

Youth in group home foster care: The potential effects of neighbourhood socio-economic status

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ABSTRACT

Contextual factors determine the success or failure of treatment for youth placed

in group homes; majority of whom have conduct and behavioural problems. Children grow and develop in multiple contexts and there are interconnections between the influences of immediate contexts (e.g., family or group home).

Key Words: *Neighbourhood income; Youth; Group homes; Behaviour problems*

INTRODUCTION

Contextual factors determine the success or failure of treatment for youth placed in group homes; majority of whom have conduct and behavioural problems. Children grow and develop in multiple contexts and there are interconnections between the influences of immediate contexts (e.g., family or group home) and the influences of larger contexts such as neighbourhoods [1]. In effect, a disturbance (or its relief) in the home or neighbourhood can have direct impacts on a youth's behaviour. Proper care and neighbourhood support are important for the proper growth and development of youth, whether they live with their biological parents, in a foster home or a group home.

How youth relate to others (e.g., social workers, other professionals, peers and neighbours) in intervention/treatment program settings (e.g., group home) play important roles in the treatment process and treatment outcomes. Youths' progress and success in a treatment program, therefore, probably depends on them, their relationships with others within the treatment setting and features of the setting itself. Treatment programs targeting youths' behaviour/conduct problems need to assess and attend to three contextual aspects of people within contexts and these are (1) the setting (e.g., group homes and their immediate surrounding neighbourhoods), (2) other intervention participants (e.g., peers, social workers/allied professionals and neighbours) and (3) the youths themselves [2].

Teenage age is a crucial developmental stage in the growth and development of all children. It is a stage where children contend with behavioural, social and environmental challenges. Any perturbation

during this period can have positive or negative impact on the developing child. A serious attention must be paid to the environment where a child develops as the context may determine some if not all developmental outcomes. Negative influences in a group home or its immediate neighbourhood may potentiate youth behaviour challenges and can result in lack of success in treatment and potential lack of success when youth aged out (leave) of group care [2].

LITERATURE REVIEW

Determining neighbourhood income levels

Statistics Canada's low-income level determination is market basket-based [3, 4]. Households spending 20% more than the typical household in that area on basic necessities (clothing, food and shelter) are defined as low-income or poor. There is ample evidence of the validity of such neighbourhood poverty measures in the USA. The most commonly studied are neighbourhoods where 30% to 40% of households have incomes below the poverty line. Research evidence suggested that 4 to 12 of every 100 US residents live in high poverty neighbourhoods and they are places of pervasive demographic vulnerability with high concentrations of youth who dropped out of high school, people of colour, new immigrants and social assistance recipients [5]. Additionally, poor neighbourhoods in the USA

are saddened with lack of other types of socio-economic capital such as adequate health insurance [6].

High poverty neighbourhoods have been less validated in Canada, possibly because they are less common in Canada [7]. Yet still, they do exist. As a matter of fact, 2 to 6 of every 100 Canadian live in extremely low-income neighbourhoods where 20% to 30% or more of the people spend two-thirds or more of their incomes on life's necessities [8]. Evidence on the predictive and construct validity of neighbourhood poverty measures in Canada is common. Like those in the USA, these vulnerable Canadian places are associated with a range of health concerns including but not limited to depression and cancer [9, 10].

Potential effects of neighbourhood income (high or low) on children/youth development

The characteristics of the neighbourhood where youth lives directly or indirectly affect their behaviour and possibly their development. It is, therefore, crucial that serious attention is paid to neighbourhood contextual issues if youth must get positive outcomes from group home treatment. Comparable to group home resources, it has been contended that neighbourhood resources may enhance the protections and lessen the risks, or attenuate protections and increase the risks of behaviour or conduct problems of youth living in group homes [11]. Preliminary studies suggested that youth may find it difficult to negatively influence their peers in high income neighbourhoods as these neighbourhoods have the potentials to provide enough protection for youth from the risks often experienced in group homes. Poor neighbourhoods may potentially add to such risks [11].

Low income neighbourhoods are among the strongest predictors of diverse personal and social health problems, ranging from dropping out of high school and teenage pregnancy to delinquency, and antisocial to criminal behaviours. More importantly, treatments for hosts of mental health problems such as substance misuse and addiction are less effective in poor neighbourhoods than they are in affluent neighbourhoods [12].

On the other hand more financially resourceful neighbourhoods (high income neighbourhoods) are disposed to have more socio-recreational and human resources such as sustainable and ongoing community activities and positive adult role models to which youth may have the opportunity to interact on ongoing basis. Furthermore, gang members intensely influence youth in high poverty neighbourhoods so it can be argued that they could similarly affect youths residing in group homes in those neighbourhoods [13].

Youth placed in group homes sometimes dislike such placements. Child advocates contend that group homes should not be placements for youth with already existing challenges including behavioural and mental health. The use of group homes as placement for youth has generated different concerns and criticisms in every sector of society for decades. The concern is that such placements fail to provide the treatment support youth need [14]. A current

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and developing concern is the location (neighbourhood) where group homes are sited. Preliminary studies about youth placed in group home care arguably suggested that some of such homes are in low income neighbourhoods where there could be and (often is) diverse challenges including safety and inadequate positive neighbourhood support with negative impacts on youth [14]. A group home's location is crucial to its ability to provide protection and quality care as neighbourhoods have well known positive and negative influences on youth behaviours. There is evidence about how neighbourhood income affects youth in the general population, however, it is not exactly clear how this translates to youth in group home care where circumstances sometimes make some youth to move from one group home, and for that matter neighbourhood, to another on regular basis [15].

DISCUSSION

Overview of the literature of specialty highlighted an important worldwide effect of coronavirus pandemic on the treatment of patients with chronic diseases. Ovidio De Filippo et al. [6] emphasized the reduced rate of hospital admission for acute coronary syndrome during the COVID 19 outbreak. Pierre Lantelme et al. [7] in a recent article reported similar results. Meantime, JE Siegler et al. [8] communicated worrying data about falling stroke rates in hospitals, although cerebrovascular accident related mortality rates are still increasing. Elective surgical interventions during the COVID-19 pandemic were also strongly restricted. Ahmed Al-Jabir et al. [9] underlined the importance of a severity grading system for oncologic cases because the time delay in the treatment of patients with different malignancies could have fatal consequences.

Surgical extirpation remains the standard treatment for patients with renal cell carcinoma [10]. Due to the major advances made in medical field, minimal invasive treatment represents an important option for patients with renal tumoral mass. However, probably the most important principle for minimal invasive surgery is patient selection, which in our case was not possible due to the voluminous tumoral mass. Unfortunately, typical symptomatology of RCC appears in reduced proportion of patients [11]. Probably this fact represents the major reason for development of a giant tumoral mass like in the present case. Delay of surgical intervention did not represent an option either; the urgent character of the appeared complication (bowel obstruction) made surgery a priority. Given the present circumstance, we attempted to perform surgical resection in order to improve the patient's quality of life. Older patients diagnosed with cancer often present comorbidities, especially cardiovascular and pulmonary conditions, increasing thereby the mortality risk. Hiten D Patel et al. [12] in a recent study highlighted the major influence of cardiovascular conditions on the postoperative evolution in case of patients with kidney cancer. Furthermore, David A Berger et al. [13] demonstrated that comorbidities are independent prognostic factors for overall survival in case of patients with RCC.

The excessive size of the tumor presented unique challenges for the operating team. It is very strange, that a tumor of this magnitude is found accidentally, however, JS Lam et al. [14] state similar result, according to which 60% of RCC are found incidentally. Fact which explains why many patients are diagnosed at advanced stages of the disease. Furthermore, in case of type I papillary carcinoma metastatic spread occurs rarely [15], which was also the case for our patient. Due to the voluminous mass, operative time and general anesthesia were also prolonged.

The invasion and compression of the splenic flexure and descending colon between the tumoral mass and abdominal wall, led to the occurrence of intestinal obstruction symptoms. Rahul G Hegde, et al. [6] also published an interesting article about RCC causing bowel obstruction. Mobilization and medialization of the left colon and left 1/3 of transvers colon represented a tricky challenge and made careful progression necessary. During these procedures increased attention was given to preservation of mesentery and intestinal vascularization, tumoral capsule's integrity and also the spleen.

Despite all the surgical efforts, the patient's postoperative evolution was unfavorable. Advanced age, severity of cardiovascular comorbidities, size of the tumoral mass and complexity of the surgical intervention probably all contributed to the appearance of fatal complications.

Incidence of cardiovascular events after nephrectomy is not an uncommon action; Sebastian Nestler et al. [17] related similar result about increased rate of postoperative cardiovascular complications in case of patient undergoing nephrectomy for renal tumors. Zhi-Ling Zhang et al. [18] underlined that older patients undergoing nephrectomy could have an increased chance for postoperative complications.

CONCLUSION

In Canada and for that matter in North America not much is documented or known about the quality of neighbourhoods where youth in group home care live. Also, how neighbourhood characteristics such as socio-economic status impact youth's (in group homes) conduct or behaviours is not comprehensively studied and documented. Recent studies try to determine the effects of neighbourhood income on youth conduct or behaviour problems. While there is some evidence that poor or low income neighbourhoods may have negative impact on youth's behaviour and mental health problems (while in group home), there is need for larger samples to be used for more confident tests and probably systematic replications in different and many states and or provinces to validate such findings or make them less contentious. There is also a need for adequate attention to be paid to neighbourhood socio-economic status when creating group homes in new environments, not forgetting the potential impact of neighbourhood challenges on youth safety, protection and well-being. Efforts to avoid siting group homes in neighbourhoods noted for crime and poverty may be a strategy in the right direction.

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