

***Pathways to resilience among  
children in Child Welfare,  
Corrections, Mental Health and  
Educational settings:  
Navigation and Negotiation***

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**Sparrow Lake Alliance**

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# My Goal Today:

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- To explore children's pathways through mandated services
- To understand how they navigate their way to health resources
- To understand their negotiations with care providers for service
- To discuss how processes of navigation and negotiation contribute to children's resilience

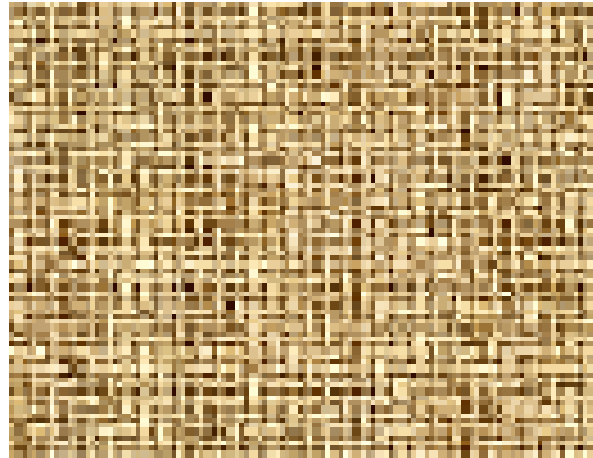


# Four Systems that Influence Resilience

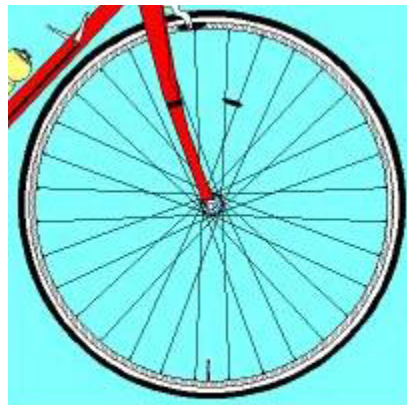
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- Child Welfare
- Mental Health
- Corrections
- Education

A woven mat of services



Not spokes on a wheel with the professional at the centre





# An enduring fascination . . .

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- Frank McCourt's Pulitzer Prize winning novel, Angela's Ashes
- Quincy Jones, Q.
- Anne Frank's Diary of a Young Girl
- Eric Weihenmayer's, Touch the top of the World
- Denise Chong's, The Girl in the Picture, The story of Kim Phuc

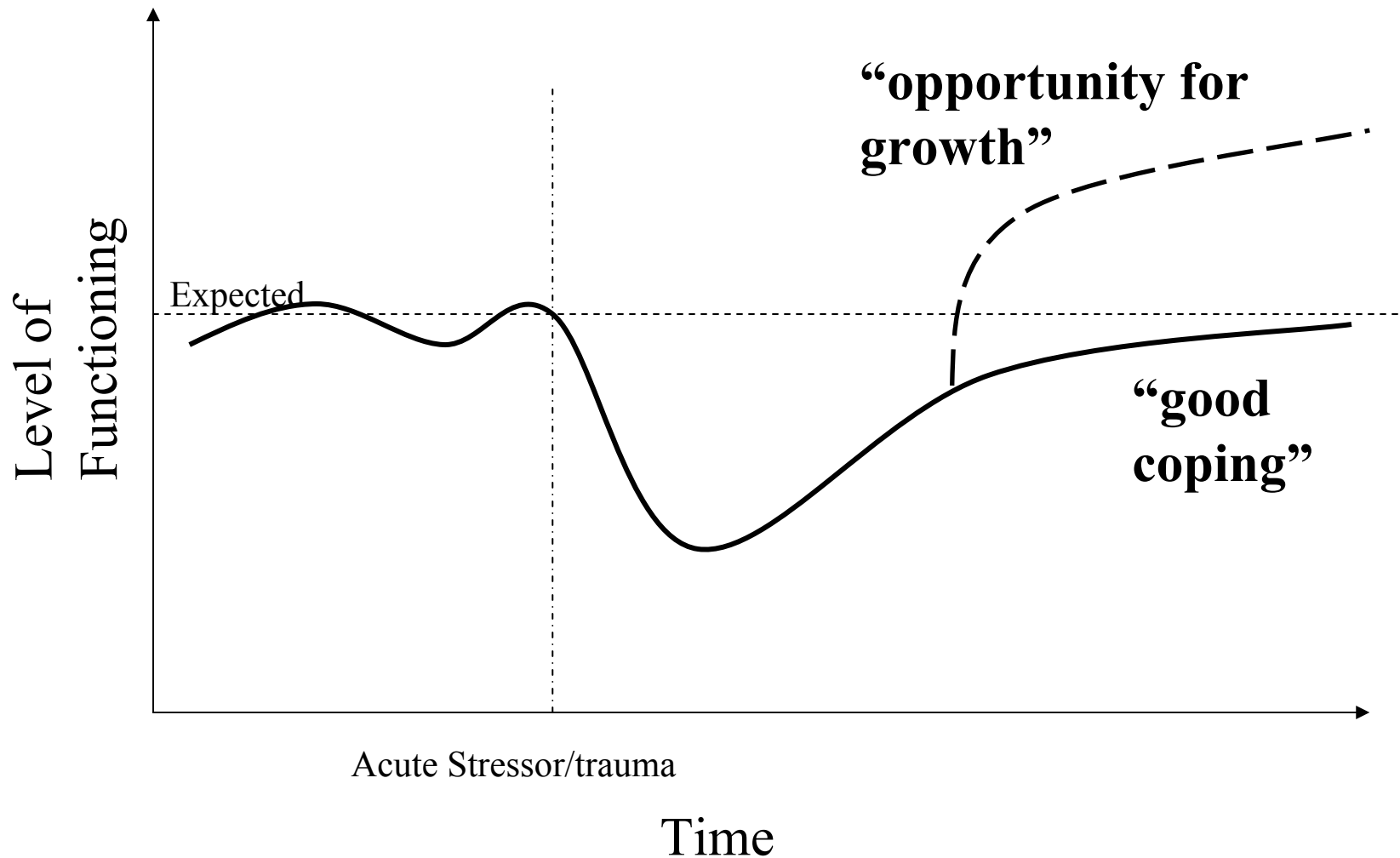


# Risk and Resilience Defined

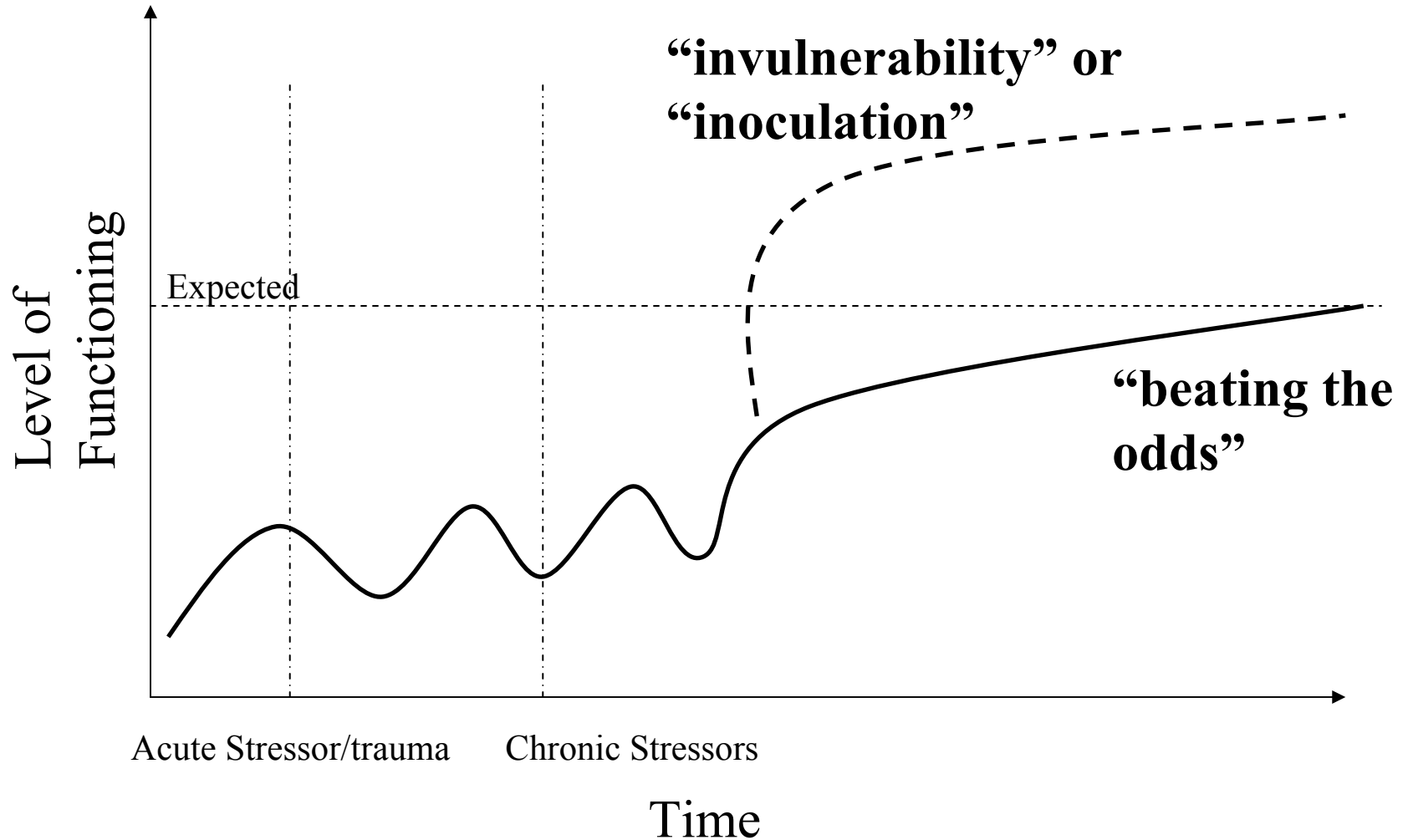
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- Resilient originally meant being “able to recoil or spring back into shape after bending, stretching, or being compressed”
- Ann Masten (2001): resilience as “*good outcomes in spite of serious threats to adaptation or development*” (p.228)
- Resilience typically refers to both how we behave and inner strengths

# Adaptation in a LOW Risk Environment



# Adaptation in a HIGH Risk Environment





# The resilient child

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- But . . . Research shows that context determines availability of the health resources required by individuals to nurture and maintain resilience
- Hypothesis: Resilience is a matter of access and negotiation for health resources

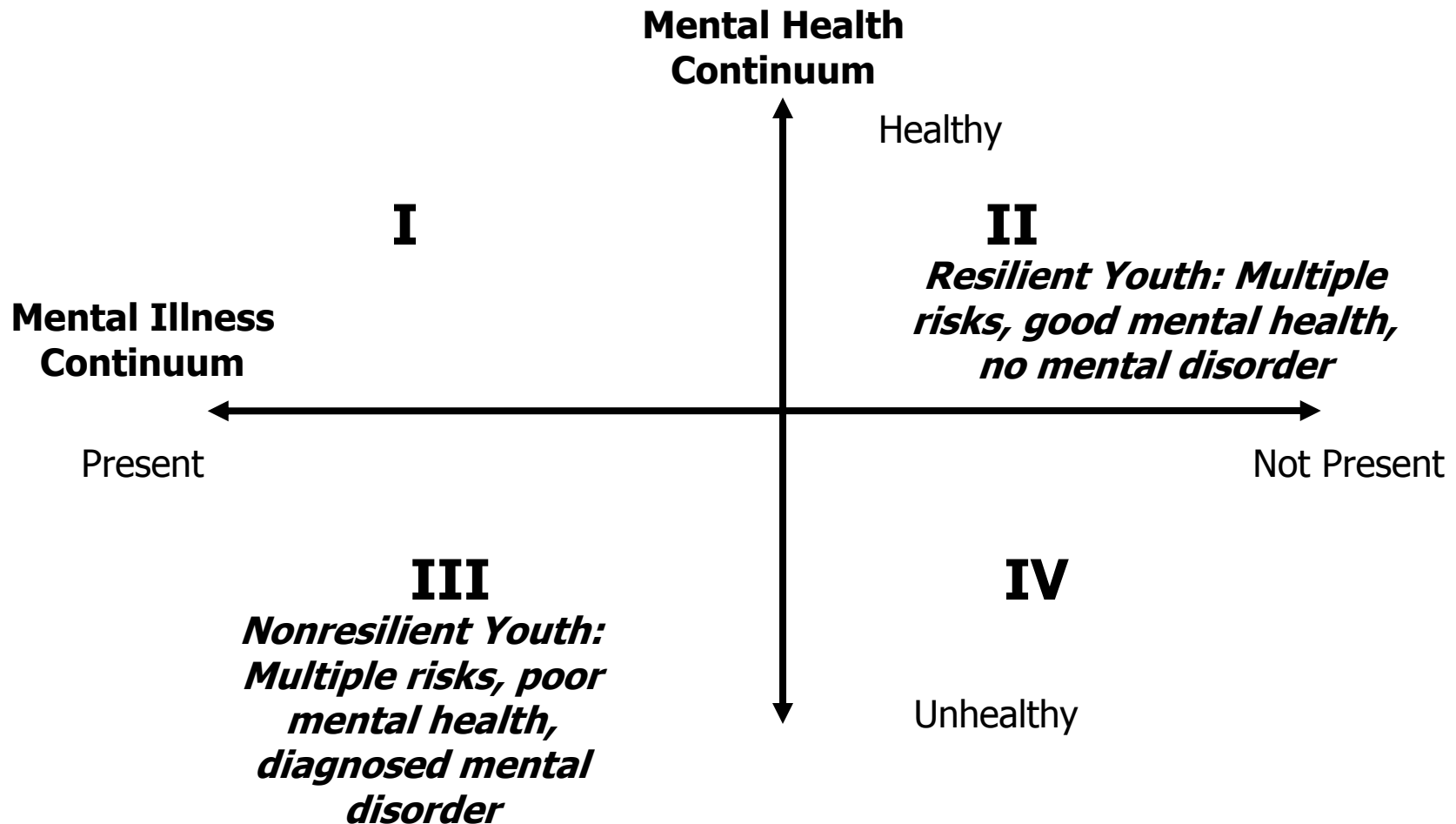


# The Sample

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- Three Cohorts
  - mental health clinic
    - 21 teens (12 girls, 9 boys)
  - secure custody
    - 20 teens (4 girls, 16 boys)
  - Child welfare/secure treatment
    - 2 teens (both boys) (comprehensive life histories and file reviews)
- Average time in placement
  - 11.8 months

# Theoretical sampling of youth based on a two-factor model of mental health





# The Revised Sampling Protocol

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- Risk Factor Variability
  - biological, psychological, social
- Variability in Coping Strategies
  - “resilient” vs. “vulnerable”



# Methods

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- Dialogical reciprocity
  - two or more interviews
  - concurrent coding/analysis to generate emic and etic perspectives
  - transcript reviews/audits by participants and third parties
  - focus groups
  - file reviews
  - observation
  - home visits
  - Repetition of study in different settings



# High-Risk Youth's Constructions of Resilience: Three Stages

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- Youth use what resources they have to:
  - Acquire an identity
  - Maintain an identity
  - Challenge negative identity constructions
- Finding:
  - Children need experiences that build and sustain powerful identities/resilience
  - These experiences are not unique to any one context or pattern of behaviour



# Resilience as Negotiation

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- An alternate definition of resilience:  
Resilience is the outcome of negotiations between individuals and their environments to maintain a self-definition as healthy



# Are some deviant behaviours health-enhancing?

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- Resistance among young women, marginalized young men
- Constructive aggression in dangerous situations
- Risk taking behaviours (smoking, sexual activity, time spent on the street)
- Potentially, these can be ways marginalized populations address risk and bolster resilience in threatening environments



# Labels given to High-risk Youth by community/families

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- Loser
- Charity case
- Brat
- Stupid
- Victim
- Slut
- Drop-out
- Thief
- Little f—er



# Labels given to High-risk Youth by professionals

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- Conduct disordered
- Parentified
- A.D.H.D
- Depressed
- Suicidal
- Borderline
- Antisocial
- Bi-polar
- Emotionally disturbed
- Dysfunctional
- Resistant
- Lacking impulse control
- Difficult



# Labels High-risk Youth prefer

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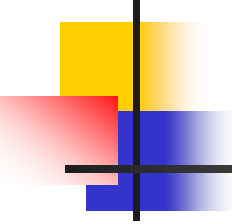
- Leader
- Tough
- Gang member
- Dealer
- Sexy
- Survivor
- Stud
- Street kid
- Helper
- Drinker
- Fighter



# Across Cultures and Contexts

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- International Resilience Project
  - 12 sites on five continents
  - Resilience is a culturally defined construct
  - Health indicators are variable
  - Qualitative and Quantitative inquiry
  - Community and Cultural factors are as or more important than Individual and Relational factors



# Children's Search for Resilience: Two Principles

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- Navigation
  - Seeking the resources to sustain self-constructions as healthy
  - “getting there”
- Negotiation
  - Influence those who control health resources to make them provide health-sustaining services in ways meaningful to the child
  - “making what you find there do what you want”

# Greg

<b>Dates</b>	<b>Type of placement</b>	<b>Length</b>	<b>Reason for change</b>
Jan. 14-20, 1994 Age 11	Foster Home 1	Ten days after removal from mother	Temporary placement unsuitable for longer-term placement of two children.
Jan. 21 – Feb. 17, 1994	Unaccounted for in placement record	One month	Permanent placement found.
Feb. 18-July 24, 1994	Foster Home 2	Five months	Placement breakdown due to sister's angry outbursts.
July 25, 1994 – Mar. 10, 1995	Back to Foster Home 1	Eight months	Returned to mother's home for trail period.
Mar. 11, 1995 – Mar. 5, 1996	Back with mother	One year	Services provided are not adequate to the mother's challenges and children are removed permanently.
Mar. 6, 1996 – May 13, 1997	Foster Home 3 (placement with aunt)	14 months	Conflict with aunt over household chores and comments about Greg's mother escalates to the point where blows are exchanged. Charges laid, then dropped. Aunt and Uncle insist children leave.

# Greg

May 14, 1997 – May 12, 1998	Placed with Father and step-mother	One year	Conflict with father and stepmother leading to a physical altercation with Father
May 13 – Nov. 4, 1998	Foster Home 4	Six months	Keith placed without his sister but asked to be moved as the home was very far from his school and it was impossible for him to participate in after school sports. Foster parents finally request he be removed due to his “attitude”.
Nov. 5-16, 1998	Group home	11 days	Temporary placement while waiting for foster placement
Nov. 17, 1998 – Aug. 28, 2001	Foster Home 5	33 months	Settled in home – Only leaves to attend university
Aug. 29, 2001 – Apr. 24, 2002	University	Ongoing	Returns to foster home at end of each school year



# Finding Resilience

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- For a child like Greg:
  - *Resilience results from successfully navigating his way to psychological and structural health resources and his negotiations with his care providers to have services provided in child-focussed ways that sustain his well-being*

# Fiona

<b>Dates</b>	<b>Type of placement</b>	<b>Length</b>	<b>Reason for change</b>
Jan. 14-20, 1994 Age 8	Foster Home 1	Ten days only after removal from mother	Temporary foster care placement
Jan. 21 – Feb. 17, 1994	Unaccounted for in placement record	One month	Permanent placement found.
Feb. 18 - July 12, 1994	Foster Home 2	Five months	Placement breakdown due to Fiona's angry outbursts
July 13, 1994 – Sept. 2, 1994	Back to Foster Home 1	6 weeks	Removed for psychiatric assessment and to be returned to mother.
Sept. 3, 1994 – Mar. 5, 1996	Back with mother	18 months	A wide range of support services were in place to try to give the family the skills they needed to stay together. Towards the end of this time, Child Welfare found the children were living with an aunt most of the time and their mother was disappearing for days at a time. The decision was made to bring the children into permanent care.

# Fiona

Mar. 6, 1996 – Jan. 6, 1997	Foster Home 3 (an aunt)	10 months	Fiona is removed from her aunt's home at her aunt's request due to her violent behaviour.
Jan. 7 – Apr. 13, 1997	Back to Foster Home 1	10 weeks	Temporary placement while a more permanent arrangement can be made.
Apr. 19 – June 4, 1997	Group Home 1	7 weeks	Home closed down.
June 5 – 22, 1997	Group Home 2	3 weeks	Temporary placement while waiting for a space in the therapeutic Children's Response Program
June 23, 1997 – Aug. 28, 1998	Children's Response Program	14 months	Discharged from the program after she is assessed as having reached the goals set for her.
Aug. 29, 1998 – Jan. 17, 1999	Foster Home 4	5 months	Removed from the home after threatening to harm herself and her foster mother.
January 18 – March 3, 1999	Group Home 3	7 weeks	Moved from home to home due to her violence and aggression.

# Fiona

Mar. 4 – Apr. 5, 1999	Group Home 4	1 month	Moved from home to home due to her violence and aggression.
Apr. 6 – May 3, 1999	Group Home 5	1 month	Continual escalation in violent behaviour culminating in the physical assault of a staff person and property damage which resulted in charges being laid.
May 4 – 14, 1999	Children's Response Program	10 days	Temporary placement.
May 15, 1999 to Nov. 29, 2000	Residential Treatment Home (Western Canada)	18 months	Planned transfer due to Fiona's unhappiness at being so far from home and desire to be closer to family members. Facility in Central Canada found that is closer to one of her relatives.
Nov. 30, 2000 – Apr. 14, 2002	Secure Treatment Centre (Central Canada)	17 months	Fiona turns 16 and stops participating in her treatment or using the program's resources. Staff felt that they were no longer meeting her needs and recommended that she be discharged.
Apr. 17 – Aug. 5, 2002	Residence for Homeless Youth	4 months	No information available.

# Fiona

Aug. 6 – 9, 2002	With mother	3 days	No information available.
Aug. 10 – 18, 2002	Group Home 6	10 days	No information available.
Aug. 19 – Sept. 12, 2002	Residence for Homeless Youth	1 month	No information available.
Sept. 13 to Dec. 5, 2002	Group Home 6	3 months	No information available.
Dec. 6- present	Residence for Homeless Youth	Ongoing	No information available.



# Responding to adversity

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- Children as consumers of services
- Multiplicity of ways children exploit opportunities
- “heterogeneity in responses to serious adversity” (Rutter, Giller & Hagell, 1998)



# Pathways to health

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- “By ‘pathways,’ we mean the sequence of contacts with individuals and organizations prompted by the distressed person’s efforts, and those of his or her significant others, to seek help as well as the help that is supplied in response to such efforts” (Rogler & Cortes, 1993, p. 555)



# Seeking help

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- Striking a balance between:
  - The child's ability to seek help
  - The response-ability of the system to provide help in meaningful ways
  - Like a game of "mirrors"



# Illustrations: Sustaining 'Resilience' through out-of-home placement

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- Finding a powerful identity through placement
- Continuities and discontinuities in care
- Using available mental health resources



## “Getting Put Inside”

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David: [Dad] didn't like really, at the time, it didn't seem he cared very much about me, and he just let me do whatever I wanted to do. And it got under my skin a bit 'cause I like to be treated like with discipline once in a while. So like when I went out there stealing with my friends, I thought “Hey, if I get caught my dad will realize I was here.” That's the way I felt, like I wanted him to realize I existed and then he'd just try and care about me a bit more. And if I didn't get caught then, hey, something for nothing.



# “Getting Put Inside”

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Samantha: They throw you in and they expect you to learn stuff and everything. This is great! Like, you're putting me here for a punishment? I get my education. I have a roof over my head and everything for the winter. I'll get my body back in shape and cleaned out and healthy. It's not really a punishment.



# Four Issues

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- **1) *How do at-risk children define resilience and what services do they say they need to achieve it?***
  - Architects of their own experiences, culturally specific
  - Seamless and ongoing services rather than sequential and episodic ones
  - When all else fails, children use problem behaviours to secure health resources
  - Cultural specificity



# Four Issues

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- **2) *How does the structure of services affect children's access to the health resources needed to nurture and sustain resilience?***
  - Services make individuals into clients, patients, residents and students
  - Services are seldom provided in ways that those most at risk get what they need



# Four Issues

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- **3) *What are at-risk and resilient children's patterns of service utilization?***
  - Overlapping needs and service use
  - Pathways are not neutral, but reflect values of gatekeepers



# Four Issues

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- **4) *How do systems constrain the capacities of children to access health resources?***
  - Hidden, and not so hidden, agendas
  - Pays more attention to the viewpoint of service providers than children using the services



# Recommendations

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- Navigational Aids
  - 1) Community reach
  - 2) One-stop shopping
  - 3) A door back in
- Successful Negotiation
  - 4) Less is more
  - 5) Unknown but not unknowable
  - 6) Something to shout about



# 1) Community reach

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- Different than “community outreach” which is system focused
- Putting services and case planning under the control of those served



## 2) One-stop shopping

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- People's lives are seamless adaptations to risk
- Services as alliances



### 3) A door back in

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- Fluid re-integration of children back to their communities/schools/homes
- Inclusion rather than exclusion



## 4) Less is more

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- Fewer staff in the lives of children cared for by mandated services
- Workers follow children, rather than the reverse



## 5) Unknown but not unknowable


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- Cultural sensitivity to de-centre the helping professional from the process of care
- Localized knowledge for localized care
- Listening to children tell us about their pathways to health



## 6) Something to shout about

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- The most resilient children are those with something good to say about themselves 
- Helpers act as an appreciative audience



# In Practice and Policy . . .

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- A paradigm shift in how we think about services
- De-centre professionals
- Respect the personal agency of clients, patients, residents and students
- It's not a question of the amount of resources, but who designs and controls them