

The Politics of Regulation: Adolescent Mothers and the Social Context of Resiliency

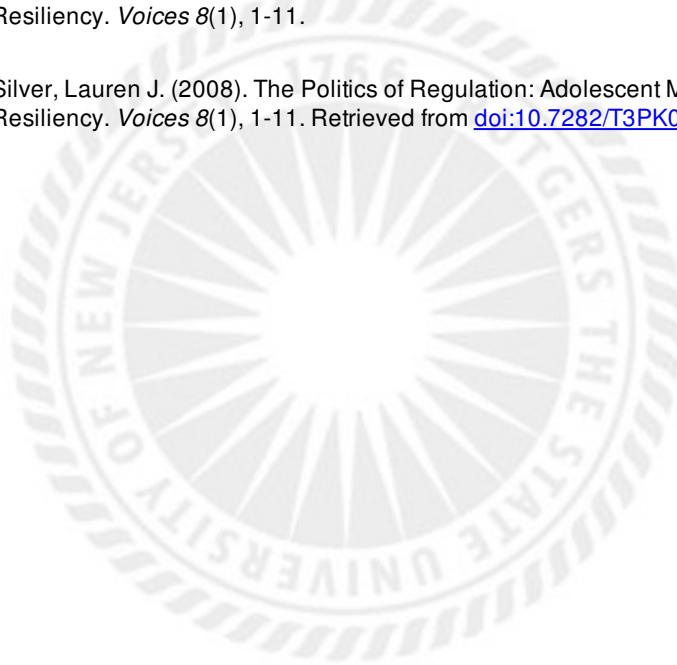
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The Politics of Regulation: Adolescent Mothers and the Social Context of Resiliency

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Abstract: The experiences of adolescent mothers have too often been reduced to patterns of correlation linking teenage parenthood with low educational attainment, persistent poverty and continued welfare dependency. These analyses have reinforced representations of an "undeserving poor" and the tendency to "blame the victim" for her structural condition and her dependence on the state. Researchers in adolescent development have attempted to move beyond pathologizing frameworks by considering the "resiliency" of young mothers; yet their contributions have been limited by the tendency to reduce experience to the level of psychological coping mechanisms. In this article, I build upon more recent work as I explore the multifaceted ways in which resiliency can be interpreted. Drawing from the experiences of adolescent mothers within the care of the child welfare system, I illustrate empirically that resiliency is not an intrinsic, psychological characteristic but rather, shifts in relation to particular social contexts and policies.

Key Words: adolescent mothers, resiliency, child welfare

Anisa, a 19-year-old, African American mother of two daughters, ages 5 and 4 had for the past three years, lived with her children in a Supervised Independent Living (SIL) program. Both of Anisa's parents were substance abusers and their inability to support Anisa and her two young children brought her to the attention of the child welfare system. The SIL program is run by a private nonprofit agency in a large Northeastern city, which is contracted and funded by the city's child welfare agency—Children and Youth Services (CYS). The SIL program is purportedly designed to ease and

support the transition of young mothers out of the child welfare system and into adulthood. The program objectives are aligned with expectations around education, employment, parenting and "self-sufficiency" indicated by city, state and federal regulators. Yet, the priorities of multiple public and private providers can at times be in conflict with a young mother's own vision for herself. Anisa speaks to how the personal autonomy of young mothers, who live in the child welfare system, can be challenged in multiple ways by the workers who serve as gatekeepers to their care. She perceives her Children and Youth Services (CYS) social worker's disregard for her own needs and desires as compromising her independence and the attainment of her personal goals. Essentially, she ponders whether her worker's "doubt" regarding her choices constructs her perception of "low self-esteem".

This article is drawn from an ethnographic study of how mothers negotiate the regulations of multiple public and private providers in an urban child welfare system in order to meet their needs and those of their children. The young mothers are between the ages of 16 and 21 and they are predominately African American; many have experienced poverty, homelessness, and repercussions of their parents' drug addiction and/or incarceration. Each SIL resident lives with her child(ren) in an agency-leased apartment located in a privately-managed apartment building. At the time of this study, SIL leased 50 apartments at three primary sites, all located in high poverty, predominately African American urban neighborhoods. CYS refers young mothers to SIL who are either adjudicated dependent or delinquent. Adjudicated dependent youth are court-ordered into the custody of CYS as a repercussion of having been abused or neglected. Adjudicated delinquent youth enter custody as a result of their own

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delinquent activity, which brings them to the attention of the Juvenile Justice System and Children and Youth Services.

The broad literature on adolescent motherhood indicates that youth who have children during adolescence are also more likely to remain in poverty, have low educational attainment, be underemployed and use public assistance and their children are more susceptible to ongoing health challenges and poverty (Stephens et al., 2003; Brindis & Philliber, 2003; Coren et al., 2002; Kisker et al., 1998; Long & Bos, 1998; Mauldon, 1998; Aber et al., 1995). Yet, research to date has not adequately considered what might underlie these poor outcomes. It is imperative we understand why service provision is failing. This study raises important questions concerning whether the "failure" of these services can be explained, not as many have argued, in terms of the choices of the mothers, but rather, in the nature of policies guiding program development and shaping the context in which service provision occurs (Luttrell, 2003; Nathanson, 1991).

In this article, I explore both conceptually and empirically the notion of resiliency because measures of it have been used to guide practices for both educational and social service programs (see Luther & Cicchetti, 2000). As Debold et al. (1999) contend, resilient individuals are those who "adapt in the direction of societal approval in the face of . . . risk factors" (pg. 184). Furthermore, identifying "odds-defying" children has been core to the construct of resilience. This concept is problematic because if analysis of program success is focused upon individual responses, the institutional inequities that maintain oppression, based upon race, class, gender, and location, remain hidden.

Kingfisher (2002) notes that welfare restructuring involves cutbacks in social benefits, yet increased bureaucratization and surveillance. Furthermore, this change is marked by contracting to private agencies, such as the one responsible for SIL, for provision of "improvement" services to clients and their families. The growth of public-private hybrids in the urban welfare sector represents a turn to the market to foster competition, innovation and improvement in services and client outcomes (van den Berg, 2004; Dibben and Higgens, 2004).

However, implications of a decentralized, yet hierarchical, hybrid government appear to complicate communication patterns and delay service provision. Also, decisions concerning which provider is responsible for administering which resources are commonly blurred in a climate of tight budgeting. As an administrator at CYS noted, "a lot of mandates are not sufficiently funded," leaving scarce resources to fully support youth in meeting enforced performance outcomes. Unclear organizational structure makes it difficult for a young mother to assert control in holding any particular manager accountable for not meeting stated objectives and

responsibilities concerning her care. As Baker (2004) contends, "the very fragmented nature of the interorganizational networks that are arising to deliver services obscures who is accountable to whom for what" (pg. 47). Furthermore, since clients are not entrusted to secure resources and services on their own, they must rely on the favor of providers at various levels of the hierarchy. Given this service context, there are very few participants, who are able to meet the unrealistic and often contradictory expectations, established by multiple public and private providers. I suggest that the misconception of resilience as an individual trait and psychological coping strategy, devoid of social and cultural context, promotes a deficit understanding of the vast majority of young mothers.

For example, mothers are expected to attend school and parenting classes, clean their apartments, and keep their children happy and healthy, among other requirements. Far too often, expectations are unattainable given that guiding regulations do not also provide the social and economic supports necessary for mothers to meet expectations. In order to provide for themselves and their children financially, many moms work, as weekly checks from their SIL agency (\$62/week for mother and child) are insufficient. Furthermore, some state dependent moms and most delinquent moms are not provided with daycare; yet, they are required to attend an educational program.

Understanding resilience as an individual trait turns a blind eye to inequalities perpetuated through urban institutions. Weseen notes, "the push to discover what makes some children able to swim rather than sink in the turbulent waters of racism and poverty threatens to obscure the dynamics of social and economic injustice" (pg. 185, quoted in Debold et al., 1999). As the gaze of judgment is cast upon individual clients, programs are justified in the successful resilience of the few while larger inequalities are ignored. Some researchers have argued for elimination of the construct of resiliency, due to its tendency to be misconstrued. However, I suggest that because of its appeal and usage by both the popular press and practitioners (see Luther & Cicchetti, 2000), it is imperative that researchers continue to better define this term and communicate how resiliency is both multifaceted and a socio-culturally mediated process.

Spencer (2001, 2003, 2006) contests the notion that resiliency is a static and uni-dimensional quality of the individual but rather, she and others (see i.e., Rutter, 1993; Debold et al., 1999; Luther & Cicchetti, 2000) argue that it changes developmentally across time and can be located in the relational and environmental contexts in which individual selves emerge. While authors communicate this socially mediated understanding of resilience, little empirical research has documented the ways in which it takes shape (Olsen et al., 2003). If resiliency can be fostered or hindered in both the social relations between service providers and young mothers and in the ways regulatory discourse is communicat-

ed, then we can understand constructs of success and failure as being systematically mediated. Hence, if we understand resilience as shifting across contexts, then we can interpret, from the perspectives of participants, which relationships and policies are “resilient” given particular social environments. This anthropological insight can be used to guide program development to better promote resiliency across nested levels of policies, programs, caseworkers and individual mothers.

In the remainder of this article, I explore empirically how this broader concept of resilience provides a useful lens for interpreting adolescent mothers’ experiences of service provision in a child welfare system. I explore how resiliency can be hindered by inconsistent regulation by multiple public and private providers, which require school attendance but do not necessarily provide funding for childcare. I also consider how workers as mediators can enhance or disable resilience among clients.

One day, I had lunch with two SIL supervisors, Beth and Jane. As we waited for our lunch to be served, Beth spurred an animated conversation when she remarked the child welfare system is really messed up. Beth, a White middle-aged woman, had worked for the SIL-providing agency for many years. Jane shared her insight that the system is biased based upon gender. Jane, a Black middle-aged woman, had only recently been hired by the agency as a SIL program supervisor. She explained she had worked with boys in the Juvenile Justice System for many years before providing residential care to adolescent mothers and that having children brings additional issues that do not get fully addressed by the system. Jane felt that a lack of concern is communicated for the young women and their children when childcare is not provided. Furthermore, she noted that depending upon which part of the system youth come from, whether they are placed through mental health, child welfare or juvenile justice, they are treated differently.

For example, while all moms are expected to be in school, delinquent moms are equivocally provided with daycare. This is in contrast to dependent moms whose childcare tends to be paid for through CYS directly upon admission to the SIL program. Delinquent moms, on the other hand, must go through several bureaucracies, first applying at the office for state subsidized childcare, which, due to their CYS status, they most likely will be denied. Once the application is processed and the denial letter is received, the mom’s SIL case manager provides the letter to her SIL supervisor, who then forwards it to the CYS worker who must substantiate the denial and only then, might childcare funding be provided through CYS.

Many moms and SIL case managers find this process cumbersome and nearly impossible to navigate successfully. This example points to the ways in which a decentralized, yet hierarchically organized public/private hybrid contributes to deferred and insufficient services and resources for mothers

and children. The complicated and multi-step pathway to securing childcare disadvantages delinquent mothers. Without daycare, delinquent moms often cannot feasibly attend an educational program. Furthermore, alternative forms of navigation establish a distinct disparity within the SIL program. Dependent mothers have easier access to childcare and, hence, are privileged relative to delinquent moms.

Even dependent moms referred directly through CYS obtain different services. Jane relayed a recent conversation with a CYS worker; this worker explained childcare was provided for all CYS dependent moms who were in high school but not for the young women who attended college. I saw evidence of this several months prior to our lunch conversation when CYS stopped paying for daycare after a mom graduated from high school and started nursing school. She was told to apply for state subsidized childcare. Yet, in order to be eligible, she was required to work 25 hours per week, which she found infeasible since she attended school full time and wanted to spend some quality time with her son.

The CYS childcare policy, which curtails services for young women once they enter higher education, not only limits their ability to progress educationally but also hinders their capacity to remove themselves and their children from poverty. Such a policy is discriminatory, as poor African American young moms are supported to reach only a limited level of development and not beyond. Furthermore, as a mom’s resiliency is measured by her success in school, a policy that does not provide daycare severely hinders her ability to even attend post-secondary education. Only if we understand resiliency as a process shaped through social relations and regulating policies can we fully comprehend the ways in which unjust childcare provision may actually facilitate this mom having to drop out of nursing school. If we perceive her resilience as simply an individual coping-strategy, we ignore problematic guiding policies.

Makia, an eighteen-year-old “delinquent” African American mother of a one-year-old son, was also greatly burdened by her inability to obtain childcare. Soon after entering the SIL program, Makia graduated from high school and was accepted to a University, which required a one-hour commute each way from her home. At the time of our interview, she had been attending the University for about a month and still did not have daycare. Makia told me the following about her situation:

I think I’ve had a lot of help being in this program and I had a setback by not having any daycare. . . Now I got to leave my child with different people. Thinking about that while I’m at school, it’s hard for me to concentrate. When my teacher gives a lecture, sometimes I find myself wandering and then that leaves me when I get home to have to do extra work because I really wasn’t catching on. So I have to re-overlook my notes and . . . I’m here trying to cook

for my son, trying to clean up, trying to study... I put him to sleep first, so I can really get some work done, and by the time I lay down it seems like it is time to wake up again... I was having a breakdown about two weeks ago, I was crying because I was just like, I can't do it.

While Makia and her son are supported with a residency, her ability to fully meet personal goals is challenged by this same publicly funded care, which does not provide for her son's daycare. Makia's resiliency cannot only be located in her individual coping strategies but rather, it is shaped by the larger child welfare system and the workers who mediate her care.

For example, several SIL workers went to extraordinary measures to support Makia's ability to stay in school. On many occasions, her case manager arrived at work by 6 a.m. to watch her son. On other days, a SIL supervisor personally paid another mom to baby-sit. One morning, I visited Makia's case manager, Nel, while she watched Makia's son. With a sigh and a look of exasperation, Nel shared how after everything they had gone through applying for financial aid, she would do what she could to make sure Makia stayed in school; she was not going to let her fail. After being denied state subsidized childcare, Makia finally secured daycare from CYS through the help of several SIL staff members repeatedly advocating on her behalf.

Makia's ability to continue attending college was challenged by a policy that did not provide for her childcare; yet, fostered by the social network of SIL workers who offered support above and beyond their job requirements. Some may consider Makia an example of a highly resilient individual. Yet it is important to note that her personal strength alone did not allow her to remain in college. The extraordinary efforts of several individuals provided the support she needed to offset the absence of publicly funded childcare. Therefore, in order to understand Makia's resiliency, we must not only look at her remarkable ability to cope but also across multiple nested levels, at the relationships and institutional context that shaped her experience. In fact, Makia was recognized publicly for her resiliency as she received an award at the agency's annual community fundraising event. Makia was established in the public gaze as an exemplar, and placed in a position to give testimony to the success of the SIL program.

However, the underside of this story was not revealed to the public. Soon after the event, I learned that the daycare provision had come too late. Even though Makia was remarkably adept at accessing assistance from her social network, she still missed too many classes, as babysitters were not always available. She was unable to keep up with her course requirements and was forced to withdraw for the fall semester although she told me she planned to reenroll in the spring. Again, it is only when our analytical lens includes programmatic and institutional relationships can we fully

understand the ways in which resiliency is not only individually located but also constructed within a social system.

Teen moms who live under state care require assistance because they have limited economic and social resources. Many were abused and neglected and have lived their lives dealing with the consequences of being born into extreme urban poverty. Alarmingly, I frequently witnessed mothers encounter blame, negative stereotypes, and general disdain as they navigated service contexts and interacted with providers. Yet, I was struck by the resourceful, creative and self-efficacious ways in which mothers countered oppression within the bureaucracies. Unfortunately, I could provide additional examples of young mothers who either dropped out of school or were unable to attend in the first place because they did not receive comprehensive care. As social policies perpetuate institutionalized practices of oppression while hindering advanced educational attainment for poor minority mothers in care, most are unable to attain the full range of their goals and dreams.

In conclusion, I argue that more work must be done to demonstrate empirically how resiliency is mediated socio-culturally. It is only through a deeper understanding of multifaceted resiliency processes that this knowledge can then be used to better guide program development. Understanding the ways in which inequitable social systems construct notions of success and failure can alter the punitive ways in which individual clients are perceived. Only then, can policies and service provision better support adolescent mothers and their children.

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