NARRATIVES OF RESILIENCE:

EXPLORING THE VOICES OF INDIVIDUALS WHO GREW UP IN

THE CHILD WELFARE SYSTEM IN NEWFOUNDLAND AND LABRADOR

by

© Amit Sundly

A Dissertation submitted to the

School of Graduate Studies

in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

The Division of Population Health and Applied Health Sciences, Faculty of Medicine

Memorial University

October 2024

St. John's Newfoundland and Labrador

ایک ہی حادثہ تو ہے اور وہ یہ کہ آج تک

بات نہیں کہی گئی بات نہیں سنی گئی

एक ही हादसा तो है, और वो ये, कि आज तक, बात नहीं कही गई, बात नहीं सुनी गई

The only tragedy is that, until today, it has not been said, it has not been heard.

(Eliya, J., 2010, p.32)

Abstract

This novel Bildungsroman biographical narrative inquiry explored the narratives of resilience of six adults who grew up in Newfoundland and Labrador's child welfare system. It considered: a) the unresolved disagreements about the understanding of resilience; b) the deficit discourse that contaminates resilience research within the context of the child welfare system and c) the methodological exclusion in resiliency research and theorizing of the voices and experiences of some individuals who grew up in care. This study used a critical strengths perspective to examine: 1) How do we ask individuals if they feel resilient? 2) How do we determine what adversity means to these individuals and the outcomes they value? 3) What processes did they go through to achieve those outcomes?

Data were generated using interviews and prolonged engagement via email, text messages, and phone call with six adults who had spent ≥ 3 years in care and reported a subjective sense of accomplishment. The findings are represented in the form of, a) six biographical summaries co-constructed in Bildungsroman style; and b) a discussion of themes within the three core components of resilience theory: adversity, outcomes, and processes.

Themes within Adversity were, a) pre-care adversity; b) adversity associated with being in care; c) struggle with negative self-perception and stigma; d) state-designated and healthcare workers caring for the client, not the child, e) post-care adversity. Themes about Better-Than-Expected Outcomes were, a) agreement with the normative indicators of positive outcomes; b) unique meaning of normative accomplishments; c) striving to become the same as everyone else; d) extreme expectations and associated consequences;

e) dynamic nature of the sense of accomplishment. The identified processes were, a) processes of accessing supports and services from the child welfare system; b) processes of accessing supports outside care; c) extended processes of stability and consistency; and d) processes of acceptance: disconnecting care from protection.

This study considers the contemporary critiques of the concept of resiliency and introduces a novel methodology to research resiliency. The strength of this thesis lies in the findings grounded in intimate accounts of those who grew up in care. The study also uses Pierre Bourdieu's theory of social reproduction to consider the potential harm of the resilience discourse as a way to understand the experiences of youth in care. I conclude with recommendations for practice and policy.

Keywords: Resilience, Childhood Adversity, Outcomes, Processes, Strengths Perspective, Child Welfare, Foster Care, Narrative Inquiry, Qualitative Research, Bildungsroman, Critical Thinking

General Summary

Children who are born in adversity, removed from their birth home, and placed in care, but demonstrate better-than-expected outcomes are considered resilient. Most studies on resilience within the context of children in care continue to be carried out within a post-positivist paradigm. Scant constructivist attempts are contaminated by the dominant deficit discourse within which the child welfare system operates. For the most part, the resiliency of those who do not meet the standard markers of resilience such as education, employment, and avoiding incarceration and teenage pregnancy remain understudied. Moreover, there are debates within the field of resilience research. These are—How do we define resiliency? Which definition matters? Is resilience an individualistic trait or a function of the environment? How can we explore the richness/complexity of resilience? What are the potential harms of the resilience discourse?

Attending to these criticisms, this study examined resiliency through a novel and innovative approach to character formation, Bildungsroman biographical narrative inquiry. Using a broad inclusion criterion, I invited adults who grew up in care and identified as having a subjective sense of accomplishment to share stories about their lives. Data collected using interviews, emails, phone calls, and texts led to a co-construction of participants' biographical summaries written in Bildungsroman style. These biographical summaries represent participants' recollection of their unique and complex journeys of resiliency. Finally, I carried out thematic analysis of the transcripts under three core elements of resilience: adversity, better-than-expected outcomes, and processes.

Using a critical strengths perspective, I show that resilience is a complex phenomenon and participants' interpretation of its core concepts are a function of their personal experiences with people, policies, institutions, and broader social structures. Therefore, participant narratives represent the personal accounts of how individuals achieve desired outcomes in the face of adversities. Using Bourdieu's social reproduction theory, I discuss evidence of the potential harmful effects of the resilience discourse. The unique findings and its relevance to resilience research and practice, policy, is further discussed.

Dedication

To my study participants, Adam, Ava, Jane, Jessica, Mary, and Rose, along with many

others waiting for their stories to be heard.

Acknowledgements

doctoral journey. A special acknowledgment to Amy Carroll at Research and Graduate Studies for facilitating departmental financial support.

I extend my gratitude to the professors within the Division of Population Health and Applied Health Sciences (formerly the Division of Community Health and Humanities) whose wisdom widened my knowledge in the field of community health. My thanks also go to every staff member who answered my numerous questions throughout the program. Additionally, I appreciate the facilities management staff in the Faculty of Medicine for providing a safe, neat, and clean environment.

A heartfelt thanks to my mother, my guiding angel, for her moral teachings, and my father, my superhero, who tirelessly worked and invested most of his hard-earned money in funding my education in India. Special thanks to my wife, the best supporter ever, for her unwavering encouragement during my graduate studies. I also express gratitude to my siblings, eagerly anticipating their big brother's success, and my family-in-law for their belief in me, especially my mother-in-law for her encouraging words.

Acknowledgments to my friends Manoj, Saif, Tiffany, Nauman, and Utkarsh for intellectually stimulating conversations. I thank Dr. Amarjit Singh and my M.Ed. thesis supervisor, Dr. Gerald Galway, from the Faculty of Education for their continuous belief in me.

A big thanks to Memorial University for allowing me the opportunity to learn, and to the province of Newfoundland and Labrador for offering a safe and accepting environment for international students. Finally, I want to acknowledge my secret motivation and desire to learn, hoping it propels me further as a lifelong learner.

Table of Contents

General Definitions

Bildungsroman	A German term meaning story (roman) of character formation (Bildung)
Biography	Life history of an individual, written by someone else
Care leavers	Youth who are exiting child welfare system at the age of majority (usually 18)
Child Welfare System	Mandated government bodies responsible for providing child protection and wellbeing
Critical strengths perspective	A strengths perspective that also considers structural factors
Deficit-oriented approach	Mode of thinking that frames and represents identity in a narrative of negativity, deficiency, and failure
Deficit-oriented child welfare	When child welfare system operates within a deficits discourse
Resilience	Ability to cope mentally and emotionally with a crisis, or to return to pre-crisis status quickly
Strengths perspective/strength-based approach	A mode of thinking that individuals have strengths and resources, and the practitioners should identify what is going well in an individual's life, how the person is able to do it, and how we can assist the person to build on it. Applying strengths perspective are strength-based approaches
Transition out of care	The process through which young adults exit care

List of Tables

List of Figures

List of Appendices

"I have been bent and broken, but–I hope–into a better shape." (Dickens, 1861, p. 685)

Chapter One: Introduction

More than a century after Charles Dickens published Great Expectations in the Bildungsroman (story of character formation) genre, psychologists such as Norman Garmezy (1971) and Emmy Werner (1971) became interested in the phenomenon that we now call resilience. This shift occurred around the same time when Aaron Antonovsky introduced salutogenesis (origin of health) within the field of health care which is generally dominated by the pathogenesis (origin of disease) discourse (Antonovsky, 1979). While focused on finding the strengths of the individuals who achieve positive outcomes, both resilience and salutogenesis metaphorically consider the half-filled portion of the glass over the remaining half-empty one.

This Bildungsroman biographical narrative inquiry is a unique and novel attempt to explore resiliency as experienced by six adults who grew up within the Newfoundland and Labrador's child welfare system and self-identify as accomplished. Chronological biographical summaries of their unique journeys portray their Bildungsromane (stories of character formation). Using a critical strengths perspective, the analysis of interview transcripts and other sources of participant communication explores the three contentious core concepts of resilience—adversity, positive outcomes, and processes.

Revisiting the half-filled/half-empty glass metaphor, this study considers the whole glass as the site of inquiry into understanding resiliency. This is a study about narratives of resilience experienced and described by individuals with lived experience of care. It offers space for resiliency of both—those who achieve the normative construct of

positive outcomes, and those who don't. In other words, it explores both the bright, as well as the dark side of resilience.

This chapter begins with a critical overview of resilience, the Canadian child welfare system, the deficit discourse within the Canadian child welfare system that influences policies that are based upon evidence produced within a deficit discourse, as well as frontline child welfare practice, and the gaps within resilience research. The second section elaborates on the theoretical underpinning—critical strengths perspective. The third section presents an outline for this thesis.

Resilience

In one of the first longitudinal birth cohort studies on resilience that was initiated in 1955, Werner (1971) studied the long-term outcomes of a cohort of children born to poor, unemployed, alcoholic, or mentally ill parents in Kauai, Hawaii. She found that almost two third of these children exhibited "destructive" behaviours such as unemployment, substance abuse, and teenage pregnancy, whereas the remaining one-third didn't. Her research shifted the focus towards exploring what works well for a select few children who achieve non-destructive outcomes when many others don't. Werner called the group that achieved the non-destructive outcomes as the resilient ones. Psychologists, psychiatrists, neuroscientists, and sociologists developed an interest in understanding the phenomenon of resilience and searched for its biological, genetic, and social underpinnings (Southwick et al., 2014).

Over the years, resilience developed into a strength-based approach due to its inherent interest in the positive outcomes in the face of adversity (Gavidia-Payne et al.,

2015). It became an area of interest for researchers, practitioners, and policymakers interested in identifying appropriate efforts to yield positive outcomes and developing interventions to promote resilience among children at risk of experiencing adversity (Ungar, 2008). Resilience researchers focused on populations of children such as those in wartorn countries like Afghanistan, Niger, Syria, and Palestine, and maltreated children in the western world because these children had usually lived in conditions exemplified in Werner's study in Hawaii (Southwick et al., 2014).

The last seven decades of resilience research have yielded an advanced and sophisticated understanding of resilience research methods, as well as best-practices, and frameworks to promote resiliency (Liebenberg & Ungar, 2009; Southwick et al., 2014; Ungar & Theron, 2020; Vella & Pai, 2019). These advances produced disagreements about the definition, concept, theory, and uncritical use of the term resilience within the socio-political sphere (Garrett, 2016; Southwick et al., 2014). Research on resilience produced debates about, 1) the meaning of adversity and positive outcomes which are its core elements; 2) dilemma if resilience is an individualist trait or a function of individual's environment; 3) methodological advances in how to research resilience, and 4) the assumptions underlying the approach to study resiliency (i.e., deficit vs strengths perspective) (Fletcher & Sarkar, 2013; Gray, 2011; Mahdiani & Ungar, 2021).

Resilience research and its conceptualisation is contaminated by researchers' selection bias. This may trace back to Werner's (1971) two-third sample that demonstrated "destructive" outcomes. Occupied with the advancements and disagreements, the resilience research community tends to exclude neglected children, youth, and adults who do not demonstrate consensually agreed upon and validated

3

measures of normative positive outcomes such as academic and employment success, and avoiding teen pregnancy, drugs, and avoiding criminal justice system involvement (Mahdiani & Ungar, 2021; Ungar, 2019).

Thus, some stories of resilience are told, while others remain unexplored. This is especially true within the context of the child welfare system.

Canadian Child Welfare System

History and Scope of Child Welfare System in Canada

While in the 19th century, child welfare started as a mechanism to protect orphans and poor street children from becoming criminals or offenders, by the early 20th century, the focus shifted to the moral shortcomings of the parents (MacIntyre, 1993). The middle class provided the moral underpinnings of a family that included ideal parental behaviour. These underpinnings were based upon sexual segregation of everyday practice that included the economic role of the father, the mother's duty to care, and the child's duty to study (MacIntyre, 1993). The middle class also provided the workforce for child welfare and protection, including social workers and salaried professionals. The state assumed the role of funding child welfare, supervision, and empowering the volunteers (MacIntyre, 1993; Tufford, 2019). The contemporary child welfare system refers to mandated government bodies responsible for providing child protection and wellbeing. The scope of its work involves responding to reports of child abuse or neglect and making provisions to meet the developmental and psychosocial needs of children removed from their birth families (Trocmé et al., 2019).

Children are removed from their birth families and placed under state care by the order of the provincial court. Reasons vary. Children are removed when there are allegations of abuse or neglect against members of the child's birth family, when parents die, or when parents cannot care for their child due to imprisonment, some form of disability/health condition, or when no suitable kinship (a situation where extended family members are not available to care for the child) placement is available (Public Health Agency of Canada, 2019). There are also community-based services, which often involve some combination of in-house programs and contracted service providers for children in care (Trocmé et al., 2023).

The child welfare department places children removed from their families in various living arrangements within the partner agencies. Placements include A) group homes, where children from different families are placed together in a house and serviced by staff working rotational shifts. B) emergency placement homes, where children are temporarily placed soon after the removal and while the case is still under investigation. C) individual living arrangements, where only one child or their biological siblings are placed together in a house serviced by staff working rotational shifts. Individual living arrangements are also for children with medical conditions or high developmental needs. D) Foster homes, where children are placed within a family setting within the community. E) Kinship arrangement, where extended family members agree to care for the child. F) Treatment facilities, where children with significant behavioural issues are placed and receive behavioural modification treatment (Pollock et al., 2024; Tremblett et al., 2021). Individual living arrangements and foster care are generally long-term placements when

the child is in continuous custody. Children can avail of these services until the age of majority. The child welfare department also facilitates and regulates adoption.

Generally, group homes and emergency placement homes are short placements. Children stay in these two types of arrangements during the ongoing child custody case. When the court decides that there is a significant risk for the child or when parents voluntarily give the custody of their child to the state, the social workers place the child in an individual living arrangement. For children in continuous custody of the state, the social workers make efforts to place the child in a foster home, which is generally considered better than other forms of placement. However, getting a foster home is a matter of luck due to a shortage of families that are interested in taking the responsibility of fostering a child. Various extended care services during emerging adulthood are also available to care-experienced youth if they agree to enter an extended care agreement with the state.

Structure, Legislation, and Funding

There is neither federal legislation nor national standards for how child welfare systems should be designed and how funding should be used (Sukumaran, 2021). Thus, no federal uniformity or consistent child welfare policy and legislation standards exist across provinces and territories. The provincial governments are responsible for funding, legislating, regulating, and coordinating out-of-home placements for children and youth (Shewchuk, 2020). They undertake the rights and responsibilities in providing for the health, safety, and wellbeing of children in care, and in some cases, facilitate family reunification through several family-oriented programs offered through child protection

authorities (Public Health Agency of Canada, 2019; Tufford, 2019; Wells, 2006). Varying

standards result in varying quality of service for children when they are ready to transition

out of care, depending on their province of residence (Sundly et al., 2023).

Various governmental structures within the province facilitate the investigation of

abuse and neglect, welfare arrangements, and regulation of child welfare institutions.

Canada's provincial and territorial legal frameworks share a common legislative history as

it relates to child welfare. The doctrine of parens patriae legitimizes child protection

interventions and assigns the state as the legal carer of those incapable of caring for

themselves (vulnerable children) (Rendleman, 1971; Tufford, 2019). Provinces share key

features and objectives within their frameworks, such as acting in the child's best

interests, respecting continuity of care and stability, and respecting parental responsibility

for child-rearing (Public Health Agency of Canada, 2019; Trocmé et al., 2019).

Indigenous child and family services are governed by provincial or territorial

legislation, except where Indigenous self-government agreements apply. After suffering

centuries of intergenerational oppression by the settlers, Bill C-92 introduced by the

federal government in January 2020, now called An Act Respecting First Nations, Inuit

and Metis children, youth and families, gave Indigenous people autonomy over 'on

reserve' child and family welfare services. This act also laid out standards of services that

consider the child's best interests, emphasizing prevention and preservation of the child's

connection to their family, community, and culture (Government of Canada, 2020).

The provincial and territorial legislative framework administers various child

welfare delivery models. The provincial and territorial governments work in partnership

with numerous for-profit or not-for-profit organizations that provide residential, group

homes, or foster care services to removed children. In addition to these, various culturally relevant Indigenous agencies work exclusively to protect and support Indigenous children (Sinha et al., 2013; Sinha & Kozlowski, 2013). Non-governmental agencies have organizational policies and procedures that vary within the same jurisdiction. They received funding from the provincial government for their operational costs.

The federal government primarily plays a funding role in child welfare services. It provides Canada Social Transfer funding to provincial and territorial governments (Government of Canada, 2011). The provincial government can use Canada Social Transfer to fund child welfare services. The federal government also has provisions for children's special allowance, which supports government bodies and institutions that care for children (Government of Canada, 2021). This diversity in child welfare funding and policies results in variations in services available to care-experienced children, youth, and adults. A child in care in British Columbia may get access to benefits that another child in care in Newfoundland and Labrador may not. For example, according to the Public Health Agency of Canada, the age of protection and age range eligibility over transition supports vary across the country (Public Health Agency of Canada, 2019). So, a care-experienced individual in Newfoundland and Labrador may only receive support until the 21st birthday, whereas another in British Columbia may still be eligible until the mid-20s (Sukumaran, 2021). Most of the children turning adults face significant barriers that restrict their health and wellbeing, especially when they exit care.

Child Welfare Statistics and Contemporary Issues

About 61,104 Canadian children are in the protection of the child welfare system at any given time (Pollock et al., 2024). Canadian Incidence Study of Child Abuse and Neglect, initiated in the 1990s, is the only national study collecting child abuse and neglect data in Canada (Trocmé et al., 2001). Canadian Incidence Study data has provided crucial insights into the child maltreatment investigations in Canada. Canadian Incidence Study data shows that out of 235,832 maltreatment-related investigations in Canada, severe harm, physical abuse, sexual abuse, and neglect made up 2%, 2%, 4%, and 7% of the investigations respectively, whereas 'risk of harm or endangered development and wellbeing' was attributed to the remaining 85% of investigations (Trocmé, 2008). These findings show that although 'wellbeing' and 'safety' are both fundamental principles in the child welfare legislation across Canada, 'urgent protection' has become the central focus of practices in child welfare (Trocmé et al., 2014).

A systematic review of intergenerational effects of childhood maltreatment revealed a correlation between childhood maltreatment experience and increased risk of abusive or neglectful parenting (Greene et al., 2020) and experiencing abuse as an adult (Cotter, 2021). However, looking at the structural factors that lead to such behaviour is crucial—especially by examining the data through critical lenses. For example, historically, the middle class made the rules and operated the child welfare system. The overrepresentation of children from marginalized groups in care may be attributed to the child welfare system's over-reliance on the 'risk of harm' and hypervigilance over certain types of families (Edwards, 2016; Jonson-Reid et al., 2009; Mosher & Hewitt, 2018). The historical documentation of adverse professional, social, and health outcomes and the

disproportionate representation of individuals with care experience among the young homeless population in Canada serve as compelling evidence of persistent injustices (Gaetz et al., 2016; Shewchuk, 2020).

There are various researchers dedicated to identifying issues within the child welfare landscape. Some of the contemporary issues within the child welfare system are (a) underfunding (Trocmé et al., 2019); (b) training of staff and other resources that affect the quality of care that children in care receive (Lwin et al., 2018); (c) lack of transparency (Jones et al., 2015); (d) protection versus welfare dilemma (Jud et al., 2013); (e) adverse psychosocial outcomes (Patterson et al., 2015; Rutman & Hubberstey, 2016; Rutman & Hubberstey, 2018; Van Wert et al., 2018); (f) limited research capacity (Fallon et al., 2015; Kufeldt & McKenzie, 2011; Trocmé et al., 2016, 2019), (g) instability in placements (Esposito et al., 2014); and (h) overrepresentation of Indigenous children (Chabot et al., 2013; Sinha et al., 2013; Sinha & Kozlowski, 2013).

Most research within the field of child welfare systems primarily centers around adverse outcomes with comparatively less focus on resilience and positive outcomes. Gharabaghi & Anderson-Nathe (2017) argue that one of the reasons why we know a lot about the negative outcomes of individuals with care experience is because the child welfare system and related research operate within a deficit discourse which leaves little space for strength-based approaches such as resilience. Furthermore, the limited space that resilience research occupies within the context of the child welfare system remains contaminated by this deficit discourse (Gharabaghi & Anderson-Nathe, 2017; Ungar & Theron, 2020).

The predominant focus of resilience research remains on children, youth, and adults who demonstrate normative positive outcomes similar to those Werner (1971) suggested. Since resilience is understood through achievement of normative positive outcomes, the voices of individuals who do not achieve these outcomes rarely make it to studies on resilience. The result is a limited construction of resilience, one grounded in a deficit-focused ideology.

In resilience research, the operational use of value-laden normative outcomes to understand resiliency and the limited space for voices of those who have not achieved those outcomes poses a problem: how to construct a strengths-based concept (i.e., resilience) when operating within a deficit discourse. In a recent paper titled, 'Dark side of Resilience,' Mahdiani and Ungar (2021) call for a multidisciplinary understanding of resilience within the context of "psychological adaptation with theory informed by sociology (neoliberalism and power relations), ecology, and human history" (p. 148).

The development of meaningful resilience-promoting interventions, services, and policies for children in care within a genuine strengths paradigm warrant a dual mandate. First, research on resilience must acknowledge the contemporary concerns about its deficit-oriented conceptual and methodological foundations. Second, building that understanding demands hearing the voices of those who grew up in care while refraining from subjugating their unique perspectives of accomplishment with the value-laden dominant social construct of positive outcomes.

Research within the Context of Child Welfare System: The Deficit Discourse

A significant contribution of life outcome studies within the context of child welfare research highlights the adverse outcomes of individuals who grew up in care and the underlying factors that lead to these outcomes (Kovarikova, 2017). This knowledge informs numerous state-funded and community-based interventions to reduce the prevalence of underlying factors that lead to negative outcomes and to support children and adults who grew up in care (Kovarikova, 2017).

While the life outcome studies within the context of child welfare system inform interventions to improve life outcomes of children in care, one of the criticisms of such research is that it is grounded in a deficit discourse (Doucet, 2020; Gharabaghi & Anderson-Nathe, 2017; Lonne et al., 2008; Plante, 2017; Russ et al., 2009). Deficit discourse is a "mode of thinking that frames and represents identity in a narrative of negativity, deficiency, and failure" (Fogarty et al., 2018, p. 2). Deficits discourse can be commonsensically applied to child protection and welfare because the child protection system is inherently designed to identify and address the deficits located in the individual's deviance from the normative constructs within the society.

In general, the child welfare system has been accused of primarily relying upon deficit discourse. A deficit discourse operates to perpetuate identity formation that is further associated with outcomes that are generally assigned to that specific identity. This has been flagged in research about indigenous populations. Fforde et al. assert that the "prevalence and social impact of deficit discourse indicate a significant link between discourse surrounding indigeneity and outcomes for indigenous people" (2013, p. 162).

Hence, it can be argued the focus on adverse outcomes creates a research-based negative representation of individuals (particularly indigenous youth) who grew up in care.

The deficit discourse and research reporting adverse life outcomes among children in care may label them as 'at-risk' (Centre for Child Well-Being, 2011). Such 'at-risk' labelling emphasizes "there is failure, helplessness, and low expectations for the families and communities" (Centre for Child Well-Being, 2011, p. 1). Such labelling sets lower than average developmental and achievement thresholds for children in care and adults who grew up in care (Eiberg & Olsen, 2022). The quality of services provided to children in care can be negatively impacted by helping professionals who are schooled in this discourse.

The deficit discourse often informs interventions directed at children regarded as at-risk post-crisis. Such interventions are problem-focused and mostly unsuccessful (Centre for Child Well-Being, 2011). One study reported on an intervention directed at children at risk of juvenile delinquency by making them aware of the experiences, challenges, and consequences of bad decision-making. While the goal was to reduce risky behaviours, the intervention resulted in increased criminal activity (Petrosino et al., 2003).

Child welfare research that focuses on deficits in the lives of individuals who grow up in care and on negative outcomes ignores many attributes these individuals possess to navigate through life successfully. While the adverse outcomes of individuals with care experience are well known, some studies have shown individuals with a history of adversity report better life outcomes—or show resiliency—as compared to those with no history of adversity (Neff & Broady, 2011; Seery, 2011; Seery et al., 2010). However,

the focus of research has primarily been on the deficits in the lives of children in care. Ungar notes,

> We know much more about what causes pathology in at-risk populations of children and youth than why or how some become well-functioning citizens… We have forgotten the children. We have neglected to look at service utilization from their perspective as agentic consumers of service... Arguably, we may never be able to distinguish between the children who need services and those who do not because the logic of the question is fundamentally flawed. We have forgotten the personal agency of the very people being served. In so doing, we have neglected to ensure that the design and integration of our services are tailored to those we serve in ways meaningful to them. (2005b, pp. 440–442)

Resilience and the Child Welfare System

Occasionally, we read stories about care leavers who achieve positive outcomes within the field of education and employment. Despite numerous disadvantages, such individuals achieve positive outcomes (in a normative sense) and accumulate social, cultural, and economic capital that they further transmit to their next generation (Ungar, 2013). They are typically known as the resilient ones.

Resilience researchers within the context of child welfare systems are generally interested in explaining what worked for a select few or using validated instruments to measure children's resiliency scores (Daining & DePanfilis, 2007; Garrett, 2016; Harrison, 2012). Ungar (2001b, 2001a) first identified that the excluded ones in resilience studies display resiliency in unique manners. Thus, calling for a constructivist approach to

explore resiliency—a field traditionally researched using positivist/post-positivist paradigm (Ungar, 2001b)

Despite Ungar's call for a constructivist approach to researching resilience, this avenue remains largely under-explored. The only individuals who qualify to share their experiences in qualitative studies are those who demonstrate one or more of the normatively defined positive outcomes such as academic success, employment status, avoiding teenage pregnancy, drugs, and/or criminal behaviour (Daining & DePanfilis, 2007). This deficit-oriented selection bias frames and represents the identity of those outside the dominant construct of resilience in a narrative of negativity, deficiency, and failure. Thus, pursuing resilience research within the child welfare landscape is complex due to the strength-based foundation of resilience, and the dominant deficit-discourse within child welfare research (Gharabaghi & Anderson-Nathe, 2017).

Gaps and Flaws in Existing Knowledge and Current Study

Qualitative resilience research within the context of child welfare system uses normative beliefs around resilience to recruit participants (Drapeau et al., 2007; Ungar, 2001b, 2005a). Ungar's study (2001b) with high-risk youth found that categorising participants as resilient and not resilient was disempowering and undermined their agency to self-identify as resilient. Ungar's findings remain largely unaddressed within the resilience research among individuals with care experience.

This is what we currently know about resilience research within the context of individuals with care experience:

a) The dominant (and popular) concept of resilience is derived from research grounded in a deficit discourse, and remains contentious with unresolved disagreements about what constitutes its key elements (the meaning of adversity and positive outcomes)

b) The deficit discourse within the child welfare system, due to its continued focus on normatively defined positive versus negative outcomes, contaminates resilience research, which struggles to operate within the principles of a strengths perspective.

c) The resilience studies among individuals with experience of growing up in care rely upon recruitment methods guided by normative definitions of success, accomplishment, and well-being. These definitions prevent us from exploring unconventional cases of resiliency.

d) The current resilience research field relies heavily on generated scales and numeracy over subjectivity. The narratives of individuals with lived experience of growing up in care are understudied in favour of population-based research.

My research on resilience in youth who grew up in care acknowledges the contemporary concerns about its deficit-oriented conceptualization and the methodological flaw on which that concept has been developed. My research draws on the voices of individuals who grew up in care without subjugating their unique perspectives of accomplishment with the value-laden dominant social construct of positive outcomes. This research uses Bildungsroman biographical narrative inquiry to address gaps in our understanding of resilience in youth who grew up in care by asking these compelling questions my study seeks to explore are:

a) How do we ask individuals who grew up in care if they feel resilient?

b) How do we determine what adversity means to them and the outcomes that they value?

c) What processes did they go through to achieve those outcomes?

Theoretical Framework: Mel Gray's Critical Strengths Perspective

Resilience is fundamentally considered a strength-based approach with interest in positive outcomes rather than the negative (Guo & Tsui, 2010). Both resilience and different frameworks to understand resiliency have been used extensively. For example, community resilience (Berkes & Ross, 2012), socioecological perspectives, adaptation, and resilience (Bodin & Wiman, 2004; Drapeau et al., 2007; Fleming & Ledogar, 2008; Frimpong-Manso, 2018a; Ungar, 2008, 2011, 2019; Ungar & Theron, 2020), sociocultural perspective on resilience (Clauss-Ehlers, 2008), early childhood education and resilience (Ellenbogen et al., 2014), salutogenesis and resilience (Selimbasic & Hasanovic, 2021), family resilience (Walsh, 2016), and resilience through life course (Windle, 2011).

As discussed earlier, pursuing resilience research within the child welfare landscape is complex due to the strength-based foundation of resilience, and the dominant deficit-discourse within child welfare research (Gharabaghi & Anderson-Nathe, 2017). What makes researching resilience even more challenging is the critique of strengths perspective itself (Gray, 2011). My argument to this point is that our understanding of resilience is contaminated within a deficit discourse. A suitable line of inquiry must seek a theoretical lens that can adequately address the issues with the deficit discourse, the

contemporary understanding of resilience, and the ways in which we can develop an improved understanding of resilience while attending to the critique of strengths perspective.

The most suitable line of inquiry demands going back to the basic premise upon which resilience rests. Thus, a *critical* strengths perspective proposed by Mel Gray (2011) best suits my research. Gray offers a description of the fundamental understanding of a strengths perspective while attending to its multifaceted critiques.

Definition, Nature, and Philosophical Roots of the Strengths Perspective

A strengths perspective "though not a theory…is a way of thinking…a distinctive lens for examining the world of practice" (Saleebey, 2002, p. 20). The core belief in a strength perspective is that the individuals have strengths and resources, and the practitioners should identify what is going well in an individual's life, how the person is able to do it, and how we can assist the person to build on it (Barwick, 2004; Laursen, 2003). Saleebey (2002) calls the strength-based practice "a dramatic departure from conventional social work practice" (p. 1) which encourages social workers to "refashion themselves into strengths-based, solution-focused, capacity building, asset creating, motivation enhancing, [and] empowerment specialists" (McMillen et al., 2004, p. 317). The strengths perspective challenges the conventional deficit-based social work practice and resilience research community that

> …sees the person as the problem; expresses a language of professional cynicism and doubt; distances the worker from the client in unequal, controlling, and

manipulating relationships; strips problems of their context; and supposes a

disease with a cause and a solution. (Saleebey as cited in Gray, 2022, p. 6)

Strength perspective can be found in narrative therapy, participatory research,

inductive social policy development, and derives ideas from the ecological models,

systems model, and life model (Gray, 2011). "It fits harmoniously with diverse

postmodern—narrative, spiritual, and multicultural—perspectives emerging in social

work, which favor an interpreted view of reality" (Gray, 2011, p. 7).

Gray (2011) traces the philosophical roots of the strength perspective in

Aristotle's teleological theory of human flourishing. It is grounded in a belief that "people

should strive to reach their innate potential through the exercise of their capabilities, most

importantly, their reason and intellect" (Gray, 2011, p. 5). Gray goes on to say, "It is built

upon the belief that all human beings have innate capacities and an essence, or imprint,

which drives them toward their natural end point—the conditions of their own flourishing

through use of their reason and innate capacities" (2011, p. 5). Such capacity should

occur because of individual choice and action within the notions of freedom, self-

determination, and responsibility (Gray, 2011). The strengths perspective unites the core

concepts of Aristotle with the Kantian ethical viewpoint that emphasizes duty and

responsibility, with the ultimate goal of fulfilling one's potential through deliberate and

rational conduct (Gray, 2011).

Critique of the Strengths Perspective

Gray (2011) finds the naturalistic, normative approach, humanistic foundation,

and centrality to relationships as the central characteristics of a strengths perspective.

Considering the Kantian and liberal view that humans are rational and self-determining, an uncritical strength-based approach may hold people responsible for their behaviour and recovery because individual and community resilience, inherent capacity, and inner wisdom determine their best interests (Gray, 2011). While the transformational empowerment agenda of a strengths approach requires "deep conviction about the necessity of democracy" (Saleebey, 2002, p. 9) and active citizenship, Gray (2011) argue that "in neoliberal terms "active citizenship" means "not dependent on welfare" or economically active and has little to do with democratic participation" (p. 8).

Despite using the terminology of social justice and empowerment, neoliberal notions of individual responsibility which have "roots in Kantian ethics and utilitarian means" (Gray, 2011, p. 8) informs strength-based solutions. For example, within the strengths perspective, the humanistic collaborator role is assigned to the social worker. Social workers expect the client to narrate their version of truth through the "standard liberal procedure by which agents manifest their autonomy" (Kristjánsson, 2007, p. 45). However, such a practice endorses individualism, a concept that the strengths perspective avoids (Gray, 2011). Such practice also undermines the value of relationships and community that are the essence of a strengths perspective and strength-based approaches.

Gray (2011) also highlights the uncritical application of community development theory into the strengths perspective. From a strengths perspective, the goal of social interventions should be to enhance the capacities of individuals, families, and communities. While such empowerment enables them to tackle prevalent social issues, it also obscures the underlying structural causes of these problems (Gray, 2011). Following

Gray and Mubangizi (2010), Gray (2011) argues that the political agenda of participation and self-responsibility of the strengths perspective

> comes dangerously close to the political project of the conservative New Right, which critics see as devolving social responsibility from neoliberal governments onto local people—poor individuals and families and, more often than not, women—who bear the brunt of the burden of participation. (p. 8)

> Gray cautions against an uncritical adoption of community development theory—which "can just as easily lead to the social exclusion…of marginal and disadvantaged groups" (Mendes, 2006, p. 248). "Cohesive community groups can and do perpetrate harsh and unjust behaviour on groups that differ from them" (Gray & Mubangizi, 2010, p. 2). From the social capital perspective, Gray (2011) argues that "it forces attention away from the governmental responsibility" to civil society (p. 9).

> Individual responsibility, the centrality of relationships, social capital, and active citizenry are the 'must have' characteristics of contemporary resilience interventions and research agendas. The commonly recited African proverb, "it takes a village to raise a child," is often used without critical examination in discussions about resiliency during presentations and conferences. 'It Takes a Village' a book by the 2016 United States presidential candidate, Secretary of State, and former First Lady, Hillary Clinton (2016) is the most appropriate example of both, an uncritical acceptance of the proverb, and shifting the responsibility from the state to the individual that Gray is talking about. This proverb exemplifies the idea that child-rearing responsibility should naturally be shared among the community members. The proverb that may stem from a small self-governing mostly isolated tribe (Goldberg, 2016) can have a completely different meaning when

pushed onto a nation state contaminated by confounders such as patriarchy, ableism, sexism, racism, capitalism, and neo-liberalism among other hegemonic discourses. Therefore, what society tends to overlook is the influence of dominant social structures that shape how these communities function (Mahdiani & Ungar, 2021).

Gray argues that a strengths perspective, of which resilience is a subset, "must be balanced with the structural understanding of social reality and barriers to social development" (Gray, 2011, p. 9). One such structural issue that Weick (2000) raises is the gendered nature of care. Gray asks, "If social work is so political, and if it is a predominantly female profession, why has the women's voice remained hidden?" (Gray, 2011, p. 9). Similarly, we can ask if child welfare is about the welfare of children in care, and if their resiliency is their unique personal experience, why have the voices of individuals who grew up in care remained hidden in literature? The answers to these questions remain interwoven within the hegemonic social structures that control both, the commonsensical understanding of resilience as well as the means of knowledge production (Mahdiani & Ungar, 2021; Saif and Sundly, 2021).

Critical Strengths Perspective

The critical strengths perspective, while not an established school of thought, is an approach within which we acknowledge and address the dominant critiques of the strengths perspective. We can address these critiques in two ways. First, by considering that limitations of strengths perspective during researching or implementation strength-based approaches. Second, by utilizing critical theories (such as Gramsci, Foucault, Bourdieu) to examine the social structures to understand the underlying social structures

that usually remain unexamined when the focus is on the individuals. A combination of these two approaches mean that we are acknowledging and addressing the contemporary critiques of strengths perspective and not using it at its face value.

Gray suggests, "while its [strengths perspective] strength lies in its humanizing potential, more than a focus on individual and community capacity is needed to deliver the transformatory agenda it promises" (Gray, 2011, p. 10). While admiring Gray's complex and critical scrutiny of the strengths perspective, I humbly disagree with her lack of confidence on individual capacities. Lives do not play out in isolation. It was the stories of Pip and Oliver Twist, in Charles Dickens' Bildungsroman which highlights the social evils of Victorian England, and the discourses that influenced social behaviours of all the central characters within these novels. Individual narratives can be a site for exploring the individual, social, as well as structural aspects of experience. A critical and reflective exploration of an individual's strengths, beliefs, and lived experiences can help address the concerns raised by Gray. Thus, the potential solution to her concerns lies within the core beliefs of a critical strengths perspective itself. Her complex critique of the strengths perspective provides a valuable lens to examine the phenomenon of resilience.

In addition to understanding the resiliency of care-experienced individuals, this thesis also uses Pierre Bourdieu's theory of social reproduction to examine the resilience discourse. Chapter nine discusses and applies the theory of social reproduction to the study findings.

My Position

My interest in resilience, and epistemic, ontological, and methodological approaches that I use are grounded in my personal experience of growing up in a humble family. My interest in researching resilience within the context of the child welfare system in Canada emerges from my experience working as a child and youth worker within the NL child welfare system. As a researcher and a child and youth worker, I bring an insider/outsider perspective to this study. I will expand this discussion in chapter three where I will discuss my positionality in detail.

Thesis Outline

This thesis is organised into ten chapters. This first chapter introduced the reader with resilience and the child welfare system; the disjuncture between deficit discourse and resilience, a concept based upon strengths perspective; the methodological flaw in resilience research that limits the richness of this concept; and the value of using critical strength-based approach to study resiliency.

Chapter two reviews the child welfare system within the context of Newfoundland and Labrador. This chapter will provide the readers with a critical assessment of pre-care, in-care, and post-care supports available to children in care.

Chapter three critically reviews the literature on resilience, resilience research within the context of the child welfare system, and points to the gaps in understanding and the theoretical and methodological flaws that this research sought to address. Chapter four presents my positionality statement written in Bildungsroman style and justifies the use of the methodology and methods of this biographical narrative inquiry as an innovative approach to studying resiliency.

Chapter five introduces the six participants and presents their narrative summaries written using the six tenets of Bildungsroman. Chapter six, seven, and eight brings together the three key concepts of resilience adversity, better than expected outcomes, and processes revealed in the narratives with existing literature. Chapter nine offers a Bourdieusian assessment of the resilience discourse within the context of child welfare system. Chapter ten reflects on the research process and its strengths and limitations and offers methodological, practical, and policy recommendations.

Chapter Two: Child Welfare System in Newfoundland and Labrador

This chapter provides the context of the child welfare system by first examining the structures of the child welfare system in Newfoundland and Labrador. Second, it critiques the available pre-care, in-care, and post-care supports. Third, it discusses five crucial needs for care-experienced individuals.

The Structure of the Child Welfare System in Newfoundland and Labrador

The Department of Children, Seniors, and Social Development (CSSD) of the Government of Newfoundland and Labrador is primarily responsible for Newfoundland and Labrador's child protection and welfare. The hierarchy of power at the Department of Children, Seniors and Social Development is similar to other governmental departments where the cabinet minister holds the highest power, followed by deputy ministers, directors, clinical program supervisors, social workers, social assistant workers, child and youth care workers, and other professionals working within the finance and general operations division (Children Seniors and Social Development, 2024). The Department of Children, Seniors and Social Development also regulates the working of for-profit and not-for-profit local child welfare agencies. Child and Youth Advocate's Office is an independent body that advocates for children in Newfoundland and Labrador (Tremblett et al., 2021). Other bodies, such as the Foster Families Association and the Child and Youth Care Workers Association, also play an essential role in safeguarding the rights of professionals and advocating for children living in foster care. Newfoundland and Labrador's Children and Youth Protection Act, School Act, Youth Criminal Justice Act, Youth Services Act, and other related provincial legislations govern child welfare and

protection in the province. Like other Canadian provinces, the Department of Children

Seniors and Social Development provides protection and welfare to children in need

under the Children, Youth and Families Act and the policy and procedure manual

(Children Seniors and Social Development, 2021; Children Seniors and Social

Development, 2019).

According to a report by the Newfoundland and Labrador Child and Youth

Advocate's office, Children in continuous custody can receive the services until their 18th

birthday (Barter et al., 2019). However, they have an option before their 16th birthday to

enter into a written agreement with a social worker or manager to either exit care or opt

for extended services until their 18th birthday. The social worker/manager must

determine if the youth is at risk of maltreatment and needs protective intervention

(Children Seniors and Social Development, 2021). Youths may seek legal advice before

deciding. The agreement plan is developed based on goals identified by the youth and

with the social worker's support. If the youth choose to remain in care, they get access to

residential counselling to connect or transition to other services and supports (Barter et

al., 2019; Thrive, 2018). The social worker determines the youth's eligibility to receive or

not to receive services. Generally, the care services end at the youth's 18th birthday.

However, youth who had stayed in care before their 16th birthday or attending school can

extend their care agreement. This extended support is available until their 21st birthday

(Children Seniors and Social Development, 2021).

Transition planning is "the process used to assist youth with meeting the

challenges of adulthood and transferring from one government program to another"

(Barter et al., 2019, p. 60). In Newfoundland and Labrador, youth in care receive

transition planning support under departmental policies (Children Seniors and Social

Development, 2019); however, details about transition planning or administration of

support aren't available. Other than the provincial government, non-governmental

agencies such as Choices for Youth and Thrive provide housing and employment support

to transitioning youth.

The overrepresentation of youth in care among the homeless youth population

across Canada indicates that not many youths opt for extended care programs. In

Newfoundland and Labrador, extended services are only available through volunteer

agreements. The general expectation from the social worker/manager is that they will

encourage, advise, recommend, or prescribe the youth services program to youth in care.

Due to the personal dynamics of the youth with their social workers, not all youth in care

may see the youth service program as valuable or beneficial.

A Critical Assessment of Child Welfare Supports

Since there is limited research on child welfare in Newfoundland and Labrador,

this section will discuss the issues generalizable to Newfoundland and Labrador. The

state and its machinery educate people about the negative consequences of childhood

maltreatment, carry out surveillance at the population level, investigate the reports of

maltreatment, undertake the responsibility of caring for the removed child, rehabilitate the

parents, provide support for children in care while they transition into adulthood, and

facilitate other services such as healthcare, education, social assistance, post-secondary

education financial support, disability supports, and childcare. A health promotional

approach suggests that the child welfare system could facilitate conditions for positive

outcomes for children in their care by shifting their focus from the survival and protection of these children to their lifelong wellbeing (Hertzman & Power, 2003; Traverso-Yepez et al., 2017; Trocmé et al., 2014). From this perspective, immediate protection concerns are essential in times of crisis. However, if interventions based upon such concerns are not combined with the development of lifelong wellbeing, those protected by the child welfare system may face life challenges likely to impair their intergenerational social and economic wellbeing. Both of these factors play a significant role in determining individual and population health.

The currently available supports within the context of child welfare can be categorized into pre-care, in-care, and post-care supports.

Pre-Care Supports and Associated Critique

Canadian Incidence Study data shows that the prevalence of physical and sexual abuse has gone down since the 1990s. However, the concept of 'risk of harm' as childhood adversity is now used to investigate individuals and communities lacking material and abstract resources (Trocmé, 2008). There is significant research on the life-long negative consequences of childhood maltreatment that has pushed for numerous state-funded and privately operated projects that promote children's health (Anda et al., 2010). Such initiatives are utilized as a preventive strategy as they inform people about the consequences of child abuse and neglect. However, research shows that personal experience of childhood maltreatment is correlated with an increased risk of abusive or neglectful parenting (Greene et al., 2020) and experiencing abuse as an adult (Cotter, 2021). Evidence that predicts an intergenerational transmission of adversities among

certain types of families is over-reported but remains under-addressed. According to

Lupton (1999), the focus on identifying 'at risk' people and families exemplifies the

intensified control and predictability of modern life (Lupton, 1999). Lupton differentiates

between the operationalization of risk within the social space and the subjective

experience of risk in personal life (1999). Though preventive interventions intend to

prevent childhood adversities, the expanding definition of adversities, including

conditions beyond an individual's control, sustains the intergenerational cycle of

disadvantages. If not impossible, it is extremely difficult for poor, uneducated,

unemployed parents to have the resources to provide for their children. This lack of

resources for child rearing can easily fall into the definition of unintentional risk of harm.

When children are taken away from their parents, parents can perceive it as their

moral failure as they do not fall into the normal middle-class construct of good parents.

The stigma associated with being a failed parent compounds the burden of negative self-

concept due to being uneducated, unemployed, and poor. Therefore, the issue with the

preventive efforts is that they lack a deeper understanding of the social structures that

restrict social mobility and intergenerational transmission of adversities. Moreover,

investigative focus on certain at-risk families also means that the maltreatment that may

occur in normal middle-class families remains hidden.

In-Care Supports and Associated Critique

Once the child is removed from their family, they receive care and protection from

the state. In care, children, especially those who grew up in disadvantaged circumstances,

have access to food, safe shelter, and many other resources in their day-to-day lives.

However, researchers have argued that staff turnover, multiple placements, abuse at the hands of carers, lack of healthy adults such as parents or caring family members, and difficulties maintaining relationships with their birth families are some of the issues that children face while in care (Hiller et al., 2021; Mayer, 2019; Robinson, 2020; Sukumaran, 2021; Tremblay et al., 2015; Trocmé et al., 2023; Zeijlmans et al., 2019).

Generally, research evidence informs the interventions with children in care. Research, however, can be influenced by status quo bias (Dorsey, 2009; Taussig & Raviv, 2013). Taussig and Raviv (2013) state that

> Shifting away from the status quo in child welfare (i.e., focusing primarily on safety and permanency outcomes) towards increased attention to child wellbeing requires comprehensive screening and functional assessment of indicators of child wellbeing as well as the adoption of effective, evidence-based interventions aimed at enhancing those elements of child wellbeing that require bolstering based on the results of such assessments. (p. 396)

Also, "In North America, there lies a critical gap between research, policy, and practice. Have child welfare interventions resulted in children faring better? To date, there is a shortage of research to provide answer to that question" (Kufeldt & McKenzie, 2011, p. 387). The fragmented nature of the child welfare system in Canada limits data collection and comparison at the national level. This lack of interest in data sharing due to ethical concerns further makes it difficult for the researchers to access the data or derive valuable insights from the available data from specific jurisdictions. Canadian Incidence Study of Child Abuse and Neglect, initiated in the 1990s, is the only national study collecting child abuse and neglect data in Canada (Trocmé et al., 2001). Canadian Incidence Study data

has provided crucial insights into the child maltreatment investigations in Canada. One of those findings is the overrepresentation of children from Indigenous and other marginalized communities.

Another relevant issue is the concern that in-care supports operate within protection rather than welfare discourse. Although 'wellbeing' and 'safety' are fundamental principles in the child welfare legislation across Canada, 'urgent protection' has become the central focus of practices in the child welfare system (Trocmé et al., 2014). Researchers argue that one of the reasons for such an approach is that child welfare practice is more about avoiding liability than genuine care (Whittaker & Havard, 2016).

Post-Care Supports and Associated Critique

The age at which youth can either sign themselves out or age out of care varies between 16 and 19 (Sukumaran, 2021). The transition period is when the youth move from the child welfare system to the outside world. In partnership with other government and non-governmental agencies, the child welfare department supports youth through transition planning, career or employment planning, financial support, life skills training, accommodation services, and other similar programs (Children Seniors and Social Development, 2019; Shewchuk, 2020; Sukumaran, 2021). According to the Auditor General of Canada, some jurisdictions offer transition planning while the individual is still in care (Ferguson, 2014). Such initiatives are aimed at encouraging the youth to plan for post-care life. Recent scholarship on the issue of transition has investigated the

shortcomings of these programs and identified different approaches and best practices that can improve the adequacy of support provided through these programs.

An issue is the age at which the youth must sign the agreement. Between 16 and 18 years of age, most youth may not be mature enough to make such decisions. Neuroscientists claim that the complete development of the critical parts of the human brain extends until the age of mid-20s (Aamodt & Wang, 2011; Fetterman et al., n.d.; Cox & Aamodt, 2011). The science behind brain development came long after the laws about the minimum age for contracts came into effect. According to Drobac, "Lawmakers intuitively (if inconsistently) recognized that teenagers do not make decisions in the same way adults do" (Drobac, 2017, para 5). However, this advancement in our understanding of brain development and legal intuition doesn't reflect in the child welfare system, where youths are expected to sign an agreement and understand the benefits and harms of such a decision. Signing an agreement is not a status quo practice for youth not living in care. Parents in the general population do not demand their children to sign agreements or remove their privileges if they decide to move away at 16. Under the doctrine of parens patriae, or the state's role as a legal protector of children in care (Rendleman, 1971), the state is morally expected to support its wards (Mendes et al., 2022). A practice that isn't reflected in the legal or grey documents citing the Youth Services Agreement. The transparency over the types of transition services is also not clear. In Newfoundland and Labrador, neither the act nor the grey literature provides more details about the nature of service and how these services are being offered.

Despite making various transition programs available for youth in transition, the policymakers and service providers are criticized for overly focusing on measurable hard

33

outcomes such as education or employment (Antle et al., 2009; Barker et al., 2014; Barker et al., 2020; Lee & Berrick, 2014). This practice limits the attention towards other areas that are just as important for independent living as education and employment. For example, less than half of jurisdictions provide life skills training, counselling services, and accommodation support. Life skills training involves teaching individuals basic and valuable life skills, such as financial budgeting, managing money, basic house chores like cooking, maintaining hygiene, etc. Most children living with their families learn these skills through interaction with their parents and people in their social network. However, for youth transitioning out of care with limited social capital and a caring adult, the learning environment for these taken-for-granted skills is not easily accessible. Hence, within the role of a parent, the state and those working for the state are responsible for teaching these skills to youth in transition. Some provinces, including Newfoundland and Labrador, offer life skills training; however, the details of what skills are taught to care leavers are unclear (Shewchuk, 2020; Sukumaran, 2021). The fragmented nature of social welfare models makes it hard to gather data to evaluate such programs.

Similarly, the extent of housing and mental health support is unclear. We do not know if social workers/case managers working with youth in transition are only responsible for providing valuable resources or if they are obligated to secure housing for each of their clients (Shewchuk, 2020; Sukumaran, 2021). While the researchers highlight the focus on measurable outcomes such as education, a scoping review of high school outcomes of children in care found that the researchers and policymakers do not know much about the high school outcomes of children in care (Sundly et al., 2024).

Regarding other critical skills, the current transition programs do not emphasize developing relational skills and social capital, which is crucial for post-care independent living (Lee & Berrick, 2014; Shewchuk, 2020). These skills are necessary and influence academic and employment success. According to Sukumaran, youth in Newfoundland and Labrador are not prepared for adulthood/independence, lack basic life skills, face difficulty accessing supports due to lack of coordination across different systems, and have limited access to safe and stable housing (i.e., lack of supportive housing options) (Sukumaran, 2021). The findings from their study show that many young adults with care experience are unprepared for post-care independent living. This lack of preparedness is mainly a result of inadequate transition planning, lack of training in basic life skills, and developmental factors.

Advocates for various social determinants of health propose different models, frameworks, and best practices for improving the effectiveness of transition plans. However, they share some common elements, such as emphasizing interdependence, enhancing social capital and agency, offering individualized services, extending support until the mid-twenties, and applying a holistic approach to service provisions (Doucet, 2021).

Five Key Needs for Care-Experienced Children, Youth, and Adults

Need for Interdependence Rather Than Self-Sufficiency

Gert Hofstede, a social psychologist who pioneered cross-cultural communication and organizational research that is well-received in the schools of business worldwide, has some relevance to my discussion in this section. While comparing national cultures,

Gert says Western societies are individualistic with low interdependence (Hofstede, 2001). People can use a tool on his official website to compare cultures and societies. While talking about individualism and Canada, he says,

> The fundamental issue addressed by this [Individualism] dimension is of interdependence a society maintains among its members. It has to do with whether people's self-image is defined in terms of "I" or "We". In Individualist societies people are supposed to look after themselves and their direct family only. In Collectivist societies people belong to 'in groups' that take care of them in exchange for loyalty.

> Canada scores 80 on this dimension (its highest dimension score) and can be characterized as an Individualist culture. Similar to its American neighbor to the south, this translates into a loosely-knit society in which the expectation is that people look after themselves and their immediate families. (Hofstede, 2022, p. para 4)

Readers may read more about Hofstede's cultural dimensions and scores using the sources cited in the references. His thesis that, in general, Canadian society is individualistic is enough to initiate my argument in this sub-section and discuss its reflections on the Canadian child welfare policy climate.

Hofstede's theory can help us examine child protection and welfare in the Canadian context. The individualistic perspective tends to isolate an individual from the social or consider the individual a solely autonomous being. Child welfare professionals are usually part of the middle class, which constructs the norm within society. These constructs influence pre-care, in-care, and post-are processes of support. During pre- and

post-care, the individualist approach may affect the processes of intervention, protection, and care professionals provide. Children growing up in care may embody individualistic beliefs and avoid seeking external support, considering this not a normal practice during transitioning out of care and in post-care life. Such individualistic structures are evident in the child welfare domain.

According to Propp et al. (2003), most transition programs in Canada reflect self-sufficiency. While beneficial, the philosophical underpinning of transition programs in self-sufficiency may create a hegemony that resists youth from reaching out to others if they need assistance or aim for something theoretically unrealistic for them (Curry & Abrams, 2014). This pressure, Sukumaran says, combined with limited social connections, has resulted in many young adults feeling lonely, insecure, unprepared, and not knowing how to live independently (Sukumaran, 2021). Hence, "it is important to recognize and emphasize the fact that being an adult or being independent does not equate to self-sufficiency" (Sukumaran, 2021, p. 19). As an alternative, Curry and Abrams suggest that interdependence, connection, collaboration, and emphasis on building a social network can improve the transition programs for Canadian youth exiting the care system (Curry & Abrams, 2014; Doucet, 2021). Although not acknowledged by the authors, this approach shifts away from the Eurocentric approach towards the Indigenous paradigm that rests on a sense of community and views relationships as fundamental to research and practice (Wilson, 2008).

Interdependence, connection, and collaboration build social capital and relationships for youth transitioning into post-care life. Through this approach, policymakers and program developers can move towards an empowerment model of

practice for youth in transition (Curry & Abrams, 2014; Doucet, 2021; Sukumaran, 2021). This approach also aligns with the principle of family preservation– a critical concept in the Canadian child welfare system. Family preservation means placing the child in a family or family-like setting (Government of Canada, 2020; Sukumaran, 2021). "Independent living is not a desirable outcome within a framework that emphasizes family preservation, reunification, and adoption" (Propp et al., 2003, p. 260). Hence, the self-sufficiency-centred approach in transition programs is individualistic and a shift away from the family preservation principle of the child welfare system. This approach does not align with the wellbeing of the youth. By building an interdependent system that values networks and caring adults, the transition programs can normalize both fears and concerns that youth generally experience and believe that relying on others for support is healthy.

This discussion follows a section about social capital or a solid and reliable social network– a prerequisite for interdependence.

Need for Social Capital

Social capital is defined as "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition" (Bourdieu, 1997, p. 51). In simpler words, having social capital means that an individual is a member of groups or communities and has an associated sense of belonging to these groups and communities. In return, this network provides her with a reliable social support system (Lee & Berrick,

2014). The social support systems include emotional support, guidance and advice, companionship, and feedback to boost self-esteem (Rutman & Hubberstey, 2018).

Certain types of families and individualistic traits are considered fertile conditions for the incidences of intergenerational childhood abuse and neglect; however, members of these families (within an individualistic society such as Canada) may have a hard time building social and cultural capital for upward social mobility. They may know how parents should act but may not have the opportunity to witness it firsthand within their social network. Such structural issues are generally ignored or under-considered in child protection and investigations as they are, in essence, abstract and challenging to record objectively. In Gert Hofstede's conceptualization of Canada as an individualistic society, there are limitations to what individuals can do if the structures around them are built upon the notion of individuality. Even the meaning of social capital can be contaminated by the individualistic discourse, where self-sufficiency is preferred over interdependence.

A fascinating example of the embodiment of an interdependent versus individualistic society came from a comparative study on schizophrenia. This study found that schizophrenia patients from an individualistic society like the United States of America were more aggressive towards auditory hallucinations as compared to patients in India, a country built on collectivist ideology (Luhrmann et al., 2018). According to Luhrmann et al. (2018), local culture tends to shape the auditory experience of people with serious psychotic disorders. The voices are perceived as harsh and threatening by patients in the United States of America, whereas the voices are benign and playful for patients in India and Africa (Luhrmann et al., 2018). An explanation for this phenomenon can be that Western society views someone else's presence in their space as threatening.

39

In contrast, in collectivist cultures, the whole society is part of an individual's everyday life, where little importance is given to privacy and personal space. These researchers also found that the patients in the USA hallucinated about random people, whereas patients in India generally experienced images of their family members.

Tweddle argues that individuals with a strong social network are comparatively more successful because they often have significant people to guide them (Tweddle, 2007). Interdependence, social capital, and interdependence within the social network are deemed crucial for improved personal, professional, and psychosocial outcomes of children and youth in care (Doucet, 2021; Lee & Berrick, 2014; Propp et al., 2003; Rutman & Hubberstey, 2018). However, youth and adults leave care with limited social capital and generally socialize with others with a history of growing up in care. This deficit of social capital results in situations where they end up with very few people to advise, encourage, or guide them. Moreover, the individualistic nature of Canadian society and its evident influence on the transitional programs that rely on self-sufficiency does little to help youth in their post-care life.

Antle et al. (2009) argue that policymakers and program developers can integrate social capital into transition programs by facilitating and prioritizing relationship-building with family members, friends, peers, foster parents and other carers. The program developers can facilitate such integration by providing opportunities for children in care to interact with adults with care experience who have had positive psychosocial, academic, and professional outcomes as mentors (Antle et al., 2009). Hence, they emphasize relationships and interdependence that continue beyond an individual's time in care. According to Rutman and Hubberstey (2018), emphasis on relationships and

interdependence that continues beyond an individual's time in care increases the

possibility that the individual relies on others for social support, reduces social isolation

and empowers the sense of belonging. These feelings can influence academic, health, and

wellbeing outcomes (Rutman & Hubberstey, 2018). Arguably, emphasis on social capital

can influence an individual's agency or "the socio-culturally mediated capacity to act"

(Ahearn, 2001, p. 112).

Need for Agency

According to Lee and Berrick, youth are usually not consulted in decisions about

transition (Lee & Berrick, 2014). The lack of voices highlights that the transition services

are designed with little consultation with the service users. A strength-based

empowerment model that values competencies and involves youth in transition planning

may benefit the transition plans (Doucet, 2021; Lee & Berrick, 2014). An empowerment-

based approach can help youth become more confident in dealing with challenging

situations during the transition and future (Propp et al., 2003). Lee and Berrick forward

the idea that interventions that promote agency and self-determination are associated with

better outcomes in the areas of education, employment, and improving the overall quality

of life (Lee & Berrick, 2014).

Need for Extended Care

Many researchers have advocated extending care to a minimum of 21 years to

prepare youth for independent living (Barker et al., 2020; Charlesworth, 2020; Shewchuk,

2020). According to them, youth in the general population have access to support for an

extended period. These supports make the transition into adulthood and independent

living longer and slower (Sukumaran, 2021). Evidence suggests extended care is associated with better outcomes (Kerman et al., 2004; Mendes & Rogers, 2020; Shewchuk, 2020). For example, extending the transition from in-care to post-care life can result in improved academic, professional, and psychosocial outcomes. This extra period of care allows for prolonged stability, a nurturing environment, and greater control of youth over their transition, which collectively translates into similar transition experiences as their peers from the general population (Mendes & Rogers, 2020). Extended support further translates into improved life outcomes. While saying so, not all transition programs may lead to the same results, nor do all general population youth experience similar outcomes. Hence, normative positive outcomes (e.g., education and employment) shouldn't be the exclusive rationale for implementing or not implementing transitional services. Like most youth in the general population, youth in care deserve extended support in their early adulthood—specially tailored support based on their needs.

Need for Targeted Supports

The history of abuse and neglect among youth in care echoes the need for trauma-informed and strength-based approaches in designing programs for youth in care (Charlesworth, 2020; Shewchuk, 2020). Lee and Berrick advocate for tailored programs for youth in care due to their unique childhood experiences and diverse needs (Lee & Berrick, 2014). Since youth transitioning from care do not start on the same playing field as their peers, providing individualized support can promote social equity within this group. Considering the overrepresentation of Indigenous youth and the increasing

immigrant population in Canada, cultural appropriateness in transition services is also warranted (Trocmé et al., 2019; Ungar, 2011).

Several scholars have suggested the best approaches to help design and deliver effective transition programs. As discussed earlier, there is evidence that emphasis on interdependence, social capital, agency, extended care, and targeted support can often lead to better outcomes. Although we know these factors are crucial, children's translation into post-care life remains challenging. Overwhelming literature on adverse outcomes among individuals in care attests to this claim.

Trauma, unstable families, abrupt transition into adulthood, lack of safety net and absence of a caring adult are some of the factors that lead to poor outcomes (Sukumaran, 2021). While looking at individual and tailored programs, we fail to examine how the structures around us facilitate or do not facilitate conditions for such interventions—for example, examining the hegemony of the normative contrast, which historically has been constructed by the middle class. We can also investigate how the belief systems about children in care, the deficits discourse, the neoliberal society, capitalistic structures, and the everyday practice of individuals with care experience sustain the hegemonic structures that keep the intergenerational cycle of adversities and connectedness to out-of-home care persist. Such critical examinations can highlight the avenues for intergovernmental systemic efforts and coordination while planning pre-care, in-care, and post-care programming.

Chapter Conclusion

This chapter reviewed the Canadian child welfare landscape in the Newfoundland and Labrador context. It presented the critical assessment of the structure, legislation, funding, statistics, power hierarchies, critical issues, and potential evidence-based solutions for pre-care, in-care, and post-care programming. Overall, it provides the readers with the child welfare and protection landscape within which the idea of resilience will unfold in the following chapters.

The next chapter critically reviews the resilience literature within the context of child welfare system.

Chapter Three: Literature Review

This review is guided by an understanding that the approach to life outcome research on children in care and the prevalent academic and social narrative about them, in general, is grounded in a deficit discourse where the focus is on negative outcomes rather than resilience—a strength-based approach and positive outcomes (Gharabaghi & Anderson-Nathe, 2017; Ungar & Theron, 2020).

This narrative literature review extends the discussion on resilience that was introduced in the previous chapter. It critically investigates the current understanding of resilience and resilience research within the context of individuals who grew up in the child welfare system. The questions guiding this literature review chapter were:

a) What are the prevalent critiques of the concept of resilience and related research?

b) What do we know about the current state of research about resilience in the child welfare system?

c) What are the gaps in resilience research as it relates to the child welfare system?

This chapter is organised into three sections beginning with a critical discussion on resilience. The second section critically evaluates resilience and the normative assumptions within the context of the child welfare system. The third section explores the scant literature about the subjective sense of accomplishment. The chapter concludes with an overview of the identified gaps in our theoretical and practical understanding of resilience within the context of the child welfare system and the methodological opening for filling these gaps.

Resilience: The Critique

Traditionally, resilience was viewed as a *trait* that allows a person to rebound from adversity as a strengthened and more *resourceful* person (a positive outcome) (Richardson, 2002). Within the outcome perspective, resilience is not limited to overcoming an extremely *stressful* situation but also coming out of that stressful situation with competent functioning. Resilience researchers seek to understand why and how some individuals withstand, or even thrive on, the pressures they experience in their lives (Fletcher & Sarkar, 2013). Similar to Antonovsky's Salutogenic approach in medical sociology (Antonovsky, 1979), Michael Ungar (2011) theorizes that individuals with care experience can navigate (*process*) through adversity provided they have access to an *environment* that fosters resilience by maintaining consistency in the quality and quantity of interventions within that environment.

With no straightforward and uncontested understanding or definition, "resilience theory is sometimes conversationally described as a 'fad' or 'band wagon' onto which everyone is climbing" (Van Breda, 2018, p. 1). Scholars critique the variations in meaning behind the major keywords (e.g., *outcome, trait, process, stressful situation, competent functioning, environment*) used in resilience research (Fletcher & Sarkar, 2013; Ungar, 2011; Van Breda, 2018).

The key debate about resilience is whether it is a function of the environment or an individualistic trait (Fletcher & Sarkar, 2013; Mahdiani & Ungar, 2021; Richardson, 2002). A *trait* is generally understood as a characteristic of an individual, usually static, that makes her demonstrate resilient behaviour (Windle, 2011). The basic premise is that someone is born resilient or not. By contrast, Unger (2011) argues resilience is the

dynamic interplay between the person and socio-cultural environment and how an individual navigates through the challenges within that particular environment to demonstrate resilience. Luthar and Cicchetti (2000) also agree that resilience is a dynamic process that leads to positive adaptation in the face of adversity. Ungar and Theron (2020) suggest that the environment facilitates resilient functioning.

Since its early conception in the 1970s, resilience has been defined in various ways with its two core concepts, *adversity,* and *positive/successful adaptation*, defined differently by different researchers (Bodin & Wiman, 2004; Mahdiani & Ungar, 2021; Vella & Pai, 2019). Adversity is generally understood as the mental, physical, or psychosocial stressors or experiences such as experiencing childhood maltreatment. This definition is closely aligned with risk, a concept Deborah Lupton argues is a "purely technical term that rely [sic] upon conditions in which the probability estimates of an event are able to be known or knowable" (Lupton, 1999, p. 7). For example, acceptance into a university, although a good experience, can be very stressful or risky for some people, and associated with mental, physical and psychosocial consequences.

Positive/successful adaptation refers to an individual or their socio-cultural environment's ability to adapt to the disturbances that threaten health and psychosocial outcomes of individuals or communities, and the resulting competent functioning of the individual in fields such as education, employment, mental health, and healthy behaviours. Competence and positive or successful adaptation in one environment may be considered maladaptive in another (Ungar, 2011).

One critique of resilient adaptation is that it ignores the socio-cultural context within which an individual lives, works, and grows (Clauss-Ehlers, 2008). For example,

in addition to being at risk of numerous health and psychosocial outcomes, individuals growing up in dangerous neighbourhoods are also at risk of experiencing bullying by gang members. Hence, socializing with the gang members, otherwise called gang membership, is not only a way to survive and maintain mental and physical health within that environment, but it also gives individuals a sense of belonging to that particular environment (Solis, 2003; Ungar, 2005a, 2008).

Socialization is a basic human need. Now, if the person lives in a certain type of society, they have to adapt to certain rules. It doesn't matter if these behaviours are right or wrong. In terms of gang membership, it is sometimes about surviving and staying alive. Gang membership may lead to one going to the jail; however, the argument is that adaptation may look different in different settings, not what it should look like, what is right and what is wrong. This suggests adversity (such as bullying by gang members) and positive adaptation (subsequent gang membership) are complex subjective interpretations of situations and circumstances.

Another critique concerns how terms resilience and resilient are defined. Ungar (2004) proposes that resilience refers to process while resilient refers to outcome. Building on Ungar's argument, Van Breda (2018) suggests:

> one could say that a person or social system is 'resilient' because it evidences good outcomes in the face of adversity. On the other hand, one could say that the 'resilience' of the person or social system is supportive relationships and a hope for the future. (p. 4)

While critiquing the current debates around resilience, Van Breda (2018) proposes one of the newest conceptualizations of resilience. He combines the prevalent understanding of resilience and fits them into one definition.

> The process-outcome debate in resilience theory is valid but creates an unnatural split between process and outcome … [T]he problem with the outcome definition of resilience is that it merely declares the observation of positive outcomes in the face of adversity; it does not explain them. A declaration without an explanation has limited use and for this reason the process definition of resilience is to be preferred. Conceptually, then, resilience is a process that leads to an outcome, and the central focus of resilience research is on the mediating processes… I propose the following definition: The multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity. (p. 4)

This definition challenges the process/outcome debate and suggests a complementary role that process, and outcome can play in studying resilience. The three core concepts of Van Breda's definition are *Adversity, Mediating Processes, and Outcomes* (Van Breda, 2018). This definition of resilience considers dominant critiques of the conceptualization of resilience and hence presents the newest understanding that is useful for my study.

While this new definition considers the outcomes and process together, resilience researchers tend to rely on normative positive outcomes to recruit participants. This contaminates the natural origins of the field of resilience within a strength perspective, mainly because the normatively defined positive outcomes by the researchers fail to

include all voices. Exacerbating the situation is Mel Gray's structural critique of the strengths perspective as discussed in the introduction chapter.

Resilience Research and the Child Welfare System

The Centre for Child Well-Being (2011) defines a strength-based approach as "an approach that focuses on what is working well to support the growth of individuals and communities. It is a perspective based on the assumption that people have existing competencies and resources for their own empowerment" (p. 5). Resilience research has led to newer insights about human behaviour and inform numerous interventions, especially with underprivileged and marginalized groups. The Resilience Research Center in Halifax, Canada and The Leibniz Institute for Resilience Research in Mainz, Germany are two institutions dedicated to advancing the understanding of resilience. However, when it comes to the child welfare system, applying a strength-based approach within a dominant deficit discourse is complex. According to Gharabaghi and Anderson-Nathe (2017), while the inherent focus of resilience research is on how young people succeed despite facing childhood adversities, it categorises personal and social strengths, and then uses strategies to enhance these assets among young people who seem to lack them.

> in other words, a thoroughly deficit-focused and also normatively loaded approach to get young people back on track in the search for positive outcomes. Missing from most of these approaches is any authentic opportunity for young people to offer their own self definitions, to frame how they themselves are constructed in the research aims and design. (Gharabaghi & Anderson-Nathe, 2017, pp. 177–178)

This argument highlights the complexity of resilience research within a deficit discourse and the injustice in a form of excluded voices of those with lived experiences. The arguments made by Gharabaghi and Anderson-Nathe (2017) reiterate the broader concerns raised by Harrison (2012), Garrett (2016), Gray (2011), and later by Mahdiani and Ungar (2021) and situate them within the context of child welfare systems.

There have also been concerns about the uncritical acceptance of the 'commonsensical' understanding of resilience in public policy and social work practice (Garrett, 2016; Mahdiani & Ungar, 2021).

> A range of criticisms can be directed at the concept of 'resilience': first, the problematic operational consequences for children's services, such as an undue social policy emphasis on 'resilience'; second, the fact that 'resilience' discourse is laden with frequently unacknowledged, value judgements and unquestioned assumptions; third, there is far too great an emphasis being placed on individuals at the expense of social structure and wider social forces; and fourth, there is a thematic affinity which unites 'resilience' with the more encompassing politics of neo-liberalism. (Garrett, 2016, p. 1909)

Similarly, a shift towards resilience in policy and academia is problematic because as Harrison (2012) points out,

> it supports normative value judgements; that it may overemphasize the ability of people to 'bounce back' and undervalue the hidden costs of resilience, especially those with gendered dimensions; and that it may be associated with policy prescriptions that shift responsibility for dealing with crisis away from the public sphere" (p. 97)

Both Garrett and Harrison provide a wide range of examples of the concept of resilience entering the policy space and its use in various governmental documents.

Ungar and Theron (2020) and Mahdiani and Ungar (2021) acknowledge this concern and propose multidimensional and multilevel interventions that include ecological, social, and structural determinants of resilience to reduce social injustices. However, the fixation in the studies of resilience, although a strength-based endeavour, on secluding the resilient—those who achieve normative positive outcomes—from the non-resilient—those who don't, inherently perpetuates injustice. Such injustice manifests in the form of selection bias that excludes important voices when attempting to understand and study resiliency. Thus, concerns raised by Garrett (2016) and Harrison (2012) are valid because of the conceptual popularity of resilience in social work practice despite its contentious form. Gray (2011), as discussed in the previous chapter, explores the roots of Garrett and Harrison's concerns about resilience and the uncritical acceptance of the strengths perspective.

Within the social environment context, Bell and Romano (2015) identify social support as crucial to promote resilience among children in care. However, Williams-Butler (2018) reports that social relationships are associated with an increased risk of delinquency among African American youth in care. This comparison shows that the social aspects such as social network and socialization generally thought to contribute to resilience are not independent of the social, cultural, and geographical contexts within which they occur.

The following subsections critically review resilience research within the context of a deficit discourse prevailing in the child welfare system. The discussion is divided

into two major disconnects between the core concepts of resilience, existing resilience literature, and the principles of a strength perspective.

Disconnect Between Normative Outcomes, Objective Measure, and a Strength-Based Approach

The definition of resilience remains consistent across most studies as positive adaptation in the face of adversity (Bowling et al., 2021). Resilience research intends to identify what is going well in an individual's life, how the person is able to do it, and how researchers and practitioners can assist the person built on it (Barwick, 2004; Laursen, 2003). The first step to such an approach warrants inputs from the individual and builds upon that knowledge (Gharabaghi & Anderson-Nathe, 2017).

Resilience research within the context of the child welfare system, by contrast, is dominated by objective measures of resilience and normatively defined positive outcomes that inform the inclusion/exclusion criteria (see example in Appendix A for an example of eligibility criteria from a previous study). Researchers typically measure internal and external resilience by factoring in normative internal belief systems and positive outcomes. Hence, the ambiguity around the meaning of adversity and positive adaptation remains unresolved (Bodin & Wiman, 2004; Ungar, 2001b). This may be because the meaning behind adversity and adaptation remains under-explored or poorly defined.

While the 'process' as a feature of how resilience is defined gained more attention (Ungar, 2011), normative 'outcomes' remained the key determinant of resiliency scores (Garrett, 2016; Gharabaghi & Anderson-Nathe, 2017; Harrison, 2012). Quantitative instruments such as Connor-Davidson Resilience Scale, Resilience Composite Score,

Academic Resilience Measure, Child and Youth Resilience Measure, and Adolescence

Resilience Questionnaire, repeatedly appear in most studies (Breno & Galupo, 2007;

Daining & DePanfilis, 2007; Goldstein et al., 2013; Sanders et al., 2015; Schelble et al.,

2010; Suárez-Soto et al., 2019; Williams-Butler, 2018). Positive outcome variables such

as education, employment status, and avoiding early parenthood, criminal activities,

homelessness, and drugs are factored in to construct a cumulative resilience score

(Daining & DePanfilis, 2007).

Another problem with using these normative outcome variables to quantify

resilience is that they seem to shift the burden of responsibility to the individual (Garrett,

2016; Gray, 2011; Harrison, 2012; Ioannou et al., 2015). For example, avoiding

homelessness can be beyond someone's control, especially for 16-18-year-old youth

transitioning out of the care system without adequate social, cultural, and economic

capital. Homelessness, young parenthood, and a history of abuse and neglect may further

interfere with an individual's ability to do well academically. The subjective sense of

accomplishment and resiliency of youth coping with such disadvantages may go

unrecognized within a discourse that underestimates or ignores the voices of those who

do not fall within the standard definition of resilience (Mahdiani & Ungar, 2021). The

assumption within the resilience research operating in the dominant deficit discourse has

been contested. Ungar (2001b) notes that the normative construct of resilience does not

account for the gaps between variables.

Within a deficit discourse, these problem-saturated identities represent modes of

thinking that can perpetuate identity development and associated outcomes within a

specific population (Centre for Child Well-Being, 2011; Fforde et al., 2013). Narratives

of youth in care challenge the problem-saturated identities imposed by their caregivers and the community (Ungar, 2001b, 2005b). Using a strength-based approach, Ungar (2001b, 2005b) reported that youth who were normatively defined as the 'trouble youth' perceive themselves as exercising control over several aspects of their out-of-home placements. Youth institutionalized in correctional or mental health systems exercise control within these systems when returning home (Ungar, 2001b). Participants did not score high on the resilience scale because they did not demonstrate normatively defined positive outcomes, however, their stories reveal resilient qualities. Rather than categorizing them as not resilient, a critical strength-based approach would build on participants' experiences.

Child welfare literature that values participants' subjective interpretations is scarce. This points to the need for individual voices to be included in the resilience research.

Disconnect Between Resilience Literature and a Strength-Based Approach

Current resilience literature points to associations between internal (trait) and external (environmental) variables, and normative outcomes, that is, outcomes that cumulatively construct a resiliency score (Suárez-Soto et al., 2019; Williams-Butler, 2018). These scores are derived from resilience questionnaires. Now, resilience research has moved beyond a sole focus on traits (Ungar & Libenberg, 2011) to the interplay of internal and external factors (Child and Youth Resilience Measure (CYRM-28). However, qualitative and quantitative studies tend to rely on a deficit-focused and normatively loaded approach to help youth achieve positive outcomes (Gharabaghi &

Anderson-Nathe, 2017). Although qualitative research is well suited to understanding resiliency, many current studies rely on the normative constructs of positive outcomes in the face of adversity. Missing from these studies is "any authentic opportunity for young people to offer their own self definitions, to frame how they themselves are constructed in the research aims and design" (Gharabaghi & Anderson-Nathe, 2017, p. 178).

It has been almost two decades since Ungar (2001b, 2005a) and Richardson (2002) noted the lack of qualitative research exploring resilience from youth's perspectives. Since then, there has been scant qualitative evidence collected from individuals who grew up in care; those who self-identify as resilient, well-functioning, or accomplished. Some qualitative data about resilience is part of mixed method studies (Fernandez, 2005; Hass & Graydon, 2009). Other studies attempt to understand resiliency through the narrative accounts of practitioners in the child welfare system (Bell & Romano, 2015; Houston, 2010), individuals post-care (Bowen et al., 2020), and youth in care (Drapeau et al., 2007).

There have been limited qualitative attempts to explore resiliency using a genuine strength-based approach (that utilizes lived experiences) within the context of the child welfare system, which I have argued is a deficit-based system. The limited qualitative studies that exist appear contaminated by the deficit discourse. The resilience research grounded in a deficit discourse excludes the voices of normatively defined, not-resilient individuals. In most qualitative studies, resilient individuals are subjectively identified by researchers, agency partners or practitioners using normative qualities of resilient people (Drapeau et al., 2007; Frimpong-Manso, 2018b; Hass & Graydon, 2009; Refaeli, 2017; Ungar et al., 2012). In other studies, professionals identify participants by assigning

resiliency scores using normative characteristics of resilient people on a questionnaire. This approach is counterintuitive to a strength-based assumption that people have existing competencies and resources for their own empowerment (Centre for Child Well-Being, 2011).

Ungar (2001b, 2005b), by contrast assumes a constructivist stance to understanding resilience and challenges the deficit discourse through a strength-based approach. These studies value participant voices and regard youth as architects of their own experiences who use problem behaviours to secure health resources (Ungar, 2001b, 2005b). The lack of comparable studies is, I believe, primarily due to the methodological hegemony of quantitative methods within psychology, public health, and social work and the complexity-averse approach to research (Sanbonmatsu et al., 2021; Ungar & Theron, 2020).

Limited attempts are made to explore resiliency from a genuine strength-based approach where participants self-identifying as resilient define adversity, positive outcomes, and the process. Hence, the process leading to a normatively defined positive outcome by individuals identified as resilient by a third party provides an incomplete, or one-sided account of resiliency and its various components.

The concerns raised above begs three questions:

1) How do we ask individuals who grew up in care if they feel resilient?

2) How do we determine what adversity means to them and the outcomes that they value?

3) What processes did they go through to achieve those outcomes?

Sense of Accomplishment as a Method to Explore Positive Outcomes

In addition to Ungar's assumption that young people are architects of their own experience, another unique qualitative study caught my attention. Twelve youth in care who were identified as resilient by the practitioners were interviewed to better understand the processes that contribute to resilience (Drapeau et al., 2007). Participants report three types of turning points that set them on a path towards resilience: action (an achievement that gave them a sense of accomplishment, such as education), relation (meeting a new person/creating a positive relationship), and reflection (a realization that they can no longer continue in the same direction). These turning points are characterized as a feeling, specifically, a sense of accomplishment (Drapeau et al., 2007).

> In this theme [action], the turning point is associated with an achievement that gives a sense of accomplishment, often in a professional field such as art or recreation. However, it is not the field of involvement that is important, but the sense of accomplishment that it creates. That feeling become[sic] the starting point for a shift. It comes from the teenager's realization that he or she can succeed, from the pride in having been chosen from among a group, or from finally being accepted socially. (Drapeau et al., 2007, p. 985)

This sense of accomplishment trumps normative achievements or outcomes that resilience researchers used to categorise individuals as resilient or not resilient.

Ungar (2001b) identifies differences between individuals' perceptions of their identities and the labels assigned to them by child welfare, juvenile justice, and mental health systems. Some individuals score very low on the resiliency measures predominantly used in resiliency research and may not qualify to participate in resilience

58

studies that use professional inputs and normative success markers (e.g., education, employment, avoiding drugs, avoiding involvement with the juvenile justice system) (Breno & Galupo, 2007; Drapeau et al., 2007; Ungar et al., 2012). While resilience has become a popular keyword with various evidence-based models and methods for its promotion among children in care, such evidence continues to be generated within a resilience research field that, for most part, restricts access to individuals who differ from the dominant construct of a 'resilient person'.

By contrast, research that asks youth to identify success markers reveals that success is a complex concept and may have a different meaning when compared to resilience research conducted from a deficit model. In a mixed methods study from the United States, individuals aged 18-25 years, living in transitional living programs developed a list of keywords that define success. Accomplishment, education, and hard work are the most frequently cited features (Anderson & Williams, 2018). The researchers recommend that "caseworkers, therapists, advocates, and foster parents may want to emphasize definitions of success on a level that is personal to the foster child rather than using societal standards. Such a practice may effectively increase the capacity of emerging adults with experience in the foster care system to perceive themselves as successful" (Anderson & Williams, 2018, p. 654). This also means that while the normative outcomes may remain the same for the participants, the meaning behind such outcomes varies, and different people may have different motivations to pursue what they want.

Anderson and Williams (2018) acknowledge that they kept their recruitment limited to individuals from a specific type of living arrangement—stating this self-

selection bias as a limitation of their study. They recommend pursuing further studies with a broad inclusion criterion. This is a fair and critical recommendation to deepen the understanding of resilience. By recruiting participants with a subjective sense of accomplishment, we can resolve the issue related to normative outcomes that are predominantly used to frame the inclusion/exclusion criteria. Such an approach within a critical strengths perspective can provide an authentic opportunity for young people to offer their definitions of adversity and positive outcomes, to tell stories of their adaptation, and to define the process that led them to their self-defined positive outcomes. Ungar and Theron (2020) advise that accomplishment must be understood using markers deemed appropriate or normative within a specific context and time. Such avenues remain under-explored within resilience research.

Gaps in Knowledge and Theoretical and Methodological Flaws

This literature review was guided by my curiosity about how deficit discourse influences resilience research (and ultimately policy, practices and the delivery of programs and services for youth in care). It reveals why we know more about negative than positive outcomes of individuals in care. When research about the child welfare system begins with a deficit discourse, it is logical to discuss resilience in terms of normative positive life outcomes of children and individuals who grew up in care. My first-hand experience working with children in care puts me in a unique position to explore the following flaws in our understanding of resilience within the context of child welfare system:

a) The dominant (and popular) concept of resilience is derived from research grounded in a deficit discourse, and remains contentious with unresolved disagreements about what constitutes its key elements (the meaning of adversity and positive outcomes)

b) The deficit discourse within the child welfare system, due to its continued focus on normatively defined positive versus negative outcomes, contaminates resilience research, which struggles to operate within the principles of a strength-based approach.

c) The resilience studies among individuals with experience of growing up in care rely upon recruitment methods guided by normative definitions of success, accomplishment, and well-being. These definitions prevent us from exploring unconventional cases of resiliency.

d) The current resilience research field relies heavily on generated scales and numeracy over subjectivity. The narratives of individuals with lived experience of growing up in care are understudied in favour of population-based research.

Chapter Conclusion

This chapter was guided by understanding that the approach to life outcome research on children in care and the prevalent academic and social narrative about them, in general, is grounded in a deficit discourse where the focus is on negative outcomes rather than resilience—a strength-based approach and positive outcomes (Gharabaghi & Anderson-Nathe, 2017). It critically reviewed the current understanding of resilience and resilience research within the context of individuals who grew up in the child welfare

system to show that the understanding of resilience is heavily contested, and that

resilience research is predominantly value-laden with the normative social constructs of

success. The identified gaps and flaws in the literature point to three questions:

1) How do we ask individuals who grew up in care if they feel resilient?

2) How do we determine what adversity means to them and the outcomes that they

value?

3) What processes did they go through to achieve those outcomes?

The next chapter will explore the methodological choices to select the most

relevant approach to answer these questions within a critical strength-based perspective.

Chapter Four: Methodology and Methods

Based on the literature review, this is the first study to use Bildungsroman biographical narrative inquiry to explore the resilience of adults who lived in the child welfare system. This chapter is organized into three sections. The first section locates my positionality as a child welfare insider and a researcher outsider. The second section discusses narrative inquiry, more broadly, and Bildungsroman biographical narrative inquiry, specifically. This methodology was well suited for researching resilience because of its inherent focus on individual stories of character formation (Kim, 2016). The third section describes and justifies the methods used to pursue this study.

This study explored the resilience narratives of six adult individuals who grew up in care, the adversities they faced, and the processes that helped them achieve a subjective sense of accomplishment. The study sought to address the following questions:

a) How do we ask individuals who grew up in care if they feel resilient?

b) How do we determine what adversity means to them and the outcomes that they value?

c) What processes did they go through to achieve those outcomes?

Ground Zero: My Positionality

By ground zero, I mean from where it all starts. How my philosophy developed as I grew as a person. Hence, I start my positionality from my childhood and share my Bildungsroman which is the foundation upon which my research topics, styles, methodologies originate. Therefore, I titled this section, ground zero.

The foundations of a research topic and the approach to answering research questions are unavoidably grounded in the investigator's philosophical assumptions (Creswell & Poth, 2018; Denzin & Lincoln, 2011). As much as these assumptions are "instilled in us by our advisors, through scholarly communities" (Creswell & Poth, 2018, p. 15), they are also socially constructed by lived experiences of the inquirer (Clark, 2017).

> If we take research as central to our understanding of social reality, within the academy, but also in wider society for purposes such as policy development, then the assumptions upon which it has been developed have a very tangible impact on how it both represents and influences the social world. (Clark, 2017, p. 9)

I was born into a stable, two-parent Brahmin family in India. My parents' financial vulnerability taught me the value of hard work, perseverance, and education. As the eldest of four children, I grew up with many cultural and social responsibilities within an environment of disadvantages. I left home after finishing high school and was unable to observe closely the journeys of my three younger siblings, all of whom have managed to have a decent living despite not graduating high school. I did grow up closely observing my mother and father. For my father, the responsibility of feeding a family of six was his source of resilience. My mother taught me never to surrender to circumstances. She said circumstances are like the weather. They change. "God is testing us! Let it do what it wants. Once you pass this test, compassion and kindness will follow". Her faith was, and still is, her source of resilience.

Observation is a critical skill in a researcher and "observation as a principal mode of research has the potential to yield more valid or authentic data than would otherwise be

the case with mediated or inferential methods" (Cohen et al., 2018, p. 542). My training as an observer started at a very young age. A new toy, bike, or video game was an objective measure of parental care and affection for most children in my community and school. Although I did fancy a nice bike or a scented pencil, the question, 'why' I did not have these luxuries intrigued me. Unknowingly, I embraced the idea that multiple realities exist (Creswell & Poth, 2018). So, rather than assuming my parents didn't care for me, I looked for other reasons to understand why they didn't give me a scented pencil.

My mother always had stories to tell when I asked questions. For example, in Indian culture, the scent is believed to attract negative energies (evil spirits). My mother told me a story of a child who was possessed by a negative spirit because he was wearing perfume. My observations made me skeptical of this, as my classmates with a scented pencil did not seem to be possessed by an evil spirit.

So, I asked my father the 'why' question. His response was pragmatic and the story he told me was a form of Bildungsroman. He said that my focus should be on understanding the function of a pencil. As long as it helps write, that is enough. He told me that what we could afford was a regular pencil. The scented one was for rich people, and we did not have that kind of money. He told me a story about the former Indian prime minister Lal Bahadur Shastri (The Shastri Indo-Canadian Institute that promotes scholarly activities between India and Canada is named after him.) Shastri lived with disadvantages and swam across a dangerous river daily to attend school. While I was sad about not having that scented pencil, I was happy I did not have to swim across a river to attend school every morning.

I questioned why we did not have money. I identified luck, lack of good education, no ancestral capital, and God's will as common themes within my father's stories. My interaction with my parents and other members of my socio-cultural environment became my epistemological base from which interpretations and knowledge claims originated (Munro, 1998). Furthermore, some stories were full of hope, empowerment, and motivation.

Life wasn't easy despite growing up in a caring and supportive family. Public schools were troublesome due to the high failure rates and low-quality education. There was no other way to get a decent education than a private school. I spent half my K-12 education outside the classrooms because my parents were unable to pay my school tuition fee on time. Initially, I felt bad. Later, I got used to it. School had a rule that a 'fee defaulter' (that's what they called me) was not allowed to get instruction past a certain date if the tuition fee wasn't paid. I can never forget a slap on my face by my high school principal for being a fee defaulter just before I entered my 12th grade physics external exam. That was my last official day in my high school. A lot of people get nostalgic thinking about their school years. I don't fancy those days.

Peers from my high school started university, I spent my early adulthood working in call centers, door-to-door sales, and progressing within those roles. My mental explorations remained limited to excel sheets and organizational policies. I started an undergraduate degree in computer programming but ended up dropping out with no money to pay for the second semester. My focus remained on working and surviving. My future was uncertain. However, my work experience was a different, but equally

beneficial education. My early years of struggle were my best preparation for surviving in the world. I started seeking new avenues to get my education.

The Internet, which was new in those days, brought the first affordable learning opportunity for me. I had access to the world wide web for less than ten cents/hour at cyber cafes. So, I started learning about various topics in my free time. I knew very well that my family and I couldn't afford to pay for a traditional higher education. So, I enrolled into a private degree program (one where I did not have access to classroom instructions) while continuing to work full time. It was not ideal, but I finished an undergraduate degree in three years which gave me a slight chance of academic development.

Towards the end of my degree, I married my girlfriend, and we decided to move out of India. We took out a loan against my parental home, and with some support from my wife's family, we landed in the United Kingdom on September 9, 2012.

My wife pursued her graduate education, and I landed my first job in door-to-door sales three days later. The job required me to knock on the doors and sell loft insulations. While walking in the windy and rainy English weather, I sold the maximum number of loft insulations that kept people's homes warm. I worked multiple full-time jobs and my wife worked part-time to save money. We shared an apartment with other families and saved enough money to pay for my graduate education.

The only university whose tuition I could afford was Memorial University. So, I prepared an application that could give me the best chance of acceptance despite having a private undergraduate degree (possibly considered mediocre). The admissions committee took a chance and accepted me into the M.Ed. program. The opportunity to study at

Memorial University opened the field of research for me. University taught me the methods, frameworks, and academic writing. However, the research topics I chose were inherently located in questions already in my mind.

In 2016, I started working in the Newfoundland and Labrador child welfare system as a child and youth care worker and witnessed closely the disadvantages faced by children and youth in care. One specific event stands out. I was coming back from a court hearing with a teenage mother who lost custody of her child to the child protection services. She had been raised in the same child welfare system and probably would have been in the same court before when she was taken away from her birth family. With tears in her eyes she asked, "How can I trust that good things will happen to my child in the care system. Look at me. I lived in it for almost 15 years. See, what I have become". She was fighting with the system that normatively categorized her as incapable of caring for her newborn.

These insider experiences as a child and youth worker further provoked my academic curiosity. Dr. Cindy Blackstock (2015) notes that when an individual fails to provide for her child, the child is removed from the family. I wondered, what happens when the state fails to properly care for the removed child? Around 85% of child protection removals in Canada are due to a risk of harm or neglect (Trocmé et al., 2014). I sometimes think if my siblings and I had been raised in the current Canadian child protection landscape, we may have been at risk of unintended neglect because of the conditions that we lived in. This would have made us prime candidates for removal.

I believe that each of my family members had their own unique experience of resiliency. Hence, I felt that resiliency must be understood as something as unique as a

person's fingerprints (a statement that came up in one of my doctoral committee meetings) because struggle for one might not be struggle for another. The connection between my childhood experiences, research training, and child welfare experience became my reason for pursuing my doctoral thesis and exploring how individuals who experience early adversity develop a subjective sense of accomplishment despite chronic structural, personal, social, and economic disadvantages. My personal experience of negotiating through adversity helped me emotionally connect with participants' stories and circumstances. I brought this insider and outsider lenses to explore the six narratives at the centre of this study. However, there was also the risk that my experiences may impact the genuineness of the study. I have discussed such concerns and how I addressed them in the later sections of this thesis.

A few weeks ago, my middle school vice principal, who used to escort me out of the classrooms for being a 'fee defaulter' found out about my accomplishments. She sent me a message: "*Congratulations! Your hard work and sincere effort has [sic] worked. Really, I and the school are proud of you. All the best. God bless you*".

Methodology

Narrative Inquiry

According to Lima (2023), there is great value in employing narrative inquiry for researchers interested in understanding the experiences of individuals "…that belong to groups that have been through situations that are uncommon for the largest part of the population" (p. 777). This is especially relevant to my study that seeks to understand the unique personal accounts of resiliency of individuals with a history of growing up in care.

I chose narrative inquiry as my overarching methodological choice for the following three reasons.

First, narrative inquiry can be a phenomenon under study, or a method used to analyze stories (Clandinin & Rosiek, 2007). It is a way to understand human experiences through stories that, in turn, help us better understand a human phenomenon. The literature review suggested resilience research within the context of the child welfare system has underutilized the wisdom of individuals who grew up in care. Narrative inquiry values individual experiences and utilizes narratives of lived experiences to form knowledge (Creswell & Poth, 2018). Such methodology sits at the core of a critical strengths perspective (Barwick, 2004; Centre for Child Well-Being, 2011; Laursen, 2003) because it considers the personal and social (interaction); past, present, future (continuity); and place (situation) (Clandinin & Connelly, 2000) and therefore became the best methodological choice for my project.

Second, individual narratives are a place where personal lives and social institutions intersect at a particular time (Clandinin & Connelly, 2000; Riessman, 2008). While telling a story about an individual journey, narratives also reflect on the broader social, cultural, familial, and institutional narratives within which participants' experiences are embedded. Exploring individual resilience narratives helped me understand and narrate the dynamic interplay (navigation and negotiation) between the individuals and their environment (Ungar, 2011), through which participants achieved a subjective sense of accomplishment. Participant narratives helped me to discover how their individual experiences were embedded in and made understandable within

Newfoundland and Labrador's child welfare system and broader social, cultural, and familial narratives.

Third, narrative research "is a collaboration between researcher and participants, over time, in a place or series of places and in social interactions with milieus" (Clandinin & Connelly, 2000, p. 20). Its strength lies in its ability to "convey the stories, lived and told" (p. 146). It means the dichotomy of an outsider/insider is somewhat blurred within the narrative inquiry due to its non-linear/non-prescriptive nature (Clandinin & Caine, 2013; Dwyer & Buckle, 2009). Therefore, a narrative inquirer can switch between her/his role as an insider or outsider to analyze the firsthand narratives of the participants and present her interpretation of the participants' narratives (Dwyer & Buckle, 2009). According to Riessman (2008),

> The mechanical metaphor adopted from the natural sciences–investigators provide an objective description of the world and position themselves outside the field of study to do so–has given way to narrative studies that position the investigator as part of the field, simultaneously mediating and interpreting the "other" in dialogue with the "self". (p. 17)

According to Riessman (2008), narratives are strategic, functional, and purposeful and individuals with lived experience of a particular phenomenon use narratives to remember, argue, justify, persuade, engage, entertain, and even mislead an audience. Such concerns are relevant to narratives that shape social, political, and health agendas at the population level (Dahlstrom, 2014). However, the goal of my study is to understand personal narratives that are unique experiences. Thus, participant stories were, "… a rich source of data, 'a reality' that could be captured only in a form of a narration" (Lima,

2023, p. 778). Nonetheless, I expand this concern and its relevance within the context of trustworthiness later in the rigour section of this chapter.

By using narrative inquiry, I was able to explore the multiple realities of people who self-identified as resilient or someone with a subjective sense of accomplishment.

Bildungsroman Biographical Narrative Inquiry

Originally used in creative writing, Bildungsroman is a German term that combines Roman, meaning a story, with the concept of Bildung, loosely defined as formation, cultivation, and education (Davey, 2006, p. 37). Karl Morgenstern coined the term in the early 1820s to describe the dynamic relationship between a novel's central character and that of the reader. Roberts (2008) argues that Bildungsroman, "both portrayed the Bildung of the novel's central character and enhanced the Bildung of the reader" (p. 251). Bildungsroman is a popular genre in German, American, and Canadian literature. Dickens' *Great Expectations* cited at the beginning of the thesis is an example from Victorian English literature.

Although Roberts is referring to the role of Bildungsroman within the context of literary novels, his observation applies to narrative inquiry.

> Part of the role of the *Bildungsroman* is to remind us that we all have a story to tell, and that while we can question and wrestle with what life throws at us, we cannot halt the flow of experience. It is, as Swales puts it, 'the story which binds together contingencies into the weighty sequence of a human destiny'. (Roberts, 2008, p. 252)

According to Atkinson (2002), "(h)istorical reconstruction may not be the primary concern in life stories; rather, it may be how the individuals see themselves at given points in their lives, and how they want others to see them" (p. 127). If individuals who grew up in care saw themselves as resilient, then Bildungsroman offered an appropriate approach to understand both, their identity formation or education (Bildung) as well as their story (Roman). Bildung within the context of novels has been discussed not as an inherent trait of an individual but a function of their interaction with the world around them (Kontje, 1993). A logic that resonates with the contemporary understanding of resilience. "Bildungsroman, thus, is a story of one's Bildung that focuses on cultivating and forming one's disposition of mind involving intellectual and moral endeavour. It is part of the journey of becoming" (Kim, 2016, p. 127). Bildungsroman is written "for the sake of journey, and not for the sake of happy ending towards which that journey points" (Swales, 1978, p. 34).

More recently, researchers such as Kim (2016) have used Bildungsroman as a type of narrative inquiry that can be biographical, autobiographical, art-based, and/or visual-based. The result is a narrative of personal growth and identity development (Kim, 2016, p. 127). Following Kim, scant recent attempts have been made, but those are mostly limited to the field of education (Burrow et al., 2020; Dugana, 2022; Freeman, 2023; Gagnon et al., 2022; Greene et al., 2019; Harvey-Flowers, 2022; Kasparek & Lahr, 2022; Kim et al., 2019; Kimble, 2022; Mitchell, 2023; Moody, 2023; Saenz, 2022) and health care (Kinitz & Salway, 2022; Smith & Lértora, 2023; Stanley, 2018). None of these studies are about resilience and within the context of child welfare system and

hence not relevant for the lit review. The argument here is that Bildungsroman approach is being used in different fields and hence I make a case to utilize it to study resiliency.

Within the context of education, Kim suggests using the characteristics of Bildungsroman to "write stories about students who work towards personal growth, overcoming adverse life experiences" (Kim, 2016, p. 129). I applied this logic to my resilience research and to write stories with and about individuals with care experience who worked or are working towards self-defined personal growth or a subjective sense of accomplishment while overcoming or living through adversity.

The happy ending in outcome-oriented resilience research discourse is mainly defined normatively by the investigators. In my study, participants define their happy endings. Bildungsroman is like the conceptualisation of resilience as a dynamic process. Bildungsroman approach to writing participants' biographies through one-on-one interviews helped me portray what happy endings meant for them. While saying so, I believe that 'happy endings' may not, in themselves, portray resilience. Therefore, by exploring the subjective sense of accomplishment through Bildungsroman biographical narrative inquiry, I advanced the understanding of resilience, within a critical strengths perspective.

Utilizing the discussion by Roberts (2008), a philosopher of education, Kim recommends some central characteristics of a Bildungsroman:

a) The idea of an inner or spiritual journey of personal growth,

b) The tension between the ideal and the reality,

c) The importance of the context in which the personal journey takes place,

d) The role of enhancing the Bildung of the researcher and the reader,

e) The importance of questioning, dialogue, and doubt, in the personal journey, and

f) The elements of striving, uncertainty, complexity, and transformation (2016, p. 129)

Methods

Ethical Approval

This project received ethical approval from Health Research Ethics Authority (HREA) on November 20, 2020. Subsequent amendments were approved in September 2021 and October 2022 (see Appendix B ↓ Ethics Approval Form). As a researcher, it was my duty to approach this study with caution and adhere to the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics (TCPS2) (Panel on Research Ethics, 2018). This was particularly important because most individuals who grew up in the child welfare system have experienced childhood abuse and/or neglect. A criticism of biographical narrative inquiry is that it has the potential to be "troubling, disturbing, and even harmful to collectives or individuals" because for some participants, narrating their adverse life experience can be "a way to re-enacting the suffering over and over" (Kim, 2016; Juzwik, 2010, p. 376).

Informed Consent Form

I explained to the participants: a) the intention of my study; b) the potential harms and benefits; c) steps I intended to take to ensure confidentiality and privacy; d) their right to withdraw from the study; e) potential benefits of participation; f) data security; g) contact details of mental health support and counselling services; h) honorarium for their

participation; i) my contact details for them to reach out if they had any questions or concerns; and j) contact details of Health Research Ethics Authority if they wanted to seek more information about the ethics process. The consent form was modified to grade eight reading level to make the language simple to understand for potential participants. I used an implied consent model based upon the recommendation of the ethics board. (See Appendix C ↓ Informed Consent Form).

Privacy, Confidentiality, and Respect

I ensured the technological aspect of privacy and confidentiality by using WebEx to conduct online interviews because that platform provided greater security. At the data level, I preserved confidentiality by a) removing all the identifiable information from the transcripts (e.g., name, place of employment, exact age, location); b) storing electronic data in password protected folders in a password protected computer; c) limiting access to the transcripts to only authorized people; and d) by using participant selected pseudonyms. Some of the participants' cases were part of media scrutiny in the past, so it was important for me to maintain a balance between what I wanted to share in the thesis, and what I could ethically share. Sensitively and great care was crucial throughout the thesis. Participants were also informed about the limits to anonymity through the informed consent form.

Asking gender pronouns was the first step towards respectful interaction with the participants. We met at mutually agreed times for interviews. I also did not prompt the participants to stop if they went over the allotted interview time. I offered them an honorarium of $20 Tim Hortons Gift Card for their participation as a gesture of respect

for their time rather than a recruitment strategy. My research advertisement did not mention the honorarium and hence participation can be considered an outcome of genuine interest rather than coercion or materialistic desire.

Recruitment

Potential participants were recruited using a research advertisement posted at various community organisation sites (Appendix D ↓ Research Advertisement). They were also distributed by email to community organizations (Appendix E ↓ Email Format to Reach Out to the Community Agencies). Four of the seven organizations that work in different capacities with the child welfare system in Newfoundland and Labrador responded to my request to assist with recruitment. Gatekeepers with the Newfoundland and Labrador Foster Families Association, Child and Youth Care Association of Newfoundland and Labrador, the office of the Newfoundland and Labrador Child and Youth Advocate, and KeyAssets Newfoundland and Labrador shared my recruitment document on social media platforms such as Facebook and Twitter. I also shared my advertisement with professionals I know from my work. This type of recruitment strategy is known as snowballing (Parker et al., 2019).

Other qualitative studies within the field of resilience that recruit participants use a criterion (such as academic success, employment status, avoiding teenage pregnancy, drugs, and/or criminal behaviour), or utilize the information from third parties or individuals living within a specific context (professionals or specific living arrangements) for identifying eligible participants (Drapeau et al., 2007; Frimpong-Manso, 2018b; Hass & Graydon, 2009; Refaeli, 2017; Ungar et al., 2012). Because my goal was to hear from

adults who may not have achieved those normative outcomes, I sought out adults who had lived in the child welfare system and identified as having a subjective sense of accomplishment. This was consistent with my critical strength perspective. The inclusion criteria for participation were age (>=18), time in care (>=3 years), feeling of a subjective sense of accomplishment, and willingness to articulate their experiences. My decision to use this inclusion/exclusion criteria fitted well with my research objectives.

When potential participants contacted me by phone, or when I called them based-upon their availability, I assessed if they met the inclusion criteria. I briefed them about my study and the value of prolonged engagement. Since the initial interviews were planned on WebEx, a stable internet connection and access to computer/smartphone was important. Use of technology was required during the Covid19 pandemic, and the public health recommended social distancing rules. All participants said that they had access to both. Access to internet and smartphone/computer wasn't one of the listed eligibility criteria on the advertisement and thus not an exclusion criterion. I would have made alternate arrangements if someone had accessibility issues. However, such an issue did not arise during my data collection.

After verifying that participant met the inclusion criteria, I emailed the consent form to them and the WebEx link for our first interview scheduled for a mutually agreeable date and time. On the day of the interview, I verbally briefed them about the interview process and obtained verbal consent before pushing the recording button. I offered an honorarium of $20 after the first interviews were completed.

While Kim (2016) suggests that data generated with one person over an extended period is enough to write a Bildungsroman, I aimed for four to six participants

considering other debates on sample size in biographical narrative inquiry and the research questions. Nine individuals responded to my recruitment efforts. Eight were eligible to participate, but two dropped out before the first interview, leaving six individuals.

Bildungsroman biographical narrative inquiry is a novel approach especially in social work and community health studies. There is little discussion or suggestion on specific sampling precedents and the concept of saturation. Therefore, I drew on sampling precedents and the concept of saturation used by researchers conducting biographical narrative inquiry. Researchers use the concept of saturation (meaning, theoretical, code, or data saturation) to decide on the sample size that can help them understand the phenomenon under study (Sebele-Mpofu, 2020). Some researchers suggest that rich discussion, quality of dialogue and communication, the rapport between the inquirer and the participant, and interviewing skills are more important than the number of participants (Guest et al., 2006; Kim, 2016; Saunders et al., 2018). Hence, the quality of data was more important to co-construct a rich narrative than the number of participants.

Generally, the issue of saturation and sample size remains contentious (Sebele-Mpofu, 2020). However, the importance of sample size diminishes even further in narrative inquiry, especially in biographical narrative inquiry, where the focus is on fewer individuals (Kim, 2016; Saunders et al., 2018). Such an inquiry aims to collect sufficient depth of information from different sources of data to understand the phenomenon of interest or to tell a complete story. According to Saunders et al. (2018), "it is less straightforward to identify a role for saturation in qualitative approaches that are based on a biographical or narrative approach to analysis, or that a specific focus on accounts of

individual informants" (p. 1898). Some researchers suggest saturation is not relevant to sampling in a narrative inquiry carried out in a constructionist stance (Marshall & Long, 2010).

A small sample size also made sense considering the sensitivity of the population under study. Historically, a sample of six participants was considered sufficient to develop "meaningful themes and useful interpretations" (Guest et al., 2006, p. 78).

Overall, rich data with a small sample size met the data requirements of this Bildungsroman biographical narrative inquiry.

Data Collection Tools

I carried out narrative and semi-structured interviews using an interview guide and associated prompts (Appendix F ↓ Interview Guide and Prompts) within the first interview. Subsequent interviews expanded on the discussions from the first interviews. I had already made participants aware that their prolonged engagement would help me develop a detailed understanding of their resiliency. Five out of the six participants kept in contact with me and were open to give their inputs through email, phone calls, or text messages throughout the writing of my thesis. One participant completed the first interview but did not participate in further interviews.

Data Collection

Narrative inquiry can draw on many sources of data: interviews, personal diaries, previous journals, photographs, videos, artifacts, and letters. I collected data using a series of open-ended, in-depth interviews as well as verbal and written discussions over interviews, emails, phone calls, and text messages from March 2021 to November 2023. I

met with participants 13 times, producing a total of 714 minutes of one-on-one interviews on WebEx. We exchanged around 110 emails, 108 text messages, and also spoke over the phone about 20 times during the course of our prolonged engagement. The phone calls, text messages, and emails were used to communicate with the participants to clarify and verify content from the interview data throughout the data collection and analysis process. Some examples of these exchanges are available in Appendix G ↓ Data Collection and Analysis.

Although I developed a list of semi-structured interview questions and prompts, the interviews were more like conversations, and stories started flowing. Five of the six initial interviews exceeded the allotted time (sixty minutes), and I felt honoured that the participants were ready to share their stories with me. One of the reasons for this may be that I offered participants "interested ears". Participants asked me questions about India, especially Indian food. Exchanging stories helped me build rapport with the participants. I was initially naïve to think that I could only ask about positive outcomes and experiences to write my interpretation of the narratives of participants' resiliency. However, I realized the adversities were an integral part of participants' stories and provided me with the context within which their narratives of resilience were embedded.

Data Analysis

Data collection and analysis occurred concurrently. This method required follow-up interviews for collecting the complete story and member checking for accuracy and completeness. My objective during the data analysis was to explore different perceptions of the subjective sense of accomplishment and identify the experiences through which the

participants achieved this subjective sense of accomplishment within the critical strengths perspective.

In step one, I converted the interview recordings from WebEx into transcripts using otter.ai, a software that converts voice to text. I then watched the videorecording and the transcript simultaneously to edit the transcripts, adding pseudonyms and fixing errors. While watching the interviews again, I could closely observe the bodily expressions of participants' emotions. I kept accounts of these observations in the printed transcripts. The good thing about the Otter.ai program was that it worked well, even if participants had different provincial dialects.

Otter.ai and WebEx, both, offer high standards of data management functionality and data security. The security policy information is available on their official websites (https://www.cisco.com/c/en/us/products/collateral/conferencing/webex-meeting-center/white-paper-c11-737588.html; https://otter.ai/privacy-security).

In step two, I developed chronological narrative summaries for my six participants. I created each participant's narrative within the three-dimensional (temporality, sociality, and place) narrative inquiry space (Clandinin & Connelly, 2000). Within Clandinin and Caine's (2013) 3-D space, I also sought the characteristics of Kim and Roberts' six central characteristics of Bildungsroman (Kim, 2016; Roberts, 2008) to frame these summaries. I used a number of methods such as tables, handwritten notes, and sketched participants' narratives on a large white board (Appendix G ↓ Data Collection and Analysis). These biographical narratives provide the reader with the

context within which participants' lives unfolded and contribute more than discussing

participants' unique experiences of resiliency as codes, categories, and themes.

My approach to co-constructing participants' biographical accounts follows that of

researchers in medicine, education, sociology, and other fields. For example, Mitchell

(2023) wrote biographies of medical students on a rural health track during their pre-

clinical years. Moody (2023) wrote Bildungsroman biographical narrative of black men's

healing after police brutality. Kinitz & Salway (2022) developed a master narrative after

interviews with sexual and gender minorities who experienced conversion therapy and

their identity development to understand antecedents to mental health struggles in this

population. Gagnon et al. (2022) used a similar approach to provide a shared first-person

account of a Black man living in post-apartheid South Africa. Saenz (2022) wrote stories

about the experiences of three Latina students who participated in invention education

and began developing identities as inventors. Freeman (2023) wrote narratives of Black

men teaching younger Black males the life skills and unwritten rules of becoming a

teacher. Kim (2012) shared lived experience of a Sioux Indian adolescent boy, elicited

from an ethnographic case study conducted at an alternative high school.

After I developed the first set of summaries, I reached out to the participants to get

their views on my interpretation of their narratives and to fill the gaps that remained. We

spoke over the phone, texted, and met to review these summaries. I edited and re-edited

these summaries as per the feedback I received from the participants. My co-supervisor

reviewed these summaries for coherence, serving as an outsider to the child welfare

system. As an insider with extensive experience within the Newfoundland and Labrador

child welfare system, I read these transcripts as someone who could use these insights in

my practice as a Child and Youth Worker. So, I read these summaries both as an inquirer and an audience. I edited the summaries as per the feedback from the participants and my co-supervisor. The summaries were finalized after the participants agreed that my interpretation of their stories matched what they had expressed. I reflected on my research questions while writing these summaries and adhering to the characteristics of Bildungsroman. Chapter Four presents these six Bildungsromane.

In step three, I read and re-read the transcripts to identify the characteristics of the subjective sense of accomplishment and then explore the experiences that helped participants achieve their subjective sense of accomplishment. Starting with an exploration of adversities that participants faced, I used narrative and thematic analysis (Leavy & Ross, 2006) to identify participants' interpretation of adversities, the participant-informed positive outcomes or better-than-expected-outcomes that collectively characterized their subjective sense of accomplishment, and the processes that led to such a sense of accomplishment. I also explored the patterns within their experiences—experiences embedded within the broader social, structural, cultural, familial, and institutional narratives—that contributed to their subjective sense of accomplishment. To do so, I analyzed the transcripts in three phases: 1) line-by-line, 2) thematically, and 3) holistically by hand (Leavy & Ross, 2006). According to Leavy and Ross (2006), the line-by-line analysis leads to the emergence of major code categories. Next, I placed excerpts from the transcript under the thematic codes that originated inductively from the analysis process. I carried out this process on NVivo Software (https://lumivero.com/products/nvivo/) as well as on printed transcripts. However, I felt more comfortable working on the printed copies.

I followed this process three times: once each to explore adversity, better-than-expected outcomes, and processes. Since, the study is about resilience which is generally understood as competent functioning in face of adversity, I first explored the adversities that participants faced, followed by characterizing participants' subjective sense of accomplishment, and lastly by exploring processes that enabled them to achieve their subjective sense of accomplishment. I looked out for epiphanies, transitions, and milestones within their journeys. Especially exploring their memories of who and what was helpful and how those people or services were helpful. Within the critical strengths perspective, my approach was to explore resiliency while being aware of the multidimensional critiques and bringing such observations into my discussions.

Rigour

Creswell & Poth (2018, p. 270), state that a "good" narrative inquiry should: a) focus on an individual; b) collect stories about a significant issue; c) develop a chronology; d) tell a story; and e) embed reflexivity. According to Clandinin and Connelly (2000), "an explanatory and an invitational quality, [an] authenticity, adequacy and plausibility" (p. 185), are the critical ingredients of a good narrative inquiry. While multiple researchers offer insights into rigour, due to the interpretive nature of narrative inquiry, steps to pursue quality research are recommended but not imposed upon the new researchers. It means that researchers are not forced to only use a particular approach to trustworthiness. They are allowed to combine ideas of trustworthiness from various sources.

First, I utilized the understanding of Clandinin and Caine's (2013) twelve touchstones throughout the narrative research process because they cover all the aspects of a good narrative inquiry. These were, relational responsibilities, in the midst, negotiating relationships, narrative beginnings, negotiating entry into the field, moving from field to the field texts, moving from field texts to interim and final research texts, representing narratives of experience in ways that show temporality, sociality, and place, relational response communities, justifications—personal, practical, and social, attentiveness to audience, and commitment to understanding lives in motion.

The participants and I were at the midst of our ongoing lives when we met for this research. I ensured my relational responsibility by obtaining the ethical approval and following the ethics protocols throughout the research process. I informed the participants about my expectations and provided them safe space to narrate their stories. They were aware that I was co-constructing their stories through various forms of interaction with them and gave me generous access to their time over two and a half years. I informed the participants about my positionality as a researcher, a child and youth worker, and an immigrant in Canada. While collecting the data, I maintained constant contact with the participants and communicated back and forth with them. Since the interviews were recorded on WebEx, I could access them multiple times and record my observations.

Second, I placed particular focus on coherence in participants' narratives. Clandinin (2013) and Riessman (2008), both suggest that inquirers must seek coherence within the participant narratives. To do so, Riessman (2008) suggests that an inquirer must keep the following questions in mind: Do episodes of a life story hang together? Are

sections of theoretical argument linked and consistent? Are there major gaps and inconsistencies? Is the interpreter's analytic account persuasive? (p.189).

To address these issues, I started analysing the data after the first interviews. I reached out to the participants in later stages to fill the remaining gaps, seek clarification, and seek coherence. For example, in Jane's case, it wasn't clear how she switched from care to her family, to her grandparents, to a shelter, to being homeless, and finally finding an apartment. The later communication with her clarified that her mother had placed her in voluntary custody. Some examples of my communication with the participants appear in Appendix G ↓ Data Collection and Analysis.

Third, I paid particular attention while writing the biographical summaries using the central characteristics of Bildungsroman. In terms of interpretive biographical inquiry that deals with individual experiences, Denzin (1989) suggests that,

> The meanings of these experiences are best given by the persons who experience them; thus, a preoccupation with methods, validation, reliability, generalizability, and theoretical relevance of the biographical methods should be set aside in favour of a concern for meaning and interpretation. (p. 26)

I conducted a second round of interviews and used the data to write chronological narrative summaries for each of the participants. My co-supervisor (Dr. Diana L. Gustafson) was part of my relational response community. She reviewed participant summaries and provided feedback. The summaries I created were a product of prolonged engagement, participant feedback, and peer validation. I paid attention to the context within which participant stories were embedded. I reflected this in my description of

87

participant narratives and summaries. Thick descriptions of concepts represented

participant narratives, "in such a way that others reading the results can understand and

draw their own interpretations" (Patton, 2002, p. 375). The interim and final text were

finalized by the participants and were written in a Bildungsroman form. Appendix G

– Data Collection and Analysis gives an example of this process.

One participant who had a contrasting child welfare experience might be labelled

an outlier when compared to the other five. According to McPherson and Thorne (2006),

"... exceptional observations provide a mechanism for moving below the surface of our

findings, and call for a renewed enthusiasm for exploiting complexity rather than settling

for simplicity within our collective understanding of quality criteria" (p. 8). They further

say that "although commonalities and thematic patterns documented within our data sets

can provide us with a solidly grounded set of general principles, it is the exceptions that

will often yield the best insights as to how and when we ought to apply them" (p. 10).

Analyzing this person's story in detail helped present diverse textual structures and

accounts and was a way to do a negative case analysis for me.

Fourth, to explore resiliency experienced by individuals who grew up in care, a

thicker exploration of participant narratives was critical. Hence, saturation within the

context of my study was to obtain complete stories that portrayed full and rich personal

accounts (Saunders et al., 2018). According to Saunders et al. (2018), data saturation is

crucial during data collection as well as analysis in addition to its use in sampling. An

inquirer should ask, "How much saturation is enough, rather than 'has saturation

occurred?" (p. 1901). I used an individual-oriented perspective on data saturation

(Saunders et al., 2018). According to Saunders et al., "saturation operates not at the level of the dataset as a whole, but in relation to the data provided by an individual participant; i.e., it is achieved at a particular point within a specific interview" (2018, p. 1896). I aimed to obtain a complete story that portrayed full and rich personal accounts. I stopped my data collection after the individual summaries justified the six critical ingredients of Bildungsroman, after addressing participants' feedback, and when the story made chronological sense. Member checking, peer evaluation, and audience evaluation (Loh, 2013) helped me preserve the trustworthiness of these accounts.

Fifth, attending to Riessman's (2008) argument that narratives are strategic, functional, and purposeful and individuals with lived experience of a particular phenomenon use narratives to remember, argue, justify, persuade, engage, entertain, and even mislead an audience, I used an approach recommended by Edel (1984), as cited in Creswell and Poth (2018). The questions that Edel (1984) and Plummer (1983) as cited in Creswell & Poth (2018, p. 271) ask are:

a) How has the biographer distinguished between reliable and unreliable witness?

b) How has the researcher avoided making himself or herself simply the voice of the subject?

c) Is the account valid when subjects are asked to read it, when it is compared to official records, and when it is compared to accounts from other participants?

Since my study seeks to understand the unique experience of resiliency, an ideal witness is the one who experienced it. By doing the thematic analysis after presenting the summaries, I compared the findings across participant narratives. These findings were also discussed considering the current literature. The participants read the biographical

89

summaries that I wrote and actively participated in constructing these biographies. On participants' request, I reached out to the provincial child welfare department seeking steps to obtain the official records. They informed me that the wait time to obtain records was over five years. This avenue was not explored further due to time limitations.

Sixth, insider status and lengthy interaction increased the validity of my findings. I ensured that the "process of the research has been logical, traceable and documented" (Patton, 2002, p. 294). I ensured this through note taking, transcription of interview data, and by discussing the codes with my co-supervisor (Green & Thorogood, 2018). While approaching this study, I recognise that resembling any other form of research, my study is value laden, and I bring my own biases to this study. Hence, I used self-reflexivity to acknowledge my decisions taken during the course of my study. Hence, starting from the conception of this study, I used self-reflexivity to document my feelings and my interpretation of participants' emotions. I reflected on my lived experiences and presented them in my positionality statement. I was transparent with the participants about my insider/outsider status. I continuously reflected on the steps I took throughout the study and modified my approach when necessary, and as is appropriate for qualitative research. There were times when I felt heartbroken while listening to participants' stories. I expand on these feelings in the last chapter.

Overall, my work led to narratives that reflect participants' experiences as they told them. I did my best to write, examine, and explain the narratives sufficient to be adequate and logically plausible (Lindsay & Schwind, 2016), while understanding that there will never be a final story because people are always becoming (Clandinin & Caine, 2013). Table 1—Trustworthiness summarizes the above discussion.

Table 1

Trustworthiness

Standards	Steps taken
Credibility	I pursued, prolonged engagement, persistent observation, negative case analysis (Ava's case), peer debriefing, member checking
Transferability	I provided a detailed and thorough description of the context, and quotes from participants
Dependability	I ensured that the research process is logical, traceable, and clearly documented. I took thorough notes, carefully transcribed the interviews from WebEx, and discussed the summaries and the themes with my supervisor.
Confirmability	I explained, in detail, how credibility, transferability, and dependability were all achieved. I also provided my rationale for theoretical, methodological, and analytical choices throughout the study

Chapter Conclusion

Bildungsroman biographical narrative inquiry was a unique and innovative approach to explore my three research questions.

1) How do we ask individuals who grew up in care if they feel resilient?

2) How do we determine what adversity means to them and the outcomes that they value?

3) What processes did they go through to achieve those outcomes?

This chapter described and justified my choice of Bildungsroman as an appropriate methodological choice. Data collection and analysis methods were described in detail, including the steps taken to ensure rigour and the high standards of quality assurance as defined by various experts in the field of narrative inquiry.

The next chapter presents the individualized chronological narrative summaries of participant narratives that provide the basis for discussion of resiliency in the following chapters.

Chapter Five: Bildungsromane

This chapter presents the six Bildungsroman biographical narratives co-constructed with study participants describing their unique journeys of resilience. I begin with an overview of their collective profiles. All six participants (Adam, Ava, Jane, Jessica, Mary, and Rose) experienced various forms of childhood maltreatment (physical abuse, sexual abuse, emotional abuse) before entering care. Adam also experienced maltreatment within the foster care system. They entered care at various stages of their childhood, and all lived in the care system in Newfoundland and Labrador for a minimum of three years, but at different times over the last 60 years. Their time in care was governed by the current, or older versions of the Newfoundland and Labrador's Children and Youth Protection Act, School's Act, Youth Criminal Justice Act, Youth Services Act, and other related provincial legislations. They all received services either directly by the Newfoundland and Labrador child welfare department or through community agencies affiliated with them.

Five out of six participants were born in Newfoundland. One of them, Ava, was born in Labrador but had her care arrangements in the Avalon region. All but one identified as female. Everyone had some sort of post-secondary education, or enrolled in one, and were employed at the time of the first interview. Four were in relationships and had children. All had stayed in a combination of various care arrangements.

The following narratives were co-constructed using the six tenets of Bildungsroman biographical narrative inquiry. These tenets were: a) The idea of an inner or spiritual journey of personal growth; b) The tension between the ideal and the reality; c) The importance of the context in which the personal journey takes place; d) The role of

enhancing the Bildung of the researcher and the reader; e) The importance of questioning, dialogue, and doubt, in the personal journey; f) The elements of striving, uncertainty, complexity, and transformation (Kim, 2016, p. 129).

Bildungsromane

Mary

Mary was born in the early 1990s in the Avalon peninsula, and she can't remember when she was first removed from her biological family by the child welfare services. At her first temporary removal Mary said that she was "too young" to make memories and did not remember the details of her removal. Mary does not remember the exact year, but the child welfare authorities returned her to her birth family soon after that removal. While living with her birth family, Mary and her siblings continued to suffer abuse for a few years. She describes her adverse childhood experiences (physical abuse and neglect) as "one of the worst" in the province in the early 2000s. The child welfare authorities investigated and permanently removed Mary and her siblings (five in care, two adopted) from their home in early 2000s. Mary was between five and ten years old at that time. She never returned home after that and stayed within the care system for the rest of her childhood.

Mary grew up in three foster homes, one group home, and one individual living arrangement. She described herself as "not the easiest child to work with", a "difficult kid lacking impulse control" and having "anger issues" who was "kicked out" from multiple foster homes. She was "kicked out" twice from one foster home and ended up in a group home where she saw "different workers on different days". Her time in care was

"difficult" and she usually spent days in "bad company" outside in the community. While in her teens, Mary was twice involved with the juvenile justice system because she hit her foster parents. In the first instance, she attended a "corrections program" that led to a "complete discharge". The second time involved spending a night in the corrections facility and "no further charges".

While in care, Mary said that she had access to various services provided by the child welfare department. She had the "social workers, child and youth workers, and a few foster parents" who worked with her; however, she did not consider such support as "meaningful". She lacked the presence of people that she could see as "idols or guides".

While living a life that Mary described as "rebellious", she said she had a vision for her future. In grade 9, she decided that she wanted to become a "nurse". Despite the "lack of guidance", a "significant caring adult", and while "skipping school", Mary said that she did not want a life "generally expected from individuals who grew up in care". She also believed that most individuals growing up in care tend to "repeat history" by getting involved in bad habits such as using "drugs, not finishing high school, and becoming dependent upon the welfare system. Mary's personal experience of physical abuse and the realization that many children in care do not do well later in life made her decide to change her direction in life.

Mary was not sure where the idea of becoming a nurse first came. She said that she had no significant relationships at school, inside or outside the care system. Mary could only remember that the daughter of her third foster family that "kicked her out twice" was a nursing student. She also had an aunt who worked as a personal care attendant, but she had "no dealings with her". While Mary was considering a career in

nursing, her behaviour was still "problematic". Due to these behaviours, none of the living arrangements worked well for her. She said that one of the contributing factors for her behaviour was the "lack of training" of the staff and foster parents to deal with children with behavioural issues.

As soon as Mary was 16, the child welfare authorities told her that they do not have any other living arrangements except the room and boarding situation. So, Mary started living by herself with limited skills and almost "no support" from significant adults. She had several services available by the government, but not "meaningful" relationships with caring adults.

While living in the room and boarding situation, the child welfare services gave Mary a total of $241 every two weeks to pay for her expenses. The government support was not enough to take care of her food, car insurance, and basic living expenses. Mary said that a car was a necessity because "public transportation was not an option" available while she was a student. So, Mary started a job in a local retail store on weekends to earn an extra $50. That money was meaningful for Mary and helped her pay for her "personal hygiene expenses". Mary wanted to work more, but the conditions of the welfare program only allowed her to work a "limited number of hours every week".

Mary met and infrequently lived with her boyfriend who lived outside the city. He was also involved with the child welfare system. She also spent some time with his grandparents. Her boyfriend's grandmother gave her rides every now and again. While her boyfriend's grandmother was helpful, his grandfather was a "chronic alcoholic". Although Mary received this support from her boyfriend's grandmother, her relationship

with her boyfriend was "toxic" due to "verbal and physical abuse". So, she broke up with him.

Mary's idea of having a career, family, and education stemmed from her personal experience of abuse and living within the foster care system. To do so, she felt she needed a "good education". So, after graduating high school, she wanted to study the Bachelor of Nursing program; however, her "grades were not good enough" for an undergrad program. So, she decided to do the licensed practical nurse program. Mary made a good friend at school when she was doing a transfer year, and they both studied nursing together. A social worker informed Mary about the government program that paid for her education and her financial support continued until Mary finished her diploma. The support "wasn't enough" to pay for her groceries, transportation, personal care items, or insurance. So, she continued to work part time at the retail store to make some "extra money".

Mary's experience with social workers throughout her time in care was mostly "neither good, nor bad". Some social workers took their job a "little more personally". One of the social workers that Mary liked was comparatively "strict", more involved, and scheduled regular meetings and "laid down expectations". For others, it was "just a job". The irregular meetings, and switching social workers gave her "limited opportunity to build a personal relationship" with most of them. So, Mary had to figure out most things independently. Mary finished her nursing diploma and immediately landed a full-time permanent job in a long-term nursing facility just outside the city.

At present, Mary lives on the outskirts of St. John's with two children, boyfriend, and three dogs. For her, accomplishment is to have education, a profession, and a family.

She has post-secondary education, and she is "gainfully employed" in a career that she has always wanted to follow. She now takes time to volunteer with a local organisation that works for the wellbeing of children in care. She loves playing with her children and considers herself a "homebody". Mary perceives herself as "independent" and "ambitious" and considers herself the "same as anyone else" in the society. While she can't remember the details of her first removal, she does remember what led to her permanent removal. Mary said that her mother "lived on welfare and abused the system as well as her children". Mary understood that she did not want to repeat this dysfunctional life, or experience outcomes that are generally expected of individuals who grow up in care.

At the time of the interview, Mary has been working for more than eight years and has a stable family life. She believes that her education and experience of working within the healthcare setting have helped her "develop patience"—something that she lacked as a child. Although Mary was "kicked out" by her former foster parents, she now maintains contact with some of these people. She recently went for a vacation with her second foster family. Mary also maintains her relationship with her best friend from the nursing program. They are in constant touch and help each other in day-to-day activities like babysitting.

Mary is now looking to do the Bachelor of Nursing program at some time in the future. Although Memorial University's program provides free tuition for individuals who had lived in care, Mary said that it won't work for her because courses are not offered via part-time or distance mode. To attend full-time, she would have to leave, So, she will have to consider other universities that can offer her the flexibility to study

Bachelor of Nursing part-time while working full-time. At the beginning of the first interview, Mary mentioned that she and her boyfriend wanted to have their second child before she starts her second academic endeavour. They had a baby in the summer of 2022. At the time of my data collection, Mary was on maternity leave and continued sharing her story for this research.

Jane

Jane was born in the early 2000s in a disadvantaged neighborhood on the Avalon Peninsula. Her mother also spent time in child welfare services and was a teenager at the time of Jane's birth. Jane is unaware of the whereabouts of her biological father. She spent her early childhood living with her mother and their cat Atlas in her maternal grandparents' basement apartment. Her grandparents were unaware that Jane's mother suffered from "depression and untreated trauma". Jane experienced "physical, verbal, and emotional abuse" by her mother and spent a significant portion of her first ten years in solitude at home with Atlas. Jane remembers preparing "microwaveable food" when she was eight years old. Atlas was her "only support". As a child, Jane was afraid of a folklore legend of a ghost called "Bloody Mary", who children believed would appear out of the mirror and chase them. Jane remembers that Atlas sensed her fear and used to "accompany her to the bathroom and back".

In the absence of any "secure attachments" except for the one with Atlas, Jane started engaging in risky behaviors, which involved "drinking and hanging out with people much older" than her, even before she became a teenager. She experienced sexual and physical abuse from some of these people and "did not even consider it wrong". Jane

said that she witnessed the violent behavior of her mother's ex-boyfriend and thought physical and sexual abuse was "normal" behaviour.

At school, Jane was learning, "don't be a bully, be a buddy," but witnessing "intimidating and abusive" behaviors at home. As a child, she had "little control" over the ideas she was consciously or unconsciously "being fed". Jane repeated aggressive behavior at home and in school. While social workers were involved, they only treated Jane's behaviors by sending her to "optional counseling" and "ignored the environment" that caused a ten-year-old to behave in a certain manner. Thus, Jane continued living in the environment which was the reason for her behaviors.

When Jane was in her early teens, her mother's new boyfriend came into their life. Jane started "trusting him" and viewed him as a "role model". She did not know how a dad or mom was "supposed to be" and considered him as a "father figure". Things changed when he "broke her trust" by "terrorizing" Jane's family with his actions. While referring to him as a "racist and homophobic monster," Jane mentioned that this "monster" grew up in an "unhealthy home", and his behaviors reflected his experiential learning. Later, Jane changed her perception of him from a monster to a "sick" person.

Using the metaphor of "cuts and blood," Jane said how this man had a thousand cuts from his childhood trauma, and his words, thoughts, and behaviors were the streams of "blood he bled from these cuts". Living with him in the same house influenced Jane because she "inherited" some of those ideas because he "bled over her." According to Jane, because he came into her life "much later", the effect of these learnings was much less than it would have been if she was much younger, like those from her mother's ex-

100

boyfriend. Jane's experience with her mother's boyfriends led to her developing "trust issues" and not trusting many adults even later in life.

Jane's mother, with whom she has had "no secure relationship", could not handle Jane's behaviors, and knowing that Jane was dating a much older teenager, Jane's mother voluntarily gave Jane's custody to the child welfare services. Jane was placed in a group home in a for-profit agency that makes residential arrangements for children in care. She connected and found a "secure attachment" with other teenage girls in the group home, whom she considered "very knowledgeable" because of their ability to voice their opinions. Jane found some support from these girls but said that she had to deal with her own struggles.

Jane was labeled a "bad kid" by the workers because she acted out. She said that her mental, physical, and behavioral struggles were rooted in her abusive past, and the group home staff had "limited training" to acknowledge and address these "root causes". While giving an example, Jane said that she experienced a tragedy when she heard that one of her friends in the group home died by suicide. Jane describes this friend as someone who would tell people if she needed help. Jane said that her friend used to tell the staff that she was suicidal. However, the staff would "hide the sharps" and take her to a psychiatric unit. That didn't help.

As a recipient of multiple services from the child welfare system, the healthcare system, and treatment centers, Jane felt that there was "little" that these organizations and the staff at these agencies did to address the root cause of maltreated children's behaviors. She was referred to the counselors and didn't feel good about it. Opening herself up in front of the counselor was difficult for Jane because it required recalling memories she

did not want to recall. When she told her story, and revisited these feelings, she did not know ways to deal with them. The only thing that changed after the interaction with the counselors was that now "one more person knew about her past".

While in the group homes, the only place where she found genuine support was the school system. She said that she struggled in school but found some support from a few teachers. These teachers accommodated Jane's needs and understood why she behaved in a certain manner. So, rather than punishing her, they "supported" her "learning journey". Jane was late for school most days. Rather than sending her to detention, the teachers redesigned the structure and "knocked down barriers" to her learning.

While getting some support from her teachers, Jane said that she was going back into the group home served by multiple staff members. Jane struggled with "trusting adults" due to her experience with her mother's boyfriends. She used drugs, alcohol, and self-harm to "cope" with these feelings. There were no significant adults Jane could look to as good examples. When she had someone, they were only there for their "eight–twelve-hour shift" and then gone. However, this situation changed after about a year in the group home setting.

Jane was moved from the group home to a family-based living arrangement provided by a not-for-profit organization. Jane felt "supported" by her foster mother and her partner in this new setting. The key difference between her previous and new residential settings was that she felt she was being "heard" in the latter one. This new organization cared for her feelings and "involved her in decision-making" about her life. Jane felt "loved", "supported", and "cared" for by this family. She felt this was a family

that wanted to care for a kid. Jane's caregiver took her to a store, asked Jane to pick her own bedding, and asked her to make a list of what she wanted to eat. This was unlike her previous experience in the group home where she had fewer choices.

After staying in the family-based arrangement for some time, Jane was in her early teens when she was sent to a treatment center in mainland Canada for "behavior modification". She described her experience as "horrific" due to strict restrictions. Jane said that the staff at this facility abused their power using physical restraints. She felt that the staff were focused on "observable behaviors" and not the "root cause" of those behaviors. She made some friends at this facility who struggled with various difficulties. She witnessed the staff abusing their power with other children in the facility. Jane said that she didn't get much help there.

As soon as Jane turned 16, she was sent back to her mother's home. The child welfare department did not consult Jane during this transition because she was in "voluntary custody". Jane's mother had the right to take her back. Therefore, Jane went back to live with her family—the environment that was the "root cause" of her behavioural and trust issues. While living with her family, Jane witnessed "animal abuse" by her mother's boyfriend. Because Jane experienced support from her cat, Atlas while growing up, she said that she became really concerned about Atlas' and other animals' well-being.

Jane's mental health deteriorated when she was in grade ten because of these experiences. She struggled in school, but her teachers and guidance counselor "supported" her. They "knocked down" many "barriers" and gave Jane a "safe space" for learning. However, Jane started experiencing "suicidal thoughts" and remembered being

taken to the psychiatric facility where her deceased friend had once received treatment. She described her hospital experience as "traumatic", and she felt like she was "crazy". When Jane told the healthcare provider that she did not want to return home and did not think she would survive there, they told her that she was "seeking attention". Jane was sent back to her "abusive" home—the home environment that was the "root cause" of her behaviors. The only peace she found was while spending time with her "friends' Jill (dog) and Atlas (cat) in the house.

Jane's mother decided to move outside the city to live near her boyfriend and "left her behind". Jane's mother did not give Jane a reason and just told her to "move on". Jane believes that this was because of her behaviors and recent psychotic episodes. Her mother took all the animals and Jane's little sister along with her. Jane was left alone, struggling to figure out life.

Jane was now out of the abusive home but had to deal with the outside world with limited "life skills". She lived with her grandparents for some time. She missed her friends (Atlas and Jill) and drank alcohol and used drugs as a "coping mechanism". Her grandparents didn't like Jane's behaviour and asked her to leave.

Jane was homeless for some time. She lived in a shelter but moved out because the staff at the shelter home required her to "hand over her alcohol"—which was her "coping mechanism". Thus, Jane "did not last" in the shelter home for long. She was once found in the woods by her mom's boyfriend's cousin who called social services. That person reached out to Youth Services, and after some bureaucratic struggles, Jane was able to find some help. Jane was placed in a "room and boarding" situation and continued coping with alcohol.

One day, Jane visited her grandmother and heard her talking to Jane's mom who said that Jill (dog) was acting out and that Jane's mother had decided to put her in foster care. Jane requested them not to do so. Jane's mother gave Jill to a foster home. Foster home gave Jane 60 days to find a way to take care of Jill or never see him again. Now, Jane's goal was to "save" her best friends Atlas and Jill and bring them back into her life. But she realised that she couldn't do it while drinking and doing drugs. She saw her relationship with her pets as her motivation to strive for a better life. She started working at a coffee shop and slowly "gave up" hard alcohol and drugs and thought about ways she could rescue Atlas and Jill. It became her "source of resilience".

Jane had sixty days to rescue Jill. While dealing with multiple mental health issues, she now had to find an apartment with "no references", no support, and people's assumptions that she was incapable of living independently. Jane "proved them wrong" and got an apartment with "ten days to spare". With some assistance from Youth Services and some other organizations working with vulnerable youth, Jane enrolled in a post-secondary program. That helped her to qualify for extended support from Youth Services until her 21st birthday.

Jane said that her love for Atlas and Jill kept her fighting. She rescued Jill soon after she got the apartment, but it took her about three years to rescue Atlas. She had to fight and stay around and try to get into her mother's boyfriend's "head" to understand him enough to use that information to negotiate Atlas's rescue.

Having a decent, abuse-free life was Jane's dream. "Freedom" was her "ultimate goal". At the time of Jane's first interview, she lived in her apartment with Atlas and Jill, whom she considered family. She was free. She wanted to be able to play with her toys,

not be afraid, and "jump around without worrying about how loud she was". She wanted to "develop the strength" to attend college and make money for herself and her "family". She now has what she always wanted. Being able to do these things gave Jane a sense of accomplishment. In this new phase, Jane's family-based carer from the not-for-profit organization supported and helped her learn life skills to manage a home. These included such things as doing taxes, paying bills, and eating healthy. In her early 20s, Jane said she was on her way to achieving more exciting things in the future. Her future goal is to help other children and animals and save them from abuse.

At the time of our last exchange, Jane was living in the same rental apartment that people thought Jane wouldn't "last long". At times, she is late on paying her rent. However, Jane's landlord is understanding and gives her a grace period when she needs it. Sadly, Jane lost Atlas to an illness last year. This loss left a "void" in Jane's life. It took her a few months to come to terms with this loss. After this loss, Jane decided to end her participation in this study. A few months later reached out to me and resumed her contribution.

Jessica

Jessica was born on the Avalon Peninsula in the late 1980s. She lived with her mother, who also grew up in the child welfare system in her teen years. Her father had already "left" them and was involved with the criminal justice system. Her mother worked and used to leave Jessica home unattended while working her night shifts. Neighbours sometimes heard Jessica crying so badly at night that they thought someone was "skinning" her. Jessica remembers experiencing physical and mental abuse while

living with her mother. Jessica's mother "moved a lot", and Jessica remembers "changing schools frequently". Jessica "couldn't make friends" because of the frequent moves. When Jessica was seven years old, her mother voluntarily surrendered her to the child welfare authorities.

Jessica stayed in care for about six months and attended the same school. However, the children and their families knew that Jessica was "not living with her mother", so the kids were "not allowed" to hang out with Jessica. This rejection made Jessica feel "isolated", and she started "acting out" in school. The social workers decided "it was better if Jessica stayed with her mother". So, they sent her back to her home. Jessica's mother was "embarrassed" when she got Jessica back and moved to a different place again. So, Jessica was in a new school and stayed there for another few months. One day, Jessica told her teacher that her mother physically abused her claiming Jessica was the reason for her mother's problems. Jessica was in her class when social workers came and took her with them. This event started Jessica's long-term association with the child welfare system.

Jessica was again admitted into a different school and changed schools frequently depending on where she lived within the care system. The last part of elementary school was "tough on her", mainly because people in school treated Jessica "differently". She remembers being "either in the guidance counsellor's or the principal's office" while other children were studying in the classrooms. Jessica "stopped trying to make friends" at this stage due to her unstable living and in-school arrangements. Jessica thought that "she was the reason for her mother's behaviour" as some state designated carers told her that her mother was always angry because of Jessica. They told Jessica that her mother

"couldn't live the life she wanted because of Jessica". Jessica felt like "getting punched" every day for her mother's actions. She was young and couldn't do much to change her situation.

Jessica was moved five times between her 9th and 12th birthdays. One of these houses was in a remote area outside the city. This community had "no streetlights" and no "cable" in the house. Jessica ran away from this house, but authorities found her. In one of the foster homes, the man in the house "used the bathroom" when Jessica was taking her bath. The authorities learned about this "inappropriate behaviour" and moved Jessica to a different place. Many families didn't want to take Jessica as "they preferred younger children who were easy to handle". In another foster home, Jessica remembered the foster mother used to "lock the cabinet doors" to restrict Jessica from accessing snacks after a certain hour. While this person hid the snacks from Jessica, she gave a set of keys to her daughter, who could take the snacks anytime she wanted. Jessica couldn't understand this discrimination. She continued to stay in care, and doctors and therapists "heavily medicated" her to manage her behaviours.

By grade seven, "maturity started kicking in", and now Jessica did not want to be in school. She didn't "understand why she needed to be in school". Unlike children living with their parents, Jessica had no one to explain the rationale behind attending school. The workers were "forcing" her to go to school. Jessica said that although the child welfare services fulfilled her "basic needs", she had no one to check on her or offer "parental guidance" in general. She started feeling "no more like a child".

Three months after her 12th birthday, Jessica was living in an emergency placement home. One day, Jessica wanted to "use the phone" kept in a basement room to

call her foster mom to "beg to get her out of the emergency placement home". However, the staff denied her request. Once her multiple pleas were unsuccessful, Jessica went downstairs and "kicked the door", which broke. The staff members tried to restrain her, and Jessica fought back. The staff called the police. Jessica was "terrified" and ran away. The police officers caught her and sent her to a youth detention center.

Jessica remembers getting detained in a very old and scary building. Twelve-years-old, 4' 9'' and weighing 100-pounds, Jessica was required to "strip naked" in front of two women officers in that facility. These officers gave her a uniform and told her she would spend the night there. Jessica was "terrified". The following day, she appeared in front of the judge.

Jessica faced a series of charges. Some significant charges included "breaking entry" for kicking and breaking the door, "assault" for fighting back with the workers and "resisting arrest" for running away from the police officers. The judge told Jessica he would give her another chance and ordered her to go back to the emergency placement home.

Jessica was "grounded", and the staff imposed "strict rules" on her. Jessica didn't imagine that she could get in "so much trouble" just because she wanted to make a phone call. So, she ran away from the house once again. Staff called the police, and they found and arrested Jessica again. The officers took Jessica back to the same "scary building" and followed the same steps. The next day, police officers took Jessica to the judge, who said, "Well, I can't let you go home now." Jessica replied, "I don't want to go there anyways. That place is miserable, and the staff were not nice to me". The judge ordered Jessica to a youth corrections facility.

The first few days in the corrections facility were not good because Jessica did not "understand the rules". However, she soon got used to following the rules and "did not want to leave". Her experience within the corrections facility was "good" because she saw "consistent" staff "mimicking" parents. The staff set the rules, and every child in the corrections was required to follow them. Moving around in care "sucked" for Jessica. She found some stability and discipline within the youth corrections facility. She also found all the other children there had a similar background and were nice to her. They wore the same clothing, ate the same food, attended school together, and got the same punishment if they broke the rules. Jessica wanted adults to "tell her to do certain things" and "care" for her. So, Jessica went back and forth to the care and corrections facility. She "preferred" living in a corrections facility more than living in care.

From her 12th to 16th birthday, Jessica "counted the days" to break free. She knew that she had the option to leave care when she reached 16. At 12, Jessica gave up doctor's appointments and her medications as she felt that these medications were giving her "more trouble". Jessica started abusing alcohol, pot, and pills in her early teens. She started hanging out with the "wrong people". She dreamt of the day when she could leave care and live "independently". Jessica did not listen to anyone and only needed people who could "care for her and give her good advice". She needed people who didn't "define" her by her actions. So, the moment Jessica turned 16, she signed out from care. The child welfare department offered her extended care through a community organization on the condition that she follows specific rules. Also, these services came with a social worker who would "follow" Jessica. She didn't want that anymore and

refused these services. So, Jessica went straight to the adult welfare system and got her apartment when she turned 16.

Four days after moving into her apartment, Jessica went out to celebrate her 16th birthday with people who were much older than her. A day later, a security guard found Jessica unconscious in the city center. Jessica has no memory of what happened. The only thing that she heard was that a security person reported her to the police. The police officers sent her to the youth corrections facility again. Since Jessica had no adults caring for her, she followed what the authorities told her because she liked living in the corrections facility. Jessica also stayed in recovery for some time and was later released.

Once released, Jessica reached out to her mother for help. However, it didn't end well. Jessica and her mother got into a "physical altercation", and Jessica got "hurt" and ended up in the hospital. Since Jessica was on probation, police arrested her again. The judge ordered Jessica to "leave the province".

So, Jessica went to mainland Canada to live with her maternal aunt. Jessica's aunt told her she wanted to care for her earlier, but Jessica's mother told the social workers not to make such an arrangement. Jessica stayed with her aunt for some time, but she developed a daily habit of "using cannabis". One day, Jessica's cousin got hit by a car while attempting to use crosswalk. He suffered minor injuries, and Jessica was "traumatized". This incident dented her reputation in front of her aunt. Soon, Jessica developed an addiction to the drug that a physician prescribed her to deal with her trauma. Jessica's drug abuse led her aunt to "kick her out." She lived with a male friend and his mother for two months. Jessica's aunt sent her back to Newfoundland when Jessica "attempted suicide".

Jessica said that she had no one to guide her. She realized that she needed help and reached out to a counselling therapist. Her therapist suggested that she should attend a recovery center in mainland Canada. Jessica wanted to change and left Newfoundland again to recover from her addictions. She spent eight months in recovery and stayed "sober" for the whole stay. The recovery center staff were happy with Jessica's progress and gave her two weeks to visit Newfoundland and Labrador. Jessica wanted to "rebuild her relationship" with her mother and decided to visit her.

Back in Newfoundland, Jessica wanted to stay clean and sober and went to see her mother who was still using cannabis at home. One day, her mother said, "I hate to smoke a joint alone." Jessica smoked with her mother. It started with one smoke, and once again, Jessica was into cannabis and other drugs. After two weeks, Jessica flew back to her recovery center. She was required to undergo a urine test when she reached the center and was found "positive" for multiple drugs on their list. So, due to her relapse, the recovery center sent her back to Newfoundland.

Jessica met someone at the recovery center and developed a "romantic relationship" with him. She moved to a province on the mainland with him. When she was around 18 years old, Jessica became pregnant. Jessica's pregnancy developed a "sense of responsibility", and she started behaving "well" while pregnant. At 19, Jessica gave birth to a baby girl. Giving birth "changed" her and she felt responsible for her child. When Jessica's boyfriend cheated on her, she ended the relationship, leaving her a "heartbroken" single mother. Jessica felt that most children her age had "support and guidance" while experimenting with life. They had a protective "shell" that consisted of

family to run back to if they felt scared. She had to develop her own shell. Most times, it was a world with "drugs and alcohol".

Jessica lived a turbulent life on the mainland for another six years. She also married a man who joined the military. They moved to another province and soon got divorced. Jessica moved to another province and started school again, tried to "survive", and finally returned to Newfoundland when she was 26.

The only connection she had in Newfoundland was with her mother. So, Jessica and her daughter moved in with her mother. After three months, Jessica's mother told her to leave, and Jessica moved into a shelter home where she survived on "food banks" run by the local churches. In one instance, Jessica went to the food bank and found it closed. However, the people at church still provided Jessica with supplies to feed herself and her daughter.

Jessica started working and powerlifting but suffered a back injury. A car accident exacerbated her injury, and the physician prescribed her opioids. Jessica again "developed a habit", and when her prescriptions finished, she started seeking them from the "black market". When Jessica realized it wasn't good for her, she sought professional help. During that time, Jessica's daughter stayed with one of her family friends in a kinship care arrangement. Jessica got clean and has remained sober since then.

One weekend, Jessica went to a small community with her mother. During that weekend, she met a local man with whom she developed a romantic relationship. She described this man as "caring" and felt she began "living" after meeting him. After a year, Jessica moved to this small community with her daughter and found the people caring. After three years, she had a son with her boyfriend and subsequently tried but failed to

"reconcile with her mother. Jessica started growing vegetables, rearing farm animals, and making artifacts as a hobby. Jessica realized that following a "strict routine" helped her stay in "balance". While Jessica has come a long way and has been clean for more than eight years, she still has her "demons" to fight. She believed she was her "own worst enemy" because of relapses in her behaviours.

Christmas time is always "hard and triggering" for Jessica. A few years ago, during Christmas, Jessica's daughter, struggling with gender identity, attempted suicide. This incident caused "heavy emotions" for Jessica. At the same time, Jessica also learned that her daughter's father was a child sex offender. She was concerned that her daughter may have been a victim of that when he had access to her while they were living on the mainland. Jessica struggled with these feelings, she and her fiancé went out drinking over Christmas.

The plan of drinking "did not end well", and they had a "major fight" after getting home. The police officers took Jessica to a psychiatric facility. The officers charged Jessica with uttering death threats. She remembered a female officer thought Jessica needed psychiatric help rather than jail time. Jessica believed this officer's action "worked in her favour because she got the required help". Jessica had been diagnosed with "borderline personality disorder" but was more recently diagnosed with "bipolar disorder". During this difficult phase, her fiancé "supported and cared" for her. He understood that Jessica's past was the cause of Jessica's behaviour.

Accomplishment for Jessica meant achieving "stability" in life. Not "moving from place to place" and staying in one house for eight years was an accomplishment. Being able to maintain a "long-term relationship" was an accomplishment for Jessica.

Acknowledging that someone can "love her for this long despite knowing her past" was an accomplishment. At the time of our interviews, she had people in the community who were there whenever she needed them.

Jessica said she couldn't have come this far without the genuine support from her fiancé and the community that she currently lives in. She got in trouble multiple times and found her way out. Jessica continues to do so and is currently accessing counselling support. She works as a self-employed farmer and believes that following a "regimented schedule" helps her have a balanced life. Jessica finished adult basic education and at the time of the first interview, had returned to school to study a trade. Jessica said that she was unaware of her ability to learn. She received a 100% grade in English. She did well in other subjects as well. Jessica needed to get the right opportunity to do this but was placed in around 20 different care arrangements from age 7 to 16 and was not able, until recently, to realize her academic potential.

Towards the end of the data collection, Jessica graduated with honours from the post-secondary program and landed a full-time job. She wants to stay happy, continue experiencing a feeling of being loved, and maintain the family she now has.

Adam

Adam was born in the early 1960s in western Newfoundland and Labrador to a young mother and a father that he considered "a bad sociopath." He has Mi'kmaw and French heritage. The environment he grew up in was "highly dysfunctional". His mother had six children before she was twenty years old. Adam was four when he witnessed his father "stab his mother". Adam's mother survived. She was "terrified" and "ran for her

life," leaving children behind. This incident involved Adam's father in the criminal justice system. Everyone thought that Adam's mother was "dead". The child welfare authorities took Adam and his siblings into protective care. Adam and his siblings were sent to foster care or orphanages.

Adam grew up in multiple foster homes in urban and rural Newfoundland. He believes he did not receive the "care" he needed while growing up. Adam was a "rough kid full of high energy." Therefore, he wasn't everybody's "cup of tea." Adam faced numerous difficulties while growing up. In the first foster situation, he lived "under the staircase" and experienced physical abuse by his foster parents. He experienced "a lot" of physical abuse in the second foster home. Adam lived in another foster home for a couple of months, where he did not experience any abuse. However, this family returned Adam to the authorities because they "did not like him". This family treated Adam differently from their children. One Christmas, this family bought a lot of presents for their children but only gave Adam a "dinky" (a tiny metal car). He was only seven years old but could feel the differential treatment that he received.

Adam had some good memories from one of the foster homes where the foster father used to take him fishing. However, this person did not "stop his wife from physically abusing" Adam. Adam stayed in many foster homes and other living arrangements for short periods in between these foster homes. One such place was Mount Cashel orphanage in St. John's. These short placements were while Adam moved between foster homes. His name is not in the Mount Cashel records because he never "stayed there for long".

Adam constantly felt that he was "neither important nor loved". He remembers getting "less" than the foster parent's children, eating their "leftover" food, and suffering "physical and sexual abuse". When Adam told his experiences to the social worker, she "didn't believe him". He occasionally "ran away" from these foster homes to see his birth father and visit his grandmother. Adam's father wasn't "overly interested" in interacting with him, but he was intermittently part of his life. Their interactions were limited to greetings. Adam had no idea about his birth mother's whereabouts. He wasn't even sure if she was dead or alive.

Adam identified a schoolteacher and a catholic nun in grade three who were "optimistic" about him. Adam "fed on" the little positive energy that he received from them. He finished "first in the class, excelled in athletics, and won prizes". These achievements motivated Adam and kept him from feeling "lesser" than those around him. Doing well in his studies made Adam feel better than many other children in his class. However, these achievements "drove people away" from him. Adam felt that he was always someone "others wanted to take a piece off to bring him down." Some teachers criticized Adam and told him that he would never do well. Adam always wanted to "prove them wrong". So, these challenges kept reinforcing him to do well in his life. No one ever helped him with his education or his homework. Adam was a "self-directed learner" who wanted to excel in academics and sports.

Adam spent around eleven years in foster care before his mother came back in his life. When he was about 15, his birth mother returned looking for him and his siblings. She took Adam with her, and he started living in a community where many of his peers were attending university in urban Newfoundland. His mother took him away from the

dysfunctional environment in western Newfoundland. Adam now "looked up" to some of his relatives who had jobs and housing but mostly worked as physical labourers. He didn't have any relatives to look up to in terms of education, but seeing his peers attend university "positively influenced" him. Nevertheless, this rescue brought along some trauma.

Adam's stepfather only agreed to bring back two of the six children; therefore, the other four continued to stay in care. Though Adam found some stability in his life, he "blamed himself for breaking up his family". Moving in with her mother led to limited contact between him and his siblings, who were still in care. Adam intermittently stayed in touch with them and was aware of their whereabouts. But he felt "personally responsible" for getting them all together. Later, he spent much of his adult life "trying to accomplish that". It did not happen.

While living with his mother, Adam had his room, three meals daily, and nice clothes. He felt slightly different because he came from a "dysfunctional, backward environment". So, fitting in was rough because the other kids "made fun" of his dialect, and he was always subject to "bullying". Adam "immersed himself in studies and sports" to cope and excelled in both. These performances gained him the "acceptance" of his peers.

There were also a couple of positive teachers who didn't "criticize" Adam. They "promoted" him. As Adam was a bit of a "difficult kid", it was easy for people that didn't care to criticize him. These supporting individuals appreciated him for his achievements and stayed with Adam for his whole life. Adam still thinks about those people "fondly", and some of them "still help him today".

Adam's mother's return to his life brought many positives, but it had its drawbacks. After high school, Adam got accepted into an undergrad degree in physical sciences. But, despite spending almost eleven years of his childhood in care, Adam did not receive any financial support from the government. Being in his mother's care for two years disqualified Adam from the support available to individuals who grew up in care. His stepfather "refused" to pay for Adam's education. However, the bank used his stepfather's income to approve Adam's education loan. He took an education loan for his undergraduate degree. While his other siblings were struggling due to their experiences in care, Adam became the first person in his family to attend university.

Adam was a "self-directed" learner and continued to do well in studies and sports. He was once a national athlete. Adam worked part-time jobs to support himself during his university years. After finishing his undergraduate degree, Adam was accepted into a Canadian medical school and later completed his residency in mainland Canada. Adam's medical school experience "wasn't the best" because people tried to "bring him down". Although he was academically brilliant, he did not "fit in" and felt that the way other students thought was different from his way of thinking. A faculty member also "bullied him" because of his Mi'kmaw and French heritage. His "rough attitude" and hunger to learn didn't go well with people within the medical school. However, Adam met someone supportive during his residency. This mentor "supported and appreciated" Adam for his achievements. Adam considers his person like a "father figure".

Studying medicine wasn't easy for Adam for logistics reasons. He did not have any financial support and already had an education loan. So, he decided to join a federal organization that paid for his medical degree. He was required to work on and off with

this agency during his education and was later required to serve a certain number of years with them. His experience with this organization was initially good. However, Adam suffered a "severe personal and professional insult" as a vicarious outcome of identifying a "fundamental issue within the organization". This experience just "reinforced the shame" that Adam carried from his childhood.

While Adam was employed with this organization, he married and had four children. Over time, this relationship did not work well because his wife had some "mental health issues". Adam termed this relationship as "toxic." He also has one child from another relationship. At one stage in his life, his children were with his ex-wife, and she wasn't "letting him see them". This time was "difficult" for Adam.

On the other hand, Adam also felt "personally responsible for helping his siblings". His other siblings had mental health and addiction issues. They lived in "poverty". Unable to improve their conditions, Adam felt "isolated" despite achieving good things after experiencing a traumatic childhood. Despite these experiences, Adam never "lost himself to addictions or crime" by constantly trying to better himself and working on "exercise, nutrition, and doing good things for people". Adam did it through an "admirable path" where one "accumulates merit". He feels he gives "more to others and gets less in return", but he is okay with that. He believes in "balance" and is okay with giving. Adam joined a men's group that consisted of people who worked their way out of post-traumatic stress disorder. This group supported Adam during these difficult times.

Adam's children reconciled with him once they realized that their mother had kept them away from Adam. They now look upon Adam for "guidance and wisdom"; he is

their "next of kin". Two of his children have health conditions but are doing well. The remaining three have what Adam calls "great careers" and are doing well with their lives. So, Adam now feels some sense of accomplishment with respect to his children.

While growing up, accomplishment was being someone that other people "respected". Hence, Adam heavily relied upon the "approval of others". He bragged about some of his accomplishments, which was a "turnoff for people". Adam was always very competitive in sports and academics, which "pushed people away" because they didn't want to be around someone in a "competitive" mode most of the time. Adam won several awards in athletics and played multiple sports. He tried to excel in the things that he did. Adam remembers spending time in the woods catching rabbits and fishing while growing up in western Newfoundland. He believes in the wisdom of Christianity, along with indigenous knowledge. He says that he can't be a part of one thing and must take the "wisdom of both". Adam has also read about Buddhism and believes in the concept of "Karma". Adam gets a sense of accomplishment when he does something for other people.

However, deep down, Adam felt like he was an "imposter". He feared he was probably a little "sociopathic" because his biological father was a "sociopath". His biological father spent time in prison and did many bad things. Since Adam thought a part of him was sociopathic, "transcending that was important" to what he had to do. Hence, Adam's accomplishment is transcending his life experiences—finding the strength, having the vision, seeking resources, and making the decisions to get him to a point where he feels proud of himself. Adam overcame obstacles and freed himself from the "shackles of childhood trauma". He is a positive contributing person to society, a mentor,

and helps people in need. For Adam, being able to do these things gives him a sense of accomplishment.

Now, Adam lives in Newfoundland and is engaged in a helping profession. Although he came a long way out of the care system to become successful, he always felt that the "sky would cave in". Adam's mother is the reason why Adam moved back to Newfoundland. In addition to his children, he now has a girlfriend and a few friends. He feels that part of his resilience is "avoiding talking about other people with whom he grew up in care". In general, Adam believes it is "ok to be poor as a child than live with a feeling of feeling unloved".

Ava

Ava was born in Labrador in the 1970s and spent most of her childhood with her birth family. She had one older brother who was four years older than her. Ava experienced maltreatment (physical, sexual, and emotional) from her birth family while growing up. It happened "over the years" at "different stages" of her life and went "undetected for a very long time". Initially, she "didn't realize what was happening". She believes that "children do not understand things until they reach a certain age and cannot conceptualize right and wrong". So, when Ava became a teenager, she realized that "things weren't as they were supposed to be". She spoke to her friends and discovered "what life is supposed to be like and what it is not supposed to be". Ava came to the obvious realization that "her life was probably not the norm".

Ava grew up in a very "patriarchal society". It was complicated for her to speak up about her experiences as a child because, "on the outside, everything looked perfect".

Ava's experiences remained "hidden underneath" this ideal world. Ava had a family doctor who "didn't believe anything was wrong" when Ava told him her story. Only after Ava attempted suicide did the physician and social services took her seriously and placed her in care.

Ava was finally removed from her biological family and placed in care when she was in her mid-teens. She was entering junior high when she first went into care. According to Ava, her brother experienced maltreatment as well. However, he was an adult when child welfare services intervened and did not qualify for protection services.

Moving into the care system brought a "lot of positives" for Ava. She felt it was nice to have support systems and people believing she could achieve things in her life. So just having someone stand up for her and believe in her abilities was motivating. Ava said that she never needed much help in school. She was always "good academically". Ava was happy to have a "great advocate" in the form of her foster mother (whom Ava now calls her mother). She admitted Ava into a "good school" where the teachers were very supportive. Ava became close to her mother, and they used to go to the movies together. Ava used to seek her mother's advice when getting into a relationship. Her mother encouraged Ava to travel early, so Ava volunteered abroad and studied internationally.

Ava also went to a treatment center in mainland Canada. She feels it was a bit late as she probably "figured out things by herself by that time". Ava had a counsellor as well and was getting support from the government. She had various social workers, and everybody "followed up" with her. Ava always felt supported. She understands that some children don't feel supported while in care, but she can't say that for herself.

Ava stated that being in care did not present too many difficulties for her. Her biggest difficulty was her biological family and trying to "navigate around it". Child welfare authorities required Ava to "maintain contact" with her birth family. She continued to have contact with them until she became an adult. Later, a major fight between Ava and her birth parents ceased their interactions, and they stopped talking for five or six years. Ava didn't experience any stigma because "she never spoke about her life with people". She only started recently talking about being in care, probably in the last five or six years. It was easy to hide for the longest time because she wasn't talking to her birth family.

Ava also had some mental health issues and was diagnosed with obsessive-compulsive disorder that "disappeared" with time. Ava's healthcare providers now wonder if her obsessive compulsive disorder was a learned behaviour rather than grounded in biological factors. Ava also had "post-traumatic stress disorder". So, she had to navigate that after moving into care and finding the right people to help. Ava also met and spent some time with the "wrong" peers who were involved in activities such as underage drinking. The path that Ava was going through was probably not a good one. She overcame that phase, and she got "herself rooted".

Healthcare workers had Ava "heavily medicated" for a very long time. She felt like a "zombie". One day when Ava fell asleep in her chemistry class, she decided to "give up all her medications". That was a "significant change" at that time and "opened her eyes". Ava had a "support system" so was able to adapt to this change. Ava feels that she wouldn't have been able to make that change without the support available to her.

Ava spent weekends at a group home for respite once or twice. She had the option to live independently and applied to a youth servicing agency to get some independence after her 16th birthday. However, Ava's emotional and materialistic needs were getting fulfilled at the house. So, she understood that "home was where she needed to be" at that stage and chose to stay with her mother.

Ava was required to continue post-secondary education to stay in care. If not, she would have had to go elsewhere. Ava decided to attend university after graduating high school. Her paternal grandfather along with her foster mother were her "biggest advocates". Her grandfather used to tell Ava that she was the "smart one" in the family and should attend university. She believes that this academic press may not work out for everyone. For some care leavers who do not have adequate human support, education "may not be the first thing they seek" immediately after exiting care.

Ava obtained an undergraduate degree in arts that the Youth Services funded. During her academic years, Ava wanted to become an "independent woman". She didn't want anybody restricting her from doing what she "could and couldn't do". She quickly realized that was easily attainable. While in her undergrad, Ava was interested in travelling and teaching English as a second language. However, Ava finished her degree in arts and then decided to do a degree in science. She also had no plans to have children. This plan changed after she met her husband.

Ava got into a relationship in the first few years of university. The idea of having children "grew on" Ava over the years. Later, they got married and had three children. An experience that Ava "wouldn't change for the world". Ava wouldn't have thought having children was an accomplishment when she was young because she didn't want children.

In the professional context, Ava built a career in a federal government agency and lived in different parts of Canada. She feels that the meaning of accomplishment "evolves" at various stages of life. For Ava, accomplishment has now taken a transcendental form. "Being happy equates to being accomplished". But she says that this may change in the next ten years.

Ava now lives in the Avalon peninsula and considers herself a big animal lover. She has three dogs and two cats. Ava and her family also have a few chickens in their barn. She maintains regular contact with her foster mother. Ava's children call her their nan, and she also has her husband's mother, with whom her children stay in touch regularly. Ava's children started "fantasizing about her birth parents as their elaborate grandparents". Ava also has a maternal grandmother and didn't want to bring her grandparents into anything. She feels that it was not their fault. So, Ava re-engaged with her biological parents. Ava and her birth parents are now on "limited talking terms".

Ava suffers from headaches due to "intracranial pressure" in the brain. She was also diagnosed with "attention deficit hyperactive disorder" as an adult. Therefore, physicians have prescribed medication for her condition. However, Ava only takes the necessary medications and avoids being over-medicated. But she feels that attention deficit hyperactivity disorder medication works well for her and improves her focus on day-to-day activities. She mentioned that being diagnosed with attention deficit hyperactivity disorder was an "eye-opener" for her. Her husband and children also have attention deficit hyperactivity disorder. Personal experience with this condition has helped Ava and her husband "advocate for their children in school".

Ava has two degrees but does not consider it an accomplishment anymore. She is financially stable and has a job. Ava feels there are a lot of people that feel accomplished despite not being in the same position as her. But they're just as happy as Ava and sometimes even happier than she is in her life. Ava thinks that being accomplished means being "content". She tells her children that it doesn't matter how much money people make or what they do. It's all about how happy they are in life. Getting up every morning and feeling happy—that's an accomplishment.

Ava has a "pretty good circle of supportive people" around her. Ava met some good friends and support systems during her university years. Ava still has "trust issues" because the closest people in her childhood abused her. So, she had to learn to trust people again. Ava is still working on it. She still has her extended family in Labrador, and her husband wants to go back there for a visit. However, Ava no longer wants to visit Labrador and feels "content" in her current physical and mental space.

Rose

Rose was born in the late 1990s and lived with her birth mother, father, and four siblings in the Avalon peninsula. When she was eleven, the social workers entered their house and emancipated Rose and her little brother. Her birth mother had addiction issues and abused prescription drugs, and her father sexually abused her. Social workers placed them temporarily in the emergency placement homes with a local agency that directly worked with Newfoundland and Labrador's child welfare system.

After some time, the authorities placed Rose and her younger brother in kinship care with their birth father's girlfriend's aunt. They stayed there for about a year. Due to

the sexual abuse allegations, their father was not allowed to be around them. However, the foster mom allowed him in the house.

Due to her birth father's frequent visits to that house, Rose usually stayed in her room or at school if she could. Some teachers used to help find after-school volunteer work for Rose. She complained about her father's visits to a couple of social workers, but they did not act. Rose threatened the foster family and the social workers to kill herself to get their attention. Finally, Rose got support from a new social worker who placed her in a group home with a second local agency and sent her brother to a treatment center in mainland Canada. Rose referred to this particular social worker as "super nice" because she listened to her. Rose interacted with "at least six social workers" during her time in care. She feels a social worker attending to the child makes a huge difference. She feels two out of these six were nice and listened to her.

Rose stayed in the group home for around two years. She started working the moment she was eligible. Rose began engaging with a church close to the group home. She enjoyed cooking and actively volunteered with the church camp for two years. Rose said that after observing her commitment and cooking skills, the people at the church opened a paid position. She was the first person that the church people hired to do this job. This opportunity made Rose "proud" of herself and her abilities. She enjoyed her time with the church and pursued her passion for cooking.

Rose felt lonely during the first couple of years in care. The children in the group home were not allowed to go anywhere and mostly stayed home. Rose and another person used to "run away" from the group home. Rose said her personality had two sides during

her time in the second agency. One that "volunteered and attended church every Sunday". Another was "drinking and smoking and getting escorted by law enforcement agencies".

According to Rose, limited support was available to her during her time in a group home. Rose was unsure if she knew the meaning of accomplishment at this stage in life. She never had anyone "cheering" or telling her "they were proud of her". However, this changed soon after she moved into a foster home with a third local, not-for-profit agency.

Rose stayed with this foster family for the rest of her childhood and early adulthood. In the early phase, she was not the "best version of herself". She engaged in bad habits such as "drinking, smoking, and doing drugs". Rose said she changed slowly, but it was not an instant fix.

Her new foster parents had a child who was learning to walk. As the oldest child in the house, Rose felt a "responsibility to be a good influence" on her foster siblings. She did not want the growing baby, her foster parents, or their older child to know she smoked. Rose wanted to be around the baby and was afraid her foster parents would not have her anymore if "she kept going like she was". For this reason, she "did not want to do or bring drugs or alcohol into the house". She tried to become a better version of herself for them and their baby.

Rose had an excellent experience with the third agency. She was always encouraged by the staff who "celebrated" all her small achievements. These celebrations made Rose "celebrate herself a little". Rose travelled to Europe as an exchange student. She also spent a summer working in a summer camp in mainland Canada. During her time with the new foster family, Rose had access to a psychiatrist and a dialectical

behavioural therapist. She also had a high school tutor paid for by the government. Eventually, Ava says, she "smartened up" and graduated high school.

Rose finished high school in the mid-2010s and won graduation awards. Initially, she wanted to work with kids, and was interested in having a career in elementary school teaching or child and youth care work. At the same time, she also "really liked to cook". So, while making a final decision, she chose the option where she could make the "most money". That is when specialized cooking came in. She once attended a career fair and met someone who told her about offshore cooking jobs and its financial rewards. Rose decided to become a specialized cook!

Rose completed a post-secondary diploma in specialized cooking and a second culinary program in another province. Newfoundland and Labrador's Youth Services financially supported Rose during her education and covered her living expenses. The government also paid her tuition, dorm charges, bus fare, travel expenses, and living allowance every two weeks when she moved to the mainland to pursue her second diploma. Rose's birth mother "died from an accidental drug overdose" while Rose was in culinary school.

Rose became one of the two people from her specialised cooking diploma program to get a permanent full-time position with an organization in Newfoundland. According to Rose, this accomplishment was special because getting a permanent full-time job in her industry was difficult.

The not-for-profit agency that Rose stayed in started a center in Europe and invited Rose as a speaker at the inauguration event. This invitation was special because Rose got the opportunity to stand in front of an international audience and speak about

her care experience. Rose never thought that she could do well in her life. There were people in high school and group homes who probably "would not have thought" that Rose could achieve all she did. She thinks accomplishment means "doing things one never thought one could".

Despite these successes, one significant difficulty she currently faces is that it is hard to meet people, especially during the pandemic. Also, Rose lost contact with many friends due to her job routine. Therefore, feeling alone "takes a toll sometimes". However, there are people who support her.

Her foster family has been her support for several years. A couple of years ago, her foster parents surprised her with the adoption papers, which brought "joy" to Rose. She constantly interacts with her younger brother, who attends a special school. She meets him a couple of times a month. She receives support from her psychiatrist, counselling therapist, family doctor, teachers, and everyone at the third agency.

Rose feels accomplished every time she completes a "hitch", a four-week offshore schedule. In the future, Rose wants to buy a house, find a life partner, have children, get promoted at work, travel, and be happy. She is also considering returning to school to pursue a business diploma.

Chapter Conclusion

This chapter introduced the study participants and their unique journeys of resiliency. These summaries were co-constructed using the six tenets of Bildungsroman biographical narrative inquiry. These tenets were: a) The idea of an inner or spiritual journey of personal growth; b) The tension between the ideal and the reality; c) The

importance of the context in which the personal journey takes place; d) The role of

enhancing the Bildung of the researcher and the reader; e) The importance of questioning,

dialogue, and doubt, in the personal journey; f) The elements of striving, uncertainty,

complexity, and transformation (Kim, 2016, p. 129). The summaries offer insight into the

holistic journeys of the six adults with care experience and is the jumping off point for a

critical discussion of these stories within the context of the contemporary concept of

resiliency and the three core components: adversity, better-than-expected outcomes, and

process.

Chapter Six: Adversity

The first steps to promoting resilience in a youth population must begin with a conceptual understanding of resiliency grounded in the stories of those with lived experiences (Ungar, 2011). What is resilience, and what does it look like? Van Breda defines resilience as "the multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity" (2018, p. 14). Unlike conceptual definitions primarily grounded in post-positivist epistemology (Gharabaghi & Anderson-Nathe, 2017; Sanbonmatsu et al., 2021), my analysis drew on Van Breda's definition to explore participants' subjective understanding of resilience that accounted for their subjective sense of accomplishment. This chapter analyzes stories of participants' resilience from a critical strengths perspective with the goal of challenging contemporary research that informs policies and programs that promote resilience (Ungar, 2011, Van Breda, 2018).

This chapter is devoted to findings relating to adversity, the existence of which is a prerequisite for resiliency. The following two chapters discuss positive/better-than-expected outcomes and multilevel processes respectively.

Academics rightly argue there is no clear understanding of adversity (Fletcher & Sarkar, 2013) but is generally understood as a subjective interpretation of difficult, unpleasant, or traumatic situation occurring in a person's life and a function of their interaction with others. The majority of child welfare literature about adversity focuses on childhood maltreatment (Kwak et al., 2018; Robertson & Walker, 2018; Ryan et al., 2018; Trocmé et al., 2019; Ungar, 2013), associated trauma (Hamby et al., 2021; Morton, 2018; Romano et al., 2015), and other biopsychosocial factors (Mehta et al., 2021;

Shonkoff et al., 2009). A critical strengths approach strives to understand adversity grounded in the voices of individuals who lived it as the first step to studying their resiliency. Such an understanding of adversities can help develop baseline information to guide the development of resilience-promoting initiatives that address social as well as structural factors. This study utilizes a novel epistemological approach in resilience research that uses participants' narratives as the central site of knowledge production.

A chronological assessment of the collected data revealed five themes: a) Pre-care adversity; b) Adversity associated with being in care; c) Struggle with negative self-perception and stigma; d) State-designated and healthcare workers caring for the client, not the child; e) Post-care adversity.

Pre-Care-Adversity

Children are apprehended by child protection workers and placed in care if they have experienced or are at risk of experiencing maltreatment by their birth families (Trocmé et al., 2014; 2023). There is extensive literature about the forms of maltreatment and its long- and short-term implications. While participants experienced a range of physical, sexual, and emotional abuse, and witnessed domestic violence before entering care, their narratives revealed their perception of adversities they faced.

A significant finding was that most of them depict an intergenerational load of adversities that was transmitted intergenerationally affecting them and their immediate family members. For example, Jessica was placed in the same facility where her parents had been placed as children. "My mom lived in the same group homes… my dad, at a young age, left and went into the prison system."

Jane: These cuts, 1000s of cuts that were put on him as a child, are bleeding over

everyone. [Jane talks about her mother's partner, whom she saw as a father figure]

Rose: My mother had addiction issues and abused prescription drugs… she died

of an overdose.

While child welfare research acknowledges such social events or adversities as an

intergenerational phenomenon (Langevin et al., 2023; Letourneau et al., 2019;

Schickedanz et al., 2021; Straatmann et al., 2021; Zhang et al., 2022), the contemporary

resilience literature provides little evidence that such an understanding is qualitatively

explored to design and implement resilience promotion initiatives (Gharabaghi &

Anderson-Nathe, 2017). Rather, contemporary resilience research focuses on the

normative positive outcomes and/or processes leading to such outcomes. An exception is

the work carried out by Michael Ungar (Ungar, 2001b, 2004, 2005a).

Usually, an identification of adversity and its categorization is assumed to be

enough for resilience research that is used to develop generalizable initiatives. My

interpretation of my study participants' social events and intergenerational load as

adversity is grounded in the understanding that such experiences are not optimal for

healthy child development (Letourneau et al., 2019; Siddiqi et al., 2007). What makes

these events adversity for the individuals is their interpretation of such events. For

example, when Jane said, "he bled all over me with the cuts that were put in him by his

parents", she shows that the individuals are not just mere victims of maltreatment, but

they also make unique meanings out of these experiences. Jane further took a critical

stance towards the actions of her abusers and formulated an answer to the *why did he do*

what he did question. She said, "The reason why he abused me is not because he didn't

love me. But his whole idea of love is corrupted". His corrupted idea of love was an outcome of his interaction with the social institutions and people during his developmental stages. A narrow view of resilience that uses normative markers to measure resilience may completely miss the meaning-making ability of people like Jane.

In another example, Mary discussed their birth parents' history of growing up in care and their dependence upon the adult social welfare system and how that family history affected her attitude about becoming a mother herself. She promised herself that she would break the intergenerational cycle of adversities, saying, "I wouldn't, I wouldn't become my mother, I should say, but, like, I didn't want to be similar to her, like be on the system [child and adult welfare system]."

Other participants felt the same way about children, the social welfare system, and people who depend upon it. Adam interpreted his pre-care-experience as a possible reason for his behaviour. "My mother was a young mother too. She had six children before the age of 20...so, my father got out of prison, and he stabbed my mother in front of me." He further said, "he [biological father] didn't raise me, but, you know, he's been in my life the whole way. So, I think a part of me was sociopathic and transcending that was an important part of what I had to do".

Jessica learned that she lived in the same group homes where her mother once lived. Jessica's mother rejected her multiple times, saying that Jessica was the reason for her problems. Her mother was referring to becoming pregnant and giving birth to Jessica in her teen years, which brought limits to her freedom. Jessica discussed her feelings by saying, "I felt I was being punished for the actions of my mother… because of the way she was".

These findings reveal the narrative that parents' violence against children is embedded in their own experiences of trauma. While the resilience research community acknowledges the intergenerational transmission of adversities, exploring participants' stories can elaborate on the meaning of pre-care adversities for individuals and help researchers and practitioners develop a deeper understanding of children in care. For an interested listener, such explorations can be a practice grounded within a critical strength perspective (Centre for Child Well-Being, 2011; Gharabaghi & Anderson-Nathe, 2017).

An uncritical strengths perspective blames individual for their behaviours and recovery and ignores the structural factors that influence behaviour (Gray, 2011). The intergenerational load of adversities which is transmitted through generations despite social interventions raises questions about the effectiveness of public programs. Social agency (ability of an individual to act independently) is influenced by the social structures. A cycle of entering care with intergenerational genetic and social load of adversities, experiencing various forms of adversities while in care and even post care, lead to outcomes that lead to a repeat of this cycle. The question arises why have the social institutions only viewed intergenerational transmission as a cause of adversity and failed to acknowledge intergenerational transmission as an adversity itself? What's the utility of having a system that keeps failing? Both, parents, and the child welfare system are failing. Why should then the failure of the social welfare system be acceptable when the failure of the family system leads to punitive actions by the state (Blackstock, 2015)? Considering these arguments, a critical strength perspective would warrant examining structural issues that keep this cycle going despite public investments in social welfare programs. As a first step, while parental history of adversities may risk the next

generation to abuse their children, merely looking at this phenomenon as—

'intergenerational transmission' causes child abuse—fails to see intergenerational

transmission/load phenomenon as adversity itself.

Ava, who experienced physical, sexual, and emotional abuse within her biological

family, was the only participant whose family did not have a history with the social

welfare system. She described the community where she grew up as "very, very normal

from the outside, and its [her mistreatment] hidden very well in that world." Ava said, "I

had a family doctor who didn't believe anything was wrong. I guess it had to go to

extreme before anybody actually believed that there was something wrong". In Ava's

case, the extreme was a suicide attempt by Ava.

Ava grew up in a middle-class family where parents demonstrated no signs of

normative markers of adversities such as social welfare dependence or drug abuse. The

deficit focused approach, which is a "mode of thinking that frames and represents identity

in a narrative of negativity, deficiency, and failure" (Fogarty et al., 2018, p. 2), in the

child welfare and protection, blinded the teachers, healthcare workers, and case workers

from taking Ava's claims seriously because she came from a 'low risk' family.

Child welfare researchers have argued that lower-income and underprivileged

families are overrepresented in child welfare investigations (Elliott, 2020). Such

overrepresentation might result from over-vigilance over certain types of families

(Edwards, 2016; Jonson-Reid et al., 2009). It is also argued that experience with

childhood adversities may become a 'risk factor,' and people with such backgrounds may

experience extreme vigilance from social work practitioners (Edwards, 2016). Such

biases may create a haze for child protection practitioners who may miss child

maltreatment incidences within families and communities belonging to demographics not usually visible within the child welfare system. We can find an example of such haze in Turner Review, where a qualified doctor with pending murder charges obtained custody of her child whom she later murdered (Markesteyn & Day, 2006). Thus, it is possible that Ava's doctor did not believe her because he was biased about a particular type of family where child maltreatment may or may not occur. It is also possible that Ava's biological family members also experienced childhood maltreatment that was never disclosed or investigated. But we do not know for sure if this was the case. Ava did mention that her brother was also abused but was too old by the time authorities investigated their family. Ava's case exemplifies how the social institutions and structures are perpetuating the status quo.

Adversity Associated with Being in Care

In the absence of their families of origin, children in care must rely upon support from their state-designated caregivers, such as child and youth care workers, foster parents, and social workers. Children also receive services from the education and healthcare systems. Participants experienced adversity while they were in care and identified issues such as staff turnover, multiple placements, abuse at the hands of their state-appointed carers, lack of healthy adults such as parents or caring family members, and difficulties maintaining relationships with their birth families. These findings are consistent with recent literature (Hiller et al., 2021; Mayer, 2019; Robinson, 2020; Sukumaran, 2021; Tremblay et al., 2015; Trocmé et al., 2023; Zeijlmans et al., 2019).

All study participants reported staying in Newfoundland and Labrador's child welfare system for a significant period (between three to sixteen years) During those years they navigated the system, they had to deal with their pre-care adversity and endure stigma, neglect, differential treatment in their placements, and feeling unloved, isolated and unguided.

Jessica recalled being treated differently at school because she was in the care system.

> So, after seven [years old], I moved into care for six months, and while I was in that six-month care, I stayed in the same school… But everyone knew that I was not living with my mom. So, the kids weren't allowed to hang out with me. So, I was really isolated.

Jane made a similar comment.

> I came from, like in [name of the neighbourhood], where people would make fun of welfare. There was never any reason behind it. Like, it… had nothing to do with taxes. It had nothing to do with work… It was just something about being on welfare…

The difference participants faced while in care were expressed through the actions of people around them. For example, other kids in Jessica's class won't engage with her which led to her dislike towards her school. Adam experienced differential treatment by his foster family,

> I stayed at one [foster home] for two months, there was no abuse there, but they, they basically, you know… I remember Christmas, the only gift I had was a

dinky, while their own children had tons of gifts, right? I just had a little toy car, a
little metal car.

Adam described his feelings about his time in foster homes.

And even if there was a little bit of corporal punishment. Like you really messed
up, and you got a slap? Well, you know, that's not the end of the world...The way I
grew up, the least of the things that happened in life was the physical stuff, you
know. That's the stuff that bothers me the least… and I'd rather be poor than
unloved and abused.

Jessica faced similar differential treatment and discussed access to food while living in a
foster home.

She (foster carer) used to keep a cupboard door closed [locked] after a certain
hour so I couldn't get into, like, where the snacks would be. But her daughter, she
lived there...she would be able to get into the cabinet anytime. She would have the
keys. So, it was really strange that the daughter, who was just about my age, was
allowed to eat whenever she wanted, but I wasn't allowed.

While the child protection system removes children from their families with good
intentions of protecting them from substantiated or potential harm, participant
experiences shed light on societal views of children in care and welfare dependency. Data
show that such stereotypical views (children in care deserve less than children in general
population) have sustained and changed little over the years. Adam grew up in care in the
1960s and 1970s. Ava lived in care in the 1990s—Jessica in the 1990s and early 2000s.
Jessica and Mary lived in care within the last two decades, and they point toward the
same issue of stereotyping, marginalization, and stigma. Even Ava, who had an excellent

experience within the care system and with her foster mother, points to the same issue. She said,

> I think that there is a stereotype of kids in care, and if people know they are in care, they are treated differently and perceived differently. I wouldn't tell anyone I was in care for a long time because of this. The school I went to was very caring and understanding. I think that did make a difference.

Such differential treatment and stereotypes of children in care magnify the difference in social perception of a child and a child in care. Society assigns meaning to 'children in care.' Such meaning is laden with stereotypes about the children and their families (Fieller & Loughlin, 2022; Kuznetsova, 2005; Lynch, 2011). Participants' narratives attest to these claims, and identifying such stereotypes is relevant for resilience researchers. Many resilience researchers have previously addressed such stereotypes (Lynch, 2011; Ungar, 2011, 2019; Wexler et al., 2009). Adam said, "I felt overwhelmingly lonely and unwanted. It led to much negative self-talk and self-worth. It stays with you through life." Like Adam, other participants also disclosed their feelings associated with the stereotypical view of children in care previously identified in the literature (Fieller & Loughlin, 2022; Mitchell & Kuczynski, 2010). Jessica also said that she felt "really isolated." Resilience researchers must explore such layers and critically acknowledge the adversities associated with specific 'spaces' traditionally considered safe. One, and undoubtedly most crucial of all such spaces, is the child welfare system itself.

Under the doctrine of *parens patriae*, the state is the legal carer of those incapable of caring for themselves. When parents fail to care for their children, the state intervenes and punishes the parents. Dr. Cindy Blackstock (2015) asks– shouldn't the state be

punished for adverse outcomes of individuals who grow up in care? While the state's objective is to rescue a child from maltreatment/adversities, placing them in the child welfare system doesn't seem to solve the problem (Featherstone et al., 2014, 2019). It is due to the adverse outcomes of children in care, the associated stigma, stereotypes, discrimination, within and outside the care system (Fernandez, 2005; Robinson, 2020; Zhang et al., 2022).

Although academics are interested in finding the most appropriate terminology to refer to children in care or the adults who lived in care, an overarching issue seems to be the stigmatic meaning that society associates with children living in care (Fieller & Loughlin, 2022). Children's internalization of these stereotypical beliefs and discriminatory experiences adds another layer of adversity to their lives (Ungar, 2001b, 2011). The case seems to be that they get rescued from one difficult situation and placed in another that may be harmful or pose continuing adversity. Thus, it is the state's onus to prove otherwise or make efforts to remove the negative connotations associated with the child welfare system (Blackstock, 2015). Currently, children only have the option to be serviced by the existing resources that many feel need change and reforms (Featherstone et al., 2014; Leber & LeCroy, 2012; Mosher & Hewitt, 2018).

A critical strengths perspective would warrant a deeper exploration of policy, programs, as well as evidence. Adversities happen, and it affects children in a negative manner. To implement effective resilience promotion interventions requires a clearer understanding of basic components of resilience from the point of view of the individuals who grew up in care.

Struggle with the Negative Self-Perception and Stigma

Children enter care with many questions and confusion, and their perception of self is fed by how others perceive them. An individual's self-perception is a function of observing their behaviour and the environment in which they conduct these behaviours. Therefore, "our self-perception is formed directly through our perception of others' perceptions of us" (Angel, 2013; Mead, 1934). Children in care have their birth family, social workers, child and youth care workers, foster parents, counsellors, teachers, and societal norms as an integral part of their lives. According to Angel (2013), children in care become aware of what these sets of individuals think about them and their behaviours and start perceiving themselves as the adults see them. For example, Jessica discussed her feelings as,

> I felt like I was being punished for the actions of my mother...Because of the way she was… I didn't get the care that I should have. Not even liked; I didn't want to be in these places with other people, and I was angry about that and couldn't understand why I couldn't live with my mom. Even though she was abusive, and she did the things that she did, I always felt that I was the cause of her acting like that. They [workers] always told me that. That I was the reason why she was so angry, and she can't live the life that she wants to live and everything. So, then I got put in care, and it's like, now I'm in a place that I don't want to be. Like all these rules because people don't care about me. Like, me being just me, and nobody is actually paying any attention.

Jessica's self-perception as "the reason for her mother's actions" was stimulated by the workers around her. She faced significant struggles and grew up in more than 20 homes.

144

Although she is doing well now, it took her comparatively more time to find a balance in her life. Possibly because the people around Jessica were busy tackling their version of childhood adversities, ignoring what Jessica saw as adversity. This finding is also consistent with evidence that the number of placements is associated with difficulties in early adulthood and later life (Robinson, 2020). While researchers who view normative markers of success may consider Jessica's post-care outcomes as normatively negative, a chronological inquiry shows that she was a remarkably resilient person who finally found a balance in her life despite experiencing a negative self-perception. This finding corroborates the idea that people may not always demonstrate resilience through normative positive behaviours or outcomes which are a product of "popular movements based on uncertain evidence" (Atkinson et al., 2009, p. 144; Mahdiani & Ungar, 2021).

Other participants revealed similar observations. Mary said, "I don't know if there was [giggle] maybe some people probably thought I wouldn't get too far. I don't know. I wasn't the easiest child. I don't think." Jane said, "I was just labelled this 'bad kid'. I was acting out. They didn't know why. They didn't know what to do with me. They didn't see the root cause. They just saw explosive behaviour." Rose shared her self-perception while she was in care. She said,

> When I lived in the group home, I didn't do very well, when I was there. Besides, like, like, there were like two me. Like one where I'd like to go to church camp and go to church every Sunday. And then there was the other part of me that would, like, drink and smoke and stay out all hour's night and get picked up by cops and stuff.

145

Rose discussed how people at the church appreciated her and gave her opportunities to volunteer. However, she did not share such experiences from the group homes.

Ava spent little time in the group homes. She was placed in a foster home where her foster mother took very good care of her. Ava's perception of herself was different from the other participants. She said, "Academically, I was a very strong child. That was one thing I never had any issues with." Ava perceived herself as 'academically strong' even before she entered care. Her grandfather used to support her with a lot of positive talk. She said,

> Actually, my [paternal] grandfather was my biggest advocate. He was always saying to me, you go to school. No boys, only university...He used to say that you are the smart one in the family. That's it! Go, do it!

Ava's foster family further supported her positive self-perception, and she continued to pursue post-secondary education. Researchers have shown that such supports help children cope with their trauma (Hiller et al., 2021; Mullan, 2022). Adam, Jane, Rose, and Mary also pursued post-secondary education. However, they did not have good experience within the care system. Unlike Ava, they lacked the presence of consistent and caring adults to boost their self-perception.

Another way in which a negative self-perception manifests itself is through the stereotypes within society. Children in care experience a stereotypical societal treatment that makes them feel socially marginalized. For example, Adam described the difficulties this way: ,

> The constant, just not feeling loved, not feeling you're important, getting less than their own children, because some of them [foster parents] had their own children

and you wouldn't eat the same food. You would eat their leftovers sometimes…;

you know...They [children in care] are treated as marginalized. No one cares. My

extended family didn't even care...Treated me like an untouchable, sadly!

Adam went beyond the foster care system and talked about differential treatment by his

extended family members.

Mary mentioned the negative statistics about children in care, said, "I didn't want

to be a bad statistic," and indicated that "receiving welfare support" was negative. Jane

made a similar comment about the social view of being on welfare support. Critical

analysis of participants' views about themselves and the welfare services can be traced to

the idea that our realities are an outcome of our interaction with the constructed discourse

in a society.

While such experiences develop a negative self-perception among children in

care, they also perpetuate the stigma associated with being a child in care. Due to the

various negative connotations associated with the child welfare system, children in care

embody the unfair beliefs society stereotypically expects of them. Jessica's example that

children in her school were not allowed to hang out with her exemplifies the societal view

of children in care. Resilience researchers generally are aware of the negative self-

perception and stigma associated with being in care (An et al., 2020; Fieller & Loughlin,

2022). However, investigators can make little progress if the investigations are limited to

quantitative methods, normative outcomes, and the measurement of resiliency within a

deficit discourse rather than a critical strengths perspective (Gray, 2011).

Overall, the narratives show that most participants struggle with negative self-

perception and embody the stigma associated with being a child in care. In most cases,

professionals around children in care and how these professionals treat these children reinforce children's self-perception. During the interviews, Jane said, "I wanted to be treated like a child, not a client." I identified this theme in other interviews as well. Discussion follows.

State-Designated and Healthcare Workers Caring for the Client, Not the Child

For Jessica, Jane, Rose, and Ava, their foster mothers positively impacted their lives and supported them. Ava did not view her foster parent as a service provider because her foster mother did not treat her as a client. Ava's relationship with her foster mother was strong. She said,

> So just having someone [foster mom] stand up for you and believing in you...My
> mom made sure she put me in a good school. So, I went to [Name of the School].
> They were well known… Me and my mom used to go to the movies all the time,
> do things like that. So, whenever I needed to, you know, get into relationships, of
> course, she was always there to help guide me through those and whatnot… I was
> adopted later (post-care), actually by my foster mom...it [her relationship with her
> foster mother] continues to be positive, and my kids consider her as the
> grandmother. She's the nanny.

Ava's strong relationship with her foster mom reflects more of a healthy parent-child relationship and goes beyond the formal client/service provider relationship. She considers her foster mother as her only mom.

Amit: So, when you said Mom, are you talking about the foster mom?

Ava: I only have a mom [ASSERTIVE]. So, my foster mom, yes.

Similarly, Jane and Rose had healthy relationships with their foster families. Rose's foster mother took very good care of her, later gifting Rose with adoption papers during Christmas. However, each participant except Ava experienced differential treatment from other helping professionals pointing to an inconsistency in the quality of care available to children in care. How professionals treat children in care may add another layer of adversity. Jane said, "One of the major issues in care is that we are treated as clients. I wanted to be treated as a child, not a client."

Client—a term from the corporate business world has now entered the child welfare domain. Canadian Association of Social Workers defines a client as "a person, family, group of persons, incorporated body, association or community on whose behalf a social worker provides or agrees to provide a service" (Canadian Association of Social Workers, 1995, Definitions, para 1). This term standardizes social work practice and may be appropriate for dealing with adults. However, it may add another layer of confusion for children in need for parental care and affection seeking support from their carer providers. For helping professionals, training with the client terminology may develop practical confusion. Whose emotional needs are they supposed to fulfill? — a child's or a client's needs.

State-designated workers live within the society and share a worldview laden with stigma and stereotypes about children in care—a worldview that has sustained its hegemony for a very long time. As discussed in the previous theme, Jessica's self-perception as "the reason for her mother's actions" was stimulated by the workers around her.

Jessica gave an unfortunate and quite extreme example of how the workers twice called the police on her for a little extreme but a normal childlike tantrum. Staying in a scary dark building, stripping naked in front of two adult women, and facing a judge, while a standard process within the juvenile justice system, sounds like an extreme punishment for a 12-year-old showing tantrum to get access to a phone to call her foster mother to get her out of group home (please refer to Jessica's Bildungsroman for the whole story).

> I remember that it scared me. But then, when I got back to that group home, they said that I was grounded, and it was all these crazy rules. I was in so much trouble for what I had done that I left. I went outside, and they called the police again. So, back in front of the judge the very next morning, going through the same situation [stripping naked, wearing the jail uniform]. He [judge] looked at me, and he said, "Well, you know, I can't let you go home again now." And I said, "*I don't want to go home anyways like I don't want to be there. I think the place was miserable, and the staff were not nice.*"

Jessica was a 12-year-old child who preferred jail to a group home where she should have received care and nurturing. It can be argued that if the workers saw Jessica as a child rather than a client acting out, they would have handled this situation differently. Especially in the second instance, they were aware of the process that 12-year-old Jessica had to follow in her first visit to the judge.

Jane shared similar thoughts about group homes operated by for-profit community agencies.

Even if it's not your biological parents, it's nice to have one or two healthy adults

that *take you on as their own* and raise you. But in a group home, you are being

raised by staff. So, you don't have that secure attachment.

Treatment as a client rather than a child goes beyond the boundaries of the care

system. Jane mentioned having mental health issues and multiple visits to a healthcare

facility, where a medical professional told her she was engaging in attention-seeking

behaviour.

I was admitted to the hospital. I remember this happened on a psychotic episode.

So, I was in very little control. But I couldn't stop. So, I was crying… to this

psychiatrist, I was saying, "Please help me, please don't send me out there, please

don't send me back to my family. I don't think I can. I don't think I'll survive".

And he told me, I was looking for attention and checked me out.

Children's attention-seeking behaviour is normal (Jacobson, 2018). Jane, a child with a

history of abuse/neglect who suffered from mental health issues, needed attention and

care. This reasonable demand was ignored by the child welfare professionals and a

medical professional treating her for mental illness, possibly because she was being

treated as a client of the welfare system and not a child. Researchers have suggested that

healthcare providers lack adequate knowledge to deal with children in care (Kimber et al.,

2021). However, another line of thought could investigate the client vs child discourse

within the society.

One of Jane's experiences in the group home provides further evidence about the

client/service provider argument. One of Jessica's friends died by suicide while in care.

Connecting her friend's suicide to the work culture at this agency, Jane said:

So, she would; if she saw a little bit of hope in you, she would tell you, "Listen, I

am depressed. I want to die"...But all they [staff] would really do is take her

sharps and send her to the hospital. They removed her immediate ability to harm

herself, and they would never address the issues because they were very deeply

rooted issues of abuse, and it was never addressed. ...But then she'd come home

from the hospital worse because they just treated her like she was nuts. It just kept

happening and happening...And she ended up dying in that group home.

While research indicates that children in care use self-harm as a coping mechanism

(Hiller et al., 2021), these examples show how the safety protocols and the client's safety

are more important than caring for the child. Researchers argue child welfare practice is

more about avoiding liability than genuine care (Whittaker & Havard, 2016). Jane

provides further information about her friend.

They didn't see the root issues that we were in, for example, my friend that passed

away. She was really hard to get up in the mornings. So, they would just push her,

push her until she woke up. And say things like that, like, you know, make jokes

about, she looked like an angry bear when they woke her up...But of course, just

think about your teenager who has been severely abused.

By saying, "Just think about your teenager who has been severely abused," Jane questions

the professionals working in care if they would treat their child the same way they would

treat an abused child in care (client)—a valid and important question.

The child welfare system and various stakeholders acknowledge such gaps. As a

result, the screening process to become a carer is now lengthy and selective. However, the

child welfare system is accused of becoming overly managerial, documentative, and

process-oriented within the current neo-liberal society (Featherstone et al., 2014). The managerial and process functions have taken over the practice wisdom of professionals. Some would argue that the practice wisdom is biased because humans are inherently biased. Researchers have argued that social work has become prescriptive and mainly involves avoiding liability (Featherstone et al., 2014; Whittaker & Havard, 2016). Thus, treating a child as a client seems fair and valid within social work practice's managerial, documentative, and process-oriented discourse. Further discussion about managerial aspects of the social work profession is beyond the scope of my study. However, it is evident that helping children as clients rather than children creates another layer of adversity for children.

Post-Care Adversity

Jane, Mary, Ava, and Rose received services under the Youth Services agreement. While Ava and Rose stayed with their foster families after care until they finished post-secondary education, Mary was sent to a room and lodging situation right after she turned 16. Jane rented an apartment that youth service paid for after her mother left Jane on her own. Adam did not qualify to receive assistance after 16 despite living in care for a significant period. It was because his mother took him back when he was 15. Adam did not qualify for government educational funding programs for children in care. Thus, he had to deal with the stress of paying for his post-secondary education by taking loans, working multiple part-time jobs, or committing to a job that could pay for his education. Jessica, however, exited care as soon as she could.

Later childhood and early adulthood brought an array of situations into participants' lives. They had to make complex decisions while weighing each decision's strengths and weaknesses and the long-term consequences. While some made these decisions with the guidance of caring adults, others had to make them themselves. Participants' previous experience of growing up in care influenced their choices. Jessica said,

> I opted not to do that [receive support under the Youth Services agreement] because I didn't want to have any more social workers following me around as I was in foster care for so long...I honestly felt that I just couldn't deal with someone in my life asking the questions anymore because I had dealt with it for so long already. So, when I left at 16, I actually just went into the adult welfare system. I didn't have any support. I just left! I wanted to be on my own, and that was my big plan...I moved out on my own and got my own apartment, and four days later, I was sent to the youth center in [name of the facility]. I don't remember how I got there.

Jessica declined the extended support to avoid questions and rules made by people who did not care for her.

Children in care can either opt out from receiving services when they are 16 or qualify to receive services usually until they are 21. Many children exit care at 16 primarily due to a complex interplay of available supports, conditions attached to them, and their previous experience in care. Reaching the cut-off age was identified as adversity by the participants. Studies show that more than 55% of young homeless people in

Canada have lived in the care system (Gaetz et al., 2016; Shewchuk, 2020). However, extended support for children in care comes with conditions.

In Newfoundland and Labrador, Youth Services Agreement within the Children and Youth Care and Protection Act governs extended services for children in care (Children Seniors and Social Development, 2021). Similar support is available to children in care in other Canadian provinces. These supports are available only if the youth develop and stick to a transition plan. Conditions outlined in the Youth Services Agreement (Sukumaran, 2021) include, for example, attending post-secondary education and reporting to the social worker. It was not that Jessica did not like the rules, but she reasoned her decision to decline extended support by saying,

> ...They [workers] just didn't have the skills to deal with a child who was not a child who didn't need to be treated like that but still needed to comfort a child that child needs. They were always there to lay down the rules, but they were never there to comfort you. To make you feel like you were a part of their family.

Extended care is critical for children in care because most do not have familial support systems to guide them (Strahl et al., 2021; Sundly et al., 2023). For children in care, making these decisions while being cared for by a caring adult is much easier (Dworsky & Courtney, 2009). Jessica and Mary lacked the presence of a significant adult in their lives. However, Adam, Jane, Ava, and Rose had some support systems during emerging adulthood. Ava had her mother guide her throughout her later childhood and early adulthood, and she received services while living with her mother. Jane and Rose had their foster mothers give them some guidance.

155

Sundly et al. (2023) argue that later childhood and emerging adulthood are critical periods in human development when behaviour is being affected by the overactivated amygdala (responsible for emotional response), while the prefrontal cortex (responsible for logical thinking) is not fully developed. Children in care must make life-changing decisions at a time when their brain is still developing, but they are navigating through multiple layers of adversity.

This interplay of biology and lived adverse experience make children in care vulnerable to making harmful decisions. Nonetheless, all the participants discussed the rationale behind their choices. Jessica puts her feelings the following way,

> Say, a 19-year-old just graduated high school that I never did, getting ready for the first couple years of college or university, finding their first love–I never had that and had a child. You know, I honestly think that people grow up differently. And it changes who they are as a person, as an adult… I don't find that people who had comfort at home... basically, like, they are in a *shell* they lived inside, and they're *safe and protected*. And they can come out when they want. But if it's ever scary, then they can come back over there. Whereas, like, people who don't get that, they kind of just *create their own shell as they get older*. They don't need people to protect them and make them feel better. They just kind of do it on their own.

Drugs and alcohol can be misused as a coping mechanism (Hiller et al., 2021; Sinha, 2008). Jessica justified her drug use as a *shell or cocoon* to run back into when she was scared. Her previous experiences in care made her decide to opt out of care as soon as she could.

Resilience research is limited to measuring resiliency using normatively defined positive outcomes, healthy behaviours, socially desirable conduct, and avoiding homelessness. It lacks the tools to traverse the unexplored resilience of people like Jessica. However, being 'independent' is the essence of an individualistic society and that strengths perspective, which resilience is a subset of, "must be balanced with the structural understanding of social reality and barriers to social development" (Gray, 2011, p. 9). The dominant narrative that independence at 16 years of age can lead to breaking the shackles of intergenerational adversity is one such structural barrier. Some of the participants had supportive people who brought down such barriers.

Rose had great support from her foster mother, who supported her post-care. It was a simple decision for Ava, but it still needed thinking about the pros and cons [of exiting the system].

I actually had an application in, and I was going to try to get… a little bit of independence, but I chose not to. Because I had what I needed at the house. So, I mean, I did have opportunities, and we (mom and Ava) did realize that, but I mean, home is really where you really need to be, right?

Mary had to figure out life herself. That's when she was finishing high school and planning post-secondary education while constantly dealing with her previous traumas without any significant adults. Jane did not get the option to stay in care due to being in volunteer custody. However, the adversities she faced after exiting care were a lack of caring adults, alcoholism, and housing.

Overall, the children in care have an onus to make complex decisions at an age when children in the general population are receiving support from their parents. Lacking

such support adds another layer of adversity in the lives of children in care. The decisions that children make tend to have long-term consequences.

Chapter Conclusion

Through a chronological assessment of participant narratives, this study identified five themes of adversity: pre-care adversity; adversity associated with being in care, struggle with negative self-perception and stigma, state-designated and healthcare workers caring for the client, not the child, and post-care adversity. Findings show that adversity is a subjective interpretation of events occurring in a person's life and a function of their interaction with the state-designated workers, extended community, and the discourse around child welfare. Participants took me into their world and showed us how the contemporary version of adversity differs from theirs. By telling me, for example, how they wanted to be treated like a child and not as a client, they initiated a structural concern in the child welfare system. By discussing the social stereotypes, stigma, and differential treatment they experienced within and outside the care system, they identified the biases within their social ecology.

Adversity can be viewed as the fundamental assumption upon which resilience-promoting policy and practical solutions are designed. The fault lines within the understanding of adversity can lead to ineffective resilience-promoting solutions. More qualitative exploration of adversity is warranted because such experiences are unique to individuals. Identification of the precise problem can lead the inquiry toward the right solution. A critical strength perspective that values the individual voices of

children/youth/adults in care can support policymakers, practitioners, and academics to develop a new understanding of adversity.

The next chapter will discuss the findings about the second key component of resilience– *better-than-expected outcomes,* followed by a chapter about the process definition of resilience.

Chapter Seven: Better-Than-Expected Outcomes

The previous chapter was dedicated to a discussion on adversity, a prerequisite for resiliency. This chapter focuses on another concept of resilience: identifying better-than-expected outcomes or positive outcomes and exploring their meaning for participants. Anderson and Williams (2018) recommend exploring the personal meaning of success held by individuals with experience of being in care rather than relying on social constructs of success such as education and employment. By doing so, researchers can avoid imposing the dominant discourse around success.

Participants were asked, "What does accomplishment look like to you?" Their responses included a set of achievements that gave them a sense of accomplishment. These achievements (or outcomes) are represented under the following themes: a) Agreement with the normative indicators of positive outcomes; b) Unique meaning of normative accomplishments; c) Striving to become the same as everyone else; d) Extreme expectations and associated consequences; and e) Dynamic nature of the sense of accomplishment. The interesting finding was that individuals with experience of growing up in care for the most part want the same things as people in the general population. My study findings expand on the meaning and implications of the identified positive outcomes for my participants.

Agreement with the Normative Indicators of Positive Outcomes

Participants' general idea about accomplishments matched the normative social construct of a successful life. For example, Ava described her accomplishments by saying, "I finished school… I went to university… My first job. My first career… my

160

kids… my husband…". Mary said, "I did go to school… got a permanent full-time job… a brand-new house… the child… a relationship as well… I am able to pay my own tuition". Figure 1 represents the normative forms of success that were identified within the interviews. It represents the keywords that came up within the interviews. Since five out of the six participants identified as female, this figure largely reflects the views of female participants.

Figure 1

Agreement with the normative construct of success

Scales et al. (2016) claim the social constructs of accomplishment are physical health, psychological and emotional well-being, life skills, ethical behaviour, healthy family and social relationships, educational attainment, constructive educational and occupational engagement, civic engagement, and values that people in the general society learn through their interaction with others. For many well-resourced people in society, these outcomes are considered normal. However, for individuals who grow up in care,

adversity makes these accomplishments a demonstration of resilience. This construct of normal characterizes the attributes of 'everyone else' as opposed to those in care.

Most resilience researchers factor in norms of success to construct a cumulative resilience score (Daining & DePanfilis, 2007). Researchers argue that it is legitimate to classify individuals as resilient and non-resilient based on socially normative markers of accomplishments (Drapeau et al., 2007; Hass & Graydon, 2009). However, a value-laden approach to classifying individuals and under-resourced populations as non-resilient is not uncommon among resilience researchers (Mahdiani & Ungar, 2021). For example, researchers acknowledge a selection bias by using a value-laden pre-defined recruitment criterion (Anderson & Williams, 2018). Such an uncritical attempt at classification is limited, simplistic, and grounded in a deficit model (Gharabaghi & Anderson-Nathe, 2017). Such selection bias locates the research within a borderline deficit discourse where the stories of only a select few people who belong to a specific group get acknowledged as resilient.

A critical strengths perspective has been proposed to develop a better understanding of resilience to counter the dominant deficits approach (Gharabaghi & Anderson-Nathe, 2017). Such approach values participant voices and considers social location and context to learn about resiliency. However, the literature review of contemporary resilience research did not yield any studies that used a critical strength perspective. Reviewed qualitative research on resilience within the context of child welfare (Drapeau et al., 2007; Hass & Graydon, 2009; Ungar et al., 2012) used normative markers of resilience such as post-secondary education attainment and employment status to recruit participants or an assessment by professionals. Although such research produces

162

knowledge grounded in the voices of a subset of individuals who grew up in care, by design it excludes the stories of those who may demonstrate resilience despite not achieving the normative defined positive outcomes (Mahdiani & Ungar, 2021).

While discussing the subject of non-custodial motherhood, Gustafson (2001) articulates how everyday realities are shaped by the normative constructs. She says,

> social realities shape the experience of becoming a non-custodial mother. The categories of "bad" mother and "good" mother are powerful and fluid. They operate to remind women of their place as mothers (both glorified and undervalued) in a pronatalist, patriarchal, heterosexist society. These categories infuse our lives and shape how we come to think about and perform mothering. At the same time, they bear no resemblance to the day-to-day reality of mother work.
>
> (p. 211)

The social construct of resilience found in resilience research does not resemble the day-to-day reality of individuals who grew up in care (Mahdiani & Ungar, 2021). Without using the term, 'resilience', Gustafson's (2001) narrative helps us reflect on the current state of inquiry about resilience of children in care). An ideal resilience inquiry needs to critically examine both the normative social constructs of success, researchers' personal beliefs and values, and dominant discourse that perpetuate specific types of ideology (Gray, 2011).

Participants stated that their rationale for taking up education, a career, or having a family was grounded in their experience of being in care. Thus, the normative construct of accomplishment for them had an inherent meaning that resonated with their identity as someone who faced adversity growing up in care.

Unique Meaning of Normative Accomplishments

When I explored the lived experiences of individuals without judging them for their life outcomes, I was able to identify the meaning behind each of the normative constructs of achievements. While participants in this study described achieving normative markers of success or accomplishment, they attributed different meanings to these markers. Jessica and Adam's narratives illustrate this well.

For Jessica, finishing high school in her mid-30s was quite an achievement considering her turbulent life in-care and after exiting care. She said,

Today I'm back in high school, and I'm getting 80s and 90s, the hundreds in algorithms, theory or … words I can't even pronounce. And I'm like, do I really want to go in heavy equipment? I can seriously actually do a career or something that we, we'll say an 'intelligent degree'. Not to say anything about construction workers, but you know. I never thought that I could add, do the math that tags the alphabet with numbers in it, or writing stories. Getting a hundred in English. I couldn't believe it!

Jessica's resilience may get ignored in narrow-focused, normatively defined contemporary resilience literature, especially in studies about youth in care or in transition. This is due to the narrow inclusion criteria. Even the qualitative studies utilize normative accomplishments generally signifying resilient functioning. From a normative lens, Jessica was neither a typical resilient child nor a resilient youth in her late teens and early 20s (Mahdiani & Ungar, 2021).

Adam, on the other hand, did not view his post-secondary professional degrees as an accomplishment. He expressed dissatisfaction with his academic and professional

achievements, saying, "Well, career-wise, I don't feel accomplished because, you know, I feel I have fallen short of my potential based on my life experiences. But I do enjoy helping people." Adam's personal experiences as a professional, and self-described imposter syndrome, might be the reasons why he thought in this particular manner. Adam's words could also be interpreted as having high expectations, or as lamenting how maltreatment and living in care have limited his chances in life. The line of questioning in contemporary resilience research that considers positive outcomes as resilience is susceptible to missing this fine detail.

Adam's educational achievements fit into the social construct of positive outcomes while Jessica's do not. While the resilience research community may view Adam's achievement as an accomplishment, Adam's narrative showed he wasn't truly satisfied with his academic achievement. On the other hand, Jessica who finished high school in her 30s considered this an achievement. Adam and Jessica's narratives illustrate the meaning-making process. Without the context within which these individuals grew up, their stories can easily be confused as one where Adam demonstrated a superior resiliency compared to Jessica's story. Attention to the context within which individuals live their lives yielded an improved understanding of this component of resiliency (Nadan et al., 2015; Ungar, 2019).

The dominant discourse of family consists of biological parents, partners, and children. For five of six participants, the family did not include their birth parents. Adam was the only one who asserted that his birth mother was part of his family. Rose, Mary, and Ava considered their foster parents to be part of their family. Jessica's family

included her new partner, children, animals, and people in the small community where she lived.

However, for Jane, her family were her pets, whom she loved and cared about more than the humans in her life. She considered them her "best friends". She attributed her resilience to them.

Because, well, my [Atlas-name of her cat], he's 12 years old. We've been best friends since I was eight. And when I was younger, I didn't live in a healthy home. So, I didn't have much human support. So, he was kind of like a mom, and a brother and a sister. And, like, he was kind of like everything to me. So, they [pets] are a lot of the reason why I'm so resilient. Because if I give up, like for me, like if I'm really, really down, it's easy to say, oh, you know, it's just me and just kind of let things go. But if I don't, these little things… Like, if I don't clean the floors, then they don't have clean floors to live on. So, it makes me wake up and keep going. Because I know that they're there waiting for me and depending on me to keep their house clean and keep them healthy.

These findings corroborate previous research pointing to the changing dynamic in the meaning of family (Wall & Gouveia, 2014).

Striving to Become the Same as Everyone Else

For Mary, the reason behind achieving tangible outcomes such as education, employment, and other outcomes discussed under the 'agreement with the normative construct of success' was an attempt to become like everyone else and break the intergenerational cycle of abuse and life. For her, accomplishments were more than

getting an education that led to a promising career and a career that led to financial stability, and stability that led to a happy life. For Mary, achieving these positive outcomes meant she was "not a statistic" and "not like her mother". Her experience of growing up as a child in care attached unique meaning to her normative accomplishments.

Similar meaning-making was evident in other participants' narratives as well. Rose spoke about the differences in life outcomes between people who grew up in care and those who did not.

> You know, you see, statistics about kids in care and like, a lot of them like, grow up and get their own place… but a lot of them go down different paths, with drugs and alcohol and stuff. And I'm sure at one point, I probably could have gone down that path. Especially when I lived in the group homes. I didn't do very well when I was there… Eventually, I smartened up I guess and graduated. Graduated two colleges. And unlike with my biological family, I'm really the only one that's like, propped up for it.

Jane spoke about not wanting to be like the abusers they grew up with. Jane said, "Those people [her birth mom and her mother's boyfriend] hated everyone. They abused children. They abused animals". Jane did not want to be like her mother and her mother's boyfriend. She loved her two rescued animals and considered them family. She worked part-time and enrolled in a post-secondary program in a field that can help her build a career in a helping profession. She wanted to dedicate her life to the welfare of children and animals.

By attaining education and employment, and other normative markers of success, Rose and Jessica were breaking free from the meaning attached to children growing up in

167

care (Fieller & Loughlin, 2022) and becoming like everyone else. These stories provide a counter-narrative to the dominant deficit discourse about children in care.

For Adam, excelling in academics and sports was a way to gain appreciation and validation from others ↓ a finding observed in other studies (Rudolph et al., 2005; Xu et al., 2022). For example, he said,

> Well, growing up, accomplishment was being something that other people respected. I heavily rely on the approval of others. You know. I used that as a driver. And maybe a little bit cocky in some of my accomplishments, which is a turnoff to some people, you know? … Maybe I bragged about my accomplishments too much or tried to prop myself up to be like more. But I just didn't know how to get appreciation or respect. I didn't know how to do it. I was doing it in a dysfunctional, maladaptive way.

Most children in the general population need and get appreciation and respect from people around them, but Adam didn't have that. Adam's personal experience of growing up in care fueled his perseverance in academics and sports. He didn't want to be just like everyone else. He wanted to be better than everyone else to gain appreciation and respect that he didn't get when growing up in the system. That drive to be better than others may also explain why Adam did not view his professional and academic success as enough.

Ava was aware of the stereotypes about children in care and their life outcomes. However, unlike the other participants, she did not mention striving to become like everyone else. One of the reasons for this could be that she lived with her birth family for most of her childhood and entered care later when compared to other participants. While

she experienced abuse within her family, she was not tagged with the stigma of a 'child in care' until she was in her mid-teens. She also developed a positive self-perception fueled by her grandfather outside care and her foster mother while in care. Thus, she received the needed appreciation from people around her. She is the only participant for whom entering care was a positive experience.

Exploring the desires and motivations of children and youth in care can advance the field of resilience research further. Children in care must bear the stigma associated with being in care and the differential treatment that they receive. There are different ways in which individuals in care strive to break the barriers and become as everyone else.

Extreme Expectations and Associated Consequences

While the social expectations from children in care are slim (Mahdiani & Ungar, 2021), participant narratives show that they had higher expectations of themselves than the society expected of them. Jessica said, "I'm not really sure. I just feel like we [children in care] definitely tend to set the bar high. Maybe we just expect more out of ourselves because of where we came from or something."

When asked why she needed to set high expectations, she replied,

I specifically remember from age 12 or 13… I was counting down the days until my 16th birthday. *To move out on my own*. Basically, a person who is able to go to school and, like I had big dreams and wanted to accomplish things as I was growing up. I didn't really care what was going on; the bar was set high up. And definitely, that would be my accomplishment. Then it would be to just be on my

own and wanting to be my own person. Not having to listen to anybody. Not like

listening to anybody else. That makes me sound like I was kind of just not

wanting to handle rules. But I wanted people to be giving me good advice and

telling me the things that I need to do to succeed.

Seeking independent living as soon as Jessica had the opportunity to exit care was an

extreme expectation for a. Age-appropriate expectations should have been doing her

homework, playing with friends, and expecting love and care from caring adults. She was

acting older for her age. However, there are limitations of self-knowledge despite having

big aspirations and needing support.

A few days after exiting care, Jessica was found unconscious in the city center.

Police officers sent her to the juvenile justice system. Her only memory of this incident

was going out to celebrate her freedom from care and her sixteenth birthday with people

much older than her. She remembers drinking excessive alcohol. That incident led to

other consequences and destructive behaviour, including homelessness, an unintended

pregnancy, and substance abuse. A critical approach would seek the turn of social and

structural events leading to such outcomes.

When children in care set impossibly high expectations of living independently

without essential social support, they can make impulsive or emotional decisions that

result in negative consequences. Material consequences can be homelessness, adverse

health, and well-being concerns such as Jessica's unconsciousness due to excessive use of

alcohol with inappropriate adults (Elliott, 2020; Mullan, 2022; Sukumaran, 2021). There

can be emotional consequences such as feelings of hopelessness and self-doubt (Rudolph

et al., 2005; Xu et al., 2022).

170

Both the material and emotional consequences are detrimental to healthy development during adolescence. Mary gave an example of self-doubt.

> I am always thinking I should be doing more or have more. Or I should have done something a different way than what I have. I feel like there is such a stigma against individuals in care or were previously, so I expect myself to do more in order to not be attached to that negative stigma.

However, resilience researchers have uncritically used such consequences as predictors of lower resiliency score (Daining & DePanfilis, 2007).

Adolescence and early adulthood are times of critical brain development, and youth are extremely emotional during this phase of their lives (Sundly et al., 2023).

> Because of the super reactivity of the amygdala during the teen years, teens are likely to interpret neutral stimuli as threatening. MRI scans of teen brains when looking at pictures of neutral faces show activation in the amygdala more than adults and children. Teens interpret a neutral expression as negative. So, if the soccer coach is not overly smiling, a teen might interpret that as "my coach hates me." (Azab, 2018)

All kids can make irrational or emotional decisions during adolescence and early adulthood. The problem is that kids in care don't always have the necessary social support during and after their care experiences to deal with the fallout. A combination of developmental vulnerability and failure to achieve incredibly impossible tasks may increase the negative self-perception among children and youth in care (Mahdiani & Ungar, 2021; Polivy & Herman, 2000). For some, such beliefs stay with them for an extended period. Despite significant academic and professional achievements, Adam still

felt he could have done more. Jane is managing life with her family of pets while struggling with managing her day-to-day life.

Extreme self-expectations make breaking the intergenerational transmission of adversity an uphill battle. Children in care compare themselves to children living with their families and develop distorted, and developmentally inappropriate versions of success. This unrealistic standard of success for a child puts them on a path of extreme difficulties and failures. Such a path is often self-destructive and makes breaking the intergenerational cycle of adversities even harder. Primarily because children in care usually associate with other children in care (Yoshioka-Maxwell & Rice, 2020), this distorted idea of success becomes commonsensical among a larger community of children in care as we know that the outcomes of children and youth in care remain slim despite multi-sectoral public investments. Thus, one potential reason for adverse outcomes despite investment can be the distorted idea of success among children growing up in care. Such socialization can perpetuate the dominant discourse about success, accomplishments, and adversities.

There seem to be two social constructs contributing towards the distorted construct of success among children in care. The first is the social belief that children in care generally end up with negative life outcomes. Children may interpret negative outcomes as their fate or take such belief as a challenge and strive to prove it wrong by establishing extreme expectations from themselves. The second is the social construct of what constitutes normal and abnormal. Abnormal is being in care. Combining these constructs distorts the idea of success for children in care and moving out of care and

independence may seem like the first step to breaking the stigma associated with being a child in care.

There are two constructs at play in the identity formation of youth in care: those who are resilient and those who are not resilient (Bell & Romano, 2015). Those who are non-resilient exhibit adverse outcomes that are expected of youth in care, such as homelessness, involvement with the criminal justice system, and substance abuse (Elliott, 2020; Mullan, 2022; Sukumaran, 2021). Mary refers to this identity as being "a bad statistic." Those who are considered resilient exhibit normative outcomes of success or as Mary said, "same as everyone else".

Understanding resiliency and creating effective programs to promote resiliency as a social justice agenda warrant that the researchers dissect their data using critical lenses. Achievements, meaning behind those achievements, and particularly amalgamating into the construct of a 'normal' society, gave participants a sense of accomplishment. However, such a sense of accomplishment is temporal bound which changes over time. Striving for more, children in care cannot enjoy age-appropriate accomplishments, which often results in disappointment, feelings of self-worthlessness, and further adverse consequences. Expectation is relative and quantitative measures might underestimate the magnitude of an individual's accomplishments. However, the field can benefit from studying the achievement in light of the adversity.

Dynamic Nature of the Sense of Accomplishment

A sense of accomplishment is a dynamic process that changes over time (Ungar, 2005b; van Breda, 2001). An achievement may, in the moment, give someone a sense of

accomplishment, but may not be perceived as such later in life. At one time, Jessica, for example, believed exiting care as soon as possible would be an accomplishment. At the time, she was 12-year-old, and she'd been sent to a juvenile corrections facility after rotating through 20 different placements. Exiting care may not have been ideal, but at the time it seemed like her only option to escape the injustice in form of not being treated and cared for as a child.

In her 30s, Jessica's version of accomplishment has changed from wanting to be free and alone to having a family. She said, "I just feel I've accomplished… I feel like I've always wanted a family. I've always wanted to care for my family and show that I care". Ava's perception of accomplishment changed over time from the tangible indicators (like not having children, finishing a degree, getting a job), to the intangible.

You know, I mean when you are accomplished you are content with your life. That's what I think… I always tell kids. It doesn't matter how much money you make, or what you do. It's how happy you are in life. You get up every morning, and you're happy. That's how accomplished you are. And, what you're doing like, I mean, yes, I have two degrees, but I wouldn't necessarily say that is being accomplished. I mean, that, you know, I'm financially stable… But still, I feel like, you know, there's a lot of people out there that I think are accomplished that aren't in the same position that I would be. But they're just as happy as I am, probably sometimes happier than I am in my life.

Similarly, Adam's meaning of accomplishment also changed over time. Over the years, he considered not losing himself to addictions and crime, and making first-class standing

in studies and sports were accomplishments to strive for. Now, his version of accomplishment has changed,

> Accomplishment to me is transcending my experiences in life. My childhood, how I maladapted based upon my life experiences, being able to find the strength and have the vision and look for the resources and to make the decisions to get me to a point in life where I'm proud of who I am. How am I not defined by my experiences, how I've been able to overcome them, and freeing myself from those shackles, you know and be a very positive contributing person to society, a mentor to people, be able to bring wisdom and help people in need. That's what it's all about. For me! That's accomplishment!

Jane was in her early 20s and exited care only a few years prior to participating in this research. When asked about her version of accomplishment, she said,

> I remember when I was 16, I didn't have any goals. Like a lot of like girls like I want to be a doctor, I want to be a nurse, but more like, my only sole goal was for my family [pets] to be free… it was to protect my family from being abused. And so, from being alive, and to break free of the intergenerational cycles, and to be able to play with our toys, and not be afraid, and to be able to jump around and not have to worry about how loud we are. It's all the little things. And it just grows. And then to be able to be in college, from someone who couldn't even focus for five minutes in class, because what was happening at home. To be able to come to work and bring home money. And I remember sometimes I have come to the door after getting my money and see [name of her cat]. So, I decided, I will just jump around a bit. This is all the money I made for you [pets]. And what are we going

175

to what are we going to get with this money? We're happy, we're healthy. There's hope for the future. I'm getting an education. I have a part-time job. I have my bicycle. So, I have the freedom to go anywhere. So, I am free to go wherever I want whenever I want. I have enough money to live on but not enough to be excessive. So, I'm comfortable. And this is where I used to dream to be back when I lived with them.

Mary and Rose want to pursue further education, and their sense of accomplishment has changed over time. Mary considers herself a 'homebody' and dislikes parties or going out. She also mentioned having very little patience while growing up. Now, she feels her job as a nurse in a long-term care facility has helped her develop patience.

Narratives suggest that the nature of accomplishment is dynamic and changes over time. The meaning behind the accomplishment changes over time as well. A few resilience researchers acknowledge the dynamic nature of the process of becoming resilient (Mahdiani & Ungar, 2021; Ungar, 2011, 2019). The field of resilience research can benefit from acknowledging this complexity while researching resilience.

Chapter Conclusion

Through a chronological assessment of participant narratives, this chapter discussed five themes magnifying the complexity around better-than-expected outcomes of those who grew up in care. The themes were: a) Agreement with the normative indicators of positive outcomes; b) Unique meaning of normative accomplishments; c) Striving to become the same as everyone else; d) Extreme expectations and associated consequences; and e) Dynamic nature of the sense of accomplishment.

The aim of this chapter was to explore the complexity around what is considered positive outcomes rather than developing an exhaustive list of outcomes that uncritically corroborate the existing resilience literature. It moved the discussion from identifying participants' Agreement with normative outcomes, to exploring the meaning behind tangible achievements. Further, it highlighted the complexity around what is considered positive outcomes through the voices of individuals with lived experiences and expanded on why they consider the identified outcomes as positive.

This is the first study that critically examined the key concepts of resilience (adversity, outcomes, and process) using participant narratives from a critical strengths perspective. I've drawn on the limited recent literature that raises concerns about resilience research. Additionally, I've used Gray (2011) and Mahdiani and Ungar (2021) who critique the commonsensical understanding of the strengths perspective and point research in the right direction. The narratives discussed in this chapter together inform our understanding about the complexity around the positive outcomes of children in care.

Next chapter discusses the third element of resilience: process.

Chapter Eight: Processes

According to Becker (1966), "Our interpretation [of change] has significance only if our imagery of the underlying process is accurate" (xiv). However, processes of within-individual or systems-dependent change away from the normative deviant behaviour and towards positive outcomes are non-linear and extremely complex (Carlsson, 2012; Southwick et al., 2014; Ungar, 2011). The trauma associated with childhood adversities, the subjective meaning of adversity, the subjective nature of positive outcomes, critique of strengths perspective and resilience, among other subjective interpretations, further confound these complex processes. Thus, aiming to produce a prescriptive model towards resiliency, which readers usually expect when they hear the word process, is unrealistic and not something I pursue in this chapter.

While acknowledging such complexity, this chapter discusses the relevant resources individuals harnessed while growing up in care and post care that contributed to the complex processes that led to their better-than-expected outcomes in the face of adversities. While each participant had a subjective sense of accomplishment and identified as accomplished, their individual narratives revealed the complex processes that led to an identity as accomplished.

A chronological assessment of participants' narratives produced four themes: a) Processes of accessing supports and services from the child welfare system; b) Processes of accessing supports outside care; c) Extended processes of stability and consistency; and d) Processes of acceptance: Disconnecting care from protection, that contributed to the larger process leading participants to a subjective sense of accomplishment.

Processes of Accessing Supports and Services From the Child Welfare System

This theme is about the processes through which participants were able to access support. The accessibility and quality of such support was a function of participants' interaction with various systems around them. These processes are discussed under two sub themes: i) processes of accessing supports and services while in care, ii) processes of accessing supports post-care.

Processes of Accessing Supports and Services While in Care

Participants' narratives provide evidence that the government provided food, shelter, education, clothing, and other necessary support to all the participants while they were in care. However, participants had limited control over access as well as the quality of such services while they were young. The narratives show a contrasting difference in the quality as well as quantity of support and services between Ava, who had an amazing experience in care, and others who did not.

Most participants did not share many positive memories from care, despite mentioning the support and services that were available to them. Most lived in multiple placements that included time in group homes and did not have a consistent, caring adult to help them access government resources. Rose and Jane spent time in the group home and other residential care settings. Their perception of people around them changed after transitioning from a group home to family-based care where they came to recognize their foster mothers' support.

Rose and Jane mentioned the difference in service delivery after they moved from a for-profit residential facility into a not-for-profit agency. Jane said,

So, I was in the group home for a couple of years. And obviously, my behaviour

was just getting worse. So, they [child welfare authorities] sent me to be in a

family-based arrangement [in a not-for-profit agency]. And the woman that I was

in that agency with is actually still like a mother to me to this day. And well, with

the [not-for-profit agency], it was amazing, the healing process really started…

Before, I was really forgotten…

Rose witnessed a similar positive difference in service quality once she moved from a for-profit agency where there was no support to a family-based living arrangement managed by a not-for-profit agency.

Participants' perception of care and availability of support was a function of their experience in care and the process of accessing these services. Participants' perceptions differed due to their experience with the organizational climate, culture, and people around them. When a caring person working within a family-based setup in a not-for-profit organisation came into their lives, they noticed, and things started changing for them. As Jane said, "the healing process started." Rose, Mary, and Jane mentioned navigating through the available resources with the help of their foster mothers and social workers.

Ava was the only participant who had a positive perception of government support and services, and of the care system. While in care, Ava accessed government resources to achieve age-appropriate accomplishments such as international travel as an exchange student, admission into a good school, enjoying movie nights with her foster mother, and more importantly, being happy.

A lot of positives, I guess, there because, in all reality, it was just nice to have support systems there and someone believing that you could actually do something. You know, I did come in [to the system] later… I was entering my high school or junior high when I first went in. So just having someone stand up for you and believe in you… like having a great advocate and having a positive person. You know, like, I was encouraged to travel really early. I volunteered and studied abroad. I just saw support systems… me and my mom used to go to movies all the time, do things like that. I mean, there were always positive things there.

Like most participants, Ava had experienced childhood trauma, had underlying mental health issues, and had attempted suicide before entering care. However, she entered care when she was a teenager and almost immediately started living with a caring individual in a family-based care arrangement. Ava, like other children in care, had limited control over the process through which she accessed these supports and services. However, her foster mother played a crucial role in making the process of accessing support and services smooth. Ava's foster mother helped Ava navigate and negotiate within her environment to access resources that were available to children in care. Ava spoke very little about the social workers and more about her foster mother. Ava's foster mother ensured Ava had what she needed to succeed and made her life easy. Therefore, Ava perceived her time in care as a positive experience.

Despite the availability of resources, everyone except for Ava viewed the child welfare system as adversity wearing a new cloak. While I have discussed reasons for such

a worldview in the chapter addressing adversity, Ava's case, in contrast with others, shows how services are available but under or inadequately utilized.

Many academics and social welfare advocacy groups have argued that the child welfare system is underfunded and provides inadequate resources to support children in care (Abell et al., 2008; CBC News, 2009; Trocmé et al., 2019). However, narratives show that a) many valuable supports remain hidden under the haze of the broader deficit-oriented social perception of care and b) such resources are less accessible for most children in care.

In terms of availability, Newfoundland and Labrador's annual expenditure on child and Youth Services is nearly 130 million dollars and 1.4 million dollars for child welfare programs and policies (Children Seniors and Social Development, 2022a). This budget serves 3780 children and 2280 families, of which 895 remain in care (Children Seniors and Social Development, 2022b).

From a critical strengths perspective, we can view the availability of resources as a strength of the system. If the resources are there for one person, they are available to everyone. It also means that there are policies and protocols that make these services available to every child in care. While we can question the quality of services, it was evident that such resources were available to children in care. Researchers and advocacy groups who argue for increasing support–undoubtedly essential–seem to undervalue the available resources and the issue of accessibility. Also, while focusing on materialistic deficits, the researchers miss out the opportunity to investigate the structural deficits that restrict the proper use of available resources. While participants described their unpleasant experiences within the care system, we cannot ignore that the support was

made available through Newfoundland and Labrador's child welfare legislation and policies. However, the point is precisely that it is not sufficient for governments to provide support if it is substandard, harmful and does not meet the full needs of the children it is supposed to be serving (Blackstock, 2015).

It can be argued that governmental programs are valuable if accessible to children in care (Levesque et al., 2013; World Health Organization, 2023). While there is extensive literature about the care system's limitations (Blackstock, 2015; Lonne et al., 2008), Ava's standalone case shows that the government supports are available within the children's immediate environment and accessible with the help of a caring foster mother.

In terms of accessibility, Ungar (2011) notes that access to available services within the immediate environment is valuable and crucial for fostering resilience. Considering Ava's case and others who started utilizing services as soon as they entered a new living arrangement, the issue didn't seem to be the availability of services but the accessibility of services. Discussed next is the role of child welfare agencies and professionals who act as liaison between the child welfare system, and the child, and have a major role to play in facilitating or restricting access and quality of support.

Agencies and individuals working in Newfoundland and Labrador's child welfare system are governed by the same legislation, protocols, and policies and would therefore presumably operate/behave in similar ways. However, participant narratives indicated they had varying experiences with different professionals and institutions that came into their lives.

Children cannot access existing services or navigate the system alone. They have limited agency to make decisions for themselves and they need adults around them to

help them through the process of accessing resources. Most participants lacked the presence of a consistent, caring adult, at least for part of their time in care. Jessica eventually found a caring foster mother; however, she felt she had difficulty trusting her foster mother due to years of instability and neglect within the care system.

> They [group home workers and foster families] were always there to lay down the rules, but they were never there to comfort you. To make you feel like you were a part of their family. The only person or the only family that really felt like that was one of the last ones where I was there for 18 months on and off. Actually, I still communicate with her to this day. And the other foster parents, I never did that. So, I felt like with her, she had the whole family thing, and she kind of collected me in. But at 12, I was already too far gone to the system for being pushed around. So, I couldn't trust her enough to get to understand that she was here to stay.

This finding corroborates previous studies indicating children in care have difficulty trusting people around them (Courtney & Heuring, 2005; Heyman et al., 2020). Mary did not remember many good memories from care. Jessica's previous negative experiences with the people in the child protection system who were meant to care for her directly led to her difficulty trusting adults who were later attempting to care for her. This points to the issue with the system, not with the child. Though I previously discussed that children in care might have higher expectations from themselves, it is evident that children expect caring gestures from individuals around them.

Ava's foster mother admitted her into a "good school" and advocated for her. While all the participants were attending school and had access to supports and services,

it was after meeting their foster mothers within a family-based care arrangement facilitated through a not-for-profit agency that they started feeling the difference in quality of services that they were receiving. This combination of person, place, and organisational structure enabled accessibility for most participants.

Participants' narratives show that a combination of foster mothers, working in a family-based arrangement, within a not-for-profit organisational structure facilitated the processes that supported them to achieve better-than-expected outcomes. Achieving such outcomes gave participants a sense of accomplishment. While participants experienced multiple placements, most found caring and supportive adults within the family-based living arrangement. None of the participants reported such a relationship with workers at a group home or other types of living arrangements. This evidence demonstrates that family-based living arrangement is a better option for children in care (Hestbæk, 2018).

All the professionals working in Newfoundland and Labrador's child welfare system have similar training and certifications. However, the role of foster mothers stood out in participants' narratives. Their actions changed Rose and Jane's perception of people around them. Such caring adults are necessary to promote resilience among children (Heyman et al., 2020; Thompson et al., 2016; Ungar, 2011). When examining participant narratives with a critical strengths perspective, foster mothers did not judge children by their behaviours. They, instead, filled the crucial void of the absence of a caring adult in the participants' lives. However, for most participants, matching with the caring adult was beyond their control. Thus, getting into a house with a genuinely caring adult was a matter of chance, not choice. I believe Ava's perception of care and support might have been very different if someone else had cared for her.

Considering that getting appropriate care is an issue of chance, we can go back to Cindy Blackstock (2015) who sees the state as the reason for adverse outcomes of care-experienced individuals. If, as a society, we are removing children from their families and delegating the care of these children to others, it's too far a stretch to expect that they will actually care for children. This would need to be fundamental, and not just that children can expect 'caring gestures'. If this is not occurring, it's valid to question whether the entire system is failing. A detailed assessment of the resiliency discourse and the intergenerational transmission of adversities is presented in chapter nine.

Ungar (2011) has argued that the quality and quantity of services within the care system promote the process of becoming resilient. A quality family-based living arrangement supported the participants in their journey toward becoming the same as everyone. We can argue that the quality of services is a function of a) the type of living arrangement and b) the personal traits of the individual caring for the child, and c) the organisational structure. In Ava, Rose, and Jane's case, we can find evidence that family-based carers with a genuine desire to support children in care led to increased access to government resources– thus increasing opportunities for children to succeed in their lives and promoting resiliency through complex processes.

From a critical strengths perspective, a line of inquiry can be how to make these available resources more accessible to other individuals who grew up in care and investigate the structural barriers that restrict access. For example, despite living in care for over ten years, Adam was ineligible to receive financial support for post-secondary education because his mother took him back just before his 16th birthday. Though Adam later achieved academic and professional success, he did so by taking education loans and

working part-time while dealing with the trauma of being in care for over ten years. Similarly, Jane couldn't extend her stay with a caring foster mother due to being in volunteer custody. Such issues limiting access demand policy resolutions.

While discussing support and access, I look back at the critique of resilience or the 'dark side of resilience,' and think, 'can we actually say that these services promote resiliency?'– especially when the concept itself isn't clearly understood. Also, it was the foster mothers who made the difference in some of my participants' lives thus corroborating the gendered nature of care discussed by Gray (2011). Gustafson (2001) argues that motherhood is both glorified and undervalued in "a pronatalist, patriarchal, heterosexist society" (p. 2011). Hence, making it clear that mothering and caring professions are feminized professions in a society that undervalues emotional labour. Social work–a predominantly female profession–undervalues women's voices that Gray argues, have "remained hidden" (Gray, 2011, p. 9).

In terms of the organisational structure, Huggins-Hoyt et al. (2019) have argued that "despite the controversy it incites, the chief goal of adopting privatization as a political economic alternative to delivering services remains to promote, facilitate, and protect the public good", however, "at best, private institutions perform at least as good as public institutions, but none revealed substantial improvement of private arrangements over public arrangements" (p. 2-3).

The narratives showed that the participants' perception of care and available services changed after moving into a not-for-profit agency that has been shown to facilitate better quality services as compared to a for-profit agency (Collins & Ferracioli, 2022). According to them, "care requires a kind of commitment that for-profit institutions

187

are constituted to avoid, and that non-profit institutions are constituted to embrace" (Collins & Ferracioli, 2022, p. 625). While saying so, it is also true that the dominant ideology of managerialism influences both, the social welfare and the social work profession (Featherstone et al., 2014; Moore, 1998). Such an approach promotes operational management ideas from business schools, and undermines the strategies informed by the practice wisdom of social welfare professionals. Thus, "threatening the historical mission and identity of social work and social welfare" (Moore, 1998, p. 75). The not-for-profit organisations should be wary of the idea that they aren't immune to the influence of such practices.

Overall, the structural determinants of availability, accessibility, and quality add to the complexity of delivering child welfare services. Acknowledging and addressing such issues would promote resiliency.

Processes of Accessing Supports Post-Care

The process of accessing support and services became even more complex when participants reached the age of transition and early adulthood. At this stage the participants were at an age where they were more involved with decision-making affecting their lives. Their experiences with the available services and the process through which they were able to access these supports developed their perception about the nature of these supports.

Typically, most children exit care when they are 18. However, Rose and Ava stayed in care under the Youth Services program after they were 18. Their respective foster mothers ensured adequate governmental support for the children in their care. They

helped Rose and Ava navigate through various governmental processes to access such programs– more evidence that resources are available but not adequately accessible. Social workers can provide this information to youth who do not have a caring adult. However, social workers do not continuously live with children and hence have lesser emotional connection with such youth. Hence, a caring adult, especially a foster mother, makes it much easier for children to access available support. Caring foster mothers acted as a liaison between the study participants and the available resources through the social worker representing the provincial child welfare department.

Ava, Rose, and Jane's foster mothers cared for them and taught them life skills. Generally, children and youth transitioning out from care lack the life skills needed for independent living (Sukumaran, 2021). Jane mentioned how her foster mother helped her learn what is required to live independently. She said,

> So, there's [name of her foster mother with whom Jane lived]. She is the person who was in the family-based arrangements with me. And she's like, mom. And she's just a really healthy adult and a great example. And like, she just helps me learn adulting like, she helps me like paint my walls. Learn how to be an adult, all the little things. So, she helped me with my taxes, and she got me a mug once and like some towels. Just all the little things about being an adult that you wouldn't really think about. So, she really helped me learn how to be an adult.

Jane's foster mother did not get paid to do these things. She went over and beyond to help because she cared for Jane. Ava's foster mother did the same. Rose also saw hope in her foster mother. When I asked how [name of her foster mother] was helpful? Rose replied, "She loved me… She always gets me and encourages me to do stuff… She would praise

me even if I didn't do much." There is a reason why Rose, Jane, and Ava saw hope in their foster mothers and not in multiple other individuals who worked with them over the years. The reason was that these foster mothers made them feel cared. This feeling helped Rose, Ava, and Jane build confidence and trust their foster mothers and take their advice even after they transitioned into early adulthood.

Jessica disapproved of living in care and went directly into the adult welfare system after her 16th birthday. Her disapproval was an outcome of her traumatic experiences within the care system and absence of a caring adult in her life. Rose, Mary, and Jane received residential and academic support services even after their 16th birthday. While Rose, Jane, and Mary did not refer to being in care as a good experience, they did mention various government programs that helped them attain post-secondary education, pay for their living expenses, access counselling support, and travel domestically and internationally.

Processes of Accessing Supports Outside Care

The child welfare system is only one of many social institutions that affect the lives of kids in care. Children interact with individuals within the school, healthcare system, and larger community. Rose, Ava, Jane, and Adam mentioned the support that they received within the school system. Jane and Rose had teachers who created a safe space for their learning. Their teachers were aware of their trauma and removed as many barriers as possible to support them during their process of learning. Jane said,

So, I used to be late a lot because of what was happening in my family. So, I wouldn't have to go into detention. They [teachers] would be there for me. I

wouldn't have to say anything. So that felt good… So, they were knocking down all those barriers as much as possible. That was helpful in the school setting. But while there was still stuff going on at home, no matter how many barriers you knocked down, still some remained. I was unable to learn because I was in survival mode... So, I wasn't able to put that guard down and take in new things. I had that wall up… I was just trying to get through the day, every day. They never gave up on me. And if it weren't for them, I wouldn't be where I am right now.

Jane mentioned one teacher who is still in touch with her and emails her to check on her progress in her post-secondary studies. Adam also had some good memories of teachers playing a positive role in his life. He said,

I remember there was a great five-teacher who was very positive. And there was a sister (Catholic nun) in grade three or four that was very positive to me. And I fed off their energy, you know. That little bit of support that I got stayed with me my whole life. And I still think about those people fondly. And they still help me today.

Rose gave another example of how her teachers were helpful.

All my teachers growing up really liked me. These people have encouraged me a lot… I lived in the foster home. They kind of knew that I did. So, they'd like to make up things for me, like one of them used to have me grade tests and stuff like that. They would tell me about different opportunities for me to volunteer after school.

These teachers helped the participants navigate and negotiate within the school environment and facilitated the learning process.

In addition to teachers, Rose also had people at a local church who cared about her. They created an opportunity for Rose. She said,

I started going to church when I was in the group home because it was right next door. So, it was like, Friday night, summer camps every summer, and church every Sunday. I volunteered there for a couple of summers, and eventually, they started paying. They made a position for me where they would pay me to cook. So that made me feel really proud because like it was never like that before, and the camp had been open for years.

Rose's passion for cooking and her experience at church contributed to her positive development and boosted her morale. The opportunities that she received at the church put her on the path where she later obtained post-secondary education that led to a good career.

Jessica had no good memories from within the school system and experienced stigma because she was treated differently. Jessica's story shows that children in her school were not allowed to hang around with her because she was a child in care. She was always in the principal's or guidance counsellor's office. However, Jessica said good things about the Church and the role it played in her process of survival.

At 16, if I didn't have the money, I knew that if I went to a church, they could help me. So, I knew that I could go there. And there were many churches around that do that. Especially when I was young, they didn't mind. Most of them you'll go to them, and you can ask them what days they run their food bank. And if like you really have nothing, of course, they're not going to send you away with nothing. They'll give you enough for a couple of days to get you by, and then they'll tell

you if another food bank is open on an earlier day. Like they're actually really

good! Churches are really cool… I had to reach out to their food bank, and they

were very open and helpful. They weren't open that day, but I went there, and my

daughter was small, and they still helped me along for a couple of days.

While not a long-term solution for individuals, churches played a role in at least two of

the participants' lives by providing them food and opportunities while they were in care,

and post care. Such resources within the communities can play a positive role in the lives

of individuals and are crucial within the systems perspective of resilience (Ungar, 2011).

Within the process definition of resilience, such community supports make the

environment resilient promoting.

Jessica mentioned her unique experience within the youth corrections facility–a

place usually considered negative in terms of resilient outcomes (Daining & DePanfilis,

2007). Going into the youth corrections facility positively impacted Jessica's

development because she considered her time there comparatively better than living in

care.

You wake up at the same time every day, and you do the same thing. You go to

school, but the school is there, you know, you are with the same group of girls.

You don't have to dress any differently. Everyone is dressed the same… once I got

into it [routine], it was a comfort, and I didn't want to leave. It was almost better

than being in care because I knew the same people were coming in every day. And

so, it was kind of like having parents that just kind of gave you rules, but everyone

just followed a routine… I guess that was more comforting than being in care

because being moved around in care sucked.

193

Jessica highlighted the need for a consistent and caring adult (especially, foster mothers) in children's lives, an issue highlighted in the literature (Sukumaran, 2021). I did not find similar experiences among any other participants. However, this finding corroborates Ungar's (2001b) conclusion that youth normatively defined as troubled perceived themselves as exercising control over several aspects of their out-of-home placements. Jessica's case is notable because such experiences are seldom reported in studies on youth resilience.

Most deficit-oriented research studies on resilience would disqualify a participant like Jessica because she did not demonstrate normative positive outcomes (Daining & DePanfilis, 2007). Her journey tells us how she navigated and negotiated with different systems in her life to build a healthy routine. When studying resilience, it is acceptable to select individuals who investigators consider resilient based upon pre-defined parameters and tell their stories. Previously, researchers have identified such self-selection bias as a study limitation (Anderson & Williams, 2018)—cases of individuals who self-identify as resilient, as I have examined in the current study, present a unique perspective to our understanding of resilience.

Overall, encouragement, consistent support, and feeling cared for by foster parents (especially mothers) and outside institutional support helped participants to develop a positive self-perception. Such experiences put them on a path of achieving outcomes that they individually valued and translated into them self-identifying as accomplished later in life. As previously discussed, the resources are available within the youth's environment. What matters is the presence of caring individuals who act as a liaison between available

services and the child. Overall, the institutions in the larger community also facilitate the processes that foster resilience.

Extended Processes of Stability and Consistency

Within the narratives, participants highlighted extended processes that changed their approach to life or brought a positive change. A sense of stability and consistency characterized such phases. For example, Ava considered moving into care as a positive event in her life. However, the prolonged phase of positive interaction with her foster mother rather than a particular moment shaped Ava's future life trajectory.

For Mary, the idea of becoming a nurse did not result from a direct conversation about becoming a nurse with someone, but witnessing a nurse in her immediate environment sparked her interest in nursing. However, it wasn't one particular moment that changed Mary's life. This idea grew over an extended period. She wouldn't have been able to become a nurse if there were no post-secondary educational support programs by the provincial government for children in care. In a personal communication with Dr. Sandra Luscombe, a pediatrician with extensive experience of working with children in care in St. John's, I came to know that such programs have always been available, but underutilized (S. Luscombe, personal communication, March 31, 2021).

As another example, Jane's concern for her pets made her take on the challenge of living independently and seeking available resources. She had pets in her birth family and considered them her family. One can argue that the urgency of care and concern for Atlas brought a turning point in Jane's life (Thompson & Holland, 2015). However, reading through Jane's Bildungsroman, we find that this idea grew over the years because Atlas

was part of Jane's life since Jane was very young. Jane's long-term relationship with her pets, the little freedom she had after exiting care, support from her former foster mother, and adult welfare support empowered her to go through the process of rescuing Atlas and Jill.

Rose saw the responsibility towards her foster family to stop using drugs and alcohol. She said,

When I moved in, [name of her foster parents' child] was like, really little, like, he was just starting to walk and stuff. And like, I, I guess I wanted to be a better influence on like them. And like, I didn't want them [foster parents] to know that I smoked, and I didn't want to bring any, like drugs or alcohol into the house. I wanted to be around him, and I was afraid if I kept going the way that I was going, then [name of foster parents] wouldn't have me anymore. And I mean, they probably would have, but… So, I tried to be better for them.

While Rose received appreciation from her teachers and people at church, she decided to change because of her sense of responsibility towards her foster family. Rose's foster family's care for her perpetuated her sense of responsibility. Such a belief may not have developed in a single interaction. She wanted to stay as she felt loved by this family. Thus, various factors came into play in Rose's decision to change her habits.

Adam excelled in academics and sports while in care. However, his mother returned to his life and took him back when he was 15. While this moment was sad for Adam because his mother couldn't take his siblings along, it brought Adam into a new world where he had his own room, clean clothes, and good food. It helped him get out of the system that he believes treated him differently. But returning to her family was not an

equally positive experience for Jane. Perhaps it was quite the opposite because her family moved and left her to survive on her own.

Jessica experienced multiple disruptive events and struggled to maintain stability and consistency in her life. When she tried to return to a healthy lifestyle, her life experiences brought new barriers. In the first instance, Jessica thought leaving care would change her life. However, she got in trouble right after leaving care when she was just 16. In the second instance, Jessica went to a treatment center to address her addiction issues. She remained sober for eight months, but a trip back to Newfoundland and smoking with her mother led to another relapse for Jessica. The third time was when she got into a relationship with a man and had her first child at 19 while living on the mainland. Having a child brought a sense of responsibility into Jessica's life. However, their relationship ended, and Jessica started getting into trouble again. She said, "It is a very big trigger in my life when people leave."

As a result, in her early 20s, Jessica lived in major cities in multiple Canadian provinces. Her child also stayed in care for a period during these years. However, when she returned and visited a small rural community in Newfoundland and Labrador, she met a man who later became her fiancé. Meeting this person brought a new phase in Jessica's life. This time she felt like someone cared for her and loved for who she was. She also found support from community members in that rural community– support she could not find in cities that usually have better access to health care and social services (Wilson et al., 2020). Jessica also had a recent incident in this small community and got involved with law enforcement. Her daughter's gender transition and the festive season–not a good time for many children in care– led to this incident. However, she received support from

her fiancé and overcame these difficult times. Multiple processes within Jessica's immediate environment helped her overcome these difficult times and brought stability and consistency in her life. She said, "It's pretty amazing, actually. When I look back at that time (earlier years), I can think of how far I've come down. Just acknowledging that someone could love me for that long…"

Drapeau et al. (2007) reported three types of turning points that set individuals on a path towards resilience: action (an achievement that gave a sense of accomplishment, such as education), relation (meeting a new person/creating a positive relationship), and reflection (a realization that they can no longer continue in the same direction) (Drapeau et al., 2007). While these three themes are evident in the narratives above, the complexity within these processes and the contemporary critique of the theory of turning points warrant an extended discussion.

It was not a specific moment but the phase when Jessica moved into the rural community and started living with her fiancé. This experience was not momentary but extended over the years of living within a supportive environment. Thus, I believe it is not a turning point but a phase of stability and consistency within a supportive environment that individuals in care need to become the same as everyone else. For some, these phases happen over a small duration. For others, these may be extended over the years.

A common criticism of the turning point theory is that it does not explain why only some people change their behaviour after a turning point, whereas others don't (Wickert, 2022). For example, entering care was a positive turning point for Ava but not for others. In the study of resiliency– a highly contested, methodologically homogeneous

field– within the context of the child welfare system– a deficit-based system– the three turning points do little to explain the phenomenon of resiliency adequately. Firstly, due to the use of the normative definition of positive outcomes. Second, due to the ambiguity around the definitional, conceptual, theoretical, and Socio-political critique of resiliency. Thirdly, due to rudimentary and uncritical acceptance of the understanding of a strengths perspective.

The findings in this study are unique because they are not grounded in the normative idea of the socially constructed 'approach towards life.' The complex multi-level processes, such as Ava entering care, Adam leaving care, Rose entering a family-based arrangement, Mary identifying a career as a nurse, Jane rescuing her pets, or Jessica visiting a rural community, changed participants' self-defined approach towards life that they valued.

Previous literature looks at critical moments or turning points that set individuals on a path towards resilience (Drapeau et al., 2007). But participants' Bildungsromane suggest a process characterized by consistency and stability. They experienced unique processes of consistency and stability in different contexts and achieved what they personally valued. However, for all the participants, the consistency and stability they experienced was accidental. The strength of these findings is that they are situated within lived experiences and participant voices that describe for us, their resiliency.

Process of Acceptance: Disconnecting Care from Protection

Child welfare system could facilitate conditions for positive outcomes for children in their care by shifting their focus from survival and protection of these children to their

lifelong well-being. From this perspective, immediate concerns of protection are important in times of crises. However, if not combined with the concerns for the development of lifelong well-being, those protected by the child welfare system may face life challenges that are likely to impair their intergenerational social and economic well-being (Hertzman & Power, 2003; Traverso-Yepez et al., 2017; Trocmé et al., 2014).

Within an environment grounded in the idea of care, children seem to allow and accept workers in their space and take their guidance. However, narratives show that state designated carers seem to confuse care with protection or consider them as synonyms. Whereas they are two different concepts. Jane illustrated this through a story about the group home where the staff would hide sharps (knives, forks etc.) to reduce the risk of suicide by one of the children in their care. According to Jane, self-harm was one of the ways that her friend who completed suicide coped with her trauma. Jane said,

> So, she [her friend] would, if she saw a little bit of hope in you, she would tell you, "Listen, I am depressed. I want to die." But all they [staff] would really do is they take her sharps and send her to the hospital. They removed her immediate ability to harm herself, and they would never address these issues. Because they were very deeply rooted issues of abuse, and it was never addressed. It was always just taking the sharps and sending her to the hospital. But then she'd come home from the hospital worse because they just treated her like she was nuts. It just kept happening and happening and happening... And she ended up dying in that group home.

While protecting children from abuse and neglect is essential, it is equally important to facilitate care and concern and give them an age-appropriate environment to grow. Jane's

interpretation of this situation was that the focus of workers was on urgent protection, and they failed to address the root cause of her friend's health– which was the need for stability, consistency, and care. I argued previously that access to these was accidental for the participants. When some foster mothers showed genuine care, participants accepted them into their lives and valued their guidance.

Critiques have suggested that the child welfare practice and processes they follow have become extremely defensive, risk and liability-averse (Whittaker & Havard, 2016). Processes guided within such foundations are counterintuitive to developing a genuine connection. One of the reasons for such practice is considerable media criticism during high-profile child-death inquiries. Such a pattern is similar to the healthcare domain, which has also been accused of being risk-averse and defensive (Borges et al., 2019). The experiences facilitating participants' resilience involved caring foster mothers within a family-based care, working for a not-for-profit organisation, who gave them the proper care and concern.

While protection from maltreatment, risk of maltreatment, or self-harm is crucial, the processes through which caring adults exhibited care and concern towards the participants enabled them to achieve outcomes they valued. Featherstone et al. have argued that "focus on capabilities (derived from the very influential work of Amartya Sen) is crucial– professionals are not there to intervene and solve problems–they are there to listen, challenge and support a process of discovery and transformation" (Featherstone et al., 2014, p. 35). They have argued that child protection is distinct from child welfare. While defensive approaches may suit the former, the latter should be based on compassion and caring. All the individuals who positively changed participants' lives

demonstrated more concern about the child's welfare than just protection. By winning the child's trust, they could advise in a manner that vicariously protected them from harm.

An example of vicarious influence is of Ava, who considered moving out and becoming independent after finishing high school. However, she was able to make a rational choice while considering the support she had in her foster mother's home. While it was an independent decision by Ava, she was persuaded to stay due to her foster mother's caring attitude that kept her from moving out and living on her own at a young age. Rose also stayed with her foster family after finishing high school. Jane wanted to stay with her foster mother but could not because of being in volunteer custody. Contrarily, Jessica did not have such support and ended up homeless soon after she decided to move out of care.

Policymakers and practitioners must understand the difference between protection and welfare and change gears from a risk-averse practice to a practice based on care, capabilities, and critical pedagogy. Such a practice would align with the critical strengths perspective. Fallon et al. state that "A truly differential model is needed to appropriately respond to the dual mandate of Canadian child welfare services and better serve children and families" (Fallon et al., 2021, p. 1).

Chapter Conclusion

Through a chronological assessment of participant Bildungsromane and an understanding that processes are non-linear and extremely complex, this chapter identified and discussed four themes and two sub themes to show the complex processes that led to participants' subjective sense of accomplishments and include participants'

memories of who and what was helpful and how those people or services were helpful in their pursuit of becoming same as everyone else.

This chapter aimed to identify and discuss the relevant processes– that contributed towards participants' achieving better-than-expected outcomes in the face of adversities– individuals harnessed within their environment while growing up in care. The issue of accessibility is prominently discussed. The narratives show that foster mothers operating within a family-based living arrangement and employed by not-for-profit agencies play a crucial role in establishing stability and consistency in children's lives, which further lead to participants achieving self-defined markers of success. Support outside the care system also enables children in care to feel good about themselves. Such interactions guide learning and career development processes. Also, extended processes that bring stability and consistency in children's lives help change their attitudes toward life. All these processes occurring within a deficit discourse focused on child protection needs redirection toward child welfare so that adults working in care listen, challenge, and support the process of discovery and transformation among the children they work with. All these ideas grounded in participant voices and lived experiences advance our understanding of favorable conditions and processes that foster resilience.

To pursue research on the resiliency of individuals who grew up in care, the researchers must acknowledge the complexities, and design studies to explore resiliency, develop systems to promote resiliency, and invent methodologies and methods used to study resiliency within the critical strengths perspective. Limiting the qualitative inquiry to a select few normatively defined resilient individuals would yield limited understanding of resilience. Findings add to the current literature around process

definition of resilience and echo the complex yet critical significance of multi-level

systems such as child welfare, family, and social systems towards the well-being of

children in care. While making these claims, I acknowledge that there might be other

processes that promote resilience among children in care. I echo for developing these

understandings through the voices of individuals with lived experiences.

The next chapter will present a critical assessment of the resilience discourse

within the context of child welfare system.

Chapter Nine: A Critical Assessment of the Resilience Discourse

The findings in the previous chapters sketch an individual, voice-oriented understanding of resilience and uncover the narratives that may usually remain hidden in the resilience literature. The resilience discourse and social reproduction within the context of the child welfare system in Newfoundland and Labrador also demands investigation. To this point, my thesis investigates the understanding of resilience using a bottom-up approach (individual to general) where participant voices and their Bildungsromane constructed the ideas about adversity, outcomes, and processes. In this chapter, I use a top-down approach (general to individual) to examine how the dominant social constructs, construct a common sense understanding of resiliency among care-experienced individuals. I investigate some of the identified themes to investigate the following questions.

    a) Are negative aspects of resilience common? Can resiliency be maladaptive?

    b) If the negative aspects of resilience and its maladaptive characteristics are common, how does resilience discourse reproduce itself and contribute to the intergenerational transmission of adversities?

Using Pierre Bourdieu's social reproduction theory, this chapter investigates the concerns recently raised by Mahdiani & Ungar (2021).

This chapter identifies maladaptive and negative aspects of resilience generated by this research. Second, it introduces the Pierre Bourdieu's theory of social reproduction and uses it to examine resilience discourse. Third, it investigates the mechanisms through which the resilience discourse persists despite the identified maladaptive and negative

aspects of resilience. This section also discusses how resilience discourse reproduces itself and contributes to the intergenerational transmission of adversities.

Are Negative Aspects of Resilience Common? Can Resiliency be Maladaptive?

The resilience research community and society consider education, employment, having a family, owning a house, and sobriety to be normal positive outcomes Study participants generally agree with this normative construct of positive outcomes. Chapter seven discusses this theme of normative accomplishments. Participants strive to become the same as everyone else which means the same as people who did not grow up in care and who typically demonstrate significantly better psychosocial outcomes when compared to care-experienced individuals. This illustrates the extreme expectations care-experienced individual place on themselves. Expectations sometimes have negative consequences. For example, Jessica's attempt to seek independence led her to exit care when she turned 16 and soon after, she ended up in the corrections facility. While two other themes were identified (the unique meaning of normative accomplishments and the dynamic nature of the sense of accomplishment), they are less relevant to this chapter.
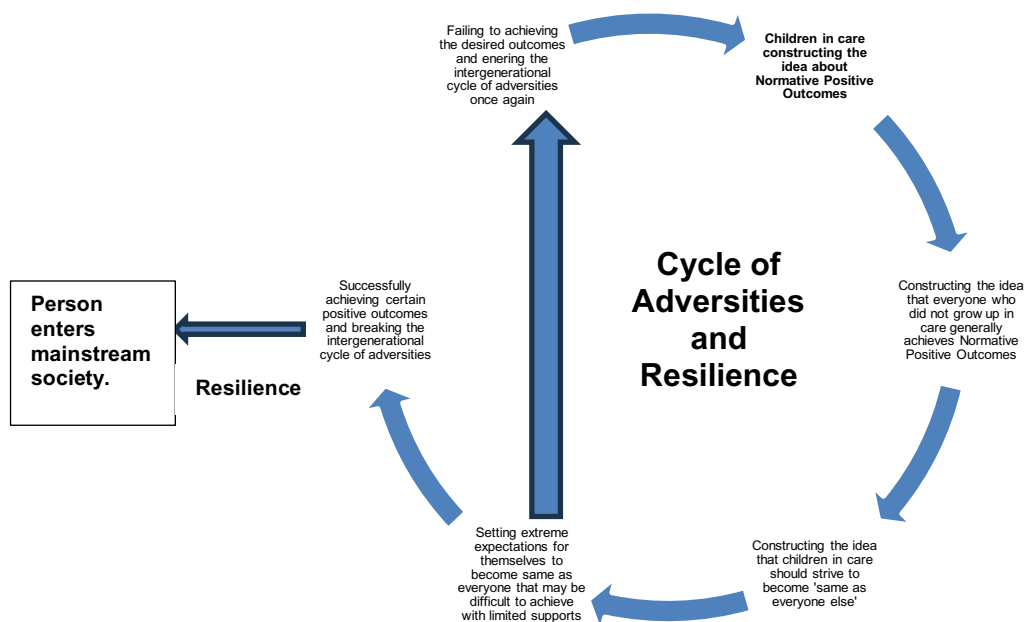
Figure 2

The cycle of adversities and resilience

The life trajectory of children in care and intergenerational transmission of adversities can be demonstrated through Figure 2. The construction of the normative outcomes starts early when the child is still in care. With the exception of Ava who said she did not know the difference between right and wrong until she became a teenager, most children in care learn early this distinction between right and wrong, good and bad, . All participants except Ava were at least the second generation of children in their families to enter the social welfare system. This is consistent with the literature that shows that the majority of young homeless people in Canada have had a history of growing up in care (Gaetz et al., 2016; Shewchuk, 2020). The intergenerational transmission of adversities is also very common among Indigenous people of Canada (Jones et al., 2015).

Once children become aware of the construct of normal, often by middle school (McIntyre, 1993), they start striving to become, normal or the same as everyone else. This research reveals they set unreasonably high expectations for themselves to achieve normality that are difficult to achieve, given their limited access to support and guidance. Unrealized expectations for normality re common among care-experienced individuals (Mehta et al., 2021), and can result in negative consequences. Jessica's case is an example of multiple relapses that led her and her child back into the welfare system at various times. Her case shows how individuals become stuck in the intergenerational cycle of adversities. A few, like Adam, however, who achieve normative outcomes such as higher education are considered productive citizens (Ungar, 2013) and are labelled the resilient ones.

The resilience discourse works on the assumption that individuals have the capacity to demonstrate resiliency if they have access to an environment that promotes resiliency (Ungar, 2011). The environment includes culturally and contextually relevant programs and services within the social ecology of the individual in care. In pursuit of generating evidence, the research community remains interested in studying both the resilient ones and those who demonstrate what Werner calls destructive outcomes (Werner, 1971).

Individuals who were part of my study had a subjective sense of accomplishment, and their narratives show that there were processes through which they were able to break the intergenerational cycle and achieve the things that made them feel accomplished. However, the themes of extreme expectations and associated consequences might be considered somewhat distorted version of reality, even for those whose accomplishments

208

are consistent with the construct of normalcy in the resiliency discourse. While striving

for a normal life is appreciated within the resilience discourse, striving for extreme,

sometimes developmentally inappropriate goals can lead to failure and feelings of shame,

guilt, and low self-esteem. The findings exemplify what Mahdiani and Ungar (2021) call

the 'false-hope syndrome' and 'self-enhancement trait'.

      According to Polivy and Herman (2000), when extreme or "unrealistic

expectations are not met, the outcome of attempted self-modification may be

disappointment, discouragement, and a perception of oneself as a failure" (p. 82).

Similarly, self-enhancement, which means "the tendency towards overly positive or

unrealistic self-serving biases" (Bonanno et al., 2005, p. 985), may "act in their

[individual's] favor and make them appear resilient to emotional turmoil but leads to them

being judged unfavorably and unfeeling" (Mahdiani & Ungar, 2021, p. 150). For

example, Adam was very competitive in sports and academics, which "pushed people

away" because they didn't want to be around someone in a "competitive" mode most of

the time. The themes of striving, unrealistic expectations, and negative consequences

demonstrate that excessive efforts to be like everyone else may be a potentially

dysfunctional aspect of positive adaptation for participants like Jessica and Adam

(Mahdiani & Ungar, 2021). Adam fits into the broad idea of a resilient person because of

his normative accomplishments. However, the negative aspects of Adam's resiliency are

noticeable. Similarly, the feeling of "I should be doing more" or "I haven't achieved as

much as I should have", which can be considered traits of ambitiousness, may have the

reverse effect. An inability to meet unrealistic expectations may result in a sense of

worthlessness.

Mahdiani and Ungar (2021) also examined if there is a wrong context for resilience. The resilience discourse may not have negative consequences in under resourced areas where individuals face high levels of unemployment, social isolation, and violence. The myth of meritocracy would have individuals believe they can achieve success solely through their innate abilities and efforts, disregarding the negative impact of social conditions (Boliver & Byrne, 2013; Carlin, 2013; Mahdiani & Ungar, 2021).

An example here can be Jane's friend, who stopped seeking help when her efforts seemed futile and ended up completing suicide. Mary, Jane, Jessica, and Rose noted that many professionals do not address the root cause of children's behaviours. A persistent feeling of not being understood can lead individual to give up trying to explain their feelings again and again. Jessica said she stopped trying to make friends in school when she realized that her residential placements would fall apart again, resulting in switching schools. The unsatisfactory outcomes, despite continuous striving, led to what Seligman (1975) calls learned helplessness for the participants in this study.

The term resilience is used in day-to-day life. Historically, resilience describes "fortitude under stress that results in socially expected or desired outcomes" (Mahdiani & Ungar, 2021, p. 151). Sometimes, resiliency is described as exclusive and rare superhuman endeavours. When individuals are unable to achieve superhuman accomplishments, this can be considered a sign of timidity. Such a belief can make resilient behaviour or good outcomes unobtainable (Mahdiani & Ungar, 2021).

While some might consider giving up a sign of weakness, Duckworth (2016), argues that giving up can also be seen as a wise (and resilient) move for someone who realizes that the thing that they are trying to achieve "may not be a good fit for them

210

mentally and physically". Bracke (2016) uses the term' cruel optimism' to describe the impossibility of achieving upward social mobility in contexts where grassroots supports are failing.

In Adam and Ava's case, they tried to reconcile with their biological families but gave up once they realized it was not worth it. According to Mahdiani and Ungar (2021), "While stories of grit or bravery are always constructed as positive, failure is also a signifier of resilience if one changes the metrics of success to include the exercise of individual preferences" (p.151). Societies or institutions that undermine the need for social transformation, by for example, not acknowledging the structural critique of the child welfare system (Featherstone et al., 2014; Mosher & Hewitt, 2018) or valuing voice-based evidence, may retain a flawed idea of resiliency.

By discussing the findings from this study concurrently with the concerns raised by Mahdiani and Ungar (2021), this section reasonably confirms that resiliency can be maladaptive, and its negative impacts are common. To theorize the discourse of resilience further, I will introduce Bourdieu's theory of social reproduction.

Pierre Bourdieu's Theory of Social Reproduction

Pierre Bourdieu's theory of social reproduction (Bourdieu & Passeron, 1977), which includes concepts of field, social position, capital, habitus, and doxa, can be valuable for studying resilience discourse and its impact on care-experienced children and adults.

Field

The first key aspect of Bourdieu's theory of social reproduction is the field. Fields are autonomous spaces with specific governing rules. Autonomy is, therefore, relative as individuals and their behaviour are embedded in a broader social space (Bourdieu, 1973; Bourdieu & Passeron, 1977). Political, social, cultural, and economic conditions influence the field. With no fixed boundaries, the borders of the field are blurred, and the impact of one field loosens when a new field's effects begin. Compare the rules governing our professional space to those in our household or the rules governing a casual versus a formal social event. How we behave, or are expected to behave, differ between these spaces and are governed by certain written and unwritten rules. Individuals or institutions can co-exist in multiple fields at the same time. An individual or an institution's power is dynamic and varies from field to field.

For this study, Newfoundland and Labrador is societal and cultural space which is a locus of struggle for care-experienced individuals as well as individuals who have never lived in the care system. Certain rules that govern this field can be formalized, such as child and youth care legislation and policies, extended-care policies and programs for care-experienced individuals. Other broad rules and regulations govern everyone operating within the field, such as the Canadian Charter of Rights and Freedom, education act, employment act, health and safety act, highways traffic act, United Nations Convention for the Rights of a Child and so on. At the same time, certain unformalized rules, such as tacit understanding, unspoken but mutually recognized attributes, body gestures, to name a few, also govern a field (Bourdieu, 1973). Individuals, Bourdieu refers to those operating in a field as agents, internalize these rules. Internalization is

central to Bourdieu's theory of social reproduction. The members of a social field, Bourdieu refers to them as agents, internalize the written and unwritten rules through practice and repetition until these rules become part of agents' gestures, body language and dispositions. Dispositions include tendencies, propensities, and inclinations of individuals, groups and institutions, including timidity, arrogance, postures, stereotypes, and actions.

Social Position

Another concept central to Bourdieu is social position. Social position is the conceptual location of relative status, power, dominance, subordination, privilege, economic status, and the meaning of equality in a given social field. The middle-class familial structure is well preserved in Canadian culture. Being a member of an intact family can influence an individual's social position and communicate social status and economic power. An individual who lives apart from their biological family may limit their status and relative power within a given social field. Social positions give rise to power hierarchies within a given social field. As mentioned earlier, an individual's social position varies from field to field. The social position is the function of various forms of capital.

Capital

Rather than looking at capital from a purely economic standpoint, Bourdieu differentiates between multiple forms of capital, such as social, cultural, and economic capital (Bourdieu, 2010). According to Sundly et al. (2023),

Economic capital comprises resources such as money and wealth. Social capital

generally refers to an individual's connections with their social network, while

symbolic capital refers to the resources or prestige that individuals gain through

their positions in society. Cultural capital refers to the skills (e.g., language skills,

knowledge) people learn as a result of belonging to a certain social group or class.

(p. 38)

Capital is the specific quantity and structures of resources that individuals, groups,

and institutions can access and leverage to obtain the enter or maintain one's position in a

given field (Bourdieu, 2010). There is an entry price to enter a given social field. Each

field values certain types of resources or capital. Individuals, groups, and institutions in

the ruling or the dominant class have better access to capital as compared to the

subordinate or the ruled class. The dominant class has the power to create and maintain

rules in a given field through subtle day-to-day practice.

The forms of capital are interconvertible, which means that economic capital can

be used to obtain cultural capital (e.g., obtaining education by paying for university),

which can, in turn, be used to gain social capital (e.g., networking with others with similar

degrees and power), which can be used to secure employment that results in more

economic capital again. Individuals, groups, or institutions with such capital or resources

do not know how to behave in a subordinate manner. Similarly, those with limited capital

or resources don't possess the attributes of the ruling or the dominant class. However, the

subordinate class may develop what Scott (1985) calls a weapon of the weak versus the

powerful, where the subordinate class learns to be clever in getting their work done and

survive in a given social field using the little capital they have. An example from this

214

study is when Jane said that she had to try to get into her mother's boyfriend's "head" to understand him enough to use that information to negotiate the rescue of her beloved cat, Atlas.

Habitus

Habitus refers to an individual's combination of dispositions embodied, internalized, and expressed through the body (Bourdieu, 1973; Bourdieu, 2004). Habitus and the social field are strongly connected. Habitus is located within permanent guiding principles, prejudices, and preferences. These preferences are classifying, self-classifying schemes with which people generate and organize everyday practices and representations. It limits practice and strategies and entertains the social world by ensuring we act intentionally without intention, conforming with our relative position within the social field. Habitus ensures individuals act within the rules of the field and recognize the value of the stakes of the game being played and the practical mastery of the rules (Bourdieu, 1973; Bourdieu, 2004).

According to Sundly et al. (2023), "Bourdieu wanted us to consider that the processes through which the individual internalizes their continuous flow of experiences are not independent of the influences of social structures" (p. 38). By everyday practice, individuals preserve the dominant social structures. Thus, habitus is structured structures predisposed to act as structuring structures (Bourdieu, 1973; Bourdieu, 2004).

Doxa

Class habitus stems from an individual's social position in a social field and leads to doxa (Bourdieu, 2004). Doxa includes taken-for-granted knowledge and collective

beliefs within a social field that sets social boundaries and limits our social behaviour. If

habitus is about individual dispositions, doxa is the collective beliefs and values that are

widely accepted and remain mostly unchallenged within the social field. If habitus is

about individual practice based upon their behaviour and perception, doxa operates at the

societal level, ultimately underpinning and legitimizing the social order. In terms of

consciousness, habitus is about ingrained behaviours and dispositions of an individual,

whereas unquestioned assumptions and dominant beliefs form the doxa (Bourdieu, 2004).

Overall, habitus embodies social structures at the individual level, whereas doxa forms

the unquestioned commonsense understanding that sustains the dominant structures.

Habitus and doxa work together to reproduce social structures and power relations within

a given field.

**Social Reproduction of the Resilience Discourse and Social Reproduction of
Adversities**
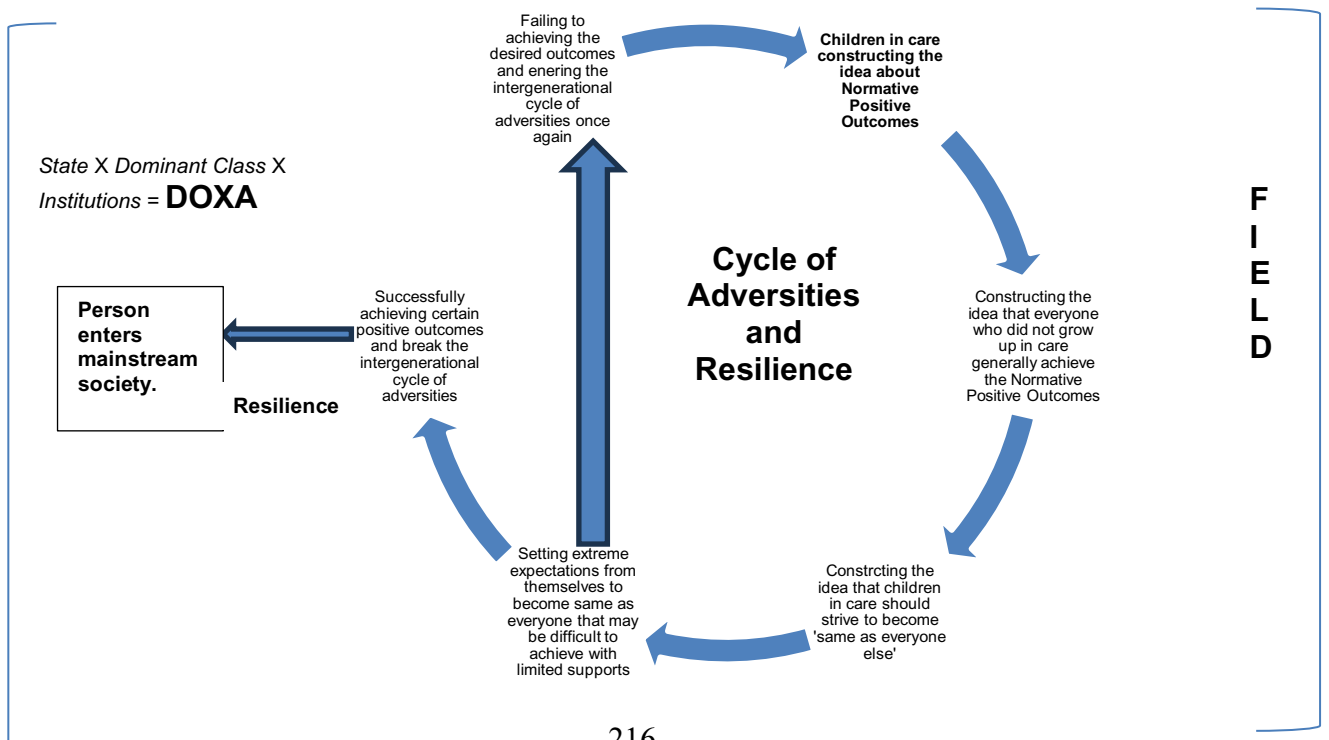
Figure 3

The cycle of adversities and the resilience located within the field.

Reproduction of Knowledge

Figure 3 situates the cycle of adversities and resilience within the social field. Newfoundland and Labrador is a former British colony. The political landscape with its ideas about good and bad, right and wrong, normal and abnormal has origins in the British style of governance. An interplay between the state, the dominant social class, and the institutions (universities, schools, research institutes, media, etc.) (Figure 3) work together to design and maintain the construct of what is normal within a social field. Some examples are normal constructs of a family, behaviour, and outcomes (MacIntyre, 1993). These ideas are neither pushed upon the masses nor enforced but reproduced through a subtle day-to-day practice between the structures and the individuals. Within the context of child protection, there is interplay among the constructs of family, the state's authority to intervene if a parent and child's behaviour deviates from the social norm, and the role of institutions that legitimize these interventions.

The social construct of a normal family system that forms the doxa within a social field includes two heteronormative opposite-sex parents, both educated and at least one employed (generally male), with children living together in a household. These normative underpinnings are based upon sexual segregation of everyday practice that includes the economic role of the father, the mother's duty to care, and the child's duty to study (MacIntyre, 1993). While the definition of family and its composition has evolved (Wall & Gouveia, 2014), the old (and dominant) idea of a normal nuclear family persists.

International, national, and local legislations govern child welfare. In Canada, also with historic roots in British governance, the child welfare and protection originated in the 18th century with religiously guided moral and ethical duties and concerns for orphans and misguided children (Douglas, 2022). According to MacIntyre (1993), the middle class also provides the workforce for child welfare and protection, including social workers and salaried professionals. The state assumes the role of funding child welfare, supervision, and empowering the volunteers (Tufford, 2019).

Child welfare was initially operated by religious organizations. It was later institutionalized in the mid-19th century and even used as a strategic tactic to destroy Indigenous culture and assimilate them into the dominant British/European way of life–or what was considered normal and desirable (Douglas, 2022). Like other provinces in Canada, child welfare in Newfoundland and Labrador is a provincial responsibility. When a family's actions (e.g., abuse) or in action (e.g., neglect) deviates from the socially acceptable norm, and children are harmed or are at risk of harm, state interventions is legitimized by the doctrine of parens patriae. This doctrine assigns the state as the legal carer of those incapable of caring for themselves (i.e., vulnerable children) (Rendleman, 1971). Within the current discourse, the state becomes the saviour of the child, protecting them from any form of abuse or neglect identified in a family.

Almost 85% of child protection interventions are due to the risk of harm, which includes witnessing domestic abuse at home (Trocmé et al., 2014). Those whose family life that deviates from the norm such as those living in poverty experience institutionalized vigilance (Edwards, 2016; Jonson-Reid et al., 2009). Those who are

already dependent upon the social welfare system experience hypervigilance by the state and its designated institutions (Edwards, 2016; Jonson-Reid et al., 2009).

The interplay between the role of protection and welfare and various institutions also perpetuates dominant ideas within a field. For example, various child welfare institutions work together to maintain normality and punish deviance within the field. Government and non-government institutions, through policy and practice, legitimize the intervention, regulate the welfare system, rehabilitate the parents, and support children in care for a specified number of years. Since the institutions typically operate through public funds, they are obliged to be transparent and accountable to taxpayers (the dominant middle-class), that interventions are necessary, legitimate, and morally appropriate. Professionals working in the healthcare and social service institutions are mandated to do surveillance, identify abnormalities, and report their observations to the child protection system. Universities and research units produce research evidence to identify the risk populations (Lupton, 1999) and inform government and institutional policy and actions. For example, as discussed earlier, the child welfare system operates within a deficit discourse, focusing on negativity and negative outcomes (Gharabaghi & Anderson-Nath, 2017). Mary's statement, "I did not want to become a statistic", speaks about how the negative outcomes quantified by governments and universities have become commonsense knowledge among care-experienced individuals

Together, the actions taken by the state to safeguard normality that the dominant class conforms with, legitimized by the institutions, form the doxa within a field. Youth who are the target of state interventions have little to no voice in creating this orthodoxy and the construct of normality that individuals are to achieve.

The Resilience Discourse and the Cycle of Adversities

Children in care, while facing various adversities as outlined in chapter six, are aware of the dominant discourse around the normal constructs within the society. These ideas about normality are visible in society and perpetuated through mass media we encounter in day-to-day life. Children learn about the value of education, employment, ideal parent behaviour, and the harms of child maltreatment. They also learn that welfare dependency and growing up outside the nuclear family is a bad thing. This doxa reinforces the status quo by making these ideas about social arrangements and power relations appear natural and self-evident.

The resilience discourse, either in the form of an individualistic endeavour or a function of the environment, perpetuates the idea that overcoming adversities and achieving normality is not only desirable, but possible if someone works hard for it. However, Gray argues, "[resilience] express a relentless optimism about people's capacity to overcome adversity" (Gray, 2011, p. 9). The resilience discourse promises an optimism that care-experienced individuals can achieve the desired outcomes (e.g., education, employment, family) with the help of financial and other supports. It also promotes the idea that if care-experienced individuals are resilient they can overcome the many socially embedded challenges they face despite their limited capital problems. One way this is achieved is by advertising the often contextless success stories (in terms of education generally) of care-experienced individuals. An individual who lives in foster or kinship care is more likely than someone living in a group home or an individual living arrangement to have access to more stability, consistency, and support. For example, Ava, who lived in a foster home with a caring mother, has greater capital than someone like

Jessica, who switched across 20 different homes while in care. Hence, pushing one version of resiliency absent of context and subjectivity is unreasonable. However, explaining the context and subjectivity of the resiliency construct is not yet a best practice. Research communities invested in the resilience discourse provide such rationale to the decision-makers and policymakers who seek simple solutions that may sound commonsensical and implementable at the population level. Population-level research on resilience creates fertile ground to perpetuate a class consciousness that individual autonomy in a resilience-promoting environment can result in positive outcomes and upward social mobility.

On the surface, empowering innate resilience through a resilience-promoting environment appears like a great idea. However, Gray (2011) argues that such a discourse "forces attention away from the governmental responsibility" to civil society (p. 9). The government's responsibility within the new resilience discourse is to provide what we know as a resilience-promoting environment. This argument get traction from both dominant groups with no care experience as well as subordinated groups (i.e., care-experienced individuals) due to its commonsensical and straightforward logic.

For example, financial resources for care-experienced individuals to attend post-secondary institutions, secure housing, healthcare, and counselling support are evidence-based supports that the research community recommends, and the state provides. However, utilizing these resources effectively for self-improvement is an individual responsibility. Interestingly, however, it is also true that the state, the dominant class, and the institutions are part of the hegemonic discourse that works collectively to define the normal as well as to maintain the status quo within the society. The power imbalance

221

between the dominant and the subordinated (i.e., care-experienced youth) is inherently connected to the field.

For care-experienced children and adults stuck within the intergenerational transmission of adversities, access to various forms of capital including economic and material capital is difficult at best and unattainable for many. There is a price to enter mainstream society that requires different forms of capital that the dominant groups accumulated over multiple generations. Those with a capital deficit are unable to develop the habitus for the mainstream society. The following example from the data, illustrated in Figure 3, exemplifies how this cycle works.

a) Children in care observe the world and construct an idea of normative positive outcomes.

b) They start striving to achieve these outcomes with little support while dealing with various forms of adversities

c) In the absence of social, cultural, and economic capital, their strategies involve extreme self-expectations

d) Some care-experienced individuals are able to achieve normative outcomes and break the cycle to enter mainstream society

e) However, most care-experienced individuals are unsuccessful and remain within the intergenerational cycle of adversities

Despite significant investments by the state, the majority of care-experienced individuals do not achieve normative positive outcomes and fail to break this intergenerational cycle. Moreover, as discussed earlier, the negative aspects of resilience are common, and resilience can be maladaptive. A possible explanation can be that even

those who demonstrate resilience lack the capital and habitus, which include deeply ingrained habits, skills, dispositions, and ways of thinking that individuals acquire through their life experiences and socialization. These internalized patterns shape how people perceive, interpret, and respond to the social world around them (Bourdieu, 1973). Individuals, groups, and institutions in the ruling or the dominant class have better access to these capitals and the habitus for the field.

Intergenerational Transmission of Adversities and Maintaining the Status-Quo

Do the state, institutions, and the dominant middle-class along with the subordinated genuinely wish to disrupt the interplay that entrenches the resilience model and encourage social mobility for those ruled or subordinated by the dominant groups? The apparent aim of the state, dominant groups, and institutions is to enable care-experienced individuals to demonstrate resiliency and change their social position. However, Bourdieu's theory of social reproduction suggests that the interplay of these fields aims to maintain the society as it is and limit social mobility.

A recent example is banning affirmative action in university admissions in the United States (Barbella, 2023) or protests against caste-based reservations and privileged groups seeking reservations in India (Dhaske & Kamble, 2024). While not directly relevant to child protection, these two examples demonstrate how the dominant groups engage in a class struggle to recall the power they started sharing with the subordinated groups. Care-experienced individuals are still far away from accessing intergenerational privileges and capital that individuals in mainstream society enjoy. Resistance from the dominant class is inevitable when their share of power and social position is threatened.

The dichotomy of normal and abnormal central to resilience discourse legitimizes and sustains the state's interventionist discourse and the power and social value of various institutions within the context of the child and social welfare system.

While this chapter began within the Newfoundland and Labradorian context, the ideas discussed are relevant in the broader social context. Beyond the apparent and real aim of facilitating change in the lives of those in care, an effective strategy could be a radical approach that involves multigenerational interventions. That means fostering all forms of capital. However, such practice carries the risk of jeopardizing individual autonomy and supporting the state's interventionist agenda. This complexity is what theorists like Pierre Bourdieu bring to the discussion. They explain the complexity in its complex form. The next chapter presents some pragmatic recommendations for addressing the resilience discourse that the stakeholders in the child welfare system might consider.

Chapter Conclusion

This chapter presented a critical assessment of the resilient discourse using the social reproduction theory by Pierre Bourdieu. It illustrated that resiliency can be maladaptive and the negative aspects of resilience are common. It further presented the critical assessment of the resilience discourse and how the commonsensical knowledge is produced within a field. Ideas about good and bad, right and wrong, normal and abnormal, are grounded in historical roots and are formed through an interplay between the state, the dominant middle-class, and the institutions. This interplay not only

conserves the idea of resilience, but it also preserves the intergenerational transmission of adversities and maintains the status-quo.

The next chapter presents the conclusions and recommendations based upon these findings.

Chapter Ten: Conclusions and Recommendations

Findings from the four preceding chapters add to the current literature around resilience and reiterate the importance of a critical strength-based qualitative inquiry to explore resiliency. It contributes to the current literature on resilience in four ways: a) First, it provides a new way to ask about resiliency; b) Second, it provides new insights into the meaning of adversity, better-than-expected outcomes for individuals in care, and various processes; d) Third, it provides a critical examination of the resilience discourse; c) Fourth, it provides a novel methodological approach to explore resiliency.

This chapter is organised into five sections. First section provides a general conclusion of the overall study. Second section offers methodological, practical, and policy recommendations for various stakeholders within the child welfare system. The third section states the strengths and limitations of this study. Fourth section states my reflection. Finally, the fifth section provides a concluding remark.

General Conclusion

While acknowledging the limitations of the resilience discourse as seen through the social reproduction theory, the carefully co-constructed participant summaries written in a Bildungsroman style provide the closest interpretation of adults' recollections of their unique and complex journeys of resiliency. Participants were asked to define what these adversities and outcomes mean to them rather than using pre-conceived notions. Resilience and its core concepts (adversity, positive outcomes, and processes) can be better disentangled through the exploration of the narratives of adults with experience in the child welfare system. The chronological assessment of participant narratives within a

critical strengths perspective shows that resilience is a complex phenomenon and participants' interpretation of its core concepts (adversity, positive outcomes, and processes) are a function of individuals' personal experiences with people, policies, institutions, and broader social structures.

Adversity, the prerequisite for resiliency to occur, is more than childhood maltreatment and associated trauma. For children in care, it starts even before they are born due to intergenerational transmission of adversities associated with structural disadvantages. While the child welfare system rescues children from expected or substantiated maltreatment, being in care itself is a form of adversity. The differential social perception of children in care, and children's interaction with their socio-political environment leads to negative self-perception and stigma among children/youth/adults with care experience. The professional practice grounded within a 'client' mentality not only adds another layer of adversity in children's lives, it also demonstrates how broad social structures influence the child welfare practitioners. Upon exiting care, most individuals experience adversity in the form of an uphill battle of surviving in the absence of caring people and relatively lesser support than youth who have never been in care.

While children/youth in care view validated constructs of positive outcomes, as accomplishments, they have unique meaning associated with such outcomes. Becoming the 'same as everyone else', is a goal that most children in care want to accomplish. Usually, that goal of becoming in the absence of the right support leads to extreme, impossible, and developmentally untimely self-expectations that have negative consequences. Children/youth's view of accomplishment is not fixed! It changes over

time. Thus, an understanding of resiliency grounded within a definite set of outcome indicators is narrow, limited, and insufficient to inform interventions and policies.

While turning points are generally considered positive life events that change an individual's approach towards life, this study found that it was the extended processes of stability and consistency (previously identified by Michael Ungar as well) that lead to transformation in children's lives. These extended processes of stability and support are facilitated by caring foster mothers, family-based living arrangements, not-for-profit organisational structure, support systems like churches and schools, governmental supports that remain hidden within the social perception of the child welfare system, and a practice within the scope of welfare rather than protection. Table two presents the various themes identified within the participants' narratives.

Table 2

Identified Themes

	Themes
Adversity	a) Pre-care adversity
	b) Adversity associated with being in care
	c) Struggle with negative self-perception and stigma
	d) State-designated and healthcare workers caring for the client, not the child
	e) Post-care Adversity
Better-than-expected outcomes	a) Agreement with the normative indicators of positive outcomes
	b) Unique meaning of normative accomplishments
	c) Striving to become the same as everyone else
	d) Extreme expectations and associated consequences
	e) Dynamic nature of the sense of accomplishment
Process	a) Processes of accessing supports and services from the child welfare system
	b) Processes of accessing supports outside care
	c) Extended processes of stability and consistency
	d) Processes of acceptance: disconnecting care from protection

Recommendations

Methodological Recommendations

While resiliency is a complex phenomenon with maladaptive component attached to it, resilience is best understood through the voices of those whose resiliency we are interested in understanding. Pragmatically, for the small but significant population of children/youth in care or adults with care experience, understanding unique experiences of their resiliency is possible– both academically and practically. From a methodological perspective, resilience research field can benefit from:

a) Considering Bildungsroman biographical narrative inquiry as a novel methodological approach to explore resiliency of children/youth/adults with care experience, because it opens doors for a genuine qualitative exploration of experiences.

b) Considering the dark side of resilience because it provides a complex, yet valuable understanding of resiliency while challenging the current dominant resilience discourse.

c) Inviting children/youth/adults with experience of growing up in care and avoiding categorization of individuals as resilient or not resilient. Even if unintentional, a recruitment document that states an inclusion criterion using normative construct of positive outcomes may perpetuate negative self-perception and unintentional labeling of children/youth/adults with care experience. A broad inclusion criterion keeps the doors open for unorthodox stories of resilience.

d) Valuing children/youth/adults' subjective sense of accomplishment to find meaning behind the normative measures of success because the practice of using normative outcomes perpetuates an idealized view of resiliency.

e) Trusting children/youth/adults' lived experiences as an authentic source of knowledge production because they are the ones who have lived in care, not us, as researchers.

f) Accommodating children/youth/adults' need for safe and non-judgemental space to share their stories because children/youth/adults have historically been judged. Researchers' awareness of this fact and accommodating children/youth/adults' need for a safe space can build trust, respect, and reciprocity.

g) Planning for prolonged engagement with children/youth/adults because a coherent and detailed account strengthens the rigour/trustworthiness of findings generated in narrative inquiry.

h) Using critical strengths perspective as a theoretical lens because uncritical use of conceptual/theoretical frameworks perpetuates a certain type of knowledge production.

i) Presenting children/youth/adults' co-constructed chronological summaries or Bildungsromane along with thematic analysis of summaries because it situates the findings in context. Validating these summaries with the participants also helps them remember specific details of events critical for connecting the dots in their narratives.

j) Using other critical theoretical lenses such as Bourdieu, Foucault,

Gramsci because they help reveal structural issues that perpetuate

intergenerational transmission of disadvantages, power, and privilege.

Practice Recommendations

While the recommendations offer the resilience research community a new

methodological and theoretical approach to studying resiliency, some of these

recommendations are transferable into child welfare practice. From a practice perspective,

child welfare practitioners, as well as the child welfare agencies, can benefit from:

a) Understanding that 'being in care' is itself a form of adversity because such

an understanding questions the discourse within which children and

practitioners operate.

b) Using the critical strengths perspective to practice because it can support

individuals and institutions in their child welfare practice.

c) Using self-reflexivity practice because it can help practitioners reflect on their

own biases and belief systems that may improve their quality of work.

d) Understanding that resiliency may look different from how we learned about

it and help practitioners recognize the strengths of children and youth who do

not fall into the idealized view of resilient ones.

e) Understanding that welfare is different from protection because such an

approach can help facilitate appropriate care for children.

f) Understanding that children in care want to be treated as children, not clients, because caring for a child is philosophically different from caring for a client.

g) Understanding that being loved and cared for goes a long way because children in care have very few people in their lives who make them feel loved.

h) Facilitating stability and consistency because it initiates processes of transformation in children's lives.

i) Promoting family based-care arrangements because of its multifaceted benefits for the wellbeing of the children.

j) Awareness about the governmental programs for youth in care because awareness of governmental programs can make programs and services more accessible for youth in care, or those transitioning out of care.

k) Coordinating with support systems outside care because supportive communities promote well-being.

While many practitioners would be aware about some of these points such as the value of family-based care arrangements, trauma informed practice, value of consistency, they may not be aware that resiliency may look differently than our anticipation. They may also not be aware about the maladaptive aspects of resiliency. But generally, these recommendations can be applied in individual practice, as well as organisational training and resource allocation.

Policy Recommendations

The failure of the state-run child welfare system, especially within the child welfare domain, has been in public and legal scrutiny in recent years. Numerous lawsuits have led to millions of dollars paid in damages (CBC News, 2022). There are ongoing lawsuits in Newfoundland and Labrador and now the government has promised to change the statute of limitations on child abuse (Cooke & Kennedy, 2024).

One of the key observations had been the state's historical failure to acknowledge and address structural changes that may prevent the intergenerational transmission of adversities. From a policy perspective, child welfare department and policymakers can benefit from:

a) Using a critical literature to policy formation because it can open opportunities for acknowledging and addressing structural issues via public policies.

b) Working towards improving the child welfare departments' reputation from a punitive agency to a resource-oriented body because it can reduce stigma associated with the care system.

c) Reviewing existing policies by consulting with the child welfare researchers, advocacy groups, contracted agencies, and adults who grew up in care because it can help improve the policy landscape.

d) Making supportive programs more accessible so that children and youth can use them to their benefit.

Strengths and Limitations

Strengths

There are various strengths of this study. This is the first study of resiliency that uses an innovative Bildungsroman biographical narrative inquiry grounded within the narratives of individuals who grew up in care. Second, it applies a critical strengths perspective that acknowledges and addresses the critiques of contemporary 'strengths perspective and strength-based approaches' while considering the dominant critiques of the concept of resiliency, and the critique of the hegemony of the resiliency discourse. Third, it introduces a way to disentangle the complexity of researching resilience—a strength-based concept, in a field situated within a deficit discourse. Fourth, this is also the first study that makes the unheard voices of individuals who grew up in Newfoundland and Labrador's child welfare system, heard. Fifth, moving toward a new understanding of resiliency, its core concepts, and methodological recommendations for researching resilience rests upon a solid foundation of six individual narratives of resilience that were located in different time intervals during the last 60 years of Newfoundland and Labrador's child welfare history. These narratives piece together the common themes around adversity, positive outcomes, and processes emerging from the stories. It rests upon time, energy, emotions, and narratives that were subject to the scientific rigor of narrative inquiry.

Overall, this study fills the four gaps highlighted within the literature. It presents an alternative way to:

a) ask individuals if they feel resilient,

b) determine what adversity means to individuals and the outcomes that they

   value, and

c) explore the processes that individuals use to achieve the outcomes that they

   value.

d) examine the dark side of resilience that Mahdiani and Ungar (2021) highlighted

   recently using Pierre Bourdeiu's social reproduction theory.

Limitations

First, readers may view personal accounts and recall bias as a limitation of this study. Some of my participants stated an interest in accessing their child, youth, and family services records and court proceedings from the provincial child welfare department to improve the accuracy of their accounts. I reached out to the child welfare department via phone to inquire about the process of obtaining such documents. The child welfare department informed me that the wait time to access those files was around five years. The wait time was beyond the time I allocated to doing this study. Nonetheless, participants' interest in obtaining their documents for the purpose of this study is a testimony of their interest and commitment to telling accurate accounts. If needed, future researchers may choose to take into account the time it takes to access such documents when developing their research design.

Second, self-selection bias can result in participants sharing positive aspects of their lives and avoiding events that reflect negatively on them. However, it is worth noting that this study is about participants' unique journeys of resiliency explored through their subjective sense of accomplishment. Participants in this study did describe life

events when they 'messed up.' Prolonged engagement and probing helped me explore

events further to present an authentic picture of their lives to the degree that participants

allowed.

Third, every study is value-laden and grounded in the epistemological and

ontological assumptions of the researcher. I declared my positionality at the outset of this

thesis and reflected on my biases through self-reflexivity, member checking, and monthly

conversations with my supervisor. Future researchers may use further steps to limit self-

serving bias.

Fourth, I built trustworthiness by conducting multiple interviews and maintaining

prolonged engagement via phone calls, emails, and text messages to build participants'

Bildungsromane. I used the critical strength-based perspective that values individual

strengths and questions the role that social structures play in perpetuating ideas about

strengths of individuals and communities. Future researchers may consider triangulating

findings using accounts of family members, foster parents, and state designated carers.

My Reflection

I initiated this study as a fanboy of the concept of resilience and made a tentative

plan to explore resiliency using an established framework, like Michael Ungar's (2017)

story of Cinderella's resiliency, and his socio-ecological theory of resilience. However,

the process of reading, evaluating, and questioning the literature highlighted the dominant

discourse around resilience research and made me revise my research priorities. I saw

issues with how we understand and research resilience. While the limitations of a deficit

discourse were obvious, a critical reading approach highlighted the gaps within the

commonsensical strengths perspective (Gray, 2011), and the dark side of resilience

(Mahdiani & Ungar, 2021). This warranted my decision to address these gaps using a

different methodology, Bildungsroman biographical narrative inquiry.

I was overwhelmed with the stories that I heard during the first round of

interviews, some of which lasted up to three hours. The details of participants' accounts

were sensitive, emotional, and heartbreaking that took a bit of an emotional toll on me.

There were various moments when I stopped transcribing and took a few days break,

before coming back to doing the transcription. At times, the stories were even more

difficult to analyse. I could picture twelve-year-old Jessica in a trial telling the judge, "I

don't want to go home anyways. Like I don't want to be there. I think the place was

miserable, and the staff were not nice." Or seven-year-old Eric holding a dinky car as his

only Christmas gift. Or 17-year-old Mary alone and struggling financially to afford her

basic needs. Or teenager Rose finding solace in afterschool programs and avoiding going

back to the group home for as long as possible. Or fifteen-year-old Ava being ignored by

helping professionals and attempting suicide to get their attention. Or lonely little Jane,

sitting in the corner of a basement apartment holding her cat, Atlas. I experienced six

stories unfolding within a modern Dickensian setting.

While struggling with a range of emotions, I remembered my supervisor's words

who once told me to keep my "researcher hat" on. So, navigating through emotions,

getting used to the post-Covid pandemic period, I started formulating the participants

summaries, and generating themes out of my data transcripts. I still struggled with some

thoughts but remembered to keep my researcher hat on. I knew the importance of telling

accurate accounts of participants' lives and conducting a sound study that may have the

potential to inform research, policy, and practice. I believe my project has achieved a fresh perspective to our understanding of resiliency.

Roberts argues that Bildungsroman, "both portrayed the Bildung of the novel's central character and enhanced the Bildung of the reader" (2008, p. 251). I now see the world differently. Each of my participants have taken a piece of me with them and left a bit of themselves with me. Neither of us can undo what was said, what was felt, and what remains.

Concluding Remarks

"I have been bent and broken, but–I hope–into a better shape." (Dickens, 1861, p. 685). Charles Dickens was a master observer of the world around him and reflected that world and its injustices in his novels. This thesis explored the resilience of six individuals who grew up in care, the adversity (brokenness) they faced, the processes they used to address that adversity, and create a new better shape for themselves in their lives. Similar to main characters in Dickens' novels, the participants of this study demonstrated resilience in their own unique styles.

I observed similarities between Dickens' central character in Great Expectations, Pip, and the lives of my participants. I observed journeys that unfolded as unexpected chains of events, navigating from ruptured childhood innocence to adulthood. The simultaneous social ascent was accompanied by emotional deterioration, wherein my participants recognized the impact of their extreme expectations and its consequences. Their love for people, animals, and the idea of being helpful echoes in Pip's story. He didn't lose his good character despite the challenges he faced. Expectations about oneself

and hope for the future keep Adam, Ava, Mary, Jane, Jessica, and Rose committed to self-improvement.

As researchers within the field of resilience, we have something to learn from Pip's realization that good attire, gentle speech, and a generous income do not make one a gentleman. There might be other qualities of a gentleman that are hidden. While Pip is a fictional character, and Dickens uses his stories to drive home a somewhat anti-capitalist message, he is an interesting example as his story of success is bittersweet, like the real-world examples of my study participants. Therefore, it is reasonable to argue that resilience is complicated and not a fairy tale. Such unexplored, unorthodox, and underrepresented ideas of resiliency can only be uncovered through the excavation of narratives, much like an archaeologist.

While Mahdiani and Ungar, (2021), "are the first to explore the concept of the dark side of resilience with the psychological state and social and physical ecologies of individuals in mind" (p. 147), this study is the first to present a methodological approach to study such complexity. Its methodology and methods hold the potential for further discovery. The limited space that resilience research occupies within the context of the child welfare system now remains a little less contaminated by the deficit discourse.

References

Aamodt, S., & Wang, S. (2011). *Welcome to your child's brain: How the mind grows from conception to college*. Bloomsburry.

Abell, S., Moshenko, S., & Leeuwen, J. V. (2008). *CYFS clinical services review: Final report*. Child Youth and Family Services, Government of Newfoundland and Labrador. https://cwrp.ca/sites/default/files/publications/NL-CYFSReport08.pdf

Ahearn, L. M. (2001). Language and agency. *Annual Review of Anthropology*, *30*(1), 109–137. https://doi.org/10.1146/annurev.anthro.30.1.109

Akister, J., Owens, M., & Goodyer, I. M. (2010). Leaving care and mental health: outcomes for children in out-of-home care during the transition to adulthood. *Health Research Policy and Systems*, *8*(1), 1–9. https://doi.org/10.1186/1478-4505-8-10/PEER-REVIEW

An, E. M., Lee, S. J., & Chung, I. J. (2020). The effects of the stigma trajectory of adolescents in out-of-home care on self-esteem and antisocial behavior. *Children and Youth Services Review*, *116*(2020), 105167. https://doi.org/10.1016/J.CHILDYOUTH.2020.105167

Anda, R. F., Butchart, A., Felitti, V. J., & Brown, D. W. (2010). Building a framework for global surveillance of the public health implications of adverse childhood experiences. *American Journal of Preventive Medicine*, *39*(1), 93–98. https://doi.org/10.1016/j.amepre.2010.03.015

Anderson, B. L., & Williams, A. L. (2018). Defining success: the perspective of emerging adults with foster care experience. *Journal of Social Service Research*, *44*(5), 643–655. https://doi.org/10.1080/01488376.2018.1477697

Angel, B. Ø. (2013). Children and explorations of self-perception: life stories related to moves

    between home and foster home. *Social Work & Society*, *11*(1), 1–13.

    https://ejournals.bib.uni-wuppertal.de/index.php/sws/article/view/360/710

Antle, B. F., Johnson, L., Barbee, A., & Sullivan, D. (2009). Fostering interdependent versus

    independent living in youth aging out of care through healthy relationships. Families in

    Society: *The Journal of Contemporary Social Services*, *90*(3), 309-315.

    https://doi.org/10.1606/1044-3894.3890

Antonovsky, A. (1979). *Health, stress, and coping: new perspectives on mental and physical*

    well-being. Jossey-Bass.

Atkinson, P. A., Martin, C. R., & Rankin, J. (2009). Resilience revisited. *Journal of*

    Psychiatric and Mental Health Nursing, *16*(2), 137–145. https://doi.org/10.1111/j.1365-

    2850.2008.01341.x

Atkinson, R. (2002). The life story interview. In J. F. Gubrium & J. A. Holstein (Eds.),

    Handbook of interview research: Context and method (pp. 121–140). Sage.

Azab, M. (2018, October 1). *Why are teens so emotional?* Psychology Today.

    https://www.psychologytoday.com/ca/blog/neuroscience-in-everyday-life/201810/why-

    are-teens-so-emotional

Barbella, M. (2024, Feburary 1). *Affirmative action in college admissions is struck down*. New

    Jersey

    State Bar Foundation. https://njsbf.org/2024/02/26/affirmative-action-in-college-

    admissions-is-struck-

    down/#:~:text=In%20June%202023%2C%20the%20U.S.,race%20in%20the%20admissi

    ons%20process

Barker, B., Kerr, T., Alfred, G. T., Fortin, M., Nguyen, P., Wood, E., & DeBeck, K. (2014). High prevalence of exposure to the child welfare system among street-involved youth in a Canadian setting: implications for policy and practice. *BMC Public Health*, *14*(1), 1–7. https://doi.org/10.1186/1471-2458-14-197/TABLES/1

Barker, B., Shoveller, J., Grant, C., Kerr, T., & DeBeck, K. (2020). Long-term benefits of providing transitional services to youth aging-out of the child welfare system: evidence from a cohort of young people who use drugs in Vancouver, Canada. *International Journal of Drug Policy*, *85*, 102912. https://doi.org/10.1016/J.DRUGPO.2020.102912

Barwick, H. (2004). *Young males: strength-based and male-focused approaches: A review of research and best evidence*. New Zealand Ministry of Youth Development. https://www.myd.govt.nz/documents/resources-and-reports/publications/young-males/young-males-strengths-based-and-male-focused-approaches.pdf

Barter, K., LeGresley, P., & Squires, R. (2019). *A long wait for change independent review of child protection services to Inuit children in Newfoundland and Labrador*. Office of the Child and Youth Advocate Newfoundland and Labrador. https://www.childandyouthadvocate.nl.ca/files/IndependentReview2019.pdf

Becker, H. S. (1966). Introduction. In C. R. Shaw (Ed.), *The jack roller: A delinquent boy's own story* (pp. v–xviii). Chicago University Press.

Bell, T., & Romano, E. (2015). Child resilience in out-of-home care: child welfare worker perspectives. *Children and Youth Services Review*, *48*, 49–59. https://doi.org/10.1016/j.childyouth.2014.12.008

Berkes, F., & Ross, H. (2012). Community resilience: toward an integrated approach. *Society and Natural Resources*, *26*(1), 5–20. https://doi.org/10.1080/08941920.2012.736605

Blackstock, C. (2015). Should governments be above the law? The Canadian human rights tribunal on First Nations child welfare. *Children Australia*, *40*(2), 95–103. https://doi.org/10.1017/cha.2015.6

Bochner, A. P. (2007). Notes toward an ethics of memory in autoethnographic inquiry. In N. K. Denzin & M. D. Giardina (Eds.), *Ethical Futures in Qualitative Research* (pp. 196–208). Left Coast Press.

Bodin, P., & Wiman, B. L. B. (2004). Resilience and other stability concepts in ecology: notes on their origin, validity, and usefulness. *The ESS Bulletin*, *2*(2), 33–43. https://www.researchgate.net/profile/Per-Bodin-2/publication/236208772_Resilience_and_Other_Stability_Concepts_in_Ecology_Notes_on_their_Origin_Validity_and_Usefulness/links/0c960516faf19c9a03000000/Resilience-and-Other-Stability-Concepts-in-Ecology-Notes-on-their-Origin-Validity-and-Usefulness.pdf

Boliver, V., & Byrne, D. (2013). Social mobility: the politics, the reality, the alternative. *Soundings: A Journal of Politics and Culture*, *55*(55), 61–60. https://doi.org/10.3898/136266213809450275

Bonanno, G. A. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, *59*(1), 20–28. https://doi.org/10.1037/0003-066X.59.1.20

Bonanno, G. A., Rennike, C., & Dekel, S. (2005). Self-enhancement among high exposure survivors of the September 11th terrorist attack: resilience or social maladjustment. *Journal of Personality and Social Psychology*, *88*(6), 984–998. https://doi.org/10.1037/0022-3514.88.6.984

Borges, J., Lee, T., Saif, A., Sundly, A., & Brunger, F. (2019). Overuse of diagnostic tests in

    Canada: a critical perspective. *Canadian Journal of Bioethics*, *2*(2), 39-41.

    https://doi.org/10.7202/1060910ar

Bourdieu, P. (1973). Cultural reproduction and social reproduction. In J. Brown (Ed.),

    Knowledge, education, and cultural Change: Papers in the sociology of education (1st

    ed.). (pp. 487–511). Routledge. doi:10.4324/9781351018142

Bourdieu, P. (1997). The forms of capital. In A. H. Halsey, P. Lauder, P. Brown, & A. S.

    Wells (Eds.), *Education: Culture, economy, and society* (pp. 46-58). Oxford University

    Press.

Bourdieu, P. (2010). The forms of capital. (Originally published in 1986). In I. Szeman & T.

    Kaposy (Eds.), *Cultural theory: An Anthology* (pp. 81–93). Wiley-Blackwell.

Bourdieu, P. (2004). Structures and the habitus. In V. Buchli (Ed.), *Material culture: Critical

    concepts in the social sciences* (Vol. 1, Part 1, pp.116-177). Routledge.

Bourdieu, P., & Passeron, J. C. (1977). *Reproduction in education, society, and culture*. Sage.

Bowen, E., Ball, A., Semanchin Jones, A., & Irish, A. (2020). Striving and dreaming: a

    grounded theory of the transition to adulthood for cross-systems youth. *Youth and

    Society*, *52*(6), 1006–1032. https://doi.org/10.1177/0044118X18791869

Bowling, J., Jason, K., Krinner, L. M., Vercruysse, C. M., & Reichard, G. (2022). Definition

    and operationalization of resilience in qualitative health literature: A scoping review.

    International Journal of Social Research Methodology, 25(4), 495-509.

    https://doi.org/10.1080/13645579.2021.1903241

Bracke, S. (2016). Bouncing back: Vulnerability and resistance in times of resilience. In J.

    Butler, Z. Gambetti, & L. Sabsay (Eds.), *Vulnerability in resistance* (pp. 52–75). Duke

    University Press.

Breno, A. L., & Galupo, M. P. (2007). Sexual abuse histories of young women in the U.S.

    child welfare system: A focus on trauma-related beliefs and resilience. *Journal of Child*

    Sexual Abuse, *16*(2), 93–113. https://doi.org/10.1300/J070v16n02_06

Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame.

    Families and Society: The Journal of Contemporary Social Services, *87*(1), 43–52.

    https://doi.org/10.1606/1044-3894.3483

Brown, L. M. (1998). *Raising their voices: The politics of girls' anger.* Harvard University

    Press.

Burrow, L. E., Cross, C. J., Beal, H. K. O., & Smith, S. (2020). The skits, sketches, and stories

    of mother scholars. *The Qualitative Report*, *25*(12), 4245-4273.

    https://pdfs.semanticscholar.org/70fd/2803b2d04435878e9b78192f19d52b8d0883.pdf

Fetterman, A., Campellone, J., & Turley, R. K. (n.d.). *Understanding the teen brain*. Health

    Encyclopedia, University of Rochester Medical Center.

    https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentI

    D=3051

Canadian Association of Social Workers. (1995). *Canadian association of social workers*

    standards of practice in social work. Canadian Association of Social Workers.

    https://www.casw-acts.ca/en/canadian-association-social-workers-standards-practice-

    social-work-1995#definitions

Carlin, E. (2013). Youth transitions, social exclusion and the troubling concept of resilience. *NYRIS12*, 12-14 June, 2013, Institute for International Social Studies, Tallinn University.

Carlsson, C. (2012). Using 'turning points' to understand processes of change in offending: notes from a Swedish study on life courses and crime. *The British Journal of Criminology*, *52*(1), 1–16. https://doi.org/10.1093/BJC/AZR062

CBC News. (2009, May 14). *Children falling through cracks in N.L. social services: Report*. CBC News. https://www.cbc.ca/news/canada/newfoundland-labrador/children-falling-through-cracks-in-n-l-social-services-report-1.789924

CBC News (2022, June 15). *Lawsuit for child sex abuse in government-run homes nearing $12.5M settlement.* CBC News. https://www.cbc.ca/news/canada/newfoundland-labrador/whitbourne-boys-settlement-1.6489859

Centre for Child Well-Being. (2011). *Strengths-based versus deficit-based approaches*. Mount Royal University.

https://fromhungertohealth.files.wordpress.com/2016/02/strengthsvsdeficitrb.pdf

Children Seniors and Social Development. (2019). *Protection and in care: Policy and procedure manual*. Government of Newfoundland and Labrador.

https://www.gov.nl.ca/cssd/files/publications-pdf-childcare-protection-care-policy-manual.pdf

Children Seniors and Social Development. (2021). *Children youth and families act*. Government of Newfoundland and Labrador.

https://www.assembly.nl.ca/legislation/sr/statutes/c12-3.htm

Chabot, M., Fallon, B., Tonmyr, L., MacLaurin, B., Fluke, J., & Blackstock, C. (2013). Exploring alternate specifications to explain agency-level effects in placement decisions

regarding aboriginal children: further analysis of the Canadian Incidence Study of

Reported Child Abuse and Neglect Part B. *Child Abuse & Neglect*, *37*(1), 61–76.

https://doi.org/10.1016/J.CHIABU.2012.10.002

Charlesworth, J. (2020). *A parent's duty: Government's obligation to youth transitioning into*

adulthood. The Office of the Representative for Children and Youth. https://rcybc.ca/wp-

content/uploads/2020/12/RCY-A-Parents-Duty_FINAL.pdf

Children Seniors and Social Development. (2022a). *2021-2022 annual report*. Government of

Newfoundland and Labrador. https://www.gov.nl.ca/cssd/files/CSSDAnnualReport2021-

22.pdf

Children Seniors and Social Development. (2022b). *Program statistics–child protection and*

in-care. Government of Newfoundland and Labrador.

https://www.gov.nl.ca/cssd/files/OPE-Stats-Q4-Mar-31-2022-Protection-and-In-Care.pdf

Clandinin, D. J. & Rosiek, J. (2007). Mapping a landscape of narrative inquiry: Borderland

spaces and tensions. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a*

methodology (pp. 1-51). Sage. https://doi.org/10.4135/9781452226552

Clandinin, D. J. (2013). *Engaging in narrative inquiry*. Left Coast Press.

Clandinin, D. J., & Caine, V. (2013). Narrative inquiry. In A. A. Trainor & E. Graue (Eds.),

Reviewing qualitative research in the social sciences: A guide for researchers and

reviewers (pp. 166–179). ProQuest.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in*

qualitative research. Jossey-Bass.

Clark, T. (2017). *Exploring the social construction of philosophical assumptions: The methodological journeys of doctoral researchers in the social sciences* [Doctoral dissertation, University of Reading]. https://uwe-repository.worktribe.com/output/3001594/exploring-the-social-construction-of-philosophical-assumptions-the-methodological-journeys-of-doctoral-researchers-in-the-social-sciences

Clauss-Ehlers, C. S. (2008). Sociocultural factors, resilience, and coping: support for a culturally sensitive measure of resilience. *Journal of Applied Developmental Psychology*, *29*(3), 197–212. https://doi.org/10.1016/j.appdev.2008.02.004

Clinton, H. R. (2006). *It Takes a Village*. Simon & Schuster.

Cohen, L., Lawrence, M., & Morrison, K. (2018). *Research methods in education* (8th ed.). Routledge. http://www.tandfonline.com/doi/abs/10.1111/j.1467-8527.2007.00388_4.x

Collins, S., & Ferracioli, L. (2023). Care for a profit? *Perspectives on Politics, 21*(2), 625-639. https://doi.org/10.1017/S1537592722001025

Cooke, R., & Kennedy, A. (2024). *N.L. government to change statute of limitations on child abuse after petitions and protests*. CBC News. https://www.cbc.ca/news/canada/newfoundland-labrador/jack-whalen-limitations-act-1.7182254

Cotter, A. (2021). Intimate partner violence in Canada, 2018: An overview. Canadian Centre for Justice and Community Safety Statistics: Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00003-eng.htm

Courtney, M. E., & Heuring, D. H. (2005). The transition to adulthood for youth "aging out" of the foster care system. In D. W. Osgood, E. M. Foster, C. Flanagan, & G. R. Ruth

(Eds.), *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 27–67). The University of Chicago Press. https://psycnet.apa.org/record/2005-14222-002

Cox, T., & Aamodt, S. (2011, October 10). *Brain maturity extends well beyond teen years.* National Public Radio. https://www.npr.org/templates/story/story.php?storyId=141164708

Curry, S. R., & Abrams, L. S. (2014). Housing and social support for youth aging out of foster care: State of the research literature and directions for future inquiry. *Child and Adolescent Social Work Journal, 32*(2), 143–153. https://doi.org/10.1007/S10560-014-0346-4

Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry & research design: Choosing among five approaches. Sage. https://doi.org/10.1017/CBO9781107415324.004

Dahlstrom, M. F. (2014). Using narratives and storytelling to communicate science with nonexpert audiences. *Proceedings of the National Academy of Sciences*, *111*(supplement_4), 13614-13620. https://doi.org/10.1073/pnas.1320645111

Daining, C., & DePanfilis, D. (2007). Resilience of youth in transition from out-of-home care to adulthood. *Children and Youth Services Review*, *29*(9), 1158–1178. https://doi.org/10.1016/j.childyouth.2007.04.006

Davey, N. (2006). *Unquiet understanding: Gadamer's philosophical hermeneutics*. State University of New York Press.

Denzin, N. K. (1989). *Interpretive biography*. Sage. https://psycnet.apa.org/record/1989-98408-000

Denzin, N. K., & Lincoln, Y. S. (2011). *The sage handbook of qualitative research* (4th ed.). Sage.

Dhaske, G., and Kamble, S. (2024). *India has entered a new era of reservation devoid of social justice*. The Print. https://theprint.in/opinion/india-has-entered-a-new-era-of-reservation-devoid-of-social-justice/1911180/

Dhungana, S. (2022). Dialogic storying: A narrative research methodology in English language education. *Qualitative Research Journal*, *22*(2), 173-187. https://doi.org/10.1108/QRJ-05-2021-0057

Dickens, C. (1861). *Great Expectations*. Chapman & Hall.

Dorsey, D. (2010). Preferences, welfare, and the status-quo bias. *Australasian Journal of Philosophy*, *88*(3), 535-554.

Doucet, M. (2020). *Relationships matter:Examining the pathways to long-term supportive relationships for youth "aging out" of care (Doctoral Thesis)* [McGill University]. https://escholarship.mcgill.ca/concern/theses/kh04dv04h?locale=en

Doucet, M. M. (2021). *Equitable standards for transitions to adulthood for youth in care equitable standards for transitions to adulthood for youth in care*. Child Welfare League of Canada https://7f9b59af-af92-41cd-8e6c-aa2870f170de.filesusr.com/ugd/f54667_45d7b4d41270453e8d720296d22edc6c.pdf

Douglas, K. (2022). Assimilation through Canadian child welfare policy. *Social Work & Policy Studies: Social Justice, Practice and Theory*, *5*(2), 52-64. https://openjournals.library.sydney.edu.au/SWPS/article/view/15932

Drapeau, S., Saint-Jacques, M. C., Lépine, R., Bégin, G., & Bernard, M. (2007). Processes that

    contribute to resilience among youth in foster care. *Journal of Adolescence*, *30*(6), 977–

    999. https://doi.org/10.1016/J.ADOLESCENCE.2007.01.005

Drobac, J. A. (2017, November 20). *Age-of-consent laws don't reflect teenage psychology.*

    Here's how to fix them. Vox. https://www.vox.com/the-big-

    idea/2017/11/20/16677180/age-consent-teenage-psychology-law-roy-moore

Duckworth, A. (2016). *Grit: The power of passion and perseverance*. Harper Collins.

Dworsky, A., & Courtney, M. E. (2009). Homelessness and the transition from foster care to

    adulthood. *Child Welfare*, *88*(4), 23–56. https://www.jstor.org/stable/45400428

Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in

    qualitative research. *International Journal of Qualitative Methods*, *8*(1), 54–63.

    https://doi.org/10.1177/160940690900800105

Dye, H. L. (2020). Is emotional abuse as harmful as physical and/or sexual abuse? *Journal of*

    Child & Adolescent Trauma, *13*(4), 399-407. https://doi.org/10.1007/S40653-019-00292-

    Y

Edel, L. (1984). Writing lives: Principia biographica. Norton. ISBN 10: 0393303829

Edwards, F. (2016). Saving children, controlling families: Punishment, redistribution, and

    child protection. *American Sociological Review*, *81*(3), 575–595.

    https://doi.org/10.1177/0003122416638652/ASSET/IMAGES/LARGE/10.1177_0003122

    416638652-FIG2.JPEG

Eiberg, M., & Olsen, R. F. (2022). Too high or too low? the role of educational expectations

    for children in out-of-home care. *Children and Youth Services Review*, *135*, 106376.

    https://doi.org/10.1016/J.CHILDYOUTH.2022.106376

Eliya, J. (2010). *Goya*. Takhleeqkar Publishers. ISBN No./ISSN NO: 978-93-80182-15-5

Ellenbogen, S., Klein, B., & Wekerle, C. (2014). Early childhood education as a resilience intervention for maltreated children. *Early Child Development and Care, 184*(9-10)*, 1364-1377. https://doi.org/10.1080/03004430.2014.916076

Elliott, M. (2020). Child welfare inequalities in a time of rising numbers of children entering out-of-home care. *The British Journal of Social Work*, *50*(2), 581–597. https://doi.org/10.1093/BJSW/BCZ154

Esposito, T., Trocmé, N., Chabot, M., Collin-Vézina, D., Shlonsky, A., & Sinha, V. (2014). The stability of child protection placements in Québec, Canada. *Children and Youth Services Review*, *42*, 10–19. https://doi.org/10.1016/j.childyouth.2014.03.015

Fallon, B., Lefebvre, R., Trocmé, N., Richard, K., Hélie, S., Montgomery, H. M., Bennett, M., Joh-Carnella, N., Saint-Girons, M., Filippelli, J., MacLaurin, B., Black, T., Esposito, T., King, B., Collin-Vézina, D., Dallaire, R., Gray, R., Levi, J., Orr, M., … Soop, S. (2021). *Denouncing the continued overrepresentation of first nations children in Canadian child welfare: Findings from the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect-2019*. Assembly of First Nations. https://cwrp.ca/sites/default/files/publications/FNCIS-2019%20-%20Denouncing%20the%20Continued%20Overrepresentation%20of%20First%20Natio ns%20Children%20in%20Canadian%20Child%20Welfare%20-%20Final_1%20%282%29.pdf

Fallon, B., Trocmé, N., Van Wert, M., Budau, K., Ballantyne, M., & Lwin, K. (2015). Increasing research capacity in Ontario child welfare organizations: A unique university-

child welfare agency partnership. *Journal of Social Work Education*, *51*(sup2), S271-S282. https://doi.org/10.1080/10437797.2015.1072412

Featherstone, B., Morris, K., Daniel, B., Bywaters, P., Brady, G., Bunting, L., Mason, W., & Mirza, N. (2019). Poverty, inequality, child abuse and neglect: Changing the conversation across the UK in child protection? *Children and Youth Services Review*, *97*(2019), 127–133. https://doi.org/10.1016/j.childyouth.2017.06.009

Featherstone, B., White, S., & Morris, K. (2014). *Re-imagining child protection: Towards humane social work with families*. The Policy Press. https://doi.org/10.1093/bjsw/bcu076

Ferguson, M. (2014). *Report of the auditor general of Canada to the Yukon legislative assembly-2014*. Office of the Auditor General of Canada. https://www.oag-bvg.gc.ca/internet/docs/yuk_201402_e.pdf

Fernandez, E. (2005). Growing up in care: Resilience and care outcomes. In R. J. Flynn, P. M. Dudding, & J. G. Barber (Eds.), *Promoting resilience in child welfare* (pp. 131–156). University of Ottawa Press.

Fforde, C., Bamblett, L., Lovett, R., Gorringe, S., & Fogarty, B. (2013). Discourse, deficit and identity: Aboriginality, the race paradigm and the language of representation in contemporary Australia. *Media International Australia*, *149*(1), 162–173. https://doi.org/10.1177/1329878X1314900117

Fieller, D., & Loughlin, M. (2022). Stigma, epistemic injustice, and "looked after children": The need for a new language. *Journal of Evaluation in Clinical Practice*, *28*(5), 867–874. https://doi.org/10.1111/JEP.13700

Fleming, J., & Ledogar, R. J. (2008). Resilience, an evolving concept: A review of literature relevant to aboriginal research. *Pimatisiwin*, *6*(2), 7–23. /pmc/articles/PMC2956753/

Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist*, *18*(1), 12–23. https://doi.org/10.1027/1016-9040/a000124

Fogarty, W., Lovell, M., Langenberg, J., & Heron, M.-J. (2018). *Deficit discourse and strengths-based approaches changing the narrative of aboriginal and Torres Strait Islander health and wellbeing*. National Centre for Indigenous Studies, The Australian National University. https://www.lowitja.org.au/wp-content/uploads/2023/05/deficit-discourse-strengths-based.pdf

Freeman, D. T. (2023). *The otherfathering effect: The role otherfathering contributes to the decisions of black males to become teachers* (Doctoral dissertation, Mercer University).

Frimpong-Manso, K. (2018a). Building and utilising resilience: The challenges and coping mechanisms of care leavers in Ghana. *Children and Youth Services Review*, *87*, 52–59. https://doi.org/10.1016/J.CHILDYOUTH.2018.02.016

Frimpong-Manso, K. (2018b). Stories of care leaving: The experiences of a group of resilient young adults on their journey to interdependent living in Ghana. *Emerging Adulthood*, *8*(1), 16–25. https://doi.org/10.1177/2167696818807114

Gaetz, S., O'Grady, B., Kidd, S., & Schwan, K. (2016). *Without a home: The national youth homelessness survey*. https://www.homelesshub.ca/sites/default/files/attachments/WithoutAHome-final.pdf

Gagnon, J. C., McCray, E. D., & Mullen, D. A. (2022). From the inside out: A life story narrative of one young man's experience postapartheid, postprison. *The Humanistic Psychologist, 52*(1), 83-41. https://doi.org/10.1037/hum0000306

Garmezy, N. (1971). Vulnerability research and the issue of primary prevention. *American Journal of Orthopsychiatry*, *41*(1), 101–116. https://doi.org/10.1111/j.1939-0025.1971.tb01111.x

Garrett, P. M. (2016). Questioning tales of 'ordinary magic': 'Resilience' and neo-liberal reasoning. *The British Journal of Social Work*, *46*(7), 1909–1925. https://doi.org/10.1093/BJSW/BCV017

Gavidia-Payne, S., Denny, B., Davis, K., Francis, A., & Jackson, M. (2015). Parental resilience: A neglected construct in resilience research. *Clinical Psychologist*, *19*(3), 111–121. https://doi.org/10.1111/CP.12053

Gharabaghi, K., & Anderson-Nathe, B. (2017). Strength-based research in a deficits-oriented context. *Child and Youth Services*, *38*(3), 177–179. https://doi.org/10.1080/0145935X.2017.1361661

Goldberg, J. (2016, July 30). *It takes a village to determine the origins of an African proverb*. NPR. https://www.npr.org/sections/goatsandsoda/2016/07/30/487925796/it-takes-a-village-to-determine-the-origins-of-an-african-proverb

Goldstein, A. L., Faulkner, B., & Wekerle, C. (2013). The relationship among internal resilience, smoking, alcohol use, and depression symptoms in emerging adults transitioning out of child welfare. *Child Abuse and Neglect*, *37*(1), 22–32. https://doi.org/10.1016/j.chiabu.2012.08.007

Government of Canada. (2011). *Canada social transfer*. Government of Canada https://www.canada.ca/en/department-finance/programs/federal-transfers/canada-social-transfer.html

Government of Canada. (2020). *Act respecting First Nations, Inuit and Métis children, youth and families*. Government of Canada. https://www.sac-isc.gc.ca/eng/1568071056750/1568071121755

Government of Canada. (2021). *Children's special allowance*. Government of Canada. https://www.canada.ca/en/revenue-agency/services/child-family-benefits/childrens-special-allowances.html

Gray, M. (2011). Back to basics: A critique of the strengths perspective in social work. *Families in Society: The Journal of Contemporary Social Services*, *92*(1), 5–11. https://doi.org/10.1606/1044-3894.4054

Gray, M., & Mubangizi, B. (2010). Caught in the vortex: Can local government community development workers succeed in South Africa? *Community Development Journal*, *45*(2), 186–197. https://doi.org/10.1093/CDJ/BSP007

Green, J., & Thorogood, N. (2018). *Qualitative methods for health research* (4th ed.). Sage.

Greene, M., Kellam, N., & Coley, B. *Black men in the making: Engaging in maker spaces promotes agency and identity for black males in engineering*. 2019 CoNECD (The Collaborative Network for Engineering and Computing Diversity). https://par.nsf.gov/biblio/10104369.

Greene, C. A., Haisley, L., Wallace, C., & Ford, J. D. (2020). Intergenerational effects of childhood maltreatment: A systemic review of the parenting practices of adult survivors of childhood abuse, neglect and violence. *Clinical Psychology Review*, *80*, 101891. https://doi.org/10.1016/j.cpr.2020.101891

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment

    with data saturation and variability. *Field Methods*, *18*(1), 59–82.

    https://doi.org/10.1177/1525822X05279903

Guo, W.-H., & Tsui, M. (2010). From resilience to resistance: A reconstruction of the

    strengths perspective in social work practice. *International Social Work*, *53*(2), 233–245.

    https://doi.org/10.1177/0020872809355391

Gustafson, D. (2001). Unbecoming behaviour: One woman's story of becoming a non-

    custodial mother. *Journal of the Association for Research on Mothering*, *3*(1), 203–212.

    https://jarm.journals.yorku.ca/index.php/jarm/article/view/2108

Gypen, L., Vanderfaeillie, J., De Maeyer, S., Belenger, L., & Van Holen, F. (2017). Outcomes

    of children who grew up in foster care: Systematic-review. *Children and Youth Services*

    Review, *76*, 74–83. https://doi.org/10.1016/j.childyouth.2017.02.035

Hamby, S., Elm, J. H. L., Howell, K. H., & Merrick, M. T. (2021). Recognizing the

    cumulative burden of childhood adversities transforms science and practice for trauma

    and resilience. *The American Psychologist*, *76*(2), 230–242.

    https://doi.org/10.1037/AMP0000763

Harrison, E. (2012). Bouncing back? Recession, resilience and everyday lives. *Critical Social*

    Policy, *33*(1), 97–113. https://doi.org/10.1177/0261018312439365

Harvey-Flowers, M. (2022). *Secondary educators' socioemotional well-being throughout the*

    covid-19 pandemic: A narrative inquiry [Doctoral dissertation, University of Michigan-

    Flint]. https://www.proquest.com/docview/2768568285?pq-

    origsite=gscholar&fromopenview=true&sourcetype=Dissertations%20&%20Theses

Hass, M., & Graydon, K. (2009). Sources of resiliency among successful foster youth.

    Children and Youth Services Review, *31*(4), 457–463.

    https://doi.org/10.1016/j.childyouth.2008.10.001

Hertzman, C., & Power, C. (2003). Health and human development: Understandings from life-

    course research. *Developmental Neuropsychology, 24*(2-3)*,* 719-744.

    https://doi.org/10.1080/87565641.2003.9651917

Hestbæk, A. D. (2018). The rights of children placed in out-of-home care. In A. Falch-Erikson

    & E. Backe-Hensen (Eds.), *Human rights in child protection: Implications for*

    professional practice and policy (pp. 129–146). Palgrave Macmillan.

    https://doi.org/10.1007/978-3-319-94800-3_7/TABLES/3

Heyman, J. C., White-Ryan, L., Kelly, P., Farmer, G. L., Leaman, T. L., & Davis, H. J. (2020).

    Voices about foster care: The value of trust. *Children and Youth Services Review*, *113*,

    104991. https://doi.org/10.1016/J.CHILDYOUTH.2020.104991

Hiller, R. M., Halligan, S. L., Meiser-Stedman, R., Elliott, E., Rutter-Eley, E., & Hutt, T.

    (2021). Coping and support-seeking in out-of-home care: A qualitative study of the views

    of young people in care in England. *BMJ Open*, *11*(2), 1–9.

    https://doi.org/10.1136/BMJOPEN-2020-038461

Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions, and*

    organizations across nations (2nd ed.). Sage.

Hofstede, G. (2022). *What about Canada? Country comparison*. Hofstede insights.

    https://www.hofstede-insights.com/country-comparison/canada/

Houston, S. (2010). Building resilience in a children's home: Results from an action research project. *Child and Family Social Work*, *15*(3), 357–368. https://doi.org/10.1111/j.1365-2206.2010.00684.x

Huggins-Hoyt, K. Y., Mowbray, O., Briggs, H. E., & Allen, J. L. (2019). Private vs public child welfare systems: A comparative analysis of national safety outcome performance. Child Abuse & Neglect, *94*, 104024. https://doi.org/10.1016/j.chiabu.2019.104024

Ioannou, S., Kouta, C., & Andreou, A. (2015). Cyprus health education curriculum from "victim blaming to empowerment." *Health Education*, *115*(3/4), 392–404. https://doi.org/10.1108/HE-03-2014-0044/FULL/PDF

Jacobson, T. (2018). *Everyone needs attention: Helping young children thrive*. Redleaf Press.

Jones, A., Sinha, V., & Trocmé, N. (2015). *Children and youth in out-of-home care in the Canadian provinces (information sheet 167E)*. CWRP Information Sheet #167E. https://cwrp.ca/sites/default/files/publications/167e.pdf

Jonson-Reid, M., Drake, B., & Kohl, P. L. (2009). Is the overrepresentation of the poor in child welfare caseloads due to bias or need? *Children and Youth Services Review*, *31*(3), 422–427. https://doi.org/10.1016/J.CHILDYOUTH.2008.09.009

Jud, A., Fluke, J., Alink, L. R. A., Allan, K., Fallon, B., Kindler, H., Lee, B. J., Mansell, J., & van Puyenbroek, H. (2013). On the nature and scope of reported child maltreatment in high-income countries: Opportunities for improving the evidence base. *Paediatrics and International Child Health*, *33*(4), 207–215. https://doi.org/10.1179/2046905513Y.0000000092

Juzwik, M. M. (2010). Over-stating claims for story and for narrative inquiry: A Cautionary Note. *Narrative Inquiry*, *20*(2), 375–380. https://doi.org/10.1075/ni.20.2.08juz

Kapiszewski, D., & Karcher, S. (2021). Transparency in practice in qualitative research. *Political Science & Politics*, *54*(2), 285–291. https://doi.org/10.1017/S1049096520000955

Kasparek, N., & Lahr, E. J. (2022). Chopping and screwing narrative inquiry to study teacher curosity curiously. *Taboo: The Journal of Culture & Education*, *21*(1), 29-49. https://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1157&context=taboo#page=32

Kerman, B., Barth, R. P., & Wildfire, J. (2004). Extending transitional services to former foster children. *Child Welfare*, *83*(3), 239–262. https://pubmed.ncbi.nlm.nih.gov/15202801/

Kinitz, D. J., & Salway, T. (2022). Cisheteronormativity, conversion therapy, and identity among sexual and gender minority people: A narrative inquiry and creative non-fiction. *Qualitative Health Research*, *32*(13), 1965-1978. https://doi.org/10.1177/10497323221126536

Kim, J. H. (2012). Understanding the lived experience of a Sioux Indian adolescent boy: Toward a pedagogy of hermeneutical phenomenology in education. *Educational Philosophy and Theory*, *44*(6), 630-648. https://doi.org/10.1111/j.1469-5812.2010.00733.x

Kim, J. H. (2016). *Understanding narrative inquiry: The crafting and analysis of stories as research*. Sage.

Kim, J. H., Morrison, J. A., & Ramzinski, E. (2019). Is Bildung possible in the classroom?: An exploration of autobiographical writing as philosophical exercise (askēsis) for developing

one's Bildung. *Journal of Curriculum and Pedagogy*, *16*(3), 242-262. 10.1080/15505170.2019.1581676)

Kimber, M., McTavish, J. R., Vanstone, M., Stewart, D. E., & MacMillan, H. L. (2021). Child maltreatment online education for healthcare and social service providers: Implications for the COVID-19 context and beyond. *Child Abuse & Neglect*, *116*(2), 104743. https://doi.org/10.1016/J.CHIABU.2020.104743

Kimble, J. (2022). Criticism, praise, and the red pen: The role of elementary school teachers on the enduring efficacy of writing instructors. *Teaching/Writing: The Journal of Writing Teacher Education*, *11*(1), 1-25. https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1276&context=wte

Kontje, T. (1993). *The German Bildungsroman: History of a national genre*. Camden House.

Kovarikova, J. (2017). *Exploring youth outcomes after aging-out of care*. Provincial Advocate for Children and Youth. https://cwrp.ca/sites/default/files/publications/report-exploring-youth-outcomes.pdf

Kristjánsson, K. (2007). *Aristotle, emotions, and education*. Routledge. https://doi.org/10.4324/9781315567914

Kufeldt, K., & McKenzie, B. (2011). Policy and practice: Themes and implications. In K. Kufeldt & B. McKenzie (Eds.), *Child welfare: Connecting research, policy, and practice,* (pp. 387–392). Wilfrid Laurier University Press. https://www.wlupress.wlu.ca/Books/C/Child-Welfare

Kuznetsova, T. I. U. (2005). Social stereotypes of the perception of graduates of children's homes. *Russian Education and Society*, *47*(2), 19–30. https://doi.org/10.1080/10609393.2005.11056948

Kvale, S. (1996). *InterViews*. Sage.

Kwak, Y., Mihalec-Adkins, B., Mishra, A. A., & Christ, S. L. (2018). Differential impacts of participation in organized activities and maltreatment types on adolescent academic and socioemotional development. *Child Abuse & Neglect*, *78*, 107–117. https://doi.org/10.1016/j.chiabu.2017.09.026

Langevin, R., Kern, A., Esposito, T., & Hélie, S. (2023). Homotypical and heterotypical intergenerational continuity of child maltreatment: Evidence from a cohort of families involved with child protection services. *International Journal of Environmental Research and Public Health*, *20*(5), 4151. https://doi.org/10.3390/IJERPH20054151

Laursen, E. K. (2003). Frontiers in strength-based treatment. *Reclaiming Children and Youth*, *12*(1), 12–17. https://qe2a-proxy.mun.ca/login?url=https://www.proquest.com/scholarly-journals/frontiers-strength-based-treatment/docview/214194346/se-2

Leavy, P., & Ross, L. S. (2006). The matrix of eating disorder vulnerability: Oral history and the link between personal and social problems. *The Oral History Review*, *33*(1), 65–81. https://doi.org/10.1525/ohr.2006.33.1.65

Leber, C., & LeCroy, C. W. (2012). Public perception of the foster care system: A national study. *Children and Youth Services Review*, *34*(9), 1633–1638. https://doi.org/10.1016/J.CHILDYOUTH.2012.04.027

Lee, C., & Berrick, J. D. (2014). Experiences of youth who transition to adulthood out of care: Developing a theoretical framework. *Children and Youth Services Review*, *46*, 78–84. https://doi.org/10.1016/j.childyouth.2014.08.005

Letourneau, N., Dewey, D., Kaplan, B. J., Ntanda, H., Novick, J., Thomas, J. C., Deane, A. J., Leung, B., Pon, K., & Giesbrecht, G. F. (2019). Intergenerational transmission of adverse

childhood experiences via maternal depression and anxiety and moderation by child sex. *Journal of Developmental Origins of Health and Disease*, *10*(1), 88–99. https://doi.org/10.1017/S2040174418000648

Levesque, J. F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: Conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, *12*(1), 1–9. https://doi.org/10.1186/1475-9276-12-18/FIGURES/2

Liebenberg, L., & Ungar, M. (2009). Introduction: The challenges in researching resilience. In L. Liebenberg & M. Ungar (Eds.) (pp. 3-25), *Researching resilience*. University of Toronto Press. https://doi.org/10.3138/9781442697669-003

Lima, A. (2023). Understanding narrative inquiry through life story interviews with former prisoners. *Irish Educational Studies*, *42*(4), 775-786. https://doi.org/10.1080/03323315.2023.2257673

Lindsay, G. D., & Schwind, J. K. (2016). Narrative inquiry: Experience matters. *Canadian Journal of Nursing Research*, *48*(1), 14–20. 10.1177/0844562116652230

Loh, J. (2013). Inquiry into issues of trustworthiness and quality in narrative studies: A perspective. *The Qualitative Report*, *18*(33), 1–15. https://doi.org/10.46743/2160-3715/2013.1477

Lonne, B., Parton, N., Thomson, J., & Harries, M. (2008). *Reforming child protection*. Routledge. https://doi.org/10.4324/9780203894675

Ludy-Dobson, C. R., & Perry, B. D. (2010). The role of healthy relational interactions in buffering the impact of childhood trauma. In E. Gil (Ed.), *Working with children to heal interpersonal trauma: The power of play* (pp. 26–43). The Guilford Press.

Lupton, D. (1999). *Risk*. Routledge. https://doi.org/10.4324/9780203980545

Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions

and social policies. *Development and Psychopathology*, *12*(4), 857–885.

https://doi.org/10.1017/S0954579400004156

Lwin, K., Fallon, B., Trocmé, N., Fluke, J., & Mishna, F. (2018). A changing child welfare

workforce: What worker characteristics are valued in child welfare? *Child Abuse &

Neglect*, *81*, 170–180. https://doi.org/10.1016/j.chiabu.2018.04.029

Lynch, S. (2011). Challenging stereotypes of foster children: A study of relational resilience.

Journal of Public Child Welfare, *5*(1), 23–44.

https://doi.org/10.1080/15548732.2010.526903

MacIntyre, E. (1993). The historical context of child welfare in Canada. In B. Wharf (Ed.),

Rethinking child welfare in Canada (pp. 13-36). McClelland and Stewart.

Mahdiani, H., & Ungar, M. (2021). The dark side of resilience. *Adversity and Resilience

Science*, *2*(3), 147–155. https://doi.org/10.1007/S42844-021-00031-Z

Markesteyn, P. H., & Day, D. C. (2006). *Turner review and investigation*. Office of the Child

and Youth Advocate Newfoundland and Labrador.

https://www.childandyouthadvocate.nl.ca/files/turner-v2.pdf

Marshall, V., & Long, B. C. (2010). Coping processes as revealed in the stories of mothers of

children with autism. *Qualitative Health Research*, *20*(1), 105–116.

https://doi.org/10.1177/1049732309348367

Mayer, S. S. (2019). Enhancing the lives of children in out-of-home care: An exploration of

mind-body interventions as a method of trauma recovery. *Journal of Child & Adolescent

Trauma*, *12*(4), 549–560. https://doi.org/10.1007/S40653-019-0250-3

McMillen, J. C., Morris, L., & Sherraden, M. (2004). Ending social work's grudge match:

Problems versus strengths. *Families in Society: The Journal of Contemporary Social Services*, *85*(3), 317–325. https://doi.org/10.1177/104438940408500309

McPherson, G., & Thorne, S. (2006). Exploiting exceptions to enhance interpretive qualitative health research: Insights from a study of cancer communication. *International journal of qualitative methods*, *5*(2), 73-86. https://doi.org/10.1177/160940690600500210

Mead, G. H. (1934). *Mind, self, and society from the standpoint of a social behaviorist*. University of Chicago Press. https://psycnet.apa.org/record/1934-15037-000

Mehta, D., Kelly, A. B., Laurens, K. R., Haslam, D., Williams, K. E., Walsh, K., Baker, P. R. A., Carter, H. E., Khawaja, N. G., Zelenko, O., & Mathews, B. (2021). Child maltreatment and long-term physical and mental health outcomes: An exploration of biopsychosocial determinants and implications for prevention. *Child Psychiatry & Human Development*, *54*(2), 421–435. https://doi.org/10.1007/S10578-021-01258-8

Mendes, P. (2006). Classic texts. *Community Development Journal*, *41*(2), 246–248. https://doi.org/10.1093/cdj/bsi102

Mendes, P., Purtell, J., & Waugh, J. (2022). Advancing the social rights of care leavers: Towards a new community-based social network and peer support model for supporting young people transitioning from out-of-home care in times of crisis. *New Community, 20(2)*(78), 58–63. https://researchmgt.monash.edu/ws/portalfiles/portal/398528642/leaving_care_social_rig hts_ New_Community_published_version.pdf

Mendes, P., & Rogers, J. (2020). Young people transitioning from out-of-home care: What are

the lessons from extended care programmes in the USA and England for Australia?

British Journal of Social Work, *50*(5), 1513–1530. https://doi.org/10.1093/bjsw/bcaa028

Mitchell, M. B., & Kuczynski, L. (2010). Does anyone know what is going on? Examining

children's lived experience of the transition into foster care. *Children and Youth Services

Review*, *32*(3), 437–444. https://doi.org/10.1016/J.CHILDYOUTH.2009.10.023

Mitchell, P. (2023). *Experiences of medical students on a rural health track: A narrative

inquiry* [Doctoral dissertation, Oregon State University].

https://ir.library.oregonstate.edu/concern/graduate_thesis_or_dissertations/gh93h7104

Morton, B. M. (2018). The grip of trauma: How trauma disrupts the academic aspirations of

foster youth. *Child Abuse & Neglect*, *75*, 73–81.

https://doi.org/10.1016/j.chiabu.2017.04.021

Mosher, J., & Hewitt, J. (2018). Reimagining child welfare systems in Canada. *Journal of Law

and Social Policy*, *28*(1), 1–9.

https://heinonline.org/HOL/Page?handle=hein.journals/jlsp28&id=1&div=&collection=

Moody, B. K. (2023). *Bearing witness to terror and triumph: A narrative inquiry into black

men's healing after police brutality* [Doctoral dissertation, North Carolina State

University]. https://www.proquest.com/docview/2838439933?pq-

origsite=gscholar&fromopenview=true&sourcetype=Dissertations%20&%20Theses

Moore, S. T. (1998). Social welfare in a managerial society. *Health Marketing Quarterly,

15*(4), 75-87. https://doi.org/10.1300/J026v15n04_05Chatper

Mullan, P. (2022). Care leaver's outcomes in Ireland: The role of social capital. *Journal of Children's Services*, *17*(2), 97–110. https://doi.org/10.1108/JCS-05-2021-0023/FULL/XML

Murray, S., & Goddard, J. (2014). Life after growing up in care: Informing policy and practice through research. *Australian Social Work*, *67*(1), 102–117. https://doi.org/10.1080/0312407X.2013.868010

Nadan, Y., Spilsbury, J. C., & Korbin, J. E. (2015). Culture and context in understanding child maltreatment: contributions of intersectionality and neighborhood-based research. *Child Abuse & Neglect*, *41*, 40–48. https://doi.org/10.1016/J.CHIABU.2014.10.021

Neff, L. A., & Broady, E. F. (2011). Stress resilience in early marriage: Can practice make perfect? *Journal of Personality and Social Psychology*, *101*(5), 1050–1067. https://doi.org/10.1037/a0023809

Panel on Research Ethics (2018). *Tri-council policy statement: Ethical conduct for research involving humans – TCPS 2 (2018)*. Government of Canada. https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html

Parker, C., Scott, S., & Geddes, A. (2019). Snowball sampling. In P. Atkinson, S. Delamont, A. Cernat, J. W. Sakshaug, & R. A. Williams (Eds.), *Sage Research Methods Foundations* (pp. 824-824). Sage. https://doi.org/10.4135/9781526421036831710

Patterson, M. L., Moniruzzaman, A., & Somers, J. M. (2015). History of foster care among homeless adults with mental illness in Vancouver, British Columbia: a precursor to trajectories of risk. *BMC Psychiatry*, *15*(1), 1–11. https://doi.org/10.1186/S12888-015-0411-3/TABLES/4

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Sage

    Publications.

Petrosino, A., Turpin-Petrosino, C., & Buehler, J. (2003). Scared straight and other juvenile

    awareness programs for preventing juvenile delinquency: A systematic review of the

    randomized experimental evidence. *The Annals of the American Academy of Political and*

    Social Science, *589*(1), 41–62. https://doi.org/10.1177/0002716203254693

Plante, T. (2017). *The rise of the relentless: The youth in care perspective on college success*

    [Doctoral Dissertation, California Lutheran University].

Plummer, K. (1983). *Documents of life: An introduction to the problems and literature of a*

    humanistic method. G. Allen & Unwin. ISBN 978-0043210291

Polivy, J., & Herman, C. P. (2000). The false hope syndrome: Unfulfilled expectations of self-

    change. *Current Directions in Psychological Science*, *9*(4), 128–131.

    https://doi.org/10.1111/1467-8721.00076

Pollock, N. J., Oudraogo, A. M., Trocmé, N., Hovdestad, W., Miskie, A., Crompton, L., ... &

    Tonmyr, L. (2024). Rates of out-of-home care among children in Canada: An analysis of

    national administrative child welfare data. *Health Promotion and Chronic Disease*

    Prevention in Canada: Research, Policy and Practice, *44*(4), 152.

    10.24095/hpcdp.44.4.02

Propp, J., Ortega, D. M., & Newheart, F. (2003). Independence or interdependence:

    Rethinking the transition from "ward of the court" to adulthood. *Families in Society: The*

    Journal of Contemporary Human Services, *84*(2), 259-266. https://doi.org/10.1606/1044-

    3894.102

Public Health Agency of Canada. (2019). *Provincial and territorial child protection legislation and policy 2018*. Public Health Agency of Canada. https://www.canada.ca/en/public-health/services/publications/health-risks-safety/provincial-territorial-child-protection-legislation-policy-2018.html

Refaeli, T. (2017). Narratives of care leavers: What promotes resilience in transitions to independent lives? *Children and Youth Services Review*, *79*, 1–9. https://doi.org/10.1016/j.childyouth.2017.05.023

Rendleman, D. R. (1971). Parens patriae: From chancery to the juvenille Court. *SCL Rev.*, 23, 205-259. https://scholarlycommons.law.wlu.edu/wlufac/390/

Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, *58*(3), 307–321. https://doi.org/10.1002/jclp.10020

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage.

Roberts, P. (2008). From west to east and back again: Faith, doubt and education in Hermann Hesse's later work. *Journal of Philosophy of Education*, *42*(2), 249–268. https://doi.org/10.1111/J.1467-9752.2008.00617.X

Robertson, A. A., & Walker, C. S. (2018). Predictors of justice system involvement: Maltreatment and education. *Child Abuse & Neglect*, *76*, 408–415. https://doi.org/10.1016/j.chiabu.2017.12.002

Robinson, E. A. (2020). *The outcomes of placement instability in out of home care: A literature review* [Doctoral dissertation, University of Canterbury]. https://doi.org/10.26021/931

Romano, E., Babchishin, L., Marquis, R., & Frechette, S. (2015). Childhood maltreatment and educational outcomes. *Trauma, Violence & Abuse*, *16*(4), 418–437. https://doi.org/10.1177/1524838014537908

Rome, S. H., & Raskin, M. (2019). Transitioning out of foster care. *Youth & Society*, *51*(4), 529–547. https://doi.org/10.1177/0044118x17694968

Rubin, D. M., O'Reilly, A. L. R., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics*, *119*(2), 336–344. https://doi.org/10.1542/PEDS.2006-1995

Rudolph, K. D., Caldwell, M. S., & Conley, C. S. (2005). Need for approval and children's well-being. *Child Development*, *76*(2), 309–323. https://doi.org/10.1111/J.1467-8624.2005.00847_A.X

Russ, E., Lonne, B., & Darlington, Y. (2009). Using resilience to reconceptualise child protection workforce capacity. *Australian Social Work*, *62*(3), 324–338. https://doi.org/10.1080/03124070903060042

Rutman, D., & Hubberstey, C. (2016). Is anybody there? Informal supports accessed and sought by youth from foster care. *Children and Youth Services Review*, *63*, 21–27. https://doi.org/10.1016/j.childyouth.2016.02.007

Rutman, D., & Hubberstey, C. (2018). Fostering educational success of children and youth in care: Perspectives of youth with experience living in care. *Children and Youth Services Review*, *94*, 257–264. https://doi.org/10.1016/j.childyouth.2018.10.022

Ryan, J. P., Jacob, B. A., Gross, M., Perron, B. E., Moore, A., & Ferguson, S. (2018). Early exposure to child maltreatment and academic outcomes. *Child Maltreatment*, *23*(4), 365–375. https://doi.org/10.1177/1077559518786815

Saenz, C. (2022). *The narratives of Latina students who have participated in invention education* [Doctoral dissertation, University of Central Florida]. https://stars.library.ucf.edu/etd2020/1279/

Saif, A. O., & Sundly, A. (2021). The healthy Indian child: A colonial construct. *Social Theory & Health, 20*, 54-70. https://doi.org/10.1057/s41285-020-00152-y

Saleebey, D. (2002). *The strengths perspective in social work practice* (3rd ed.). Longman.

Sanbonmatsu, D. M., Cooley, E. H., & Butner, J. E. (2021). The impact of complexity on methods and findings in psychological science. *Frontiers in Psychology*, *11*, 580111. https://doi.org/10.3389/fpsyg.2020.580111

Sanders, J., Munford, R., Thimasarn-Anwar, T., Liebenberg, L., & Ungar, M. (2015). The role of positive youth development practices in building resilience and enhancing wellbeing for at-risk youth. *Child Abuse and Neglect*, *42*, 40–53. https://doi.org/10.1016/j.chiabu.2015.02.006

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality and Quantity*, *52*(4), 1893–1907. https://doi.org/10.1007/S11135-017-0574-8/TABLES/1

Scales, P. C., Benson, P. L., Oesterle, S., Hill, K. G., Hawkins, J. D., & Pashak, T. J. (2016). The dimensions of successful young adult development: a conceptual and measurement framework. *Applied Developmental Science*, *20*(3), 150–174. https://doi.org/10.1080/10888691.2015.1082429

Schelble, J. L., Franks, B. A., & Miller, M. D. (2010). Emotion dysregulation and academic

    resilience in maltreated children. *Child and Youth Care Forum*, *39*(4), 289–303.

    https://doi.org/10.1007/s10566-010-9105-7

Schickedanz, A., Escarce, J. J., Halfon, N., Sastry, N., & Chung, P. J. (2021). Intergenerational

    associations between parents' and children's adverse childhood experience scores.

    Children, *8*(9), 1–14. https://doi.org/10.3390/CHILDREN8090747

Scott, J. C. (1985). *Weapons of the weak: Everyday forms of peasant resistance*. Yale

    University Press.

Sebele-Mpofu, F. Y. (2020). Saturation controversy in qualitative research: Complexities and

    underlying assumptions. A literature review. *Cogent Social Sciences*, *6*(1), 1838706.

    https://doi.org/10.1080/23311886.2020.1838706

Seery, M. D. (2011). Resilience: A silver lining to experiencing adverse life events? *Current*

    Directions in Psychological Science, *20*(6), 390–394.

    https://doi.org/10.1177/0963721411424740

Seery, M. D., Holman, E. A., & Silver, R. C. (2010). Whatever does not kill us: Cumulative

    lifetime adversity, vulnerability, and resilience. *Journal of Personality and Social*

    Psychology, *99*(6), 1025–1041. https://doi.org/10.1037/a0021344

Seligman, M. E. P. (1975). *Helplessness: On depression, development, and death*.

      W. H. Freeman.

Selimbasic, Z., & Hasanovic, M. (2021). Resilience between salutogenesis and pathogenesis:

    An important concept in creative personalized psychopharmacotherapy. *Psychiatria*

    Danubina, *33*(4), 1032–1037. https://www.psychiatria-

danubina.com/UserDocsImages/pdf/dnb_vol33_noSuppl%204/dnb_vol33_noSuppl%204 _1032.pdf

Shewchuk, S. (2020). *Transition supports to prevent homelessness for youth leaving out-of- home care.* Homelessness Hub. https://www.homelesshub.ca/resource/transition- supports-prevent-homelessness-youth-leaving-out-home-care

Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *Journal of the American Medical Association*, *301*(21), 2252– 2259. https://doi.org/10.1001/jama.2009.754

Siddiqi, A., Irwin, L. G., & Hertzman, C. (2007). *Total environment assessment model for early child development*. World Health Organisation. https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=4f74596004bf49362d3 6ab97e4e7388b922bf66c

Sinha, R. (2008). Chronic stress, drug use, and vulnerability to addiction. *Annals of the New York Academy of Sciences*, *1141*(1), 105–130. https://doi.org/10.1196/ANNALS.1441.030

Sinha, V., Ellenbogen, S., & Trocmé, N. (2013). Substantiating neglect of first nations and non-aboriginal children. *Children and Youth Services Review*, *35*(12), 2080–2090. https://doi.org/10.1016/j.childyouth.2013.10.007

Sinha, V., & Kozlowski, A. (2013). The structure of aboriginal child welfare in Canada. *The International Indigenous Policy Journal*, *4*(2), 1-21. https://doi.org/10.18584/iipj.2013.4.2.2

Smith, N., & Lértora, I. M. (2024). Percy's story: Using Bildungsroman as a narrative method on internalized homophobia of queer counselors as youth. *Journal of Creativity in Mental Health*, *19*(2), 196-209. https://doi.org/10.1080/15401383.2023.2239698

Solis, J. (2003). Re-thinking illegality as a violence against, not by Mexican immigrants, children, and youth. *Journal of Social Issues*, *59*(1), 15–31. https://doi.org/10.1111/1540-4560.00002

Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European Journal of Psychotraumatology*, *5*(1), 1–14. https://doi.org/10.3402/EJPT.V5.25338

Stanley, B. B. (2018). *Nurses returning to practice after an extended career break: A narrative study*. [Master's dissertation, University of Central Oklahoma]. https://www.proquest.com/docview/2042944400?pq-origsite=gscholar&fromopenview=true&sourcetype=Dissertations%20&%20Theses

Straatmann, V. S., Jackisch, J., Brännström, L., & Almquist, Y. B. (2021). Intergenerational transmission of out-of-home care and the role of mental health problems: Findings from Stockholm birth cohort multigenerational study. *Social Science & Medicine*, *284*, 114223. https://doi.org/10.1016/J.SOCSCIMED.2021.114223

Strahl, B., Van Breda, A. D. P., Mann-Feder, V., & Schröer, W. (2021). A multinational comparison of care-leaving policy and legislation. *Journal of International and Comparative Social Policy*, *37*(1), 34–49. https://doi.org/10.1017/ICS.2020.26

Suárez-Soto, E., Pereda, N., & Guilera, G. (2019). Poly-victimization, resilience, and suicidality among adolescents in child and youth-serving systems. *Children and Youth Services Review*, *106*(2019), 1–8. https://doi.org/10.1016/j.childyouth.2019.104500

Sukumaran, S. (2021). *Improving outcomes for youth transitioning out of Care: An analysis of Canada's transition programs* [Master's dissertation, University of Ottawa]. http://hdl.handle.net/10393/42640

Sundly, A., Keating, M., Effiong, A., & Saif, A. O. (2023). Neuroscientific evidence and care leaving: A multidisciplinary critical commentary. *International Journal of Child Youth and Family Studies*, *14*(1), 30–46. https://doi.org/https://doi.org/10.18357/ijcyfs141202321283

Sundly, A., Gustafson, D. L., & Ellenbogen, S. E. (2024). *Scoping review of high school outcomes of children in care* [Manuscript in preparation].

Swales, M. (1978). *The German Bildungsroman from Wieland to Hesse*. Princeton University Press.

Taussig, H. N., & Raviv, T. (2013). Foster care and child wellbeing: A promise whose time has come. In J Korbin & R Krugman (Eds.). *Handbook of Child Maltreatment* (pp. 393-410). Springer.

Thompson, A. E., Greeson, J. K. P., & Brunsink, A. M. (2016). Natural mentoring among older youth in and aging out of foster care: a systematic review. *Child and Youth Services Review*, *61*, 40–50. https://doi.org/10.1016/j.childyouth.2015.12.006

Thomson, R., & Holland, J. (2015). Critical moments? The importance of timing in young people's narratives of transition. In J. Wyn, & H. Cahill (Eds.), *Handbook of children and youth studies*, (pp. 723-734). https://doi.org/10.1007/978-981-4451-15-4_35

Thrive. (2018). *Youth services, Dept. Of Children, Seniors and Social Development, Govt. of NL*. Thrive. https://www.thrivecyn.ca/directory-of-services/housing/youth-and-family-services-dept-of-child-youth-and-family-services-goverment-of-nl/

Traverso-Yepez, M., Rourke, L., & Luscombe, S. (2017). Connecting the dots: An ecological

lens to preventive measures for adverse childhood experiences. *Social Work in Public

Health*, *32*(5), 339–354. https://doi.org/https://doi.org/10.1080/19371918.2017.1295897

Tremblett, S., Trocmé, N., & Delaye, A. (2021). *Newfoundland and Labrador child

welfare services information sheet*. Canadian Child Welfare Research Portal.

https://cwrp.ca/sites/default/files/publications/Newfoundland%20and%20Labrador%20C

hild%20Welfare%20Services%20Information%20Sheet%20August%202021.pdf

Tremblay, C., Y. Haines, V., & Joly, J. (2015). Staff turnover and service quality within

residential settings. *Human Service Organizations: Management, Leadership &

Governance*, *40*(1), 22–36. https://doi.org/10.1080/23303131.2015.1085479

Trocmé, N. (2008). *Canadian Incidence Study (CIS) of reported child abuse and

neglect−2008: major findings*. Public Health Agency of Canada.

https://cwrp.ca/sites/default/files/publications/en/CIS-2008-rprt-eng.pdf

Trocmé, N., Doucet, M., Fallon, B., Nutton, J., & Esposito, T. (2023). Child welfare in

Canada. In J. D. Berrick, N. Gilbert, & M. Skivenes (Eds.), *Oxford handbook of child

protection systems*. Oxford University Press.

Trocmé, N., Esposito, T., Mulcahy, M., Coughlin, L., Fallon, B., MacLaurin, B., & Shlonsky,

A. (2011). The National child welfare Outcomes indicator Matrix (NOM) and its

application in a child welfare agency. In K. Kufeldt & B. McKenzie (Eds.), *Child

welfare: Connecting research, policy, and practice* (2nd ed.). Wilfrid Laurier University

Press.

Trocmé, N., Esposito, T., Nutton, J., Rosser, V., & Fallon, B. (2019). Child welfare services in

    Canada. In L. Merkel-Holguin, J. D. Fluke, & R. D. Krugman (Eds.), *National Systems of*

    Child Protection (pp. 27–50). Springer. https://doi.org/10.1007/978-3-319-93348-1_3

Trocmé, N., Kyte, A., Sinha, V., & Fallon, B. (2014). Urgent protection versus chronic need:

    Clarifying the dual mandate of child welfare services across Canada. *Social Sciences*,

    3(3), 483–498. https://doi.org/10.3390/socsci3030483

Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., … &

    McKenzie, B. (2001). *Canadian Incidence Study (CIS) of reported child abuse and*

    neglect final report. Office of Justice Programs. https://www.ojp.gov/ncjrs/virtual-

    library/abstracts/canadian-incidence-study-reported-child-abuse-and-neglect-final

Trocmé, N., Roy, C., & Esposito, T. (2016). Building research capacity in child welfare in

    Canada. *Child and Adolescent Psychiatry and Mental Health, 10*(16), 1–8.

    https://doi.org/10.1186/s13034-016-0103-x

Tufford, L. (2019). *Child abuse and neglect in Canada: A guide for mandatory reporters.*

    Oxford University Press. https://doi.org/10.1093/oso/9780190083472.003.0001

Tweddle, A. (2007). Youth leaving care: How do they fare? *New Directions for Youth*

    Development, *2007*(113), 15–31. https://doi.org/10.1002/yd.199

Ungar, M. (2001a). Constructing narratives of resilience with high-risk youth. *Journal of*

    Systemic Therapies, *20*(2), 58–73. https://doi.org/10.1521/jsyt.20.2.58.23040

Ungar, M. (2001b). The social construction of resilience among "problem" youth in out-of-

    home placement: A study of health-enhancing deviance. *Child and Youth Care Forum*,

    30(3), 137–154. https://doi.org/10.1023/A:1012232723322

Ungar, M. (2004). A constructionist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth and Society*, *35*(3), 341–365. https://doi.org/10.1177/0044118X03257030

Ungar, M. (2005a). A thicker description of resilience. *The International Journal of Narrative Therapy and Community Work*, *2005*(3/4), 89–96. https://doi.org/10.3316/informit.247303462342985

Ungar, M. (2005b). Pathways to resilience among children in child welfare, corrections, mental health and educational settings: Navigation and negotiation. *Child & Youth Care Forum*, *34*(6), 423–444. https://doi.org/10.1007/s10566-005-7755-7

Ungar, M. (2008). Putting resilience theory into action: Five principles for intervention. In L. Liebenberg & M. Ungar (Eds.), *Resilience in Action* (pp. 17–38). Toronto University Press. https://esteemjourney.com/wp-content/uploads/2018/07/Putting-Resilience-Theory-Into-Action.pdf

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, *81*(1), 1–17. https://doi.org/10.1111/j.1939-0025.2010.01067.x

Ungar, M. (2013). Resilience after maltreatment: The importance of social services as facilitators of positive adaptation. *Child Abuse and Neglect*, *37*(2/3), 10–15. https://doi.org/10.1016/j.chiabu.2012.08.004

Ungar, M. [Resilience Research Center]. (2017, Nov 02). *Dr. Ungar on adult resilience: Cinderella of fairy godmother?* [Video]. YouTube. https://www.youtube.com/watch?v=Lu4xfyE9Fks

Ungar, M. (2019). Designing resilience research: Using multiple methods to investigate risk

exposure, promotive and protective processes, and contextually relevant outcomes for

children and youth. *Child Abuse and Neglect*, *96*, 1–8.

https://doi.org/10.1016/j.chiabu.2019.104098

Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed

methods: Construction of the child and youth resilience measure. *Journal of Mixed

Methods Research*, *5*(2), 126–149. https://doi.org/10.1177/1558689811400607

Ungar, M., Liebenberg, L., Landry, N., & Ikeda, J. (2012). Caregivers, young people with

complex needs, and multiple service providers: A study of triangulated relationships.

Family Process, *51*(2), 193–206. https://doi.org/10.1111/J.1545-5300.2012.01395.X

Ungar, M., & Theron, L. (2020). Resilience and mental health: How multisystemic processes

contribute to positive outcomes. *The Lancet Psychiatry*, *7*(5), 441–448.

https://doi.org/10.1016/S2215-0366(19)30434-1

Van Breda, A. (2001). Resilience theory: *A literature review with special chapters on

deployment resilience in military families & resilience theory in social work*. South

African Military Health Service.

https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.584.2767&rep=rep1&type=pd

f

Van Breda, A. (2018). A critical review of resilience theory and its relevance for social work.

Social Work, *54*(1), 1–18. https://doi.org/10.15270/54-1-611

Van Wert, M., Fallon, B., Trocmé, N., & Collin-Vezina, D. (2018). Educational neglect:

Understanding 20 years of child welfare trends. *Child Abuse & Neglect*, *75*, 50–60.

https://doi.org/10.1016/j.chiabu.2017.04.034

Vella, S. C., & Pai, Nagesh. B. (2019). A theoretical review of psychological resilience:

Defining resilience and resilience research over the decades. *Archives of Medicine and Health Sciences*, *7*(2), 233–239.

https://www.amhsjournal.org/temp/ArchMedHealthSci72233-6854462_190224.pdf

Wall, K., & Gouveia, R. (2014). Changing meanings of family in personal relationships.

Current Sociology, *62*(3), 352–373.

https://doi.org/https://doi.org/10.1177/0011392113518779

Walsh, F. (2016). Family resilience: A developmental systems framework. *European Journal of Developmental Psychology*, *13*(3), 313–324.

https://doi.org/https://doi.org/10.1080/17405629.2016.1154035

Weick, A. (2000). Hidden voices. *Social Work*, *45*(5), 395–402.

https://doi.org/10.1093/SW/45.5.395

Wells, R. (2006). Managing child welfare agencies: What do we know about what works?

Children and Youth Services Review, *28*(10), 1181–1194.

https://doi.org/10.1016/j.childyouth.2005.11.009

Werner, E. E. (1971). *The Children of Kauai: A Longitudinal Study from the Prenatal Period to Age Ten*. University of Hawaii Press.

Werner, E. E. (1995). Resilience in development. *Current Directions in Psychological Science*, *4*(3), 81–85. https://doi.org/https://doi.org/10.1111/1467-8721.ep10772327

Wexler, L. M., DiFluvio, G., & Burke, T. K. (2009). Resilience and marginalized youth:

Making a case for personal and collective meaning-making as part of resilience research in public health. *Social Science & Medicine*, *69*(4), 565–570.

https://doi.org/10.1016/j.socscimed.2009.06.022

Whittaker, A., & Havard, T. (2016). Defensive practice as "fear-based" practice: social work's open secret? *British Journal of Social Work*, *46*(5), 1158–1174. https://doi.org/10.1093/BJSW/BCV048

Wickert, C. (2022, April 13). *Age graded theory/turning points (Sampson and Laub)*. Sozialwissenschaftliche Theorien. https://soztheo.de/theories-of-crime/career-development-life-course/age-graded-theory-turning-points-sampson-and-laub/?lang=en

Williams-Butler, A. (2018). Reducing delinquency among African American youth in foster care: Does gender make a difference in crossover prevention? *Children and Youth Services Review*, *94*, 563–571. https://doi.org/10.1016/j.childyouth.2018.08.036

Wilson, S. (2008). *Research is Ceremony: Indigenous research methods*. Fernwood Publishing. https://fernwoodpublishing.ca/book/research-is-ceremony-shawn-wilson

Wilson, C. R., Rourke, J., Oandasan, I. F., & Bosco, C. (2020). Progress made on access to rural health care in Canada. *Canadian Family Physician, 66*(1), 31-36. PMCID: PMC7012120

Windle, G. (2011). What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology*, *21*(2), 152–169. https://doi.org/10.1017/S0959259810000420

World Health Organization. (2023). *The right to health*. World Health Organization. https://www.ohchr.org/sites/default/files/Documents/Issues/ESCR/Health/RightToHealth WHOFS2.pdf

Xu, J., Troop-Gordon, W., & Rudolph, K. D. (2022). Within-person reciprocal associations between peer victimization and need for approval. *Developmental Psychology*, *58*(10), 1999–2011. https://doi.org/10.1037/DEV0001399

Yoshioka-Maxwell, A., & Rice, E. (2020). Exploring the relationship between foster care

    experiences and social network engagement among a sample of homeless former foster

    youth. *Children and Youth Services Review*, *116,* 105132.

    https://doi.org/10.1016/j.childyouth.2020.105132

Zeijlmans, K., López, M. L., Grietens, H., & Knorth, E. J. (2019). Participation of children,

    birth parents and foster carers in the matching decision. Paternalism or partnership? *Child*

    Abuse Review, *28*(2), 139–151. https://doi.org/10.1002/CAR.2544

Zhang, L., Mersky, J. P., Gruber, A. M. H., & Kim, J. Y. (2022). Intergenerational

    transmission of parental adverse childhood experiences and children's outcomes: A

    scoping review. *Trauma, Violence, and Abuse, 24*(5), 3251-3264.

    https://doi.org/10.1177/15248380221126186

Appendices

Appendix A ↓ Examples of eligibility criteria from a previous study

Example of eligibility criteria from a previous study

Table 1
Domains and indicators of resilience for youth in foster care

Domains	Indicators
Scholastic participation or employability	• Goes to school or is part of an employability program. • Is learning. • Tries and is motivated to succeed. • Behaves well at school and in work placements.
Relationships with peers	• Has relationships with a group of socially acceptable friends. • Is capable of having a healthy romantic relationship. • Feels accepted and appreciated by his or her peers. • Has at least one close friend of the same sex.
Relationships with adults	• Is capable of establishing a significant relationship with a positive adult (teacher, parent or other adult). • Has positive contacts with people inside or outside the placement milieu.
Personal characteristics	• Sets positive goals. • Recognizes his or her strengths. • Respects him/herself (i.e., takes care of him/herself). • Shows independence and responsibility. • Has a sense of humour. • Is capable of asking for and accepting help when needed
Behaviour	• Develops self-esteem through sport, cultural and other activities inside or outside of the placement milieu. • Displays socially acceptable behaviour and follows the rules of the place where he or she is currently living.

Criteria: "For each item, the caseworker assessed the adolescent on a 5-point Likert scale. There was an open question at the end of the instrument that allows the caseworker to explain his or her assessment. To be qualified as resilient, the teenager had to be considered competent in three of the five domains" (Drapeau et al., 2007, p. 982).

Using such a grid would have restricted access to participants like Jessica, Jane, and Mary to participate in resilience study when they were between 14 and 17 years of age.

284

Appendix B ↓ Ethics Approval Form

Research Ethics Office
Suite 200, Eastern Trust Building
95 Bonaventure Avenue
St. John's, NL
A1B 2X5

November 16, 2020

10A Miranda Street,
St. John's, NL. A1B 0K6

Dear Sundly:

Researcher Portal File # 20210876
Reference # 2020.268

RE: What accomplishment means to you and how you get there? Exploring the process through which former foster children achieve a subjective sense of accomplishment in their lives

Your application was reviewed by the Co-Chair under the direction of the HREB and the following decision was rendered:

X	Approval
	Approval subject to changes
	Rejection

Ethics approval is granted for one year effective November 16, 2020. This ethics approval will be reported to the board at the next scheduled HREB meeting.

This is to confirm that the HREB reviewed and approved or acknowledged the following documents (as indicated):

- Consent 2020/11/12 approved
- Research Advertisement 2020/10/28 approved
- Interview Guide 2020/10/28 approved
- Proposal 2020/10/28 approved

Please note the following:
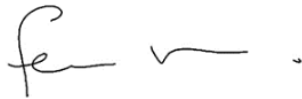
- This ethics approval will lapse on November 16, 2021. It is your responsibility to ensure that the Ethics Renewal form is submitted prior to the renewal date.

- This is your ethics approval only. Organizational approval may also be required. It is your responsibility to seek the necessary organizational approvals.
- Modifications of the study are not permitted without prior approval from the HREB. Request for modification to the study must be outlined on the relevant Event Form available on the Researcher Portal website.
- Though this research has received HREB approval, you are responsible for the ethical conduct of this research.
- If you have any questions please contact info@hrea.ca or 709 777 6974.

The HREB operates according to the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2), ICH Guidance E6: Good Clinical Practice Guidelines (GCP), the Health Research Ethics Authority Act (HREA Act) and applicable laws and regulations.

We wish you every success with your study.

Sincerely,

_____

Dr. Fern Brunger, Chairperson
Health Research Ethics Board

Note: Subsequent approvals including the research title change were sorted under the same portal file number.

Appendix C ↓ Informed Consent Form

Consent Form

TITLE: Narratives of resilience: Exploring the voices of individuals who grew up in foster care

INVESTIGATOR: Amit Sundly, Ph.D. Candidate (Community Health- Faculty of Medicine, Memorial University of Newfoundland)

SUPERVISOR(S): Dr. Diana L. Gustafson, Professor, Division of Community Health and Humanities, Faculty of Medicine, Memorial University of Newfoundland; Dr. Stephen Ellenbogen, Associate Professor, Faculty of Social Work, Memorial University of Newfoundland.

You have been invited to take part in a research study. Around 4-6 persons will participate in this study. Taking part in this study is voluntary. It is up to you to decide whether you want to participate in this study or not. Even if you decide to participate, you are free to leave at any time.

Before you decide, you need to understand what the study is for, what risks you might take and what benefits you might receive. This consent form explains this study.
Please read this carefully. Take as much time as you like. Mark anything you do not understand or want explained better. After you have read it, please ask questions about anything that is not clear.

I will:

- Discuss the study with you

- Answer your questions

- Maintain confidentiality of your data and privacy

- Be available during the study to deal with any issues and to answer your questions and concerns

1. Introduction/Background:

Adverse childhood experiences constitute a significant public health concern in the area of disease prevention and health promotion. Individuals who grew up in foster care have usually suffered different expressions of maltreatment and traumatic history that makes life more difficult as compared to other children. Despite these disadvantages, some individuals who grew up in CPS under the direct care of Child and Youth Care Practitioners (CYCP) away from their

families, can achieve positive outcomes and gain a sense of accomplishment. It is useful for the researchers, policymakers, and program designers to listen to their stories and understand the experiences that promote this sense of accomplishment. Such knowledge can help inform policies and programs that may benefit children and youth growing up in care as well as adults with experience of growing up in care.

2. Purpose of study:

The purpose of this study is to understand the experiences that promote a sense of accomplishment among individuals who grew up in foster care. I will listen to your individual stories and then analyse these stories to develop an understanding about challenges that you faced, how you overcame these challenges, and your accomplishments.

3. Description of the study procedures:

I will ask you to attend an initial online interview with me. The interview will take place over WebEx application that will give you the flexibility to respond to my questions from the comfort of your home. The instructions to connect through WebEx will be provided to you after you have agreed to participate. Once everything is set up, we can start the interview.

During the interview, I will ask a few questions about your experiences. I will ask some socio-demographic questions (age range, academic and employment status, family information, and experience in care). These potential identifiers (name, email address and phone number) are being collected and they will be stored separately from the transcripts.

The interview will be recorded. Once the interview is over, I will be able to transcribe the interview and provide you with an interview summary to ensure that my understanding of your responses matches what you have expressed. I will also request you to feel free to add anything meaningful to my study. You will receive a $20 Tim Hortons gift coupon for your participation.

4. Length of time:

The initial interview process will last about an hour. Because my aim is to understand your life story, we will need to engage in conversations that are longer than an hour. So, there will be more interviews. I will make sure that we do them at your convenience. You may also decide to share personal diaries, journals, pictures and images, artifacts, social media etc. that you think can enrich your stories. I may ask you, questions to get deeper understanding of your life experiences as well as to know if I understood you correctly. Upon your approval, I will contact you using your contact details for this purpose.

5. Possible risks and discomforts:

There is a risk of emotional upset. If you feel uncomfortable to discuss about your experience during the interview, you can quit anytime you like. Also, I will have the contact details of emergency helplines in case you ask for further help.

[Contact Details: Newfoundland and Labrador's mental health crisis line: 1-888-737-4668; Doorways (709) 752-4903; Mobile Crisis Response Team (709) 437-4668; Adult Central Intake (709) 752-8888; bridgethegap.com]

Although I will adopt all reasonable efforts to protect your information, there is a possible risk of loss of your confidentiality. Even though your name will not be part of the audio recording or the transcription, your voice may still be identifiable as your voice. If you mention identifiers (e.g., your name), during the recording, this may identify you. However, only authorized people will have access to these files and all this data will be destroyed after five years.

6. Benefits:

This study may inform policies and programs aimed at improving the outcomes of children and youth in care, and adults with experience of growing up in care.

7. Liability statement:

Your participation will mean that you consent to be participate in this study. It tells us that you understand the information about the research study. *When you agree to participate, you do not give up your legal rights.* Researchers or agencies involved in this research study still have their legal and professional responsibilities.

8. What about my privacy and confidentiality?

Protecting your privacy is an important part of this study. Every effort to protect your privacy will be made. However, it cannot be guaranteed. For example, we may be required by law to allow access to research records.

When you participate in this study, you give us permission to

- Collect information from you
- Share information with the other people who are part of this study (Research Supervisor)

Use of your study information:

289

The research team will collect and use only the information we need for this research study. Information collected and used by the research team is the interviews and recordings.

Potential identifiers (name, email address and phone number) are also being collected and they will be stored separately from the interview transcripts.

It will not be shared with others without your permission. Your name will not appear in any report or article published as a result of this study.

Information collected and used by the research team will be stored in the offices of my supervisors (Dr. Diana L. Gustafson, Room No. M4M209, Faculty of Medicine, Memorial University of Newfoundland. Or Dr. Stephen Ellenbogen Room No. J – 3020, School of Social Work, St. John's College, Memorial University of Newfoundland) behind locked cabinets. Any electronic files will be stored in my password protected computer within a password protected folder and also in a password protected external hard drive. Information collected for this study will be kept for five years after which it will be destroyed.

Your access to records

You may ask the principal researcher to see the information that has been collected about you.

9. Withdrawal from the study:

If you decide to withdraw from the study during the interview, the information collected up to that time will be destroyed. To withdraw you may simply inform me that you want to withdraw your participation. I will stop the interview right away.

However, since I will be carrying out data collection and analysis together, you will not be able to withdraw after the interview is over. Any information collected will only be used for the purposes of this study.

10. Questions or problems:

If you have any questions about taking part in this study, you can contact me (Amit Sundly, Email: as0887@mun.ca, Cell:709-763-8888) and I will be happy to answer any of your questions.

Or, you can contact my supervisor(s):

Dr. Diana L. Gustafson (Email: diana.gustafson@med.mun.ca; Contact No. 709-864-4966), Room no. M4M209, Faculty of Medicine, Memorial University of Newfoundland.

Dr. Stephen Ellenbogen (Email: sellenbogen@mun.ca; Contact no. 709-864-2559)

Room No. J – 3020, School of Social Work, St. John's College, Memorial University of Newfoundland.

Or, you can talk to someone at the Health Research Ethics Board (HREB) who is not involved with the study at all but can advise you on your rights as a participant in a research study. Below are the contact details for HREB:

Ethics Office at 709-777-6974

Email at info@hrea.ca

This study has been reviewed and given ethics approval by the Newfoundland and Labrador Health Research Ethics Board.

Appendix D ↓ Research Advertisement

Invitation to Participate in a Research Study

(This study will be using interviews as a method of data collection)

Title of the study: Narratives of resilience: Exploring the voices of individuals who grew up in foster care

⇒ **Did you grow up in Newfoundland and Labrador's care system?**

⇒ **Are you now over the age of 18?**

⇒ **Do you feel a sense of accomplishment in your life?**

⇒ **Are you willing and able to articulate your experiences related to the sense of accomplishment?**

⇒ **Would you like to take part in a research study aimed at improving the health and wellbeing of children in care?**

If your answer is yes to these questions, I am interested in listening to and learning from your experiences.

For more information about this study or to further discuss how to participate, please contact:

Amit Sundly

Ph.D. Candidate

Department of Community Health-Faculty of Medicine

Memorial University of Newfoundland

Email: As0887@mun.ca; Cell: 709-763-8888

If you have ethical concerns about the research, such as your rights as a participant, you may contact the Ethics Office by phone 709-777-6974 or by email at info@hrea.ca.

Appendix E ↓ Email Format to Reach Out to the Community Agencies

Good Day Everyone

Hope you are doing well. My name is **Amit Sundly** and I am a full-time **doctoral candidate at the Department of Community Health, Faculty of Medicine- Memorial University,** and work part-time as a **child and youth worker.** I am conducting qualitative research to understand **resilience through the voices of individuals with experience of growing up in care**. I am inviting *anyone over the age of 18 years who spent at least three years in care and have a subjective sense of success/accomplishment* to participate in this study.

Introduction: Adverse childhood experiences constitute a significant public health concern in the area of disease prevention and health promotion. Children growing up in care have usually suffered different expressions of maltreatment and traumatic history that makes life more difficult for them as compared to other children. Despite these disadvantages, *some individuals with care experience, can achieve positive outcomes and gain a sense of accomplishment*. It is useful for the researchers, policymakers, and program designers to listen to their stories and understand the experiences that promote this sense of accomplishment. Such knowledge can help inform policies and programs that may benefit children and youth growing up in care as well as adults who grew up in the foster care system.

My Purpose: The purpose of this study is to **understand the experiences that promote a sense of accomplishment among adults who grew up in care**. I will listen to their individual stories and then analyse these stories to develop an understanding about challenges that they faced, how they overcome these challenges, and their sense of accomplishments.

Ethics: My proposed study is approved by the provincial *Health Research Ethics Board.*

How to contact me: My **email address and contact number** are mentioned in the attached advertisement. Anyone interested can feel free to contact me using these details.

Please see my study advertisement (attached) and share it with someone that you have worked with and feel that person has a story of accomplishment to tell.

Thank You
Respectfully,
Amit Sundly (pronouns-he/him)

Attachment: Research Advertisement (Appendix D)

Appendix F ↓ Interview Guide and Prompts

Interview Guide

[Note: The topics of discussion will remain flexible. My intention is not to explore every question in this guide. This guide only contains a possible list of topics. I will follow additional themes or topics that arise during the interview.]

<u>Pre-Interviews:</u>

Socio Demographic Information:

1. Gender and preferred pronouns.

2. Age range (Please indicate the age range applicable to you):

   18-28

   29-39

   40-49

   50+

3. What type of care arrangement did you spend most of your time in? [Example: foster care, group home, kinship care, or any other alternate living arrangement]

4. What is your highest level of education?

5. What is your current employment status?

6. Are you married or have a partner?

7. Do you have any children, if yes, how many?

8. Do you want to receive a summary of the research findings after the research is over. Yes_____ No_____

<u>First Interview:</u>

Part I. Background:

1. Tell me about yourself.

2. Thinking back over your life, tell me about a fond or happy memory or positive event; when you felt satisfied, accomplished.

   a. This can be where you identify positive or happy events at different life moments. Now tell me about your life at different stages.

   [Note: The aim here is to listen to their life stories, arrange the events they share in a chronological manner, identifying milestones, epiphany, transitions, turning points.]

Part II. Subjective Sense of Accomplishment:

1. As you mention that you have a subjective sense of accomplishment. Please describe why do you think that way? What does it look like?

2. How did the meaning of accomplishment change over time? Give me some examples.

Second Interview:

Part III. Enabling and Limiting Experiences

Now tell me about your life as a former foster child. (Prompts: at the time in care, during transitioning from care, life after care. difficulties, support systems etc.)

1. Now tell me about your life as a former foster child. (Prompts: at the time in care, during transitioning from care, life after care. difficulties, support systems etc.)

2. Now tell me about people/relationships (within and outside the care system) who may have played a role in fostering/hindering this subjective sense of accomplishment in you. How were they helpful?

3. Now tell me about programs and services (within and outside the care system) that may have helped/not helped you in your journey. Share your experiences with such programs.

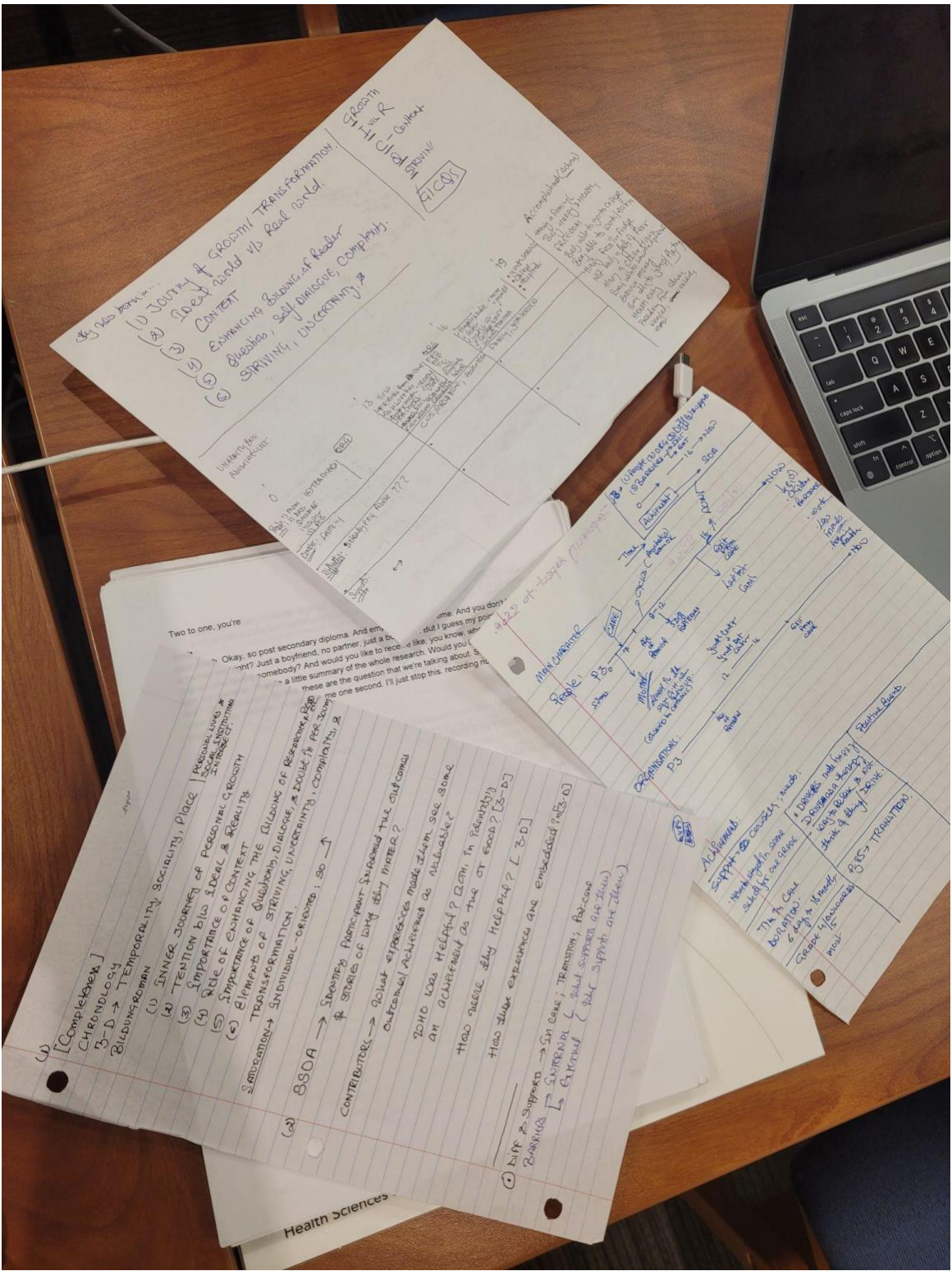*[Note: These questions and prompts will be constructed based upon the earlier responses.]*

Appendix G ↓ Data Collection and Analysis

Constructing Summaries
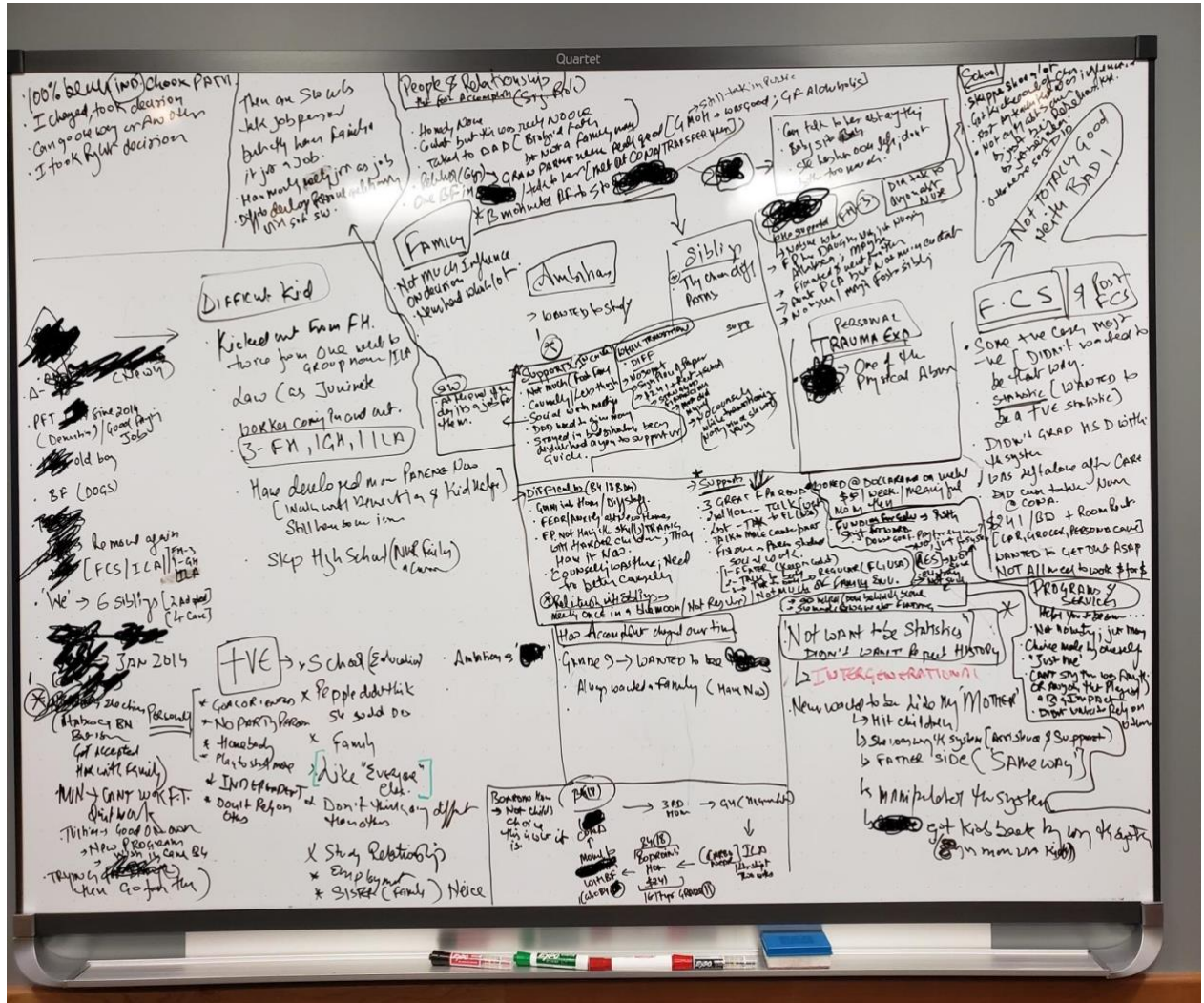
Identifying six characteristics of Bildungsroman

Participant	Idea of inner/spiritual journey	Tension between ideal vs reality	Importance of context in which the personal journey takes place	Enhancing the bildung of researcher and the reader	Questioning, dialogue, doubt	striving, uncertainity, complexity, transformation
Mary	Becoming a Nurse; Not a Statistic	She considered herself, 'not the e	I describe her childhood and the c		Mary said that her mother lived	Despite the lack of guidance, a sig
Jane	Having a decent, abuse-free life	She experienced sexual and phys	I describe her childhood and the circu		While referring to him as a racist a	She connected and found a secur
Jessica	From her 12th to 16th birthday, Je	The last part of elementary sch	I describe her childhood and the circu		Jessica stopped trying to make	Trying giving up drgs/ Tried gett
Adam	Adam wanted to be top on class;	This family treated Adam different	I describe her childhood and the circu		Though Adam found some stabilit	He finished first in the class, excel

297
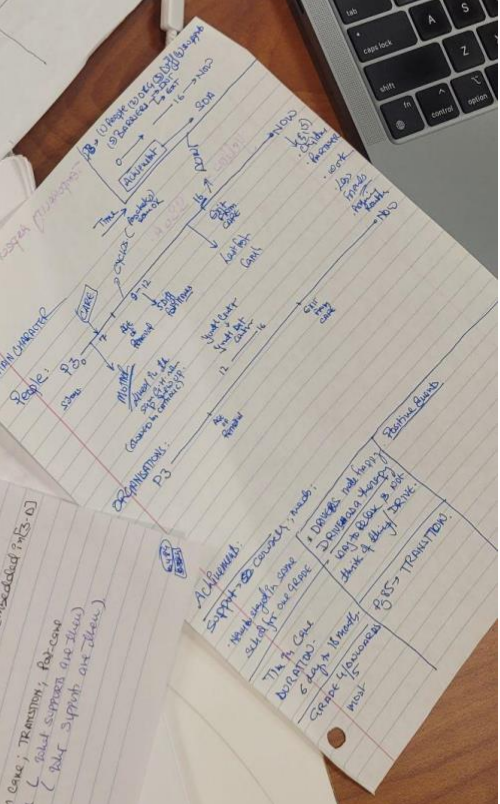
Probing and clarifying inconsistencies through text message
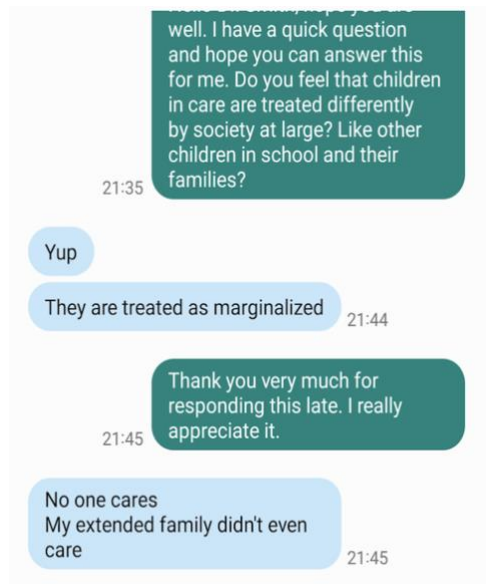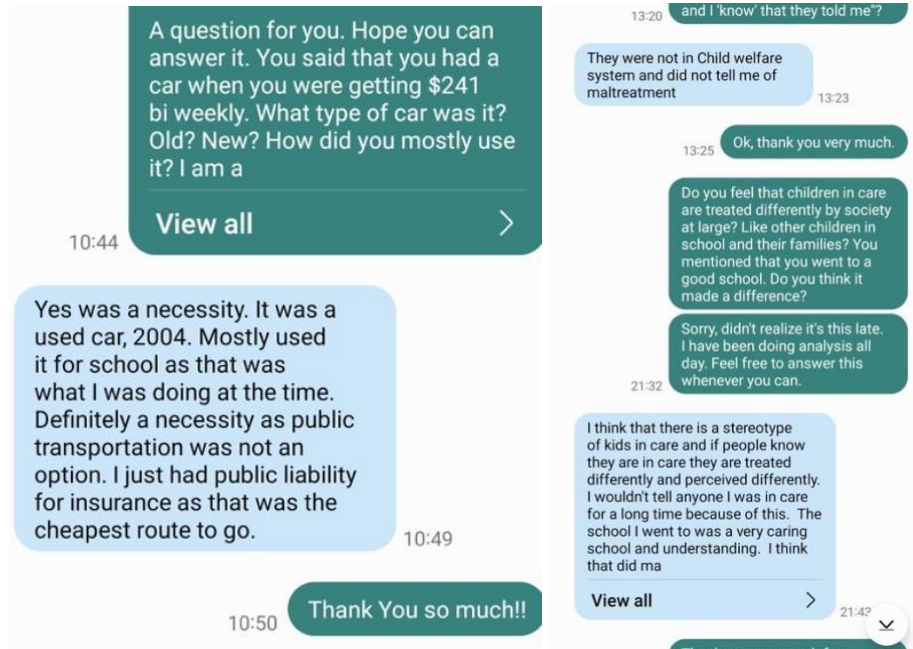
Email with hand edited summary document (attached)

Good day Amit,

Hope you are feeling better now, I also had a horrible flu the past couple weeks, only the last couple day I've come back around.

Please find attached notes, lets do a follow up this week and go over a couple points I have noted. I should be around tomorrow and Friday if you wanted.
I am on a call in basis right now at work, so if I do get a call I will send you a quick email to reschedule. Let me know when is good for you.
Chat Soon,
Best Regards

Attachment

altercation, and Jessica got hurt and ended up in the hospital. Since Jessica was on probation, police arrested her again. The judge ordered Jessica to leave the province. So, Jessica went to mainland Canada to live with her maternal aunt.

Jessica's aunt told her that she wanted to care for her earlier, but Jessica's mother told the social workers not to do that. Jessica stayed with her aunt for some time, but she developed a new [*Daily*] habit of using cannabis. One day, Jessica's cousin got hit by a car while playing on the street (Did this happen?). He suffered minor injuries, and Jessica was traumatized. ~~Jessica was under the influence of cannabis when the accident occurred.~~ This incident dented her reputation in front of her aunt. Soon, Jessica developed an addiction to the drug that a physician prescribed her to deal with her trauma. Jessica's behaviour led her aunt to send her back to NL.

[*Marginal note: cousin hit while attempting [not true] use traffic lights. Will [...] over this story again.*]

Jessica had no one to guide her. She realized that she needed help and reached out to a counselling therapist. Her therapist suggested that she should attend a recovery center in mainland Canada. Jessica wanted to change and left NL one more time to recover from her addictions. She spent eight months in recovery and stayed sober for the whole stay. The recovery center staff were happy with Jessica's progress and gave her two weeks to visit NL. Jessica wanted to rebuild her relationship with her mother and decided to see her.

[*Marginal note: → kicked me out first couple months living with a boy and his mother then after, I tried to kill myself they got me here*]

Back in NL, Jessica wanted to stay clean and sober and went to see her mother. But her mother was still using cannabis at home. One day, her mother said, "I hate to smoke a joint alone." Jessica smoked with her mother to show solidarity with her. It started with one smoke, and once again, Jessica was into cannabis and other drugs. After two weeks, Jessica flew back to her recovery center. She was required to undergo a urine test when she reached the center and was found positive for multiple drugs on their list. So, due to her relapse, the recovery center sent her back to NL.

5

Jessica met someone at the recovery center and developed a romantic relationship with him. ~~They both married,~~ and Jessica moved to a different province with him. By this time, Jessica was around 18 years old and became pregnant. Her pregnancy developed a sense of responsibility for Jessica, and she started behaving well during her pregnancy. At 19, Jessica gave birth to a baby girl. She, ~~however, did not know how to care for a child. There was no one to teach her how to care for a baby. Therefore, her daughter ended up in care as well.~~ Giving birth changed Jessica. She felt responsible. However, she started having issues ~~in her married life, and her husband left her for another woman~~ when Jessica was still 19. She was heartbroken.

[*Marginal note: No Marriage here.*]
[*Marginal note: follow up on this.*]
[*Marginal note: Cheated, I left him.*]

Jessica felt that most children around that age have support and guidance. While they try experimenting with life, they have a cocoon that consists of their families to run back to if they feel scared. However, she had to develop her cocoon. Most times, it was a world with drugs and alcohol (am I right?). Jessica lived a turbulent life on the mainland for another six years. She went from being a student to becoming a mother during this period. She started school again, tried to survive, and finally returned to NL when she was 26.

[*Marginal note: Got married to man, he joined army, moved to another province. Split, got clean and moved back to Ontario.*]

The only connection that she had in NL was with her mother. So, Jessica and her daughter lived with her mother ~~for some time.~~ After three months, Jessica's mother told her to leave, and Jessica started residing in shelter homes. She survived on food banks that the local churches ran. Jessica remembers getting support from churches. In one instance, Jessica went to the food bank and found it closed. However, the people at church still provided Jessica with

[*Marginal note: Started working and...*]

301