where she just drank alcohol, partied and did drugs. I empathized with her and noted that my presence must be difficult, as it clearly reminded her of her experience as a child. KC nodded in agreement. I asked her what she had to say in regard to the allegation of her “beating up” her child. She said that she was doing the best she could as a parent, and I asked to see her child, “Johnny”.

KC was crying at this point, and her hands were still shaking. She brought me and Sarah to Johnny's room, where he was awake in his crib. KC removed him from his crib and held him in her arms. He had a flat affect, was unresponsive to her and did not smile, cry or coo. I immediately noticed a bruise on his right temple and a big scratch on his left cheek. I asked KC what happened and she did not reply. I requested that she remove his sleeper, which she did without any further prompting.

What I observed was something I had never observed before. This eight-month-old was covered in various bruises, some yellowish-brown (indicating that they were days old), some reddish-purple (indicating that they were fresh) and several scratches. She turned Johnny over and I noticed several small round marks on his back. I asked KC why he had so many bruises and marks over his body. She kept saying that she was doing the best she could, and he just would not listen to her. Again I empathized with her, offering how difficult it was to be a single mother, especially one who was not really taught mothering skills earlier in her life. KC then burst into tears. She advised that she did not know what she was doing, and that she was finding it overwhelming to care for an infant. She said she found herself so frustrated with the baby, and she just "needed to do what I needed to do to stop him from crying." I asked her again about the small round marks on his back, and she looked up at me and did not respond. I told her that I appreciated her being honest about how she has been struggling to parent her son, and that I would really like to know what happened. She then calmly advised that she was trying to toilet train him, and when he would not go to the bathroom on the toilet, she would burn him with a cigarette. Although I remained calm and thanked her for telling the truth, a magnitude of thoughts were shooting through my head: toilet training a baby at eight months?!, burning an eight-month-old with cigarettes?!, "doing the best you can" means covering your child in bruises?!

I looked over at Sarah, who was clearly in shock. Her eyes were wide and she avoided looking at Johnny and KC. She had tears in her eyes and I could hear her sniffing. I needed to get control of this situation and knew exactly what I needed to do, as I had no choice. The law mandated no other option, and KC knew this. I advised KC that based on what I had seen, and what she has told me, that Johnny

was not considered safe with her and would need to be removed from her care. She was crying and nodded that she understood this. I advised her that I would be taking him to the hospital for a medical examination, that he would be placed in a foster home and that we would need to meet the following afternoon to discuss this further. KC agreed to all of this, and noted that “it was just a matter of time before this happened.” She helped pack up Johnny’ belongings and put him in my car seat without incident. She was no longer crying and appeared to be relaxed, and our interaction ended with her saying, “thank you for taking him to the hospital.”

The drive from KC’s house to the hospital was less than two minutes, and the car ride was silent. I was not in a position to “debrief” Sarah, as I was still in shock and disbelief myself. At the hospital the doctor saw us immediately, x-rays were completed and a full skeletal exam was performed. Johnny had a broken rib, a broken wrist, six burn marks, four lacerations and over 62 bruises all over his eight-month-old body. The foster family where Johnny was placed met with me and Sarah at the hospital, and Johnny left the hospital with them, with a plan for them to take him back to the doctor the following day.

Sarah and I then proceeded back to my vehicle. Once we both shut our door, I immediately burst into tears, and was crying uncontrollably and apologizing for crying at the same time. I had never seen a child look like that, and I could not get over the fact that he had been suffering in pain for so long. I just kept crying and crying, and apologizing and apologizing. I knew I was crying because of what had been happening to the baby, but also because I had removed a child from essentially another child, who had never really been given a fair chance at raising a child. I was crying because I felt helpless and guilty for revictimizing the mother, but also because I knew that there was no other option. Of the most significance was the fact that I was embarrassed to be crying, especially in front of a new social worker who I was training. I knew that I had let Marilyn down, as when I told her that I did not get to debrief Sarah because I was so upset, she stated, “I didn’t know you were such a bleeding heart, and I thought you could have handled it.”

Critical events

According to Fook (2002), a critical incident is, “any happening which was significant to a person for whatever reason. It may have been important because it was traumatic, or even because it was so mundane that it encapsulated something crucial about the nature of their work. It may have been remembered because it is unresolved, or posed a dilemma for the person. It may have struck a high point for them or marked a turning point in their thinking” (p. 98). In his lecture on November 26, 2010, Ramsdal notes that the purpose of reflecting on critical incidents is that it allows one to expose the fundamental assumptions underlying the incident and to then critically think about these assumptions, and in doing so, develop alternative interpretations.

The incident that I described above is one that is still unresolved for me (the critical incident being why I felt embarrassed and ashamed of my crying). I still cry about that event, and I am still ashamed that I do so. That incident occurred in 2009 and to this day, every time I am handed a physical abuse investigation file regarding an infant, I feel sick to my stomach. There is something to be said for the fact that I know I am experiencing vicarious trauma as a result of this incident; however, the issue that is unresolved for me is why I am embarrassed and ashamed of crying. In preparing for this essay, I utilized Fook’s process of deconstruction (2002), and now believe that I have a deeper understanding of why this issue has been so unsettled for so long. This revelation has come from discovering two fundamental assumptions underlying the incident regarding power; namely, that a “real” social worker does not “lose control” by crying, and that a “good” social worker does not bring First Nation children into care.

In regard to the latter statement, as explained in explicit detail earlier, I am very much aware of the residual effects that residential schools have on First Nations people. I have always prided myself on listening to my First Nation clients’ stories, working together with them, utilizing a strength-based approach (which I will discuss in detail later) to address child protection concerns, in addition to doing everything I could to not have to bring a First Nation child into a foster home. In six years of working with First Nations families, I rarely brought a child into care, and really believed that I was

a “good” social worker for not subjecting children and grandchildren, to the same type of situation experienced by their parents and grandparents. I now realize that I was holding on to these values as part as my own belief system. In my opinion, this belief was, and continues to be, reinforced at my workplace on a daily basis: A “good” social worker does not bring First Nation children into care since a “good” social worker knows how upsetting that would be to the First Nation community. In my opinion, I have felt significant pressure to leave First Nation children in homes where I believed that they were being, or at least at risk of being, abused and/or neglected in order to not bring any attention to the agency in the media and/or draw any political attention to ourselves. What is most frustrating and disturbing about this is that this belief is quite contrary to the Act that mandates our services. I know that I did not have any other option but to remove that child from his mother’s care, and if the family was Caucasian, there would be no question that what I did was in the child’s best interest. In fact, regardless of whether this child was First Nation, what I did was in his best interest; however, the message that was playing over and over my head was that I was a “bad” social worker for revictimizing the mother. Throughout the process of critical reflection, I have come to realize that the professionals surrounding me had created an unrealistic idea of what a “good” social worker was. I succumbed to this idea and, as unrealistic as it was, pressured myself to perform in a way that reinforced it. Clearly, I had unconsciously been contributing to maintaining the biased assumption about what is a “good” and “real” social worker together with you are my peers/mentors/colleagues. Additionally, I was being asked to behave in a way which was the opposite of what the law required of me, and struggling with the ethical dilemma that this posed. No wonder I cried all those tears!

And with those tears came tremendous shame, embarrassment and guilt, shame and embarrassment because I believed that a “real” social worker could control her emotions and guilt because I was unable to do so. I only realize now, through the critical reflection process, how unhelpful those assumptions are and how harmful I have been to myself. I equated being a “real” social worker with one that is emotionless, and I separated what I viewed as a strong social worker (one that did not cry) with one that was weak. I was embarrassed that I was supposed to be training a recently graduated social worker in how to be “real” and “good” and here I

was acting entirely in a way that was contrary to how I believed a “real” social worker should behave. It is interesting to note that when I returned home that evening I was inconsolable. My husband asked what was wrong and I advised him that I had just seen a child with broken bones, covered in bruises and burns, and that I was mad at myself for crying about it. He looked at me in disbelief and said, “You are a social worker, not a robot. Of course you should be crying about that, which sounds horrific!” If only I had truly listened to what he was saying, rather than holding on to this thought that I had failed as a social worker. Certainly, this belief that I had failed had already been reinforced 30 minutes earlier when the supervisor said, “I didn’t know you were such a bleeding heart, and I thought you could have handled it.”

To call me a bleeding heart was like getting a slap across the face. It certainly was not a compliment and shook me right to my core. Over the last few weeks I have been really reflecting on why this was, and I now believe that it originated several years ago when I was working on my Bachelor of Social Work, and one of my professors initiated a discussion on how society perceives social workers. The term “bleeding heart” arose numerous times in that discussion and I think in that moment I must have vowed to never be “one of those types of social workers.” Throughout my practice, this has also been reinforced by my peers, mentors and clients, though of course it is important to have empathy and compassion, but ‘never’ cry or become overly emotional. In fact, on numerous occasions I have witnessed other social workers call their peers bleeding hearts behind their backs because they have cried over situations that they deemed to be “no big deal”. What a sad state of affairs when child protection social workers, who see horrible things on a daily basis, turn on each other and instead of offering support question each other’s abilities and reinforce the notion that they are not “real” or “good” enough.

I do not want to support this idea anymore. I do not want to succumb to biased ideas about what a “real” or “good” social worker is, and must evaluate myself based on the quality of my work and not with the emotions that I share as a result of it. I am going to label myself as a sensitive, passionate and emotional social worker, and will wear that label with pride. That label no longer means I am a weak, incompetent social worker, but rather one that has a lot of strong feelings about the clients I serve. I must refuse to feel guilty for doing what I know is the right thing to do, despite

pressure to do the opposite in order to avoid political and/or media backlash. I must and will view myself as a strong, determined, empathetic social worker who fights against oppression (against myself and others) and allows myself to cry about incidents without judgement or self-deprecation. I have realized that my peers and supervisors have contributed to an environment in which it is expected that we are “above” the average person, and able to handle situations without emotions. Like my husband said that dreadful night, I am not a robot. I will allow myself to experience emotions without guilt, embarrassment or shame, and I understand and realize that professionals around me will likely continue to see me as a “bleeding heart” and I am ok with that – that is their problem and in actuality I am sad that they are trapped in the same vortex that I was previously trapped in. Perhaps over time, through allowing myself to feel and show my emotions about difficult situations, I will create an environment in which people allow themselves to do the same. I am a passionate, sensitive emotional social worker – and a real good one at that!

Operationalization of practice theory

The strength-based perspective is a social work theory that I strive to use in my daily social work practice, not only because this is the dominant approach in my workplace, but also because I have had numerous successes utilizing it. My experience with this perspective has allowed me to gain meaningful, helpful relationships with clients, and allowed clients to focus on their strengths to make significant changes in their lives. This approach appears to be a natural “fit” for me, as I tend to be a positive person who lives to focus on what is working rather than on what is not. There is a strong emphasis on utilizing this approach in Canada, with the majority of university social work programmes focusing on this as being the most beneficial for clients. The territorial government department where I have been working for over seven years expects and demands all social workers to utilize this approach with families. This expectation is clearly articulated in all policies surrounding child protection, and all staff are trained exclusively in this perspective. In her book, “Social Work Theories in Context: Creating Frameworks for Practice,” Healey (2005) explains that this perspective focuses on the capacities and potentialities of service users. It concentrates on enabling individuals and

communities to articulate, and work towards their hopes for the future, rather than seeking to remedy the problems of the past or even the present (p. 152).

She further explains that this theory is based on fundamental assumptions (p. 157) that:

- All people have strengths, capacities and resources;
- People usually demonstrate resilience rather than pathology in the face of adverse life events,
- Service users have the capacity to determine what is best for them, and they do not need human service works to define their best interests for them;
- Human service professionals, including social workers, tend to focus on perceptions of clients' problems and deficits while ignoring their strengths and resources.

Although the critical incident described earlier was quite traumatic for both me and the family, I was still faced with the task of working with this mother on an ongoing basis. Even though I had removed Johnny from KC's care, my role was far from over. Removing Johnny was a means of ensuring his immediate safety; however, the law mandated further assessment and intervention to determine if he could ever be considered safe with KC, and thus return to her care. In order to complete this assessment, ensure the child's safety, address child protection concerns, support the family and hopefully facilitate change, I attempted to work with KC by utilizing the five practice principles of the strengths-based perspective.

Principle 1: Adopt a positive attitude

Prior to KC coming to meet with me the day following Johnny's removal from her care, I spent numerous hours reviewing her file history because she had told me the previous evening that she had been removed from her mother's care when she was 12 as a result of ongoing physical abuse. Prior to her removal, the department had been involved with her mother for numerous years due to substantiated concerns of drug and alcohol abuse, neglect and sexual abuse of KC by four different family members. KC spent her formative teenage years in a group home, where she went AWOL and ran away on an almost weekly basis. She dropped out of school, was

using drugs and alcohol excessively and was a victim of rape. Her mother died from a drug overdose when she was 13, and she had no other family (she had no siblings, her grandparents were deceased and she did not know who her father was). KC was discharged from care the day she turned 18, with no housing, financing and support in place. As a child protection social worker, it is easy to feel hopeless after reading a history like that, and my initial reaction was an overwhelming feeling of sadness for KC, as right from birth she was never given the nurturing, care, attachment or direction she desperately needed, and she was still a child herself. I remember thinking, “she never really had a chance,” and to date neither had Johnny. Despite this, I was able to recognize that KC had several strengths: she was resourceful, she had secured housing and social assistance for herself and, despite the concerns of abuse, she had attempted to care for her child for eight months.

When KC came to see me that afternoon her eyes were red and puffy, and it was obvious that she had been crying. I used a soft, calm voice when talking to her, and she advised me that she knew Johnny would be taken away from her at some point in time, and that although she loved him she knew that she would not ever get him back. I asked why she thought that, and she looked me in the eyes and said, “I never got to go back to my mom, and I just know that you won’t let Johnny come back to me because I am a child abuser.” I explained to KC that although what had happened to Johnny was horrible, I understood how overwhelmed she must have been and how she was behaving how she was taught to. I advised her that I wanted to work with her to address her concerns, to give her the opportunity to learn new parenting skills and to support her with any additional services that she thought would be beneficial to her. I advised her that I felt optimistic that we could work together in order for Johnny to be considered safe with her. I knew that this would be an extremely lengthy process, and I advised KC of that, but ensured her that I was committed to working towards the same goal as her – to have Johnny back. I spent a lot of time emphasizing what I saw were her strengths, and asked her what she thought her strengths were. She advised me that she knew how to get her baby whatever he needed, such as formula and diapers and that she never left him alone with anybody as she did not want him to be sexually abused. I reinforced these strengths and applauded her tenacity in being his sole caregiver and KC agreed to

work cooperatively with me, and we made a plan to meet later in the week. Prior to her leaving, I told KC that I did not consider her a “child abuser” since she had said earlier that she was a mother who had made some mistakes and was now wanting help so that she did not make the same mistakes again. I chose to do this since the strength-based perspective required that the social worker separate the client from the problem, thus demonstrating the social worker’s respect for the client’s resilience (Healey, 2005). KC burst into tears, thanked me and reiterated that she would be back to see me in a few days.

Principal 2: Focus primarily on assets

Over the next several months KC and I met on a weekly basis, and during that time we not only focused on goal setting and case planning (solution-focused approached), but KC continued to be open and honest about her experiences as a mother. I utilized what Healy called “strength focused listening”; namely, listening to KC’s stories and trying to find the strengths in her parenting and in her situation (2005). On one particular day, KC shared with me an especially troublesome week she had had when Johnny was six months old. She advised that her friend had stolen her rent money, that Johnny needed medicine for a cold and that she had no money, and that as a result he would not stop crying. She shared that she was able to handle the crying at the beginning of the week, but by Thursday she found herself putting her hand over the baby’s mouth to muffle his crying, and that by Saturday she had left him alone in his bed all day screaming. Although it was difficult for me to hear this, let alone imagine the pain that Johnny had been in, I focused on what was “working” for her earlier in that week. I asked her questions such as, “What was allowing you to not be physical with Johnny early in the week?” and “How did you manage to cope with all this stress earlier in the week?” Of course it is imperative that I note that simply because I could see the strengths in some of KC’s decisions, it did not negate the fact that she had been physically abusing her son for months, nor did it negate the fact that she was at risk of repeating that behaviour should she care for him again. Healey further explains this, noting that utilizing this approach does not allow one to ignore concerns of risk; instead, it allows us to have a comprehensive understanding of this risk in the client’s situation (2005).

Principal 3: Collaborate with the service user

As previously mentioned, KC and I met on a weekly basis for several months, and although our first two meetings occurred at my office, our subsequent meetings transpired either at her home, the park or at Tim Hortons (a coffee/donut shop). Because I understand how intimidating it can be for clients to come to the office of Family and Children's Services, especially those that are First Nations, this is something I talk about with all the families I work with. Often times families like the formality of the office setting and other times, such as KC, who preferred the location to be more casual and less conspicuous. When we met in public, we ensured that we were in our own private area and I was extremely cautious about speaking in a low tone in order to protect her confidentiality.

I also attempted to collaborate with KC by consistently and genuinely calling her the expert of her own family. I reiterated that I did not know what was best for her family, nor did I know what would "work" for her family. I deferred to her to take the lead in goal development and case planning, and I spoke with her respectfully, and not with an authoritarian tone. On one occasion in particular, KC had talked to me about her goals (taking a parenting course, taking anger management and seeking treatment for her addiction to marijuana). Following an in-depth discussion about these goals, I proceeded to ask what goals she had for me. KC looked at me and started to laugh and asked, "Why would I need to have goals for you?" I then used the opportunity to remind her that I wanted to work with her to reach her goals, and that she would need to do an evaluation on how successful I was in doing so. After a few seconds she advised that if I could get her into the 28-day drug programme, and continued to meet with her on a weekly basis, she would consider those as my goals that had been met.

Lastly, and most significantly, during our seven months of working together, KC and I spent a lot of time focusing on how we could make her and Johnny's situation better. KC was consistently encouraged to think of creative ways to address child protection concerns and again was touted as the expert of her family. I believe that this approach was extremely successful in KC's own self-determination, as after meeting weekly for five months she advised me that she could not be a successful full-time

parent to Johnny. She further explained that she knew she had a lot of issues to work on and that they would take a lot of time; she advised me that she was scared to be alone with Johnny for fear of hurting him, and that she loved him and wanted him to be safe, though she knew that could not be with him. That was one of the most profound moments in my career as a child protection social worker; namely, a mother advising that what was best for her child was for him not to be alone with her. Despite how difficult it had been for me to develop this working relationship with KC (as I was still greatly affected by what I had witnessed the night I removed her child from her care), I truly believe that had we not had this collaboration, KC would not have shared that realization.

Principal 4: Work towards the long-term empowerment of service users

Following KC's disclosure that she knew her child was not safe with her, questions surrounding what her hopes for her and Johnny's future were asked. KC advised me that she hoped to still be able to be a part of his life, but not be responsible for his day-to-day care. I asked how this would look if she could wave a magic wand and make it so. KC informed me that because she did not have any family or safe friends, she would want Johnny to stay in his current foster home and be able to visit with him every Thursday evening. She stated that she would like to give legal guardianship to the foster parents, but would still like to be able to talk to him on the phone when he was older, as well as spending some time with him on special occasions such as his birthday, Christmas and Easter. I advised KC that I was hopeful and optimistic that we could work together to help her realize her dream.

Principal 5: Create community

Over the next two months, KC developed a solid plan that gave legal guardianship of Johnny to his foster parents, but also allowed her physical and phone contact, as well as visitation rights during special occasions. The foster parents were supportive of KC's plan, and encouraged her participation in their home, inviting her over for dinners, introducing her to Johnny's day care staff and continuously giving her pictures of him. KC really appeared to flourish during this time, and it appeared that she was able to have a meaningful relationship with her son that was safe for him and joyful for her. Additionally, KC and the foster mother in particular developed a

strong, nurturing relationship, and it appeared that KC really looked to her for guidance, both in regard to parenting, but more importantly in regard to her life. It seemed that Johnny was not the only one who gained a new family, and in fact it appeared that KC got the mothering relationship she always longed for.

In the meantime, KC continued to seek treatment for her drug addiction, took two parenting courses and secured herself a part-time job. KC followed through with my suggestion that she consider participating in a support group for teenage mothers who have no longer have their children in their care; however, after three weeks of participating, she decided that it was not for her. She advised me that all the teenagers were blaming the social worker for removing their children and she was beyond that, offering "I was the reason why you took Johnny away, and he and I are better because of it."

Although not perfect, the strength-based perspective really proved to be beneficial with this family. Not only was I able to develop a meaningful working relationship with KC, but I was able to convince her and myself that change was possible and that strength could be found in horrible situations. I believe that because of this approach KC felt empowered enough to realize her limitations, share her hopes for the future, develop a plan to realize these dreams and be successful at reaching them. Interestingly enough, I ran into KC in early December (a little over two years since our first meeting that tragic night), and she advised me that she was attending school, had a part-time job and was still seeing Johnny on a frequent basis. She noted that she still had work to do in regard to her partying and drug and alcohol use, but that she did not beat herself up for it because "I have come a long way." I congratulated her on her continued success and encouraged her to keep up the great work. I then returned to my car and again burst into tears. I was both happy and sad; happy because she was doing so well, but sad because of the horror that Johnny's first eight months of life were.

My critical reflection experience – lessons learned

Although extremely difficult, I have come to appreciate how beneficial the critical reflection experience has been to me in regard to this situation. In some ways I feel

like I have forgiven myself for responding like a normal human being (crying in the face of tragedy), allowing myself to really explore and discover what the true underlying issues were. As I expressed earlier, I have now accepted with open arms the fact that I am a sensitive, emotional social worker, and that I will no longer participate in reinforcing the notion that a “good” or “real” social worker does not cry. The critical reflection process has provided me with an increased level of self-awareness, and I am absolutely certain that I will utilize this process again in situations that arise in both my professional and personal life. This method of learning will allow me to make better decisions, resolve dilemmas and hold myself accountable. Without a doubt, this experience has influenced my practice for the better, and I am completely committed to furthering this improved practice by an ongoing critical reflection of my learning experiences.

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