Brisbane Community of Practice (CoP)

(Family Inclusion Network)

Practitioner's responses to the:

Queensland Child Protection Commission of Inquiry's (QCPCI)

Discussion Paper, February 2013

Family Inclusion Network (Brisbane):

The Family Inclusion Network (FIN) is a representative group of practitioners, academics and parents of children in care seeking to advance policy and practice in working with parents of children and young people in the statutory child protection system. While it started in Queensland, FIN has also developed in New South Wales and Western Australia as considerable interest exists in those jurisdictions to improve outcomes for children and young people through more effective work with parents and other family members. Work has also taken place in the ACT. There is a developing interest in all Australian jurisdictions with regard to the importance of this work. Queensland has, however, been the forerunner to national efforts. In Queensland currently there is FIN Brisbane and FIN Townsville.

The Family Inclusion Network of Brisbane is comprised of 3 core groups. A steering committee oversees the functioning of each of the groups:

- – The Parent Engagement Group
- – The Community of Practice
- – The Systems Advisory Group

In 2011 The Family Inclusion Network (FIN) Brisbane, then auspiced by Micah Projects received non-recurrent funding for 12 months to continue the strategic development of FIN Brisbane (the Network) established through the *'Working in Partnership with Parents Project'* in 2011. The overall aim of the project was to strengthen the development of the network's three work groups to provide the family support sector and Government with a mechanism to consult, collaborate and be informed by parents and family members involved with the secondary and tertiary child protection system across the Greater Brisbane Region.

The three workgroups and the FIN Brisbane Steering Committee became fully functional during the funding period. All three groups enjoyed excellent support and commitment from parents, Government and Non-Government practitioners. The Greater Brisbane Community of Practice (CoP) in particular operates as a multi- agency network with a growing membership throughout southeast Queensland. The CoP was launched in November 2011 and has met each month since that time. Evidence based practice that includes sharing resources and practice wisdom is the focus of these meetings and this intent is evident through both the presentations and practice discussions which alternate each month.

The Network has the ability to transmit the voices of families through the work groups to provide Government with meaningful and evidence based information which includes families in contemporary child protection discourse, consistent with the objectives of the National Framework for Protecting Australia's Children 2009 – 2020. The CoP has continued due to volunteer efforts of those on the CoP working party that are charged with the responsibility of ensuring this aspect of FIN is effective and works holistically in ensuring that the wellbeing of children and their families is a paramount consideration for all practitioners. A major reason for the ongoing success of the community of practice as acknowledged by this group of practitioners is the significant efforts and expertise displayed by the previous FIN project worker who invested significant efforts into building relationships across the sector.

THE FIN BRISBANE GOVERNANCE MODEL
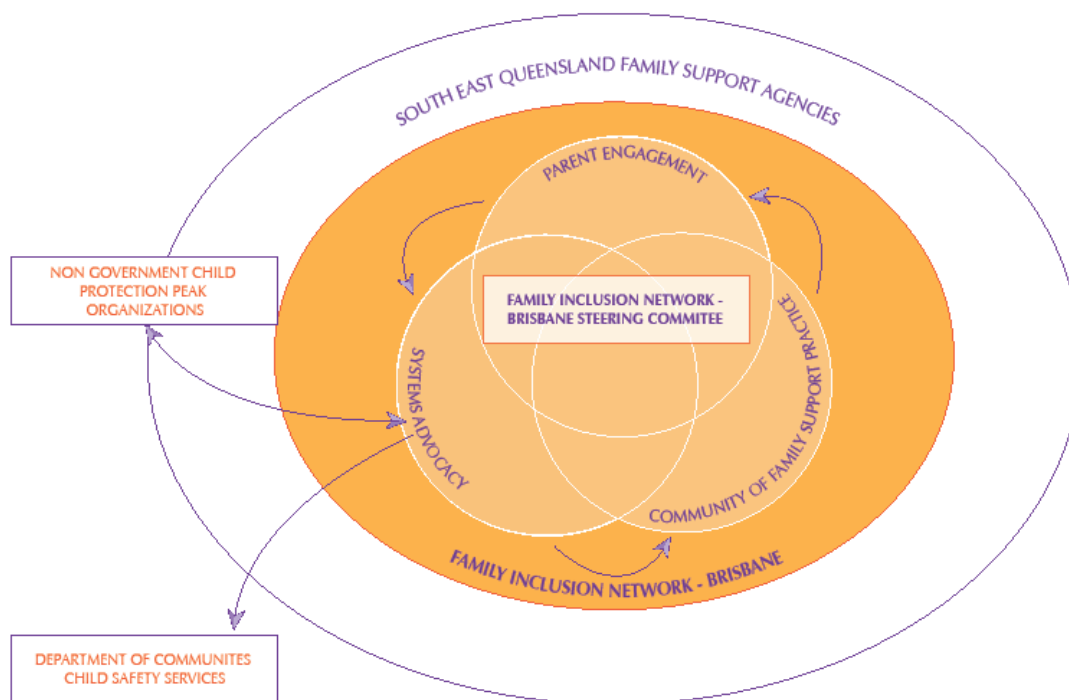
Membership:
• 121 members
• 22 parents
• 99 family support practitioners

The above diagram represents FIN under its former funding model - in its ultimate position with the key personnel required to support this model being in place. Currently we are endeavouring to uphold the vision of the former FIN Community of Practice through volunteers and dedicated practitioners whose line managers generously permit them time out from their formal roles to assist and enhance the practice capacity of professionals in the NGO sector and Department.

Brisbane Community of Practice (CoP) submission to the QCPCI:

In compiling our submission to this Inquiry we have focused on Chapters 3, 4 and 5 of the QCPCI's February Discussion paper. We have summarised our practitioner's presentations and discussions over previous Community of Practice meetings as well as strategic discussions we've had to formulate the main content. These are issues we all grapple with daily as Practitioners. In sharing them we hope to further highlight the multi-faceted functions we perform and the complexities of the system in which we carry out our work. In offering our submission we are not giving complex research or highly evolved academic commentary on child protection practice, rather we are sharing our work with clients and shared conversations over the duration of our Community of Practice discussions and strategic advocacy whilst inviting the QCPCI into some of the discussions and conundrums we face daily that we regularly discuss and debate.

We as the Community of Practice participants also offer insight as to how improvements in systemic processes and practice may alleviate some of the concerns we outline in our capacity to support children to be safe whilst affording them and their families the opportunities to have positive connected relationships and experiences of wellbeing.

Chapter 3: Reducing demand on the tertiary system

1. What is the best way to get agencies working together to plan for secondary child protection services?
2. What is the best way to get agencies working together to deliver secondary services in the most cost effective way?
3. Which intake and referral model is best suited to Queensland?
4. What mechanisms or tools should be used to assist professionals in deciding when to report concerns about children? Should there be uniform criteria and key concepts?

Without a doubt the best way of getting agencies to work together to plan for secondary child protection services is to fund a robust secondary child protection sector. This is a major lack in our current system. This is a deficit of opportunity that leads to many children and families being catapulted into statutory care at great expense to their personal, emotion and social wellbeing and at even greater fiscal expense to the government and the tax payer, not to mention the social costs which are insurmountable. It is long overdue for Queensland to consider the social and financial costs of the lack of early intervention and secondary child protection services.

The most effective way of engaging agencies and practitioners is to include them and invite them to the table for relevant discussions and problem solving. When matters are of relevance, particularly with regard to clients, practitioners will attend.

So often in the current system the greatest frustration for practitioners who work long hours and intensively with clients whilst often also coordinating service responses, is their lack of voice in representing their clients (both parents and children.) This lack of invitation 'to the table' includes the omission of these essential practitioners by child safety, courts and other key stakeholders who are decision makers in the lives of children and their families.

Engaging key stakeholders who work directly with families and their children as well as the families themselves is a cost effective way of delivering child protection – cost effective and positively socially impactful.   The CoP finds it offensive that overwhelmingly significant decisions about the lives of children and their families are made on a day to day basis through child safety and courts without open and clear consultation with the services who work directly with families or the family members themselves who are directly impacted by such decisions. Sometimes such decisions are made by courts with no consultation with the organisations or the staff who support families and their children, even when those doing so have done so for months or even years.   This reality is preposterous. It needs to be addressed as a matter of urgency.

The sad reality of child protection at present is that often those given power to decide the lives and fate of children and families have never met the persons involved and only know of them in the manner in which they are presented to a court or through an associated process. A check list of concerns could be applied to most children and families in Queensland. Applying any such list needs to be done so in a considered and holistic manner. To do otherwise presents a cautionary tale for any family who've ever experienced major life challenges or difficulties without secure and robust networks of support independent of the 'system'.

The Practitioner's group urges child protection processes and decision making to involve a knowing of the child and family under consideration. Nameless and faceless decisions are a major part of child protection practice in Queensland. We assert that this isn't the most appropriate response.   Perhaps with a name and a face associated with decisions a more humanistic approach to child protection may prevail. At the very least, family support workers who do know families and children need to be given acknowledgement of their expertise in order for them to offer significant information before any major decisions are made about the children and families supported by them.

Consulting children is another matter entirely.   Rarely are children ever given a voice.   The human rights violations in this system currently are astounding. Sadly, many of us as practitioners including: lawyers, social workers, psychologists and human services practitioners in general appear to just accept the status quo and keep on doing what we can whilst reminding our clients of the system and its limitations. Lamenting this sad fact whilst arguing no other option is available is an

inadequate response in many instances for children and their families. We operate within a system with structures and rules; we also operate within laws and legislation. The fact that many children and families fall through the gaps in policy and legislation unable to respond to their particular case or provide support structures to enhance their safety and wellbeing is problematic. As practitioners we face daily frustrations about what we cannot do to assist our clients. That in part we believe is why we have such a high turnover rate of staff. There is no work satisfaction in explaining to anyone, parent or practitioner; that they cannot do what they need to do to keep a child safe whilst ensuring wellbeing because the system does not have what is needed to enable this. An inflexible system produces inflexible responses that are often inadequate and inappropriate. Inadequate and inappropriate responses produce staff and client dissatisfaction and frequently dissent.

We've had many conversations about what it means to try to protect children in the 'system'. The system seems to be the primary focus. Children don't seem to be so. Their parents and families most definitely are not. The primary need of children and their families to be together safely is not considered in our current system. Some assistance may be offered but we can guarantee it will be offered on an ad hoc basis and come with major limitations. Often we talk about working within a child protection system that is just about 'the system.' This reality is destructive for children and their families as well as for workers who entered child protection with the belief they were going to be supported in offering assistance and guidance to families and children to be safe and connected.

Chapter 4: Investigating and assessing child protection reports

5. What role should SCAN play in a reformed child protection system?
6. How could we improve the system's response to frequently encountered families?
7. Is there any scope for uncooperative or repeat users of tertiary services to be compelled to attend a support program as a precondition to keeping their child at home?
8. What changes, if any, should be made to the Structured Decision Making tools to ensure they work effectively?
9. Should the department have access to an alternative response to notifications other than an investigation and assessment (for example, a differential response model)? If so, what should the alternatives be?

The Community of Practice suggests that in order to improve the response to 'frequently encountered families', the response to all families at a universal level also needs to be improved. More timely and flexible services that are widely available would reduce families entering and/or re-entering the statutory system. As such we require the following to be in place:

Universal Services – building community based centres that are easily accessible by parents, and are non-stigmatising:

- Expanding on existing services/processes to assist families and communities to grow, be connected and assist each other. One example of this is community/neighbourhood centres and early years' centres. Please note the Gympie Early Years Family Hub example: http://www.gympiecommunity.org.au/services.html

- Service co-location and partnerships, for example, having a 'one stop shop' for health (GP, nurse, dentist), legal advice, crèche, education support, family support, housing assistance, drug/alcohol counselling and any other social needs identified. It is often the case that families with complex needs tend to cross over systems. In such cases, the benefits of co-location are evident. For example, a parent who has an intellectual disability as well as mental health issues or substance abuse, who is also involved with the criminal justice system, or experiences domestic violence would benefit from joined up service delivery, whereby key needs that are often interrelated and associated with trauma, can be addressed holistically and without the current sense of being required to 'jump through a multitude of hoops'.

- Easily accessible services within local communities. We need to pay particular attention to Aboriginal and Torres Strait Islander children and families as well as those from Culturally and Linguistically Diverse backgrounds. It is of vital importance to determine how essential services can be made accessible in a culturally appropriate way.

− Shared family care model. The more we can genuinely see 'child protection as everyone's business' in keeping with the rhetoric, the more likely we are to gain the support of our communities, associated organisations, extended families and society in general to get on board in ensuring that everyone plays their part in child protection. Currently research and anecdotal information leads us to believe that child safety is the only entity protecting children. This is not the case and cannot be the reality. In order for children to be safe and children and families to be strong and connected, communities need to be involved. Communities include: non-government organisations, families, sporting associations, schools and other entities that provide recreational opportunities to children and their families for social inclusion and subsequent wellbeing.
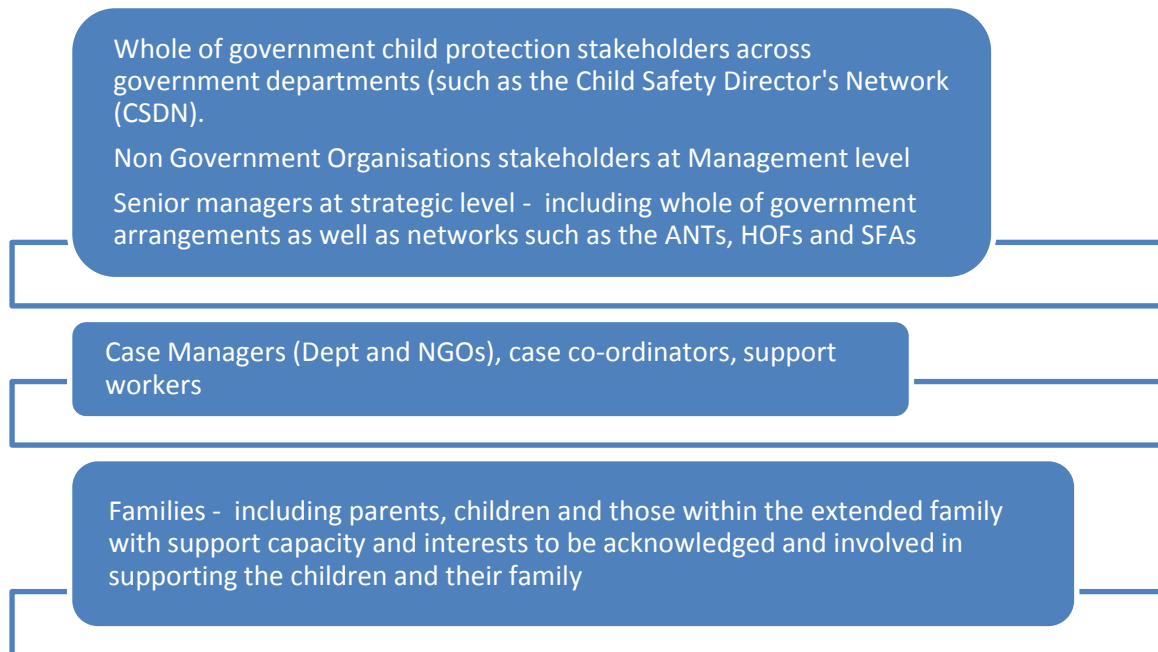
Service model flexibility

− Building on services such as Family Day Care including the extended hours care once in place in such child care schemes and reintroducing former models such as 'Home Help' would lend a flexibility of service for families to access respite and day to day assistance where they do not have access to the 'nuclear or extended' familial and community supports that many in our society take for granted.

− Building on current referral pathways in the wider community. For example ensuring that Schools, hospitals, community groups and General Practitioners (GPs) have knowledge of services that families can be referred to for assistance and can access way before statutory involvement is necessary.

− Building on current referral pathways in the community sector such as non-government organisations (NGOs). For example NGOs working together to provide more long-term, stable and consistent services to families, such as a Family Intervention Service (FIS) referring to a Referral for Active Intervention (RAI) service to extend capacity, length and outcomes of support.

- Expanding on existing services and processes for carers. Services for carers also need to be made available for parents. In particular, respite care, educational supports and financial assistance. It is not acceptable that parents in need of assistance when asking the Department for help lose their children to the Department and then the resources for assistance initially requested by parents for them to 'get by' are rejected and then offered only when children are taken into care.

- Continuing and expanding the intent and process around the Helping out Families (HOF) model for a more intensive service delivery suite of options for families who may be 'non voluntary.' In further exploring the HOF model it is also important to explore models of engagement within NGOs and Child Safety. For example, 'Assertive Outreach' and 'Persistence and Assistance' are important concepts when working with complex clients and families. Currently, there are services who limit (or are limited in) their capacity to engage with families due to complex issues relating to various factors, one of which is workplace health and safety. One such example is where domestic violence has been stated as a concern, some organisations refuse to allow staff to assist the family or an individual in endeavouring to respond to the violence, resist it or survive it and support their children. This is a matter that requires urgent attention. The number of children coming into statutory care is extraordinary. It is easy to lay blame on the child safety authorities, it is essential to look to NGOs to see what they could do differently to remedy this situation. In doing so, service agreements, risk management procedures and various associated factors must be holistically considered also.

- Due to the complex needs of many families, flexibility of services that include outreach support is imperative.

- There is a need for more flexibility within funding agreements and service models.

- The recent reports from the Helping out Families pilot have suggested that longer interventions resulted in better outcomes for families.

- Reporting requirements for services – currently looking at outputs rather than outcomes for families. Output categories currently do not allow for flexibility for workers. For example, collaboration of services is considered to be networking, and not part of case management.

- Need for autonomy in service/funding agreements to provide flexible services to families, as well as being well resourced in terms of time and funds.

Community partnerships and collaboration

- Service integration – Information sharing and better collaboration between NGOs, particularly where more than one service is involved with a family.

- Partnerships at both strategic and worker levels, which incorporate Child Safety, Health, Education and Housing, in order to provide holistic and consistent support for families. The existing Supporting Families Alliance model whilst still being conceptualised and in its early development could be a foundation for this.

- The following model offers holistic community partnerships and collaboration:

Whole of government child protection stakeholders across government departments (such as the Child Safety Director's Network (CSDN).

Non Government Organisations stakeholders at Management level

Senior managers at strategic level - including whole of government arrangements as well as networks such as the ANTs, HOFs and SFAs

Case Managers (Dept and NGOs), case co-ordinators, support workers

Families - including parents, children and those within the extended family with support capacity and interests to be acknowledged and involved in supporting the children and their family

The Community of Practice suggest that the process of reunification cannot be time limited, as there are many different factors that would affect this. Rather, there needs to be a range of options for parents and families to achieve case plan goals. Further, the Community of Practice proposes that Child Safety also need to be accountable for ensuring that the process of reunification is timely, that contact is reasonable and that parents are given fair and supported opportunities to meet case plan goals.

- Reunification needs to be timely. All stakeholders including NGOs, Child Safety and parents need to be accountable for tasks in the case plan.

- Contact needs to be considered for each family, including the location of the contact and the frequency. Contact arrangements need to be reviewed regularly to ensure that reunification continues to progress.

- Parents need to have access to support services from the beginning of the intervention, and parents would also benefit from having on-going family support through a case managed process once children are reunified to ensure the family does not re-enter the statutory system.

> **Chapter 5: Working with children in care**
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> 10.   At what point should the focus shift from parental rehabilitation and family preservation as the preferred goal to the placement of a child in a stable alternative arrangement?
> 11.   Should the Child Protection Act be amended to include new provisions prescribing the services to be provided to a family by the chief executive before moving to longer-term alternative placements?
> 12.   What are the barriers to the granting of long-term guardianship to people other than the chief executive?
> 13.   Should adoption, or some other more permanent placement option, be more readily available to enhance placement stability for children in long-term care?
> 14.   What are the potential benefits or disadvantages of the proposed multi-disciplinary casework team approach?
> 15.   Would a separation of investigative teams from casework teams facilitate improvement in case work? If so, how can this separation be implemented in a cost-effective way?
> 16.   How could case workers be supported to implement the child placement principle in a more systematic way?
> 17.   What alternative out-of-home care models could be considered for older children with complex and high needs?

The Community of Practice strongly refutes assertions outlined in Chapter 5 of the QCPCI's February Discussion Paper that the current system in Queensland is focused on family preservation and reunification. This is not our experience nor is it our understanding of the system in which we currently work. In total opposition to this sentiment we would argue that family reunification is a non-existent or at best a grossly underutilised process in child protection in our state. We often reflect on how sad and alarming this reality is. Practitioners who are given time and scope to work with families prior to significant statutory intervention are often charged with changing major factors of disadvantage for families (such as homelessness and poverty) within a three month time frame when the associated services to support such endeavours and outcomes are not in existence or where there are major blockages to accessing such services and supports are set up for significant frustration or failure. The same can be said for parents who embark on such endeavours alone.

Human rights for children and families:

According to the UN convention on the rights of the child (UNCROC), children old enough to understand the nature of a court have the right to take part and be heard in proceedings that concern them.

Article 12 (child's right to participate in decision making)

1. Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either

directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law

Through our discussions at the CoP we have identified many concerns in both our practice and the system we navigate in working with children and families. We are fortunate to have the benefit of significant bodies of research to guide our practice and the assessments we make each day in endeavouring to do what is in the best interest of our clients. As such we consider the vast body of evidence pertaining to childhood development, attachment theory, the impacts of trauma and the growing science informing our understanding of brain development and the neurological impacts of trauma.

We also acknowledge clear and consistent research about the healing of trauma and the long term well-being of children and young people being achievable through connected relationships with key individuals who really care for the needs and aspirations of the child and young person as well as connections to family, community and culture. Resilience theorists clearly articulated these needs and in doing so offered parallel findings to those outlined through theories of childhood development, attachment and trauma.

The relationship between young people and society is deemed to be of paramount importance by some analysts. Indeed much research over the last 20 years has focused on this issue as economic rationalism and managerialism have taken the fore with regard to economics and politics whilst also significantly impacting on social work and social interventions.

Sociological and political trends in the western world are noted by some as harmful to the well-being of children and young people. Garbarino argued that "the quality of the social environment for children has deteriorated to a degree that it is appropriate to speak of a "socially toxic environment" (Garbarino 1995:3). He attributes this problem to materialism and economic rationalism. These are seen to have led to less focus on the needs of children and young people in society and hence to a lack of support options. Children and young people without positive family support or independent means to care for themselves are viewed in terms of what they cost the public purse. Their social development is bound by bureaucratic interference and the ever changing faces of professionals being guardian and overseers of their well-being (Bourke & Evans, 1999).

Urie Bronfenbrenner in his paper "*Children and Families*" outlined the cost of economic rationalism on families and children. He stated that children and young people are victims of an uncaring economic regime and complex industrial society who are punished for their incapacity to participate:

> *The unthinking exercise of massive technological power, and an unquestioned acquiescence to the demand of industrialisation and administrative organisation, can unleash forces which, if left unbridled, can destroy the human ecology – the social fabric that nurtures and sustains our capacity to live and work together effectively, to raise children and youth to become competent and compassionate members of our society* (Bronfenbrenner 1982:1)

Most of us in practice with children and families would argue that this sentiment is as relevant today as it was 30 years ago. So too is the research that arose around that time around the growing understanding of the value of relationships in the human services to heal past trauma and work towards social inclusion.

The pertinence of relationships with significant adults and practitioners is strongly highlighted by numerous researchers and theorists. This factor was significantly highlighted by resilience researcher Garmezy who many years ago argued relationships as a key to fostering successful outcomes among children experiencing hardship (Garmezy, 1991; Garmezy & Rutter, 1991). Following on from this body of research, Werner and Smith spent 41 years studying children considered to be at particular risk due to the multiple issues they faced such as family alcoholism, violence, divorce and mental illness.

It is important to note that these researchers found that the majority of subjects developed personal strengths to overcome barriers. In doing so, they made one key observation of their subjects: *"Studies have shown that the most resilient youth all had at least one person in their lives who was absolutely crazy about them"* (Werner & Smith; 1992).

Whilst noting such decades old research on the matter of child and youth well-being, we also draw your attention to PeakCare's discussion paper "Strengthening Families to Protect Children". Completed in July 2002, the commentary offered and assertions detailed in this paper parallel sentiments of current day commentaries even though this paper was presented over a decade ago. The same paper could be presented in the present with the same authority and emphasis, whilst altering only minor details. This paper can be accessed at: http://www.efac.com.au/pdf/Strengthening_Families_2002.pdf.

The above mentioned research exemplifies what Practitioners in this sector have been saying for many years. Change and action to improve the lives of children and their families is long overdue. Talking about what is needed is not enough and does not assist children or their families. Tangible change needs to occur and such change needs to be focused on the importance of relationships and processes of healing.

Ultimately literature and research over the last few decades clearly asserts that relationships provide connectedness and healing and that social work and human services practice located within a relational model of operation is the key to successful outcomes for children and young people. Reflective and analytical practice allows for positive relationships to be built with clients. Current case management processes encourage client review processes without mention of practice review. The onus is on the client, not the practitioner. Having said that practitioners are largely cognisant of the fact that case management is a policy driven bureaucratic tool developed in an endeavour to make the work of front line practice more 'neat' and manageable. Those working in this field know that the work is inherently 'messy' and complex and they find mechanisms to navigate their own way through this reality. A more cohesive system in line with this thinking would, however, enable vastly improved practice.

In the recent review of the United Kingdom child protection system Professor Eileen Munro spoke of this matter and articulated that systems devised were an endeavour to make child protection more manageable instead of recognising the complexities inherent in the work and accepting that all stakeholders must work with such a paradigm. Practitioners must do that as the work of child protection is inherently complex and in their roles there is no avoiding such realities. In performing such functions practitioners are required to often devise their own processes and practices to uphold their ethics and support children, young people and families to the best of their capacity. Sometimes these endeavours are in spite of the system in which they operate, not as a result of it.

As outlined above, any system interested in long term guardianship needs to look at the long term wellbeing of children and young people and the power of connections, sometimes these occur through nature, at other times by choice. In the current Queensland system the CoP would never agree to forced adoption or even adoption of children in care. We do however advocate for long term connectedness to key persons, places and communities. In Queensland we have much work to do in restoring families and for children in care in restoring relationships with family, community and culture before we could ever consider adoption as an option for security of placement.

In all decision making, the question needs to be: What reasonable and practical steps have been taken by the Department and partner NGO family support agencies to protect children and support their families?

Until we can genuinely answer this question with a knowing that all possible steps have been taken, we should never consider long term orders or adoption without having first worked solidly and holistically with the family and child to enhance their capacity to be a family. In addressing the reality of the trauma for children and young people upon their removal from their family and home, practitioners making such assessments must ensure that the ends justify the means. The environments and opportunities children and young people are being sent to must offer significant improvements to those deemed so unsafe and inappropriate as to apparently warrant their removal.

An overwhelming body of research exists to demonstrate the trauma experienced by children and young people removed from their families and homes. Whilst few would argue that in cases of severe abuse this subsequent trauma is necessary and warranted, most would caution against removal unless the opportunities on offer for safety and well- being are a marked improvement on the circumstances from which children and young people are being taken from. All practitioners must be reminded regularly that for children and young people, removal from their home and family is a trauma. At times it may be a necessary and unavoidable trauma for their long term wellbeing but such a process is still a major trauma in their lives.

There is no disputing that there is also an overwhelming body of research that demonstrates the cost of abuse and trauma on the immediate and long term well-being of children and young people which can seriously impact their functioning and capacity in a myriad of ways. The question is not about the impact of trauma which is widely known and understood thanks to significant research provided over the past few decades. Rather, the question is how to intervene appropriately to stop the harm and alleviate the impact of trauma to ensure the best possible outcomes for children and young people who have experienced abuse and trauma.

The CoP asserts that prevention, early intervention and secondary processes are essential. In order to fully ensure children are safe, professionals across government and NGOs must be fully trained and aware of key factors that impede children's wellbeing. For example parents who struggle with poverty and associated issues need to be supported. Similarly in a minority of cases parents who intend harm and operate in cruel ways need to be held to account by the system for their conduct and their harm ceased.

Significant resources need to be allocated to family support specialists. In ensuring that children are safe and families are functioning well, time and energy must be expended on families struggling with the multiple factors that bring them to the attention of child safety services. This role is complex and multi-faceted and as such those performing this vital function need to be acknowledged and supported not only by their organisation but by the system at large.

References:

Bronfenbrenner, U, (1982), *Children and Families: The Silent Revolution*, Department of Human Development and Family Studies, College of Human Ecology, Cornell University, USA, Volume 03; Issue 3.

Bronfenbrenner, U, (1979), *The Ecology of Human Development: Experiments by nature and design*, Free Press, New York.

Garmezy, N, (1991), R*esilience in children's adaptation to negative life events and stressed environments.* Pediatric Annals, 20, pp 459-466.

Garmezy, N & Rutter, M (Eds.), (1991), *Stress, coping, and development in children* New York: Mcgraw-Hill, Markus, HR, & Kitayama, S. (pp. 217-234).

Munro, E, (May 2011), The Munro Review of Child Protection: Final Report - A child-centred system, Independent Report, UK.

PeakCare Queensland, (2002), *Strengthening Families*: http://www.efac.com.au/pdf/Strengthening_Families_2002.pdf.

Rutter, M., Maughan, B., Mortimore, P., Ouston, J., & Smith, A. (1979). *Fifteen Thousand Hours.* Cambridge, MA: Harvard University Press.

Waller, M. A. (2001). *Resilience in Ecosystemic context: Evolution of the concept.* American Journal of Orthopsychiatry, 71, 290-297.

Werner, E. E. (1993). *Risk, resilience, and recover: Perspectives from the Kauai longitudinal study.* Development and Psychopathology, 5, 503-515.