Understanding service provision and utilization for vulnerable youth: Evidence from multiple informants

Haibin Li [a,*], Linda Liebenberg [b], Michael Ungar [c]

[a] Asia Research Institute, National University of Singapore, Singapore
[b] Resilience Research Centre, Dalhousie University, Halifax, Nova Scotia, Canada
[c] School of Social Work, Dalhousie University, Halifax, Nova Scotia, Canada

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ABSTRACT

Research has demonstrated that the ability of children to cope well with risk exposure can be partly attributed to the social ecology that surrounds them, including their access to resources. Few studies however have explored the interaction of services that many vulnerable children receive in relation to surrounding risks and available resources. This study reviews data of a paired sample of 166 Canadian multiple service using youth (at least using two of five public service systems) and a youth-nominated person most knowledgeable (PMK) focused on the contextual risk factors, service use variables, and pscychosocial outcomes of youth participants. Despite low to moderate correlations between youth and PMK (the person who is most knowledgeable about youth's lives) reports, findings showed that both PMKs and youth perceive service provision as a mediator between risk and pscychosocial outcomes. For youth however, better *quality* of service provision is key to improved developmental outcomes. Furthermore, the more risk factors youth face at home and at school, the less likely they are to perceive their services as helpful or appropriate to their needs. Youth data also reflects far more complex interactions between risks, service provision and outcomes than PMK data. Greater sensitivity is needed to both an adult and youth's perceptions of risk and related service needs if service access is to be provided optimally.

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1. Prior research and knowledge gaps

Studies have shown that children who experience high levels of risk (such as maltreatment, family dysfunction, community danger) in their daily environments may have impeded pscychosocial development as a result (Li, Martin, Armstrong, & Walker, 2011; Cheng & Lo, 2011; Hopson & Lee, 2011; Shin, Choi, Kim, & Kim, 2010; Ward, Martin, Theron, & Distiller, 2007). When studying resilience, and the factors that mitigate poor outcomes, many researchers have found that the ability of children to cope well with risk exposure can, in part, be attributed to the social ecology that surrounds them (Ungar, 2011). As Ungar (2008) have found in a study with 1451 youth across 14 different cultures and contexts, "resilience is … the capacity of individuals to navigate their way to health-sustaining resources, … and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways" (p. 225). In this way, services (i.e., health services, child welfare services, mental health services, correctional services, and educational supports) are implicated in the resilience process that supports good outcomes for children confronted by adversity. However, while almost all studies of

resilience focus on environmental factors related to relationships at home, school and with peers, psychological factors, and individual–environment interactions, there are very few instances where resilience has been studied as interactions with the complex weave of social services that many vulnerable children receive in higher-income countries like Canada, the United States, the United Kingdom and Australia.

This lack of focus on services is inconsistent with the evidence that young people who receive services are more likely to be resilient when service providers change a child's access to the resources required to nurture and sustain well-being (Abramson, Park, Stehling-Ariza, & Redlener, 2010; Ungar, Liebenberg, Armstrong, Dudding, & Van de Vijver, 2013). As Ungar (2005) explains, a child's social ecology is constituted by "shelter, clothing and counseling for children and their families, socio-political structures that ensure safety, access and social justice, as well as the relationships that allow children to be seen by others as powerful, competent and gifted through attachments to peers, families and others in their communities" (Ungar, 2005, p. 445). Many of these aspects of resilience are influenced by the social services available to young people who experience significant levels of adversity.

The problem, however, is accounting for the impact of service access and quality over time on resilience. Studies of resilience largely ignore the relationship between service utilization patterns and resilience except when a specific intervention is being evaluated (e.g., Cowger, Gerson, & Snively, 2006; Norris, Sherrieb, & Pfefferbaum, 2011). Even

* Corresponding author at: Asia Research Institute, National University of Singapore, 259770 Singapore.
E-mail address: arilih@nus.edu.sg (H. Li).

then, assessments of outcomes seldom account for the multiple services many at-risk youth become involved with because of complex needs, concurrent disorders or co-morbidity. This problem is made even more difficult for researchers since young people engaged with multiple services have been shown to have poor recall of the services they have received and do not accurately identify the professional designation of their care provider nor the providers of system affiliation (e.g., a clinical social worker may be mistaken for a psychiatrist or vice versa; a school based educational assistant who also coaches families may be seen as part of the child welfare system) (Garland, Hough, Landsverk, & Brown, 2001).

Increasingly, contextual risks are being shown to be interrelated and lead to negative psychosocial development (Li et al., 2011; Cheng & Lo, 2011; Hopson & Lee, 2011; Shin et al., 2010; Ward et al., 2007). Studies such as the Adverse Child Events Study (ACEs; Anda et al., 2002; Edwards, Anda, Felitti, & Dube, 2003; Felitti et al., 1998) underscore the ways in which cumulative risks exponentially increase the chances of poor psychosocial outcomes for youth. The combination of these risk factors has been identified to have a cumulative and serious impact on outcomes such as mental illness and addictions. As many experts suggested, the more risk factors that are present in an individual's life, the more likely he or she is to develop negative outcomes (Howard, Dryden, & Johnson, 1999; Rutter, 1990; Withers & Russell, 2001). Service provision may offset the cumulative impact of negative influences of contextual risks, providing resources or opportunities to individuals.

Simultaneously, recent attention to children's social ecologies, the social determinants of health, and coordinated service have helped shift attention from the psychological factors associated with resilience to the complex interactions between individuals and their social ecologies. In resilience theory this is reflected in the increased attention directed at service provision for children and youth confronted by heightened risks (e.g., Child Welfare Information Gateway, 2008). Reports show that in western countries, almost 87% of youth used at least one mental or physical health-related service, and 71% used one school-based service beyond classroom instruction (Cheung & Dewa, 2007; Hazen, Hough, Landsverk, & Wood, 2004). Yet, among those receiving services, many were receiving inadequate services or services that were not properly equipped to provide the resources that the youth needed (Stroul, Goldman, Pires, & Manteuffel, 2012).

Recently, a small collection of studies have explored service provision requirements for youth aged 6 to 24 years and the factors that inhibit or facilitate patterns of service use. For example, DuMont, Widom, and Czaja (2007), Eggerman and Panter-Brick (2010) and Leontopoulou (2006) found that young people facing challenges (such as abuse and neglect or living in contexts of violence), but doing well, used more psychosocial services. Similarly, Shin et al. (2010) found that nursing services helped maximize predictors of family resilience[1] and could enhance an adolescent's ability to adjust positively in newly divorced families. Peck, Roeser, Zarrett, and Eccles (2008) found that participating in positive extracurricular activities provided developmentally appropriate experiences to vulnerable youth that promote educational persistence and healthy development (Peck et al., 2008). Similarly, access to mental health services through schools can counter some of the barriers typically associated with mental health care such as stigma and financial burden (e.g., Barksdale, Azur, & Leaf, 2009).

Despite the evidence for positive outcomes, both large cross-sectional and longitudinal studies of the impact of service utilization have found that the relationship between service use, resilience, and outcomes is often more spurious than it appears at first. In a 19-year longitudinal study conducted with a sample of 1037 youth (Henry, Caspi, Moffitt, Harrington, & Silva, 1999), only limited associations

between service use patterns and later engagement in deviant behavior could be found. More definitively, both Zwaanswijk, Verhaak, Ende, Bensing, and Verhulst (2006), studying Dutch children, and Cheng and Lo (2010), conducting research with a sample of American youth, found no relationship between service use patterns and a reduction in behavioral problems. Similarly, Ungar et al. (2013) found that adolescents who access more services do not necessarily do any better when compared with similar youth who experience lower levels of service use. They caution about the potential ineffectiveness of providing more services to youth without ensuring that the services are designed to help youth overcome adversity in ways that are contextually and culturally responsive, especially in situations where young people come from situations where they have experienced marginalization. The findings of these studies are amplified by other studies such as those of Chavira, Garland, Yeh, McCabe, and Hough (2008) who have found that there is a significant imbalance between service needs and the services received even though other research has shown that (e.g., Chavira et al., 2008) in many instances there is a positive association between service utilization and positive outcomes.

This disappointing return on social investment may be explained by the fact that many children who are service users report receiving inadequate services or services that are not properly equipped to provide the resources that they need (Stroul et al., 2012). Furthermore, an increase in the quantity of services and an increase in access to informal protective factors like prosocial peers among at-risk youth will not always predict better psychosocial outcomes (Cauce, Stewart, Rodriguez, Cochran, & Ginzler, 2003). Clearly the interaction between young clients of support and intervention services, their contexts and services is a complex one.

2. Methodological challenges documenting service use

While investigating service use patterns is important both to individual resilience and public policy decisions with regard to effective investment in services and service coordination, getting good data is difficult. Mining data from the multiple services children confronted by adversity use sequentially and concurrently has been difficult as services are seldom sufficiently coordinated to track the multiple services children use. A few exceptions exist, but the level of interagency collaboration necessary for researchers to access a child's multiple files in multiple agencies is rare. Even if accessible, the accuracy of those files themselves may be low as workers exercise a great deal of latitude in what they record (e.g., when a referral is received, the nature of the referring party may not be clear; treatment plans may not be fully reflected in the case notes).

A second choice is to use individual reports by the child to assess changes in service use and service satisfaction. Even when services are being used, children are unreliable when reporting which services they access and for how long (Garland et al., 2001). The third option is to ask an adult who knows the child well and can recount the child's service history and the level of congruence between the services used and the child's needs. This strategy, too, has problems. While adults control access to services for younger children, older children can navigate their way to medical and psychological services (e.g., school health nurses, a social worker at a community center, a probation officer) without much adult oversight and, in many jurisdictions, without parental consent.

3. Present study

Given these problems, we included in a larger study of youth risk and resilience, an audit of service use patterns that used both self-reports by young people facing adversity and reports from a person most knowledgeable (PMK) about the youth's life history, and nominated by the youth. We hypothesized that greater service use would be related to higher scores on a measure of resilience. Results from that analysis are reported elsewhere (Ungar, Liebenberg, Landry, & Ikeda, 2012; Ungar et al.,

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[1] Family resilience was defined as a family's ability to successfully cope with adverse events together that enables them to flourish with family communication, support and hardiness (Walsh, 1998).