

THE HEALTH AND SAFETY OF CHILDREN LIVING IN
MARIJUANA GROW OPERATIONS:
A CHILD WELFARE PERSPECTIVE

by

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ABSTRACT

This dissertation examines the health and safety of children found living in marijuana grow operations in two key regions in British Columbia, and how child protection workers have been drawn into this phenomenon. Data was collected on the physical and health characteristics of the grow operation homes, as well as on the prescription drug history of children living in grow operations and a comparison group of children from the same geographic areas. In addition, three document sources were examined as they relate to marijuana grow operations, and in particular, the child welfare response: *Hansard* and legislative debate surrounding Alberta's Drug-endangered Children Act (2006); the British Columbia Ministry for Children and Family Development *Fact Sheets: Child Protection Issues and Illegal Drug Manufacturing*; and relevant articles published in select newspapers between 2004 and 2006.

This study found that there was no significant difference between the health of the children found living in marijuana grow operations and the comparison group of children, based on their reported health at the time, and their prescription history. The document analysis revealed sharp distinctions between the legislation and policies that direct social work practice with grow operations in British Columbia and the neighbouring province of Alberta. Finally, although concerns about the health and safety of children living in grow operations legitimizes social work intervention, these concerns do not appear to be key factors in the social work decisions to remove children from their parents' care.

TABLE OF CONTENTS

Abstract.....	ii
Table of Contents.....	iii
List of Tables.....	v
Acknowledgements.....	vi
Introduction.....	1
The Marijuana Grow Operation Phenomenon.....	1
Research Rationale and Focus.....	1
Research Questions.....	2
Theoretical Framework.....	3
Background and Role of Researcher.....	3
Literature Review.....	5
Toxic Environments.....	5
Situating the Problem in the Context of Child Welfare History.....	8
Moral Concerns.....	16
Neglect.....	19
The Poverty-Neglect Connection.....	23
Recourse to Medicalization.....	29
Liberalism, the Family, and the Child.....	35
Child Welfare or Child Protection?.....	40
Deviance and Society.....	43
Immigration, Marginalization, and Criminalization.....	44
Towards a Conceptual Framework.....	48
Child Welfare and the Grow Operation Industry.....	54
Ideologies.....	54
Inquiries and the Media.....	58
Social Work Practice with Grow Operations.....	60
Situating the Grow Operations.....	63
Theoretical Framework.....	66
Ecological theory.....	68
Social constructionism.....	72
Method.....	75
Mixed Methods.....	75
Quantitative Analysis.....	77
Research design and method.....	77
Sampling.....	79
Data analysis.....	80
Data interpretation.....	81
Study Variables.....	81
Outcome variables.....	81
Independent variables.....	82
Household characteristics.....	82
Limitations of dataset.....	92
Analyses.....	92

Qualitative Analysis.....	93
Discourse analysis.....	93
Methods.....	94
Sampling.....	95
Results.....	98
Quantitative Research.....	98
Sample characteristics.....	98
Household characteristics.....	100
Child health characteristics.....	101
PharmaNet.....	102
Child maltreatment outcomes.....	107
Removal of children.....	110
Discourse Analysis.....	115
The Drug-Endangered Children Act.....	115
MCFD Fact Sheets: Child Protection Issues and Illegal Drug Manufacturing.....	123
Newspaper articles.....	129
Discussion.....	135
Quantitative Data.....	137
Political Discourse and Public Policy.....	147
Implications for Future Research.....	152
References.....	154
Appendices.....	182
Appendix A.....	182
Appendix B.....	184
Appendix C.....	186
Appendix D.....	187
Appendix E.....	200

LIST OF TABLES

Table 1	Theoretical Importance of Independent Variables	89
Table 2	Drug Frequency by Drug Type	105
Table 3	Drug Frequency of All Grow Operation-Related Drugs	106
Table 4	Case Dispositions in Marijuana Grow Operations	108
Table 5	Child Maltreatment Outcomes	109
Table 6	Disposition after Removal	110
Table 7	Health-Related Conditions and Child Removal	111
Table 8	Health-Related Conditions and Child Removal (Presence of Supports Added)	112
Table 9	Crime-Related Conditions and Child Removal (Including Arrest of a Parent)	113
Table 10	Police Arrests and Child Removals by Region	114
Table 11	Frequency of Key Themes in Newspaper Articles (by Province) June 2004 – August 2006	134
Table 12	Frequencies Summary by Grow Operation	184
Table 13	Frequencies Summary by Child	186

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INTRODUCTION

The Marijuana Grow Operation Phenomenon

The controversy over marijuana and its production, distribution, and use is well known in Canada and especially in British Columbia, where connections are made to gang wars and murders amidst demands for the decriminalization or legalization of the drug. Indoor marijuana grow operations have become an increasing problem in British Columbia, receiving significant attention from the media, policing agencies, and government. Aside from the criminal justice perspective, police and child protection workers have become concerned about the presence of children living in homes where there are marijuana grow operations. There are a number of physical hazards that exist in these homes, as well as environmental conditions that potentially pose a threat to the health of individuals living there, especially children.

For the purposes of this dissertation, the terms grow operation, grow operation family, grow operation parent, and grow operation children, will refer to the phenomenon of indoor marijuana grow operations that exist in family homes in urban and rural communities, and that are operated by the families as a source of income.

Research Rationale and Focus

For over a decade, child protection workers have been faced with the task of assessing the risk to children found living in marijuana grow operations. The professionals involved in investigating such homes have raised concerns for the health and safety of the children living in them, as there are numerous physical and health risks inherent in these environments.

Illegal wiring, hydro bypasses, chemicals and pesticides, mold, and compromised air quality are all factors that contribute to these concerns.

Grow operations are home-based industries that range from small, family-run businesses to larger-scale operations where families grow marijuana in multiple dwellings. In Canada, indoor marijuana grow operations are becoming increasingly problematic, and the number of stakeholders involved in addressing the problem is growing. The child protection worker's focus on the safety of the children often overlaps the roles of other professionals, who are all attempting to deal with their part of this emerging phenomenon. It has been this researcher's experience as a child protection social worker that the children found living in these homes present with respiratory problems and dermatological disorders, and that the child welfare response to these children is inconsistent.

This research will examine the rationale for child protection interventions with families found living in marijuana grow operations, based on the assumption of risk in the presence of probable medical harm.

Research Questions

This research involves an examination of the health and safety of children found living in marijuana grow operations in Vancouver, British Columbia, a large urban centre, and the neighbouring Fraser Region, which consists of both smaller urban areas and rural communities. To date, there has been no accurate data available on the numbers of children living in marijuana grow operations, the conditions under which they are living, or the outcomes of social work intervention. This study will provide demographic data on these

children and their reported health, and will examine the factors that influence the child welfare decision-making. Policy and media documents will subsequently be examined to assist in understanding the role of child welfare with children and families.

This research will consider the following two sets of interrelated questions:

1. What are the environmental and health risks for children living in marijuana grow operations, and what is the frequency of these risks? Are the children in these homes unwell?
2. What historical and socio-political factors have contributed to the grow operation phenomenon being seen as a child welfare problem? How and under what conditions is current child welfare policy being applied?

Theoretical Framework

This research draws upon ecological theory and social constructionism as the key theories that contribute to an understanding of the marijuana grow operation phenomenon as it relates to child welfare practice and policy. These theories have guided the methodological choices used to further explore this phenomenon.

Background and Role of Researcher

I have worked in the field of child protection for more than twenty-five years, and have been directly involved with families and children living in marijuana grow operations for over a decade. In the hundreds of grow operation homes I have visited, I have seen firsthand the hazardous site characteristics and the immediate consequences that these families experience

as a result of police and child protection intervention. It is my position that children have a right to be protected from harm, and that child welfare authorities need to step in when parents are unable to do so.

With respect to this research, I personally collected the data on approximately 50% of the families in this study, as I was responsible for investigating the child maltreatment concerns. My social work practice and decision-making was in keeping with current policy in Vancouver, and was not altered to accommodate the research.

LITERATURE REVIEW

Toxic Environments

The physical risks of indoor marijuana grow operations have been well documented by police and related agencies who are involved with grow operations on an ongoing basis (Plecas, Malm, & Kinney, 2005; RCMP, 2002). Various stakeholders share concerns about grow operation risks, including both public and private agencies who are either mandated through legislation, or are driven by the fiscal consequences to their systems (Plecas et al, RCMP). These persons include police and fire officials, child protection agencies, hydro investigators, insurance companies and real estate boards, as well as advocates for marijuana grow operations wanting to reduce the risks for themselves.

Police and criminal justice have provided the most detailed information regarding the risks of marijuana grow operations. Although their focus is primarily on the criminal activity, they also report on the risks to the public. In its November 2002 report, the Royal Canadian Mounted Police noted that:

there were hazards to police officers, to people living in homes or working there, to the premises and to the environment. There were some instances where small children were living virtually surrounded by marijuana plants, toxic gases, dangerous chemicals, high voltage lighting, bare wires and toxic molds. (p.11)

Child protection workers have been involved with the children and families found living in marijuana grow operations for over a decade, as there are concerns about the multiple risks these homes present to children. In addition to the more obvious physical hazards in these

homes, such as illegal wiring and propane, there are also the less visible and invisible health factors that pose an equal or sometimes greater risk to persons exposed to them. It was these site characteristics and the presence of prescription medications for dermatological and respiratory disorders in the homes that determined the focus of the literature review. The results of the literature review led back to the physical health conditions and informed the variable selection.

Concerns about indoor air quality and its subsequent effect on health have been increasing over the past few decades. The warm, moist environment that is created to produce optimal growing conditions for the marijuana also creates optimal growing conditions for mold. The relationship between indoor air quality, including the presence of mold and fungal spores, and respiratory problems in children has been well documented in the research literature (Garrett, Rayment, Hooper, Abramson & Hooper, 1998; Freeman, Schneider & McGarvey, 2003; Pettigrew, Gent, Triche, Belanger, Bracken & Leaderer, 2004).

In addition to the poor air quality and mold present in the grow operation homes, fertilizers, chemicals and pesticides are applied to the plants to encourage their growth and to eliminate the spider mites that are a threat to the health and survival of the marijuana crop. Carbon dioxide emitted from gas furnaces and hot water tanks is often vented back into the rooms where the marijuana is growing in order to enhance the plant growth. Despite efforts to seal off the grow rooms and keep them airtight, the gases and toxins from the chemicals make their way throughout the house, further compromising the overall air quality and reducing the healthy air intake for the developing lungs of the children.

In 2003, the Canadian Institute of Child Health (CICH) presented its position on the use of pesticides and their effects on child health, and recommended that government and families take all efforts to limit children's exposure to toxic pesticides. The CICH noted that children are more vulnerable to health threats from environmental hazards than adults. Children's bodies are less able to detoxify contaminants, they have more hand-to-mouth contact that makes them more likely to ingest contaminants, and they are closer to the ground and therefore more vulnerable to health threats from environmental hazards than adults. Their bodies and organs are growing and developing quickly, and the effects of toxic substances may not become apparent until long after exposure (CICH, 2003; Fassa, 2003). In addition, there are concerns for the susceptibility of the younger children as they are not in school and therefore spend more time in the home environment.

CICH advocates implementing and using the precautionary principle to better protect the health of children. It states, in summary, that where there is some evidence of serious harm, final definitive proof should not be necessary before action is taken to protect human health (CICH, 2003). This concept is not new, and has historically been used in risk management. This precautionary principle shares similarities with current child welfare legislation that includes likelihood clauses with respect to child risk. Environmental Defence recently published their report, "Polluted Children, Toxic Nation" (2006), which examined the chemical contamination of a sample of youth in Canada. In response, the federal government and Health Canada announced plans to support environmental studies, including those examining air quality and toxic and hazardous materials.

Although there are no empirical studies to date that specifically examine the physical and health risks in marijuana grow operations, the literature evidences that the conditions found in grow operation environments would pose health risks to the people living there. This literature is based on knowledge and research about similar environments and their impact on health. It was therefore anticipated that children living in marijuana grow operations would have higher rates of respiratory and dermatological disorders than children who did not live in a grow operation.

Situating the Problem in the Context of Child Welfare History

Any examination of twenty-first century child welfare practice needs to include an examination of the historical contexts wherein social work came to be vested with the mandate to address current and emerging social problems. In order to fully develop a theoretical perspective on child welfare, it is important to first consider the larger social, historical, political and economic circumstances that have contributed to the theory and practice of child welfare. In the absence of data on the children living in marijuana grow operations, it is necessary to examine how society and professionals have responded to the emergence of other forms of child maltreatment over the centuries.

The discourse on the rights and responsibilities of parents towards their children dates back to the English common law of the 1200s. Children were seen as the property of their parents, although there was an expectation that parents would provide their children with maintenance, education, and protection. There was no concept of childhood as it is known today, and children were often put to work as young as four years of age (Frost & Stein, 1989). This pre-modern era was dominated by the beliefs that power and truth were derived

from external authorities, such as the Bible or Gods; that the world was pre-ordained; and that people had no control over their own destiny. There was little or no government involvement in individual lives (Davies, Howe & Kohli, 1999).

In Britain by the sixteenth century, famine, changes in the dedication of lands for farming, and rapid population growth all contributed to an increase in poverty and homelessness. Legislators of the time were concerned that the landless peasants, who were unable to locate new ways to support themselves and their families, were a threat to the social order (Dingwall & Eekelaar, 1988). The English Poor Laws of the early 1600s established the beginnings of a welfare state, providing poor relief and apprenticeships to child and adult paupers. Parishes had the authority to remove children from their homes when their parents were deemed vagrants or destitute, or were deceased, and the children were apprenticed to a trade. The concerns were more for the moral socialization of these children than for their immediate welfare (Dingwall & Eekelaar). There was a recognition that the maltreatment of children had public implications, and that intervention was not purely for the children's sake, but also for the sake of what they might grow up to become (Dingwall & Eekelaar). Although distinctions were made between the 'deserving' and 'non-deserving' poor, there was a recognition that poverty was caused by economic disruption and the failure of social forces to protect people (Philp, 1979; Frost & Stein, 1989; Halpern, 1999; Swift, 1995). The nature and function of government was to protect and enhance the rights of its citizens, and the welfare state emerged with the understanding that the government was responsible for public good (Fook, 2002). The term 'welfare state' infers that the social policies in effect actually enhance the welfare of its citizens (White, 2000). The responsibility for assessing and delivering services to the poor, indigent, mentally ill, and physically handicapped rested

at first with the Church, but in later years moved to other charity organizations, and institutions, often urban based (Leiby, 1978).

By the eighteenth century, the move towards the period of enlightenment and modernity represented a radical shift from pre-modernism thinking. This shift was in response to the cluster of social, economic, and political systems that emerged in the West during this period (Parton, 1996). People were now being seen as having power over their lives, as making rational decisions, having the right to self-determination, and accepting the notion that God was no longer the ultimate authority (Davies et al., 1999). This period had its tensions between the ideals of liberty and equality, and the right for individual privacy and freedom when intervention was needed to protect the disadvantaged, especially the children (Davies et al.). The determinism of destiny no longer prevailed among explanations for human behaviour. Through the expansion of science, people came to believe they could gain some control over nature (Parton). Modernity helped establish the principle that a foundation for objective, generalizable knowledge, policy and practice was a key to revealing the truths about the world. Rationalism, based on scientific research, historical experiences, and explanations, would assist in advancing the whole of society (Parton; Fook, 2002).

Industrialization in the eighteenth and nineteenth centuries resulted in poor and working class children being apprenticed in factories, mines, and workhouses (instead of farms), where conditions were unsafe and detrimental to the children's health (Frost & Stein, 1989). Driven by concerns from the medical profession, there was a growing recognition that children had needs that were different from adults. Legislation was passed in Britain and North America to inspect factories and mills, and to regulate working conditions and hours (Parton, 1985).

However, concerns about children were not restricted to risk from their employment. According to Swift, neglect first came to light in Canada with the “poverty and abandonment of large numbers of children in the early years of industrialization” (1995, p. 39). Other social problems connected to migration and poverty, such as drunkenness and family disruption, also emerged during the periods of industrialization and urbanization. These problems resulted in increasing state intervention into families and their ‘private’ matters (Dingwall & Eekelaar, 1988; Clarke, 1993).

With continued urbanization and industrialization in the early nineteenth century, new beliefs emerged. Parental neglect and the spread of vice were seen as factors that contributed to deviant behavior in children. The end of that century saw the emergence of a child-saving movement focused more on humanitarian beliefs and child welfare than on punishment, which was more fitting with a medical therapeutic analogy (Conrad & Schneider, 1980). Stack and McKechnie (2002) noted that child welfare’s emerging role during the Industrial Revolution was to aid in the regulation, not elimination, of children’s work, as child labour helped ensure the survival of pauper children (Pierik & Houwerzijl, 2002). However, as a result of this regulation, the sole autonomy afforded to parents in raising their children became subject to laws and regulations (Stack & McKechnie).

With the eighteenth century emergence of liberalism as a social theory, the idea of a sovereign state was abandoned in favour of a society based on the exercise of freedom (Leiby, 1978; Parton, 1998). There was an overall goal of social control and the maintenance of order to ensure social reproduction and future generations, but it was expected that this would be achieved without government interference. It would be the responsibility of society

and its members to regulate each other's conduct and to work toward common goals (Dingwall, Eekelaar, & Murray, 1995). Liberalism saw social order being achieved through a series of free contracts between individuals deemed responsible and accountable for their actions; the limited role of the state was to ensure that the conditions existed to enable these free contracts to be made (Dingwall & Eekelaar, 1988; Dingwall et al.). There was a residual notion of the state that encouraged individual initiative over government involvement, and that the state should be both limited and guided by the natural rights or civil liberties of its citizens (Leiby).

This view of liberalism was subject to constant re-negotiation, and by the turn of the nineteenth century, the liberal state was being threatened. The recognition of social causes of pauperism gave rise to discourse on the rights of the poor to welfare, work, and education, and together with persistent divisions with respect to living conditions, forced governments to reassess their position (Donzelot, 1979; Philp, 1979). Historically, economic oppression and the divisions caused by socio-economic classes were more significant than differences in religion, race, or gender (Tyson, 2006). Further challenges were being presented by what Parton refers to as the "re-focusing of children's services" (Parton, 1998, p. 6; Parton, 2005, p. 128). The recognition of a collective interest in the moral and physical well-being of children made some form of intervention necessary to ensure the maintenance of conditions necessary for the survival of society as it was known. Parents could not have unrestricted liberty in their child-rearing practices, yet the government did not operate in a surveillance capacity in a liberal state (Dingwall et al., 1995). The problem that faced government was how to create a legal basis for the power to intervene into the private sphere of the family, and to protect children without undermining the family and converting its members into

clients of a sovereign state (Parton, 1998; Parton, 2005). Dingwall, Eekelaar and Murray (1983) argue that for liberalism, “the unresolved problem is how child rearing can be made into a matter of public concern and its qualities monitored without destroying the ideal of the family as a counterweight to state power, a domain of voluntary self-regulating actions” (p. 214-215).

In the latter half of the nineteenth century, orphanages and training schools were created to remove children from almshouses, poorhouses, and workhouses (Wharf, 1993). Riis (1892) described that the children were “ragged and dirty and poor, and were often immigrants” (p.187). Drunkenness was frequently cited as the root of family problems. Prevention and treatment consisted of separating abused children from further harm and finding shelter for them (Kempe & Helfer, 1976). Middle and upper class members of religious and charitable groups led the ‘child-saving’ movement, with a goal to protect society from social unrest and to rescue and teach the city children proper behaviours. The child-saving movement blamed parents for the family’s problems, and focused on moral shortcomings as the factors that placed children at risk, rather than on the social and economic conditions of the times (Frost & Stein, 1989; Parton, 1985; Wharf).

The state needed to find a way to protect the health, development, and rights of the weak and dependent, including the children, without compromising the rights (and responsibilities) of the family to provide for their own with some degree of privacy. Social work appeared as the profession to perform this function, to be the point between the state and the family (Parton, 1998). Social work had an ambiguous and uncertain role in relation to the state, and this formed an integral part of social work’s origins (Lovelock & Powell, 2004).

Legislation aimed to protect children was in place by the late 1800s, and the government now had the authority (and responsibility) to intervene with families and remove children if necessary where there were concerns about maltreatment or immoral behavior. Philanthropy played an important role in the work with the poor by bridging the gap between public and private interests, and provided a way to address public organizational concerns by working in alliance with the state (Dingwall & Eekelaar, 1988; Donzelot, 1979).

By the end of World War II, governments had assumed a major role in providing protection and financial assistance to the unemployed, the poor, the elderly, the children, and vulnerable families (Burnett, 2004). Child maltreatment was one of the first socio-political causes of the 1960s. Concerns about cruelty to children came at the end of centuries of crusading against other causes such as slavery, child labour, and cruelty to animals (Hacking, 1999). By the latter half of the twentieth century, the social, economic, and political systems that emerged with the era of modernity had changed. The welfare state was dying, public structures were undergoing major transformations, and privatization was the buzzword in every government building (Fook, 2002). The sovereign state was no longer sustainable, and support was waning from those who challenged traditional knowledge and ways of thinking.

There was no longer confidence in an expert, science-based approach to the economic, social, and human problems that face societies (Parton, 1996; Fook, 2002). Post-modern thinkers recognized that the world has different cultures, experiences, and perspectives that are relative to time and place, and that truth should only be viewed in context, if at all (Davies et al., 1999). This pluralistic position of post-modernity dictates that there are no universal standards or laws by which we can understand nature, human behaviour, or society, as all

phenomena are transient in their substance or our understanding (Davies et al; Parton). Post-modern thought criticizes grand theories and argues that the world needs to be understood in partial, specific, and local ways (Watson, 2000), as the way we talk about our social worlds and the frameworks we use for understanding them also constructs them (Fook).

Several themes have historically been present in child protection. The recognition that parents have both a responsibility and a right to raise their children as they see fit was fundamental to the development of child welfare (Azar, 2002; Turner & Turner, 1986). However, the importance of, and respect for, family privacy was balanced against a generalized impatience with the perceived failings of poor and immigrant families, which included removing maltreated children from their homes and communities and placing them in government approved facilities (Larner, Stevenson & Behrman, 1998).

The current response to child maltreatment has involved the creation of regulatory agencies: child protective services that exercise the power of the state to intervene with families where children have been abused or neglected, or are at risk of being abused or neglected (Dingwall & Eekelaar, 1988). It is the allegation or evidence of maltreatment that allows for the government's intrusion into the affairs of the family (Larner et al., 1998). However, social work will always have an ambiguous and uncertain role in relation to the state, especially when services are delivered through bureaucracies where sensitive family issues are judged by rational and objective systems (Swift, 1995) operationalized through less than sensitive proceduralism (Parton, 1998).

Moral Concerns

Moralization is defined as the acquisition of moral qualities by objects and activities that were previously morally neutral. Something falls under the moral domain if the term ought, or ought not, applies to it (Rozin, 1997, p. 380). Moralization occurs either through moral piggybacking, where an existing moral principle is applied to a new object or activity, or through moral expansion, where a new moral domain is created. In both of these cases, moralization occurs through either an affective route (the emotional impact and understanding of the situation), and/or the cognitive route (based on principles and data) (Rozin). Moralization was an important motive in the early days of social work (Donzelot, 1979). Early philanthropists and charity workers used moralization as a tool to encourage poor families to rise above their moral failures. There was a belief that poverty was linked to moral failure, and financial assistance was only provided to those who could prove their circumstances were not a result of their own doing.

In the nineteenth century, moral campaigns against child cruelty focused on saving children from the factories and other environments associated with child labour. The large numbers of children living away from their families and working in factories and mines posed a threat to rural and family life. The workplaces were seen as an evil to children as there was potential for physical and moral harm, and because parents were not able to protect their children outside of the home. As well, violence in the family, which had been largely ignored until the mid-nineteenth century, was no longer being socially constructed as normal. Yet little was done to prevent such violence, Piper (2005) points out, as “interfering with parents’ rights was at that time constructed as a greater evil than that of child abuse” (p.18).

Moral campaigns against children's suffering were intended to protect and rescue children from harmful situations, to prevent abuse, and to punish those who offended. These interventions were authorized by the moral justifications of the times based on the definitions of the child's needs, welfare, or best interests (King, 2005). How these moral campaigns have come to be interpreted today is dependent on the definitions of 'evil actions' and the reasons for a focus on any 'evil' at any point in time. For example, a Marxist approach would shift the focus from individual blame for the problem to consider the broader economic and social conditions that contributed to child labour, while a Foucauldian approach would focus on time-and-place discourse (Piper, 2005). It is the nature and influence of morality and purported moral truths and how they are constructed that are relevant to the actions chosen and subsequent outcomes (Piper).

During the 1970s and 1980s, most Western child welfare policies moved away from making decisions about children's alleged needs on the basis of social or moral judgements, and instead grounded interventions in the notion of "tangible risk of significant harms to children" (Carney, 1999, p. 58). With this movement came the gradual end of the inclusion of explicit morality considerations in child maltreatment practice. Considerations of moral danger and its impact on the child, legacies of the English Poor Laws, had long been criticized for their subjective nature and narrow interpretations of cultural values (Carney).

Contemporary child welfare services are more likely to rely on the distinctions between right and wrong that are offered by more secular systems regarded as authoritative in matters of concern to child welfare (King, 2005). Even still, the underlying principles and values must be agreed upon before policies and legislation can be created (King). In British Columbia, the

Child, Family and Community Service Act (CFCSA) (1996) has its guiding principles woven throughout the legislation and must be considered at all critical points in the child protection process. The child's needs, welfare, and best interests must all be incorporated in the assessment. The abstract concepts of vice and virtue need to be applied to child maltreatment in the form of actual harm and benefits to children (King).

Moral principles need to have practical application, and it is the political arena that will dictate how they are played out, taking into consideration the roles of state, family, class, and distributions of wealth and power. When the moralization of a phenomenon gains sufficient attention or is being driven by powerful or influential members of society, government and major institutions often align with influential stakeholders, thus quickening the pace of further moralization. Through their support, the media, laws, courts, charitable institutions, universities, and granting agencies can all have a role in advancing the spread of the moral positions (Rozin, 1997). In Western cultures, perceived harm to children is a powerful mobilizer of moral forces, as these cultures have a strong emotional reaction when helpless, dependent, and defenceless children are harmed. Moralization is also made easier if the group primarily associated with the phenomena is already stigmatized, marginalized, or is a minority group (Rozin).

Social work ideology no longer considers the mores of parents in child welfare assessments, and those involving marijuana grow operations are no exception. However, it is not the crime of growing marijuana that is the child welfare problem; it is the associated dangers that this activity presents for children. The former can be seen as a moral problem; the latter should not. It is this disconnect that partly contributes to the ambivalence that child welfare

practitioners face when dealing with marijuana grow operation families. The question that confronts the practitioner is whether parents' exposing their children to potentially harmful toxic environments constitutes a form of neglect, specifically the neglect of the children's need for a safe, healthy environment.

Neglect

There has been a lack of attention to the development of theory in the area of neglect, contributing to the difficulties in establishing neglect definitions (Crouch & Milner, 1993). In her argument for more research into neglect, Azar (2002) states, "etiological theories specific to neglect continue to lag behind (other forms of maltreatment), perhaps because of the heterogeneity of the behaviors under this label and the socio-political issues that surround behaviors so closely linked to poverty" (p. 368).

Child maltreatment has experienced numerous shifts in the past half-century, starting with the discovery of the 'battered child syndrome' in the 1960s, and a focus on childhood sexual abuse in the 1970s. Prior to this, neglect was the focus of intervention into families to protect children, and today it remains the largest category of maltreatment (Parton, 1995; Roy, Black, Trocmé, MacLaurin, & Fallon, 2005; Stone, 1998; Swift, 1995; Turney, 2000; Wolock & Horowitz, 1984). Research dating back to over twenty years ago has shown that not only is neglect more prevalent than abuse, but that it is equally as serious; both forms of maltreatment are related to poverty (Wolock & Horowitz). By most definitions, neglect involves an omission on the part of a parent, a failure to provide or protect, that leads to a child's harm or endangerment. Parental responsibility and blame are at least implicit in most legislation. Narrow and 'blaming' definitions of neglect restrict our ability to fully

understand the problem; however, they are easier to operationalize and implement, especially in a bureaucratic system (Dubowitz, Black, Starr & Zuravin, 1993).

Although neglect is a heterogeneous set of (mostly) chronic and long-term events ranging from lack of supervision to poor hygiene (Dubowitz et al., 1993; Azar, 2002; Pecora et al., 2000), the specific acts that are considered neglectful are based on community values and standards, social policies, and professional expertise (Garbarino & Gilliam, 1980; Garbarino & Eckenrode, 1997). In British Columbia, the CFCSA speaks directly to the problem of neglect, but child protection action requires that there be physical harm or likelihood due to the neglectful acts of the parents (Child, Family and Community Service Act, 1996). It is the introduction of potential harm as criteria for intervention that raises controversy (Dubowitz et al.). In the absence of confirmed medical evidence with grow operation children, it is the ‘likelihood of harm’ clause that provides the justification for social work involvement and investigation, and not a determination of intent to harm.

Establishing that a parent intended to neglect his or her child is not a necessary requirement to determine that neglect is occurring, or that some form of protective intervention is necessary; however, intent is a critical factor in determining the nature of the intervention (Daniel, 2005, Dubowitz et al., 1993). Stevenson (1998) argues for the difference between sustained and chronic neglect that cause harm to a child’s development, and ‘one of’ acts of omission which ordinary good parents sometimes commit (p. 3).

Although some policies and practices include in their definitions of maltreatment the community’s standards concerning the treatment of children (Garbarino & Eckenrode, 1997), a conflict arises when the practices of one community differ from that of the dominant

community. Parents look to the group they most identify with for standards on roles, parenting, and acceptable behaviours (Azar & Benjet, 1994). Grow operation families are part of a close network of other grow operation families, most of who are raising their children under similar conditions and lead similar lifestyles, a practice that is not generally acceptable to persons outside of the industry. However, there are also concerns when families are not connected to a social network, as neglect has been associated with social isolation of a family within its community as well as decreased contact with its relatives (Giovannoni & Billingsley 1970; Polansky, Ammons & Gaudin, 1985). As is the case with poverty, social isolation may not cause neglect, but it certainly does not help the problem (Polansky et al.).

Parton examined a number of studies in Britain and found that although neglect cases were the most frequently reported, they were the least likely to be substantiated or to receive services, even in light of increasing poverty and deprivation (Parton, 1995; Stone, 1998).

Despite this finding, neglect remains under-researched and not subject to the same degree of critical and conceptual analysis as other forms of maltreatment (Turney, 2000).

Neglect maintains a lower profile in the public eye, possibly because it generally presents as a long-term developmental issue rather than a crisis (Buckley, 2005; Stone, 1998). The media tends to focus on child abuse rather than the more pervasive, but less newsworthy, neglect.

However, Tanner and Turney (2003), in their review of the literature on child neglect, found a recurrent theme through the different studies and approaches that supported the belief that neglect *does* significantly and negatively affect children's lives, thereby supporting their own argument that neglect needs to be seen as an issue of concern in its own right and not as an adjunct to a more 'serious' incident of another form of maltreatment.

Stevenson (1998) argues that a definition of neglect needs to include more than physical matters “as children’s needs do not come in strictly divided compartments” (p. 5). There is an assumption with neglect that multiple domains of the child’s life are affected, as neglect can be equally or more damaging to a child’s overall development than many other forms of maltreatment. It is the impact that the maltreatment has on the child’s development that must be given careful consideration when determining risk (Wolfe, 1993). A determination of neglect needs to include an understanding of the needs of a child, the degree of dependency on others to meet those needs, and how the neglect has prevented these needs from being fulfilled (Dubowitz et al., 1993). It must also take into account the social, cultural, and historical context of the times (Golden, Samuels & Southall, 2003).

As a form of maltreatment, it is difficult for neglect to compete for workers’ time and resources against the more immediate, and often seen as higher risk, physical and sexual abuse cases. Neglect is a chronic form of maltreatment that results from an omission of care, rather than a commission, and does not often have a trigger event to mobilize a response. This should not, however, negate the impact that neglect has on the child’s development in all areas of functioning, nor delay the response and assessment of needs (Tanner & Turney, 2003). Although chronic neglect is unlikely to be mono-causal, the experience of grow operation children may mark an exception. Although there is a trigger event that brings these children to the attention of child protection services (and law enforcement), except in rare circumstances the physical state of the grow operation as the site of parenting is the only contributing factor to the neglect of the children.

The Poverty-Neglect Connection

Poverty is associated with all forms of child maltreatment, especially neglect (Dubowitz et al., 1993; Halpern, 1999; Pecora, Whittaker, Maluccio, Barth & Plotnick, 2000). As presented at the beginning of this paper, the origins of child welfare were rooted in a response to poverty and social displacement. It is the neglect-poverty connection that needs to be presented in order to establish the need for a new framework for considering the neglect-grow operation phenomenon.

Dating back to the late 1960s, national research conducted in the United States by Gil (1970) found a higher incidence of maltreatment in families with socio-economic deprivation, and noted that nearly 40% of the families reported for maltreatment were on some form of public assistance. Gil discussed the possibility of an over-reporting bias for poor people, but also acknowledged the stresses of socio-economic deprivation. In the 1970s, child maltreatment was being seen as a disease or illness that afflicted individuals and families regardless of their socio-economic class (Pelton, 1981; Pelton, 1989).

In 1970, Giovannoni and Billingsley conducted a study on poor families that were deemed either neglectful or adequate by child protection services. They found that the majority of the neglectful families were headed by a female single parent, and that these families had more children, more stress, fewer material resources, less supportive relationships with friends and family, less knowledge of supports and resources and how to access them, and were less able to accept the dependency needs of young children. Even though all the families in the study were poor, there was a higher rate of extreme poverty among the neglectful parents (Giovannoni & Billingsley, 1970). The researchers' discussion implies that poverty exposes

parents to increased stresses that may negatively affect their ability to adequately care for their children. However, they did see the problem of child neglect among poor people to be as much a result of social conditions as it is of any individual's pathology (Giovannoni & Billingsley).

Children from poor and low-income families are extremely over-represented in the incidence of child maltreatment, although the majority of poor families do not abuse or neglect their children (Azar, 2002; Wolock & Horowitz, 1979). In the United States, 40% to 50% of child maltreatment cases occur within the 15% of families who live below the poverty line (Pelton, 1994). In a national maltreatment study in Canada in 2003, neglect was the most frequently investigated primary category of maltreatment, and 34% of the families for whom neglect was substantiated were receiving some form of social assistance benefit or unemployment insurance, a percentage higher than in any other category of substantiated maltreatment (Roy, Black, Trocmé, MacLaurin & Fallon, 2005). In 1981, Parton noted that many writers on child maltreatment took the position that its prevalence was spread randomly across all social classes, despite the high percentage of children from the lower socio-economic range being reported for maltreatment, and the maltreatment being substantiated (Parton, 1981; Wolock & Horowitz, 1984).

Children are dependent on others, and those who live in poverty due to their family's economic circumstances are often denied their basic needs of food, clothing, and shelter (Brooks-Gunn & Duncan, 1997). These families are subject to greater surveillance by social workers as they have a greater reliance on publicly funded systems such as housing, health care, and child care (Frost & Stein, 1989). Their neighbourhoods are often lacking in social

resources, and their neighbours have little to give in terms of support (Garbarino, 1981).

Poverty not only increases the likelihood that children will be maltreated, but child protection workers are more likely to follow up accusations against poor families than wealthier families (Larner et al., 1998; Pelton, 1994).

In his 1981 article, *Child Abuse and Neglect: The Myth of Classlessness*, Pelton challenges authors and researchers who say that child maltreatment occurs at equal rates across all social classes. He directs the reader to the substantial evidence that shows a strong relationship between poverty and child maltreatment, much of which is referenced here. There are arguments that poor families are disproportionately represented among child protection agencies, because poor families are more visible and subject to greater scrutiny by the public, police, and agencies, not because they have higher rates of maltreatment occurrence (Parton, 1985; Pelton, 1981). Although these arguments are valid in that the poor are more subject to scrutiny, Pelton says they must be rejected for a number of reasons. First, public awareness and reporting laws have increased the number of cases of maltreatment coming to the attention of child protection agencies, yet the proportion of reports from above the lower socio-economic classes has not increased. In addition, not only do the highest incidences of maltreatment occur in families experiencing the most extreme poverty, the most severe injuries occur in the poorest of families (Courtney, 1998; Dubowitz et al., 1993; Gil, 1970; Giovannoni & Billingsley, 1970; Parton; Pelton).

With the war on poverty in the United States, there was a reluctance to acknowledge any more social problems that were connected to poverty, so keeping child maltreatment as a classless problem removed its roots from state responsibility. The myth of classlessness

resulted in diverting monies for services aimed at poverty to more general counselling services, and diverting recognition that some children were being removed from their homes for reasons of poverty, not maltreatment (Pelton, 1989). The myth (of classlessness) continues in such a way that maltreatment can be pathologized and not seen as a problem that is perpetuated by social conditions and political actions or inaction (Pelton, 1981).

Although poverty does not cause neglect, the complex and persistent relationship between the two cannot be ignored (Parton, 1995). There is a need to differentiate between poverty and deprivation as the difference has important implications for research, policy, and practice (Golden, Samuels & Southall, 2003; Parton, 1995). Researchers agree that neglect has a negative effect on children's emotional well-being and medium- to long-term development (Crouch & Milner, 1993; Kempe & Helfer, 1976). This is evidenced by impairment in children's physical and intellectual development, their school performance and peer relationships; and possibly in later-life problems such as mental illness, substance abuse, and criminal involvement (Brooks-Gunn & Duncan, 1997; Parton, 1995; Sameroff, Seifer, Barocas, Zax & Greenspan, 1987). The depth of poverty, length of time living in poverty, and timing of poverty in a child's life cycle are all significant factors in overall child outcomes (Brooks-Gunn & Duncan). However, middle-class status, quality relationships with family and friends, good support networks, and genetic factors all act as protective factors, raising the question once again as to the role of poverty and social deprivation in neglect (Parton; Schorr & Schorr, 1989).

Magnuson and Duncan (2002) supported these poverty-neglect findings, and added that cultural differences, ethnicity, and minority status must also be considered when examining

poverty and parenting. Race and ethnicity are factors that increase the chances of children being poor. In the United States in 1998, poverty among children of Asian and Pacific Islander descent was 70% higher than white children (Pecora et al., 2000). (The connections between race, ethnicity, and poverty will be discussed in more detail in the upcoming section on immigration, entitled: Immigration, Marginalization, and Criminalization.)

Poverty extends beyond the immediate impact it has on children and their basic needs. Poor children often live in poor neighbourhoods where there are fewer community resources, poorer schools, and inadequate health care facilities (Pecora et al., 2000). In examining studies on child maltreatment and poverty, Wolock & Horowitz (1979) found that the “cumulative evidence presented by the research indicates that, as one moves from intrapersonal to environmental and social factors, the researcher’s ability to explain child maltreatment increases” (p. 190). This finding supports the need to consider an ecological perspective, which will be presented in more detail in this paper.

Being a member of the lower socio-economic strata often makes it more difficult to access resources and supports (Azar, 2002). According to Garbarino (1977), the inadequacy and inadequate use of family support systems are contributing factors for child maltreatment. This was again evidenced in a two-year study of parents living in poor environments in Britain in the late 1990s, where Ghate and Hazel (2002) noted the importance of available, informal supports to poor families. Society’s interpretations and responses to poverty have concentrated on individual behavior rather than societal choices. Social workers struggle with the expectation that parents be responsible for their children’s safety, well-being, and

development, weighed against the concern that poor parents may not have the internal capacity or external supports to accomplish this (Halpern, 1993).

Although grow operation families are not generally poor, professionals argue that they would be if not involved in growing marijuana. Aside from the modifications made to their homes to support their industry, these families do not live in substandard housing, they are not materially deprived, and they usually have ample food and money. Although not necessarily socially isolated, grow operation families do restrict many of their relationships to others who are involved in the same industry. Grow operation families have a large informal support network, however these supports may be limited when it involves sharing that they have police or social work involvement. Grow operation families may not want their friends or relatives to know they have been 'caught'. They may not want to implicate their friends or relatives who may not know about their criminal activities. Considering the implications of living in poverty or escaping poverty by growing marijuana, it is easy to see why the latter may be a more appealing option. Grow operation families may engage in a moral trade-off: balancing their criminal activities with their newfound ability to provide for their children.

Child maltreatment policies and welfare reform policies operate in parallel and often conflicting manners, even though the populations served by these two systems overlap significantly. As there is a strong association between poverty and reported child maltreatment, any growth in child poverty will likely lead to an increase in child maltreatment (Courtney, 1998). The social policies created by all levels of government have a direct impact on the client population that social workers serve (Burnett, 2004); hence, government efforts to address the problem of child maltreatment must also address poverty

among children and families if there is to be any chance of success (Larner et al., 1998; Courtney). The complex and often chronic needs of the children and families that are served by child welfare systems require that intervention be targeted at different levels of service delivery, including income assistance and support from the community (Pelton, 1989; Trocmé, 1998). Such intervention is an ambitious task during times of welfare reform.

The relationship between neglect and poverty is complex, and social policy makers in our liberal capitalist state have not made a commitment to alleviate poverty or recognize the relationship between economics and child neglect by providing the necessary long-term or preventative services. Equally, social work continues to struggle to effectively argue the relationship between neglect and poverty. The resulting response is the short-term solution to both neglect and poverty that is more consistent with the liberalism and residualism that are our traditions.

Recourse to Medicalization

It is not unique for child welfare to be involved on the basis of child health concerns. As presented earlier, social work was instrumental in the child labour movement during the period of Industrialization, based on concerns for the health and development of working children. Current child welfare legislation allows for social work intervention in circumstances where children are denied medical care. The Child, Family and Community Service Act (1996), Section 13(1)(f), considers a child to be in need of protection “if the child is deprived of necessary medical care”. It provides further protection in Section 13(1)(g) by allowing intervention “if the child’s development is likely to be seriously impaired by a treatable condition and the child’s parent refuses to provide or consent to

treatment” (p. 14). This parental denial of medical care is most clearly illustrated in the example of Jehovah’s Witness families and their refusal of blood products, even in life-threatening circumstances. When these decisions to refuse lifesaving blood transfusions extend to minor children, it has been widely considered in bioethics as a “paradigm of overreaching parental authority” (Beauchamp, 2003, p. 271). However, child welfare agencies in most Canadian jurisdictions have established protocols for working with these families and communities that ensure the child’s health is not negatively compromised.

Medical justification for child welfare intervention is also evidenced in circumstances of prenatal exposure to drugs and alcohol. Child welfare collaborates with the health profession in identifying and intervening with these families to ensure the infants and children receive the necessary supports and protection (Anthony, Austin & Cormier, 2010). Parental substance abuse, both prenatal and postnatal, can have a significant impact on the health, safety and development of children, especially if left unassessed.

The origins of child protection discourse date back to Kempe and the battered child syndrome in the 1960s, where child maltreatment was seen as a disease best placed within the realm of medico-social discourse (Jack, 1997; Parton, 1985). The public and the medical community widely accepted this view, such that the medicalization of this problem legitimated intervention with abused children and their families (Conrad & Schneider, 1980). Medicalization involves a process where a non-medical problem is defined in medical terms, medical language is used to describe it, a medical framework is used to understand it, and medical intervention is used in treatment (Conrad, 1992).

Medicine as science had greater credibility than social work, largely because it could purport to have stronger empirical bases for decision-making. As with the emergence of any new social problem, its acceptance required the acknowledgment of two underlying assumptions: that there was a knowledge and truth about child maltreatment, and that it was the medical profession who should have that knowledge and truth (Hacking, 1999).

The medical model has historically focused on individual pathology, and provides the framework for responses to all forms of deviance, including child maltreatment (Garbarino, 1977). Using the medical model, child maltreatment is seen as an illness or disease; a psychological problem that indicates a defect in the person or the person's character (Parton, 1985; Wolock & Horowitz, 1984). The pathology rests primarily with the parent as the abuser, and is evidenced in the interactions with the child (Parton). Child maltreatment was seen as a social deviance, and it was important to identify and label the abuse and the abusers (Gelles, 1975). This emphasis on individual pathology does not take into account the effects of other external factors such as poverty and social deprivation, and shifts the focus of blame away from society or the government (Jack, 1997; Parton).

Newberger (1991) states that we continue to take a psychotherapeutic approach to clinical work with abusive parents, even though research indicates that psychopathology is not more prevalent among parents with whom child maltreatment is a concern than in the general population. There is nothing 'natural' about child maltreatment, and efforts to categorize it within the medical model with other illnesses or diseases have been unsuccessful as there is no evidence to support any underlying pathology that separates child abusers from the rest of the population (Hacking, 1999; Parton, 1985).

The public increasingly accepts medical approaches to deviant behaviours as the medical profession not only has power and status, but also is rooted in objective science, leading to a belief that medical decisions are morally neutral (Conrad & Schneider, 1980). Conrad and Schneider (1980) argue that, “medicine has replaced religion as the most powerful extralegal institution of social control” (p. 241). However, it is argued that the adoption of a medical designation for any given deviance is in itself a political decision and influenced by the moral order of society at any given time, hence rendering the morally neutral argument invalid (Conrad & Schneider). Medicine is often seen to be in contrast with morals, as its scientific, objective, and definite position is in opposition to the subjective, relative, and indeterminate position of morality (Brandt & Rozin, 1997). However, Brandt and Rozin (1997) argue that medicine and morals are indeed deeply and fundamentally entangled, and that morals continue to be enmeshed in the discourse of science and medicine. The medical profession has historically been involved in social control activities, using their medical authority in an attempt to influence public behavior and morals. Examples include abortion, which was legal until the later half of the nineteenth century, when physicians began a crusade to make it a crime, partly in response to a declining birth rate (Conrad & Schneider).

In contemporary Western child protection practice, medicine has a significant role in the identification of maltreatment and provision of services. The medico-scientific paradigm sees child maltreatment as a syndrome that can be understood through scientific techniques (i.e., measurement, scales, or checklists) (D’Cruz, 2004). However, from a social constructionist perspective, this medico-scientific paradigm falls under criticism as its claims of objectivity hide the association with the political and social practices of the times. Waller (1936) stated:

the term social problem indicates not merely an observed phenomenon but the state of mind of the observer as well. Value judgements define certain conditions of human life and certain kinds of behavior as social problems: there can be no social problem without a value judgement (p. 922).

In addition, the connection between professional knowledge and power that is implicit in child protection policy and practice is masked by the objectivity claims of the medico-scientific paradigm (D'Cruz).

That said, the medical model has been effectively used in the social construction of problems. If a person is seen as having an illness, their plight is beyond their control and they are neither morally nor criminally responsible for their disease (Conrad & Schneider, 1980). Medicalizing public problems also results in them becoming depoliticized. The medical definition is presented as the preferred and more authoritative one, thereby removing any moral debate or differing opinions and taking the issue out of the realm of politics. If grow operations are dangerous to children's health, then medicalizing the problem removes it from one of moral concern and eases the political pressure to deregulate grow operations, legalize them, or make harsher penalties for those involved in the industry. The responsibility for the problem rests with individual parents or families, and the solution is to respond to each individual case and provide treatment. The method of intervention would follow more traditional medical models, with assessment, treatment, and prevention as the focus rather than a judicial approach that would include punishment. By seeing the abuser as the source of the problem, solutions to the problem rest with the individual offender, rather than examining the larger social system including the unequal distribution of social and economic resources

(Newberger & Bourne, 1978). The government's avoidance of a politically contentious and ambivalent problem is twofold: first, there is medical justification for intervention into the lives of the families involved, thus muting the moral concerns; and second, with the focus on the parents as the source of the problem, the state remains absolved of any responsibility for the solution.

The medical model has been criticized for having a limited focus on the abuser and her/his pathology, rather than considering the social context of abuse and taking a more ecological approach to the problem (Conrad & Schneider, 1980; Gelles, 1975; Gil, 1970). As there has not yet been any established biological basis for abuse and neglect, social and environmental factors as contributing factors to the problem demand ongoing examination. The medical profession can assist with diagnoses and treatment of abused children, but environmental factors require a different form of understanding and intervention (Theodore & Runyan, 1999).

Medicine achieves adherence to social norms by using medical means to minimize, eliminate, or normalize deviant behavior (Conrad & Schneider, 1980). For grow operations, this function aids in removing the child welfare aspect of the problem from the criminal realm and placing it squarely in the medical world. In collaboration with child protection agencies, this then allows for intrusion into marijuana grow operation families to protect children from circumstances that endanger their health. The medicalization of deviance often occurs after failures by other systems to instill social control (Conrad & Schneider). This has been evidenced in the past by approaches to both alcoholism and homosexuality. Situating both of these 'deviances' within the medical model has dramatically altered the way the

world views them. It could be argued that this is the case for grow operations, as to date no system has managed successfully to bring the problem under control.

Social work has been charged with the duty to protect children, and society has deemed, through legislation, that threats to child health would fall under this authority. By targeting child health as the grounds for intervention, child protection workers have successfully used medicalization as justification for intrusion into grow operation families, thereby circumventing any address of the criminal or moral implications.

Liberalism, the Family, and the Child

The appropriate relationship between families and the state has long been debated, with advocates on both sides demanding that either private conduct meets a minimum publicly set standard, or that the family as a social institution needs to be protected from public intrusion (Dingwall & Eekelaar, 1988). The classical theory of liberalism emphasizes the importance of the role of the state in ensuring conditions are in place that allow free contracts to be made between responsible individuals. In keeping with the residual notion of the state, regulation by individual initiatives is the preferred choice (Dingwall & Eekelaar). In a manner similar to that of medicalization, liberal ideology focuses on individual rights and responsibilities, but extends to include free enterprise, laissez-faire policies, and an individualistic view of welfare (Payne, 2005). Liberalism places the responsibility for success or failure on individuals, and the focus of the theory is on the individual, not the family, and most certainly, not the child. In liberal ideology the family system should be free to govern its own without interference from government or state as, O'Neill (1994) argues, "the family is a sphere of privacy" (p.45).

In classic nineteenth century liberalism, intervention into the family unit was based on evidence of damage to the public (an offence) or harm to the child (child neglect) (Carney, 1999). The emergence of philanthropy, as the beginnings of social work, provided a solution to this major problem of liberalism. It proposed a compromise between the original liberal views of private philanthropy, and a socialist state that would take over responsibility for society and its members and undermine the family (Parton, 2005). A sector of society arose from the philanthropic, medical, and educational interventions into the lives of individuals and families, and it was referred to as 'the social' (Donzelot, 1979). With a focus on moral order, philanthropy was a de-politicizing strategy that replaced the ideas of sovereign power with newer, more positive forms of policies and practices geared towards preserving the norm and delivering advice, contributing to the growth of the social (Donzelot, 1979). The social emerged in the space between the private realm of the household and the public sphere of the state, between wealth and poverty, and between the powerful and the weak (Philp, 1979; Parton, 1998). Children needed the opportunity to develop in all domains, and the introduction of the social allowed for the protection of children while allowing the state to maintain its legitimacy (Parton, 2005).

The United Nations Convention on the Rights of the Child (1989) constitutes an international commitment by signatory countries to recognize the unique needs of children and to provide for and safeguard them. The best interests of children need to be at the centre of any child policies, as children need special attention to develop into persons who can function in their society. However, it is important to remember that different societies have different expectations and values of childhood, and different ideas about what it means to be capable and function in society (Pierik & Houwerzijl, 2002).

Children have value in their own right, and not just as future adults, yet liberal policies that do address the family render the children invisible. Although liberal theory posits the family as an institution distinct from the state, some, including feminists, argue that family is socially constructed and the state shapes its relationships and obligations through laws and policy frameworks (Daniel & Ivatts, 1998). Children are either born into opportunity or risk, and these circumstances are determined in part by those who have the power and authority to create the laws and policies that in the home, school, hospital, workplace, and on the street determine the chances, risks, and benefits of family life (O'Neill, 1994). As well, because women are the major consumers and providers of child welfare services, feminist theory suggests placing them at the centre of discussion rather than on the fringes (Callahan, 1998). O'Neill links his conceptual approach to family, child, and youth life chances with a larger kin-community and welfare-state framework grounded in the notion of social endowment. He sees these as resources that facilitate early life chances for children, and argues that child-at-risk programs must be focused on family risk, and that family policy should be at the centre of welfare state policy (O'Neill).

Kershaw (2004) provides a critique of neo-liberal thinking and policies in British Columbia in his article on the current state of childcare. He presents a discussion of discourses used by politicians to highlight ideas that are more in keeping with some principles and values, while drawing attention away from others. He sees neo-liberal principles as falling within a framework that presents the state as a neutral party and places responsibility for social inequalities on individuals. Using childcare as his focus, he sees government as discounting any discourse that places responsibility for social problems or inequalities on the state. Despite research that shows universal systems aimed at early childhood education and

development are beneficial financially over the long-term, Kershaw (2004) states that the liberal government in British Columbia remains committed to reducing taxes and limiting social spending. When children and youth are absent in social policy, and when society treats healthcare, education, and justice as scarce commodities, the next generation is truly being neglected (O'Neill, 1994). Under neo-liberal governance, responsibility is shifted from the state to the individual, and often falls onto the weak and unprotected (Cradock, 2007). Neo-liberal ideology focuses on choice as being at the centre of all individual decision-making, thereby placing responsibility on the individual for consequences and outcomes and absolving the state of any role, regardless of social conditions. Kershaw argues that efforts to lobby against this position are seen by the neo-liberals as “attempts to gain undeserved public benefits” regardless of empirical evidence to the contrary (p. 946). The neo-liberal-choice discourse can help explain the gap between research and policy in British Columbia (Kershaw), and may be beneficial to an examination of policy with respect to grow operation children.

Critical to ensuring that the protection of children maintained its position as a worthy social problem was the presentation of child maltreatment as a classless social problem. Pelton's (1981) myth of classlessness served the need to depoliticize child welfare coming out of a heritage of moralization. This depoliticizing allowed support to be gathered on all political fronts, lessening the risk that child welfare be viewed solely as one of liberal social reform. (Hacking, 1999). It was the commitment that society had to the safety and well-being of all children and families that provided a common ground for the meeting of political minds, and resulted in laws and agencies being created to address the problem. There remained a political (and pragmatic) agenda geared towards maintaining the separation of child

maltreatment from any other social issues, especially poverty, as this almost guaranteed that both the Left and the Right would remain committed to the problem (Hacking).

Since the early twentieth century, social work has grown in response to the failures of judicial and community attempts at social regulation; however, it is only since the 1970s that concerns about child maltreatment and child protection have dominated policy and practice (Parton, 2005). At the same time, child welfare services were in crisis and reform of the systems was seen as necessary. Criticisms of child welfare policies came not only from the Right, but also from groups comprising the Left, such as feminists, anti-racists, consumers, and even from within social work itself, all arguing that the programmes were no longer sustainable in their current form in a time of globalization and weakened welfare state (Burnett, 2004; Clarke, 1993; Parton, 1998).

There were conflicting ideas about the role of the system, the balance between child and family, policing and helping, and the services that should be provided, resulting in the protection of abused children becoming entangled in judicial and bureaucratic procedures (Howe, 1992). When welfarism began to suffer criticism for its political rationality and utility, the activities of social work with vulnerable children and families was also attacked, as these activities were seen to represent all that was wrong with welfarism (Parton, 1998).

The social problems of the times included poverty and social deprivation, an increase in violent crimes, a decline in individual responsibility and attachment to family, and the failure of social sciences and their experts to contribute to an overall social well-being (Parton, 1994; Parton, 1998). In particular, there was the debate between protecting children from maltreatment at the hands of their parents, or seeing child welfare as a broader term to

include all threats to the well-being of children and their families, including those associated with poverty (Halpern, 1999).

Advanced liberalism strategies of today include contracting out services that were traditionally delivered by government. Governing at a distance through systems of audit and decentralized budgets passes responsibility onto the individual for his/her own welfare and relationships with experts and institutions (e.g., Family Group Conferencing) (Parton, 1998).

Child Welfare or Child Protection?

There has been a gradual shift from treatment and rehabilitation of families to investigation and intervention, partly driven by child death inquiries that criticized social work for lacking rigour and consistency. This has contributed to a refocusing of what is defined as services to children and families and the ways in which these services are delivered. Reports of child maltreatment continue to rise in most jurisdictions, drawing scarce resources into investigations and away from support and prevention services. Social workers have become more authoritative and intrusive in their practice with families, with a new goal of predicting behaviors and not improving families' child-rearing skills (Howe, 1992). However, Parton (1998) argues that even newer strategies have created another tier of service: that of assessing and managing a range of abstract factors deemed likely to present risks to children. Although risk assessment has an air of positivism, it remains subject to differing and often conflicting interpretations (Parton, 1996).

Child protection is an expensive enterprise, and funding to prevent child maltreatment and to support families at risk is limited (Courtney, 1998). As demand for resources increases, it is

almost impossible to provide preventative services. Even the delivery of supportive services is challenged. The impact of the demand does not end there, but continues into the realm of actual maltreatment and creates a need to delineate the investigation of maltreatment and provision of services even further. This is where the concept of 'high risk' takes on particular significance, as this differentiation prioritizes children deemed to be most in need of protection, allows for less intrusion into families at lower levels of risk, and directs scant public allocations towards children and families in most need (Parton, 1998). Under-resourced child welfare systems are constrained to react to crises and conflicts with little effort directed towards preventative services (Wolfe, 1993).

Social work has shifted from direct client involvement and service delivery to more involvement in overseeing and managing risk. Families are encouraged to problem-solve, to manage themselves, and draw on their own resources for support, although social workers need to assess who can manage their own situations and who must be managed (Jack, 1997; Parton, 2005). The focus of policies and procedures is increasingly that of child protection, with a consideration of the relationships and responsibilities between state and family (Parton, Thorpe & Wattam, 1997). Despite this shift, social workers still have a commitment and responsibility to both protect children, and to ensure that parental responsibility and family autonomy are not undermined (Parton, 2005; Pecora et al., 2000).

Social work delves into the most private and sensitive of family matters, yet is delivered from within bureaucratic structures aimed at objectivity and rationalism (Swift, 1995). Child protection workers are often placed in a position where they have to produce institutional

outcomes. This bureaucratic approach to the problem of child maltreatment dominates practice and policy in most developed countries (Howe, 1992).

Social work practice differs depending on whether the framework is that of child welfare or child protection, as child protection assumes risk of harm or injury to the child and the response is more intrusive (Parton, Thorpe & Wattam, 1997). In child protection, there is a greater focus on investigation and legislative concerns, and less support for the use of professional expertise in investigations (Khoo, Hyvönen & Nygren, 2002).

In the liberal state there is an expectation that the state will only intervene in the lives of families for cases of actual or likely harm, so neglect intervention often becomes one of enforcing the minimum community standards rather than promoting optimal development for the children (Swift, 1995). The residual child welfare model responds to the individual and her/his needs under strict policy guidelines, unlike the universal programmes of the earlier part of the twentieth century (Lindsey, 2004). A shift towards child protection and away from the broader concept of child welfare may result in children who require services due to poverty and neglect being screened out, and the services diverted to protect the children deemed to be at higher risk of maltreatment (Lindsey & Trocmé, 1994). There is a need to rethink the residual child welfare model and move beyond the narrow interpretations of child protection mandates (Wharf, 1993).

One option is to support resources in the community, such as neighbourhood houses or family service agencies, and to enable them to deal effectively with low-risk families that do not require the intensive and often intrusive involvement of child protection. This option includes a role for community members and extended family to assist in preventing child

maltreatment. However, in some cases such as the grow operations, these supports may be neither available nor appropriate if they are equally involved in the industry.

Deviance and Society

In contrast to the medical model, sociological approaches to public problems consider group interests, moral concerns, and their political implications. Conrad and Schneider (1980) present two sociological orientations to deviance: the positivist approach, which assumes deviance is real, definable, and non-conforming to social norms; and the interactionist orientation, which views morality as socially constructed and deviance as a violation of group conventions.

In adhering to an interactionist approach, Conrad and Schneider present five aspects of deviance: 1) deviance is universal, but there are no universal forms of deviance, 2) deviance is socially defined, 3) social groups use judgement and social sanction to make and enforce rules and definitions, 4) deviance is contextual and varies by social context including time and place, and 5) it is the powerful who are able to define and sanction deviance, and impose their morality, usually on less powerful groups (1980, p. 5 – 7). Those who have the authority to define behaviours as deviant, be they special interest groups, political groups, or institutions, have the greatest social control (Conrad & Schneider). The degree to which an act will be treated as deviant depends in part on who is committing the act and who feels he has been harmed by it (Becker, 1963).

Social controls exist in part to maintain valued forms of behavior, so when deviant behavior flouts the basic values and norms of society, the result is a breakdown of social controls

(Becker, 1963). Policies aimed at controlling deviant and antisocial behaviours often fail to consider the factors that contribute to the behaviours, such as poverty, unemployment, and lack of supports and opportunity (Jenson & Howard, 1998). Growing marijuana is seen as a deviant and illegal act, and efforts at social control have focused on the crime by dismantling the grow operation and punishing the offenders. As argued earlier, there is a strong likelihood that grow operation families would be living in poverty without the income from their grow operation, so they may be balancing their ability to meet the material needs of their children against their involvement in criminal activity.

Immigration, Marginalization, and Criminalization

As the majority of the families involved in indoor grow operations in British Columbia are Vietnamese immigrants (Plecas et al, 2005), it is important to review the recent information on the economic situations of Canadian immigrants, as minority status often goes hand in hand with lower socio-economic status (Azar & Benjet, 1994; Gil, 1970; Pecora et al., 2000; Spencer & Baldwin, 2005).

There are many factors that impact the ability of immigrants to adapt to new societies, and securing employment is often one of the major obstacles. Growing marijuana provides a source of income for some of these families when other sources may not be available. Early studies (pre-1970) on newly arrived immigrants to Canada indicated that although they initially had lower earnings than Canadian-born workers in the same field, the earnings gap closed as the immigrants adjusted to the labour market. In the late 1970s, immigrants arriving in Canada were earning approximately 82% that of Canadians, yet by the 1980s there was a decline in their earnings that continued through the 1990s. The percentage of immigrants

with incomes below the low-income cutoff rose from 24.6% in 1980 to 35.8% in 2000, while the rate for Canadian-born workers fell from 17.2% in 1980 to 14.3% in 2000. This deterioration in low-income rates over the past 20 years was not restricted to recent immigrants (Picot, 2004). In his work on the socio-economic status of Vietnamese people in Canada, Pfeifer (2000) drew on Statistics Canada data from 1996, which indicated Vietnamese men on average earned 68% of the wage of the average Canadian man. Vietnamese women fared somewhat better, earning 73% of the wage of the average Canadian woman. The unemployment rates for Vietnamese people were much higher than the larger Canadian population, which is at 10%. The highest rates were observed in Vancouver, where 21% of Vietnamese men and 29% of Vietnamese women were reported to be unemployed (Pfeifer, 2000). These findings were supported by research by Wang and Lo (2005), who examined Chinese immigrants in Canada and found similar evidence of income disparity. The possible explanations put forth for this drop in earnings are the changing characteristics of immigrants, language skills, education quality, discrimination, macro-economics (contribution of recessions), increased competition from Canadians, and changes and access to income support programmes such as welfare benefits or employment insurance (Picot). In Wang and Lo's (2005) study, Canadian immigrants who spoke neither official language had the lowest employment incomes, and those from Vietnam had the highest rate (95%) of not meeting language proficiency (based on the Canadian English Language Proficiency Index Program, which assesses an individual's ability to listen, speak, read, and write English). Wang and Lo (2005) reported that the ability to use language seems to be one of the most importance determinants in economic performance, and that the inability to succeed in economic participation makes immigrants feel disadvantaged and excluded. Based on this

data, there is a strong likelihood that the immigrant Vietnamese marijuana growers (and their children) would be living in the lower socio-economic strata were it not for the income generated from the grow operations.

Other research examines the prevalence of self-employment by immigrants as a means to overcome problems in the labour market. Toussaint-Comeau (2005) found that self-employment is an important way for immigrants to both enter the economic mainstream and improve their socio-economic status. She further discusses the enclave effect, where members of the same ethnic group live in close proximity, where their shared language and culture assists with creating opportunities for self-employment. These enclaves have the potential to provide an opportunity for business networks, a protected market for ethnic goods production, and (often) informal financial resources and assistance with the initial stages of setting up business (Toussaint-Comeau).

The information presented thus far on income and immigrants has focused on formal, legitimate income as reported to Revenue Canada and Statistics Canada. However, Friman (2001), in his study of criminal entrepreneurship in immigrant populations in Japan, presented some findings that appear to be transferable to the marijuana grow operation phenomenon in Canada. He states that scholarly and political debates about immigrant business fail to include criminal entrepreneurship. This is in part due to an unwillingness among researchers to combine legal and illegal business activities for fear of shedding a poor light on entrepreneurship, being challenged on data reliability, or having their personal safety threatened for undertaking the research (Friman). Friman found that literature on the informal economy, entrepreneurship, and immigrant crime shared a common thread as they all

considered the limited opportunity structures in formal economies, and the market and non-market conditions (including discrimination and institutionalized prejudice) that influence the availability of wages or salaries (Friman). Criminal economies involve the production of goods and services that are socially defined as illicit and criminalized by the state, and are not subject to government regulation (Friman). There is extensive sociology and criminology literature on the relationship between immigration and crime, with a focus on resources and opportunity. Traditional Marxist theory suggests that lack of opportunity frustrates disadvantaged individuals and motivates them to engage in crime to satisfy their material needs (Chamlin & Cochrane, 1997). One scenario put forth to explain immigrant illegal entrepreneurship is that the choice to work in the drug trade is made when opportunities to work or be self-employed are formally or informally blocked, where there is opportunity for work in the drug community, and when ethnic resources are conducive to criminal activity (Friman).

Another difficulty associated with immigration and employment is access to and use of childcare. Having small children remain at home, which in the case of grow operations is also a workplace, is more predominant in immigrant families than in native-born families. A study conducted by the Urban Institute on the health and well-being of the children of immigrants found that 53% of these children remain at home with their parents and do not attend centre-based childcare, as compared to 34% of native-born children. Factors that influence the decision to place a child in out-of-home care include attitudes towards public childcare and the availability of extended family or a support network to assist with childcare. The decision to remain home and care for children rather than work outside the

home is also influenced by the ability of immigrants to access employment due to language and cultural issues (Capps, Fix, Ost, Reardon-Anderson, & Passel, 2005).

For indoor marijuana grow operators, resources and opportunity play key roles in the success of the operation. Families are recruited by grow operation organizers within their ethnic community to move into a home and assume the care of a crop. Harvesting and distribution of the marijuana is arranged, and the family is financially compensated for their work. A new crop can be started every three months, and depending on the size, can bring in tens of thousands of dollars. Some families have more major roles in the grow operation network, and as such have higher incomes. The monies from the grow operation may be the family's sole income, or may be used to supplement more legitimate forms of work. These enclaves work well as they provide the opportunity for participation in these (albeit illegal) business networks. Based on the preceding statistics regarding immigrants and income, there is a strong likelihood that the family is increasing their household income by making these economic choices.

Towards a Conceptual Framework

The relationship between state and family remains at the forefront of child welfare history and practice. Medicine, law, liberal ideologies, and society's attitudes towards deviance all contribute to that relationship. Defining a problem within the sphere of child welfare often involves contributions from all of the foregoing. For children found living in marijuana grow operations, the process is still evolving. These families are involved in growing marijuana for economic gain, not for personal consumption, so parental substance abuse is not generally a risk factor for these children. The state has moved away from intervening in family

economics (as is evidenced by the current response to poverty and neglect), yet it is these same economics that are placing these children at risk.

The ‘best interests of the child’ is a guiding principle in most current child welfare legislation, and social workers involved in child protection work must consider this principle at every step of their investigation. Child abuse is a criminal act, and prosecution is often used as a way to protect the children. However, there are underlying assumptions that the interests of children and the interests of justice combine (Wattam, 1997). While most would agree that child abuse is in principle criminal, the process of judgement of these criminal acts from investigation to outcome is, Wattam states, “inherently prejudicial to children” (p. 105). The consequences of such actions can include an unsatisfactory result and/or trauma to the child who has had to be involved in the process (Wattam).

In British Columbia there is a tertiary child welfare response to children living in marijuana grow operations, involving intervention after identification and education to reduce the likelihood of re-occurrence. Although primary prevention may be at the heart of research agendas focussed on child maltreatment, preventing abuse and neglect before it occurs is rarely the basis of policy due to costs and difficulties in implementation (Theodore & Runyan, 1999). However, targeting high-risk children is a secondary preventative strategy (Thyen, Thiessen, & Heinsohn-King, 1995), and an ecological model (Bronfenbrenner, 1979) can assist with identifying the social and environmental risk factors that may serve as catalysts for maltreatment (Sirotnak & Krugman, 1994).

As Vietnamese immigrants operate the overwhelming majority of indoor marijuana grow operations (Plecas et al, 2005), targeting these families may be an important step towards

primary prevention. Mothers and their children have historically been the focus of such efforts as women are still the primary caregivers and deemed most responsible for protecting their children. Women are the gatekeepers of the family and are usually the primary persons involved with professionals regarding their children and family. Women are also held responsible for the conduct in their homes, including incidents of violence or child maltreatment for which they are often not directly responsible. However, child protection professionals place the responsibility on women to assume a protective role towards their children, regardless of the nature of the violence or coercion perpetrated against them (D’Cruz, 2004).

One of the main characteristics of traditional Vietnamese families is that they are patriarchal (Brown, 1982; Haines, Rutherford and Thomas, 1981; Timberlake & Cook, 1984). In the literature on domestic violence, feminist theory, and Vietnamese families, authors noted hierarchical family systems dominated by patriarchal authority, traditional values, and male decision-making patterns (Baba & Murray, 2003; Bui, 1999). It would therefore seem logical that women in these traditional relationships have less power and less involvement in decision-making, including economic choices for the family.

As feminist theory proposes, policy and practice directed towards grow operations, and the children who live in them, need to consider an analysis of both power and gender. The role of women in the decision to establish and maintain a grow operation has not yet been researched; therefore, it is difficult to ascertain the degree to which women are active or passive participants in their partners’ economic choices. However, there are conflicting findings in the literature regarding the often-contradictory roles of women in the drug trade.

Denton (1999) conducted a four-year study of women in Australia who were actively involved in networks or businesses that distributed illicit drugs. In her review of the literature, Denton noted that contemporary research presents drug dealing as primarily a male occupation, with women having a peripheral and subordinate role in the male-dominated networks. Research has focused on marginalized women, and not on women who are dealers in their own businesses (Denton & O'Malley, 1999). Denton found that women are capable of running successful illicit drug operations, assuming leadership roles, and working independently of men. The illicit economy is attractive to small business entrepreneurs, especially women, as businesses are easier to start up, there is less 'bureaucratic' red tape, and women can work from home (Denton & O'Malley). Most typical drug businesses or networks also consist of family members or persons with whom there are long-term, established relationships, creating a family or social circle. Denton concluded that women were capable and competent small business operators in the illicit drug world. She denounced the institutional sexism in this illicit economy, and stated that we cannot consign women to the status of victims or subordinates, as they occupy a variety of roles, including the running of significant drug businesses (Denton & O'Malley).

Research supports the idea that there is a relationship between the status of women and the well-being of children, in that the more disadvantaged the mother is, the more disadvantaged the child is likely to be (Callahan, 1998; National Council of Welfare, 1990; Swift, 1995; Trocme, 1991). Child welfare policy and practice needs to consider all of these points when considering the ability of mothers to protect both their children and themselves from violence or abuse.

Gaining scientific or medical knowledge with regards to child maltreatment may not be sufficient to change or create laws. There are reasons why the courts may fail to accept some knowledge and not others, and it rarely has to do with the rigour of the research. Some claims of harm may not stand up under legal scrutiny, while others may be dismissed by political bodies as it may be politically damaging to acknowledge these claims, and/or too costly to effectively address them (King, 2005). For example, the presentation of child abuse as a classless social problem assists in keeping it apart from any other social issues, especially poverty (Hacking, 1999). Government, lawmakers and even some practitioners have maintained this position, despite the fact that research shows the highest incidence of abuse and neglect occurs in families experiencing the most extreme poverty, and the most severe injuries occur in the poorest of families (Courtney, 1998; Dubowitz et al., 1993; Gil, 1970; Giovannoni & Billingsley, 1970; Parton, 1985; Pelton, 1981).

To illustrate how a judge's views would have to be transformed into grounds or justifications for legal change, King (2005) uses an imaginary example of soap operas destroying a child's imagination, and a judge awarding custody to the parent who would restrict the child's soap opera viewing. Applying this example to the case of marijuana grow operations, children's exposure to these environments must first be recognized as a probable cause of harm to children. Laws must then be applied to recognize the harm, and then the knowledge established that this exposure would be applicable in all future cases. When this is complete, this form of maltreatment will have achieved the recognition of the political and legal systems. However, law and politics would have required scientific evidence before committing to such a position on maltreatment, furthering the argument that there is a relationship between law, politics, and science (King). The recent passing of the Drug-

endangered Child Act in Alberta is an example of this process, and warrants further examination as a part of this analysis.

Finally, Stack and McKechnie (2002) discussed four options in approaching the problem of child labour, which can be modified and applied to the marijuana grow operation problem.

The first option is to maintain the status quo and carry on business as usual. This option can be problematic as once something is identified as a problem, the stakeholders are reluctant to go quietly into the night and cease their commitment to achieving change, as noted by Becker (1963). The second option is to make the problem, and everything associated with the problem, illegal, which is the situation under which we are currently operating. The third option is to deregulate and make it legal; and the fourth, to develop an up-to-date, nation-wide, integrated approach to legislation (Stack & McKechnie). Due to the ongoing controversy over the illegal nature of marijuana, proponents of each of these options inadvertently influence the child welfare outcomes for the children living in these homes. For that reason alone, a comprehensive policy analysis needs to be undertaken to determine whether there is a role for child welfare in this multi-faceted problem.

CHILD WELFARE AND THE GROW OPERATION INDUSTRY

Ideologies

Social work has always had to re-examine and often shift its focus and practices when new social problems emerge (Pelton, 1981), and grow operations are a perfect example of this need. There needs to be a new conceptual framework within which to understand the shifts that are occurring in social work practice (Spratt & Houston, 1999), keeping in mind that social workers are professionals who will adjust their role and practice in meaningful ways to accommodate policies and procedures (Dingwall et al., 1983).

Marijuana evokes numerous responses in society, ranging from a liberal, laissez-faire attitude towards marijuana as a so-called soft drug, to moral concerns about drug use, to criminal concerns. Is there a bias or prejudice (in either direction) towards marijuana that complicates the ability to formulate a child welfare response to the grow operation problem? It is hard to change persons (and therefore policy) when they are committed to a world view and rules determined by their paradigms (Kuhn, 1962); hence, one of the difficulties that marijuana grow operations present to child welfare is that they require social workers to reframe their definition of neglect and to view the problem through a new lens. When paradigms do change, it is sometimes a result of a shift in beliefs about the problem and solutions, supported by theory and research (Kuhn). As Kuhn (1962) argues, “Paradigms gain their status because they are more successful than their competitors in solving a few problems that the group of practitioners has come to recognize as acute” (p. 23).

There are competing ideologies in social work that are evidenced in the conflict over grow operations. The traditional, social democratic approach in British Columbia is to educate and

support the family to provide a safer and healthier environment for their children, free from the hazards presented by the grow operation. In contrast, Alberta has opted for an approach more aligned with social control, preferring a more punitive approach, which could involve the incarceration of the parents and removal of the children. These approaches will be discussed in more detail as part of the discourse analysis.

Spratt and Houston (1999) considered a number of different ideologies that help present the roles of social workers involved in child protection. Although different terms may be used in other disciplines, notably sociology and criminology, these social work authors have applied these terms directly to the field of child welfare. The penal position, which was applied to child maltreatment investigations in the 1980s and 1990s, sees the individual (abuser) as acting of their own free will and in contradiction to the rules of society. The approach is legalistic in nature, often punitive, and there is a preoccupation with 'dangerousness'. In child protection, law enforcement agencies often have a role in the investigation of child maltreatment, as they help gather the evidence and lay criminal charges where indicated (Schene, 1998). With respect to grow operations, it has been argued that the children are not in fact neglected, in the traditional sense, and their cause would be better served by charging their parents with the larger, and harsher, claim of child endangerment rather than neglect.

Another position, the retributive, or blame position, is directed towards the offending parent and stems from a right-wing ideology about the family and fears over increasing violence. It arose in part out of the cumulative effects of child protection 'errors' attributed to social workers who were left in a position of being able to 'do no right'. However, this culture of

blame not only leaves workers vulnerable and anxious about their judgements, but also interferes with a more objective analysis of the child protection errors.

Unlike the first two positions, the medical position supports the belief that child maltreatment is a disease, and beyond the control of the individual abuser. Although this view has been discussed in earlier sections, it is important to note here that the reliance on the medical profession for protection findings was balanced in the 1980s and onwards with a more interdisciplinary approach that continued to recognize the contribution of the medical perspective.

The bureaucratic position that underlies most social services agencies provides a structured system for the delivery of services. An emphasis on case management and classifications of both families and forms of maltreatment has removed much of the subjective nature of the job, but still does not provide the objectivity associated with science. Finally, the technocratic position, when applied to child protection, is the belief that problems can be fixed by encouraging the use of professional experts and emphasizing competency-based training and tools such as risk assessment models and methodologies. As Spratt and Houston (1999) report, this ideology has led to a “predominantly reactive response to child abuse” (p. 318).

In their discussion of social policy definitions and implications, Lewis, Gewirtz, and Clarke (2000) argue for three important ideas to be brought under consideration. The first is that other policies and government departments play important roles in defining and managing social problems, even though they are not seen as directly involved with social welfare. This is a key point when examining marijuana grow operations, as there are multiple government departments at the local, provincial and federal levels, as well as private organizations, which

all establish policies that indirectly affect child welfare practices. Secondly, an assessment of social policy involves a determination of the claimed outcomes or effects, as well as assessing any underlying or competing interests that might be driving the policies. Lewis, Gewirtz, and Clarke cite Piven and Cloward's (1971) study of social welfare policies that revealed an underlying goal of managing and regulating poor people in America. Their final concept is that of the divide between the public and private realms of welfare, the role of the state, and the implications for social policy. Concern over the divide between public and private responsibilities, and the role of government and the private sector to support and protect vulnerable children and their families has evidenced itself throughout history and remains an ongoing topic of debate (Meisels & Shonkoff, 2000).

Clarke (1975) identifies three problems that can arise with particular ideologies, and which can here be applied to the grow operation phenomenon:

1. Category contamination: A social problem becomes increasingly identified with a large social category, when only a small part of that category is actually involved. Indoor marijuana grow operations are almost exclusively run by the Vietnamese, yet the majority of Vietnamese persons do not run grow operations.
2. Overkill: There is too much attention and ideological outpouring, which results in the public getting bored and cynical. Clarke suggests that there are two ways out of this situation: either move to a liberal position if in a conservative one, in hopes of reviving interest through a different lens, or drop the issue as quickly as possible. Flurries of attention to grow operations are usually presented in terms of competing ideologies, they are debated, and then they disappear again.

3. Defeat: When all efforts to get the problem recognized fail, then there is no option but to incorporate the problem into the range of consensus and aim for normalization. With the illegal nature of marijuana grow operations such a move would require a political commitment to a position somewhere along the continuum from decriminalization and regulation to legalization (p. 413).

Inquiries and the Media

In order to better understand how some forms of child maltreatment are seen to be socially constructed and how the child protection systems respond to them, it is important to consider the role that inquiries into child fatalities and the media have in this process.

Social work is faced with the task of balancing two of the core values in most Western societies: protecting children, and respecting the privacy of the family and the rights of the parents (Larner et al., 1998; Schene, 1998). However, as Helfer and Kempe (1997) point out, child welfare services have been accused of both “unwarranted interference in private life” and “irresponsible inaction” when children are truly threatened or harmed (p. 129).

Inquiries into child protection practice are usually done after the death of a child who was involved with, or known to, child welfare services, and this is not restricted to any one country or child protection system. The death over thirty years ago of Maria Colwell, and more recently Victoria Climbié in Britain, as well as Matthew Vaudreuil and Sherry Charlie in British Columbia, are but a few of the cases that have caused public outrage and challenged the ability of the systems charged with protecting vulnerable children. Media reports have a large role in shaping public opinion, and are usually coupled with a demand

for an explanation and review of the effectiveness of the child welfare system to provide protection to children (Trocmé, 1998). The result is often a child maltreatment inquiry that is less about child maltreatment and more about the policy and practice of the system, as well as the focus, priorities, and competencies of the social workers (Howe, 1992; Parton, 1997; Parton, 1998). Frost and Stein (1989) argue, “The impact of one child’s experience upon welfare policy and practice is indeed a strong theme in the history of child abuse” (p. 46).

However, there are also concerns over moral panic and the subsequent legislative changes that have frequently resulted from relatively rare, albeit devastating, cases of severe maltreatment (Garbarino & Eckenrode, 1997). A focus only on extreme examples distorts the debate (Stevenson, 1998, p. 37). Parton (1981) argues that moral panic must be seen in the context of the social, cultural, and economic climate of the times. This leads to an interesting thought about marijuana grow operations, which have also been the focus of moral panic over the past decade. As Cohen (1972) states:

Societies appear to be subject, every now and then, to periods of moral panic. A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests... sometimes the object of panic is quite novel and at other times it is something which has been in existence long enough, but suddenly appears in the limelight (p. 9).

Wolock and Horowitz (1984) refer to this phenomenon as part of an “issue-attention” cycle (p. 530), similar to Clarke’s (1975) “overkill” (p. 413), in which the problem gains widespread public attention and high visibility for a short period of time, and then recedes from public limelight regardless of whether there was a resolution to the problem.

The marijuana grow operation industry has headlined in the media a few times every year for the past decade, usually when there is a critical incident such as a house fire; the release of a report regarding criminal information; or when a new system has been drawn into the fold of those who are already affected, directly or indirectly, by the industry. The problem then goes back out of the limelight, except for the persons who are involved on a regular basis in responding to the criminal and child welfare concerns associated with these activities. It is the political processes, the values and activities of special interest groups, the media, and societal values and norms that affect when and how social problems ebb and recede (Wolock & Horowitz, 1984).

Social Work Practice with Grow Operations

Current social work practice with grow operations is directed towards assessing immediate risk and taking steps to ensure the safety of the child. It involves all of the ideologies presented by Spratt and Houston at various stages of the investigation. However, investigation into, or assessment of, the underlying contributing factors, such as poverty, gambling, debts, or gang involvement are not generally considered by social workers, contrary to the previous argument of the need for an ecological approach to grow operations. There is a need to directly address and alleviate the circumstances that lead to the maltreatment, be it poverty or the need to have a grow operation to address other family involvements.

Social workers rely on their professional knowledge, including education, training and experience, to make sense of social problems and make decisions regarding intervention. But grow operations do not fall into any previously determined category and hence require a re-

adjustment in framework and practice. Although grow operation parents arguably neglect their children through exposure to a hazardous environment, it could also be argued that they are otherwise what Stevenson (1998) calls “ordinary good parents” (p. 3) who provide for all of their children’s physical and emotional needs (apart from exposing them to the environmental risks of the grow operation). Poverty, which has been presented as consistently associated with traditional neglect, is rarely associated with families living in grow operations. Grow operations are presenting child welfare with a different class of neglect, with few other concerns aside from those associated with environmental conditions. It could be argued that the absence of both a critical incident and empirical evidence of harm, coupled with media attention, is influencing the child welfare response to grow operations.

In times of limited resources and staffing concerns, gatekeeping becomes an important function for ensuring that only the families that meet the threshold of strict guidelines receive services. Grow operation families often present conflicting eligibility criteria to child protection workers, as once the grow operation is removed there are no residual child protection concerns, and the need for continued service or intervention is questionable. Other larger problems, such as the family’s connection to crime, are rarely seen as child protection concerns, as social work has moved away from its traditions in moralization.

According to an ecological perspective, service delivery in child welfare needs to be around neighbourhood units (Garbarino, 1981). As the grow operation families tend to be well connected to each other both culturally and in terms of providing supports, it would seem feasible to design intervention and prevention programs tailored to this community.

If social work does not take an ecological perspective and consider the broader influences that contribute to the economic and career trajectories of parents involved in grow operations, then the risk of re-occurrence cannot be assessed. An ecological perspective moves child welfare thinking from a narrow orientation of inadequate parenting that needs individual treatment, to a broader view that considers the multi-faceted systems that children and families have in the context of their life situations and environments (Pecora et al., 2000). It is important to determine the difficulties that underpin neglect, and this is where social work often fails in dealing with grow operation families. An ecological perspective would assist in considering all the contributing factors that led to the family's involvement in grow operations.

Pelton (1994) argues that it is often a combination of poverty-related conditions and parent's behavior that contribute to incidents of neglect, and that in most cases there are multiple causes of the risk of harm to children, and multiple sources of responsibility. For grow operations, this appears to be the case as there are multiple reasons that lead to the decision to have a grow operation, and that ultimately lead to related but neglected health risks for children.

It is difficult to examine the child protection concerns associated with living in a grow operation without acknowledging that marijuana (and growing it) is still illegal in Canada. Child protection workers tend to distance themselves from considering criminal lifestyle factors in their assessments, except for the impact that they have on the child. For example, women involved in the sex trade are asked to ensure their children are not exposed to their

work. However, from an ecological perspective, these economic choices should be examined in the larger social context.

Situating the Grow Operations

Child welfare social work interrelates with, and is dependent upon other more-established discourses, including law, health, psychiatry, and education. These relationships with other systems have caused child welfare to be an often-contested area, and the subject of competing rationales and definitions (Parton, 1998). An alliance with health in an effort to establish grow operations as a child welfare problem is pragmatic at a number of levels.

As presented, the history of child welfare has its roots in the medical and scientific communities (Parton, Thorpe & Wattam, 1997). Almost all forms of child maltreatment have received their status by identification through the medical system, making this a good starting point for grow operations. At the conceptual and theoretical levels, child maltreatment was seen as a problem that could be examined and measured, and associated factors and correlates identified. By using a positivist approach, social work practice could then identify, predict, and prevent child maltreatment. However, the assumption in this approach is that there is a consensus about how child maltreatment is defined as a problem (Parton, Thorpe & Wattam), something that has yet to be achieved with grow operations.

There is a presumption that science and positivism are superior and are the preferred frameworks on which to establish criteria for policies and practices. A reliance on evidence was partly responsible for the dependence on the scientific world, in this case the medical community, to provide the empirical evidence to support child maltreatment as a social

problem. The identification of actual or likely harm has become the focus of child welfare services, and priorities are being established based on the presence of some form of forensic evidence (Parton, 1998).

Focusing the child welfare aspect of grow operations on the health of the children will help the problem gain the recognition it needs; it is necessary to gather the empirical evidence to establish the health of these children as a social problem within the scientific community. As noted by Parton (1985), placing ownership of the problem within a respected community will assist in defining the problem and influencing public opinion.

Situating grow operation children within the medical model is a means to identify the child protection concerns with health-related evidence, and subsequently removes the problem from any debate about the status and attitudes towards marijuana in Canada. Rather than becoming embroiled in the debate over the decriminalization/legalization of marijuana, the problem shifts to one of the environmental risk to children. This move, however, needs to be a part of a larger ecological assessment to better understand parents' involvement in the industry and the implications for their children. The medical model is limited, as it fails to take into account the complexities of child maltreatment that an ecological perspective can provide (Garbarino, 1977).

The demand for greater accountability, fuelled in part by the media and inquiries, has resulted in child welfare systems moving towards outcome-based or evidence-based practice. Evidence-based practice can be defined as a treatment (or intervention) that is based on the best available science or research evidence (McNeece & Thyer, 2004). It involves the integration of the best research evidence with clinical expertise and client values in making

practice decisions. ‘Best research evidence’ means clinically relevant research from scientific investigations, especially drawing from intervention research evaluating the outcomes of social work services, and from studies on the reliability and validity of assessment measures (McNeece & Thyer). In applying evidence-based practice to child protection, the challenge is to find a framework that balances the legislated principles of protection, the best interests of the child, and the least intrusive measures (Trocmé, 1998).

In 1996 in British Columbia, a piece of legislation necessary to replace the outdated 1980 Family and Child Services Act was enacted. The new legislation, the Child, Family and Community Service Act (CFCSA), was the first in this province to introduce the concept of risk by including in its definitions the ‘likelihood of harm’ clause. Although social workers no longer had to wait until maltreatment had occurred to take steps to protect children, they were now charged with the daunting task of anticipating injurious events. The focus on risk assessment and risk management that has emerged over the past two decades has shifted social work’s approach away from child welfare and towards child protection, with a greater emphasis on immediate risk (Munro, 2002). This shift has been criticized as it takes social work out of its role in supporting children and families and places it squarely in the more residual and restrictive domain of investigations and removals (Pelton, 1989; Trocmé, 1998).

Parton (1998) suggests that child welfare and child protection are characterized by uncertainty, ambiguity, and complexity, and that these core notions should be built upon, not pushed aside by positivist ideas of risk assessment and evidence. Parton (2005) further supports this by noting:

Most of the risks which social workers are expected to assess or manage are ‘virtual’ in the sense that they can neither be directly sensed (touched, heard, seen or smelt), nor subject to scientific evaluation in any quantified or probabilistic sense. They only exist in the theorems, formulae or procedures we draw upon to think about them (p. 141).

Social policy is driven by an agreement on an end, and the negotiation then becomes focused on the means to achieve this end. Opposing social and political camps must consider the pragmatic means to reach an agreement. With grow operations, what must social work do or concede to in order to reach a consensus about the risks to children? Certainly health-related data would provide the empirical evidence that is so valued in the scientific community and the medical profession. Is it also a necessary step to gain acceptance within an ambivalent social work community? From an ecological perspective, the health of the child is but a part, albeit a significant one, of the larger and more complex context of living in marijuana grow operation. Social work can interrelate with, but not depend upon, the contributions that other professions such as medicine and law can make to help understand the depth and breadth of the implications that marijuana grow operations have for children. A truly interdisciplinary approach to the problem of children living in grow operations must be formulated to best address the multiple and changing facets of this phenomenon.

Theoretical Framework

There are many different and sometimes competing ways to understand child maltreatment, depending on the theoretical lens used to view the problem. Social work has long been criticized for taking an eclectic approach to practice and drawing on whatever theories are

available, each one professing to be what social work is all about (Philp, 1979). This approach is in part due to the move from a primarily psycho-medical model into a practice that draws on sociology, social policy, and philosophy (Philp). Payne (1991) argues that theory is socially constructed to respond to the demands made in various settings, and is always prescriptive as everything we do is theoretical; the problem lies in understanding how our actions relate to theory.

According to Payne (1991), social work theory has historically fallen into one of three areas of focus. The pragmatic tradition is derived from the Poor Laws and is associated with agency/bureaucratic work and income assistance. The socialist tradition focuses on the collective, and is concerned with reform and intervention with large groups of oppressed or disadvantaged people. The therapeutic tradition concentrates on the individual level with persons who are experiencing personal or social problems. This third tradition was the focus of most early theoretical developments, as the goal was to increase the ability of individuals and families to care for and support themselves, according to the moral beliefs of the times. Child welfare is often pulled between these competing theories of personal and structural models (Stevenson, 1998).

Most current social work theories and practices are based on the order perspective, including psychoanalytic theory, family therapies, general systems theory, and ecological theory (Mullaly, 1993). The order perspective originates from the works of Durkheim, Weber, and Talcott Parsons. Order theorists consider the levels of individual, family, and subculture when examining social problems. The source of the problem is identified as within the person himself/herself, within the disorganization of the family, or at the subcultural level

where groups are distinct by virtue of race, ethnicity or class (Mullaly). As Parton (1997) notes:

The phenomena of child abuse has moved away from the conception of a symptom of an individual disorder or psychological disturbance towards seeing it as an extreme disturbance of childrearing which itself is part of a wider context of other serious family problems such as poverty and antisocial behavior (p. 55).

The move from a focus on individual change to that of social change is a critical one in the development of child welfare theory (Mullaly, 1993). In examining studies of child maltreatment and poverty, Wolock and Horowitz (1979) found that the “cumulative evidence presented by the research indicates that, as one moves from intrapersonal to environmental and social factors, the researcher’s ability to explain child maltreatment increases” (p. 190). This, coupled with other research on child neglect, supports the need to consider an ecological perspective when examining child maltreatment (Dubowitz et al, 1993). Such a perspective applied to the field of child welfare will contribute to an understanding of the complex relationships between families and their environments, including their supports and stresses (Pecora et al., 2000), as the victim-perpetrator framework is replaced and individual, family and societal factors are all taken into consideration (Parton, 1995).

Ecological theory

Numerous references have been made thus far to the importance of an ecological perspective when examining child maltreatment, including the research on child neglect which supports the ecological approach (Dubowitz et al., 1993). Ecological theory is best represented by

Bronfenbrenner's 1979 ecological framework, in which he defines the model of human development as:

The scientific study of the progressive mutual accommodation between an active, growing human being and the changing properties of the immediate setting in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded (p. 21).

This theory argues that biology, psychology, and social environment all affect the evolution of the person in society (Bronfenbrenner, 1979). Human ecological theory states that behavior and development result from mutual adaptation, and that this occurs within an ecological niche, defined in a large part by the political economy (Garbarino, 1981; Hawley, 1950). The environment is best understood as an interactive series of 'nested' settings or systems, ranging from micro to macro, which interacts with the person through mutual adaptation and accommodation (Bronfenbrenner). Many child maltreatment researchers and practitioners have adopted Bronfenbrenner's theoretical framework to understand and assess the risk factors associated with child maltreatment (Belsky, 1993; Garbarino & Sherman, 1980; Polansky et al., 1985). Ecological theory heralds the importance of moving beyond the parent-child dyad to consider the larger context of human ecology in order to understand child maltreatment (Parton, 1995).

Whittaker and Garbarino (1983) argue for the importance of an ecological framework for assessing and investigating child maltreatment. The central tenets of their argument are that: the family is the ideal developmental context for the child; services should be geared towards supporting and strengthening the family; the child's needs, not the individual pathology of

the abuser, should be the primary focus (Garbarino & Gilliam, 1980; Whittaker & Garbarino).

Drawing on these other works, ecological theory can be applied to the understanding of child maltreatment by drawing on the nested settings of microsystem, mesosystem, exosystem, and macrosystem. The microsystem refers to the setting where the individual experiences and creates her/his reality. For children, this is initially their home, but as they grow older it includes other environments such as school, friends, or work (Garbarino & Gilliam, 1980; Garbarino & Eckenrode, 1997). Children construct their own microsystems based on their experiences, and although it should be a “gateway to the world”, children are placed at risk when this system is socially impoverished (Garbarino & Gilliam, p. 27). The mesosystems consider the relationships between the different microsystems, and the shared values or conflicting ideals they represent. Moving a step further away from the individual person is the exosystem, which includes situations that affect the child but with which he/she has no direct involvement. These may be places the child’s parents frequent such as work, or centres of power or government responsible for policies impinging on the family’s experience. Finally, the macrosystem, state Garbarino and Gilliam (1980), is the “general organization of the world as it is and as it might be” (p. 26). The macrosystem is a critical piece of the overall picture as it represents the broader ideological or cultural patterns represented by society, and can threaten the other systems in a child’s life. Changes in government and societal attitudes toward children and their right to protection locate themselves at the macrosystem level, and from a historical perspective this has involved a theoretical shift. Attitudes around economic or social policies, race, or gender influence the ability of the other systems to work together to maximize the child’s potential. An ecological framework considers the interconnectedness

of systems in child maltreatment, and proposes that outcomes are dependent, in part, on the ability of these systems to adapt and change (Garbarino & Eckenrode). It stresses the need to consider that all realms, including political, economic and demographic factors, shape the quality of life for children and families (Brim, 1975).

Garbarino and Stocking (1980) presented an excellent model in applying Bronfenbrenner's six principles of human development to parent-child relationships. In considering the micro-macro systems continuum, parents' ability to raise their children in an environment absent of maltreatment is dependent in part on their immediate social context. To start, parents' relationships with people and organizations outside of the home and day-to-day interactions are critical. Consideration must also be given to the intrusion of outside forces into their family; the attitudes, values, and understanding of children and childrearing within their community; and where they are in their life course (Dubowitz et al, 1993; Garbarino & Stocking). The significance of income cannot be understated in this formulation since it is clear that money increases access to resources, expands social systems, and eases stress in most families (Azar, 2002).

The ecological approach requires the social worker to move beyond practice and focus on the creation of policies that will address the social account of the problem rather than laying individual blame (Parton, 1985). Although the neighbourhood is seen as the 'ecological niche' where the family can draw its support and social control, high risk families are misrepresented in neighbourhoods that are socially disrupted, which is evidenced by transience, inadequate housing, and poor relationships with neighbours, schools, and other local institutions (Parton; Garbarino & Gilliam, 1980). Although many practitioners claim to

take an ecological approach, the focus of most practice remains on individual pathology rather than on community capacity to provide support and resources (Clarke, 1993).

Organizational needs and policies may dictate some forms of practice; but, Ungar (2002) argues, to “take an ecological approach obligates social workers (and their employers) to put into practice their commitment to broad social change through participation in politicized community initiatives and organizations” (p. 493). An ecological perspective would assist in considering all the contributing factors that led to the family’s involvement in grow operations.

Social constructionism

Child maltreatment is socially constructed, and a discussion of how we construct it needs to precede any attempts at understanding how that construction shapes the way we respond to it (Spratt & Houston, 1999). As the majority of child protection investigations of grow operations involve a determination of neglect, it is the form of maltreatment that has received the most focus in this discussion.

According to Hacking (1999), the social construction of a concept is the way it is “a product of historical events, social forces and ideology” (p. 2). The key message in discussions of social construction is that the concept is not fixed and immutable for all time (Munro, 2002). For child maltreatment, it involves both the beliefs and ideologies concerning childhood and child protection, and the social context in which child protection services are delivered (Parton, 1985; Munro, 2002; Turney, 2000). The way we choose to define maltreatment, and who does the defining, is significant as it will affect the determination of incidence, etiology, and causes, as well as interventions (Gelles, 1975; Munro, 2002; Wolock & Horowitz, 1984).

Political processes, the values and activities of special interest groups, media and societal values, and norms of the times are some of the factors that affect how maltreatment is constructed (Wolock & Horowitz).

Social constructionism is not concerned about whether child maltreatment exists or not but how and why certain actions came to be viewed as child maltreatment in the first place (Parton, Thorpe & Wattam, 1997). This understanding is important in considering the role of child welfare in grow operation families.

Parton sees child maltreatment as a social problem that has been influenced by three distinct concepts of responsibility. The first, *ownership*, refers to the ability of a group to create and influence the public definition of a problem. They are seen as experts and trusted for delivering the facts about the problem. The second is that of *causal responsibility*, and refers to the nature of the explanation of the problem. The third is *political responsibility*, or matters of policy and the determination of who should assume responsibility for addressing the problem (Parton, 1985). All three of these concepts assist in determining the way that the problem has been constructed.

Dingwall (1989) criticizes researchers, policymakers and practitioners for failing to operationalize a clear definition of child maltreatment. He argues that this “definitional fallacy” has resulted in a broadening of the problem that allows for the consideration of any act of omission or commission by an adult towards a child to be brought under scrutiny as abusive (p. 29). Dingwall feels that although child maltreatment has been legitimized as a social problem, we need to more carefully examine the nature and incidence of the acts and their consequences for the child. It then becomes a moral and political decision to determine

which of these actions constitute maltreatment (Parton, 1995). Howitt (1993) links the problem of absolute definitions of child maltreatment with the inability to separate maltreatment from the social system which identifies, regulates, and polices it. Clear definitions regarding actual or likely harm also assist in ensuring children are protected, and families are exempt from unwarranted interventions (Parton, 1995).

Ecological theory considers all related and nested systems that influence a family, and has been shown in the literature to be effective in helping understand child maltreatment. It is the impact that each of these systems has on the child and his/her development that is of concern to social workers. Marijuana grow operations and the ways that they alter or influence these systems need to be understood in the context of impact on the child. By drawing on the principles of social constructionism, the goal is to understand how living in a marijuana grow operation has been constructed as a child welfare problem in the absence of data on the impact that this has on child development. Key to this discussion will be the social and political discussions that surround marijuana and have contributed to the relationship with child welfare policies.

METHOD

It became apparent early in the examination of the marijuana grow operation phenomenon that a stand-alone quantitative analysis would not provide sufficient depth to understand this problem and the role that child welfare has been assigned. A qualitative analysis was deemed necessary to provide an added dimension to the quantitative analysis and further examine the public policy response.

Mixed Methods

Mixed methods studies involve the collection and analysis of both qualitative and quantitative data, collected either concurrently or sequentially, and data integration at one or more points in the research process (Creswell, 1994). Historically, it was believed that the two methods were incompatible, as their associated paradigms sprung from different ontological, epistemological, and axiological assumptions about research (Onwuegbuzie & Leech, 2005a). Arguments against the use of mixed methods address the ability of the researcher to be both deductive and inductive at the same time, to be testing hypotheses and yet be receptive to emerging data from phenomenological observation. Patton (2002), however, argued that human reasoning is capable of committing to questions and hypotheses and still be open in pursuing other aspects of the phenomena being investigated. He states this is not significantly different from a questionnaire with both fixed and open-ended questions, and argues that there is an inductive-deductive continuum in research approaches. It is now fairly widely accepted that combining qualitative and quantitative methods can result in more comprehensive research (Onwuegbuzie & Leech, 2004) since both attempt to

understand human behavior and the human condition regardless of epistemology (Onwuegbuzie & Leech, 2005b; Reichardt & Rallis, 1994).

The most common purpose of mixed methodology is triangulation, which is simply defined as the use of multiple methods to research and understand a single construct (Halcomb & Andrew, 2005). However, in addition to triangulation, Greene Caracelli, and Graham (1989) identified four additional purposes of mixed methods studies: development, initiation, expansion, and complementarity. Complementarity aims to use the strengths of one method to enhance the other through elaboration, illustration, enhancement, and clarification of the findings from one with the results from the other (Sale, Lohfeld & Brazil, 2002); it was seen as the most appropriate method for this study. Both qualitative and quantitative methods are used to measure overlapping but different facets of phenomena, resulting in a deeper understanding of the phenomena. The results do not validate or disprove any reality, but they combine to produce either a composite picture of reality or a composite research construction, dependent on their position on the epistemological continuum (Perlesz & Lindsay, 2003). As the logic of convergence requires that the different methods assess the same conceptual phenomena, triangulation views the research methods as interdependent, while complementarity sees them as independent (additive). Although these two purposes are often used interchangeably in the literature, it is important to make a distinction between them (Sale et al.)

The remaining purposes of mixed methodology are less spoken of in the literature, and include development (using the findings of one method to inform the other), initiation

(paradoxes and contradictions help reframe the research question), and expansion (the breadth and range of inquiry is expanded) (Onwuegbuzie & Leech, 2004).

By using a mixed methods approach and applying this framework to the study of children and families living in marijuana grow operations, it was hypothesized that the results would provide a more accurate representation of the circumstances surrounding this phenomenon, and reach a depth of analysis that could not be achieved by a single method study.

Quantitative Analysis

Research design and method

This research involved the collection of data through the use of a survey instrument and direct observation by the child protection workers who attended the grow operation homes in the course of their child protection investigations. The variables selected, which are presented in detail below, are based on information that is routinely gathered during the child protection worker's investigation, and are in keeping with an ecological approach that has been identified as important in child protection. The variables address multiple levels of harm and include parent and child characteristics as well as environmental characteristics.

The protocol for collecting data from the grow operation homes and families was introduced to the child protection workers in Vancouver and the Fraser Region (see Appendix A). It is a two-page document that includes all the variables outlined below on the site characteristics, as well as family and child circumstances. Page one was completed for each family located in the grow operation, and the second page was completed for each child in that family. The protocol ensured that all child protection workers were collecting the same information for

every grow operation. Child protection workers were assisted in the data collection by other first responders, notably police, fire officials, and hydro employees. The expertise of these other professionals was often required to gather accurate information. For example, the police would provide the number of marijuana plants in the home, and the hydro employees would advise of any bypasses of the electricity.

After an initial review of the information on the health of the children that was provided by the investigating child protection workers and the children's parents, it was determined that such information was often impressionistic and difficult to validate. The decision was therefore made to seek out additional health information from the PharmaNet database on both these children and a comparison group to examine if there were any significant differences in prescription drug use.

Following the analysis of the quantitative data inclusive of child health and environmental characteristics, an analysis of the policies and political factors that influence the child welfare decision-making process was conducted. Using public documents, news articles, and policy directives, this research considers how different discourses on children living in marijuana grow operations explain child welfare activities, taking into consideration the historical, political, and social contexts. Having established through the literature review that definitions of child abuse are largely socially constructed, discourse analysis enables a deconstructive interpretation of the grow operation phenomenon as it applies to child welfare, and may shed some light on hidden meanings or motivations in the responses of key stakeholders.

This research involved human subjects through the secondary use of data collected by the investigating child protection workers, and as such consent of parents was not required.

However, approval for any research or study conducted at the University of British Columbia is a requirement to ensure that ethical principles and conduct are upheld, and any potential invasions of privacy are addressed. As such, approval was requested and received from three sources: the University of British Columbia Behavioural Research Ethics Board, The Ministry of Children and Family Development Research Unit, and the PharmaNet Stewardship Committee.

Sampling

Sampling for this research was purposeful; the data set consists of only the children and families found living in marijuana grow operations in Vancouver and the neighbouring Fraser Region, and who were reported to the Ministry of Children and Family Development (MCFD), the government authority delegated to conduct child welfare investigations in the province of British Columbia. Data was collected by the MCFD child protection workers who attended the homes, or from collateral information from first responders, usually the police. Some of the information, if it was not initially available, was gathered from follow-up contact with the families. It is important to note that because the police and child protection workers are conducting their investigations concurrently, child protection workers often have limited time in the home with a family to gather all the necessary information on the family, children, and site characteristics.

PharmaNet provided prescription information on the children found living in the grow operations, as well as prescription information for a comparison group of 500 children in the same age groupings and geographic areas, randomly sampled from their database. The details of the PharmaNet data is presented and analyzed separately in this dissertation.

Written text on policies and practice guidelines associated with the grow operations, media reports, and historical documents were also accessed.

As a child protection social worker who regularly investigates grow operation families, I participated with my colleagues in collecting the data by also attending the homes. Data was collected over a 26-month period between 2004 and 2006. Ninety-five grow operations, involving 181 children, were reported to the study.

Data analysis

The quantitative data was analyzed using frequencies and logistic regression, and included an examination of any correlations between environmental risk factors and child health, and all variables and child welfare outcomes. It was hypothesized that environmental risk factors are present in the marijuana grow operation homes where children are reported to be unwell, yet these same risk factors do not influence the child welfare outcomes.

Discourse analysis was conducted on the written texts, with a focus on themes, consistencies, and contradictions between the child outcomes from the quantitative data and the stated outcomes and goals in written texts. The Drug Endangered Children Act (2006), which was recently passed in the neighbouring province of Alberta, was also examined, with a focus on the debates that led up to its enactment and Alberta's decision to move towards endangerment and criminalization.

Using SPSS version 16.0, binary logistic regression was used to predict the removal of a child from its parent's care. Physical hazards, the number of plants, child health, and criminal

risk factors were modelled for child removal, with an additional model adding arrest as a predictor of child removal.

Data interpretation

The interpretation of both the quantitative and qualitative findings was conducted with close comparison to previous research on similar circumstances: child health, indoor air quality, pesticides, and child welfare history and practice.

Study Variables

Variable selection was guided by (a) an ecological model of child maltreatment, (b) information received from professionals involved in investigating marijuana grow operations, including the researcher's own experiences from having attended hundreds of these homes, and (c) restrictions resulting from the secondary use of data. The Ministry of Children and Family Development had approved the secondary use of their data for the purposes of this study, and modifications to social work practice could not be made to accommodate the research.

A description of the theoretical assumptions guiding the selection of each of the independent variables is included in Table 1. The definition of each variable follows.

Outcome variables

The social work decision-making outcomes for the children at the completion of the child protection worker's immediate child safety assessment include:

- Remove from parent(s)/place in foster home
- Remain in home

- Place with relative/friend
- Not located/fled

For the children who were removed from their parent's custody, further social work decision-making outcomes were noted and include:

- Return to parent(s)
- Remain in care (interim court order)
- Return to parent under court-ordered supervision

The variable 'child removed' was operationalized as whether the child was removed from the parents' care by the police or child protection worker, under the authority of the child welfare legislation. The variable was coded as follows: 0, no; 1, yes.

Independent variables

The following three variable categories were identified by the literature and professionals in the field as factors that are considered in all marijuana grow operations where there is evidence of children: household characteristics, child characteristics, and family characteristics.

Household characteristics

Physical hazards

The physical risks to children found in marijuana grow operations have been identified as:

- Illegal wiring. This can include any or all of the following: (a) the electrical system has been modified without a permit and without meeting the Canadian Electrical Code standards, (b) there are exposed ballasts and wiring, and (c) the

electrical circuits are overloaded. The presence of any illegal wiring was coded as 1; the absence as 0.

- Unlocked access to grow operations area. If the area was unlocked, it was coded as 1; if locked as 0.
- Bypassing of the hydro electricity. The hydro electricity coming into the home has been re-rerouted to bypass the electrical meter in an effort to avoid detection by the electrical authorities. The presence of any bypass was coded as 1; the absence as 0.
- The presence of propane or butane tanks in the home. When electrical systems are altered to allow for more available power in the grow operation, stoves and ovens are often rendered inactive. Hence, families will use propane and/or butane tanks attached to portable grills and stoves. The presence of any propane/butane was coded as 1; the absence as 0.

As no one hazard was deemed to pose any greater or lesser risk to children than the other (in social work practice), the presence of any hazard was considered a risk factor in the child welfare assessment. As each variable is a different indicator of the concept of physical hazards, a composite measure was created to represent a more valid measure of physical hazards. The hazards were summed and the new composite scale variable indicated a number of 0 to 4 depending on the number of physical hazards present.

Health and environmental hazards

As noted in the Literature Review section, a number of potential health risks exist in marijuana grow operations, including:

- Pesticides/Chemicals. There are often pesticides and chemicals found in the homes, as they are used to encourage marijuana plant growth and control the mite problem. There are also a number of homemade chemical concoctions that may be found in the homes. The presence of any pesticide/chemical was coded as 1; the absence as 0.
- Re-venting. The carbon monoxide gases from the hot water tank and the furnace are re-vented back into the sealed grow operation room(s) to enhance plant growth. The presence of re-venting was coded as 1; the absence as 0.
- Mold. The warm, moist grow rooms encourage the growth of mold. The presence of any visible mold in the home was coded as 1; the absence as 0. In addition, the degree of mold found was noted; this ordinal variable was measured on a scale ranging from none (0), to excessive (5).

Regarding mold in grow operation homes, as each home was generally only seen once, observer ratings were accepted based on worker's professional experience and collaboration with other grow operation-experienced professionals in the home at the time of the investigation (i.e., police, fire officials, city inspectors). This 'industry standard' has been accepted in other health studies where experienced inspectors rated household characteristics as low, medium, and high, and these were accepted as objective measures (Dillon, Miller, Sorenson, Douwes & Jacobs, 1999).

Plants

Data was collected on the number of plants found in the grow operation. There was no distinction made between plants of varying sizes (i.e., mature or seedlings). The actual

number of plants in the home was recorded. This was later recoded into an additional variable with six categories to assist with representing the size of the grow operation. The categories were: 0 – 49, 50 – 249, 250 – 499, 500 – 749, 750 – 999, and 1000+ plants.

It is important to note that the homes containing no plants were located in communities where the police, in conjunction with city officials, post a notice on the door of the home 24 hours in advance of the execution of the warrant, advising that they will be attending. This allows the owners the opportunity to dismantle the grow operation and remove the plants. The evidence of the grow operation (and the hazards) remains in the home, but the plants will often be gone.

Child characteristics

The following variables were identified as specific to the child’s circumstances:

- Child age. This refers to the age of the child, in months, at the time of the investigation into the grow operation.
- Time living in grow operation. This refers to the approximate length of time, in months, the child was living in the marijuana grow operation. This is often an estimate provided by police, which is based on the size of the plants, the amount of mold and condition of the home, and the length of time the electrical records showed abnormal usage.
- Child health. This was constructed by using three variables to answer the question, “Is the child unwell?” Measurement included:

- The parents' reporting of their child's health, and/or the child protection worker's assessment of the child's health based on presenting physical symptoms. If the child was not seen by the child protection worker, then only the parents' reporting on child health was documented. This variable was coded as 1 if the child was well, and 0 if the child was not well.
- The child's reported symptoms. If the child had symptoms, these were recorded in a descriptive form (runny nose, rash, etc.). The four most frequently reported symptoms (coughing/breathing troubles, runny nose, itchy skin/rash, and ear infection) were then noted and coded for their presence (1), or absence (0), for each child.
- Information on the types and number of prescriptions located in the home for each child. Prescriptions were counted on a per-child basis, and broken down into three primary categories: cortisone, respiratory, and antibiotic. The actual numbers of prescriptions in each category and the total per child are reported. (A further determinant of health was the child's prescription information from PharmaNet, a province-wide network managed by the Ministry of Health that links pharmacies to a central database. The PharmaNet information was received and was analyzed separately as it was in aggregate form and there was no ability to link it back to the other variables. As such, this information will be discussed and analyzed separately.)

- Doctor visit. Child protection workers were asked to record whether the child was seen by a doctor after being found in the grow operation. This variable was coded as 1 for yes; 0 for no.

Family characteristics

The following variables were identified as specific to the family's characteristics:

- Primary language. Child protection workers were asked to note if the family spoke English, and in addition, what their primary language was.
- Income. The source of the parents' income was recorded by the child protection worker. All reported income types have been reported. No known other income has been coded as grow operation income only. The variable was coded as follows: 0, one parent employed; 1, two parents employed; 2, welfare/government benefits; 3, grow operation income only.
- Support. The presence of community support for the family was noted; in particular, as it related to persons the family or children could stay with temporarily. The variable was coded as 0 for no support, and 1 if there was support.
- Criminal risk factors. There were three variables that were used to construct criminal risk:
 - Weapons: the presence of any restricted or illegal weapon in the home. This was coded as 1 if present, 0 if absent.
 - Illegal drugs: the presence of any other illegal drugs in the home, aside from the marijuana. This was coded as 1 if present, 0 if absent.

- Previous criminal record: whether either parent had a previous criminal record for drug-related offences. A previous record was coded as 1, and 0 if none.
- Arrest of either parent. In addition to the child protection worker's investigation of the circumstances for the child, police are simultaneously conducting their criminal investigation. As such, an additional independent variable, "parent(s) arrested?" was added as it was hypothesized that the arrest of a parent would influence the outcome for the child. If either parent was arrested for any reason, including new charges of production of marijuana or theft of electricity, or any outstanding warrants, this was recorded by the child protection worker. This variable was coded as 1 if arrested, and 0 if no arrest occurred.

Table 1
Theoretical Importance of Independent Variables

Independent Variables	Theoretical Importance	Supporting Literature
Environmental Characteristics		
Illegal wiring	Marijuana grow operations typically use an unsafe, unapproved network of electrical wiring that poses significant electrocution and fire risk.	Garis, 2005; Plecas, Malm & Kinney, 2005
Unlocked access to grow operation area	The marijuana grow operation is not secured or locked and can be accessed by children, increasing their risk due to exposure to illegal wiring and chemicals.	Leblanc, Pless, King, Bawden, Bernard-Bonnin, Klassen & Tenenbein, 2006
Bypassing of the hydro electricity	The typical crudely made bypasses can electrify the conduit, which, if connected to a home's ground rod, could then electrify the surrounding ground. This could result in electrocution for an animal or person up to 10 metres from the ground rod, usually located at the side of a house.	Van Leeuwen, 2004
Propane or butane tanks in the home	Comparable to having a barbecue in the house, these tanks present a serious risk of explosion and fire, as well as carbon monoxide poisoning.	Garis, 2005; Thomassen, Brattebø & Rostrup, 2004
Pesticides/chemicals	Pesticides and chemicals used to control plant growth and spider mites can be toxic to children.	Canadian Institute of Child Health, 2003; Fassa, 2003
Re-venting of carbon monoxide gases	At low concentrations, these gases can cause fatigue in healthy people and chest pain in people with heart disease. Higher concentrations can cause impaired vision and coordination; headaches; dizziness; confusion, and nausea. Very high concentrations can be fatal.	United States Environmental Protection Agency, 2009
Mold	The relationship between the presence of mold and fungal spores and respiratory problems in children has been well documented in the literature.	Garrett, Rayment, Hooper, Abramson & Hooper, 1998; Freeman, Schneider & McGarvey, 2003; Pettigrew, Gent,

Independent Variables	Theoretical Importance	Supporting Literature
Marijuana plants	The number of plants is indicative of the size of the operation. The more plants, the more associated risks (greater space allocation, more mold, more chemicals, more illegal wiring).	Triche, Belanger, Bracken & Leaderer, 2004 As above for mold, chemicals, and illegal wiring.
Child Characteristics		
Age	Infants, toddlers, preschool-aged children, and pre-teens/early adolescent are at greater risk from environmental hazards as their bodies and organs are in critical and rapid growth stages.	Canadian Institute of Child Health, 2003; Fassa, 2003
Length of time living in a grow operation	It was hypothesized that the longer the exposure to the hazards of a grow operation, the more prevalent the health symptoms.	Canadian Institute of Child Health, 2003; Peterman, Jalongo & Lin, 2002
Is the child well?	Concerns for child health and the potential impact on her/his development provide the justification for social work intervention.	Conrad & Schneider, 1980
Symptoms of child health and prescription information located in home	The environmental factors identified in grow operations are associated with upper respiratory and dermatological disorders.	Garrett, Rayment, Hooper, Abramson & Hooper, 1998; Freeman, Schneider & McGarvey, 2003; Pettigrew, Gent, Triche, Belanger, Bracken & Leaderer, 2004; Kim, Chang & Lee, et al., 2002
Medical exam	Children believed to have suffered ill health as a result of maltreatment are routinely taken for a medical assessment.	Child, Family and Community Service Act, (RSBC) 1996

Independent Variables	Theoretical Importance	Supporting Literature
Family Characteristics		
Primary language spoken	Language spoken by the family should not be related to the child protection decisions, when other independent variables are controlled for.	Sedlak & Broadhurst, 1996
Income	Income assists with access to resources, and allows people some level of control over their lives. It has been hypothesized that these families would be living in poverty conditions if it were not for the grow operation income.	Brooks-Gunn & Duncan, 1997; Pelton, 1994
Support	The presence of safe and available supports for the family can reduce the likelihood that the child would need to be placed in foster care, as child protection workers must consider ‘least disruptive measures’ to protect the child before taking legal action	Child, Family and Community Service Act (RSBC 1996)
Criminal risk factors: weapons, other illegal drugs, previous criminal record for drug-related offences	The more risk factors present, the greater the likelihood that intrusive actions will be taken by child protection workers.	Cradock, 2004
Arrest of either parent/caregiver	The absence of a parent/caregiver to care for the child requires child protection workers to consider more intervention to protect the child.	Child, Family and Community Service Act (RSBC 1996)

Limitations of dataset

Children and families living in marijuana grow operations in Vancouver and the Fraser Region who did not come to the attention of police or child welfare authorities are not included in this study. Their circumstances may or may not be significantly different than the families and children included in this study.

Information gathered was at the ‘moment in time’ when there was intervention by police and child protection workers. Children lived in these homes for varying degrees of time that were difficult to ascertain, or they may have lived in multiple dwellings. Some of these homes were not their primary residences. For some of these families this was their first grow operation; other families had lived in them for years. The profile of the site conditions at the ‘moment in time’ may not be the same as those a few months previous: there could be a first-time grow operation at this home, but there may have been worse conditions in a previous residence.

Analyses

All data management and analysis was conducted using SPSS version 16.0. Frequencies were calculated on all variables to provide a descriptive representation of the families and children included in the study, as well as the conditions of the marijuana grow operation homes they were living in. Logistic regression models were used to predict the outcome variable (the removal of a child) in relation to the household characteristics, the number of plants, child health, available supports, and criminal risk factors. All related predictors were entered into the model.

Logistic regression is suited to the type of data commonly found in social sciences research, specifically where many of the dependent variables are dichotomous or categorical and the relationships among the dependent and independent variables are not always linear (Wright, 1995).

It was hypothesized that this information would assist the researcher's understanding of which factors are key to which child welfare outcomes, and lead into the discourse analysis of how child welfare policy is implemented in practice for these children. It was anticipated that current child welfare policies and practice in British Columbia do not recognize marijuana grow operations as a distinct phenomenon that contributes to a form of maltreatment.

Qualitative Analysis

As presented earlier in the discussion of mixed methods, a qualitative analysis of key marijuana grow operation documents was seen as necessary to both enhance the quantitative analysis and examine different facets of the phenomena.

Discourse analysis

An examination of key discourses with respect to marijuana grow operations has the potential to enhance the understanding of the existing social and political positions.

Discourse analysis is considered a theoretical and methodological whole, and is based on social constructionism (Jørgensen & Phillips, 2002). One goal of discourse analysis is to provide an alternate interpretation of policy and practice (Marston, 2002). It involves the application of critical thought to social problems, and the unveiling of hidden political

agendas within the dominant discourse (Palmquist, n.d.). Although discourses influence and are influenced by social policy which in turn affects public opinion (Klodawsky, Farrell, & D'Aubry, 2002), the discourse surrounding marijuana grow operations is complicated by shifting attitudes about marijuana possession and consumption. How marijuana grow operations are framed influences how society and child welfare practitioners respond.

Methods

This study has used discourse analysis as both a method and interpretive framework to examine the ways in which marijuana grow operations are represented in public documents. Documents were chosen from Alberta and British Columbia as both provinces have recognized problems with children living in marijuana grow operations, and their designated child welfare authorities have made public their positions on intervention with these families and children.

The following three components of discourse analysis were utilized in this research: framing, modality, and the use of person (Huckin, 1997).

1. Framing refers to the perspective that is being presented, specifically, what angle or point of view is being put forth. Framing can be accomplished by the choice of headlines in articles, the omission of facts, presuppositions, or the selection of a 'credible' or perceived expert voice to deliver the message (Huckin, 1997).

2. Modality refers to the tone of the text and the use of specific words to convey the degree of certainty or authority (Huckin, 1997). Terms like 'always', 'must,' and 'necessary' leave

little room for challenge by the reader. This, coupled with the framing of a voice of authority, leads the reader to believe that the assumptions being presented are therefore true.

3. The choice of person can also affect register, the extent to which the spoken words ring true (Huckin, 1997). The use of first person, I and we, can draw the reader into the speaker's point of view, all the while referencing the third person, they, as having contrasting beliefs and positions.

Sampling

Three key document sources were examined as they relate to marijuana grow operations, and in particular, the child welfare response: the *Hansard* and legislative debate surrounding the Alberta Drug-endangered Child Act (2006); the British Columbia Ministry for Children and Family Development *Fact Sheets: Child Protection Issues and Illegal Drug Manufacturing*, and relevant articles published in select newspapers between 2004 and 2006.

The *Hansard* is the official, complete report of proceedings in a Parliament or Legislature in Canada. The Alberta Drug-endangered Child Act was introduced in 2006, and the *Hansard* provides some insight into the political debates that occurred prior to the enactment of the legislation. The debates occurred on March 2nd, 9th, 16th, and 22nd of 2006, and all the related proceedings were included in the analysis. The decision to include an analysis of these proceedings was twofold: first, the Act was being debated during the quantitative data collection period of this study, placing the discussion of the similarities and differences between the Alberta and British Columbia response in the same time frame; and secondly, it would assist in uncovering what factors contributed to Alberta's decision to criminalize the exposure of children to illegal drug manufacturing.

The British Columbia Ministry for Children and Family Development *Fact Sheets: Child Protection Issues and Illegal Drug Manufacturing*, was released in August 2008 to government employees working in child protection. This document had been in the planning stages for over a year, and it is the only province-wide information available to child protection workers that outlines the British Columbia government's position on children's exposure to marijuana grow operations and other drug manufacturing.

Large regional newspapers comprised the third source of data for this analysis, as newspapers are a form of public discourse that often create public consensus (MacRitchie & Seedat, 2008). They were chosen, in part, to reflect the problem of marijuana grow operations at the local and provincial levels, rather than the national level. This is consistent with the other provincial documents selected. Newspaper reports on marijuana grow operations from June 2004 to August 2006 were included in the sample, the same data collection period used for the site analysis. Articles from *The Vancouver Sun* and *The Province* were collected in hard copy during this period, and articles from the *Edmonton Journal* and *Calgary Herald* were located on the website *FPinformart*, a database of archived news articles. Keyword searches were conducted using 'marijuana grow' and 'drug-endangered', with the added limiters of headlines and lead-ins only, along with the specified newspapers. Articles from *The Vancouver Sun* and *The Province* were also retrieved from *FPinformart* to ensure that none had been missed by the researcher's own hard copy collection during that time frame.

Additionally, newspaper articles from the same sources were collected for the year after the Drug-endangered Child Act came into force, from November 2006 to November 2007. The goal was to examine the implications of the Drug-endangered Child Act during the first year

of implementation, and review them as represented by the newspaper coverage. The keyword search term 'drug-endangered' was used exclusively for this analysis to ensure the focus was kept on articles linked to the legislation.

RESULTS

Quantitative Research

Sample characteristics

The sample consists of the children and families found living in marijuana grow operations in the study areas during the data collection period, and who came to the attention of police and Ministry for Child and Family Development. Children and families living in grow operations who were not reported to either agency are not included in this study.

Of the 95 families in the study, 54 (56.8%) lived in Vancouver, and the remaining 41 (43.2%) were located in the Fraser Region. The number of children per family ranged from one to five, with a little over half (52.6%) of the families having two children. The children ranged in age from newborn to 18 years old, with 68 of the 181 children (37.6%) being under five years of age. Most families were two-parent, with 69 (72.6%) reported as being either married or living in a common-law relationship. Almost half (45.3%) had at least one parent employed, while 26 (29%) had the proceeds from the grow operation or provincial welfare benefits as their only source of income. This finding supports the literature on immigration and the associated struggles with securing employment. According to BC Stats, in 2006, 3.3% of the population in British Columbia was in receipt of social assistance, compared to 7.8% of the grow operation families in the study (BC Ministry of Employment and Income Assistance, 2006; BC Stats, 2008).

English was spoken by 54 (57%) of the families, although 68 (72%) of the families reported that Vietnamese was their primary language.

The number of marijuana plants located in the homes ranged from 0 – 1,900, with the mean number of plants calculated at 362. One hundred and thirty-one (76%) of the children had lived in grow operations for twelve months or less; however, this estimate provided to child protection workers by the other involved professionals is based on electrical records and the current condition of the home, and does not take into account if previous homes were also grow operations.

Previous drug charges for parents were present for 26 (32%) of the cases. A 2003 national maltreatment study reported on a much broader category of parental criminal activity, including absence due to incarceration, drug dealing, theft, prostitution, etc. in the six months prior to them having contact with child welfare authorities. Those numbers indicated 8% of female caregivers and 16% of male caregivers in substantiated child maltreatment cases were involved in criminal activity (Trocmé, 2005). Based on this sample, the parents found living in grow operations have a criminal activity rate much higher than the national rate, especially being it is limited to drug charges only.

There were 11 (11.6%) home invasions reported, and the children were removed from three of these homes. In two of the home invasions the children suffered injuries. This was unanticipated data that was provided by the investigating child protection workers. These numbers are especially troubling as law enforcement professionals report that home invasions (often called ‘grow-rips’) are significantly under-reported due to their connection to other criminal activities, i.e., grow operations. The children in all of these home invasions were exposed to significant trauma and violence.

Previous child welfare involvement for grow operation concerns was present in 19 (20%) of the families in this sample. There is no empirical data available on the overall number of children living in marijuana grow operations who are involved in child welfare investigations outside of this study.

Household characteristics

Household characteristics as they pertain to marijuana grow operations were collected from the homes. Not all variables were reported for each home, depending on the information available to the investigating child protection worker. As a result, *n* (number of homes) ranges from 73 to 86 depending on the data included in the child protection worker reporting. Illegal wiring was located in 90% (74/82) of the homes; the access to the grow operation was unlocked in 58% (50/86) of the cases; electrical bypasses were present in 73% (59/81) of the homes; and propane/butane was being used as an indoor cooking fuel 57% (42/74) of the homes. The physical risk factors (illegal wiring, unlocked access, hydro bypass, and propane/butane) were examined separately and as a composite variable, and there was no difference in significance.

Pesticides and chemicals were present in 96% (81/84) of the grow operation homes, indicating little variance. As well, re-venting of the gases from the furnace and/or hot water tank were present in 59% (46/78) of the homes, and mold was located in 77% (56/73) of the homes. Mold was further categorized, thereby noting that 85% of the homes with mold had levels that were considered by professionals to be average or less than other grow operation homes. Only 5% had what was deemed excessive mold.

There were no significant differences in the site characteristics of homes where children were removed from their parents' care compared to homes where children were not removed from their parents' care.

See Appendix B for a summary of the frequencies (by grow operation case).

Child health characteristics

Based on the child's initial presentation, parents' or child protection worker's reporting, and/or the presence of prescription medication in the home, 21% (32/152) of the children were reported as being unwell. As not all children were seen by the child protection worker, reporting of symptoms varied case by case. Respiratory concerns (coughing/breathing difficulties, nasal congestion) were noted in 17.7% (27/152) of the children; 11.2% (17/152) had dermatological symptoms (rashes, itchy skin); and 1.2% (2/162) had ear infections. Some of the children had multiple symptoms. In addition, other symptoms that were noted included autism (1.7%, 3/181) and lethargy (3%, 5/163), as well as the injuries from home invasions (1.2%, 2/172). Although lethargy has been linked in the literature to poor air quality, the low numbers did not warrant further investigation at this time.

The children's prescription medications found in the homes at the time of the intervention were recorded by the child protection workers. In 81% (123/152) of the homes, workers were unable to locate any prescription medication for the children. In the remaining homes, 10% (16/152) of the medications were for cortisone creams; 11% (17/152) were for respiratory ailments; and 7% (12/152) were antibiotics. Seventy-two (41%) of 175 children were seen by a physician after they were located in the grow operation, although the outcome of those visits is not known as this information was not available at the time of data collection.

Concerns arose during the study that the site data collected on child health was not consistent. Many (29) of the children were not seen. The health data collected provided a measure of child health at that moment in time only if they were seen, and many of the families had multiple dwellings and may have had prescriptions for the children in their other home(s). As such, the decision was made to pursue the prescription information from the provincial database, PharmaNet, to more accurately capture all the children in the study.

See Appendix C for a summary of frequencies (by child case).

PharmaNet

In addition to the on-site data, aggregate data (by age groupings) of the history of prescription medication for each child was gathered from PharmaNet. Of the 181 children located in marijuana grow operations, 176 were registered on the PharmaNet database, and prescriptions were located for 133 of these children (during the two-year period leading up to them being found in the grow operation). In addition, PharmaNet provided aggregate drug information for a comparison group of 500 children, also living in the Vancouver and Fraser Region. Of those 500 children, prescriptions were found for 412 over a similar two-year period. A total of 5,435 prescription details were received: 1,027 for the grow operation children, and 4,408 for the comparison group.

Drawing on the expertise of Dr. James McCormack from the School of Pharmaceutical Sciences, the prescription information was coded and categorized. The following categories emerged:

1. Respiratory/Asthma/Antibiotics for asthma

2. Antibiotic (non-specific, and excluding cream)
3. Topical Corticosteroid/antibiotic cream
4. Antihistamines/Allergies (including eye/nose, other skin)
5. Anti-inflammatories
6. Steroids
7. Anti-fungal
8. Pain medication
9. Preventative/Supplements (birth control, vitamins, vaccines)
10. Mental health (including ADHD)
11. Gastro/Ulcer/Heartburn
12. Cardiac

The key variables included prescriptions for respiratory illnesses and skin disorders, which the literature indicates may be more prevalent for those living in grow operation conditions. Using SPSS version 16.0, the data was examined using descriptive statistics and cross-tabulations. Each child (grow operation and comparison) was logged for the number of different prescriptions they received within and across variables, and the number of repeat prescriptions they received. The grow operation and comparison group children were examined separately and in combination. As the final negotiations with PharmaNet resulted in the release of aggregate data only, no analysis could be conducted on the relationship between the conditions found in the home and the health of the child.

Contrary to expectations, results indicated no significant difference in the number and frequency of the identified prescriptions between those children found living in marijuana grow operations and the comparison group (see Tables 2 and 3).

Table 2
Drug Frequency by Drug Type

Number of Respiratory/Asthma Prescriptions				
	None	1	2	3 or more
Grow operation	45%	28%	12%	15%
Comparison	44%	33%	12%	13%
Number of Antibiotic Prescriptions (not cream)				
	None	1	2	3 or more
Grow operation	30%	28%	22%	20%
Comparison	18%	22%	23%	37%
Number of Topical Corticosteroid/Antibiotic Prescriptions				
	None	1	2	3 or more
Grow operation	47%	33%	9%	11%
Comparison	46%	26%	15%	13%
Number of Topical Antihistamine/Allergy Prescriptions				
	None	1	2	3 or more
Grow operation	60%	27%	9%	4%
Comparison	70%	21%	6%	3%

Table 3

Drug Frequency of all Grow Operation-Related Drugs

(Respiratory/Asthma; Antibiotic (not cream); Topical Corticosteroid/Antibiotic; Antihistamine/Allergy; Anti-Inflammatory; Steroid and Antifungal)

Number of Prescriptions				
	None	1	2	3 or more
Grow operation	1%	20%	14%	65%
Comparison	2%	12%	14%	72%

There is likelihood that the above findings could be due, in part, to exposure misclassification because of the low numbers, and also that the objective health of children is not accurately reflected in prescription dispensing. This possible explanation will be examined in the Discussion section of this dissertation.

Child maltreatment outcomes

Child protection workers in British Columbia, when assessing and mitigating risk to children, have options available to them under the child welfare legislation. Table 4 shows the possible decisions that are made throughout the grow operation child maltreatment investigation, and Table 5 represents the frequencies of these decisions in this study.

Table 4
Case Dispositions in Marijuana Grow Operations

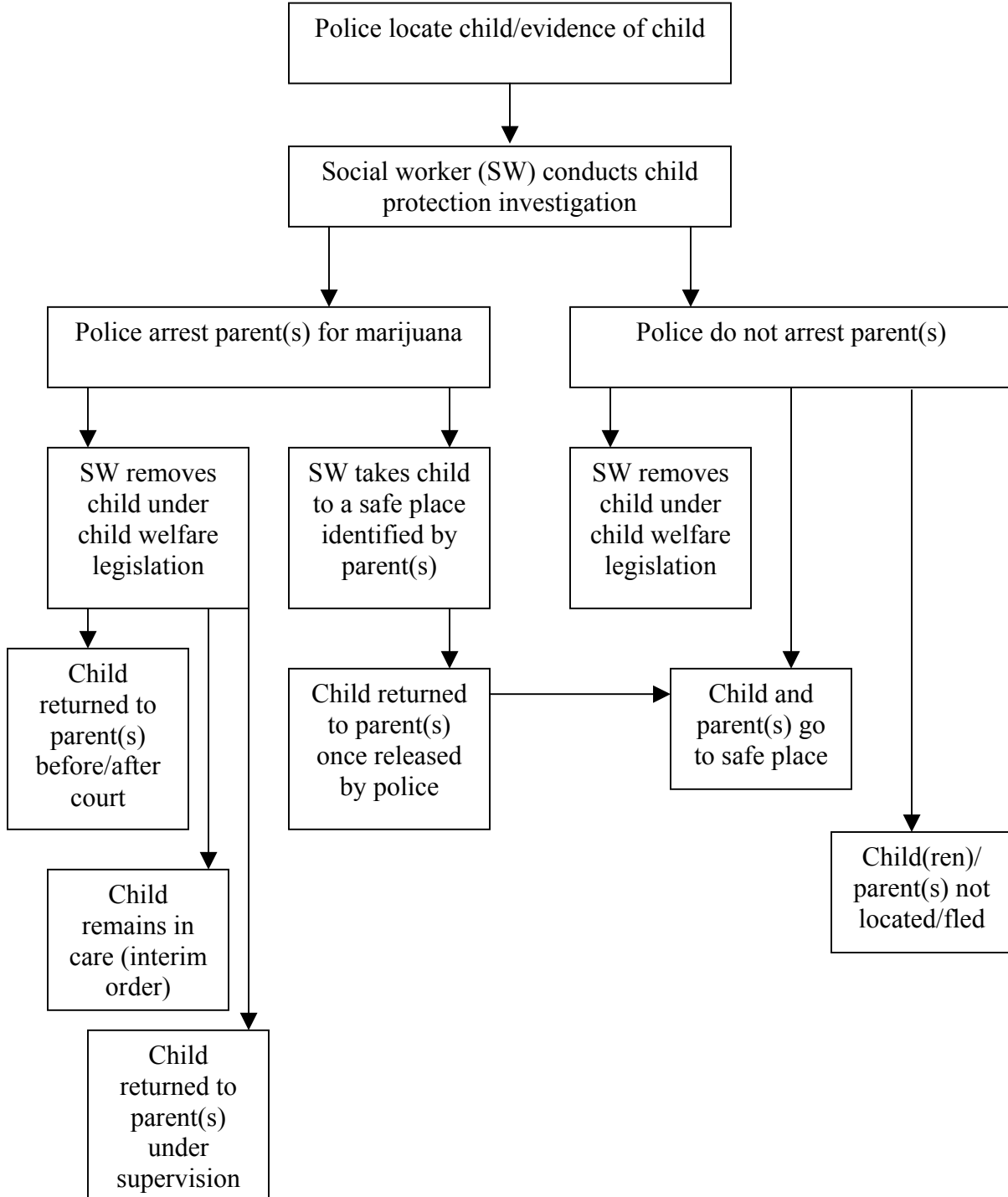


Table 5
Child Maltreatment Outcomes

Outcome (n=94)	Frequency	Valid percent
Remained in home	1	1%
Stayed with relative/friend	43	46%
Stayed in motel/hotel	7	7.4%
Fled (not located)	7	7.4%
Stayed in other home (own)	14	15%
Placed in foster home	22	23%

To clarify, only one family was allowed by police to remain in their home, as its conditions were such that authorities could not condemn it. The grow operation had already been dismantled prior to execution of the warrant, and there were no electrical hazards or modifications. Although child protection workers often did not remove children from their parents' care, they also did not allow them to continue living in the grow operation home, even once it had been dismantled. There was recognition of the inherent dangers of the homes, but that did not always translate into a child removal. Parents who retained custody of their children were required to locate for their family a safe and grow operation-free home, which was approved by the child protection worker.

For those families whose children were removed from their care at the time of the investigation, Table 6 indicates the subsequent dispositions.

Table 6
Disposition after Removal

Disposition (N=22)	Frequency	Valid percent
Returned to parent(s)	13	59%
Remained in care	7	32%
Returned home under court-ordered supervision	2	9%

Removal of children

Two models were created to examine the variables that were believed to influence a child protection worker’s decision to remove children from the care of parents’ with marijuana grow operations. The first were the variables related to child well-being, including the number of marijuana plants, a composite variable for the physical hazards, the presence of any pesticides, visible mold, re-venting of the gases from the furnace or hot water tank, and whether any of the children presented as unwell. All of these have been discussed and supported by the literature as relevant to child health. The second model contains those variables related to crime, including the number of marijuana plants, any crime risk factor, the arrest of the parent, and previous social work history for involvement in grow operations. Into each of these models was then added the presence/absence of family support to see if it mitigated any of the effects of the other variables.

It was hypothesized that the health and safety of the children would be the primary driving factor in the child protection worker’s decision to remove the children from their parents’ care. However, it is those variables most closely associated with criminal activity that are significantly associated with the removal of the child from the parents’ care.

Table 7
Health-Related Conditions and Child Removal

	B	Exp(B)
Number of plants	.002	1.002*
Any pesticides	-2.795	.061
Unwell child	-.076	.927
Physical risks	-.185	.831
Mold	-1.163	.313
Re-venting of gases	1.168	3.216

* $p < .05$

Hosmer-Lemeshow goodness of fit: .497

For each ten additional marijuana plants in the home, the likelihood of a child being removed by the child protection worker increases by 2%. There was no significant relationship between the removal of a child and the remaining independent variables. However, a negative value for unwell child, physical risks, and mold suggests that in this sample, their presence decreases the likelihood of a child being removed from their parents' care, even though the relationship is not statistically significant ($p > .05$).

The presence of any family supports was added to the model, resulting in a statistically significant negative relationship between supports and removal of children. When present, the likelihood of children being removed from their parents care is decreased (.005)

Table 8**Health-Related Conditions and Child Removal (Presence of Supports Added)**

	B	Exp(B)
Number of plants	.003	1.003*
Any pesticides	-4.075	.017
Unwell child	- .218	.804
Physical risks	- .770	.463
Mold	-1.879	.153
Re-venting of gases	1.739	5.691
Presence of family supports	-5.279	.005*

* p<.05

Hosmer and Lemeshow goodness of fit: .992

In an effort to examine any relationship between the child protection worker's actions and the crime variables, a second model was created to include arrest of a parent and previous social work involvement for grow operations.

Table 9**Crime-Related Conditions and Child Removal (Including Arrest of a Parent)**

	B	Exp(B)
Number of plants	.001	1.001
Criminal risk factors	2.500	12.186*
Previous social work involvement for grow operations	3.088	21.937*
Presence of family supports	-5.874	.003*
Arrest of a parent	2.919	18.518*

*p<.05

Hosmer and Lemeshow goodness of fit: .521

Criminal risk factors, the arrest of a parent by police, and a history of social work involvement for grow operations are all significantly associated with the removal of the children. If either parent is arrested, the odds that the child will be removed by the child protection workers is 12 times greater than if parents are not arrested, even when controlling for the presence of family supports. In this sample, children were removed from their parents in 51% of the cases where parents were arrested. However, the most significant influence in the child protection worker's decision to remove a child is a previous history of social work involvement for a grow operation, increasing the likelihood by 21.9 times.

In this model, as in Table 8, the presence of family supports decreased the likelihood that a child was removed from her/his parents' care, consistent with British Columbia child welfare policy to consider the least disruptive measures prior to bringing a child into foster care.

Due to the emerging relationship between child removal and police arrest of a parent, the frequencies by region were examined to determine if there were any regional differences in either arrest rate or child removal rate (see Table 10).

Table 10
Police Arrests and Child Removals by Region

Frequency	Vancouver (N=54)		Fraser Region (N=41)	
	n	%	n	%
Parent(s) arrested	5	9	30	73
Child(ren) removed	5	9	17	41

Both parents were arrested by police in 21 (22%) of the cases in Vancouver and the Fraser Region. In addition, seven (7%) single parents were arrested, as well as one member of a two-parent family in seven (7%) cases.

In Vancouver, police arrested one or both parents in five cases, 9% of the total grow operations attended to during the data collection period. In one of these cases, child protection workers also removed the children. The remaining four cases in Vancouver where the children were removed by child protection, police did not make an arrest. Three of these five cases had previous social work involvement for living in a marijuana grow operation. For two of these families, the previous intervention involved the child protection worker providing information as to the potential hazards that grow operations are believed to present to children: physical hazards, health hazards, and the risk of home invasion. As a result of this current removal, these two families had their children remain in court-ordered interim

foster care. One of these families had been the victim of a home invasion. In the case of the third family, their previous social work involvement had been minimal, as they had fled after police intervention. This family had their children returned to them within the week. This data indicates that child removal was not secondary to arrest in the Vancouver cases.

By contrast, in the Fraser Region police arrests were made in 30 of their cases (73%).

Although the children were removed in a little over half of the cases where arrests were made (n=17), all of the removals in that region co-occurred with an arrest. In the Fraser Region, the City of Surrey, policed by the RCMP, had the highest rates of both arrests and removals. Of the 15 grow operations in Surrey during the study, parents were arrested in 14 (93%) of them, and children removed in nine (60%) of the cases.

Discourse Analysis

The Drug-Endangered Children Act

The term ‘drug-endangered children’ appears to have first emerged in the United States in the early part of the twenty-first century, and makes reference to children who have been living in, or exposed to, methamphetamine labs or marijuana grow operations, although the latter is less of a problem across the border. The province of Alberta has adopted this phrase and used it as the title of their latest child protection legislation, the Drug-endangered Children Act, which came into effect in that province in November 2006. As Alberta is our neighbouring province, child welfare policy makers and practitioners in British Columbia watched the debates and implementation of their new act with both interest and scepticism.

Led by a Conservative government since 1971, Alberta had successfully enacted another piece of legislation addressing children and youth at risk, namely their 1999 Protection of Children Involved in Prostitution Act (now the Protection of Sexually Exploited Children Act), although this was not accomplished without criticism. The legislative debate of the Drug-endangered Children Act reveals the dominant and often competing discourses of the three major political parties: the Conservatives, the Liberals, and the New Democratic Party (NDP). All of the speakers in the debate are elected officials, and as such should carry credibility and alleged expertise in their area, a contributing factor in framing.

The legislation was introduced and led by the Conservative Party as a means to address what they referred to as an “emerging social issue” (as opposed to a criminal issue), and the stated intent of the Bill was to make it clear that “children exposed to serious drug activities such as manufacturing and trafficking are victims of abuse and need protection” (Forsyth, 2006a, p. 188). The Government of Alberta states that they are committed to “protecting children from the dangers of exposure to illegal drug manufacturing, indoor cannabis grow operations, trafficking and other forms of illegal drug activity” (Drug-endangered Children Act, 2006, p. 1). Throughout the debate, the Conservatives refer to the children as being victims of abuse, rather than neglect, which is seen as an omission by the parent/caregiver (Forsyth).

All three parties are in agreement that children need protecting from abuse and neglect. The Liberals acknowledge that we are all responsible to provide supports for children and families, and protect children when parents are unable or unwilling to do so themselves. This is a key example of the use of person, which runs throughout the debate. They further add that it is abusive whenever children are used as pawns in a dispute, even political. They raise

the “classic stories of children working in mines, mills and factories, and their modern equivalents, in sweat shops and Third World construction sites” (Mather, 2006, p. 188). The Liberals further speak about war and violence in more general terms, globally, and away from the specifics of drug manufacturing and trafficking (Mather).

The largest obstacle presented by the opposing political parties is the argument that there is not a need for a new piece of legislation, as they see the current Child Welfare Act in Alberta as adequate to protect all children, including those found living in drug production environments. However, the Conservatives place a strong emphasis on creating a stand-alone piece of legislation, separate and apart from existing legislation, that identifies these children as being victims of abuse who need to be removed from their dangerous environment. They argue that stakeholders all over the province want a stand-alone piece of legislation rather than an amendment to existing legislation, as it will reduce the likelihood of the drug-endangered concerns being buried. The term ‘stakeholder’ infers an investment and experience in the subject, one that should not be argued. It is repeatedly emphasized by the Conservatives that this (Act) is the first of its kind and will showcase Alberta’s efforts to combat drugs and drug activity, and the emergent social issue of children being abused (Forsyth, 2006b; 2006c).

The Alberta Liberals agree there is a concern about exposing children to illegal activities, but they feel that the existing legislation should be added to rather than creating a new Act (Blakeman, March 9, 2006). The NDP also believe there is already legislation in place to adequately protect the children of Alberta, and that this initiative is merely a self-righteous act to point out something that is the newsworthy crime of the day. Dealing with

methamphetamine labs and grow operations is an exciting venture, and it looks good to be on the forefront (Martin, March 9, 2006, p. 349). The NDP question whether the people of Alberta could be overly governed and whether the Conservatives are passing laws just for the sake of passing laws. Both opposition parties argued that by creating a new Act when there are already provisions in place is a form of grandstanding, so that the Conservative government can appear to be doing something (Blakeman, 2006, p. 348; Martin, 2006, p. 348).

In their efforts to argue for this stand-alone piece of legislation, the Conservatives differentiate between drug-endangered children and other children at risk. They note that the current child welfare legislation focuses on rehabilitation and keeping families together, but insist that a different response is needed for drug-endangered children. The Conservatives are suggesting that the goal here is to do other than rehabilitate or keep families together. They argue that these “abused children” need to be removed from their homes and placed in an environment that fosters kindness and mutual respect, and allows them to be “protected, loved and nurtured” (Cao, March 16, 2006, p.485). Implicit in their statement is an assumption that such qualities do not exist in drug homes, and the government’s position becomes all the more confusing when they associate removing children from their homes with reinforcing the solidity of the family dynamic (Cao, March 16, 2006). The Conservatives refer to the parents as “unscrupulous adults without morals or ethics” who place their children in danger while “making a dollar” (Hancock, March 22, 2006, p. 595).

There are two major themes that emerge from the Conservative’s argument for the new Act: fear and compassion. They introduce the notion that drug activity is an increasing problem,

and that this is a frightening thought, but more frightening is that innocent children are involved (Forsyth, 2006a). The Conservatives refer to the advances made by the United States to combat the drug problem, and to the support they have from the police for this Act. They state there are “heart-wrenching, horrific stories” about children in drug labs, and then present a story (from the United States) that is sensationalized, makes sweeping generalizations, presents inconclusive facts as evidence (i.e., that such children suffer from cancer and chronic respiratory problems), and they refer to these cases as “sad” (Forsyth, p. 187 – 188). The Conservatives continue to make such references throughout the debate, adding that “one child that has to grow up in such a damaging physical and social environment is one too many,” and that a child may be “lost” if there is a delay in passing the Bill (Forsyth, 2006b, p. 482). They state that this is not about children who are “victims of bad parenting, but children who are in imminent danger, and the ability of someone to go and save their lives” (Oberle, 2006, p. 596). This life-and-death argument is presented approximately 12 times throughout the debate.

Both the Liberals and NDP challenged the Conservatives on the lack of empirical evidence on the scope and magnitude of the problem that would support the need for the legislation. The NDP expressed further concerns that civil liberties were being suspended without adequate research and definitions of the problem. The Conservatives counter the arguments by stating that in the absence of legislation with specific clauses, how could the data be collected? They speculate that with this new legislation there will be increased public awareness and increased reporting, allowing for the problem to be measured. The Conservatives also introduce another level of fear or panic by posing the question that new or reinvented drugs may present risks in the future, and they will be prepared to respond by

already having the legislation in place (Forsyth, 2006b, p. 482). This element of moral panic is what Goode & Ben-Yehuda (1994) refer to as disproportionality: the implicit assumption that the number of persons involved and the size of the phenomena is larger than what can be seen or measured, thereby raising public reaction and concern over the phenomena.

Although numerous references are made to drug-endangered children being a social issue, the Conservative argument draws on criminal protocols, principles of crime prevention, early intervention tools, and references to the United States and their “war on drugs” programmes (Rodney, 2006, p. 189). The Act is seen as another step in a series of moves to eradicate the drug problem, and albeit far-reaching, it is consistent with other initiatives in Alberta. The Liberals agree that this Act is another means of supporting the battle against addictions and drug activity. The Liberals comment that this legislation is being supported by the police, which implies that it must therefore be good, although meeting the needs of criminal enforcement does not necessarily equate to meeting the needs of children and families. As previously noted, Wattam argues that child abuse investigations can be “inherently prejudicial to children”, do not always result in satisfactory outcomes for children, and can be traumatic for the child (Wattam, 1997, p. 105). The Liberals recognize the traumatic nature of child apprehension and take this one step further by arguing that removing a child from a home is a last-ditch, draconian measure (Tougas, 2006b).

Both opposition parties raised the issue of civil rights and liberties. Although the Conservatives argued that the children’s right to protection supersedes the parent’s civil rights, there remained concerns over unauthorized or unwarranted searches of homes (Blakeman, 2006). The Conservative’s response did not address the concerns, but rather

redirected the argument back to the purpose of the legislation (to better protect children). Interestingly, when NDP MLA Dr. Pannu raised concerns that the power/authority to remove children may be abused by the state or its agencies, MLA Forsyth, the Minister of Children's Services, acknowledged that those provisions are currently in place under the existing child welfare legislation (and have not been abused), yet the Conservatives still moved forward with new legislation (Forsyth, 2006b). The Liberals argued that this Act is perhaps an unnecessary infringement on individual civil liberties (Miller, 2006), while the NDP stated that that children need to be protected from abusive parents and caregivers, but also from actions taken by government (Pannu, 2006a). Both the Liberals and the NDP see a need to reduce harm to children, but the effectiveness of the measures employed to achieve that goal, and whether they warrant interference into the lives of children and families, must be weighed. One NDP member further stated that in his view, the state, without due cause, has no place in the living quarters and in the family rooms of this province and of this nation (Pannu, 2006b). This take-off on Trudeau's 1967 quotation, "there's no place for the state in the bedrooms of the nation," is consistent with the liberal laissez-faire attitudes towards government policies (Canadian Broadcasting Corporation, 2003).

Certainly the commitment to children and their importance as our future is stressed throughout the debate by all parties, and is not a contested issue. There is also no disagreement about our need as a society to protect children from harm. How harm is defined and under what circumstances is the contentious issue. The Liberal concerns focus on a need for definitions of the circumstances that warrant intervention, as well as a discussion around marijuana and the debate about its decriminalization (Tougas, 2006a). The Conservatives argue that parents who are involved in illegal activities are uncaring and that children

exposed to the illegal drug trade are endangered, as the “unstable and dangerous environment is in itself a proof of abuse” (Cao, 2006, p. 484). They also argue that there is physical abuse in the form of long-term negative health effects from exposure to toxins and chemicals, and psychological consequences that children may face by being exposed to drug activity, yet none of these statements are supported by empirical evidence. They further claim that children may believe such activities are morally acceptable, and may therefore engage in these same activities in later life (Cao). As well, the Conservatives argue that this new legislation will prove to be a very successful deterrent to people considering drug trade involvement. It appears that Alberta is using child welfare laws as a tool to fight illegal drug activity, and to act as a deterrent for people contemplating this lifestyle choice.

In contrast, the Liberals present a scenario of a ‘normal’ family, involved in community, sports, and school, who may also be involved with marijuana, and therefore at risk of having their children apprehended (Blakeman, 2006). This political position represents the liberal laissez-faire attitude towards government intrusion into the privacy of family, with concerns over the “government’s eagerness to intervene into the family with such aggressive tactics” (Blakeman, p. 348). In liberal ideology, the family system should be free to govern its own without interference from government or state, as “the family is a sphere of privacy” (O’Neill, 1994, p. 45). Although Conservatives also believe in the rights of families to limited government interference, such limits would not be at the expense of condoning crime or breaches of morality, or jeopardizing the safety of society.

Finally, the Liberals present their concerns over the intent of the legislation, in that although it will deal with the children found in drug labs or grow operations, the legislation will do

nothing to stop drug labs and grow operations from happening as there is nothing preventative in the Act other than the threat of punishment. They make the shift to the broader perspective including the social determinants of health as part of the discussion, and the need to consider them in the larger picture (Blakeman, 2006). This perspective is supported by the NDP, who do not see any immediate risk to these children, but argue for the long-term health effects (Pannu, 2006a) Indeed, the dominant discourses are silent on the underlying structural contribution to grow operations and the ongoing debate over marijuana. The Liberals and the NDP state there is no allowance for the creation of incentives or opportunities for people to move out of a criminal lifestyle, or assistance with seeking other forms of employment (Blakeman; Martin, 2006). Both opposition parties feel there are not enough supports in place to deal with the problem at multiple levels before taking a strictly punitive approach.

Despite the arguments, the Bill was enacted and the Drug-endangered Children Act came into effect in November 2006.

MCFD Fact Sheets: Child Protection Issues and Illegal Drug Manufacturing

In British Columbia, the number of indoor marijuana grow operations is believed to exceed that of Alberta, as British Columbia has nearly three times the national average of grow operations (79 per 100,000, as opposed to the national average of 27) (Plecas, Malm & Kinney, 2005). So-called 'BC Bud' is known the world over for its high quality and potency, and according to the Fraser Institute, revenue from its sales is conservatively estimated at six billion annually (Easton, 2004). Children are estimated to be living in 21% of the grow operations in Vancouver, British Columbia (Plecas, Malm & Kinney, 2005). Therefore, it is

reasonable to believe that the question of children living in grow operations in this province is at least as problematic as it is in neighbouring Alberta. However, the Liberal government authority responsible for protecting children in British Columbia has taken a much different approach to these children and families.

Despite challenges over the years, the Ministry of Children and Family Development (MCFD) in British Columbia has maintained that their current child welfare legislation, the Child, Family and Community Service Act (1996) has clauses in place to adequately protect children found living in marijuana grow operations. In August 2008, MCFD released a fact sheet document entitled, *Child Protection Issues and Illegal Drug Manufacturing* (see Appendix D). The fact sheet provides information to child protection workers on marijuana grow operations (and methamphetamine labs), the child protection perspective, and overall safety concerns from an occupational health and safety standpoint. The document attempts to identify the risks, potential risks, and the need for least disruptive measures when investigating children found living in marijuana grow operations, in keeping with the residual notion of state associated with conventional liberal policies. The document is written in the neutral third person, and any reference to supporting information is not presented as authority. Two dominant positions run throughout the document, those of ‘safety and well-being of the child’ and ‘least disruptive measures’. These are consistent with the guiding principles in the legislation, and with current policy and practice standards. The document presents a general overview of how child protection policy guides child protection workers in all of their work, and how it applies to marijuana grow operations in particular.

Emphasis is placed on assessing child safety on an individual basis, addressing the unique circumstances that every situation presents, and working collaboratively with the family and other service providers to develop the least disruptive plan to ensure the safety and well-being of the child. These plans may include placing the child with a relative or other caregiver known to the child and family, or placing the child in an approved resource if he/she needs to be removed from the parents' care. These directives follow the Child and Family Service Standards, the document that guides practice in implementing the related legislation, and are no different than those for investigations involving children not living in marijuana grow operations (Ministry for Children and Family Development, 2008).

The document continues with outlining a framework for assessing risk, as it acknowledges that some circumstances are unique to marijuana grow operations. The framework includes an assessment of the scale of the drug manufacturing set-up, the criminal or organized crime involvement, and potential risks posed by people who "frequent the home" (Ministry for Children and Family Development, 2008, p. 4). The fact sheet recommends that health risks be noted and medical follow-up be arranged for the children if the risks seem significant; also, that consideration must be given to the underlying causes that contributed to the caregivers' decision to have a grow operation in their home, despite the inherent and well-known risks. The document's attempt to identify the strengths and weaknesses of the caregivers and their situation is intended to assist with the development of a safety plan for the children.

There is nothing in British Columbia's MCFD document that directly contributes to the moral panic so evident in the Alberta debate. The modality of the text is set by using words

like *may*, *likelihood*, *probability*, *possibility*, and *inconclusive*, rather than language with more conviction such as *will*, *must*, *danger*, and *victim*. In fact, the words *victim*, *morals*, *drug-endangered*, *combat*, *frightening*, and *sad*, are nowhere to be found in the MCFD document, yet they are presented repeatedly in the Alberta debate.

The MCFD fact sheet acknowledges there are physical hazards in grow operation homes, the most significant of which is the risk of fire from improper or faulty wiring, shock hazards, and use of chemicals (Ministry for Children and Family Development, 2008). The document contains comments about the possible health risks and increased incidence of asthma, infections, and other health issues, but clearly notes that this information is inconclusive and must be evaluated on a case-by-case basis.

When the concern about violence in the home and involvement in criminal activities or gangs is introduced in the fact sheet, there is a noticeable shift away from emphasizing these as risk factors. Information is presented from a large-scale study on marijuana grow operations in British Columbia, which states that firearms were located in 6% of grow operations (Plecas, Malm & Kinney, 2005). The MCFD fact sheet further adds that the firearms registry indicates there are guns legally possessed in 4% of homes in British Columbia (Ministry for Children and Family Development, 2008, p. 8). This small (2%) difference appears to imply that there are not significantly more weapons in grow operations than in other homes in British Columbia. However, there is no discussion of the reasons for acquiring the firearms; it would make sense that a hunter in northern British Columbia with a registered firearm would have a different use for his/her weapon than a marijuana cultivator in an urban setting who needs to protect her/his crop.

Other concerns about violence are presented and include booby traps, and break-ins or thefts that have the potential for violence. ‘Home invasion’ is a common term that has come to be associated with break-ins to marijuana grow operations, and represents a significant level of violence towards property and persons. Often in home invasions, weapons are used, usually to steal the marijuana or proceeds, or to ‘send a message’ to the occupants about their drug involvement or debts. Despite the relative frequency with which home invasions occur, and the significant risk of harm to families living in the homes, a modification of this term (‘invasions of a home’ instead of ‘home invasion’) is only used once in the document. It opts instead for the less-violent terms of “theft” and “break-in” and refers to “high-risk individuals who may come into the home and may bring weapons” (Ministry for Children and Family Development, 2008, p. 11). There is no mention that children may be physically harmed in the home invasions, but it states that they may experience emotional harm by witnessing violence, threats of violence, or criminal activity. According to the Child, Family and Community Services Act (1996), Section 13 (1) (e), “a child is emotionally harmed if the child demonstrates severe (a) anxiety, (b) depression, (c) withdrawal, or (d) self-destructive or aggressive behaviour” (p. 14). This clause in the legislation is used infrequently as it requires the child to have severe symptoms, and needs supporting documentation from the medical or psychiatric community. Indeed, if children living in marijuana grow operations are suffering from emotional harm by exposure to violence or criminal activity, it should be documented and appropriate action taken to protect them from future harm.

A significant part of the fact sheet document is devoted to a discussion of the dynamics of grow operations, including beliefs and values about marijuana, the reason for the family’s involvement, and the impact on the family of having the grow operation dismantled by

police. These discussions are consistent with an ecological approach to intervention and understanding the grow operation phenomenon. Several different systems can interact to:

1. influence the family's decision to become involved in a grow operation,
2. affect the safety of the child, and
3. affect the family's desire/ability to remove themselves from involvement with grow operations.

The document suggests that marijuana grow operations being run out of residential homes may be tended to by a family that is indebted to a criminal organization, possibly because of gambling activities; the grow operation may be for licensed medicinal marijuana; or it may be an income supplement or for personal use (Ministry for Children and Family Development, 2008). It recognizes that not all grow operations are alike, and the document stresses the importance of gathering the facts of each case. At no time are grow operation parents referred to as "unscrupulous adults without morals or ethics" as in the Alberta debate (*Hancock*, March 22, 2006, p. 595). Continuing with an ecological approach and keeping the family in context, the discussion is rounded out by including the impact of intervention on the lives of grow operation children and families. After the marijuana grow operation is dismantled and the marijuana seized, many families may be placed in a situation of homelessness or sudden poverty, with prospects of little or no income. The document acknowledges that "it may be difficult or impossible for a family to leave the marijuana grow operation because of socio-economic conditions, cultural/community values, connection to organized crime or spousal pressure" (Ministry for Children and Family Development, 2008, p. 9).

As well, the document acknowledges that attitudes in society are changing regarding marijuana use and that this change, combined with a lack of conclusive data about the health and safety risks of marijuana grow operations, may result in inconsistent responses by child protection workers (Ministry for Children and Family Development, 2008). It contains no discussion that the existing legislation and policy is inadequate to effectively address the phenomenon of children living in marijuana grow operations.

Newspaper articles

As a third data source for this part of the analysis, articles were collected from *The Vancouver Sun* and *The Province*, British Columbia's two major newspapers, and the *Calgary Herald* and *Edmonton Journal*, Alberta's leading newspapers. All articles on marijuana grow operations published during the data collection period, including those mentioning children, were included in the analysis. Attention was paid to the headlines, as they were often reflective of the tone and focus of the article, and have a broader audience (Develotte and Rechniewski, 2001). Of the total publications (n=56), 42 were from British Columbia and 14 were from Alberta. They included articles, opinions, columns, letters, and editorials. Although the Alberta Drug-endangered Children legislation was being debated at this time, there were only two newspaper articles published on the Act prior to it coming into effect in November 2006, and these were only located using the keyword 'drug-endangered'. The bulk of the articles on the Act were outside the data collection period for this analysis. These will be discussed separately below.

A previous study on discourse analysis and media content concluded that it was not possible to analyze individual texts in isolation from an examination of the wider systems of

ideologies that informed them (Philo, 2007, p. 184). There are competing ways of representing marijuana grow operations, and the media's portrayal at any given time needs to be viewed in the context of whose interest is being presented. A number of themes emerged from the articles, covering both ends of the political continuum (see Table 11). How newspapers present each of these themes influences how we construct marijuana grow operations as a problem, be it social or criminal, and where child welfare fits within the debate. However, the dominant discourse that emerged surrounding marijuana grow operations in the media was that of crime and fear, and the need to protect ourselves from this 'dangerous' phenomenon.

Criminal

References to police and law enforcement were by far the most common, totalling 36 articles. Bold terms such as 'raid', 'enforcement', 'busted', 'drug dealers', 'assailants', 'shut down', 'stabbing', and 'organized crime' repeatedly made the headlines and storylines, maintaining the link between marijuana and crime. The need to have police involved in this criminal activity is stressed throughout, and the underlying message is that this is the only step to protecting our safety. One Alberta editorial suggested that, "longer jail terms might help protect police and citizens" (Let's declare war on the grow-ops, 2005, p. A16). There were almost an equal number of articles in each province with a focus on the criminal aspect of marijuana grow operations (see Table 11).

Fear

Continuing with the criminal theme, some articles focused on marijuana grow operations as things to be feared, and incidents such as fire (Electrical fire leads to police raid, 2006), home

invasions (Home invaders sought, 2005), and violence (Grow-op stabbing, 2005; Ramsey, 2005) were often reported. They tell the reader that there are inherent risks that can affect all persons, regardless of their involvement in illegal activities. In addition, that living next door to a grow operation can compromise one's own health and safety. Both the fear and criminal categories are more in line with the conservative thinking and portrayals previously outlined in the discussion of the Drug-endangered Children Act debate, yet articles on fear are present more than twice as often in British Columbia news articles (see Table 11).

Property

Consistent with the fear theme, articles directed at property, property values, and victimization formed another category (O'Connor, 2005). It is reported that grow operations also steal millions of dollars in electricity, with these costs shared by all homeowners (Poole, 2004). The responsibility of homeowners and landlords for the actions of others is presented, noting that they will be held accountable for marijuana grow operations on their premises (Kent, 2005), adding to the innocent victim dilemma.

Families and children

There were 13 articles that mentioned or discussed children and families (Stuffco, 2005; Grow-op busted: Four adults and two children were found in the home, 2006), including the two that specifically addressed the Drug-endangered Children Act. The focus was on the home, and its representation within any neighbourhood. The location of marijuana grow operations in residential areas was stressed, and streets and communities were named, making this everyone's problem. The vulnerability of children was expressed through representations of the children needing help, and/or being removed by Children's Services

(Grindlay, 2006; Child found in home after raid for marijuana grow-op, 2006). Children were also presented as the innocent victims of this crime (Ward, 2005; Kid's lives risked, 2005).

Most of the articles that made reference to children focused on their need to be helped and drew on the reader's compassion, presenting the children as victims of a gang-related activity. One article spoke of a high-level police officer expressing the need to "punish" parents for raising children in a grow operation (Bermingham, 2005, p. A21). This punishment position was presented in an article in British Columbia, yet is more in line with the conservative views in Alberta. Articles on children and families involved with grow operations were over twice as frequent in Alberta newspapers than in British Columbia (see Table 11).

Reform

Finally, a small number of articles spoke to the issue of marijuana reform, and were relatively equal in both provinces. There were discussions on the (lack of) effectiveness of the "war on drugs" (Mulgrew, 2006), although that term is more commonly associated with the United States and its large-scale efforts to control drug trafficking and use. References were made to marijuana reform, and to a high-profile British Columbia case where the leader of the Marijuana Party was charged with selling seeds by mail order to the United States (Badelt, 2005). The ambivalence surrounding the status of marijuana as an illegal drug was evident in these articles, as was how legalization purportedly would reduce or eliminate many of the problems associated with growing marijuana (Smith, 2005).

Post-implementation articles

Using the keyword ‘drug endangered’, articles from the same newspapers were examined for the one-year period after the enactment of the Drug-endangered Children Act in Alberta (November 2006 – November 2007). There were 22 articles in total, with only four of these from British Columbia. Three of these four articles were about the Drug-endangered Children Act and actions taken by professionals in Alberta (38 children apprehended in year since new act was passed, 2007; First parents charged under new Alta. law on drug houses, 2007). The fourth British Columbia article presented a motion by a social worker calling for more government guidelines in dealing with children living in marijuana grow operations, and referencing the recent legislation in Alberta (Kines, 2006).

The balance of the articles was from the Alberta papers and addressed the new legislation. The focus was on the actions towards the children and parents, with twelve articles referring to the children being ‘seized’, ‘apprehended’, ‘plucked’, and ‘taken into custody’, and nine regarding parents being charged and arrested. The remaining four articles speak to the legal powers in the new Act and what it will accomplish: ‘Drug Endangered Children Act gives police tool to halt abuse’ (Loyie, 2007); ‘Law targets drug-making parents’ (Poole, 2006), and ‘New drug law helps protect kids’ (2007). The Alberta newspapers provided the new Act with significant coverage, with 18 articles in 12 months, with a focus on the criminal and child-at-risk aspects of living in a marijuana grow operation.

Table 11

**Frequency of Key Themes in Newspaper Articles (by Province)
June 2004 – August 2006**

Theme	British Columbia n=42	Alberta N=14
Criminal	69%	64%
Fear	40%	21%
Property	9%	14%
Families and children	21%	50%
Reform	12%	14%

DISCUSSION

This unique study has provided the data necessary to establish entry-level information on the circumstances and conditions found in homes where children are living in marijuana grow operations.

This research began with two broad, yet complementary, sets of questions:

1. What are the environmental and health risks for children living in marijuana grow operations, and what is the frequency of these risks? Are the children in these homes unwell?
2. What historical and socio-political factors have contributed to the grow operation phenomenon being seen as a child welfare problem? How and under what conditions is current child welfare policy being applied?

The first set of questions, establishing risk and impact, was tackled by collecting quantitative data on the site characteristics of 95 marijuana grow operation homes, and the 181 children who lived in them. An extensive review of the literature had indicated that environments with mold, compromised air quality, and chemicals would have a negative impact on child health. Characteristics of the marijuana grow operation homes were collected, as well as two different sources to measure the health of the children: a) their initial presentation at the time of the intervention, along with reports from parents and child protection workers about their health and the presence of any prescriptions in the home, and b) prescription data obtained

from a provincial database that allowed for a comparison between children found living in marijuana grow operations and a comparison group of children.

The second set of research questions, which considers the social construction of marijuana grow operations as a child welfare problem, was addressed by examining three sources of texts that were indicative of the political positions in Alberta and British Columbia that guide child welfare policy. When considering the child welfare response to marijuana grow operations, it is important to remember that historically, public and policy attention to social problems occurred when prevalence rates increased dramatically. It is the combination of public concern and substantive knowledge that should guide policy, yet policy reform is often introduced quickly, without an underlying framework, and without adequate consideration of the consequences or long-term effects (Jenson & Fraser, 2006). Policy strategies are not just responses to external social problems, but the problems they address are given shape and recognition by the emerging policy discourses that include the contributions of academic theories and research (Stenson, 2000).

This research was clearly enhanced by the use of mixed methods. The quantitative findings from the aggregate data on the factors affecting child protection decision-making in these cases would not have been revealed solely by participant observation. Although both methods provided independent assessments of the data, the findings were clarified and the analysis of the prevailing discourse helped make sense of the contradictions between the qualitative and quantitative findings.

Quantitative Data

The presence of mold, re-venting of gases, and the chemicals often found in grow operation homes suggested that the children living there might well suffer from the ill effects of these environments, and could be expected to exhibit respiratory and/or dermatological ailments. Indeed, 21% of the children were found to be unwell at the time of the social work intervention. Further data collected from PharmaNet examined the prescriptions issued to the grow operation children as well as to a comparison group, and specifically looked at the medications linked to the ailments expected to be more prevalent in children living in a grow operation environment. These included respiratory/asthma, antibiotic (not cream), topical corticosteroid/antibiotic, antihistamine/allergy, anti-inflammatory, steroid and antifungal medications. The results showed no significant difference between the grow operation children and the comparison children, with 65% of grow operation children having three or more of the above prescriptions, as compared to 72% of the comparison children who had three or more of the same categories of prescriptions. An examination of each of the medications separately and by frequency revealed similar non-significant findings.

In my role as researcher and participant observer, my perceptions of the health of these children had been informed by my practice experience, and indeed the negative health consequences of living in a grow operation founded the basis of this study. It was therefore perplexing that these findings were contrary both to the professionals' beliefs about these environments, and the significant body of literature that documents the consequences that mold and toxic environments can have on health.

These findings give rise to a number of possible explanations, all of which deserve consideration:

1. *The overwhelming majority of the grow operation families are Vietnamese immigrants and other Asian descents, and may in fact choose alternate methods of health care rather than traditional Western medicine to treat ailments in their children.* However, this argument is not supported by the data. The PharmaNet data indicates that 73% (133/181) of the grow operation children had received traditional medications in the two-year period leading up to them being found in a grow operation. This number is not significantly different from the comparison group, where 82% (412/500) of those children had received prescriptions during the same time period. The grow operation families may indeed choose alternate health care methods, but it does not appear to be in lieu of Western medicine.

2. *The findings are limited due to the size of sample and length of time that health was measured, resulting in exposure misclassification.* As exposure to mold and toxins are considered low-to-moderate risk for health outcomes, a larger sample followed for a longer period of time may provide a more accurate representation of the health of these children. Indeed, previous studies involving much greater scientific rigour had findings more consistent with the literature regarding exposure to environmental toxins.

An analysis of 11 years of studies of mold-exposure involving over 58,000 children aged six to 12 years from diverse communities in North America, Russia, and Europe was completed by a group of researchers in Bulgaria (Antova, Pattenden, Brunekreef,

Heinrich, Rudnai, Forastiere, Luttmann-Gibson, Grize, Katsnelson, Moshhammer, Nikiforov, Slachtova, Slotova, Zlotkowska, & Fletcher, 2008). The researchers found that the presence of visible mold in homes ranged from 13.9% in Russia, to 39.1% in North America. There were positive associations found between indoor mold exposure and children's adverse respiratory health outcomes. Another study of 583 children in Cincinnati at birth and age three found that infants living in homes that had high visible mold were seven times more likely to score positive on the Asthma Predictive Index at age three (Iossifova, Reponen, Ryan, Levin, Bernstein, Lockey, Hershey, Villareal, & LeMasters, 2009).

A 2005 Swedish study of home dampness, involving 10,851 preschool children, found that as the number of dampness indicators increased, so did the prevalence of respiratory symptoms in the children (wheeze, asthma, and rhinitis) (Bornehag, Sundell, Hagerhed-Engman, Sigsggard, Janson, & Aberg, 2005). A Canadian study, albeit somewhat older, examined the respiratory health and home dampness of 14,948 children aged five to eight years from 30 different Canadian communities (Dales, Zwanenburg, Burnett, & Franklin, 1991). They reported mold in 32.4% of the homes, and also found that there were consistently higher rates of all respiratory symptoms in the children who lived in homes with reported molds or dampness. A study in Finland that examined whether exposure to dampness and molds contributed to the risk of asthma was conducted over a six-year period and involved 1,984 children (Jaakkola, Bing-Fang, & Jaakkola, 2005). Those findings were consistent with previous research that mold exposure is linked to the development of asthma.

Extensive reviews of existing research, such as that conducted by The Institute of Medicine (IOM) of the National Academy of Sciences (2004), have revealed consistent and supportive findings. Fisk, Gomez and Mendell (2007) further substantiated those findings by conducting a meta-analysis of the studies, concluding that building dampness and mold are associated with a range of 30 – 50% increases in respiratory and asthma-related health outcomes, based on a 12% prevalence rate for asthma outcomes and a 25% prevalence rate for upper respiratory and cough symptoms in the general population. It is important to remember that many health conditions do not have adequate biomarkers, or have long time frames before any symptoms are manifested, making it difficult to gather clinical evidence (Jacobs & Baeder, 2009). Based on the above studies, it is conceivable that a larger sample of children found living in marijuana grow operations followed for a longer time may yield findings different from those in this study.

3. The children are indeed resilient and not suffering the ill effects of these toxic environments. In their article examining the vulnerability and resilience of children to environmental toxins, Brent, Tanski and Weitzman (2004) noted that children have better recuperative capacities than adults for many toxic agents, and that the effects produced by chemicals and physical agents are not always deleterious or irreversible. However, they acknowledge that there is insufficient evidence at this time to draw conclusions about the sensitivity that developing children have to different environmental agents. They advocate for more quality research in environmental toxicology that takes into account length of exposure, age and stage of development, and specific, individual toxins.

A Finnish study involving 396 children found that visible mold in the kitchen, main living area, and child's bedroom was most significantly associated with doctor-diagnosed wheeze (Karvonen, Hyvärinen, Roponen, Hoffmann, Korppi, Remes, von Mutius, Nevalainen, & Pekkanen, 2009). In contrast, the mold in most grow operations accumulates in the growing area, which is most often in the basement. In these cases it is not common to find visible mold in the main living and sleeping areas of the home. It can be hypothesized that this distance from the bulk of the mold and its source affords some level of protection to the children living in these homes.

Efforts at social control have been made by providing a medical designation to the unsafe grow operation conditions these children are living in. This attempt to influence public behaviour is further supported by punishing the parents for compromising their children's health. If we cannot situate the child welfare aspect of marijuana grow operations within a medical framework, then there is little choice but to revert back to the criminal realm, where child protection no longer sees itself as having a role. If child protection involvement continues, the moral concerns can no longer be sidestepped, and the ambivalence of the state and child protection workers will need to be addressed.

The manner in which child welfare policy is applied is evident in the quantitative data. It does not appear that the physical risk factors in the home are a significant contributor to the child protection worker's decision to remove the child; however, the presence of an unwell child appears to have an inverse effect on these actions. The decreased likelihood of separating parent and child (via legal removal) could be explained as acting in the perceived best interests of the child to be cared for by their parent when ill, and not based on criminal

evidence. Although this cannot be generalized to the population, it is an interesting finding in this sample.

The role of police is to investigate the crime of marijuana cultivation, while the child protection worker's role is to assess any child welfare matters arising from the child's living circumstances or from police involvement. However, in examining child removals, the data indicates that those variables perceived to be more closely linked to child welfare (child health and physical risks) do not in fact increase the likelihood of the child being removed from their parent's care, yet it is these same variables of child health and safety that legitimate the child protection worker's intervention. It is the absence of a parent as caregiver and previous social work involvement for marijuana grow operations that increase the likelihood of a removal of the child, thereby challenging the view that it is the health and safety of the child that has the greatest influence on the child welfare decisions in these cases.

Risk factors more commonly considered in child welfare, such as hazardous living conditions or conditions that lead to ill-health, are not significant in the decision-making when removing children who are living in marijuana grow operations. This appears to be the case even though the media and literature report that conditions found in marijuana grow operation environments are harmful to both the physical safety and health of children (Howard, 2000; Plecas et al., 2005). This does not exclude the physical risk factors (illegal wiring, hydro bypasses) that exist in these homes, and by no means should we infer that these are safe environments, but it appears from this study that it is not the immediate health risks that pose the greatest threat to these children. Despite the moral panic associated with the purported

risks to child health, these concerns do not appear central to child welfare decision-making in the case of marijuana grow operations.

Medicalization of child maltreatment as it relates to marijuana grow operations has provided the justification for intervention into these families; however, these findings do not support that justification. Although the prevailing discourse has been that these homes present significant health risks to children, these same medical factors are not significant in the decision-making. In the absence of confirmation of health consequences, and these current findings that child health is not taken into consideration at critical points in the investigations anyway, a re-evaluation is warranted as to whether child protection has any authority to intervene in these families.

As the arrest of the parent results in the absence of an immediate caregiver for the child, it may seem obvious that the removal of the child would be a ‘default’ action by the child protection worker. However, current child welfare policy directs child protection workers to consider all least disruptive alternatives prior to removal, including placement with family and/or friends. This data shows that the availability of a support system to assist with caring for the children significantly decreases the likelihood that the child will have to be removed from the parent’s care, consistent with the policy and practice in other types of child maltreatment cases.

There was evidence of variation in arrest rates by police in the different geographic regions. Vancouver is policed solely by a municipal police force, Vancouver Police, whereas the Fraser Region has numerous municipal law enforcement agencies as well as the RCMP. Although they all enforce the Criminal Code of Canada, practice differs from time to time

depending on the drug strategy being implemented. For instance, some police agencies may make a decision to focus on public safety and dismantle as many grow operations as possible. In doing so, they are often not able to devote the time and resources necessary to gather sufficient evidence for a criminal charge. Likewise, other police agencies will make arrests their priority, dismantling fewer grow operations but making arrests in every one. These police strategies are not static and are influenced by the social and political atmosphere at any given time.

In some circumstances, police have the discretion to request charges without arresting a person, and often use this discretion so matters are not further complicated for the children who are seen as the innocent victims of their parent's illegal activities. Police officers, especially those who work in specialized drug units, are often more than willing to reconsider arresting a parent if it assists children protection workers with negotiating safety plans for children. This could be interpreted as police acting in the children's best interest.

However, there are circumstances where police arrest both parents, leaving child welfare to step in and make immediate arrangements for the children. Police may not initially know who is involved in the grow operation, and so may therefore arrest all the people who are in the home at the time. Parallels can be drawn between dual arrests in marijuana grow operations and dual arrests in cases of domestic violence. In the latter, police arrest both parents, regardless of who is the primary aggressor (Finn, Blackwell, Stalans, Steddard & Dugan, 2004). Mandatory arrest laws are shown to increase the likelihood that police would arrest both parties (Hirschel, 2008). It is beyond the scope of this data to ascertain the circumstances under which police would arrest both parents in marijuana grow operations.

However, from a simplistic perspective, it is fair to conclude that if both parents were home at the time of police intervention, then both were arrested. These actions do not consider who is primarily responsible for the grow operation or the role of women in these economic decisions. This position also does not take into account that the site of the crime is also the family home, where women with small children often spend most of their time. This has already been presented in the literature on childcare and immigrant women. These policies and decisions are strongly opposed by feminists and other women working in the field of domestic violence.

The arrest of parents by police presents child protection workers with both practice and ethical challenges. The decision of the family to involve themselves in growing marijuana has resulted in a criminal label and police action. Parent's absence as a result of an arrest requires child welfare to step in and arrange for substitute care for the children, which may or may not involve foster care. The inability of parents to fulfill their childcare responsibilities is a direct result of the actions taken by police, yet child welfare is drawn in to remove the children because the parents are made criminals by virtue of their arrest. If there is no justification for intervention on medical grounds, then child welfare could be performing one of two other functions. First, their actions to remove children may be seen as applying a moral judgement to the behaviours associated with growing marijuana, even though the findings in this study suggest that the parent's charges bear no direct relationship to their children's welfare. Secondly, the support of child welfare in these cases is instrumental to the work of the police, as it frees police up to deal with the criminal element and not the complicating, associated social factors. While the intent of child welfare involvement in marijuana grow operations is medical intervention, the result is implicit involvement in penal

ideologies. This is in direct contrast to the laissez-faire approach of the current governing bodies, and certainly not in line with modern social work philosophy.

This use of child welfare services also raises the question as to whether this is a reasonable priority for the limited resources of child welfare in a time of cutbacks and staffing shortages. In the absence of any child protection concerns, child welfare may best serve the family (and the children) by imparting knowledge on the known risks so the family can make safer choices for their living environment, rather than by separating parent and child as a form of punishment. This practice from an ecological perspective might also focus on social integration and the provision of options other than crime to address socio-economic disparity. However, this approach to practice is improbable within the current residual model of social welfare. This is yet another example of how social work supports assessments from an ecological perspective but child protection does not practice from that framework, being directed more so by political agendas.

Ecological theory views people as agents acting upon and within their own environments, which for many of these grow operation families includes struggles with language and economics. From an ecological perspective, these families can be seen to be making effective adaptations within the socio-economic context in which they find themselves.

It cannot be ignored that these parents have made choices, albeit illegal, that have resulted in their children having a higher socio-economic status than may have been achieved through conventional means. Perhaps these are indeed 'ordinary good parents' (Stevenson, 1998). Children are disadvantaged by poverty, and its negative effects can extend to physical health, cognitive abilities, school achievements, and emotional and behavioural outcomes (Brooks-

Gunn & Duncan, 1997). Child protection workers balance risk in assessing the safety of children, and it appears that grow operation parents may also be balancing the risks of raising their children in a grow operation or raising them in poverty. The outcomes for the latter are clearly documented in the literature, the outcomes for the former, less so.

Political Discourse and Public Policy

According to Parton (1985), constructing a phenomenon as child maltreatment requires ownership by a group that is seen as expert and can be trusted for delivering accurate facts about the problem. Causal responsibility must contribute to at least part of the explanation of the problem, and there needs to be a determination of political responsibility and a decision as to who should assume responsibility for addressing the problem. As noted by Dingwall (1989), definitions of acceptable and unacceptable behaviour (with respect to child maltreatment) reflect the political atmosphere of the times. The role of child protection in the marijuana grow operation phenomenon has become entangled with political debate and prevailing attitudes over the legalization of marijuana. There are obvious differences in the ways that Alberta and British Columbia have constructed living in a marijuana grow operation as child maltreatment, as evidenced in the discourse, respective policy initiatives, and local media representations.

All three of the text sources provide examples of the key discourses related to marijuana grow operations and the children who are often found living in them. The socio-political positions of the authors of the texts, be they newspaper editors, politicians, or policy analysts, are evidenced in their works. Within any group, members often use ideological discourses to promote policy agendas that are commensurate with their interests (Marston, 2002). There is

a need to challenge the assumption that policy language is neutral (Jacobs, 2006), and discourse analysis enables that challenge to occur. The chosen discourse can significantly alter the perception of the problem, as is evidenced by the analysis of the Alberta debate, the MCFD fact sheet, and media representations.

Neo-liberal thinking and policies in British Columbia are reflected in the MCFD fact sheet on marijuana grow operations. The information provided in the fact sheet is consistent with current child welfare legislation in the province, and draws on the guiding principles that inform the Child, Family and Community Service Act. Responsibility for the decision to become involved in the grow operation industry rests with the individual, and the state absolves itself of any role, especially as it relates to the social conditions that contribute to these families' choices. The policy is clear that children will be protected, but there is a range of options available to achieve that goal, the last choice being removal from the family.

The Alberta Drug-endangered Children legislation is consistent with the conservative 'war on drugs' ideology and the belief in the expertise of the state. This legislation has been founded on the dominant discourse that involvement in criminal activities is indeed a child protection problem and parents' moral shortcomings are grounds for intrusive action. As a goal of discourse analysis is to provide an alternate interpretation of policy or practice (Marston, 2002), the Alberta analysis revealed that the Drug-endangered Children legislation moves beyond protecting children to collaborating with criminal justice to punish these 'unscrupulous parents'.

Alberta's moral justifications allow for invasive interventions into the lives of children, as it has constructed marijuana grow operations and the associated actions as evil at this point in

time. The moralization of grow operations has been driven by government, supported by powerful institutions such as police, and has received the support of the courts. The traditional right-wing conservative thinking in Alberta supports the morality argument, even though morality is no longer on the child welfare agenda. As Conrad and Schneider (1980) argued, it is the powerful who are able to define and sanction deviance, and impose their morality. Having the authority to define deviance, they also have the greatest social control (Conrad & Schneider, 1980).

Alberta's campaigns are in keeping with historical responses to emerging social problems as presented earlier in discussions around moral campaigns and deviance. However, both British Columbia and Alberta have been successful in keeping the focus on the involved individuals rather than taking a broader look at the contributing social and economic conditions as Piper so aptly noted (2005).

With a focus on the perceived harm to children, Alberta plays on the strong emotions associated with child abuse (or endangerment), thereby advancing the moral justifications for their policy and legislative directives. As this data indicates, the majority of indoor marijuana grow operations in the sampled regions are operated by Vietnamese (Plecas et al., 2005), and moralization may be made easier when the group primarily associated with the phenomena is already marginalized or a minority (Rozin, 1997). Alberta's moralization of grow operations was achieved through the affective route, establishing a subjective position and playing on the emotional impact of children living in dangerous environments, whereby British Columbia has opted for the cognitive route, drawing on the limited data available and

withholding a conclusive decision until more definitive information is available (Rozin, 1997).

Alberta legislation requires that the most disruptive child welfare action (removal) be taken when children are found in grow operations. No distinction is made between the crime of growing marijuana and the child welfare problem of children living in these environments. The legislation, in fact, combines the two into one intertwined problem that moralizes growing marijuana and extends it to a reflection on parenting abilities. It does not take into account the impact on the children of being removed from their parents' care.

By contrast, British Columbia considers the course of action that is least disruptive to the child, except in exceptional circumstances (i.e., immediate risk). As the grow operation is no longer in existence and therefore no longer presenting a risk, the family is educated about the dangers of living in a grow operation and assisted in locating a safe place for the children to live.

The analysis of the MCFD Fact Sheets: Child Protection Issues and Illegal Drug Manufacturing did not provide an alternate interpretation of policy or practice, but did provide background and further information on the underlying ideologies in British Columbia, including why British Columbia does not recognize children living in marijuana grow operations as a distinct form of maltreatment, as does Alberta.

Criminalization of marijuana grow operations and the arrest and/or prosecution of parents often leads to undesired consequences for the child, such as removal and placement in foster care. The children become the unwilling victims of these policies, laws, and ideologies. By

continuing to see the parents as the problem and the children as the victims, the existing framework of gangs and drug traffickers remains unchallenged (Desyllas, 2007). Child welfare has become a tool for addressing the marijuana grow operation problem, as to date no system has been successful in bringing it under control. Alberta's arrest-and-remove practice is the polar opposite to British Columbia's assess-and-support approach, and at every step in between is the ongoing battle over the legalization of marijuana.

There is merit in acknowledging the fallibility of empirical findings, and social work needs to acknowledge the limitations and fallibilities of its practices, as the work often takes place in uncertain territory with incomplete knowledge. Consideration of new assumptions requires the reconstruction and re-evaluation of prior assumptions and prior facts. This is often time-consuming and challenging, and becomes more problematic when there is a refusal to modify dominant theoretical beliefs even though evidence shows otherwise (Kuhn, 1962).

Policymakers in British Columbia have determined that the risks posed to children living in marijuana grow operations do not need to include exposure to criminal lifestyle and the related activities, as has been accomplished in Alberta. If the focus in British Columbia remains on child health and immediate safety, there needs to be an acknowledgement that it is future harm that is being investigated. The reality is that once child protection becomes involved with these families, police and other officials have removed the grow operation and the associated hazards, and the family home has been deemed no longer habitable. In the absence of health-related data, child protection activities are reduced to educating and warning families about the physical dangers associated with living in a grow operation. The

family's criminal activities appear to have no place in British Columbia's child protection policies.

Implications for Future Research

Policymakers involved in establishing frameworks and protocols for responding to these unique child welfare cases must consider the impact that police decisions have on the child welfare outcomes for these children. How and when we protect children in marijuana grow operations appears to be largely based on the police intervention, and the presence of external supports available for the family. The assessment and management of these complex cases would benefit from a review of current policy and practice to ensure that the safety and best interests of children remains at the forefront, and that child welfare is not being used as another tool in the fight against marijuana grow operations. Revealing the contradictions between stated and actual practice may move research forward in directions not originally anticipated.

The role of women in this illicit drug economy also needs to be addressed in future research. The current research provides conflicting information, although it should be acknowledged that women's roles in this field are not static and should be considered on a continuum of no involvement to powerful positions of leadership. The disproportionate numbers of Vietnamese women who are linked to marijuana grow operations, and their respective roles, cannot be fully investigated without including an analysis of class, gender and race in which power differentials are implicit.

This research has formed the foundation of my doctoral dissertation, with a larger goal to inform child welfare policy and practice as it applies to the children found living in marijuana grow operations. Clearly, this is a multi-layered matter with often-conflicting influences and socio-political considerations. The discussion of limitations has opened the door for future research with the children and families associated with grow operations, and the unique and often complicated circumstances of their living environments.

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APPENDICES

Appendix A

Research on the Health and Safety of Children Living in Marijuana Grow Operations

Child Protection Assessment

(to be completed when children present or suspected to be in the home)

Date: _____

Address: _____

Family members' names and birth dates:

Risk Factors	Yes	No	Unknown
Illegal/Exposed wiring			
Locked access to plant area			
Hydro bypass			
Pesticides (please list below)			
Re-venting (heat, hot water)			
Propane/Butane stoves/BBQ			
Hydro disconnected			
Parents arrested			
Other drugs in the home			
Weapons in the home			
Previous criminal record for drugs			
Approx. number of plants seized			
Mold on walls/windows			
Previous FS involvement for grow operation			
Children removed			

Comments:

Child Health Assessment

To be completed for every child living in a marijuana grow operation.

Child's Name: _____ Date of Birth: _____

FS file #: _____ Date of Intake: _____

Approx. length of time living in grow operation (yrs./mos.) _____

Is the child well? Yes _____ No _____

If No, please describe child's presenting symptoms (as observed by social worker/police and/or related by parents)

Has the child been seen by a health care provider? Yes _____ No _____

Name of health care provider: _____

Name of family Dr. Same as above _____ or _____

Were there any prescriptions in the home for this child? Yes _____ No _____

If Yes, please provide details:

Prescription(s): 1) Name of medication: _____

Prescribing physician: _____

Date: _____

2) Name of medication: _____

Prescribing physician: _____

Date: _____

Does the family speak English? Yes _____ No _____

Indicate primary language spoken: _____

Completed by: _____

Assigned to (social worker's name): _____

Phone #: _____ Office Code: _____

Appendix B

Table 12

Frequencies Summary by Grow Operation

Grow operations (n=95)

	Frequency	Valid Percent	
Location (by community)			
NE Vancouver	7	7.4	
SE Vancouver	47	49.5	
Surrey	15	15.8	
Abbotsford	12	12.6	
Burnaby	2	2.1	
Tri-cities	3	3.2	
Maple Ridge	7	7.4	
Langley	1	1.1	
New Westminster	1	1.1	
Total	95	100	
Location (by region)			
Vancouver	54	56.8	
Fraser Region	41	43.2	
Income			
Employed (1 parent)	43	47.8	
Employed (2 parents)	21	23.3	
Social assistance	7	7.8	
Grow operation income only	19	21.1	
Physical Hazards			
Illegal wiring	74	90.2	
Unlocked access	50	58.1	
Electrical bypass	59	72.8	
Propane/butane	42	56.8	
Health/Environment			
Pesticides	81	96.4	
Re-venting	46	59.0	
Mold (any)	56	76.7	
Mold (degree of)	Minimal	5	6.8
	Some mold	10	13.7
Average grow operation mold	30	41.1	

	Frequency	Valid Percent
More than average	7	9.6
Excessive mold	4	5.5
Criminal risk factors		
Other drugs in home	3	3.5
Weapons in home	1	1.2
Previous drug record	26	32.1
Either parent arrested	35	37.2
Number of plants		
0 – 49	9	9.5
50 – 249	31	32.6
250 – 499	26	27.4
500 – 749	22	23.2
750 – 999	2	2.1
1000+	5	5.3
Child welfare history		
Previous grow operation	19	20.0
Previous outcome		
Fled	5	5.3
Family educated	10	10.5
Child removed	6	6.3
Child welfare outcomes		
Any child removed	22	23.2
Outcome: Returned to parent	13	13.7
Outcome: Interim order	7	7.4
Outcome: Supervision	2	2.1
Stayed in home	1	1.1
Stayed with relative/friend	43	45.7
Motel/hotel	7	7.4
Fled	7	7.4
Miscellaneous		
Presence of support system	66	75.9
Fire in home	2	2.1
Home invasion	11	11.6
Pregnant mother	5	5.3
Any unwell child	25	29.8

Appendix C

Table 13

Frequencies Summary by Child

Child (n=181)

	Frequency	Valid Percent
Male	79	43.6
Female	102	56.4
Child Health		
Child well?	120	78.9
Coughing/breathing	21	13.8
Runny nose	6	3.9
Rash	17	11.2
Ear infection	2	1.2
Tired/lethargic	5	3.1
Injured/assaulted	2	1.2
Autistic	3	1.7
Seen by doctor	72	41.1
Prescriptions in home		
No. of children with cortisone Rx	16	10.5
No. of children with respiratory Rx	17	11.1
No. of children with antibiotic Rx	12	7.8
Primary language		
Vietnamese	133	73.5
Cantonese	26	14.4
Mandarin	1	0.6
English	19	10.5
Cambodian	2	1.1

Appendix D

Fact Sheets: Child Protection Issues and Illegal Drug Manufacturing

FACT SHEETS:

This document contains information for delegated child welfare workers responding to child protection reports involving children found living in or frequenting illegal drug manufacturing facilities. An illegal drug manufacturing facility is any place that produces or makes ready for consumption a substance that is controlled or prohibited in Canada, and is not licensed or authorized to do so. When responding to a child protection report, if there is reason to suspect that a home is being used for illegal drug manufacturing:

- be aware of and cautious about hazards to occupational safety;
- assess the safety of each child and, where necessary, develop the least disruptive plan that will effectively ensure the safety and well-being of the child; and
- discuss with the police any safety concerns that may be considered upon attending the home and ask whether they believe their attendance may be needed to keep the peace.

Legislation and Standards Apply

This Fact Sheet is interpreted and administered with the safety and well-being of children as paramount considerations. The Child and Family Service (CFS) Standards express current ministry policy. Aboriginal Operations and Practice Standards and Indicators (AOPSI) express current policy for delegated Aboriginal Child and Family Service agencies. This document provides background or additional information consistent with the current service standards and guideline documents. If there is a discrepancy between this material and the CFS Standards or AOPSI, the standards take precedence.

Child Safety

Within the context of the *Child, Family and Community Service Act (CFCSA)*, CFS Standards and AOPSI, child welfare workers are required to assess the safety of children on an individual basis and, in collaboration with family, extended family and community, develop the least disruptive plan that will effectively ensure the safety and well-being of the child.

ROLE OF CHILD WELFARE WORKER:

The role of delegated child welfare workers in response to reports of children found living in or frequenting illegal drug manufacturing facilities is guided by the Child and Family Service (CFS) Standards, and most particularly guided by:

CFS Standard 3 – Protocols

Follow local protocols with the police as the foundation for establishing positive collaborative working relationships with the police, including information sharing practices and procedures.

CFS Standard 11 – Immediate Safety

Take immediate action to address circumstances where a child may be at immediate risk of harm. The actions are always unique to the child's circumstances and are taken in collaboration with other service providers, such as police. Possible actions may include:

- if the parents are arrested, addressing the care for the child by considering the least disruptive measures outlined in CFS Standard 19, or
- if the child needs to be placed with an extended family member or someone with a significant relationship with the child, as either an out of care option or an in care option, that a record check of the prospective caregiver occur, as per Appendix B in

the *Caregiver Support Service Standards*, found at:

http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/sp_caregiver_support.pdf.link

(accessible only from a Province of BC workstation).

CFS Standard 12 – Determining the Most Appropriate Response

After assessing the child protection report and taking any necessary steps to ensure the child's immediate safety, determine what further response is required. Depending on the situation, the most appropriate response to further assess the safety of the home may be either:

- a Family Development Response, as per CFS Standard 14, or
- a Child Protection Investigation, as per CFS Standard 16.

Both of these responses involve the gathering of sufficient information to complete a safety assessment. (e.g., determining the scale of the drug manufacturing, whether organized crime is involved or if those living in the home have a criminal history, observing and recording hazards in the home and determining risks associated with others who may frequent the home). Depending on the health hazards that may be present in the home, a medical examination of the child may be warranted.

CFS Standard 18 – Plan to Maintain Safety

Where needed, develop and implement a plan to maintain the ongoing safety and well-being of the child. The plan is based on the family's strengths and risks identified through assessing all relevant information. This assessment includes an exploration of the underlying reasons for the parents choosing to expose the child to the well known dangers associated with an illegal drug manufacturing facility. Whenever possible, through collaborative planning, establish an agreement with the family about the plan to keep the child safe. To the fullest

extent possible, the plan supports and strengthens the family's, extended family's and community's capacity to care for the child. Where needed, review the risks and the effectiveness of the plan to keep the child safe.

CFS Standard 21 – Ending Child Protection Services to a Child and Family

Child protection services provided for a child and family may be ended when a reassessment of the strengths and risks of a child, family and extended family shows that the circumstances that necessitated the provision of the services no longer exist, and that identified risks can be managed safely with the strengths and capacity of the family, extended family and community.

WORKING WITH THE POLICE

When a police investigation is underway, the police typically have the lead role in gathering the evidence they require for any criminal activity. The responsibilities of police include, but are not limited to, maintaining public safety, securing the crime scene, searching for physical evidence, interviewing witnesses, identification of offender(s), and case preparation. The attending officer(s) may utilize a variety of police support services, municipal supports and/or arrange for a medical forensic examination as individual circumstances require.

Police may request information from a delegated child welfare worker as part of a criminal investigation. Respond to requests for information from police according to sec. 79 of the *CFCSA*. As per CFS Standard 13 or AOPSI Child Protection Standard 14, report to the police any information indicting that:

- a child has been physically harmed, sexually abused or sexually exploited; or

- a criminal act may have occurred that affects the immediate safety of a child.

Information required for child protection investigations can be requested from municipal/First Nations administered police services through sec. 96 of the *CFCSA*.

Information may be requested from the RCMP under the federal *Privacy Act* and local detachment policy.

QUESTIONS TO CONSIDER WHEN ENCOUNTERING A MARIJUANA GROW OPERATION (MGO):

How can I recognize a Marijuana Grow Operation?

Some indicators that a MGO might be on a premise are:

- electrical bypass or amateur tampering with the electrical panel or extension cords running from one location in the home to a closed room;
- water stains, water marks, brown staining under the eaves or soffits indicate improper moisture venting;
- walls and ceilings in the home may show signs of moisture damage, peeling or blistering paint, sagging ceilings, water stains on the walls in home that do not vent the excess moisture in the air;
- water stains or mould streaming out along the carpets adjacent to the wall;
- marijuana smells in, and sometimes outside, the home;
- covered up windows; or
- disturbance to the exterior electrical lines to the home and/or the power inlet to the house.

Note: Not all MGOs exhibit all or any of these signs and the presence of some or all of these signs do not indicate that a MGO is operating.

What can I expect to see at different kinds of Marijuana Grow Operations?

Organic Grow

An organic grow operation means the marijuana plants are grown in containers filled with a soil-type media. This can be a simple operation consisting of a few potted plants or a large-scale venture of hundreds of plants in various stages of growth tended throughout the residential dwelling under an arrangement of commercial grow lamps.

Components of the marijuana organic grow operation may include:

- high intensity grow lamps and ballasts (fluorescent lamp systems);
- complex wiring systems and timers;
- watering systems;
- humidifiers and swamp coolers (large water baths);
- air handling systems, possibly with filters and cleaners, for ventilation;
- tanks containing organic (or chemical) fertilizer blends, pumps and hoses;
- pesticides and applicators; or
- carbon dioxide (CO₂) generators – tanks, regulated burners, tablets dissolved in water.

Hydroponics Grow

Hydroponics grow operations refer to plants rooted in some type of a non-soil inert media: like lava rock or sawdust. The water, fertilizer and nutrients are cycled through a network of small diameter hoses from a central mix tank.

Components of the marijuana hydroponics grow operation include:

- high intensity grow lamps and ballasts;
- complex wiring systems and timers;
- individual plant watering and drainage systems return lines to/from a mixing tank;
- humidifiers and swamp coolers;
- air handling systems, possibly with filters and scrubbers ventilation;

- chemical fertilizer blends;
- pesticides and applicators; or
- carbon dioxide (CO₂) generators– tanks, regulated burners, tablets dissolved in water.

Cannabis Resin Extraction

The resin extraction procedure removes the chemical THC (Tetrahydrocannabinol) from the marijuana leaves and stems using a common and easily obtained solvent. The resulting mixture is then concentrated by evaporating off most of the initial solvent. This extraction procedure begins by transferring a quantity of marijuana leaves and buds into a suitable container along with a common solvent (butane, naphtha or ethanol). Plant matter is then soaked, filtered, pressed and concentrated through the evaporation process. The remaining dark oily liquid contains a high concentration of the chemical THC.

What are the potential risks and difficulties for children in the home associated with an illegal marijuana grow operation?

A MGO may be in a house, a secured room in the house or in another building on the property. When children do not have access, it may pose a lesser risk to children.

MGOs based in residential homes can be tended by someone using marijuana medicinally (licensed by Health Canada or not), or for ‘personal’ use (not medicinal). Medicinal use amounts have been estimated to require 100 square feet of plant canopy. This is the amount of space that the foliage takes up and includes mature plants, seedlings and clones. (1)

Fire

The most significant hazard of an illegal marijuana grow operation is fire.

Electrical Hazards

- An illegal MGO typically has improvised, improper or faulty installation of high capacity feeds, bypasses and distribution panels. These homes can have a fire hazard 24 times higher than non-MGOs. (2)
- Water lines are sometimes bundled with electric lines. This may lead to a possible shock hazard.

Chemicals

- Indoor storage and heating of flammable solvents could result in an increased risk of fires.
- Resin extraction requires a highly flammable solvent and an electrical unit that applies heat to evaporate the solvent. The resin extraction process may be completed in a matter of hours. Only very basic equipment is required and is easily portable. The process, however, is an extreme hazard for explosion or fire. If these types of hazards are identified, contact police immediately.

Health

It may be possible that a MGO environment may pose an increased risk for children of developing asthma, atopic dermatitis and ear infections. (3)

Environmental/Atmospheric

- Risk of carbon monoxide and carbon dioxide (CO₂) accumulation from improperly monitored:
 - carbon monoxide accumulation from open flames from camp stoves, BBQs, etc.;
 - improvised, improper or faulty gas line installation;

- CO2 tanks, and propane or natural gas CO2 generators.
- Plant spore accumulation such as moulds in the home may occur if the grow room has not been improperly vented. When the MGO is poorly vented and/or dehumidified, it may be possible that children are at increased risk of developing asthma, dermatitis and ear infections but further studies are needed. (4) The evidence is inconclusive.

Chemicals

- Pesticide/fertilizer vapours may accumulate inside the home from uncovered pesticide/fertilizer.
- Indoor, unsecured storage of pesticides and fertilizers.

For aid in further assessment, local police may consider contacting the local municipality regarding bylaws related to illegal drug manufacturing. These bylaws typically have titles that include “controlled substance” or “grow operation”.

Violence in the home

Criminal Activities

- Firearms were located in 6% of grow operation police raids and seizures; (5) According to the National Firearms Registry, 4% of British Columbians have at least one registered firearm.
- Booby-traps and anti-handling devices have been found in 2% of grow operation police raids and seizures. (6)
- Criminal activity involving break-ins, theft or violence potential have been associated with MGOs, usually perpetrated by someone the operator knows.
- Parents may permit unknown or high risk individuals into the home who may present a risk to children.
- People may come into the home with weapons.

- Some MGOs may become an industrial operation as criminal organizations take the business from small growers. The British Columbia Policing Operations Council Report states, “Marijuana cultivation and trafficking represents the single most common (and most lucrative) activity pursued by organized crime”. (7) Another study found that 30% of all illicit drug operations are operated by people with connections to organized crime. (8)

For aid in further assessment, consider contacting the Police service.

Caregiving concerns

- Children may experience emotional harm when witnessing violence, being aware of criminal activity in the home and the threat of violence (e.g. anxiety from an awareness that parent’s anxiety over the threat of violence);
- Neglect of child’s needs if parents are preoccupied with substance abuse, if present.

Occupational safety?

The issue of illegal drug manufacturing operations is linked to a larger issue of attending any work site that is unsafe. This could mean:

- a site where illegal activity is occurring (e.g., stolen goods, drugs, guns etc);
- a site that is contaminated (e.g., poor air quality or unsanitary conditions).

For home visit guidelines, review Hazard Specific Programs in the Regional Occupational Safety and Health (OSH) Program at: http://icw.mcf.gov.bc.ca/shrs/osh/regional_osh.shtm. (accessible only from a Province of BC workstation).

If there is reason to suspect that a home is being used for illegal drug manufacturing, ask the police if there are any safety concerns in attending the home and whether the police believe their attendance may be needed to keep the peace. Always attend the home in pairs.

What are the dynamics and impact of marijuana grow operations on the family?

Societal beliefs and values

Society's attitudes are changing regarding marijuana use. Data on health and safety risks associated with MGOs is inconclusive. The combined effect of changing attitudes toward marijuana use and lack of evidence-based data about health and safety risks of a MGO may produce responses to child protection reports by delegated child welfare workers that are inconsistent within and across regions.

This confusion around the existence and impacts of MGOs is compounded by the fact that some children living in or frequenting a MGO may have experienced violence. Invasions of a home with a MGO are typically perpetrated by someone known to the person growing the marijuana crop, not unlike other forms of violence. If violence is suspected in these types of contexts, consider consulting the practice guide, "*Best Practices: Child Protection and Violence Against Women.*" (9)

The family in context

- MGOs based in residential homes can be tended
 - by a family that may be beholden to a criminal organization in some way (e.g., gambling debt);
 - by someone growing medicinal marijuana for personal use or for sale and who is licensed by Health Canada.; or
 - by a family looking for extra income or for 'personal' use.
- The Plecas survey (10) found that, from the information available at the time, children were present in 21% of the MGO police raids and seizures in the City of Vancouver;

- In some families, the parents may be operating the MGO and may be using as well. In this context it is important to refer to “*Assessing Parental Substance Use as a Risk Factor in Child Protection Cases.*” (11). These and other principles apply in this context: “Substance use in itself does not constitute child abuse or neglect; child protection concerns arise from the potential impact on the child of the parent's substance use. Accurate assessment of the impact of a parent's substance use on the child requires a holistic approach that takes into consideration the influence of biological, psychological, social and spiritual aspects of the parent's substance use;”
- Many families can face the prospects of little or no income, especially when compared to what they may be earning operating a grow operation, when their MGO is dismantled or closed down. Such families may then be placed in a homeless situation or sudden poverty. Service planning will need to take this into account in order to fully address the concerns around parenting;
- It may be difficult or impossible for a family to leave the MGO because of socio-economic condition, cultural/community values, connection to organized crime or spousal pressure.

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3 Hlady, Jean. Health Status of Children Living in Marijuana Grow operation Environments (unpublished). BC Children and Women's Hospital: Vancouver. Via email, February 4, 2008.

4 Hlady, Jean. (2008).

5 Plecas, Darryl et al. (2005).

6 Ibid.

7 Criminal Analysis Section, RCMP "E" Division. *The Scope and Impact of Organized Crime in British Columbia*. Prepared for CISBC/YT Provincial Executive Committee and British Columbia Policing Operations Council. (2005).

<http://www.pssg.gov.bc.ca/congress/pdf/OrganizedCrime.pdf>

8 Beare, Margaret E., editor. *Critical Reflections on Transnational Organized Crime, Money Laundering and Corruption*. Toronto: University of Toronto Press. 2003.

9 http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/cp_vaw_best_practice_2004-07-22.pdf

(accessible only from a Province of BC workstation).

10 Ibid.

11 http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/cp_substance_abuse_guide.pdf

(accessible only from a Province of BC workstation).

Appendix E



The University of British Columbia
Office of Research Services and Administration
Behavioural Research Ethics Board

Certificate of Approval

PRINCIPAL INVESTIGATOR Sullivan, T.R.	DEPARTMENT Social Work & Family Studies	NUMBER B04-0178
INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT UBC Campus ,		
CO-INVESTIGATORS:		
SPONSORING AGENCIES		
TITLE : An Evaluation of the Safety & Well-Being of Children Living in Marijuana Grow Operations		
APPROVAL DATE APR 22 2004	TERM (YEARS) 1	DOCUMENTS INCLUDED IN THIS APPROVAL: Jan. 15, 2004, Questionnaire
<p>CERTIFICATION:</p> <p>The protocol describing the above-named project has been reviewed by the Committee and the experimental procedures were found to be acceptable on ethical grounds for research involving human subjects.</p> <div style="border: 1px solid black; width: 300px; height: 30px; margin: 20px auto;"></div> <p style="text-align: center;"><i>Approval of the Behavioural Research Ethics Board by one of the following:</i> Dr. James Frankish, Chair, Dr. Cay Holbrook, Associate Chair, Dr. Susan Rowley, Associate Chair</p> <p>This Certificate of Approval is valid for the above term provided there is no change in the experimental procedures</p>		