Pathways to Resilience: Collaborative Care for multiple service using youth

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Outline

- The Pathways to Resilience research program and multiple service using youth
- Youth experiences of collaborative care
- A community based example of care

Pathways to Resilience: A profile of multiple service using youth

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Pathways to Resilience study

- Better understand pathways of youth as they navigate service use in Atlantic Canada and internationally;

- Determine which sequence of service use best predicts positive outcomes for youth; and

- Contribute to the growing body of knowledge around best practices with youth informing policy across systems so as to make the most of resources available in the province.

What is resilience?

▸ In the context of exposure to significant adversity, resilience is both the capacity of individuals to *navigate* their way to the psychological, social, cultural, and physical resources that sustain their well being, and their capacity individually and collectively to *negotiate* for these resources to be **provided and experienced in culturally meaningful ways**.

(Ungar, 2005)

Resilience Components

- Individual
  - Capacity to attach, evoke, self-regulate
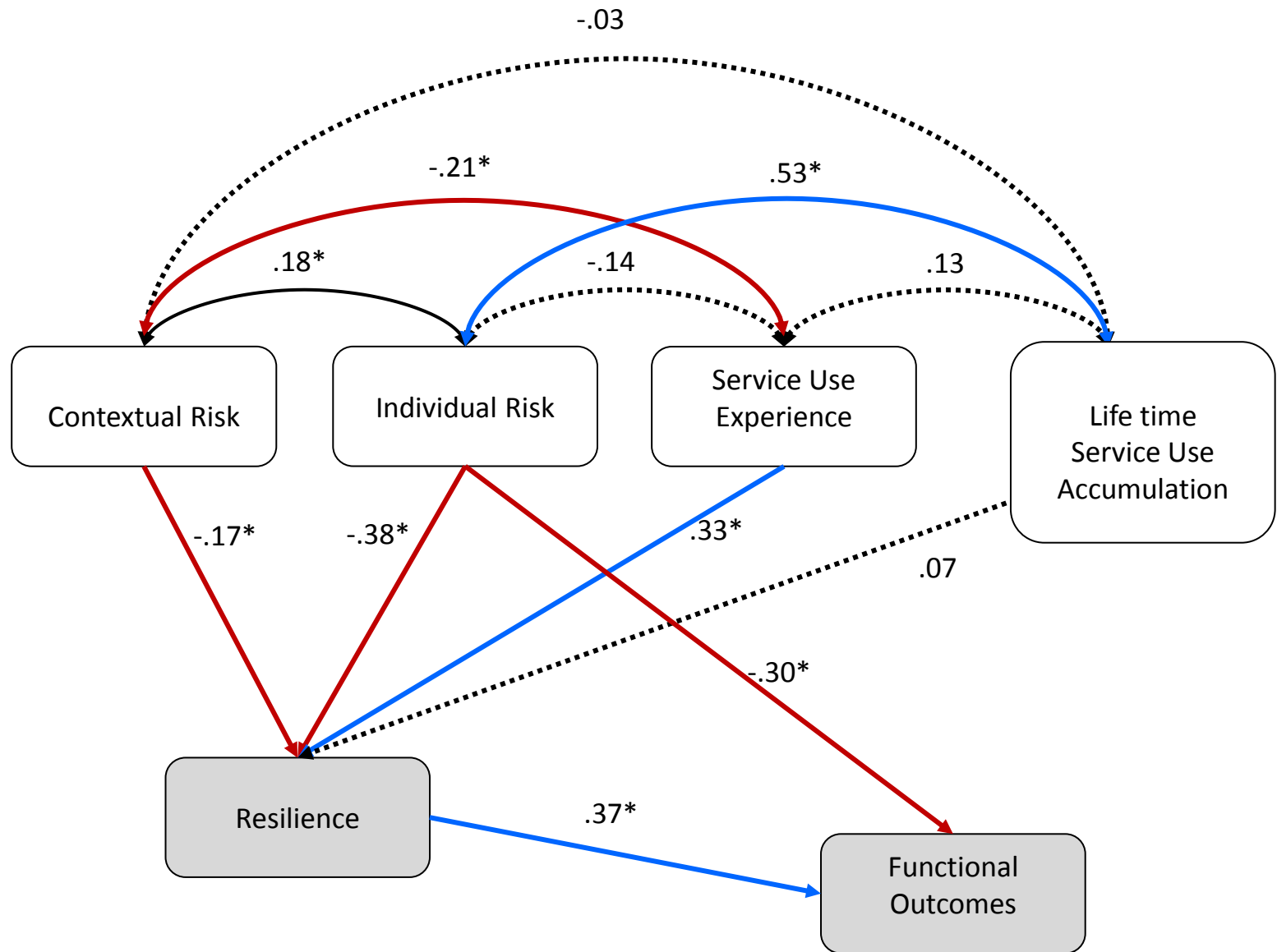
- Family
  - Preventing negative chain reactions
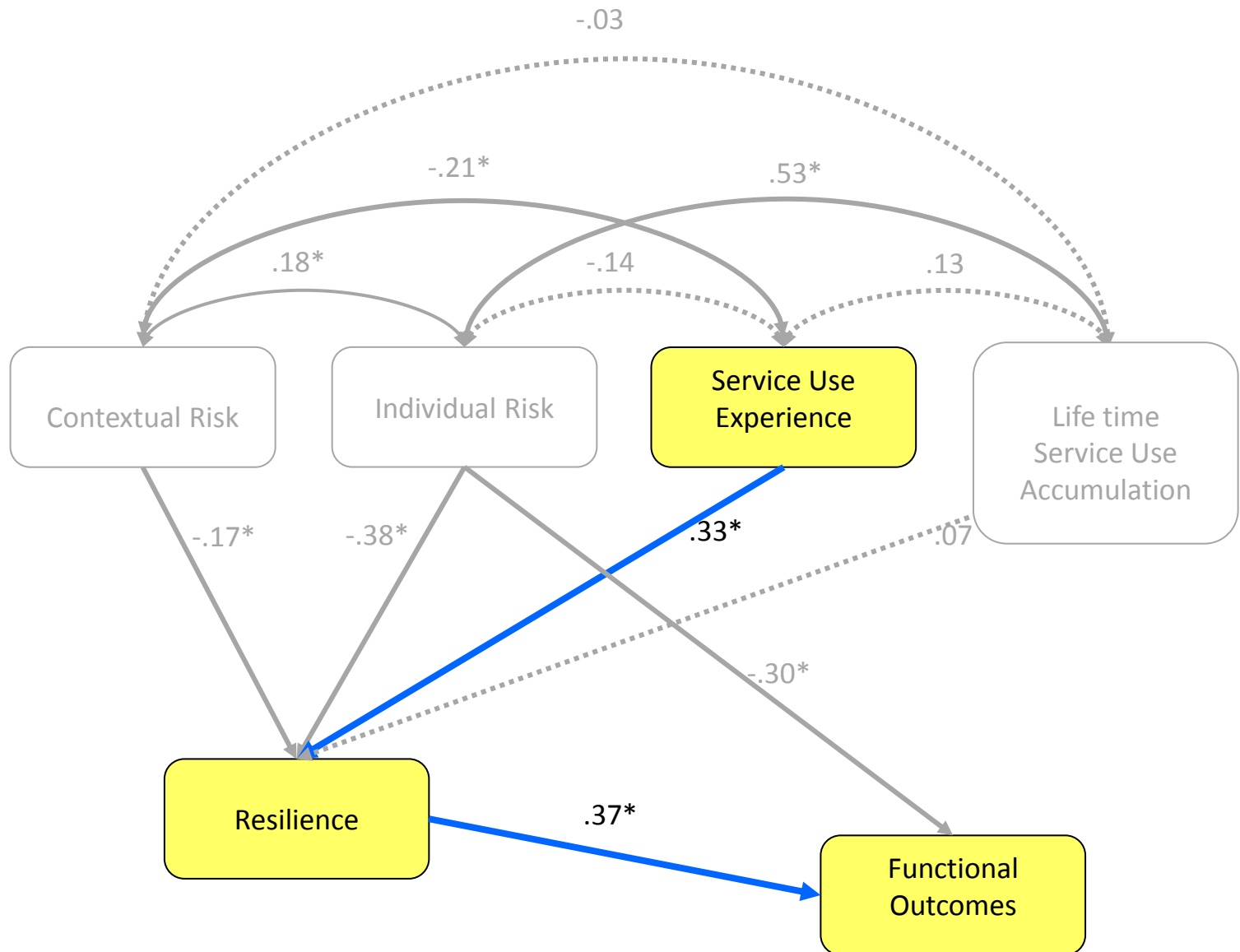   - e.g. Parental monitoring, nutrition

- Context
  - *Resources*: Opening up opportunities
    - e.g. Culturally relevant education, accessible services

  - *Relationships*: Changing the impact of risk
    - e.g. mentorship, supportive

Resilience Processes

◦ First, the capacity of individuals to *navigate* to resources that sustain well-being

◦ Second, the capacity of individuals' physical and social ecologies to *provide* those resources, and

◦ Third, the capacity of individuals, their families and communities to *negotiate* culturally meaningful ways for resources to be shared.
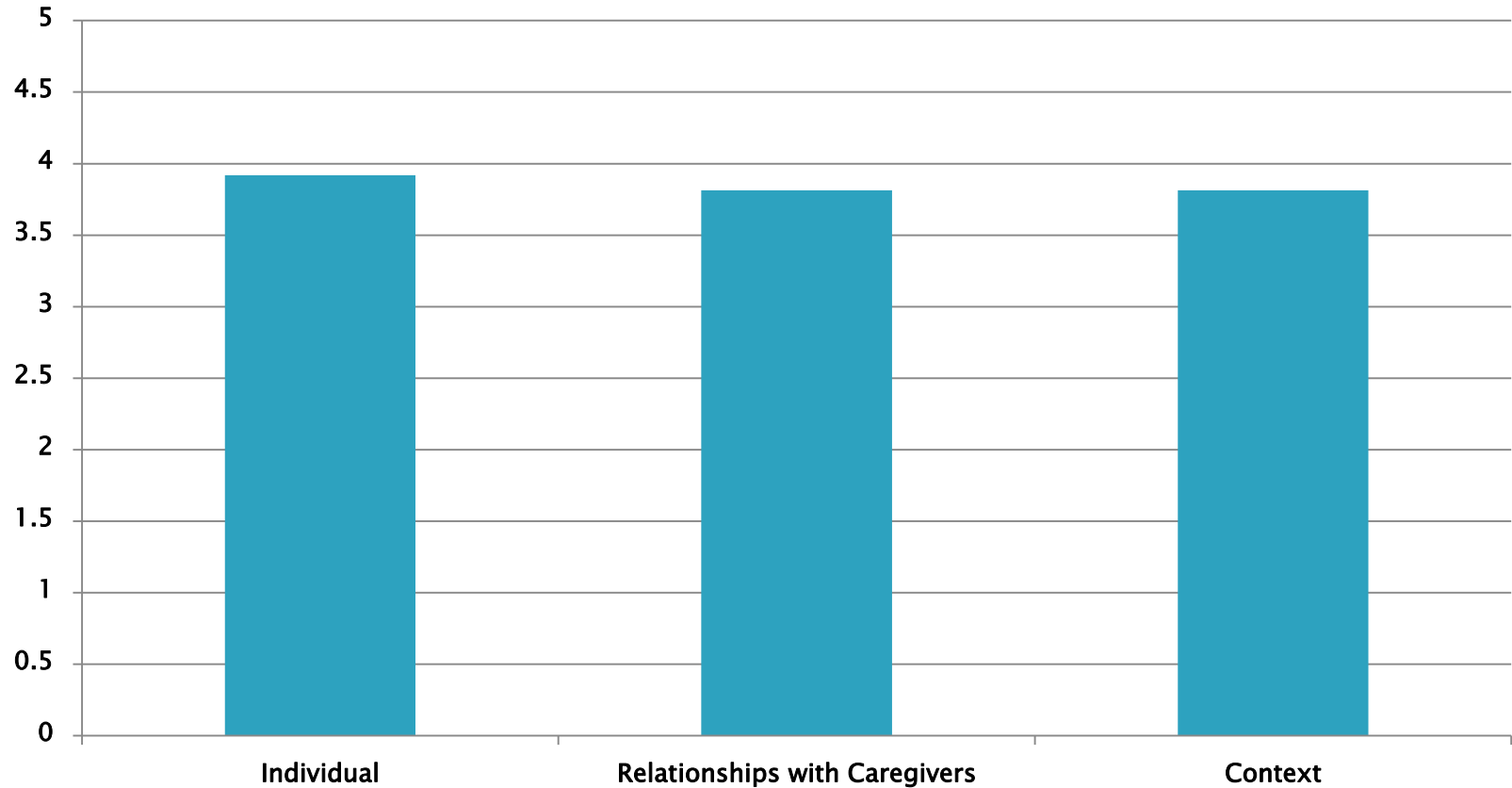
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-.03

-.21*   .53*

.18*   -.14   .13

| Contextual Risk | Individual Risk | Service Use Experience | Life time Service Use Accumulation |

-.17*   -.38*   .33*   .07

-.30*

Resilience   .37*   Functional Outcomes

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Methods

- Quantitative: The Pathways to Resilience Youth Measure (PRYM)
- Qualitative: Individual interviews
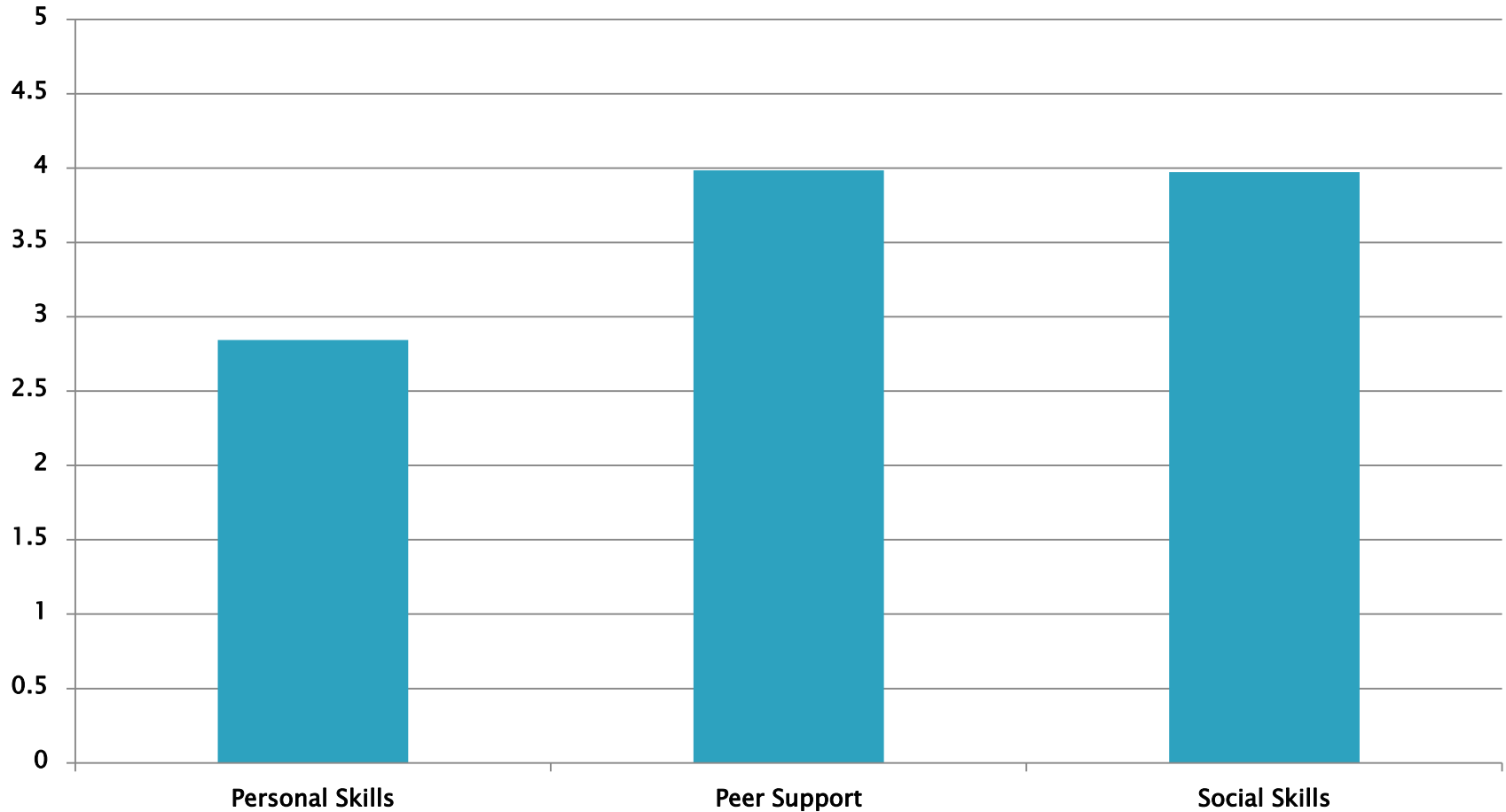- Qualitative: File Reviews

Sample

- 622 multiple service using youth
- 276 Girls (44.4%) and 346 Boys (55.6%)
- Atlantic Canada
- 16.68 (SD= 2.30)
- 116 interviews
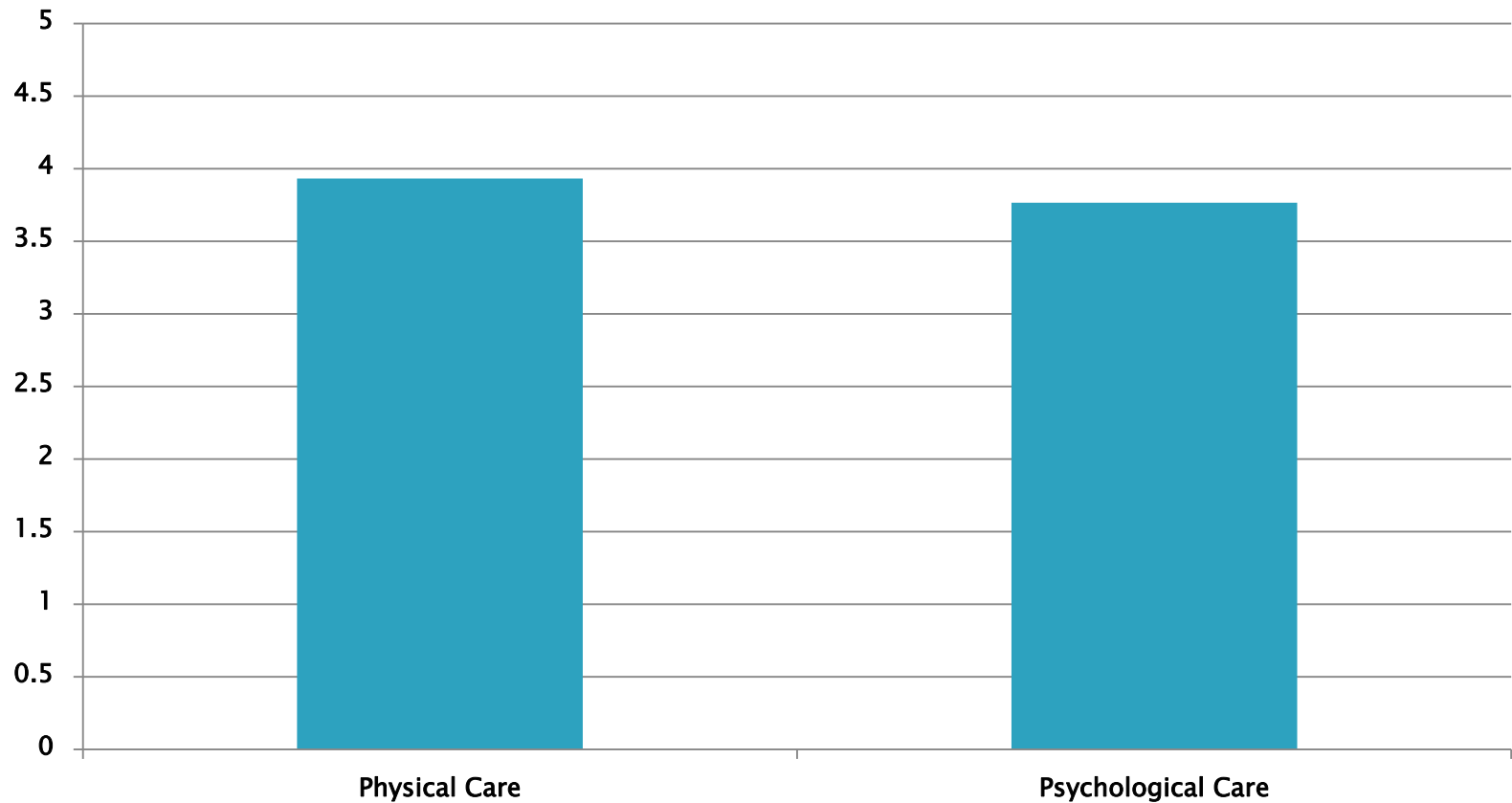- Service provider file reviews on 49 youth
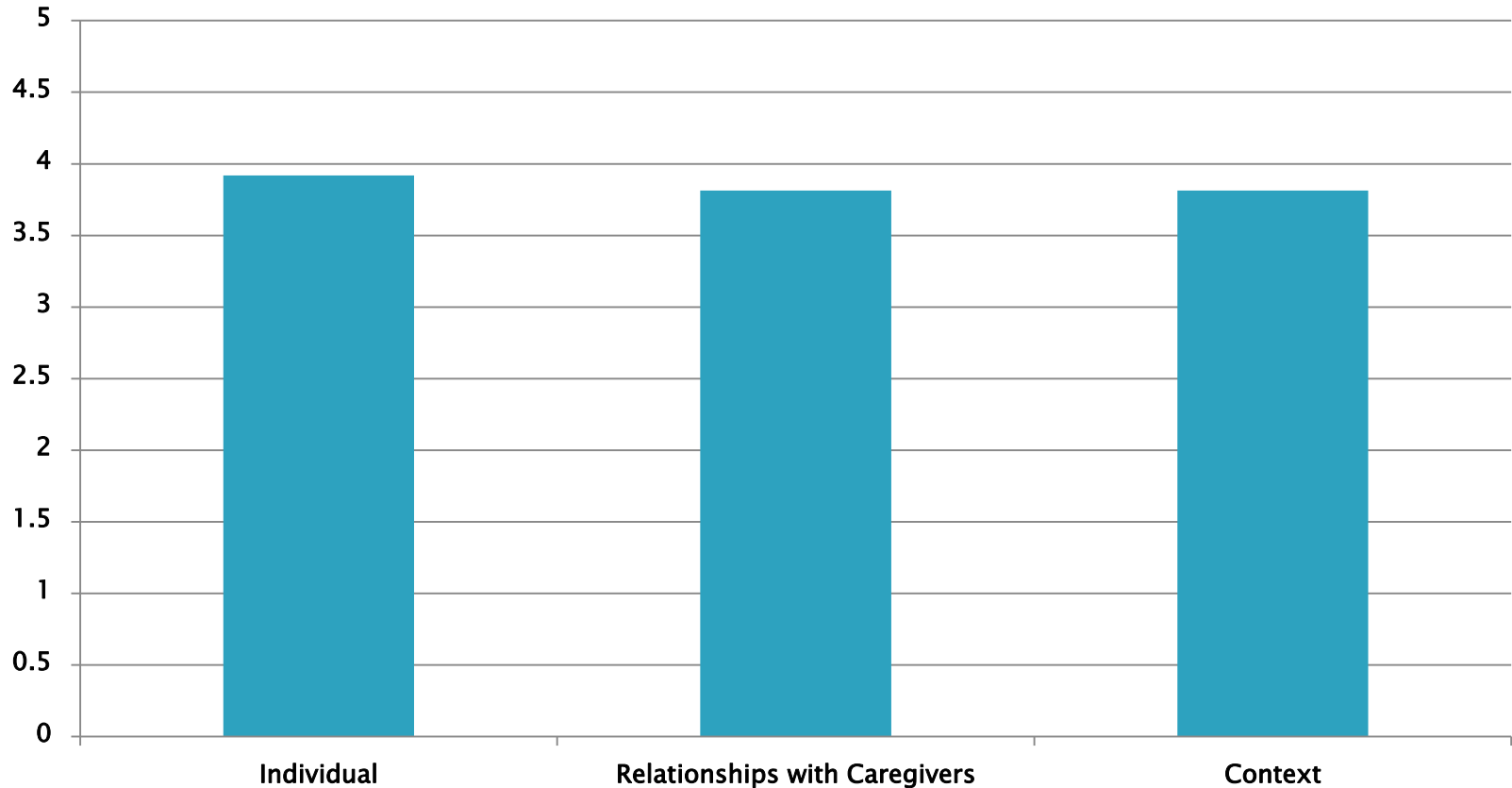
Profile: Resilience

Profile: Individual Resilience Components
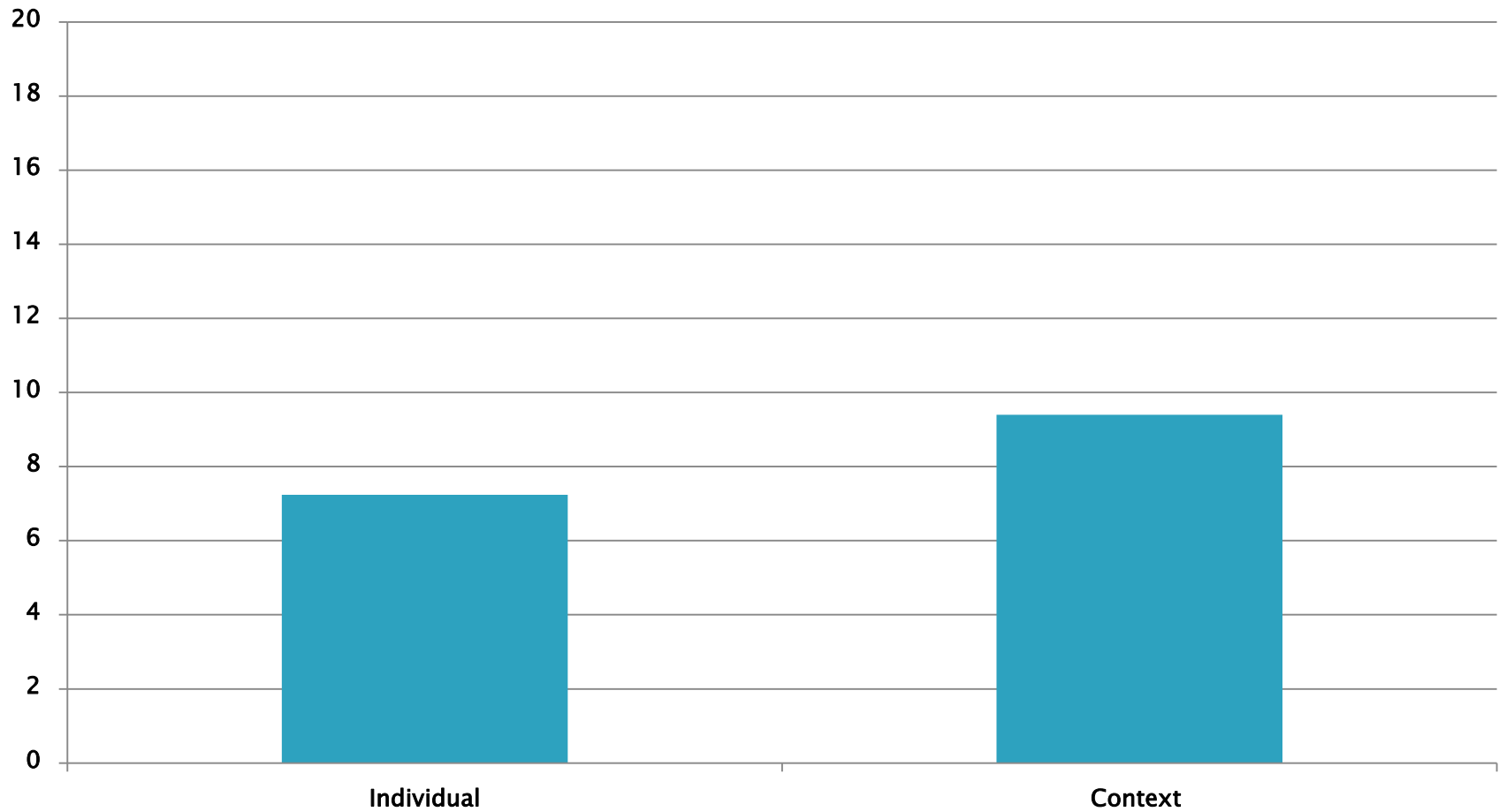

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Profile: Relational Resilience Components

Profile: Contextual Resilience Components

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Profile: Risk

Profile: Individual Risk Components
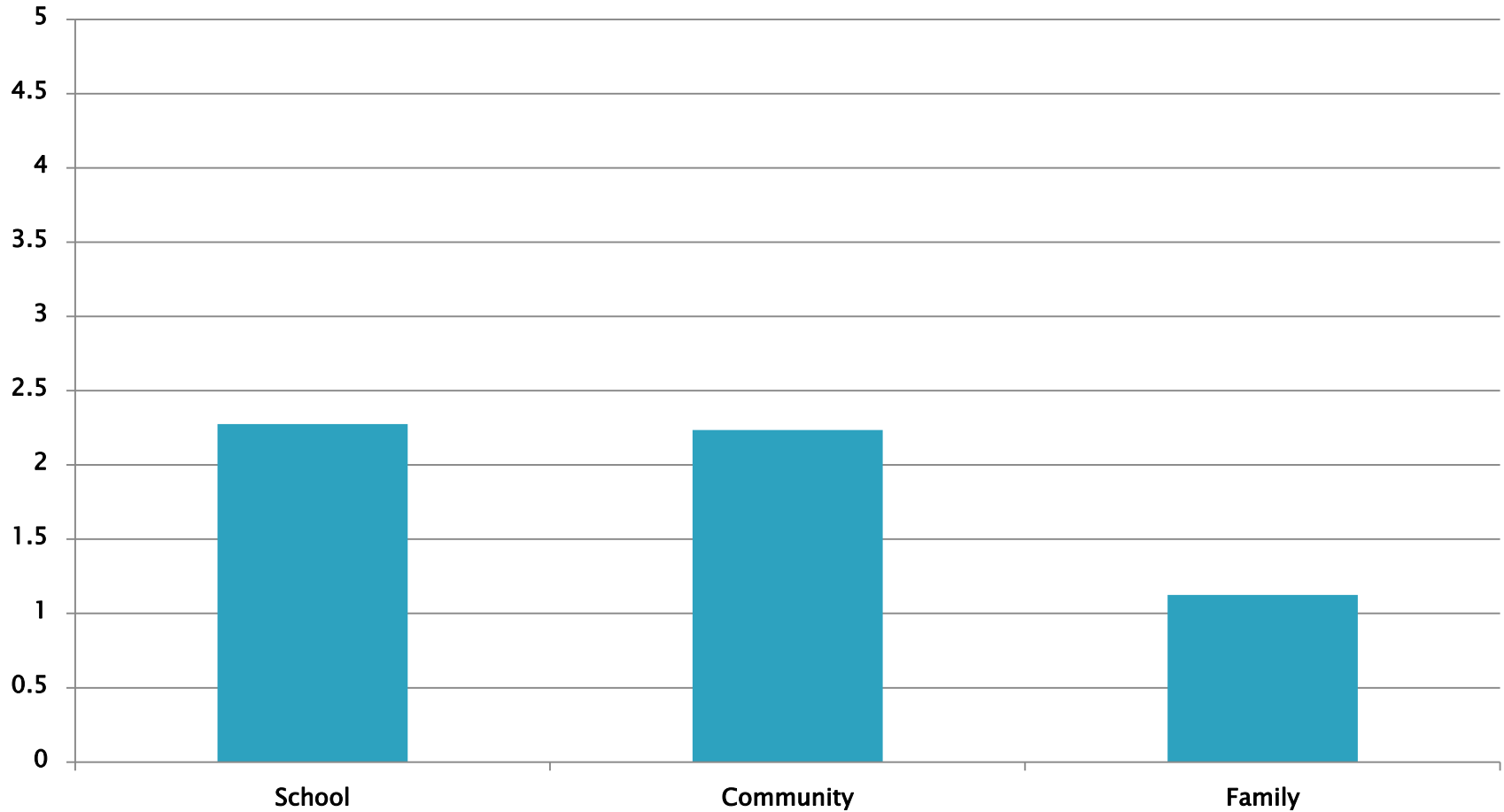

Individual Risks

Profile: Contextual Risk Components

Youths' experiences of collaborative care

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Youths' experiences of collaborative care

- 67 youth participated in qualitative interviews (Nova Scotia)
- Files reviewed from mental health, child welfare, corrections and community-based organization that works with street youth

  Themes found in the interviews validated by service file reviews (44 youth, 75 files, 19 complex cases – more than one file)

Youths' perceptions of service collaboration

- *"Well some are separate, but most of them do try to click together and try to help. They would all try to get together, well not get together but through phone calls."*

- *"Yea they would normally have meetings where they would like, everyone would come. Like it was kind of frustrating sometimes cause like I don't want everyone here and everyone talking about me. But in the long run, it was helpful because it showed also that they care about me."*

Youths' perceptions of service collaboration

▸ *"Yeah, there wasn't any connection between them, not really. Like once in awhile my social worker would sit down with my psychiatrist but even that was a rare thing."*

▸ *"Everybody who's involved with my life have a meeting and speak about what they think should happen. And just gossip about me, but I'm there.*

   ◦ *"Um, no…it pisses me off actually. Cause normally they are just negative."*

Lack of Collaborative Care

▸ Most youth were not aware of any type of collaboration between services providers

▸ This lack of collaboration was also apparent in service files

▸ Case conferences were rare and often a "last resort" when interventions were not working and youth continued to exhibit high risk/problem behaviours.

▸ Each agency functions independent of one another

Reactive Collaboration

- Communication between services occurred most often when the youth had done something wrong or failed to "follow through" with an aspect of their treatment/case plan.
- Examples:
    - Youth breach a condition of their probation order – youth care worker at group home would report incidents to probation officer
    - Youth in care instructed to attend therapy or addictions program – when youth does not attend, therapist, clinician informs social worker.
- This type of "collaboration" leads to negative consequences/punishment of the youth

The "hot" potato

- Communication between services involved a lot of referrals
- Youth with high risks and complex needs = high volume of service referrals
- Disorienting effect on youth
- Risks/needs acknowledged and action made (referral) – no one taking the lead on follow up of the status/progress of a referral
- Result: youth being tossed between services
- Referral is not an intervention
- Are meaningful interventions being made?

Ambiguity of Service Provision

- Youth spoke of service providers as "they"
  - Rarely identified specific sectors but rather spoke of them as a whole entity
- Youth perceive service providers as one giant monolithic system that is there to help
- Youth have no sense of who's providing what
- Systems work in exact opposition to how youth perceive them.
- Service systems did not function as one monolithic system
  - Very segregated and disconnected
  - Operate in accordance with specialized mandates and jurisdictions
- Issue – no overlap in service provision: gaps in care

Recommendations

- More collaboration between services
  - Communication beyond "tattle-tailing"
  - Preventive case conferencing that focuses on strength-building as well as risk identification
  - Establishing common goals/expectations
  - Referral follow ups
    - Service Leadership
- Service collaboration requires systems to take inventory of their progress (not just the youths'):
  - Who's doing what? Is it effective? What are the gaps? How can interventions/supports be improved?

Pathways to Resilience: A community based example of care

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Director of Programming

Phoenix Youth Programs

Phoenix Youth Programs

- Nonprofit organization designed to work with at risk and homeless youth (12-24) and provides the opportunity to break the cycle of homelessness and find a path from the street.

- 25 years of experience providing 10 programs and services in an innovative continuum of care from prevention to housing to follow-up supports.

- Work is based on principles of youth development, harm reduction and narrative approaches to youth work.

PYP's Guiding principles

1. Advocacy
2. Equality
3. Therapeutic milieu
4. Safety
5. Non-violence
6. Diversity
7. A holistic approach

Principle 1: Advocacy

- Yea, Jennifer* is my case worker and she is awesome, she has never said no to me and I ask for help with anything and if she can't help me she will find someone who can. Her biggest talent is outsourcing, like she is so good at it. (Female, 20)

- And like they helped me out in a huge way. Like if I don't have the things at home like specific things like you know, toilet paper, tampons, food. If I need a referral done to go to Phoenix Prevention, if I need you know cough drops, anything like that. Like, I can come to Phoenix and they're wonderful and if I just need to talk. If I just need, you know, I, I love it. (Female, 19)

Principle 2: Equality

- Challenging power dynamics and reducing the negative hierarchy
  - It was nice to be spoken to not spoken at, uh they were, I found they were considerate and my, my opinion mattered to them but when I was in a group home uh my opinion didn't matter to anybody, like I was picked up and moved from here to there (Female, 20).

  - She is my case worker like she's, she's my equal but at the same time she's not. But she doesn't make me feel like she's higher than me, Like she talks to me on the same level, uh she doesn't belittle me, uh I feel like I can have open conversations with Jennifer and I know they're not going to leave her office. Like I can trust her. (Female, 20)

Principle 3: Therapeutic Milieu

▸ Shared decision making, open communication, valuing the individual

◦ He was awesome. He was amazing. He actually sat down and gave his time to me and talk to me. You know and help me. Instead of being like, you know, I'll be with you in a minute I'll be with you in a minute. When I came in, I was his first priority. Yea, he was amazing. But he made everybody feel like that. So it was even more amazing. (Female, 20)

◦ Well you've got people there who actually want to help you right? And like at [*another shelter*] and stuff they are just there to make sure nobody kills each other (Male, 20)

Principles 4-6

- Through positive relationships, it is possible for Phoenix to engage the youth in safe, non-violent ways while maintaining a safe place for diverse youth

Principle 7: Holistic Approach

▸ It's the one thing that's stable in my life... And I, since my grandmother has died...since then I haven't had stability in my life and it's nice to know that Phoenix is always here no matter if I live you know where ever I live. If I'm on the street, if I'm whatever I'm doing, if I lose everything in my life. I can always come here. This is always like. If I don't, if I don't have a home to go to, I can come here and, they're waiting, you know, they're here. (Female, 19)

▸ The fact that Phoenix is not just programs and food our houses provide a strong consistent family base for those that have little or none. A place where you feel the love and understanding from amazing people and supporters. (Female, 22)

References

▸ Ungar, M. (2005). Pathways to resilience among children in Child Welfare, Corrections, Mental Health and Educational settings: Navigation and Negotiation. *Child and Youth Care Forum, 34*(6), 423–444.

Thank You

Questions?