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**Making a claim for services:
Supporting vulnerable young people's engagement with
services**

A thesis presented in partial fulfilment of the requirements for the degree of
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Abstract

This thesis examined vulnerable young people's experiences of becoming involved with services. Through analysing first-person accounts shared by youth and parents/caregivers in qualitative interviews, it sought to examine the process by which youth become fully engaged with services. The thesis had a particular interest in examining the barriers and the factors that facilitated young people's engagement with services. The youth had complex needs and were involved with more than one service. These services included child welfare, youth justice, alternative and specialised education, and mental health services.

The concept of *making a claim for services* emerged from the analysis as an explanatory device that captured the process of service engagement. Young people's engagement with services was a complex, on-going process that was shaped by a range of factors. Making a claim was a critical first step in young people's engagement. It represented an on-going, interactive process between clients and service providers of developing an understanding of client needs, what help services could offer, and what a meaningful and relevant service response would entail. There were three key factors in making a claim for services: first, young people's needs and service entry criteria; second, opportunities for youth and their parents/caregivers to exercise personal agency in the help-seeking process; and third, relevant and meaningful service responses.

The findings of this thesis have implications for all service providers working with vulnerable youth. This thesis indicated that service engagement is an on-going process that is shaped by a range of factors. The youth in the thesis had to navigate a range of challenging contexts, for example at home, at school, and in their relationships with others. Service providers working with vulnerable youth need to ensure that they consider the contextual factors that influence young people's engagement with services and work to foster supportive and empowering relationships with youth and their family/whānau. Training for service providers, both through tertiary institutions and in-post training, could support the development of this area of practice.

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Chapter One:

Introduction

Introduction

This thesis seeks to contribute to the knowledge around how services, as a particular set of resources, can enable youth to mitigate risks in their lives and navigate the transition into adulthood. It examines the service engagement experiences of youth who had multiple and complex needs. The youth this thesis is concerned with were amongst the most vulnerable in Aotearoa New Zealand. The youth faced a complex mix of challenges, including family/whānau disadvantage and instability, limited access to economic resources, lower levels of engagement with education, and challenging relationships with peers and supportive adults. They were involved with multiple services across the service spectrum, including child welfare, youth justice, alternative and specialised education, and mental health services. This thesis drew upon young people's first-person accounts, collected in qualitative interviews, of their experiences of becoming involved with services across the service spectrum (i.e. child welfare, youth justice, education and mental health services). This data was supplemented with information collected in qualitative interviews with the parents/caregivers of these youth, where the youth have given permission for this data to be collected. This thesis has a particular concern with understanding the facilitators and barriers to service engagement. This thesis asked the question:

What is the process by which youth become successfully engaged with services?

Rationale and background to the thesis

Youth comprise a significant proportion of the population of Aotearoa New Zealand. In 2013, census data indicated that 1.45 million youth under the age of 25 years were living in Aotearoa New Zealand (Statistics New Zealand, 2014). Many of these youth face significant levels of adversity and risks throughout their lives. For example, in 2013, Aotearoa New Zealand's child welfare agency, Child, Youth and Family (CYF), received reports of concern that required further action for 35,222 children and youth up

to the age of 17¹. Youth justice statistics indicate that in 2013, 2739 youth (aged 12-16 years) were charged in court for offences such as theft, burglary, traffic offences, and property damage². In the education sector, 1356 young students were enrolled with alternative education providers in 2013³. A further 2952 students were enrolled in special schools, and 7973 students (aged 5-21) were receiving support for special educational needs through the Ongoing Resourcing Scheme (ORS)⁴. The annual stocktake of infant, child and adolescent mental health and alcohol and other drug services (The Werry Centre, 2015, p.44) states that 32,197 children and youth (aged 0-19 years) accessed mental health and alcohol and other drug services during 2013.

Recent public debate has highlighted the need for consideration to be given to how the welfare of the most vulnerable children and youth can be enhanced (Children's Action Plan, 2012; Minister for Social Development and Employment, 2011; Ministry of Social Development, 2012; Office of the Children's Commissioner, 2015). This debate raises issues of how to support vulnerable youth to navigate a safe pathway through adolescence and into adulthood, including through the education system, engagement with services, and supporting families/whānau and communities to meet the needs of their youth (Minister for Social Development and Employment, 2011). Fundamental to this debate is the concept that vulnerable youth need to be provided with support in order to achieve a successful transition into adulthood (Aaltonen, 2013; Jans, 2004; Kumpulainen, Lipponen, Hilppo, & Mikkola, 2013; Office of the Prime Minister's Science Advisory Committee, 2011; White & Wyn, 1998).

It is well recognised that youth with multiple and complex needs are often users of multiple services (Abrams, Shannon & Sangalang, 2008; Farmer, Burns, Philips, Angold & Costello, 2003; Garland, Hough, Landsverk & Brown, 2001; Maschi, Smith Hatcher, Schwalbe & Rosato, 2008). For example, youth who are involved with child welfare and youth justice services are also likely to require support from an alternative education provider and access to mental health services (Abrams et al., 2008; Hazen, Hough, Landsverk & Wood, 2004). There is debate regarding the level to which

¹ See <http://www.cyf.govt.nz/about-us/key-statistics/care-and-protection-reports-of-concern-requiring-further-action-and-substantiated-abuse.html>

² <http://www.justice.govt.nz/justice-sector/statistics/child-and-youth-prosecution-statistics-highlights-2012-13-pdf>

³ <https://www.educationcounts.govt.nz/statistics/schooling/student-numbers/6028>

⁴ <https://www.educationcounts.govt.nz/statistics/special-education/ongoing-resourcing-scheme>

involvement with multiple services actually supports youth to mitigate risks in their lives and successfully navigate the transition into adulthood. For example, some studies (see for example, Kroll, Rothwell, Bradley, Shah, Bailey & Harrington, 2002; Ungar, Liebenberg, Dudding, Armstrong & van de Vivjer, 2013) have identified that the quality of service provision, rather than the quantity of services, is more important in shaping outcomes for youth and that increased service use may actually increase the risks that youth face. Studies such as these indicate that the way in which services are delivered, including the way in which they support young people's engagement, is an important factor in supporting youth who are multiple service users to access the resources they need to mitigate risks in their lives.

This thesis aims to contribute to this knowledge gap by investigating young people's experiences of becoming engaged with services. In order to achieve this, it draws on qualitative interviews with youth who were multiple service users and their parents/caregivers where youth gave permission for this data to be gathered. The interviews were collected for the Pathways to Resilience Project⁵ (The Pathways Study). The Pathways Study examined the factors that were associated with the achievement of positive outcomes for youth who were users of multiple services. In particular, it sought to explain the ways in which the risks confronted by these youth, their resilience, and wider social ecologies interacted with supportive and remedial service intervention to create different patterns in outcomes for the youth (Sanders et al., 2013b, p.3).

This thesis takes a subset of the Pathways Study data to explore young people's experiences of becoming involved with services and examines the challenges they faced in engaging with service providers and accessing the support they required to meet their needs. It seeks to develop an understanding of the factors which impacted young people's experiences of engaging with services, such as their relationships with family/whānau and key workers. Using this subset of Pathways data, the thesis examines how young people's experiences of adversity, their family/whānau and wider social networks, schools, and services all shaped their ability to access support that was relevant and meaningful to them. The youth did not always have a choice regarding

⁵ See www.youthsay.co.nz

their involvement with services; many of them had mandated involvement with child welfare and youth justice services. Regardless of whether intervention was mandated, this thesis is concerned with explaining the factors that ultimately enabled these youth to receive the support that met their needs.

Social constructionism and critical realism informed the framework of this study. The social constructionist epistemology allowed for an approach to thematic analysis which prioritised the first-person accounts given by the youth (Guba & Lincoln, 1994; Patton, 2002a). Alongside this, critical realism provided an understanding that young people's ability to access resources and their ability to exercise their agency to make changes is tempered by their position as youth and the lesser power youth have in society. Critical realism also allowed for the examination of social structures such as the policy and service frameworks which shaped service delivery, and the ways in which these shaped young people's experiences and opportunities (Aaltonen, 2013; Houston, 2001; Mayall, 2002; White & Wyn, 2013).

Definition of key terms

For the purpose of this thesis, youth are defined as aged between 12 and 17 years. Parents/caregivers are defined as either parents (mother, father) or other adults (such as grandparents or foster parents) who provide day-to-day care to the youth.

The youth were involved with multiple services across the service spectrum. This means that they had concurrent involvement with two or more services in the fields of child welfare services, youth justice services, alternative education services, specialised education services, and mental health services. The services could be delivered by either statutory agencies (such as CYF, or District Health Boards (DHBs)) or by non-government organisations (NGOs).

Child welfare services provide care and protection assistance for children and youth who experience harm, abuse or neglect, and for their families/whānau. In Aotearoa New Zealand, child welfare services are delivered by the government through CYF, and through a range of funding agreements with the NGO sector (Stevens et al., 2013b).

Youth justice services work with youth who offend or who are accused of offending. Youth justice services are delivered by government through CYF and the Police, and through a range of funding agreements with the NGO sector (Stevens et al., 2013a).

Alternative education services provide education for youth outside of mainstream education. Specialised education services provide assistance to youth who have special educational needs to support them to be included in their educational environment (Daubé et al., 2013).

Mental health services provide support to youth who have mental health needs or drug and alcohol problems. Mental health services are delivered by a range of organisations, including DHBs, Primary Health Organisations (PHOs), Child and Adolescent Mental Health Services (CAMHS), and various NGO providers (Buckley et al., 2013). A more in-depth discussion regarding service delivery in Aotearoa New Zealand can be found in Chapter Three.

The term ‘engagement’ is defined in this thesis as a process of enlisting an individual into a therapeutic service (Liddle, 1995; Masden, 1999; Sanders & Munford, 2010). This process generally starts with the building of a relationship between the client and the service provider, and an assessment of the client’s needs (Coulshed & Orme, 2006; Masden, 1999; Sanders & Munford, 2010).

Chapter outline

This chapter has set the scene for this thesis by presenting the research question, rationale for the research and background to the thesis. The chapter has also provided a definition of the key terms used in this thesis.

Chapter two examines the literature relating to the broader topic area. In particular, the theoretical debates and discourses which inform constructions of youth agency, resilience, young people’s engagement with services and Positive Youth Development (PYD) are discussed.

Chapter three discusses the relevant policies and strategies which informed service delivery to vulnerable youth in Aotearoa New Zealand between 2008 and 2011, the time

period covered by the study. The service sectors addressed in this chapter are child welfare, youth justice, education (including special and alternative education services) and mental health (including alcohol and other drugs services).

Chapter four presents the methodology and research design, including the philosophical underpinnings of the thesis. The data analysis process draws on social constructionism and critical realism. Consistent with a PYD approach, young people's voices are prioritised in the analysis. Their accounts of their own experiences are examined in relation to wider social structures such as the position of youth in society and service provision frameworks which shape the nature of experience. The study utilises qualitative research methods.

Chapters five and six present the results. Chapter five presents the service experiences of youth. Chapter six examines parents'/caregivers' experiences in finding services for their youth. These chapters utilise the heuristic device which emerged out of the data analysis: *making a claim for services* to help explain the client perspective of negotiating for relevant and meaningful services, and to explore the different aspects of becoming engaged with services. The chapters present the results using in-depth case scenarios of selected participants' experiences.

Chapter seven discusses and analyses the key aspects of making a claim for services. The experiences of the youth and parents/caregivers are examined in light of the wider literature and the principles which inform service delivery in Aotearoa New Zealand.

Chapter eight is the conclusion chapter. It summarises the key findings, reflects on the research process, and explores the implications the findings of the thesis have for practice and for future research.

Conclusion

The purpose of this chapter was to introduce the research aims, provide a rationale for and background to the thesis, and provide a definition of the key terms used in this thesis. The chapter has also provided an overview of the structure of the thesis. The next chapter provides a review of the literature relating to the wider area of research on services and young people's experiences with services.

Chapter Two: Youth and service engagement

Introduction

It is important to understand the different ways in which youth as a social group are conceptualised, as this provides a foundation for the ways in which service providers engage with vulnerable youth. This chapter examines the theoretical debates and discourses which inform constructions of youth agency and resilience. It also considers the factors that influence young people's engagement with services. The literature review begins with an examination of the contemporary constructions of 'youth' and young people's agency. The discussion addresses issues of structure and agency, and how these interact with one another. The second section of the literature review addresses the concept of resilience. Building resilience in youth is increasingly seen as a key element of the support provided to vulnerable youth (Ungar et al., 2013). In this section, discussion focusses on ecological approaches to resilience (Ungar, 2004). Services provide a particular set of resilience resources youth can access; for example, supportive relationships with non-familial adults and specialised supportive programmes (Bottrell, 2009; Ungar, 2004). The third section of the literature review explores the literature on service engagement. Given the youth-centred focus of this thesis, this section draws primarily on studies which have provided spaces for youth to share their experiences in their own words (Fleming, 2011). Young people's pathways into and through services are considered. Following this, the factors which support and inhibit service engagement are discussed; this section addresses both young people's perspectives and the perspectives of parents/caregivers who have sought help for their youth. Finally, the concept of claims making is briefly considered in relation to its sociological roots and the relevance it has to young people's engagement with services.

Youth and agency

Contemporary social research recognises adolescence as a stage in the life course that is shaped by internal and external factors, including young people's subjective interpretations of what it means to belong to the population of 'youth', and adults' subjective interpretations of what it means to be a 'young person' (Coleman, 2011; Corsaro, 2011; Mayall, 2002). Increasingly, development is being framed within a life

course perspective (Elder & Shanahan, 2006), which maintains that development is non-linear and does not have a prescribed timeline.

An important aspect of youth development is agency (Elder & Shanahan, 2006; James & Prout, 1990; Jenks, 2005; Mayall, 2002). Agency is defined as a person's ability to consciously act to make a difference to their world, to advocate for themselves, or to activate others to assist them to do this (Aaltonen, 2013; Munford & Sanders, 2013; New, 1994; Sanders, Munford, Liebenberg & Ungar, 2014). The recognition that youth have agency to define and mediate their social worlds has developed largely since the 1980s and 1990s, with the emergence of the 'new' social studies of childhood (James & Prout, 1990; Jenks, 2005). Historically, the assumption has been that youth live and grow up in a world that is defined and constructed by adults (Coleman, 2011). However, 'youth' is now conceptualised as socially constructed and this view recognises that children and youth play an active role in defining and shaping their own lives, the lives of those around them, and the society within which they live. Youth are no longer thought of as passive subjects of social structures and processes (James & Prout, 1990, p.8-9). The conceptualisation of youth as active participants in defining and mediating their social world emphasises the cultural specificity of childhood; that is, the understanding that childhood may be experienced differently in different places and at different times (Coleman, 2011; Jenks, 2005; White & Wyn, 2013; Wyn & White, 1997). Factors such as the breakdown of traditional support structures including the family/whānau, changes in the employment and education systems which require youth to make more informed decisions about their post-compulsory education, and the rise of PYD movements which view youth as assets to the community rather than as problems, have all contributed to and shaped this change in thinking (Coleman, 2011; Jans, 2004; Jenks, 2005; Sanders & Munford, 2008; Sukareih & Tannock, 2011).

A number of recent studies explore how vulnerable youth define and mediate their social worlds (see for example Aaltonen, 2013; Abrams & Hyun, 2009; Bottrell, 2009; Foster & Spencer, 2011; Ungar, 2004; Ungar et al., 2013). These studies explore young people's understandings of their life experiences, their hopes and expectations for the future, their perceptions of their identity as 'youth', and their ability to exercise agency (Aaltonen, 2013; Abrams & Aguilar, 2005; Abrams & Hyun, 2009; Wyn & Dwyer, 1999). There is some debate within youth research regarding the level to which youth

are able to exercise agency, given their relations with dominant social structures, and their social positioning as ‘not adults’ (Bottrell, 2009; Evans, 2007). The concept of ‘bounded agency’ (Evans, 2007, p.92) provides a useful way of exploring the ways in which young people’s agency is tempered, but not fully controlled, by social structures. Bounded agency recognises that youth exercise agency in defining and negotiating their lives, futures, and the meanings associated with being ‘youth’, but that their ability to do this is limited by their social, economic and political contexts (Aaltonen, 2013, p.377; Evans, 2007, p.92-93; Munford & Sanders, 2015b). For youth who have faced significant and sustained challenges, such as prolonged exposure to abuse and neglect, violence, addictions, disengagement from education, and mental health issues, the factors that limit their ability to exercise agency may be even more pronounced than for other youth who have experienced more normative transitions throughout their lives (Aaltonen, 2013, p.377; Munford & Sanders, 2015b, p.2-3).

When working to conduct research with marginalised, vulnerable youth, it is essential to take the concepts of structure and agency into account, and to recognise the valid subjective views these youth have (Bottrell, 2009; Gordon, 2000; Ungar, 2004). Research with vulnerable youth needs to provide spaces for them to share their experiences in their own words (Fleming, 2011; Ungar et al., 2013). This allows researchers to explore young people’s perspectives on their experiences of significant life events, such as transitions into and out of education and employment, involvement with services, and engagement with their communities (Bottrell, 2009; French, Reardon & Smith, 2003; Gordon, 2000; Ungar, 2004, 2011). There is a significant body of literature that explores how youth who face adversity are able to achieve positive outcomes. The concept of resilience is central to this. Resilience research explores the factors which enhance the capacity of youth to achieve positive outcomes when they are confronted by risk (Bottrell, 2009, p.232; Ungar, 2004, p.5).

Resilience – a social ecological construct

Historically, resilience has been thought of as a set of individual characteristics or traits which enable some youth to achieve positive outcomes despite facing adversity in their lives (Bottrell, 2009; Schoon & Bynner, 2003). For many decades, psychology focused on explaining the characteristics of individual children who were able to survive and thrive despite facing significant adversity and disadvantage. The purported

‘invulnerable child’ (Anthony & Cohler, 1987) developed well in the face of adversity, and it was thought that this was achieved through a combination of their personality traits (such as temperament, intelligence, problem-solving abilities, and the capacity to deal with challenges). Indeed, these traits have been shown to have some advantage for youth facing risks. Personality factors are thought to influence the level at which youth react to environmental adversity and affect their behaviour and choices, and thus the rates of poor outcomes they face (Fergusson & Horwood, 2003; Fergusson & Lynskey, 1996; Masten et al., 1988; Supkoff et al., 2012; Werner, 1995).

Although individual characteristics have been found to have some impact on young people’s ability to thrive despite adversity, evidence has suggested that these individual characteristics alone do not sufficiently account for the variance in outcomes for youth facing adversity (Cicchetti, 2010; Fergusson & Horwood, 2003; Rutter, 1987; Schoon & Bynner, 2003). Hence, contextual factors, such as relationships with family/whānau and key non-familial adults, have also been investigated with regard to their contribution to resilience.

Positive and meaningful relationships with family/whānau members, particularly parents/caregivers, and other non-familial adults, such as teachers, support workers, and other community members, can support youth to form pro-social relationships, and reduce their relationships with ‘delinquent’ peers (Fergusson & Horwood, 2003; Werner, 1995). Parental support is associated with the healthy development of adolescents (Repetti, et al., 2002) and young adults (Hair, et al., 2008). In subpopulations of youth who are exposed to atypical risks the parent relationship can contribute important protective factors such as learning about relationships and behaviours, developing a sense of self-worth, and contributing to identity formation (Bolen, 2005; Fergusson & Horwood, 2003; Frederick & Goddard, 2008; Pingel et al., 2012). Conversely, family/whānau relationships shaped by parental mental health issues, drug and alcohol use, abuse and neglect, and disrupted parenting, can increase the likelihood of poor outcomes for youth (Bolen, 2005; Frederick & Goddard, 2008; Supkoff et al., 2012). Relationships with non-familial adults, especially when family/whānau relationships are not supportive, can allow youth to form bonds which encourage trust, autonomy and initiative (Werner, 1995, p.83).

Individual and contextual factors, such as personality and relationships with key family/whānau members and non-familial adults, have been shown to impact on outcomes for youth facing adversity. However, researchers are now aware that resilience is much more complex than previous research has suggested (Rutter, 1987; Supkoff et al., 2012; Ungar, 2011). There is increasing evidence that resilience is best understood conceptually as a person-in-environment exchange rather than a one-way process determined by individual characteristics (Lerner, 2006; Lipsitt & Demick, 2012; Rutter, 1987). This social ecological model of resilience views resilience as a mediator that allows youth to ‘navigate’ towards resources within their social ecology and ‘negotiate’ for the provision of those resources in culturally meaningful ways (Ungar, 2008, p.225); for example, access to education through an alternative education provider who has links with the student’s cultural community rather than a mainstream provider.

Within the social ecological model, resilience is comprised of a nuanced combination of individual and contextual factors, including temperament, problem-solving abilities, supportive relationships, parental attachment, material resources, exposure to trauma, and the availability of community resources. Factors at a range of ecological levels – from the individual to the structural – interact in complex ways to influence how an individual reacts to adversity, and how they navigate towards protective resources (Rutter, 2012; Ungar, 2004, 2012). It is important to recognise the context-specific nature of resilience, especially as youth may have a different conceptualisation of the factors that contribute to ‘resilience’ to the adults in their lives (Fergusson & Horwood, 2003; Kolar et al., 2012; Ungar, 2004). For example, Hine and Welford (2012) found in their research on girls’ violence that for the young women, fighting was a survival strategy and was protective when they faced significant risks to their physical and personal wellbeing. For the young women in that study, violence was something that enabled them to survive in a high-risk environment. It allowed them to exercise their agency over their circumstances and was a representation of their self-empowerment; many of the young women came from unsupportive and unstable backgrounds, and fighting enabled them to feel a sense of control over their circumstances which enhanced their sense of wellbeing. In contrast, an adult observing this behaviour would likely be concerned that it was ‘dangerous’ and problematic (Hine & Welford, 2012).

Research has shown that poor outcomes in adolescence are linked with the accumulation of risk across the life course (Berzin, 2010; Rutter, 2012; Ungar, 2004). The ecological model of resilience identifies that there are multiple sites at which intervention can occur. Services are in a unique position to provide accessible and meaningful resilience resources to youth who face adversity. There is a growing field of research that examines how youth understand and mediate their initial engagement with services. This is discussed in the next section.

Service involvement

It is well recognised that youth who face significant adversity are often clients of more than one service system⁶ (Farmer et al., 2003; Lirtownik et al., 1999; Maschi et al., 2008; Ungar, 2004, 2011). The initial experiences youth have in becoming involved with services have the potential to influence their long-term engagement with the service; for example, when services are perceived by youth as being welcoming, empowering and respectful, youth are more likely to decide to remain engaged with the service (Everall & Paulson, 2002; French et al., 2003). Engagement with services is an important way of boosting the resilience resources around youth; services provide an important set of resources youth can access, which can help youth to mediate risk in their lives. The social ecological model of resilience highlights the need for resources to be accessible and culturally relevant; however, it is not possible to understand the cultural relevance of the resources being provided without first exploring this from the perspective of the youth accessing the services (Fleming, 2011).

Research has indicated that services may act to remove or mitigate risk in the lives of youth facing adversity (Bentancourt, 2012; Saewyc & Edinburgh, 2010; Ungar, 2004). Numerous studies have explored young people's pathways into and through service systems. For example, Farmer and colleagues (2003) found that youth aged between 14 and 16 years most commonly entered mental health services through the education sector, followed by the juvenile justice sector. They also found that concurrent engagement with multiple service systems was common within this population. Maschi et al. (2008) sought to map the service pathways of youth entering the juvenile justice system. They found that individual and contextual factors (such as increased exposure

⁶ Child welfare, youth justice, education and mental health services

to familial substance abuse, trauma and mental health problems) strongly influenced these pathways. They also noted that youth who became involved with the juvenile justice system were likely to have a history of concurrent or sequential service involvement. Garland and colleagues (2001) also suggested that children and youth with mental health needs did not only receive support from dedicated mental health services, but that they were also involved with other support services across a variety of service sectors. Studies such as these indicate that youth become involved with services in a number of ways, and that concurrent involvement with more than one service system is common in youth facing adversity.

Many youth do not actively seek support directly from service providers; rather, they are encouraged or directed towards service providers by family/whānau members, teachers, youth justice services, or other adults. Youth may also be referred to services because there are concerns about things such as their wellbeing or behaviour at school (French et al., 2003; Maschi et al., 2008; Stiffman et al., 2004). Parents/caregivers play a central role in supporting youth to seek help from service providers (see for example Boulter & Rickwood, 2013; Iachini et al., 2015; Maiter et al., 2006; Robertson, 2005; Stiffman et al., 2004). Parents/caregivers have a strong influence on how youth perceive services and therefore how they engage with services (Kemp, Marcenko, Hoagwood & Vesneski, 2009; Ungar et al., 2012).

In order to build an understanding of how services can engage with vulnerable youth to promote resilience and the achievement of better outcomes it is important for research to consider the perspectives of the youth using those services. The next section of this chapter examines the factors which are thought to influence young people's engagement with social services. This section focuses on literature which explores the perspectives of youth and parents/caregivers who sought help for their youth.

Engaging with services

There is a significant body of literature which addresses the factors which influence young people's engagement with services. While this literature does not always draw on the perspectives of clients, it provides some useful insight regarding the factors that encourage and inhibit service engagement. Within the social work literature, 'engagement' is defined as a process of enlisting an individual into a therapeutic service

(Liddle, 1995; Masden, 1999; Sanders & Munford, 2010). This process generally starts with the building of a relationship between the client and the service provider, and an assessment of the client's needs (Coulshed & Orme, 2006; Masden, 1999; Sanders & Munford, 2010). The process of engagement can take varying lengths of time, and some clients may never engage with a service (French et al., 2003; Liddle, 1995). The following sections examine the factors that are thought to encourage and limit young people's engagement with services.

Encouraging engagement

Much of the literature on engaging youth with services focuses on the relationship between youth and practitioners. For example, in their study on young people's perceptions of their social workers, Everall and Paulson (2002) found that when youth felt that relationships were egalitarian, authentic, respectful, and where they felt there was a level of understanding and support it was more likely that they would engage with services. Similarly, McLeod (2007) and Jobe and Gorin (2013) assert that children and youth need to feel safe and supported before they will engage with a social service. It is important that therapeutic relationships do not replicate the power imbalances that exist between youth and adults in society, and instead seek to allow youth to feel they can safely share their experiences and reflections in their own words (Everall & Paulson, 2002; French et al., 2003; Jobe & Gorin, 2013; McLeod, 2007; Smith, 2008).

French and colleagues (2003) conducted a study exploring the perspectives of at-risk youth regarding their experiences of engaging with a mental health service. In their interviews with 16 youth who were clients of the service, they found that the youth identified factors such as their beliefs about whether they needed help and their perceptions of what counselling would entail influenced their decisions to engage with the service. Providers who were seen as accessible, available, and who followed up soon after the initial meeting, were viewed positively by the youth. Additionally, when the youth felt understood by their practitioners, and felt that they were not judged, they were more likely to decide to stay engaged with the service.

Darbyshire and colleagues (2008) examined the perspectives of homeless youth with mental health problems and their engagement with mental health services in Australia. The youth in the study were engaged with a supported accommodation assistance

programme which helped to facilitate links with other support services. They found that the young people's experiences of engaging with mental health services were improved when staff valued their opinions, viewed the youth as more than their symptoms and diagnosis, and made the youth feel that they mattered. Darbyshire et al. (2008) suggested that access to the service was not perceived as a major issue for the youth, as they were largely referred from the supported accommodation assistance programme, but that the quality of their service experience was a core factor in facilitating engagement with the service and subsequent interventions.

Jones (2011) examined the perspectives of youth who were engaged with an alternative education programme. The youth he interviewed cited factors such as negative academic experiences, few friends and limited positive engagement with school staff as reasons for leaving mainstream education. Conversely, he noted that the alternative education programme was supportive, recognised youth's varied needs, skills and abilities, and provided them with a sense of belonging, which helped them to feel motivated to achieve their academic goals. In particular, Jones (2011, p.230-232) noted the importance of viewing engagement with the alternative education programme as an on-going, dynamic process rather than as a static outcome. He emphasised the importance of staff working to establish a safe community environment at the education programme, through the provision of emotional and social support for students. This is similar to other work exploring engagement with alternative education programmes. For example, in their research about youth in alternative schooling in Australia, McGregor and Mills (2012) found that factors such as school environment, relevant and accessible teaching programmes, and positive pedagogical relationships were central in encouraging students to re-engage with education services.

Another factor that supports young people's engagement with services is the presence of a supportive person (Darbyshire et al., 2008; Edgar-Smith & Palmer, 2015; Everall & Paulson, 2002; French et al., 2003; Jobe & Gorin, 2013; Munford & Sanders, 2015a). Many studies explore the role of mentoring-style relationships in supporting youth who face significant adversity to navigate towards supportive resources (see for example Coburn & Gormally, 2014; French et al., 2003; Green et al., 2013; Greerson et al., 2015; Jones, 2014; Li & Julian, 2012; Ungar, 2004). The enduring presence (Munford & Sanders, 2014, p. 1571) of a supportive and trustworthy adult can help youth to

navigate challenging transitions, encourage them to engage with services, and support them to advocate for services to be provided in meaningful ways. Supportive adults can help youth to make sense of their experiences and support on-going involvement with services where this is helpful for the young person (Coburn & Gormally, 2014; Green et al., 2013; Greerson et al., 2015; Noble-Carr et al., 2014).

When youth feel service providers are available, authentic, youth-focussed, respectful and trustworthy, they are more likely to engage with the service. These factors align with PYD approaches to service delivery (Lerner, 2006; Lerner, Almerigi, Theokas & Lerner, 2005). PYD approaches adopt the view that adolescence is a time of significant growth and potential, and view youth as resources to be developed, rather than as problems to be managed (Lerner et al., 2005, p.11; Sanders, Munford, Thimasarn-Anwar, Liebenberg, & Ungar, 2015, p.41). In practice, services utilising PYD approaches work in ways that empower youth, actively involving them in decision-making and encouraging them to exercise their personal agency. Services utilising PYD approaches also work in ways that account for young people's wider circumstances such as their culture and cultural identity, and family/whānau circumstances. It has been argued that such an approach to service delivery will enable youth to receive services that are respectful, empowering and well-attuned to their wider circumstances (Duncan, Miller & Sparks, 2007; Lerner et al., 2005 Sanders et al., 2015).

Service delivery that is empowering, positions youth as active participants, and is relevant to young people's needs has been argued to support young people's on-going engagement with services. However, youth who face significant adversity also have to navigate a range of barriers that can make it difficult for them to access services.

Factors that inhibit service engagement

Youth who face on-going adversity can experience a range of challenges engaging with supportive services. Factors such as low educational attainment, poverty, and teen pregnancy and parenthood can all increase the likelihood that youth will require support from multiple services. At the same time, these factors can inhibit young people's engagement with service providers (Berzin, 2010; Ungar, 2004). Changes in social networks, for example changing relationships with family/whānau members and peer groups, during the transition to adulthood may mean that youth feel they have little

support to help them make sense of things such as service entry criteria, levels of entitlement, and the types of support that are available to them (Berzin, 2010, p.493; Green et al., 2013; Greerson et al., 2015, p.143; Li & Julian, 2012, p.158).

Other factors that have been found to limit service engagement include a lack of available and accessible services in the community, low levels of engagement with mainstream education, and family/whānau circumstances (French et al., 2003; Jobe & Gorin, 2013; Maschi et al., 2008). Challenges within young people's wider social ecologies and the contextual risks that they face limit the resources youth have access to, and impact on their decisions to engage with services (Berzin, 2010; Fergusson & Horwood, 2003; Maschi et al., 2008; Munford et al., 2013b). Additionally, young people's perceptions of services can impact on their decisions to engage with services. If services are not provided in ways that youth feel are relevant to their needs, they are unlikely to engage with the service (Berzin, 2010; Fergusson & Horwood, 2003; Ungar, 2004). The youth in the study conducted by Darbyshire and colleagues (2008) reported that factors such as 'labelling' by diagnosis, staff attitudes, assessments that youth felt were too quick to allow practitioners to develop a full understanding of what was happening for the young person, and a lack of personal control over treatment options all negatively impacted on their engagement with service delivery. French, Reardon and Smith (2003) also found that factors such as perceived staff attitudes towards youth, stigma, coercion and the sense that expectations about service provision were not being met influenced young people's decisions to stay engaged with services.

When vulnerable youth face barriers which inhibit their engagement with services, it may mean that they are unable to make a claim for services and receive support they need. The quality of experiences youth have with services is central in boosting the resilience processes they have access to (Ungar et al., 2013). When youth are unable to engage with services they perceive as empowering, respectful and relevant, their access to the supportive resources (for example, emotional support; physical resources such as transport and housing; and supportive relationships with non-familial adults) provided by those services is limited.

Parents/caregivers seeking help for youth

Parents/caregivers can play an important role in facilitating young people's access to services. Parents/caregivers in particular, are often the first people who notice that youth require support (Boulter & Rickwood, 2013; Burke, 2013). However, despite the central role parents/caregivers can play in finding support for their children, there is a limited literature that explores their experiences of finding services for their youth (Boulter & Rickwood, 2013; Shanley et al., 2008). What is known from qualitative studies examining parents'/caregivers' help-seeking for youth mental health problems is that there is no uniform way in which parents/caregivers seek help for their children (Logan & King, 2001; Shanley et al., 2008). These studies highlight the importance of service providers being accessible to parents/caregivers; for example, Shanely and colleagues (2008) found that parents/caregivers may have difficulties with transport costs and childcare arrangements, and this decreased levels of access to services for youth. In their research with parents/caregivers who sought mental health support for their children, Boulter and Rickwood (2013) found that the "fit" and "feel" of the service was important to parents/caregivers. The "fit" of the service referred to the way in which the practical supports offered to parents/caregivers was perceived by parents/caregivers as helpful and relevant to their children's needs, while the "feel" of the service referred to the level of emotional support parents/caregivers perceived in their interactions with service providers. Studies such as these highlight that service providers need to respond to parents'/caregivers' needs and offer support to help parents/caregivers meet their young people's needs.

Research which examines the perspectives of parents/caregivers whose children are involved with child welfare and youth justice services has highlighted the importance of empowering relationships with practitioners where parents/caregivers are kept informed about the rationale for decisions that are made (Gladstone, Dumbrill, Leslie, Koster, Young & Ismaila, 2012; Hillian & Reitsma-Street, 2003; Kemp et al., 2009; Morris, 2013; Palmer, Maiter & Manji, 2005; Roberston, 2005).

Parental/caregiver engagement with child welfare services is particularly important, as children and youth may be at risk of significant harm (Platt, 2012, p.139). Parents/caregivers may be reluctant to engage with child welfare services, or may even be aggressive towards social workers, partly due to a fear about what involvement with child welfare services might mean for the family/whānau (Forrester, Westlake & Glynn,

2012, p.120; Platt, 2012, p.139). Parental/caregiver engagement with child welfare services can significantly enhance the outcomes achieved for children and youth. If service providers are able to work with parents/caregivers to support them to engage with the service, more effective interventions that meet the needs of the family/whānau can be put in place (Marcenko, Brown, DeVoy & Conway, 2010; Platt, 2012).

Research which examines parents'/caregivers' experiences of seeking educational support for their youth highlights the advocacy role parents/caregivers play (Burke, 2013; Dunst & Dempsey, 2007; Stoner et al., 2005). For students with special educational needs, it is important that schools and parents/caregivers work in partnership to support the students' learning and development (Burke, 2013). Zhang & Bennett (2003, p.56) state that when working to meet the needs of students with special educational needs:

“Professionals need to build a partnership with family members based on mutual respect, open communication, shared responsibility, and collaboration.”

However, research suggests that when they are seeking educational support for their children's needs parents/caregivers do not always feel supported by schools and other service providers. For example, Burke (2013) suggests that parents/caregivers may feel bullied or threatened by service providers, or be made to feel inadequate in planning meetings when service providers refer to them as “mum” and “dad” rather than by their names. In their review of the literature relating to Individual Education Plans for students with special educational needs, Mitchell, Morton and Hornby (2010) highlighted parents'/caregivers' views regarding their involvement in children's education. In particular, the parents/caregivers in their research noted challenges with practical matters such as the scheduling of meetings and transport arrangements to support parental attendance, and parents'/caregivers' perceptions of schools' cultural sensitivity and responsiveness to the individual students' needs in shaping parents'/caregivers' satisfaction with their involvement with service providers supporting their children.

Making a claim for services

This thesis examined the process by which vulnerable youth became engaged with services. In this thesis, the concept of claims making was an explanatory device that captured the process of service engagement. It was used to help explain the ways in which youth and their parents/caregivers attempted to draw attention to the conditions they found problematic by seeking support from service providers. Making a claim for services also involved youth and their parents/caregivers defining their needs and actively engaging with service providers to respond to those needs. The concept of making a claim has its roots in the sociological study of social problems (Rains, Davies & McKinnon, 2004; Spector & Kitsuse, 1987). Spector and Kitsuse (1987, p.78) defined social problems as claim making activities, stating that:

“Definitions of social problems are constructed by members of a society who attempt to call attention to situations they find repugnant and who try to mobilise the institutions to do something about them.”

Spector and Kitsuse (1987) identified that social problems had less to do with the existence of particular social conditions and more to do with the way those conditions were experienced by members of society. The efforts of individuals and groups to draw attention to the conditions they find problematic, then, can be understood to be their claims making activities (Rains et al., 2004; Spector & Kitsuse, 1987).

Making a claim for services is a critical first step in a process of successful engagement with services. It requires that youth and their parents/caregivers experience services which are empowering, supportive and respectful. These are all factors that have been shown to support young people’s engagement with services (Jobe & Gorin, 2013; Jones, 2011; McLeod, 2007). Positive experiences of service engagement is important in allowing youth to access resources such as supportive relationships, housing, and remedial education support which can boost resilience and support them to achieve better outcomes (Ungar et al., 2013). In making a successful claim for services, the interventions and support offered by services are relevant to the young person’s needs and wider socio-ecological context (for example, their family/whānau context, educational experiences, and mental health needs). In order to receive relevant service responses, service providers and clients must develop a shared understanding of client needs and how the service can meet those needs. This is an important part of claims-

making, and aligns with research by authors such as Darbyshire and colleagues (2008), French, Reardon and Smith (2003), and Jones (2011) regarding the importance of youth feeling that service providers value their input and have a clear understanding of their needs.

Conclusion

This chapter has provided an overview of the literature relating to vulnerable youth and service engagement. The concept of 'bounded agency' (Evans, 2007, p.92) and social ecological models of resilience (Ungar, 2012) have been examined. Additionally, the chapter has explored the factors which are thought to support and limit young people's engagement with services. The chapter also discussed the concept of claims-making and the links this has with young people's engagement with services. The next chapter provides an overview of the legislative and policy frameworks which shape service delivery in Aotearoa New Zealand.

Chapter Three:

Service delivery for vulnerable youth in Aotearoa New Zealand

Introduction

This chapter considers the context of service delivery in Aotearoa New Zealand. Specifically, the legislative and policy frameworks which influenced service delivery to the youth in the research are examined. This review focuses specifically on legislation, policy and strategies which directly informed service delivery in child welfare, youth justice, education (both specialised education services and alternative education), and mental health (including alcohol and other substance abuse services) between 2008 and 2011; the time period covered by the research. In their interviews, the youth were asked about their service engagement at the time of data collection (2009-2011) and over the previous year (2008). A timeline of the developments in legislation and policy guiding service delivery to youth can be found in Appendix 1. This chapter first summarises the key pieces of legislation which informed service delivery to youth during this time period. It then outlines the key services responsible for delivering services to youth. Finally, it turns to an analysis of the key principles articulated in legislation and policy concerning service delivery to vulnerable youth.

Legislation

Three pieces of legislation inform service delivery to youth in Aotearoa New Zealand. The Children, Young Persons and their Families Act (CYPF Act, 1989) legislates for the provision of child welfare services (s. 13-149) and youth justice services (s. 208-320), as well as outlining the functions of the Family Court (s. 150-207) and Youth Court (s. 321-340). With regard to child welfare services, the CYPF Act prioritises the welfare of children/youth, aims to maintain and strengthen the relationships between children/youth and their families/whānau, and ensures that children/youth and their families/whānau are involved in decision-making about the care and protection of children and youth (Stevens et al., 2013b). The youth justice provisions of the CYPF Act aim to prioritise the use of diversionary and community-based responses to offending (Henry, Henaghan, Sanders & Munford, 2014). Like the child welfare provisions of the CYPF Act, the youth justice provisions provide opportunities for

youth and their families/whānau to participate in decision-making regarding responses to youth offending (Lynch, 2012; Stevens et al., 2013a).

The second piece of legislation is the Education Act (1989). The Education Act guarantees free education for children and youth aged between five and nineteen years, and provides measures to ensure that students with special educational needs have equal access to education (Daubé et al., 2013; Education Act, 1989, s.3). Under the Education Act, children and youth are required to be enrolled and attend school from their sixth birthday until their sixteenth birthday. The Education Act established schools as autonomous entities governed by Boards of Trustees (the Board) elected from local communities (Daubé et al., 2013). Sections 14-19 of the Education Act outline the provisions for standing-down, suspending, excluding and expelling students. The provisions are designed to minimise the harm caused by the student's misconduct or disobedience, minimise the disruption to their education, and facilitate a return to school where this is appropriate. A student may be stood-down or suspended when their ongoing, serious misconduct, disobedience or behaviour is likely to result in harm to themselves or to another student at the school. Students can be suspended or stood-down multiple times in any given year; however, no single period of stand-down or suspension can exceed five school days, and a student cannot miss more than 10 days of school due to being stood-down or suspended. When a student is stood-down or suspended, the Board may take action to lift or extend the stand-down or suspension if they feel it is appropriate. Alternatively, if the circumstances are serious enough and the student is under 16 years of age, the Board can exclude the student from school by "extending the suspension and requiring the student to enrol in another school" (Education Act, 1989, s.15 (1)(c)). When a student under 16 is stood-down or suspended, the Principal of the school and the Board must work to facilitate the student's return to school, including the provision of appropriate guidance and counselling. When a student under 16 has been excluded from school, the Principal must arrange for them to attend another school that is both suitable and convenient for the student. If this cannot be arranged, the Secretary (the Chief Executive of the Ministry of Education) must either: lift the exclusion if it is found to be inappropriate; arrange for the student to enrol in another school; or direct the student to be enrolled in

correspondence⁷ education. Students over 16 years of age can be expelled from school for on-going serious misconduct or disobedience. In this case, the Principal and Board do not have to make arrangements for the student to attend another school (Education Act, 1989, s.17).

The third piece of legislation which informs service delivery to vulnerable youth in Aotearoa New Zealand is the Mental Health (Compulsory Assessment and Treatment) Act (the Mental Health Act, 1992). The Mental Health Act provides the legal framework for the provision of compulsory assessment and treatment services to those with serious mental health needs who pose a risk of harm to themselves or others. The Mental Health Act prioritises community-based treatment over inpatient treatment options unless the patient cannot be adequately and safely treated within the community (Buckley et al., 2013; Minister of Health, 2005). Part 8 of the Mental Health Act specifically addresses the provisions relating to children and youth up to the age of 17. The Mental Health Act states that assessment of children and youth should be undertaken by a psychiatrist wherever this is practicable; youth's consent for assessment and treatment should be sought if they are over 16 years of age⁸; brain surgery for a mental disorder should not be performed on a child or young person under 17 years of age; and a patient who is receiving compulsory treatment and is about to turn 17 should be reviewed at least one month before they turn 17.

Service delivery

Child welfare

CYF (CYF) are the statutory service providing child welfare services in Aotearoa New Zealand. CYF are a service of the Ministry of Social Development, and are guided by the CYPF Act (1989). When CYF are notified about a concern regarding a child or young person, they investigate, and provide a range of social work interventions for serious child welfare concerns, including FGCs, and work to support children and youth to stay with their family/whānau where this is possible (CYF, n.d. a). When there are serious health and wellbeing concerns for the child or young person, CYF can place them away from their family/whānau temporarily. If these concerns cannot be addressed

⁷ Correspondence education: distance learning delivered through Te Aho o Te Kura Ponamu (Te Kura or the Correspondence School). See <http://www.tekura.school.nz/> for more information.

⁸ Prior to 16 years of age, parental consent is deemed sufficient for the assessment and treatment of young people.

satisfactorily, the child or young person will be placed with long-term caregivers (CYF, n.d. b). When a child or young person is placed away from their family/whānau, they may go into the care of a foster caregiver, or if there are serious concerns, they may be placed in a care and protection residence⁹ (CYF, n.d. b). When a statutory response is not required CYF fund non-government organisations to deliver services to families/whānau on their behalf through their Differential Response framework (CYF, 2009; Waldegrave, Coy & Department of Child, Youth and Family Services, 2005); this is discussed further later in the section Principles guiding service provision: Co-ordinated service responses.

In addition to CYF, the Ministry of Social Development fund a range of NGO providers that work with child welfare and other family/whānau matters (Ministry of Social Development, n.d.). These services include social workers in schools (primary and secondary), early intervention services such as Strengthening Families, and providers with a specific focus on working with Māori and Pasifika families/whānau (Ministry of Social Development, n.d.). Additionally, the Ministry of Social Development fund NGO services who work directly with youth. These services include providers such as Barnardos¹⁰, and localised and community based services (Ministry of Social Development, n.d.).

Youth justice

Youth justice services are delivered by the Police, CYF and a range of community-based NGOs (Stevens et al., 2013a). The Police generally provide the initial responses to youth offences, either issuing youth with a warning or apprehending them. Most Police areas have a Youth Aid Officer, who is responsible for meeting with youth who have been apprehended. The Youth Aid Officer can arrange for a warning or diversion¹¹ to be issued, or refer the young person to a youth justice coordinator at CYF for a Family Group Conference (FGC) if they believe the young person should be charged

⁹ CYF have 4 'care and protection' residences around the country, enabling them to have approximately 50 children and young people in residential care at any one time. Care and protection residences offer extra support for children and young people, including education, mentoring, and assistance with meeting health, emotional or social needs. The residences are Whakatakāpokai in Auckland, Epuni in Lower Hutt, Te Oranga in Christchurch and Puketāi in Dunedin. See <http://www.cyf.govt.nz/keeping-kids-safe/ways-we-work-with-families/staying-at-a-care-and-protection-residence.html>

¹⁰ See www.barnardos.org.nz/

¹¹ Diversion may involve the child or young person paying reparation to the victim, writing a letter of apology, undertaking community work, or participating in a relevant programme.

(this is discussed later in the section Principles guiding service provision: Client empowerment). FGCs are required to formulate a plan and present recommendations to the Youth Court regarding the consequences for the young person's offending. The Youth Court is able to make a range of orders if the offending is proved. These orders include formal warnings; fines or reparation; parenting orders against the young person or their parents; orders for curfew; community work; supervision with activity; or supervision with residence (requiring the young person to stay in one of the youth justice residences provided by CYF¹²); and a transfer to District Court or High Court for charges of murder or manslaughter (Ministry of Justice, 2015).

Once a plan to address the young person's offending has been agreed, either at a FGC or through the Youth Court, the plan is implemented and monitored. Māori youth may choose to be referred to the Rangatahi Court (Ngā Kooti Rangatahi) which allows the court sitting and monitoring of the FGC plan to occur at a marae (Kaipuke, 2012). NGO providers may be responsible for supporting or providing the programmes recommended for the young person, as well as monitoring the completion of the FGC plan (Ministry of Justice, 2015). A large number of NGO providers support the delivery of youth justice services. Organisations such as the YouthLink Trust¹³, the Foundation for Youth Development¹⁴ and Youthline¹⁵ provide specialised programmes to support young offenders. Additionally, local providers may be funded by both the Ministry of Justice and Ministry of Social Development to provide programmes for youth who are involved with the youth justice system.

Education

Education is delivered in a three-tiered system: primary education covers the first eight years of schooling (approximately ages 5-12), secondary education covers school years 9-13 (ages 13-18) and tertiary education covers any education beyond the secondary level. The New Zealand Curriculum¹⁶ is taught in most schools. During the final three years of secondary school (years 11-13), most students complete the National

¹² CYF offer four youth justice residences: Korowai Manaaki in Auckland, Lower North in Palmerston North (male only), Te Puna Wai o Tuhinapo in Christchurch, and Te Maioha o Parekarangi in Rotorua. See <http://www.cyf.govt.nz/youth-justice/youth-justice-residences.html>

¹³ See <http://www.youthlink.org.nz/>

¹⁴ See <http://www.fyd.org.nz/>

¹⁵ See <http://www.youthline.co.nz/>

¹⁶ See <http://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum>

Certificate of Educational Achievement¹⁷ (NCEA). NCEA is split into three levels, with students generally completing one level each year. In addition to mainstream schools, education can be delivered by Kura Kaupapa (which offer education in Te Reo Māori and draw on Māori approaches to education) and through correspondence education¹⁸ (distance learning through Te Aho o te Kura Ponamu, the Correspondence School [Te Kura]).

Some youth, for a number of reasons, have difficulty remaining in mainstream education. As the Education Act (1989) requires students to attend school until their 16th birthday, alternative education providers offer education to students who cannot attend mainstream school but are still under 16 years of age. Alternative education providers in Aotearoa New Zealand include:

- Te Kura provides distance learning options for students with a range of needs, including extra-curricular classes for gifted youth and full-time education for students who have been excluded, expelled or alienated from the mainstream education system. Te Kura also provides distance learning for children and youth living in remote locations;
- Alternative education providers and consortia are community providers contracted by schools to deliver education to students who cannot attend mainstream school (ages 13-15 years). Alternative education providers employ a combination of registered teachers, tutors with other qualifications (including social work and youth work) and use resources from Te Kura¹⁹;
- Teen Parent Units are generally attached to existing secondary schools and cater to students who are pregnant or have a child and cannot attend mainstream school²⁰;
- Activity Centres are similar to alternative education providers, in that they provide education for students who cannot attend mainstream school. Some Activity Centres

¹⁷ See <http://parents.education.govt.nz/secondary-school/learning-at-school/ncea/>

¹⁸ See <http://www.tekura.school.nz/>

¹⁹ See <http://www.education.govt.nz/ministry-of-education/budgets/budget-initiatives/budget-2011/budget-2011-factsheets/increased-support-for-alternative-education/>

²⁰ See

<http://www.minedu.govt.nz/NZEducation/EducationPolicies/Schools/TeenParentEducation/TeenParentUnits.aspx>

provide a ‘time out’ for students, who then return to mainstream education, while others provide more long-term alternative education for students who cannot cope with mainstream school²¹;

□ CYF Residential Schools are on-site education facilities provided in some CYF residences (both Youth Justice and Care and Protection). These providers cater to the most challenging and vulnerable youth, who often have a range of high and complex needs (Education Review Office, 2013).

□ Regional Health Schools are for students who are unwell and cannot attend mainstream school. There are three Regional Health Schools in Aotearoa New Zealand, in Auckland, Wellington and Christchurch, though teachers from Regional Health Schools can provide education to students anywhere in the country²².

Mental health

Youth mental health and addictions services are provided by both statutory services and non-governmental organisations (NGOs). The Ministry of Health provides specific funding for mental health and addictions services through the 21 DHBs. In turn, DHBs fund Primary Health Organisations (PHOs) and specialist mental health services for children and youth. Each DHB funds a Community Adolescent Mental Health Service (CAMHS). CAMHS generally cater for the children and youth with the highest level of need. For children and youth with ‘mild’ to ‘moderate’ needs, care is likely to be provided within the community, through NGOs such as Youth One Stop Shops²³ (YOSS), iwi providers, the mainstream health sector, or the private sector (Buckley et al., 2013).

The first point of contact for children and youth with mental health or drug and alcohol problems is usually a primary healthcare provider (for example through a PHO, a GP, a

²¹ See

<http://www.minedu.govt.nz/NZEducation/EducationPolicies/Schools/TeenParentEducation/ActivityCentres.aspx>

²² See <http://www.education.govt.nz/school/student-support/special-education/regional-health-schools-for-children-who-cant-attend-school-because-they-are-unwell/>

²³ YOSS provide a range of youth-focused health and wellbeing services at little or no cost to clients. A 2009 review of YOSS indicated that YOSS are effective in providing services to youth that may otherwise “fall through gaps between child and adult services” (Communio, 2009, p.5) but that tenuous funding was a challenge for YOSS, and that it contributed to inequalities in access to YOSS services throughout the country (Communio, 2009).

nurse, or a Māori community health worker). Children and youth may also refer themselves to mental health services, be referred by a family/whānau member, or be referred by someone else, such as a school staff member or a support worker from another agency such as CYF (Mental Health Commission, 2011).

The specific organisations providing services to children and youth with mental health and addictions needs differ across the regions (The Werry Centre, 2011). For example, in the 2008 stocktake of child and adolescent mental health services (The Werry Centre, 2009), 100 NGO providers were identified throughout the country. Of these, 21 were specifically funded as kaupapa Māori services (p.206) and five were identified as Pacific services (p.217).

Principles guiding service provision

An analysis of the policies and legislative frameworks in place during the research period indicated three recurring principles that were present in documents across the service system spectrum: the need for co-ordinated service responses; the importance of early intervention for vulnerable youth; and a focus on client empowerment. This section provides examples of how these three principles are demonstrated in the legislation and policy that guides service delivery.

Co-ordinated service responses

Across the service sectors, there is increasing recognition of the need for co-ordinated service responses. Co-ordinated service delivery aims to ensure continuity in service provision for youth, recognising that youth with high levels of needs frequently require support from multiple service systems (Ministry of Social Development, 2005a, 2007; Ministry of Social Development and Ministry of Justice, 2002; Wille, 2006). Co-ordinated service responses enable information sharing between the various services youth are involved in, and ideally reduce the gaps in service delivery to vulnerable youth. However, as will be seen later in Chapters Five and Six, the youth in this study did not always receive co-ordinated responses to their multiple needs despite this being a key goal identified in numerous policies as discussed below.

The Intersectoral Strategy for Children and Young People with High and Complex Needs (Ministry of Social Development, 2005a) provides one example of a policy designed to support co-ordinated responses to youth needs. The Strategy was developed jointly by the Ministries of Health and Education and CYF, and its implementation is overseen by the High and Complex Needs Unit. The Strategy recognised that youth sometimes have high levels of complex needs that cannot be met by single service providers. It provided extra resources for children and youth with very high levels of complex needs, and encouraged “strengthening intersectoral service collaboration at national and local levels to ensure that the national funds are deployed locally to enhance the responsiveness of the local services to meet the needs of children and young people at a local level” (Ministry of Social Development, 2005a, p. 6).

Another example of a strategy promoting co-ordinated service responses is the Youth Offending Strategy (Ministry of Social Development and Ministry of Justice, 2002). The Youth Offending Strategy identifies co-ordination and leadership of the agencies involved in prevention of and responses to youth offending as one of the key areas for development. This recommendation led to the formation of local interagency offending teams and national-level co-ordination bodies such as the Youth Justice Independent Advisory Group²⁴ which aims to assist in overseeing the implementation of the Youth Offending Strategy. The recommendation also led to the establishment of Youth Offending Teams, which were intended to co-ordinate service delivery at a local level and enable effective working relationships between the government agencies involved with addressing youth offending, namely Police, CYF, education and health (Harland & Borich, 2007).

In the education sector, co-ordinated service provision is seen in places such as the provision of alternative education for students who have been alienated from mainstream education. In delivering alternative education programmes to students, schools partner with community providers who may be better able to meet the needs of alternative education students, for example because the provider has links with the student’s ethnic or cultural community or is able to use a non-school approach (Te Kete Ipurangi, 2015). The Interagency Plan for Conduct Disorder/Severe Anti-Social

²⁴ See <http://www.justice.govt.nz/policy/crime-prevention/archive-do-not-publish/archived-folders/youth-justice/youth-offending-strategy/youth-justice-independent-advisory-group>

Behaviour (Ministry of Social Development, 2007) offers another example of co-ordinated service provision. The Plan contains preventative measures and early response interventions to prevent the development of conduct disorder and severe anti-social behaviour. Specifically, the Plan aims to develop leadership, co-ordination, monitoring and evaluation across government services (including education, health, mental health, youth justice, and child welfare), and to build a shared infrastructure for the delivery of specialist behavioural services to children and youth.

Youth Transitions Services offer an example of how co-ordinated services can support continuity in service provision for youth. Youth Transitions Services were introduced in 2004 to support youth aged 15-19 to manage the transition from school into further education, training or employment. They provided coaching and mentoring, assistance with finding opportunities for education, training and employment, and support in navigating the welfare system for youth who needed to access income support. A 2005 review of the development and operation of three Youth Transitions Services (Ministry of Social Development, 2005b) noted that building collaborative relationships between service providers to enable co-ordinated service delivery was an on-going and time-consuming endeavour. However, the review emphasised the importance of co-ordination between services in local communities in reducing the fragmentation of service delivery to youth.

Whakamārama te Huarahi (Wille, 2006) is a strategic framework to guide the development of the youth mental health workforce. Whakamārama te Huarahi includes recommendations for national, regional and local workforce development. Of particular note, the strategy aims to develop a workforce which “collaborates between providers within and beyond the health sector to strengthen and support each other’s work” (Wille, 2006, p. 5).

The principle of co-ordinated service responses is present in multiple policies and strategic frameworks across all service sectors. Co-ordinated service delivery has the potential to reduce fragmentation in service provision for youth with multiple needs, better meet the needs of youth with particularly high levels of complex needs, and provide robust responses to youth needs. As will be discussed in the results chapters, Chapters Five and Six, the reality of service provision is not always in line with the

principle of co-ordinated service responses. Youth with particularly complex needs may experience repeated changes in diagnoses, be transient, and face challenges in accessing services for their needs if those needs are on the periphery of a particular service provider's mandate. While co-ordinated service responses would ideally prevent these youth being referred from one service provider to another, this was not the case for many of the youth in this research.

Early intervention for vulnerable youth

A second key principle in the legislation and policy guiding service delivery is that of early intervention. Early intervention is known to result in better outcomes, and can lessen the possibility of future problems for youth (Berzin, 2010; Minister of Health, 2005; Ministry of Health, 2007; Rutter, 2012; Ungar, 2004). In the legislation and policy guiding service delivery, early intervention prioritises low-level or community-based responses where these are appropriate, in order to minimise the involvement youth have with systems such as the formal criminal justice system and the compulsory treatment system in mental health.

The Differential Response framework is an important example of early intervention within child welfare services. Differential Response involves CYF working in partnership with other service providers to support families/whānau who require services rather than a formal CYF response. This allows CYF and other service providers (such as NGOs, iwi providers and other community-based providers) to respond to family/whānau needs in a more co-ordinated and flexible way (CYF, 2009, p.3-4; Waldegrave, et al., 2005). Within the Differential Response framework, CYF remains involved in supporting appropriate service provision for families/whānau, and as a safety net, but community service providers provide the actual services to families/whānau (CYF, 2009; Waldegrave et al., 2005).

The principles which guide the youth justice system under the CYPF Act (1989) aim to minimise the involvement young offenders have with the formal criminal justice system. In alignment with the CYPF Act and the priority of promoting child welfare, responses to youth offending are designed to hold youth accountable for their offending, encourage them to take responsibility for their behaviour, and deal with them in a way

that acknowledges their needs and will give them opportunities to develop in responsible, beneficial and socially acceptable ways (CYPF Act, 1989, s.208; Lynch, 2012). The CYPF Act prioritises diversionary and community-based responses (such as formal warnings, community service hours, and fines) to youth offending, and states that criminal proceedings should not be brought against youth offenders if other approaches will adequately address the offending (CYPF Act, 1989, s.208).

Specialised education services also offer early intervention for youth with special educational needs. Under the Special Education 2000 policy, schools could access funding and specialised teaching support for students with special educational needs. For example, for students with high needs, the On-going and Reviewable Resourcing Scheme (ORRS) provided access to funds, and for students with mild to moderate needs, Resource Teachers: Learning and Behaviour (RTLB) and Teachers' Aides provided support in the classroom to support students to engage with mainstream education (Massey University, 2002). In 2009, a new special education policy, Success for All: Every School, Every Child (Success for All; Ministry of Education, 2010) was introduced, which extended the funding and the range of services that were available to support students with special educational needs.

Early intervention for vulnerable youth was also a focus of the mental health strategic policy document *Te Tāhuhu: Improving Mental Health 2005-2015* (Minister of Health, 2005). Two of the leading challenges identified in the strategy were promoting mental health and preventing mental illness, and building mental health services (Minister of Health, 2005, p. 8-9). The responses suggested in the strategy highlighted the importance of early intervention by providing specialised support for children and youth. The strategy also included a particular focus on recovery-based approaches and building the capability of the primary mental health sector (providers such as PHOs and GPs) in order to ensure that people with mental health concerns received the specialised support they needed.

The principle of early intervention in the policy and legislation which shapes service delivery indicates a desire to implement lower level responses to youth needs where this is practicable. In practice, this may not always be achieved, as the experiences of the youth in chapters five and six illustrate. Early interventions require an early recognition

of young people's needs; for some of the youth in this study, their needs and efforts to seek support were misinterpreted by service providers, and opportunities for early interventions were missed.

Client empowerment

A third important principle present in the legislative and policy frameworks is client empowerment. This is largely achieved through mechanisms which enable client participation in decision-making, for example through Family Group Conferences (FGC) in child welfare services and youth justice services. The CYPF Act (1989) introduced FGC as a forum for youth and their family/whānau to come together with service providers to work out solutions that support the care and safety of children and youth. There are two types of FGC legislated in the CYPF Act (1989): care and protection FGC (s. 20-38) and youth justice FGC (s. 245-271). Care and protection FGCs are convened when there are concerns about the welfare of a child or young person that cannot be adequately addressed through lower level interventions such as family/whānau agreements²⁵ or the Differential Response framework. At a care and protection FGC, the child/young person, their family/whānau (including extended family/whānau) and service providers work together to develop a plan to address concerns regarding the care and safety of the child/young person. All parties who are present must agree to the plan that is developed; in the case when no plan can be agreed upon, the case is referred to the Family Court (CYF, 2015). A youth justice FGC is required when a young person has been accused of an offence. Like care and protection FGCs, youth justice FGCs also involve youth, their families/whānau and service providers. Additionally, youth justice FGCs involve the victim of the offending. The aim of a youth justice FGC is restorative justice, whereby youth are encouraged to take responsibility for their behaviour and both youth and the victim are involved in deciding the consequences for offending.

Empowerment is also a principle in the legislation and policies which inform the delivery of education services, specifically in the Education Act (1989), which states:

²⁵ A family/whānau agreement is an informal agreement between families/whānau and CYF over a fixed period of time and involving specific tasks to ensure the welfare of children and young people.

“Every person who is not an international student is entitled to free enrolment and free education at any State school or partnership school kura hourua during the period beginning on the person’s fifth birthday and ending on 1 January after the person’s 19th birthday” (s.3).

The Education Act also states that:

“People who have special educational needs (whether because of disability or otherwise) have the same rights to enrol and receive education at State schools as people who do not” (1989, s.8(1)).

The right to receive an education is guaranteed under the Education Act (1989), and is supported by special educational policies (Special Education 2000 and, later, Success For All) and the provision of alternative education options such as alternative education courses, Te Kura and Teen Parent Units for students who are unable to remain in mainstream education.

Within mental health policy and service delivery, an example of client empowerment is seen in the regulations regarding informed consent and the involvement of family/whānau. The legislation and policy which addresses consent suggests that mental health practitioners should aim to involve the young person’s family/whānau in decision making regarding treatment options. For example, the Blueprint for Mental Health Services (Mental Health Commission, 1998) prioritises family/whānau involvement in service planning, and strategic policies such as Te Tāhuhu (Minister of Health, 2005) and Te Hononga 2015 (Mental Health Commission, 2007) identify the importance of family/whānau inclusion in improving service provision (Fitzgerald & Galyer, 2003, p.3-4). Despite this goal of family/whānau inclusion, some youth may not want their family/whānau to be involved in decision-making or treatment. Youth who are 16 years or older can give consent for treatment in the same way as an adult (Mental Health Act, 1992, s.87). However, for children and youth under the age of 16, common law doctrine is applied; mental health practitioners can assess a child or young person as competent

to give consent if they consider the young person has sufficient understanding and maturity (Mental Health Commission, 2009, p.13-14).

The active involvement of youth and their families/whānau in decision-making is an important way in which service provision in Aotearoa New Zealand seeks to empower clients. Through participating in decision-making, it is hoped that youth and their families/whānau will be offered opportunities to voice their concerns, hopes and expectations regarding service delivery, and develop a sense of ownership over the process of service involvement. As illustrated by the experiences of youth and their parents/caregivers in the results chapters (Chapters Five and Six), participation in decision-making was not always a reality. Youth and their parents/caregivers reported having little say in the decisions that were made about the interventions they received, and many struggled to access services such as educational support to enable them to participate in mainstream education.

Conclusion

This chapter situated youth service delivery in Aotearoa New Zealand in the context of the legislation and policy which informs it. In keeping with the youth focus of this research, the legislation and policies discussed in this chapter are those which inform service delivery to youth. The discussion offered a summary of the key pieces of legislation which inform service delivery and provided an outline of the key agencies responsible for delivering services to youth. Finally, the chapter discussed three principles which are present across the legislative and policy frameworks that guide service delivery: co-ordinated service responses, early intervention for vulnerable youth, and client empowerment. The next chapter presents the research methodology and the methods used in this study.

Chapter Four:

Research Methodology and Methods

Introduction

This chapter explains the research methodology and the methods used in this thesis. The study sought to examine the factors that impacted upon young people's engagement with services by exploring the accounts of youth and their parents/caregivers. The chapter begins with a discussion of the epistemological framework which informed the thesis. Following this, the ethical considerations for the research are discussed. Next, the methodology used in the larger research study of which this study is a part of (the Pathways to Resilience Study) is briefly addressed. A more detailed description of the Pathways Study methodology can be found in Appendix 2. This thesis drew on a subset of the qualitative data from the Pathways Study. Finally, the chapter provides a description of the analytical procedures used in this study.

Epistemological foundations

There is debate regarding the epistemological foundations that should be adopted when undertaking youth research (Thyer, 2012; White & Wyn, 2013). Since the 1960s, qualitative research has increased in popularity, becoming an important paradigm within social work research (Thyer, 2012). Within a qualitative paradigm, concepts such as the plurality of experience, the validity of subjectivity, and the socially constructed nature of the world prevail (Crotty, 1998; Guba & Lincoln, 1994). However, as Thyer (2008) argues, positivism still holds a place within social work research. The increasing interest in the use of evidence-based practice in social work has seen an increased desire to adopt statistical approaches to research which can assess and evaluate the effectiveness of particular interventions, allowing practitioners to undertake interventions that are informed by the "best available evidence" (Thyer, 2008, p.344). Positivism has provided social work with some of the tools to undertake this endeavour, such as a theory of knowledge and of social problems, problem-solving practices, and evaluative methods such as randomised controlled trials (Gibbs, 2001; Thyer, 2008, 2012).

What is important to recognise is that there are a number of epistemological strands which inform social work research, and the boundaries between each of the different

strands are fluid (Crotty, 1998). For example, within social work research positivist approaches recognise that there is a level of subjectivity that needs to be recognised, due to the highly individualised nature of social work interventions. Similarly, those operating within a social constructionist and critical realist epistemology recognise that there needs to be an acceptance of an objective reality that influences people's reactions to events (Houston, 2001; Thyer, 2012).

Social constructionism and critical realism provided the epistemological foundation for this thesis. These epistemological positions aligned with contemporary theories of social work with youth, which increasingly emphasise the importance of exploring and understanding the ways in which youth experience and mediate their social worlds (Aaltonen, 2013; Abrams, 2002; Jans, 2004; Kumpulainen et al., 2013). Social work with youth places value on the subjective experiences of clients in mediating their social worlds, recognising that individuals experience their social worlds differently. As such, research regarding social work with youth requires an epistemological underpinning that is cognizant of the subjective nature of being.

Social constructionism

As an epistemological foundation for research, social constructionism pays particular attention to understanding the subjective experiences of the everyday life of participants (Berger & Luckman, 1996). While it is challenging to define exactly what social constructionism is, it is generally agreed that the term 'social constructionism' refers to a family of theories sharing a number of key epistemological assumptions (Burr, 2003; Crotty, 1998; Houston, 2001; Payne, 1999; Velody & Williams, 1998). Fundamentally, social constructionism maintains that knowledge about reality is constructed through dialectical interactions between people and their social and physical environments. Thus, knowledge about the world is shared, is subjectively understood, is culturally and historically specific, and is transmitted through social interactions. In contrast to a positivist epistemology, which maintains our observations provide an unproblematic representation of reality, social constructionism adopts a critical stance towards taken for granted knowledge. This involves examining the social processes through which knowledge is constructed and disseminated recognising that knowledge is specific to the context in which it was created. The perceptions of phenomena will vary across different cultures and social settings, and throughout history (Berger & Luckman, 1966;

Burr, 2003; Crotty, 1998; Houston, 2001). Additionally, social constructionism maintains that knowledge and social action go together; certain ways of constructing the world invite particular actions and exclude others. Therefore, dominant constructions are bound up with power relations as they impact what is permissible for people to do (Burr, 2003, p.5).

Social constructionism emerged in social psychology and sociology as a response to critiques of positivism and the recognition that there could be no singular way of explaining and understanding what is real; the failure of hermeneutics to account for the role of power in shaping interpretation and meaning; and a loss of faith in approaches developed by philosophers such as Marx and Nietzsche, who attempted to explain the world in terms of over-arching structures (Burr, 2003; Houston, 2001). From these critiques of structuralism and positivism, the fundamental assumptions of a social constructionist epistemology developed. The fundamental assumptions of social constructionism are the critical stance towards taken-for-granted knowledge; the cultural and historical specificity of knowledge; the belief that knowledge is created and sustained through social processes; and the relationship between knowledge and social action (Burr, 2003). A social constructionist epistemology allows social researchers to explore and understand the subjective experiences of the everyday life of participants as a valid focus for research (Berger & Luckman, 1966; Burr, 2003).

The example of the construct of youth provides a useful demonstration of these points. In 1962, Ariés argued that the social category of 'youth' did not exist in the Middle Ages. He argued that children and youth were subsumed into adult life at an early age, and that the idea of youth as a separate stage of life did not emerge until the 17th century when upper class youth began to spend more time engaged with education. Education became a way of distinguishing between youth and adult, and is still used as a distinction today (Ariés, 1962, cited in White & Wyn, 2013). In the early 20th century, psychologist Granville Stanley Hall published a two-volume book, *Adolescence* (Dornbusch, 1989; Furstenberg, 2000). Hall's work identified adolescence as a problematic stage of life in modern society, an idea that has continued to permeate youth studies (Aaltonen, 2013; Furstenberg, 2000; Kumpulainen et al., 2013; Ungar, 2004; White & Wyn, 1997, 2013). In the middle of the 20th century, adolescence began to be seen as a discrete life stage; youth engaged in higher levels of education, and

began participating in the ‘adult’ world of full-time employment later in life (Furstenberg, 2000). Youth were seen as separate from adults, existing in a social world that was age segregated and partially buffered from adult control, leading to the rise of the idea of youth as distinct from adulthood (Furstenberg, 2000). During this time, the work of researchers such as Bronfenbrenner (1979, 1986) began to shape the field of youth research, suggesting that adolescent development was influenced by factors beyond individual psychology and biology. The understanding that societal factors shaped youth development was important in shaping the conceptualisation of youth (Dornbusch, 1989; Furstenberg, 2000; White & Wyn, 1997). Since these early developments, adolescence has been identified as a period of storm and stress and delinquency (Hagan & Foster, 2003), emerging adulthood (Arnett, 2000), and as a socially constructed, relational concept that locates youth as ‘not adults’ within society (White & Wyn, 1997, 2013). The changes in how youth are perceived are distinct over time. Historically, the assumption has been that youth live and grow up in a world constructed by adults. Contemporary research values the subjective interpretations youth make of their social worlds, and is interested in exploring how youth construct their own adolescence (Aaltonen, 2013; Coleman, 2011; Kumpulainen et al., 2013).

This overview of the development of the concept of youth and adolescence serves to illustrate the cultural and historical specificity of knowledge. Ways of understanding and explaining the world can only be understood in regards to the time and culture in which they were originally conceived (Burr, 2003; Patton, 2002a). Thus, while adolescence is no longer perceived as a time of ‘storm and stress’ by contemporary researchers, historically this was a relevant way of conceptualising the biological, emotional and relational changes that characterise adolescence. Similarly, the recognition of youth as having valid subjective interpretations of their social world has been shaped by factors such as the breakdown of the nuclear family/whānau, changes in the employment and education systems which require youth to make informed decisions that will affect their future, and the rise of PYD movements, which view youth as assets to the community rather than seeing them as problematic (Aaltonen, 2013; Coleman, 2011; Lerner et al., 2006; Sukareih & Tannock, 2011).

Central to social constructionist thought is the role of human agency and discourse in shaping the social world and experience. Human agency is defined as the power of the

individual actor to act independently of the determining constraints of social structures and to act consciously to make a difference to their world (Aaltonen, 2013; New, 1994). Research with youth has explored young people's agency and how they have mediated their social circumstances. However, while acknowledging the significance of young people's agency, researchers have also recognised the need to interrogate the ways in which social structures, such as socio-economic status, education, and social attitudes towards youth, impact on their ability to move through life (Aaltonen, 2013; Evans, 2007; Jans, 2004; Kumpulainen et al., 2013; Mayall, 2002). Critical realism addresses some of the gaps in social constructionist explanations of the world by recognising the impact of social structures and the way in which they act to facilitate or constrain one's ability to exercise agency.

Critical realism

While social constructionism maintains that reality is socially constructed through interactions between people and their environment, critical realism adopts the realist belief that reality exists independently of our thoughts and impressions of it (Houston, 2001; Jones-Devitt & Smith, 2007). Critical realism recognises that there are numerous ways to understand reality, though some perceptions of reality may be flawed or problematic (Bryman, 2012; Jones-Devitt & Smith, 2007). Critical realism views the social world as stratified into three levels of reality – the empirical level, which comprises all experienced events; the actual level, which comprises all events, whether experienced or not; and the causal level, which comprises the causal mechanisms which generate events (Archer et al., 1998; Houston, 2001). Thus, knowledge generation is understood as a complex process, comprising an interaction between the three levels of reality. According to critical realism, some knowledge can be made real through observations, while other knowledge is assumed to be real even though it cannot be directly observed, as it resides in the causal level of reality (Archer et al., 1998; Jones-Devitt & Smith, 2007).

Fundamental to critical realism is the understanding that we cannot explain individual actions in isolation from their structural context; human agency interacts with the enabling and constraining effects of social structures in complex and intricate ways (Archer et al., 1998; Houston, 2001). In order to understand the experiences of youth, we must also examine the social structures – the political landscape, their socio-

economic status, their education, and concepts such as ‘youth’, ‘risk’, ‘resilience’, and ‘wellbeing’ – that shape their experiences of the world. Accounts of the social world will always be theory-laden, influenced by the lenses of language, culture and experience (Houston, 2001). In seeking to explain the experiences of people, social research must recognise the complexity that is generated by the juxtaposition of multiple causal mechanisms at various levels of society (Houston, 2001). As such, research can only expect to have an incomplete view of the world, requiring social research to embody a view of fallibility and scepticism (Houston, 2001, p.851).

Houston (2001) suggests that the social sciences should not be value-free; he maintains that the role of critical realism in research is to uncover psychological and structural mechanisms and to challenge their existence where they lead to oppression. Through exploring the perceptions people have about their lives, and the factors that constrain and enable them to act in particular ways, social research can become emancipatory and empowering, drawing attention to the structures that lead to discrimination and exclusion of particular social groups. This aligns with the principles of social work practice, and can assist with building the understanding that personal issues of clients are often rooted in deeper social contradictions (ANZASW, 2008; Houston, 2001; Payne, 2014).

There is a desire within contemporary youth research to remove labels such as ‘youth at risk’ and ‘problematic youth’, due to the negative connotations such labels evoke with regard to the ability of youth to contribute positively to society (Catalano et al., 2002; Lerner, 2005; Sukarieh & Tannock, 2011). However, if we continue to ignore issues of risk, barriers to achievement, and other problems, we fail to recognise the fact that the lived reality of youth is not always ideal. Critical realism draws researchers’ attention to this issue and encourages researchers to explore the structures that act to constrain youth including the policies guiding service delivery organisational practices and the social constructions of what it means to be a young person.

The data analysis process used in this thesis was guided by the epistemological frameworks of social constructionism and critical realism. In line with social constructionism, I worked to ensure that the young people’s experiences and concerns remained central to the data analysis (Guba & Lincoln, 1994; Patton, 2002a). I

approached the research with the belief that an important part of building an understanding about the ways in which services can support vulnerable youth is to talk to the youth and others who support them, such as parents/caregivers. I viewed the youth as experts because of their experiences, and recognised the inherently heterogeneous nature of their narratives. It was clear throughout my analysis that the youth experienced a range of concerns, positive experiences, and reflections on what else may have made a difference for them.

The thesis was informed by the critical realist assumption that young people's ability to access meaningful and relevant support is tempered by their position as youth and the limited power ascribed to this as a social status. Additionally, the policies guiding service delivery significantly impacted on the young people's ability to access some services. As highlighted in Chapter Three, service providers are guided by a range of policies at the national level and at the service level. These policies determine factors such as eligibility criteria, funding availability, the amount of time practitioners can spend with each client, and the types of work that can be undertaken by practitioners in particular services. The youth and their parents/caregivers had to navigate the policy structures and organisational practices which shaped service delivery; they had to find a way to make sense of the policies and practices and the ways in which these impacted upon their lives. They had to find ways to communicate their needs with practitioners, often without having an in-depth understanding of the policy and practice landscape they were navigating.

Qualitative Research

This study sought to examine the factors that impacted upon young people's capacity to engage with services by exploring their reports of their experiences and those of their parents/caregivers. Consistent with contemporary youth development research which argues for the importance of understanding the subjective views of youth and parents/caregivers, the research adopted a qualitative approach. Youth have often been the subject of research, often with data being collected from their parents/caregivers, teachers, social workers or other adults (Fleming, 2011; Schelbe et al., 2015). However, increasingly, youth are being recognised as active agents in defining and mediating their social worlds (Aaltonen, 2013; Jenks, 2005). In line with this, qualitative approaches, which seek to "understand and represent lived experiences and perceptions" (Schelbe et

al., 2015, p.505) allow for the subjective experiences of youth to be examined. Yegidis and Weinbach (2002, p.17) state: “qualitative research designs seek to understand human experiences from the perspectives of those who experience them”. This perspective informed the approach taken in this study.

Qualitative approaches within a social constructionist and critical realist epistemology value the perspectives of the participants, and place their subjective positions at the forefront of the research (Bryman, 2012; May, 2001). Moreover, work within these epistemological frameworks requires that the researcher be aware of their own subjectivities and is able to consciously analyse the data in a way that accounts for this, presenting multiple subjective realities and accepting them as valid (Bryman, 2012; Engel & Schutt, 2005; May, 2001; Rubin & Babbie, 2011). As Patton (2002b) highlights, research within a social constructionist paradigm can be judged according to the following criteria:

- Dependability – demonstrated when a systematic process has been systematically followed
- Authenticity – a reflexive consciousness of one’s own perspective, appreciation for the different perspectives of participants, and fairness in depicting those perspectives and the values that underpin them
- A view of the social world as being socially, politically and psychologically constructed.

In my research, I endeavoured to ensure my methodology was systematic, and that I clearly outlined the process I followed, and the justifications for decisions I made during data analysis. For example, during the process of thematic analysis, I had to decide which themes most closely represented the experiences shared in the young people’s interviews. Through reflecting on the different aspects of the young people’s experiences, in discussion with my supervisors and through the writing of analytical pieces exploring the themes, I was able to determine the key concepts which underpinned the narratives.

Methods

Ethical protocols

This thesis drew on a subset of data from the Pathways Study. The Pathways Study was submitted to and approved by the Massey University Human Ethics Committee prior to fieldwork commencing (MUHEC approval 08/33). This thesis was granted ethical approval via a low-risk notification to the MUHEC (see Appendix 3) because it analysed data that had already been collected in the larger Pathways Study. I signed a confidentiality agreement prior to commencing any work on this thesis (see Appendix 4). I was trained in the ethical protocols used in the Pathways Study, including how to protect participants' identities when writing up the analysis. I used the anonymised data stored in the NVivo computer programme. Any ethical issues, such as protecting the identity of the participants when writing up sensitive information, were discussed with my supervisors.

The Pathways to Resilience Study

This thesis used a subset of qualitative data from the Pathways Study. The Pathways Study sought to identify factors that were related to the achievement of positive outcomes for youth who were users of multiple social services. The youth faced significant, on-going adversity in their lives, and faced a range of challenges in navigating a safe pathway through adolescence to adulthood (Sanders et al., 2013b). The Pathways Study comprised two phases: (1) a series of quantitative surveys and (2) a qualitative phase comprising semi-structured interviews with a sub-sample of participants from the quantitative phase, qualitative interviews with adults the youth nominated as knowing them well, and a review of case file data from organisations who had worked with the youth, where youth gave permission for this to be accessed. Data for the Pathways Study was collected between 2009 and 2013 (Sanders et al., 2013b). This thesis utilised data from the semi-structured interviews in the qualitative phase of the Pathways Study. Figure One illustrates the relationship between the Pathways Study and this thesis.

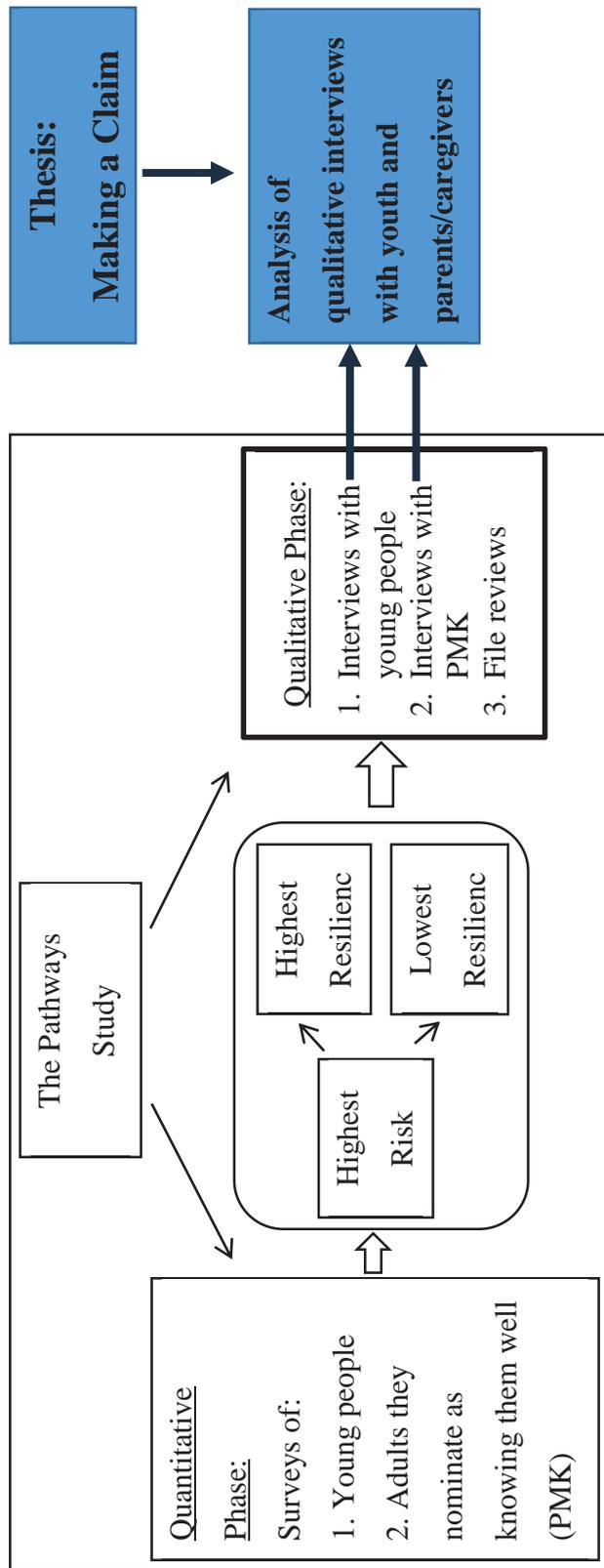


Figure One: The relationship between the Pathways Study and this thesis

Analysis procedures used in this thesis

The data used in this thesis was drawn from excerpts from the 185 qualitative interviews (109 youth and 76 PMK) that had been coded under the ‘Services’ node in NVivo. The analysis for this study included the interviews of the 44 PMK who were parents/caregivers. The extracts in the ‘Services’ code elaborated upon young people’s experiences of becoming involved with services, their reflections on how they and their families/whānau negotiated for access to services, the personal and ecological factors which precipitated entry into services, their reflections on what made services effective, and their reflections on what happened when services did not meet their needs.

I used a process of inductive thematic analysis to examine the data, focusing first on the youth narratives to ensure that the experiences the youth discussed remained central to the analysis (Boyatzis, 1998; Braun & Clarke, 2006; Connolly, 2003). I then moved to an analysis of the parent/caregiver data using their perspectives to gain a fuller understanding of the experience of becoming involved with services. Thematic analysis is a “method for identifying, analysing and reporting patterns (themes) within the data” (Braun & Clarke, 2006, p. 79). It involves breaking the data into analytically relevant pieces or themes in order to make sense of the narratives provided by the research participants (Connolly, 2003; Padgett, 2008; Patton, 2002). Boyatzis (1998) explains that there are various ways of conducting thematic analysis, which sit along a continuum ranging from theory-driven to data-driven analysis. Inductive thematic analysis draws codes directly from the raw data (Boyatzis, 1998; Braun & Clarke, 2006; Connolly, 2003). I chose to employ the inductive approach described by Boyatzis (1998) as I wanted to ensure that I had fully analysed the youth and parent/caregiver data. An inductive analysis is consistent with the social constructionist and critical realist epistemological framework of this research. In conducting an inductive thematic analysis, I was able to fully explore the young people’s experience of service use and their subjective interpretations, a central tenet of social constructionism and critical realism (Burr, 2003; Crotty, 1998; Houston, 2001). The social constructionist and critical realist epistemology also required that I consider the structural constraints, such as the impact of policy and service delivery frameworks, in the lives of the youth and parents/caregivers.

There were three main stages to the data analysis: summarising the data and identifying initial themes; refining the themes into conceptual categories; and testing the concepts that emerged from the analysis with the raw data and literature. It should be noted here that while the process of data analysis is presented in a structured, linear manner, the actual analysis was a recursive procedure. For example, in the later stages of analysis when I was testing the concepts that emerged from the data, I repeatedly returned to the initial themes and explored new ways of organising them into conceptual categories. The analysis process is depicted in Figure Two.

Theme identification

The first phase of data analysis involved identifying themes within the raw data coded under the 'Services' node. This comprised a process of identifying important aspects of the interviews, and coding them under thematic headings (Boyatzis, 1998; Connolly, 2003). I read the excerpts from the youth interviews coded under 'Services', summarised them, and highlighted key concepts and phrases. I also highlighted key quotes which seemed to offer insight into unique or significant factors about young people's experiences. Following this, I examined the summarised data and highlighted excerpts for similarities and patterns. The preliminary list of themes was extensive, containing approximately 20 thematic labels. Some of the themes I identified included: reasons for becoming involved with services; family/whānau helping the young person to access services; family/whānau unable to support a young person to access services; frustration associated with finding support; feeling supported by a service; reluctance to engage with a service; and feeling coerced or forced to engage with a service.

After discussing this list of patterns with my supervisors, I recognised that many of the patterns could be grouped together. The process of "weeding the significant from the insignificant" (Morse, 1994, p. 30, cited in Connolly, 2003, p. 109) narrowed the list of key ideas and allowed me to group them into categories. This stage of theme development was recursive, moving repeatedly between the raw data and the emerging themes (Braun & Clarke, 2006).

It was important to ensure that the themes accurately reflected the experiences the youth had shared in their narratives. It was also important that each theme was discrete and well-defined (Boyatzis, 1998; Braun & Clarke, 2006). While I was refining the list of themes, it became clear that some of the themes that I had identified overlapped with

other themes. For example, youth often discussed various challenges they faced in accessing services. A number of the interview excerpts highlighted issues such as being too young to enrol in an alternative education course, finding it hard to show service providers the severity of mental health needs, and being labelled as having a history of not engaging with services so being offered very few 'second chances' to engage. I grouped these experiences under the thematic heading 'Service entry criteria' as they all related to young people's experiences of having service providers recognise their level of need and meeting the entry criteria of the service. Similarly, young people's narratives of being reluctant to engage with a service, and feeling forced or coerced to engage were coded together under the heading 'Not wanting to be involved with service'. These experiences reflected the various factors that limited young people's willingness and ability to engage with a service. For example, some of the youth shared concerns they had about their worker's style of practice, while others were concerned about the stigma associated with becoming involved with particular services.

I created sub-nodes under the 'Services' node in NVivo when I identified key themes, and coded data pertaining to each theme to the relevant sub-node. Quotes which illustrated more than one theme were coded to all relevant sub-nodes. Once the data from the youth interviews had been coded, I coded the data from the parents'/caregivers' interviews using the same themes identified in the youth interviews. This allowed the data from the parent/caregiver interviews to enrich the young people's narratives. Parents'/caregivers' observations sometimes differed from the reflections youth shared, and these contradictory observations were coded to the relevant themes. Additionally, the parents/caregivers were often able to provide more detailed information about how youth became involved with services. For example, while many youth were aware that a family/whānau member had identified a service that could support them, some could not offer reflections on how that person had identified the service.

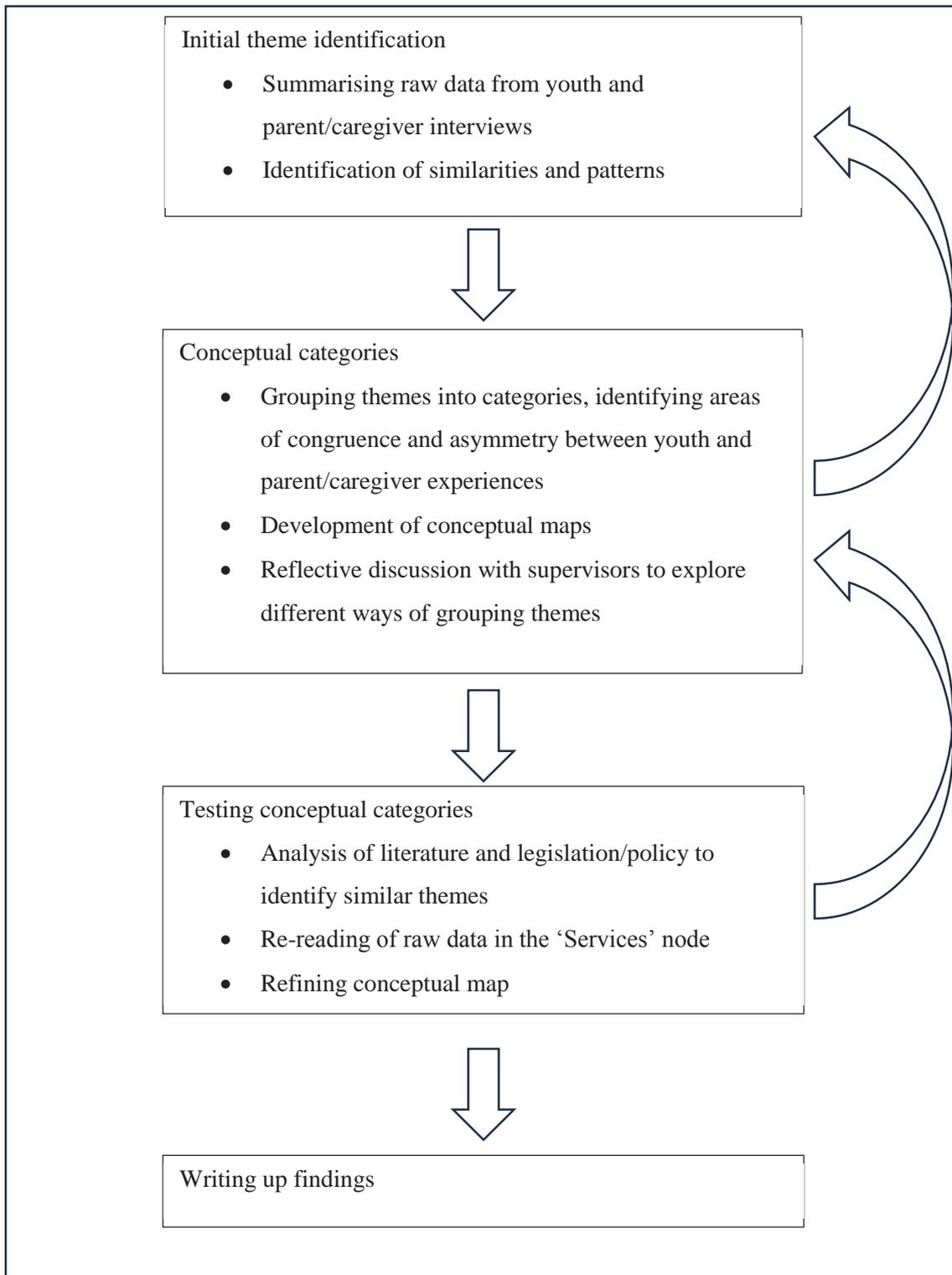


Figure Two: Data analysis process

In line with the social constructionist and critical realist epistemology of this study, the perspectives of both youth and their parents/caregivers were viewed as important throughout the analysis. The analysis of multiple perspectives was an important aspect

of developing a consolidated list of themes that reflected the lived realities of the participants. Analysing multiple perspectives of an experience in analysis provides a useful means of triangulating qualitative data and enhancing the trustworthiness of the research (Patton, 2002; Rubin & Babbie, 2011). Collecting data from participants with different perspectives of events (for example from youth and parents/caregivers), can assist researchers to check the consistency of their understanding of the narratives. It also enables researchers to examine different aspects of the phenomenon being studied, potentially illuminating unique features of the different perspectives of participants, or revealing missing pieces to the narratives offered by one group of participants (Patton, 2002; Sands & Roer-Strier, 2006). Importantly, the analysis of multiple perspectives does not always lead to a single, convergent picture of the events being researched (Patton, 2002; Sands & Roer-Strier, 2006). Examining the different perspectives of the youth and their parents/caregivers allowed for a more in-depth understanding of events.

Analysing the different narratives shifted some of my initial expectations about the data, and opened the way for a more in-depth consideration of the ways in which youth and adults experience the world differently. For example, one of my initial expectations was that because the youth were involved with multiple services, the service providers and the parents/caregivers would have a strong awareness of what was working for the youth in terms of service provision. However, as I reflected on the different perspectives of the youth and their parents/caregivers, it became clear that this was not the case. The youth narratives often highlighted that they did not find services relevant to their needs. This led to the consideration of the asymmetry of the experiences of youth and adults with regard to meaningful service provision, where young people's interpretation of relevant and helpful support differed in some instances from the interpretation of the adults who were supporting them (service providers, parents/caregivers and other adults such as teachers).

The data analysis also indicated areas of congruence between the perspectives of the youth and their parents/caregivers. For example, on a number of occasions, youth and their parent/caregiver both referred to particular events as being important turning points in the process of being able to access services. This was important, as it helped to consolidate themes such as that of advocacy; sometimes youth could advocate for themselves to receive support they felt was meaningful, other times they needed help to

do this. Finding data in both the youth and parents'/caregivers' interviews which supported themes increased confidence in the validity of the themes that were developing through the analysis (Sands & Roer-Strier, 2006).

Developing conceptual categories

The next phase of thematic analysis involved moving “from the particular to the general” (Connolly, 2003, p. 109) and further refining the themes into conceptual categories. Braun and Clarke (2006) highlight the need for conceptual themes to be specific, clearly defined, and reflective of the overall story the dataset tells. In order to achieve this level of conceptualisation, I developed a number of conceptual maps of the key themes. This allowed me to explore relationships and connections between the themes. It was important that each theme was distinct from all other themes, and that the data within each theme was coherent (Boyatzis, 1998; Braun & Clarke, 2006). I attempted to conceptualise the key themes in a number of different ways during this stage, exploring alternative explanations for the patterns I was seeing in the data (Patton, 2002). Each attempt to conceptualise the themes into a coherent explanation of the data focused on different aspects of the themes I had developed. For example, one way of conceptualising the themes was to place the family/whānau central to the young people's experiences of finding meaningful and relevant support. The family/whānau can play an important role in helping to facilitate support for youth, and sometimes family/whānau circumstances can mean that they are unable to support their youth. However, through discussions with my supervisors and by writing a range of analytical discussion pieces that explored the centrality of family/whānau, it became clear that there was a greater level of complexity in young people's experiences of becoming involved with services. For example, a number of parents/caregivers reported a dissonance between their expectations of service provision and the actual services that their youth received. This indicated that the relationships and communication between youth, their parents/caregivers, and service providers, was an important aspect of becoming engaged with services.

After a number of efforts to create a coherent picture of the themes, I decided to return to the raw data contained within the 'Services' node in NVivo. Re-reading the data in light of my efforts to interpret it led me to re-focus on the centrality of the youth themselves. While the contextual resources they had access to through their

family/whānau were important in supporting their involvement with services, this was not the whole picture. I recognised that the youth (and the parents and caregivers) were *making a claim* to receive services they felt were relevant and meaningful. Sometimes they faced challenges with this, such as meeting service criteria and being able to self-advocate for meaningful support. In order to *make a claim* to receive the support they felt was meaningful and relevant, the youth had to exercise their agency and feel that they had a level of control over the process of seeking help. The role of family/whānau was important in this process, as a number of youth did not have the ability to *make a claim* for services by themselves. For these youth, family/whānau were able to act as advocates on their behalf. Figure Three presents a conceptual map of ‘making a claim’ for services and outlines the relationships between the key themes.

Testing the conceptual categories

In order to test the concept of *making a claim for services*, I re-read the data in the ‘Services’ node in NVivo. Once I ascertained that *making a claim* was a strong theme throughout the narratives, I undertook a literature search. The aim of this was to identify other research examining vulnerable youth’s experiences of negotiating with services to receive relevant and meaningful support. There was a significant body of literature about service provision for youth; however, this literature focused largely on single services. I decided to focus on the theme of *making a claim for services* as it reflected the challenges faced by multiple-service using youth and added to the literature on service-using youth. As well as capturing the core theme of *making a claim*, it also captured the diversity of experience described by the youth and their parents/caregivers. This focus was worthy of further attention because there was little in the literature on this aspect of youth’s experiences.

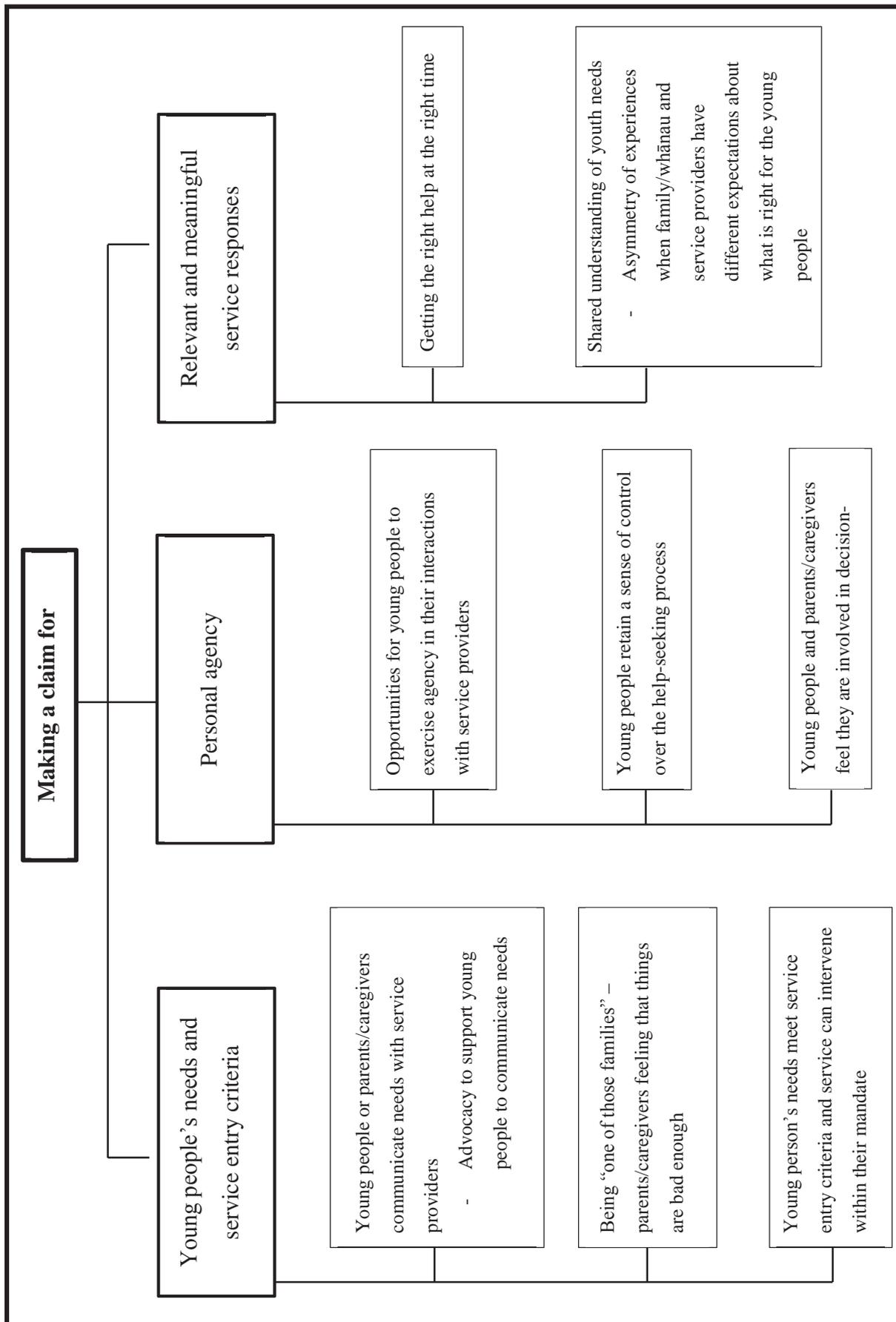


Figure Three: The conceptual map of making a claim for services

Writing up the findings

A final important aspect of the data analysis process occurred while I was writing the findings and discussion sections of this thesis. After ascertaining that making a claim for services was an important first step in young people's experiences of becoming involved with services, I identified three groups of youth: those who could make a claim for services, those who could not make a claim for services, and those whose parents/caregivers had made a claim for services on their behalf. I initially examined the three groups separately, to allow for a consideration of the factors that influenced young people's ability to make a claim for services, such as their relationships with their key workers and other adults, and their reflections on the relevance of the service interventions that were provided. However, this led to significant challenges in writing up the findings, as the youth in the study had a very diverse range of experiences. Many youth had both positive and negative experiences of making a claim for services. In order to capture the complexity of the data, I made the decision to integrate the discussion of young people's experiences into one chapter and the experiences of their parents/caregivers into another chapter. This allowed for a fuller description of making a claim for services to be developed through direct comparison between the experiences of different youth and their parents/caregivers.

Conclusion

This chapter has presented the epistemological framework that informed the study and it has outlined the research methods. It has explored the use of social constructionism and critical realism as the epistemological foundations for the research, highlighting the importance of balancing youth perspectives of their experiences with consideration of social structures which impact upon their experiences. It has provided justification for including the perspectives of the parents/caregivers. The process for selecting data to be analysed was described and ethical considerations were also outlined. It described the data analysis procedures used, illustrating how these are connected with the fundamental tenets of social constructionist and critical realist perspectives. It introduced the concept of making a claim for services and how this emerged from the data analysis. The next two chapters present the findings, the perspectives of youth and their parents/caregivers.

Chapter Five:

Youth making a claim for services

Introduction

This is the first of two results chapters. This chapter presents the experiences youth had in becoming involved with services. Chapter six examines the experiences of parents/caregivers who sought support on behalf of their youth. These two chapters use the heuristic device of *making a claim for services* to explain the client experience of negotiating access to relevant and meaningful services. The findings are presented as case scenarios detailing the experiences shared by individual youth. The case scenarios were selected as they are representative of the experiences of many of the youth. The case scenarios are supplemented by extra quotes from other youth to illustrate the range and complexity of the experiences of the youth in this research. In order to ensure confidentiality and protect participants, pseudonyms have been used and identifying details have been removed.

This chapter begins with a section which defines making a claim for services. It then presents a participant profile, outlining the key demographic characteristics of the youth in this thesis. The chapter then examines three key themes that emerged from the analysis of the data: young people's needs and service entry criteria; personal agency; and relevant and meaningful service responses.

Defining making a claim for services

In this research, making a claim for services (see Figure Four) was identified as a critical step in a process of successful engagement with services. It represents an on-going, interactive process between clients and service providers of developing an understanding of client needs, what services can offer, and what a meaningful and relevant service response entails. A successful claim was characterised by three things. First, youth (or their parents/caregivers) had to be able to express their needs in ways that clearly met the service entry criteria. This required service providers to be receptive to youth attempts to communicate their needs and to work to form relationships with youth which allowed youth to feel empowered, respected and listened to (Munford & Sanders, 2015a, p.13-14). As discussed in Chapter Three, services operate within the

context of a number of legislative and policy frameworks. These frameworks determine factors such as client eligibility for particular services, and the ways in which services can be provided to clients. Successful claims for services required that services could intervene within their mandate.

Personal agency was a second important factor in making a claim for services. Successful claim making required opportunities for youth to exercise their agency and have a sense of control about their engagement with services; there had to be opportunities for youth to be partners in the interventions that were offered. This could be achieved through youth or their parents/caregivers participating in decision-making, for example through FGCs. The active involvement of clients as partners in service interventions is important because clients hold important expertise regarding what will work in their lives, and ultimately it is they who will make changes (Broadhurst, 2003; Munford & Sanders, 2013; Prior & Mason, 2010; Ruch, 2005). Relationships with workers were central in empowering youth to exercise their personal agency and participate in decision-making processes.

When youth or their parents/caregivers were able to communicate their needs with service providers and exercise personal agency in their engagement with services, they were able to negotiate access to relevant and meaningful services. This third element of successful claim making reflected that youth or their parents/caregivers had created a shared understanding of their needs with service providers. Getting the right help at the right time was important to the youth and their parents/caregivers. However, a service response which was relevant to the young person's needs and meaningful within their wider circumstances could not be activated if the first two elements of making a claim for services (communicating needs and exercising personal agency) were not achieved.

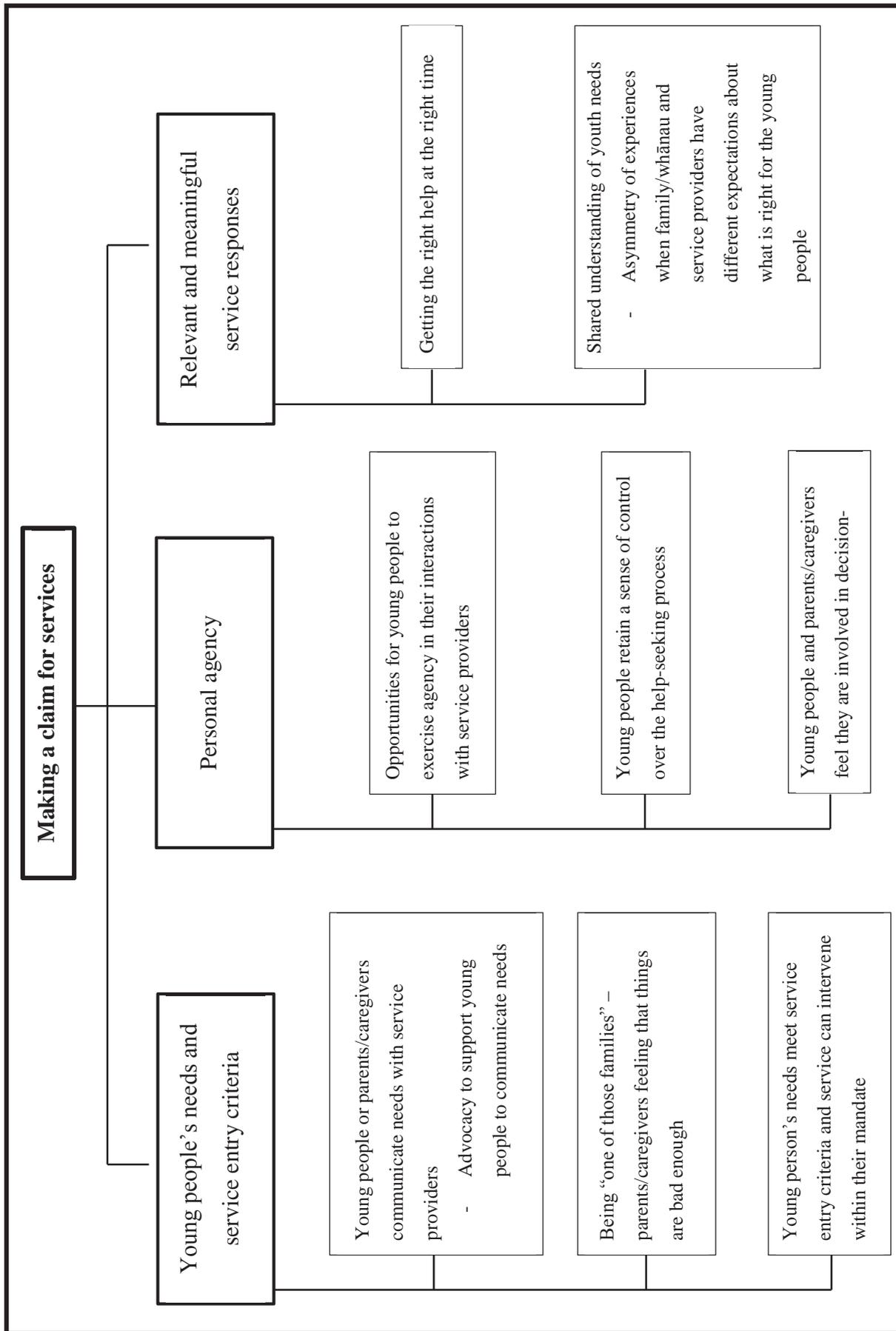


Figure Four: The conceptual map of making a claim for services

The experiences shared by the youth in this chapter (and the parents/caregivers in the following chapter) illustrate the complex and nuanced nature of making a claim for services. This chapter now provides a description of the study population before presenting the results.

Participant profile

Data from 109 youth were drawn on for the analysis presented in this thesis. Table 1 presents the demographic characteristics of the youth. A system of prioritised ethnicity was used to determine the ethnicity of the youth (Sanders et al., 2013b, p.7). Youth could identify as many ethnicities as they felt accurately described their sense of cultural identity. Any youth who identified Māori as one of their ethnicities were classed as Māori. Youth who identified as having Pacific identity were coded as Pacific youth, providing they did not also identify as Māori. Youth who did not identify Māori or Pacific ethnicities but who did identify Pākehā or other Western European identities were classified as Pākehā. Youth who identified any other ethnicity were classified as being of ‘other’ ethnicity.

	Frequency	Percent
Gender		
Male	56	51.4
Female	53	48.6
Age		
15 years and younger	69	63.3
16 years and older	40	36.7
Ethnicity		
Maori	63	57.8
Pakeha	14	12.8
Pacific	28	25.7
Other	4	3.7
Total	109	100

Table 1: Youth demographic characteristics

The youth in the study were involved with two or more services across the service spectrum (i.e. child welfare, youth justice, alternative and specialised education, and mental health services). Table 2 presents the number of youth involved with each service group.

	Frequency	Percent
Child welfare	70	64.8
Youth justice	72	66.7
Education	95	88
Mental Health	68	63

Table 2: Youth service use

The youth were invited to nominate an adult who they felt knew them well (Person Most Knowledgeable, PMK). Of the 109 youth, 76 nominated a PMK. Forty-six of the PMK were parents/caregivers. These 46 are included in this thesis.

The remainder of this chapter presents the findings on claim making from the perspective of youth.

Young people’s needs and service entry criteria

Service providers are uniquely positioned to provide youth with physical resources, such as access to accommodation, money and food, and emotional and relational resources, such as counselling, advice, and advocacy and support (Bentancourt, 2012; Farmer et al., 2003; Maschi et al., 2008; Ungar, 2004). Due to their location within the formal service system, service providers have access to funding, expertise and other resources that may not be available to a young person’s family/whānau or friends (Bentancourt, 2012; Ungar, 2004; Ungar et al., 2012). However, the youth in this study found that it was not always easy for them to access the support that they needed from service providers. They had to work hard to make a claim with service providers to receive interventions which met their needs and were relevant to their circumstances. For the youth in this study, making a claim with service providers involved a process of learning how to communicate with service providers so that access to relevant support could be facilitated.

Communicating needs with service providers

Many of the youth reported challenges in communicating their needs to service providers. This was an important aspect of young people's engagement with social services because without a clear understanding of a young person's needs, service providers could not intervene in ways that supported the young person. For the youth in this thesis, communicating effectively with service providers was a challenge. It required that service providers were receptive to the different ways in which youth attempted to let them know that they needed something. As the following case scenario highlights, youth often used their behaviour, for example bullying other students, to draw attention to their needs. Service providers and adults did not always recognise that young people's behaviour was an indication that they wanted support, and were therefore unable to respond in ways that helped the youth.

Beth

Beth (14 years at the time of her interview) was involved with alternative education and mental health services. She faced a number of challenges as a child; her family/whānau misused drugs and alcohol, and Beth often had to organise her own meals and was regularly left at home on her own. When Beth started school, she found it challenging to understand what she was being taught. In her interview, she recalled finding school frustrating and frightening, and would often leave school during the day and go home. This led to Beth falling behind her classmates, and she required remedial teaching to help her to catch up.

Despite the remedial support the school put in place, Beth continued to struggle with her education; she recalled being placed in classes with younger students for some subjects, as her teachers attempted to find ways to help her catch up on lost education. This was frustrating and isolating for Beth, and she responded by bullying the other students:

I used to like bully people... Because like I think I was slow, and everybody was ahead of me with their work... I used to get split up in classes and I was with all the young kids. I was like 'I should be with the older people but I am not'.

Beth struggled to have her teachers understand that she did not like being separated from her peers even though she struggled with the academic material. The impact of being separated from her peers made it more difficult for her to concentrate on her school work. Beth was excluded from school for drug use when she was in year nine, and during the following three years, attended five different alternative education courses.

One of the alternative education courses Beth attended referred her to a mental health NGO for counselling. Beth recalled in her interview that this service was helpful for her; she trusted her social worker and felt that the staff at the service understood how her experiences at home and at school had influenced her life. Throughout her life, Beth had found it difficult to make a claim for the support she needed from her school and other service providers. However, through her involvement with the mental health NGO, she began to learn how to communicate her needs in a way that service providers could interpret as help-seeking. This learning was supported by the relationship Beth had with her social worker, whom she felt she was able to talk to about her challenges:

The social worker, Allison, when I was going through a rough patch, I decided to tell her, like, what it was about. And she was like “how can you change it?” Put my head up and get going. I could go and cry with her.

Beth’s relationship with Allison gave her “*somebody to tell my story to*”. In order to receive meaningful support from Allison, Beth had to learn how to communicate what she needed. Rather than running away, Beth started to talk to Allison about her concerns and challenges, which allowed Allison to support Beth to access supportive services such as counselling.

Armani’s experiences illustrated the importance of service providers being open to the variety of ways in which youth tried to communicate their need for support. Armani was 15 at the time of his interview.

Armani

Armani was involved with child welfare services from the age of seven months due to concerns of abuse and neglect. Initially, supports were put in place to support Armani's mother to continue to care for her children, however, Armani continued to experience abuse and was placed with family/whānau caregivers at the age of three. Armani was moved between multiple caregivers throughout his childhood with little or no explanation as to why he was being moved. In his interview, he recalled feeling powerless to voice his needs to his family/whānau and to service providers. He felt service providers dismissed his concerns and intervened in ways that were not helpful. When Armani was five years old, he started spending time on the streets when his family/whānau made him feel unsafe:

Armani: I just started running away from them [family/whānau] on the streets and stuff. And then [child welfare services] were slowly getting involved and then I just kept doing that. Then they were worrying about me and stuff, and I was like "oh why are you worrying about me now, when they [family/whānau] wanted to give me a hiding".

Armani's social worker did not recognise that by running away, Armani was attempting to show that he was not safe at home. Armani recalled that his behaviour became increasingly difficult to manage. He said that he learned that the most effective way to receive attention was to get into trouble, and so he started placing himself and others at risk and behaving in increasingly aggressive ways. In reflecting back on this time, Armani felt that mental health services, education services, and child welfare services all blamed him for his behaviour, rather than understanding it in the context of his history of abuse and neglect. Armani's behaviour was interpreted by service providers as a rejection of the help offered. As a result of repeatedly feeling disempowered in his interactions with service providers, Armani believed that services could not help him in ways that would meet his needs:

They [service providers] can help me, but I knew they couldn't help me in the way that I wanted; I mean, I wanted help, I asked my caregivers, my social worker and that to put me in rehab, coz I could see that I had big alcohol and drug problems and I was getting

worser, and they reckoned they were sorting it out but it never happened.

Armani was not supported in his efforts to communicate his needs with service providers, and thus was not able to make a claim to receive support that would meet his needs. His experiences of having his behaviour misinterpreted by service providers taught him that services could not help him in ways that he wanted to be helped.

Renee (15 years) also used her behaviour as a way of trying to communicate with her child welfare social worker. Throughout her childhood, Renee had been involved with child welfare services, and had lived with family/whānau caregivers since she was ten. She and her sisters had been placed away from their mother's care after being exposed to drug and alcohol misuse, violence and criminal activity. Renee reflected in her interview that she did not feel that she had anyone in her life she could trust to talk to about her challenges. She did not feel that her social worker listened to her concerns, and knew that her caregiver was not a supportive person. Renee and her sisters were often physically abused by their caregiver, and Renee recalled finding it difficult to get her social worker to understand that they were not safe in the house they were staying in:

We used to get [physically abused] there. And my Aunty who lived down the road like saved us, aye, from all the abuse we used to get and that. So we used to just run away from home and go to her house. coz, to be honest, [child welfare services]... we were telling them for ages that we were getting abused, until we moved ourselves, like we didn't go through the lawyers and that, we just packed our bags and just moved. They were like "oh, why did you move?" and we were like "we've been trying to tell you".

Here, Renee's claim-making can be seen; when her initial efforts to talk to her social workers about her treatment by her family/whānau caregiver were ineffective, she decided to take a more extreme course of action and run away to another family/whānau member's house where she knew she would be safe. Renee's description highlights the

different approaches youth can take to claim-making, and the importance of non-verbal communication methods such as behaviour.

Kaitlyn found it difficult to communicate with child welfare services about her needs, and thus did not receive the support that she needed as a child and teenager. The views of her family/whānau played a significant role in preventing Kaitlyn from talking to service providers. Kaitlyn was 16 at the time of her interview.

Kaitlyn

Kaitlyn's family/whānau experienced a complex mix of challenges that included substance misuse, domestic violence and gang involvement. As a result of this Kaitlyn faced a range of challenges; she was sexually abused by a family/whānau member when she was nine, had mental health concerns, and lived on the streets for a short time when she was a teenager.

Kaitlyn became involved with child welfare services when she was 14. In her interview, Kaitlyn recalled that she would refuse to talk to her child welfare service providers, as she was worried about how they would respond to her circumstances. She recollected that her parents had told her not to trust child welfare services as they would "*take you away from your family*". This understanding of child welfare services informed Kaitlyn's engagement with them when they became aware of her family/whānau circumstances. She recalled distrusting her social workers, and felt that they did not want to understand her "*back story*". Kaitlyn felt that her involvement with child welfare services did not keep her safe, as she was placed back with her family/whānau after being placed away for only a short time.

Kaitlyn learned to manage the challenges she was facing through a range of coping mechanisms. She would stay at school late to avoid the domestic violence she experienced at home, she self-harmed, and self-medicated by using drugs when she felt stressed. She experienced conflicting emotions about becoming involved with services. She felt that if she talked to service providers about what she was experiencing at home, she would be "*snitching*" on her family/whānau; however, at the same time she knew that service providers were likely to protect her from the challenges she faced.

I actually hated [child welfare services], but when I looked at it from their side of the story, they have a reason [for placing children away from home] because they're trying to look out for young kids like us. I reckon I should have opened up to them [child welfare services] when I was younger and seeing all the drugs and that. But I didn't want to be hated by my family coz I snitched on my parents.

Reflecting on her experiences in her interview, Kaitlyn regretted not talking to child welfare services about her experiences at home. As Kaitlyn moved through her teens, her involvement with services increased. She became involved with youth justice services when she was 14 and mental health services when she was 16. She started to recognise that distancing herself from service providers was not an effective way of managing her needs, particularly when she started self-harming. She realised that her relationship with her family/whānau was detrimental to her sense of wellbeing; Kaitlyn did not trust her family/whānau enough to talk about the challenges she was facing:

They [family/whānau] didn't look supportive enough for me to open up to them. The way they were treating me just made me hold heaps of things inside and not share it with anybody.

Once Kaitlyn realised that this was adding to the challenges she was facing, she started to talk to service providers about what she was experiencing. She started to build a supportive relationship with her youth justice social worker, who was able to arrange for her to be placed in a residential home away from her family/whānau, after Kaitlyn talked to him about feeling that she needed to be away from them to make positive changes in her life. Kaitlyn enjoyed her placement in a residential house; it provided her with a safe place to be, and this allowed her to begin focusing on her other needs including her education:

I enjoyed the girls' home. I wanted to be somewhere where there were a lot of girls, just people my own age, so that I can dream and try gain qualifications with them. They are working through the struggle like me, coz we're all at the same level.

Kaitlyn felt a sense of connection with the other residents and this helped her to feel that she could achieve her educational goals.

Many of the challenges Kaitlyn experienced in making a claim for services centred on her own feelings and beliefs regarding the involvement of service providers. As a child, she experienced a tension between a sense of loyalty to her family/whānau, and recognition that they were not safe and supportive of her. She did not have a relationship with a supportive adult who was able to act as an advocate for her, or who could give her confidence that she could trust service providers, and instead she had to learn to negotiate herself for support to meet her needs with various service providers and her family/whānau. Kaitlyn made the difficult decision to be placed away from her family/whānau, which required her to be a strong self-advocate and exercise a considerable amount of personal agency in the claim-making process. Kaitlyn had to develop positive relationships with her youth justice social workers that enabled her to communicate her needs with them. It was particularly important that her social workers recognised that she did not have access to a supportive home environment, and intervened in a way that compensated for this by placing her in a residential home that was safe.

Personal agency

The desire to exercise agency over their involvement with services was pervasive across the interviews. Due to the 'bounded' nature of young people's agency (Evans, 2007, p.92), youth required support to exercise their agency in positive ways. Within young people's experiences, two themes relating to personal agency were observed; relationships which supported youth to participate in decision-making, and young people's desire to retain control over their involvement with services.

Relationships which support youth to participate in decision-making

An important way in which youth can exercise their personal agency in their involvement with services is through participating in decision-making. Byron's (15 years) experiences highlight the ways in which service providers can support youth to engage in decision-making. Byron's youth justice social worker supported him by

encouraging him to participate in setting goals for his future and helping him to access the resources he needed.

Byron

Throughout his childhood, Byron was physically abused by a family/whānau member, and this made it difficult for him to engage with school:

I guess I started misbehaving, started being a dick to my teacher, coz of all the home problems and shit. I guess I just took it out on everybody else.

Byron's early attempts to seek support from adults in his life were not successful. He behaved 'badly' to draw attention to himself, and while he did not talk to his teacher about the abuse directly, this was his attempt at seeking support.

As Byron grew up, he was involved with a variety of support services; he spent time at a residential facility for children with behavioural difficulties, and a range of educational supports were put in place. His behaviour at school was particularly challenging; he recalled confronting school staff aggressively on a number of occasions, taking drugs at school, and stealing from the other students. Byron was stood-down and suspended from school on multiple occasions, and in year ten he was excluded from school.

Following his exclusion, Byron was referred to youth justice services and a youth development NGO. His youth justice social worker and his youth worker from the NGO worked together to help Byron address his drug misuse and his educational needs. They provided Byron with counselling for his drug misuse, and helped him to enrol in a local high school:

Ruth [youth justice social worker] was talking about "so what do you want to do with your life?" and I was like "well I don't want to be a loser. I want to be a [famous person]" and I thought she would just take it as a joke and be like "nah, you're a loser, you are never going to get anywhere" like all the other [service providers and

school staff] had. But she was like “so do you want to go back to school?” and I was like “yeah, but no school will accept me, man, I just got booted out of school and no other school is going to take me back”. She was like “no, I think we can arrange that” and within two weeks she got me enrolled in school. I was rapt.

For Byron, the fact that his social worker respected his goals and took them seriously was important in his effort to make a claim for support. Attending school and completing his education was important to Byron, though he would have been unlikely to be able to enrol in a new school if his social worker had not facilitated this for him.

Byron’s experiences of making a claim for support highlight the importance of service providers viewing youth as experts by placing priority on understanding and valuing their views regarding what would be supportive for them. Byron’s social worker and youth worker both supported him to be involved with decision-making, listening to his goals and planning ways that they could assist him to achieve them. Byron recognised that his workers were respectful of him and valued his goals, and this helped him to feel that he could trust them.

Natasha had mandated involvement with child welfare services, and made a claim to receive interventions she felt were relevant to her needs. Natasha was 16 at the time of the interview.

Natasha

As a child, Natasha lived with her grandfather. When Natasha was ten, her grandfather became unwell, and child welfare services became involved. Natasha was placed away from her grandfather’s care and lived with family/whānau caregivers for three years. Natasha found being placed away from her grandfather confusing and frightening. She ran away from her caregiver’s house regularly to visit her grandfather, as she was very concerned about his health. Reflecting on her experiences in her interview, Natasha noted that she would have felt more supported if her child welfare social worker had helped her to understand why she was placed away from her grandfather and had supported her to visit him. Natasha was purposeful in her running away; for her, it was a

way of fulfilling her desire for an on-going relationship with her grandfather and a way she could spend some time away from her family/whānau caregivers:

There's a whole lot of things they [child welfare services] could have done differently. Like different to keep me safe and different to keep me happy... I think that they could have, when they first started out they took me straight off my granddad coz he was sick... I reckon they shouldn't have done that coz that's what started my whole pattern of running away. Coz yeah, they took me off him and then I ran away to see him coz I couldn't handle being in [family/whānau care]... They should have explained to me. It's all about communicating with the young people.

Natasha's social worker interpreted her running away as defiance rather than as Natasha's attempt to meet her own needs. Natasha's comment that she was "taken off" her grandfather highlights her lack of understanding of the decision-making process, and this is part of what motivated her to run away. She felt that her social worker was not going to listen to her concerns, and disempowered by the interactions she had with child welfare services. This contrasts with Natasha's later experiences with child welfare services.

When Natasha was 16, she was assigned a new child welfare social worker. This social worker helped Natasha prepare for when she turned 17 and child welfare services would no longer be involved. Natasha reflected on the way in which the interventions put in place by this social worker differed from the interventions she experienced as a child:

I never had a plan. I was running away for the hell of it. I've only been stable for like the last six months. I've never been stable until now. Coz now I have a plan, I have a goal, something to work towards. And now that I've got that I feel so much better coz I don't have to wonder why I'm not getting anywhere.

The importance of having a social worker who listened to her and helped her to create a plan for the future was important to Natasha's ability to find the support she needed. In

her interview, Natasha reflected on the aspects of the client-social worker relationship that helped her to make a claim for the support she needed:

Natasha: If you don't have a close connection with your social worker you're pretty much screwed coz they will either make you go good or they can make you go bad. They are the ones you want on your side.

Interviewer: So what makes a good social worker from your point of view?

Natasha: Ones that can connect with you. Like my social worker, she tells me everything what's what, the minute I go to residence she'll tell me. You just have to be able to talk to them about anything coz if you can't talk to them, they're no good to you... And honesty. Always be honest.

While Natasha did not always feel supported by child welfare services, she learned how to communicate with her social worker to find the help that she needed to make positive changes in her life. At 16 years old, she was able to form a more positive relationship with her social worker than she had as a younger teenager. Natasha was able to show her social worker that she wanted to make changes in her life, and her social worker was prepared to support her to do this.

Ezra (16 years) also highlighted the importance of having a positive relationship with a key worker in helping him to make a claim for other resources he needed. Ezra was involved with a youth transition service and alternative education services.

Ezra

Ezra's became involved with a youth transitions service when he was 15, after he had been excluded from school. His cousin suggested that the youth transitions service could help him make a plan for his future:

My cousin said "bro, we'll go see a friend of mine" coz his friend is a social worker as well... And from there I called up the [youth

transition service] and Simon [youth worker] came round. Then I started going to [alternative education course].

Ezra found that the youth transition service was easy to access; his youth worker helped him to make a plan for the future and supported him to enrol in an alternative education course. Ezra had a particular interest in music, and Simon arranged for Ezra to access a music studio where he could record some of his music. Practical support such as this was important to Ezra; he felt that Simon respected his goals and was willing to make an effort to find out what he was interested in doing. Ezra reflected on how his relationship with Simon had made a difference in his life:

I don't get stressed out like I used to. You know, I won't get angry with my Mum or whatever. It's like having a big brother around you... Everyone sees that I have changed now. From this kid that did nothing, now for someone only 16, you know, I could be out doing stupid things. And I have decided to pull my head together, do my work, come to course every day to finish and get my certificates.

Ezra's claim-making was influenced strongly by his positive relationship with his youth worker. Ezra's early interactions with Simon helped establish him as a partner in subsequent interventions. Ezra felt that Simon supported him to make positive changes, particularly through doing things such as finding an alternative education course that would help him meet his educational goals. Ezra trusted Simon, and felt confident that Simon would continue to support him when he faced challenges.

Leilani (13 years) touched upon the importance of having an empowering relationship with her social worker. Leilani was involved with youth justice services, and had to participate in an FGC. Leilani discussed the important role her social worker played in helping her to develop some goals for her FGC plan:

She [social worker] asked me what I wanted to do, and I would tell her and then she would sort of tell me, "If you want to do that you can also do this". Tell me something else that I could do to make it [FGC plan] more better, or something like that.

Leilani's social worker encouraged her to participate in the decision-making processes regarding her FGC plan, and worked to ensure that Leilani's goals were included in the plan. Leilani found this supportive, and reflected that it helped her to remain focused on completing her plan.

Youth retaining a sense of control over service engagement

Alongside having relationships with service providers which supported youth participation in decision-making, the young people wanted to retain a sense of control over their engagement with services. Many of the youth were supported by their service providers to do this; however, there were also youth who did not experience this. These youth often sought control over their engagement in other ways, for example by behaving in ways that were challenging for workers to manage. Chelsea shared her experience of this. At the time of the interview Chelsea was 16.

Chelsea

Chelsea became involved with child welfare services and youth justice services as a teenager, after she ran away from home. Throughout this involvement, she found it difficult to get the help that she wanted. She behaved 'badly', running away and offending, and her social workers responded to each episode individually, rather than addressing the underlying causes of the behaviour. Chelsea found this frustrating, and sought to reclaim control over her involvement with services by refusing to engage with her service providers:

They didn't know what to do with me. So it was kind of like oh, she keeps offending. Okay. We'll send her to counselling. We'll put her on a drug and alcohol course. We'll do what we did with all the others. But it's still not working. I would pull out, sometimes I'd be like "no, I'm not talking to you I want a different one". Then they'd just kind of be like "okay I'm cool with that". Like, I don't want to deal with you. And I'd be like "okay" ... It is a pretty immature thing; I was kind of like kind of stirring with them. Just kind of going, I won't see both sides. And I was doing these really stupid things, like

that were really entertaining at the time... And yeah, but quite a lot of the time I would just sit there and go “nah, go away, I’m only coming in here because it’s my Court Order, it’s my bail conditions, or it’s my dah de dah de dah.” They’d be like “well since you’re here you may as well talk to me.” And I’d be kind of like, um, no, good luck with that.

For Chelsea, the sense that her social workers did not know how to respond to her needs was a motivator for her to behave in increasingly challenging ways. Even though she later reflected that not talking to her service providers was an “immature” way to behave, she found that it was one way in which she could be in control of her service involvement.

Janelle (15 years) also reflected on the impact a disempowering relationship with her child welfare social worker had on her engagement with services:

I just made things really hard for her... She’s just not the kind of person that I can talk to. Like she’s all real strict, like strict as, and I couldn’t even talk to her without her going “oh ra-ra-ra”. And I would be like, “okay well can you at least listen to me and what I am saying?”... [She would be] like shutting me down and saying “no, that’s wrong, that’s wrong”.

Janelle made a conscious decision to resist engaging with child welfare services as she felt she did not have a supportive relationship with her social worker. She did not feel that her social worker addressed her concerns, and thus “made things really hard” for her social worker by arguing with her and running away from placements.

Janelle’s experiences of seeking a sense of control by making the decision not to engage with her social worker can be contrasted with Manaki’s (16 years) experiences. Manaki was involved with a number of alternative education providers after he was excluded from school for truancy. In his interview, he noted that he would be absent from his alternative education courses most days. When he was able to enrol in a course that he enjoyed, he explained that his attendance improved. This was an instance of claim

making in Manaki's story; he began to engage with his education with the support of his alternative education provider. He reflected on this in his interview:

I'm not really wagging now. I tell them before I leave. We choose to come here [alternative education course]. Just like when we first started we got told if you choose to do the work or not, that's fine, we don't care if you do it or don't, but if you don't do it, there's no point being here. Yeah, it's my choice; no one's forcing me to come.

Being supported to retain control over the help-seeking process was important for the youth in this study. Mel (15 years) shared her experiences of working with a drug and alcohol counsellor who gave her the time that she needed to build a trusting, empowering relationship:

Interviewer: So when she was mentoring you did she kind of hang out with you every week and you guys could do stuff?

Mel: Yea and she'd just take me out and like normal, just a normal day, yeah. She'd take me to the mall or to get a munch or something or just drive around and talk.

Interviewer: What did you find helpful about that?

Mel: It just gave me heaps of time to open up, yeah and she wasn't pushy. She was really cool and even like days where I wouldn't want to talk at all she'll still take me out and just bond with me. Coz she wanted to get to know me before I started saying stuff.

Mel felt that she was able to ask her mentor for the help that she needed to address her drug and alcohol use. She reflected that it was important that her counsellor gave her the time she needed to form a positive relationship and did not push her to talk about her drug and alcohol use before she was ready to.

Positive and trusting relationships with service providers were an important aspect of young people's claim making. Empowering relationships supported youth to engage with a service at their own pace and encouraged them to participate in decision-making. This helped youth to feel a sense of control over their engagement with services, and

helped them to feel confident to seek the particular interventions they felt would meet their needs. Strong relationships with key workers helped youth to negotiate for the support they needed to enhance their sense of wellbeing. Conversely, when youth did not feel supported by their service providers, they sought control over their engagement in other ways, often behaving in challenging ways and refusing to talk to their social workers.

The third important aspect of making a claim for services, relevant and meaningful service responses is discussed in the next section.

Relevant and meaningful service responses

The third aspect of making a claim for services was the receipt of relevant and meaningful support. The youth in this study wanted to receive services that would meet their needs and that were meaningful to them. This required that service providers and youth build a shared understanding of young people's needs.

Building a shared understanding of young people's needs

For many of the youth in this study, building a shared understanding of their needs with service providers was challenging. It required that service providers were open to the different ways in which youth expressed their needs. Many of the youth wanted particular types of support from their service providers; however, they had to form a shared understanding of their needs and what this support would involve before they could receive it.

Renee was involved with alternative education services. She was able to work alongside her alternative education provider to develop a shared understanding of her needs and received support that was relevant to those needs. Renee was 15 at the time of the interview.

Renee

When Renee started secondary school, she began to face an increasing number of challenges. She found that she did not understand the work that was assigned to her, and did not know how to manage this. When she felt frustrated she would often behave

aggressively towards teachers and students. In her interview, Renee reflected that she felt that she could not talk to the school staff about her difficulties, as they “*wanted to help, but they couldn’t help me how I wanted to be helped*”. Renee knew that she needed support, but was unsure how to go about seeking it.

Renee was excluded from school in year ten, and her school arranged for her to attend a local alternative education course. During her year at the alternative education programme, Renee made friends with a group of girls who encouraged her to commit crimes with them. This led to Renee becoming involved with youth justice services and being excluded from the education course. After Renee was excluded from her course, her Aunt found a new course she could attend, in a different suburb of the city. Renee started her new course and found that it was a positive environment for her. She felt that the staff, particularly her tutor, Kate, supported her, and she reflected that it helped her to change into a person she liked being. Renee had a particularly close relationship with Kate, who helped her to complete her NCEA Level One papers and make positive changes for the future. Renee reflected on this in her interview:

She [Kate] made us really understand the words she was saying. When you’re in high school, you can’t really understand like half of the things the teachers are saying. But yeah, she helped a lot. Like me and my friend Quinn, we basically stood out to her, coz she knew that we would say things like “we’ll do it” when she asked, and we were like willing to change our future and not be like what we were in the past... Right now she’s like opening opportunities for the future for me, job-wise and all that. And she’s a really good role-model aye.

With support from Kate, Renee was able to make a claim for the support she needed. Kate listened to what Renee said about her challenges and goals, and worked with her to put appropriate supports in place to help Renee achieve what she wanted. Kate helped Renee to build her sense of self-confidence and self-efficacy by supporting her to complete her qualifications and find employment opportunities. She worked in a way that fostered Renee’s existing support network. This was an important part of making a claim for services for many of the youth in the research; having someone on their team

who encouraged them and advocated for them to receive support that complemented the resources they already had access to.

Many of the youth in this study reflected on the importance of their social workers understanding their needs. Jake (17 years) offered the following reflection:

Interviewer: What do you think makes a good social worker?

Jake: Somebody who understands your needs

The idea of a social worker understanding youth's needs was central to their ability to make a successful claim for services. Youth wanted to feel that their social workers 'heard' them and understood their perspective. Some of the youth in the study had needs which changed regularly; they lived in unstable environments and had volatile relationships with other people in their lives. This made it more challenging for them to build a shared understanding of their needs with service providers, as Zane's (15 years) experiences illustrate.

Zane was involved with child welfare services, and was working alongside his social worker to make a plan for his discharge from the service. Zane's social worker supported him to take part in the decision-making about the goals of the plan; however, as Zane's relationships with his family/whānau were very challenging, it was difficult for him to find a safe place to move to when he was discharged. Zane felt that his social worker did not understand his needs and hopes when this happened:

Every time like something would happen like this, they would put me in a house and everything would go fucking sweet and then someone will say something or something will happen and then boom they shut down part of that plan, that it's the only bit that's keeping me going, the only bit that's wanting me to stay good. And then they wonder why: "Oh why are you playing-up? Why are you doing this, why don't you just keep being good?" "Fuck you what's the point in keeping good? I got nothing to work for". That's like if I got nothing to work towards well then why do I want to.

Zane wanted his social worker to understand that he needed a plan to help him to behave well. The goals in his plan encouraged him to avoid running away and offending. However, when Zane's plan was changed without his involvement in the decision-making process, he felt disempowered and misunderstood by his social workers.

As well as wanting service providers to understand their needs, youth wanted social workers to help them understand why they could not always receive the support that they asked for; they wanted to understand service providers' rationale for the decisions they made. This is illustrated by Tama's experiences. Tama was 16 at the time of the interview.

Tama

Tama was involved with child welfare services from a young age. His experiences highlight the way in which building a shared understanding of young people's needs was an interactive process. Tama had two social workers who kept him informed of what was likely to happen when he asked for particular support services. He reflected on this in his interview:

They [social workers] were straight up, instead of trying to do the 'I will see', it was 'nah you can't do that so', and I said 'oh all good' instead of trying to lie to you and keep your hopes up waiting for ages and it's not even gonna happen. That's what I liked about them, they're straight up. So yea don't tell lies and just waiting for what's gonna happen.

For youth like Tama, it was important that social workers not only understood their needs, but helped them to understand how service providers were constrained in the decisions they could make and the resources they could provide to youth. Tama felt that his social workers respected him when they told him that it was unlikely he would be able to receive the particular support that he asked for. This, in turn, helped Tama to engage with child welfare services.

Building a shared understanding of young people's needs was an interactive process between youth and their service providers. It required that service providers viewed youth as experts in their lives, and supported them to discuss their perceptions of their needs. When this happened, youth felt more supported by their workers and felt that the support they received matched their needs. However, when workers did not understand young people's needs, the youth did not receive the help and support that was relevant to their needs and wider circumstances.

Conclusion

This chapter has reported on the findings on claim making from the perspective of youth in this study. In making a claim for services, youth had to learn how to communicate their needs in ways that service providers understood as help-seeking. Youth also required opportunities to exercise their agency, through being supported to participate in decision-making and retain a sense of control over their involvement with services. Finally, youth and service providers had to build a shared understanding of their needs so that relevant and meaningful services could be put in place. The next chapter presents the findings on claim making from the perspective of parents/caregivers who made a claim for services on behalf of their youth.

Chapter Six:

Claims made on behalf of youth

Introduction

This chapter examines the perspectives of parents/caregivers who made a claim for services on behalf of their youth. Drawing on the concept of making a claim for services outlined in the previous chapter (see the section: Defining making a claim for services), this chapter examines the ways in which parents/caregivers sought support for their youth. The chapter begins with by exploring parent/caregivers perspectives regarding young people's needs and service entry criteria, and the challenges they faced in communicating their young people's needs to service providers. Following this, the chapter addresses the theme of personal agency, specifically parents'/caregivers' involvement with decision-making. Next, the chapter examines the theme of relevant and meaningful service responses, including parents'/caregivers' experiences of building a shared understanding of their young people's needs with service providers and the desire to get the 'right' help at the 'right' time.

Young people's needs and service entry criteria

When parents/caregivers were seeking services for their youth, they had to identify their young person's needs and find a service provider who could respond to those needs within their service mandate.

Communicating young people's needs to service providers

One of the challenges parents/caregivers faced in seeking help for their youth was the concern that they had to prove their entitlement and need for services to service providers and justify why they were making a claim for services for their youth. This was shown in Kelly's reflections on seeking support for her daughter, Tia.

Kelly

Kelly recalled becoming extremely concerned about Tia's behaviour and safety when Tia was fourteen:

Our whānau was having really dreadful problems keeping her safe. She was making some really risky decisions. She was disappearing for anything up to three weeks at a time. It was really frightening... We just weren't able to [keep Tia safe].

Kelly recognised that the family/whānau did not have the resources they needed to help Tia overcome the challenges she was facing and to keep her safe. Tia was involved with peers who were misusing drugs and alcohol; she also ran away from home regularly and was sexually abused by a friend. Kelly's concern led her to seek support from a number of formal service systems in an effort to obtain a referral to a specialised mental health service:

I'd be banging on people's doors, [child welfare services], the school, trying to find help... Saying I need for you guys to help me access the right services. I know that they're there, but I want to know the pathways... I asked heaps of people's advice and they believed the best way was to get through to [a specialist mental health service]. So I collected as many referrals as I could and got people to help me access them. I had to put forward a good enough case for them to accept me and to make sure that we more than fulfilled the criteria.

In finding support for Tia, Kelly navigated a complex service system; seeking help from a number of service providers, such as child welfare services and school and youth mental health services before she was able to access what she felt was the most appropriate help for Tia. Kelly had to become a strong advocate for what she felt Tia was entitled to.

The youth in this study had a wide range of complex needs which sometimes made it difficult to identify which specific service was the most appropriate or relevant. For example, some of the youth faced significant behavioural and learning difficulties, and the diagnosis given to them by services changed regularly, meaning that specific services could only intervene when the diagnosis fell within their mandate. This is illustrated by Philippa's experiences in trying to find support for her son, Ashton.

Philippa

Ashton had complex behavioural and learning needs and required support to attend school. He also needed support for his mental health needs and to manage his behaviour. In her interview, Philippa recalled finding it particularly challenging to make a claim for services as Ashton's complex needs meant she could not always clearly tell service providers what he needed. She described the experience of trying to make a claim for services as a "constant battle", recalling in particular the difficulties she encountered when Ashton's diagnosis for his behavioural and mental health needs was changed regularly. The lack of a standing diagnosis meant that service providers were unable to maintain long-term involvement with Ashton, as he fell in and out of their service mandates. Philippa recalled a particularly challenging experience she had when trying to enrol Ashton in a residential school:

We tried to apply for him to go to [a residential school in another city] and that was through [an education advisory group]. He didn't fit the criteria; they went through all sorts of testing, no he didn't meet their standards. By the time they did all the paperwork, he'd been there a month and then [he was sent to] school somewhere else... We had assessments done for him to see if he could fit specific [educational and mental health] programmes but he always fell out of their criteria, which was frustrating... He's been falling between the cracks with everybody.

At different points in time, Ashton was identified as having an intellectual disability, mental health need or conduct disorder. Each time the definition of his needs changed, new providers came into his life to complete assessments and determine whether they could help him. As a parent, Philippa found this frustrating; she had to form new relationships with service providers and had to learn how to present Ashton's needs and current diagnosis in a clear way so that service providers could assess how they could intervene within their mandate.

Similarly, when April was trying to make a claim for support for her son, Liam, to manage his behaviour and help him attend school, she found that service providers were reluctant to intervene until she had a diagnosis she could give them:

They're [service providers] not very helpful unless there's something concrete that they can say, you know, "yes, he's got Asperger's" or "yes, he's got something else". I know that you don't necessarily want a label for your kid, but I would love it... because there's an explanation. [Liam's teachers' aide] used to say, "oh, if we could wrap a bandage around his head, people would go 'oh, poor Liam, this is how we can help'". It would be so good if we could wrap a bandage around him, then people would be willing to help.

April struggled to find a way to develop a clear, shared understanding of Liam's needs with his service providers; as his needs were not visible to people, it was often challenging for April to explain what Liam needed and how he responded to specific service interventions. April also found it difficult to find service providers that would intervene when Liam did not have a specific diagnosis for his needs; education services were reluctant to provide him with extra support, beyond a teachers' aide, for his challenging behaviour and to help him engage in the classroom.

When parents/caregivers could not identify a distinct diagnosis for their youth, they found it challenging to communicate with service providers regarding their young people's needs. Another factor that made it challenging for parents/caregivers to communicate their young people's needs was a lack of knowledge regarding what support service providers could offer. Sharon's experiences in seeking help from child welfare services illustrate this challenge.

Sharon

Sharon found it difficult to make a claim for services for Casey; she did not know what help she could ask for, and she found that it was problematic to communicate with service providers about what she needed:

I just didn't feel that I could ask for the help, coz I didn't know what help was available, or if it was actually needed. I couldn't really pick what the problem was.

This quote from Sharon highlights the difficulties some parents/caregivers faced in communicating their young person's needs with service providers. Sharon noted that even though Casey was running away from school and disengaging from her education, she did not have a clear set of needs that allowed service providers to intervene within their mandates. Sharon noted that the school's truancy officer recommended that Sharon implement some disciplinary measures to encourage Casey to attend school, but Sharon felt that this was not enough. Sharon also felt that this was impractical, as she had to work and had limited family/whānau support available. Sharon sought help from child welfare services, hoping that they could offer a parenting course that would provide her with some resources to manage Casey's needs:

I asked them [child welfare services] what sort of parenting courses were available, and they said they have a tool-box course. Well I didn't really get any information about a tool-box course and really there wasn't anything they could do for me. There was one lady they had looking after Casey, and they were going to do something, I can't remember the name of it now, but something where the social worker sits there and gets involved in your family with everything, which I considered doing. But then we moved away and that option wasn't available any more.

Sharon found that the options offered by service providers were not relevant or meaningful to Casey's needs, and there was a lack of continuity in the services that were offered when the family/whānau moved to a new town. Sharon felt disempowered by the relationships she had with service providers, and reflected in her interview that she did not feel they listened to her when she explained why the solutions they suggested were not appropriate for the family/whānau. For Sharon, the difficulty was not only feeling unable to clearly communicate with service providers about what her daughter needed, but also feeling unsupported by service providers when she was trying to interpret Casey's behaviour. She felt that service providers did not listen to her

perspective on the challenges she was facing with her daughter, and this led to her feeling disempowered by her efforts to make a claim to receive support.

Finding services to support their youth was not always a simple process for parents/caregivers. They had to find ways to show service providers that their young people's needs were "*bad enough*" to require a service intervention, and had to try to identify and label their young people's needs in ways that allowed service providers to intervene within their service mandates. Learning how to communicate with service providers, for example by using diagnostic labels, did not always occur with the support of professionals, but was gained through trial and error; the parents/caregivers had attempted to seek help from multiple service providers, and had learned how to describe their young people's needs in a way that service providers understood. For many of these parents/caregivers, initial requests for help had been turned down. Despite this, parents/caregivers reported that they continued to seek help from multiple providers to meet their young people's needs.

Personal agency

One of the important themes in parents'/caregivers' narratives about finding services to support their youth was their desire to be involved with decision-making regarding the interventions their youth received. Involvement with decision-making was one way in which parents/caregivers could exercise their agency and feel a sense of control over the process of finding help for their youth. This was important as they often felt that their young people's needs and service responses were moving beyond their control, for example when their young people's needs escalated quickly.

Involvement in decision-making

Parental/caregiver involvement with decision-making required service providers to be open to taking parents'/caregivers' concerns into consideration when they were making decisions about how to support youth. Martin's experiences illustrate how he built a positive relationship with service providers and was supported to be involved with decision-making regarding a service response that would meet his daughter's needs.

Martin

Martin's daughter Samantha was running away from home, misusing alcohol, and committing minor crimes with her friends. Martin was very concerned about his daughter's behaviour, and contacted youth justice services to get support:

I actually got the [youth justice service] thing started and all of this stuff... They knew Samantha was going the wrong way and could be helped. Some police, they know if something is going to be good, if it's going to be worth working with them, or if they should just forget about them. I think she [youth justice worker] quite liked Samantha.

Martin worked closely with Samantha's youth justice worker to develop a plan that would help to keep Samantha safe:

I talked with her [youth justice worker] and we'd talk about the different options we could do. We [contacted child welfare services for a respite placement], we talked about it, and it wouldn't have been any better for her or any help really because she's put in a situation with other kids who are just as bad... But yes, she [youth justice worker] got involved and she gave me options. She was sort of behind it all, got things going.

While Martin was concerned that Samantha was continuing to run away, he felt that the youth justice service providers were supportive of his efforts to keep Samantha safe. He said that Samantha's youth justice worker shared his understanding about what Sam's needs were, and was pleased that she gave him options regarding different interventions that could be helpful. It was important to Martin that he was involved in the decision-making regarding his daughter's involvement with youth justice services, and he felt supported in his claim-making endeavours.

Martin's experiences can be contrasted with Paula's. Paula sought support for her daughter through alternative education services; however, she did not feel that the service providers respected her and reflected that she felt disempowered by their interactions with her.

Paula

When Paula's daughter, Leah, was finding it difficult to stay in school, Paula sought support from an alternative education provider. While Paula was happy that Leah was getting support to continue with her education, as a mother, Paula felt that the education provider did not make the effort to form a positive relationship with her and involve her in supporting Leah. In her interview, she reflected on the way in which she felt disempowered and uninvolved in the service:

There was a young lady there [alternative education provider] and she kinda made a connection with Leah, but I felt that she was playing me and Leah off each other you know. She would go behind my back, she wouldn't tell me what was happening but just go directly to Leah and do stuff you know? Like she wouldn't even tell me what's happening.

Paula felt that Leah's alternative education provider should have made the effort to involve her in decision-making about Leah's education, and wanted the service provider to keep her informed of how Leah was progressing.

The parents/caregivers who made claims for services on behalf of their youth reflected on the importance of service providers involving them with decision-making regarding the interventions their youth received. They reported that they felt more satisfied with the services their youth received when service providers included them in decision-making and sought to take their views and concerns into consideration.

Relevant and meaningful service responses

When parents/caregivers sought help for their youth, they felt that it was important that service providers responded in ways that were relevant and meaningful to the young person's needs and circumstances. They reflected on the importance of building relationships with service providers that allowed them to develop a shared understanding of what the young person needed. Such relationships between service providers and parents/caregivers featured open communication, and as a consequence these parents/caregivers felt that service providers listened to their views about their

young person and took these into account when making decisions about how to respond to the young person's needs. This partnership between parents/caregivers and service providers was important in the claims making process; those who experienced a positive relationship with service providers and felt that their views and concerns were being taken into account by service providers were more likely to report that the support offered by service providers met their youth's needs. Conversely, those who did not experience a positive, empowering relationship with service providers felt dissatisfied with the service their young person was receiving and perceived it as not meeting their needs.

Building a shared understanding of young people's needs

In making a claim for services on behalf of youth, parents/caregivers had to develop a shared understanding of their young people's needs with service providers. It was important that service providers took the time to establish what the parents/caregivers perceived was happening for the young person, and took this into consideration when making decisions about how to help the young person. A shared understanding between parents/caregivers and service providers of young people's needs was dependent on a strong relationship. However, this was not always easy to establish, as Evan's experiences illustrate.

Evan

Evan's daughter, Stacey, was misusing drugs and having difficulty with her friends at school. Evan had been contacted by Stacey's school regarding their concerns about her behaviour, and Evan had started talking to the school counsellor about a way to help Stacey. When Evan found out that Stacey was also self-harming, he became very concerned and contacted Stacey's GP, who referred them to Stacey's school counsellor. However, the counsellor was reluctant to provide a referral to a more specialised service provider, though Evan was unsure why. Evan found this frustrating; he felt that he was losing control over the situation and did not want Stacey's self-harming to become more severe. In his interview, Evan stated:

I basically initiated that [contact with counsellors]. I mean, I was talking to the school about all the events that were occurring, and I was speaking to the [school] counsellor about referring her to

[a specialised youth counselling service]. And he didn't really pick up. I mean, I think they [school counsellor] wanted to manage it in-house... I was trying to be as proactive as I could because I realised that this was all starting to come apart at the seams.

Evan felt that the school counsellor did not have Stacey's best interests in mind, and did not see the escalating crisis in the same way that he did. This led to Evan feeling dissatisfied with the support he and Stacey received from the counsellor. He reflected that the counsellor did not share his understanding of Stacey's personality or how she responded to particular approaches to authority and care, and that the counsellor could have benefitted from spending more time building an understanding of Stacey's circumstances before deciding not to refer her to a specialised youth counselling service.

Leslie's experiences illustrate the process of developing a shared understanding of youth needs with service providers, and highlight how a positive relationship with a service can enable the development of a shared understanding.

Leslie

Leslie had to make a claim for her daughter, Cayla, to receive support from mental health services. This was a challenging experience for both Leslie and Cayla; it seemed to Leslie that service providers did not share her understanding and concern about what Cayla was going through. Cayla had been excluded from school for truancy, and had become involved with a group of peers who were misusing drugs and committing crimes such as shoplifting. Leslie tried to support Cayla to re-enrol in school, however felt that the school did not support this move:

The thing was there was not help at school. That's really where there needs to be something... We talked about going to [another school], so we went down and talked to the principal. The principal interviewed us, but was not the slightest bit interested and sent us to [a youth transitions service].

Leslie recalled in her interview that the youth transitions service enrolled Cayla in an alternative education course, but Cayla found this course uninteresting and stopped attending after a short time. Leslie continued to struggle to find support for Cayla, and was becoming increasingly concerned about her behaviour; Cayla was running away from home, shoplifting, and Leslie was worried that she was also using drugs and suffering from a mental health issue:

I was thinking “there must be something wrong, there must be something mentally wrong” you know. I tried to find somewhere else to help, we went to [youth mental health service]... We had to wait six weeks for counselling from there, and we were already in dire straits by the time we got to them.

Leslie reflected that service providers did not share her sense of desperation regarding Cayla’s needs; she felt that they did not understand what was happening and were unsure what she should do to help Cayla. Leslie tried to gain support through various pathways; she took Cayla to the doctor for assessments, and tried to organise counselling for Cayla. However, she felt that service providers were not supportive of her efforts to make a claim for Cayla, as there was no specific diagnosis for Cayla’s needs at this time, and therefore they did not intervene.

Cayla eventually came to the attention of the Police when she was caught shoplifting, and this provided Leslie with the support she needed to make a claim for Cayla to receive support from service providers:

It seemed to take quite a while [to find help], things got worse and worse and worse, and it was only probably the shoplifting that led to [services becoming involved]. None of them really knew what it was about [Cayla’s shoplifting and other behaviour].

Cayla’s youth justice social worker had experience with other youth with similar behavioural challenges, and was able to work with Leslie to confirm what Leslie already knew: that Cayla was using drugs. Once this shared understanding of Cayla’s needs was

developed, Leslie found it was more straightforward to find support to meet Cayla's needs:

Leslie: I contacted [mental health services] and they rang back and asked if we would mind going through [a different] unit, coz we could get in quicker there...

Interviewer: And how was that?

Leslie: Excellent, absolutely excellent, I loved it... you felt like you fitted in more.

After being supported to access mental health services, Leslie was able to utilise the resources she now had access to through the mental health service, and gain support from more specialised drug and alcohol services for Cayla. Leslie's experiences highlight the way in which a positive relationship with service providers could help parents/caregivers feel that service providers were responding adequately to young people's needs. When Leslie first contacted mental health services, she did not feel that their response to Cayla's needs matched her own sense of urgency. However, once Leslie developed a shared understanding of Cayla's needs with a different mental health provider, with the support of Cayla's youth justice worker, Leslie felt that the service response to Cayla was "excellent".

Mary was able to make a successful claim for services to help her son, Matt. She discussed how a shared understanding of Matt's needs and wider circumstances enabled services to respond in a way that was relevant to Matt.

Mary

Mary's son, Matt, had difficulty with his education and received support from a teachers' aide for the majority of his schooling. When Matt started secondary school, Mary became concerned that his teachers' aide was not able to provide adequate support for him. Mary noted that Matt's behaviour at school was sometimes a challenge, and this resulted in him being suspended on a number of occasions. She reflected in her interview that the support Matt had been given did not address his key needs and as a result school became a frustrating place for him:

When he got to third form, because he was not given the help that he needed, he started getting more and more frustrated and what I seem to find over here with these teachers is they only want to teach the ones that are brainy, or not brainy, but that are performing. And yeah, so with Matt, that sorta started happening and therefore that created more problems... He got lost in the system. You know, like he ended up getting kicked out [of school] because he would get to being rude. But it all came around to wanting help. He would put his hand up, he would be totally ignored. He'd get told to wait, but never get the help. So therefore, that created a lot of other issues, you know "ah, what's the point in being here", wagging and stuff.

Mary approached the school about her concerns regarding Matt's behaviour and learning disability, and was referred to an alternative education course. One of the teachers at this course was able to provide a new diagnosis for Matt's special educational needs and offer specialised support to help him continue his education:

He started going to [an alternative education course] and it was Jen, the teacher there [who recognised Matt's special educational needs]... and so we went in and had the check over, and sure enough he had it [special educational need]. And yeah, what a difference that made.

Mary was supported by Matt's school to find an appropriate alternative education course that had experience in working with students with special educational needs. The positive relationship she had with the teachers at the alternative education course allowed her to access a range of resources and this eventually led to a diagnosis for Matt's needs. This allowed specialised support to be put in place for him to continue with his education.

Parents/caregivers worked hard to build a shared understanding of their young people's needs with service providers. When they were able to work alongside service providers

to achieve this, they were able to get the ‘right’ help for their youth. This is discussed in the next section.

Getting the right help at the right time

Getting the right help at the right time was a second aspect of receiving meaningful and relevant service responses for their youth. Jo discussed some of the challenges she faced in getting the right help for her son Ryan.

Jo

Jo tried to make a claim for her son Ryan to receive support from youth justice services, but was successful only after his behaviour had escalated to a point where he was placing himself and others in danger. While she understood that services had entry criteria to enable them to intervene within a service mandate, she was distressed and isolated in her efforts to manage Ryan’s behaviour until such a time as he met the entry criteria for youth justice services:

So basically I understand that, I know that they have got to wait ‘till the offence because, yeah, you can’t lock him up for no reason. But surely, the parents that are distressed or feel like they have got nowhere else to go, they have tried everything they possibly could have, and they have put their kids with different people and they have got them out of town. When all of that hasn’t worked, what do you do? Where can you go where you have support at you have help coz you are worried about your child losing their life or taking someone else’s life, that’s what it boils down to for me. There are a lot of services out there and they do a wonderful job, but I feel like it’s a bit too late. You have to wait for the offending to be done, you have to wait ‘till the damage is done, and it’s no help.

Throughout Ryan’s life, Jo had sought help from many different services, including education, mental health and youth justice services. She had learned how to present his needs in a clearly defined way, and how to negotiate with services for resources that she needed to help Ryan manage his behaviour. However, she became increasingly

distressed when service providers could not intervene as Ryan's behaviour became increasingly violent. Her reflections on the isolation and distress she felt as a parent were pervasive across many of the narratives shared by other parents/caregivers who found it difficult to activate meaningful and relevant services responses for their youth.

Trish discussed the difficulties she faced in finding a service provider who would support her daughter, Aroha, who was offending, and was using drugs and alcohol.

Trish

When Trish realised that her daughter Aroha was beginning go out with friends who were committing crimes and misusing drugs and alcohol, she felt that it was important to seek help to prevent the situation moving beyond her control. However, Trish found it difficult to discuss her concerns with service providers, as services did not seem to be concerned about the low levels of Aroha's behaviours:

She didn't really fit the profile. [Child welfare services] couldn't uplift her because she wasn't at risk from home. So it's not within their mandate. She wasn't really breaking the law, except by association. So she wasn't at risk in that manner.

Trish was concerned about Aroha's wellbeing and tried to make a claim with service providers to get support. She hoped that services would intervene to prevent Aroha's circumstances from becoming unmanageable; however, due to the fact that Aroha was not at a high level of risk from the perspective of service providers, they were unable to intervene. Eventually, Trish sought to make a claim with mental health services, who diagnosed Aroha's mental health needs. Nothing had changed about Aroha's circumstances; however, Trish had found a label that service providers recognised, and was able to use this to present Aroha's needs in a clearly defined way:

We had to find some sort of diagnosis for her to give them the right to be able to carry on with her care and keep her in. They had to make an assessment. You know how they have to put a child under some sort of diagnosis to justify spending time with her.

Having a diagnosis for Aroha meant that Trish was able to successfully negotiate with service providers to make a claim for support for Aroha. The diagnosis served the dual purpose of providing Trish with a clear way of presenting Aroha's needs to service providers, and giving service providers a way of assessing whether they could intervene within their service mandate. The diagnosis allowed Trish and mental health services to build a shared understanding of Aroha's needs. This enabled Trish to feel that the service provider was supporting Aroha in a relevant and meaningful way.

Taua supported his nephew, Jackson, to re-engage with his education after he was excluded from school for fighting. Taua was able to work alongside alternative education providers to build a shared understanding of Jackson's needs and activate a service response that he felt would meet Jackson's needs.

Taua

Taua recalled that when Jackson was excluded from school, the principal had suggested that the family/whānau seek mental health support for Jackson. However, Taua disagreed with this:

It's because of his behaviour, his behaviour and that's all. He hasn't got any mental health issues or mental health illness, or anything. Nothing's wrong with him.

Taua found it frustrating that the school excluded Jackson without offering any support to help him find an alternative education course to attend. Taua felt that the school did not understand Jackson's needs. He asked his wider family/whānau to help him find a suitable course for Jackson, and eventually found one. The staff at this course recognised that Jackson was not a "bad kid" but that he had significant difficulties with his behaviour and his schoolwork. Taua explained that the staff at the alternative education course took the time to get to know Jackson. Taua also noted that the staff worked closely with him, as a caregiver, and made sure to keep him up to date with how Jackson was doing with his schoolwork. Taua reflected on this important relationship and the impact it had on Jackson and the support he received:

Taua: Well, he was changed coz there was a lady who took the course and everything. They inform me of his behaviour or how he does at school ... They got him into a music course... From there he did well, learnt something,.

Interviewer: What were you noticing about Jackson; how did you know he was doing well?

Taua: I have had a lot issues with his behaviour and his attitude towards our household. And lot of issues with him. I ended up kicking him out of the house because of his behaviour and from then on they [alternative education course staff] started growling him, giving him advice and helping him at course.

Taua highlighted the importance of service providers' understanding young people's wider circumstances, interests, and abilities. He felt that he was supported in his efforts to seek help from the alternative education course. For Taua, this help was reflected in the shared understanding he had with the alternative education course staff that Jackson had behavioural issues rather than mental health issues. It was important to Taua that those working with Jackson recognised this and responded to his needs in a way that demonstrated this. Taua also noted the positive way that the alternative education course staff responded to Jackson when Taua asked him to leave home; instead of ignoring this aspect of Jackson's life, the staff worked with him and offered him extra support, advice and guidance.

When parents/caregivers were able to make a claim for services, they received meaningful and relevant services for their youth. Interventions which responded to young people's interests and family/whānau circumstances as well as their needs were viewed positively by parents/caregivers in this study. A number of the parents/caregivers reflected that service providers did not share their concerns about their youth, and did not take the time to understand, from the perspective of the family/whānau, what was happening for their youth. Parents/caregivers hold unique and important insights regarding what their young people need and how they respond to particular interventions, particularly when their youth have been involved with multiple services, as the youth in this study had been. As such, it is important that service providers spend time building empowering and supportive relationships with

parents/caregivers as well as youth, in order to build a more adequate understanding about the particular needs and circumstances of the youth they are working with.

Conclusion

This chapter has examined the experiences of parents/caregivers in finding support on behalf of their youth. It considered the experiences they had in meeting service entry criteria and in finding the ‘right’ help for their youth. Parents/caregivers discussed the challenges they had in gaining access to services for their youth; for example, young people’s needs had to be “*bad enough*” to require an intervention, and some parents/caregivers had to find a diagnosis for their young people’s needs, while others had to work to identify a specific set of needs without a diagnosis. They had to learn to present their young people’s needs in ways that allowed service providers to feel that they could intervene within their mandates. Parents/caregivers also discussed the importance of receiving meaningful and relevant service responses for their youth. This involved developing a shared understanding of the young person’s needs with service providers, and the provision of interventions which were relevant to the young person’s needs and wider circumstances at the ‘right’ time. Overall, the experiences of parents/caregivers underscored the importance of empowering and respectful relationships between parents/caregivers and service providers, and highlighted the necessity for service providers to take parents’/caregivers’ perceptions of their young people’s needs into account and involve them in decision-making about interventions. The next chapter discusses the findings presented in this chapter and Chapter Five in relation to the wider literature and policy which informs service delivery in Aotearoa New Zealand.

Chapter Seven:

Making a successful claim for services

Introduction

It is well recognised that youth with complex needs are often clients of more than one service system (i.e. child welfare, youth justice, education and mental health) (Farmer et al., 2003; Maschi et al., 2008; Ungar, 2004, 2011). Engagement with services provides vulnerable youth access to additional resources which can help them mitigate risks in their lives (Bentancourt, 2012; Saewyc & Edinburgh, 2010; Ungar, 2004). The aim of this thesis was to examine how young people become engaged with services. The experiences of the young people and parents/caregivers in this study suggest that engagement with services is an on-going process, requiring efforts from clients (young people and their parents/caregivers) and practitioners. The heuristic device, *making a claim for services* (see Figure Four in Chapter Five), provided a way to understand the experiences of engaging with services.

This chapter connects the findings of this study with wider research and policy which guides service delivery in Aotearoa New Zealand. The chapter begins with a discussion of young people's needs and service entry criteria. It then addresses personal agency in the claims making process. Next, the chapter discusses the importance of relevant and meaningful service responses. The chapter ends with a discussion of how the concept of making a claim for services can support young people's on-going engagement with services.

Young people's needs and service entry criteria

In order for services to be able to intervene, young people's needs had to meet the service entry criteria. This required young people and their parents/caregivers to find ways to share their needs with service providers. For many of the youth and parents/caregivers, this was a significant challenge; they explained that they sometimes had their initial requests for help turned down. Some of the youth also reflected on the fact that their attempts to draw attention to their needs were misconceived by service providers as 'bad' behaviour. However, when young people and their parents/caregivers were able to communicate their needs with service providers, and when service

providers were able to recognise the different ways in which young people communicated their needs, this laid the foundation for a successful claim for services.

An early assessment of needs and risks is an initial step in service providers' interactions with clients. Identification of needs provides practitioners with a basis upon which they can base their future work with clients (Coulshed & Orme, 2006; Liddle, 1995; Masden, 1999; Prior & Mason, 2010). The needs of the youth in this study were complex, and often went beyond the immediately presenting issue. For example, a number of young people were referred to services for behavioural challenges; however, they often felt their behaviour was influenced by a wide range of challenges at home or at school, and that resolving these challenges would be more supportive for them than a narrow focus on their behaviour alone. PYD approaches highlight the importance of adopting an ecological understanding of youth needs (Lerner, 2005; Sanders & Munford, 2014). PYD is increasingly being recognised as an effective approach in supporting vulnerable young people to mitigate risk in their lives (Lerner, 2005; Sanders et al., 2015). A central aspect of PYD is the recognition that adolescents are seen as "resources to be developed" rather than as "problems to be managed" (Lerner, 2005, p.27). In line with this, it is important that service providers seek to enable young people to share their needs in their own words. As Duncan, Miller and Sparks (2007) suggest, young people and their parents/caregivers are the "single, most potent contributor to outcome" (p.36). As clients, young people and parents/caregivers bring with them a great deal of knowledge and expertise regarding what they need and what will work to effect change in their lives. As such, it is important that service providers seek to understand young people's needs from the perspective of the young people themselves.

One of the key challenges faced by the young people in this study was communicating their needs with service providers in ways that service providers perceived as help-seeking. Many of the youth in this study did not openly talk about their needs with service providers; rather, they used their behaviour as a way of letting their service providers know that they were facing an issue. It was important that service providers were receptive to young people's efforts to communicate their needs. It is well recognised that relationships between social workers and young people are fundamental in supporting young people to engage with a service (see for example, Drake et al.,

2014; Jobe & Gorin, 2013; McLeod, 2007; Prior & Mason, 2010), and that open, supportive relationships between practitioners and young people are the foundation to effective communication (Drake et al., 2014). However, the challenges the young people in this study faced in communicating their needs with service providers suggests that this is an aspect of practice which could benefit from further attention.

Young people who face on-going adversity can be constructed as ‘risky’ youth who require management and control, or they can be constructed as young people who have overcome challenges and are worthy of the care and attention of service providers (Aaltonen, 2013; Foster & Spencer, 2011; Kumpulainen et al., 2013; Munford & Sanders, 2015b; Ungar, 2004). In supporting young people to communicate their needs, it is important that service providers give vulnerable young people opportunities to communicate in different ways. Acknowledgement of the important expertise young people hold about their lives is also central (Aaltonen, 2013; Noble-Carr et al., 2014). The young people in this study whose service providers suspended judgement about their needs and provided them with space to share their perceptions about their needs helped these youth engage with the service.

Parents/caregivers also found it challenging to communicate their young people’s needs with service providers. Their stories highlighted how they learned to present their young people’s needs so that service providers could intervene within their service mandates. Parents/caregivers had to find ways to navigate complex service systems, usually with limited or no guidance from the professionals working within those systems (Brown, 2006; Burke, 2013; Dunst & Dempsey, 2007; Palmer et al., 2006). Many of the parents/caregivers in this study had their initial requests for help turned down, or they did not receive the support they had hoped for. Many had to approach multiple service providers before support was offered. This is similar to the findings of other researchers such as Palmer, Maiter and Manji (2006) and Gladstone and colleagues (2012). As parents/caregivers learned how to present their young people’s needs in particular ways to service providers, they were able to access the services they felt would benefit their young people. However, because they also had to learn to use language that services recognised, find diagnoses for their young people, and seek help from multiple service providers before support was given, this suggests a lack of accessibility within services.

A number of researchers have highlighted that young people and their families/whānau experience more satisfaction with service interventions when service providers are accessible, empowering, respectful, and view parents/caregivers and young people as experts in their own lives (Broadhurst, 2003; Dunst & Depmsey, 2007; Gladstone et al., 2012; Kemp et al., 2009; Mason & Prior, 2010; Palmer et al., 2006). The experiences of the youth and parents/caregivers in this thesis reflected this; they wanted service providers to understand that they were experts in their own lives, and that their definition of their needs was built upon their experiences.

Drawing on young people's and parents'/caregivers' expertise regarding their needs can support early detection of challenges in young people's lives and thus lead to early intervention, a goal of a number of the policies informing service delivery in Aotearoa New Zealand²⁶. Early intervention is known to result in better outcomes, and can lessen the possibility of future problems for youth (Berzin, 2010; Minister of Health, 2005; Ministry of Health, 2007; Rutter, 2012; Ungar, 2004). However, despite policies that aim to provide early intervention and coordinated service delivery to young people with complex needs, for example the Intersectoral Strategy for Children and Young People with High and Complex Needs (Ministry of Social Development, 2005a), a number of the young people and parents/caregivers in this study experienced difficulty in accessing early intervention services. Parents/caregivers noted that there appeared to be little emphasis on prevention, and explained that they had to wait until their young people's needs met service entry thresholds before they could access support.

In order to make a successful claim for services, young people's needs had to meet service entry criteria. Service providers needed to be open to the different ways in which young people and parents/caregivers communicated their needs, and needed to draw upon the expertise of youth and parents/caregivers in developing their understanding of young people's needs. This supported youth and parents/caregivers to exercise their agency throughout their engagement with services.

Personal agency

²⁶ See Chapter Three, section: Principles guiding service delivery

Exercising personal agency was the second aspect of making a successful claim for services. The young people and parents/caregivers in this study wanted to be supported by service providers to participate in decision-making processes and retain a sense of control over their engagement with services. This is one of the goals of many of the policies guiding service delivery in Aotearoa New Zealand²⁷. However, many of the youth and parents/caregivers in this study reported that they did not always feel empowered in their interactions with service providers. Their ability to exercise their agency and retain a sense of control over their engagement with services was limited by their relationships with service providers.

Personal agency is defined in the literature as the ability of a person to consciously act to make a difference to their world, to advocate for themselves, or to activate others to assist them to do this (Aaltonen, 2013; Munford & Sanders, 2011; New, 1994; Sanders et al., 2014). In order to make a successful claim for services, the youth and parents/caregivers in this study had to be supported to exercise their agency throughout the help-seeking process. Agency is relevant to claims making in that exercising agency and retaining a sense of control over service involvement is one way in which youth and their parents/caregivers can be active participants in service interventions. It is important that clients become active partners in interventions, as they hold important expertise about what will work in their lives, and ultimately it is they who will make changes (Munford & Sanders, 2011).

When considering the issue of youth agency in relation to service engagement, it is important to understand how the position of youth in society is socially constructed. While youth have traditionally been conceptualised as objects requiring support, protection and guidance through life (Jans, 2004; White & Wyn, 1998), it is increasingly being recognised that youth are active participants in defining and mediating their social worlds (Aaltonen, 2013; Abrams & Hyun, 2009; Evans, 2007; James & Prout, 1990). However, it must be recognised that the ways in which youth can exercise their agency to shape their worlds is 'bounded' (Evans, 2007, p.92) by factors such as their age, and the social, economic and cultural context in which they live. For youth who have faced significant and sustained challenges, such as prolonged exposure

²⁷ See Chapter Three, section: Principles guiding service delivery

to abuse and neglect, violence, addictions, disengagement from education, and mental health issues, the factors that limit their ability to exercise agency may be even more pronounced than for other young people who have experienced more normative transitions throughout their lives (Aaltonen, 2013, p.377; Munford & Sanders, 2015b, p.2-3; White & Wyn, 1998).

The youth exercised their agency in a variety of ways, such as by running away from placements and refusing to talk to service providers. While these forms of agency may be considered problematic and destructive, for the young people they were a valid mechanism through which they could assert their control over their engagement with services. This highlights a need to recognise the different ways in which young people exercise their agency. As Aaltonen (2013, p.387) highlights, institutions, such as services, represent both care and control in young people's lives; they may simultaneously limit and broaden the choices young people are able to make. Young people who have mandated involvement with services have to navigate a system of rules and power relationships which may limit their ability to exercise their agency. As such, behaving in ways that may be challenging or considered dangerous is amongst the limited options available to the young people regarding the ways in which they can retain a sense of control over their involvement with services (Aaltonen, 2013; Foster & Spencer, 2011). For the young people in this study, the relationships they had with service providers were an important mechanism for supporting them to make a successful claim for services. Relationships with service providers could help young people exercise their agency and retain a sense of control over their service engagement. For example, the young people reflected that it was helpful when their service providers recognised their challenging behaviours as a way of asserting control, and supported them to find more positive ways to exercise agency.

The importance of empowering relationships which enable young people to exercise their agency in positive ways is well recognised in the social work literature (see for example, Aaltonen, 2013; Duncan et al., 2007; Evans, 2007; Jobe & Gorin, 2013; Jones, 2011; McLeod, 2007). Empowering relationships which support young people to exercise their agency and shape their circumstances can support young people's emotional wellbeing (Kumpulainen et al., 2013) and support their on-going engagement with services (Duncan et al., 2007). In this thesis, young people who had relationships

service providers who helped them to retain control over their engagement with services and also to develop their hopes for the future reported more positive experiences. This was seen, for example, when young people talked to their service providers about what they wanted to achieve, and service providers responded by arranging for the young person to be enrolled in a course that would help them to achieve their goals.

The parents/caregivers in this study also explained that it was important that they were involved in decision-making processes and were kept informed of the reasons why decisions were being made. Through involving them in decision-making processes, service providers could draw upon the experiential knowledge parents/caregivers had gained about their young people's needs, and use this knowledge to develop a deeper understanding of how they might be able to support young people. The relationship between parents/caregivers and service providers was an essential mechanism in supporting parents/caregivers to be involved with decision-making. However, as Mandell (2008, p.245) states:

“Power cannot be removed from the encounter between worker and service user, no matter how kind, self-aware or careful the worker may be”.

The nature of the relationship between parents/caregivers and service providers can be characterised by power imbalances, giving more power to service providers due to factors such as their position within statutory systems, access to resources, and expert knowledge (Dunst & Dempsey, 2007; Gladstone et al., 2012; Maiter et al., 2006; Mandell, 2008). The use of power in the relationships between parents/caregivers and service providers can impact upon how parents/caregivers engage with services, and can shape their level of satisfaction with service interventions (Altman, 2008; Boulter & Rickwood, 2013; Dunst & Dempsey, 2007; Gladstone et al., 2012). Through providing parents/caregivers with opportunities to participate in decision-making processes, and keeping them informed of the reasons decisions are being made, service providers can begin to address the power imbalance experienced by parents/caregivers (Boulter & Rickwood, 2013; Mandell, 2008; Marcenko et al., 2010). When parents/caregivers perceived that service providers were working to involve them in decision-making

about service provision, they were more likely to report that they felt empowered and supported in their efforts to seek help for their young people.

The relationship between clients and service providers has been shown to be an important factor in supporting youth engagement with services. Practitioners who work to empower young people by listening to their views and taking them into consideration provide young people with spaces in which they can feel supported. This can help to redress some of the power imbalances young people experience in their daily lives and help youth access other supportive resources, both physical and emotional/relational (Cossar et al., 2014; Edgar-Smith & Palmer, 2015; McLeod, 2007). Similarly, research regarding parents'/caregivers' engagement with services highlights the importance of recognising the experiential knowledge parents/caregivers hold regarding their young people's needs (Boulter & Rickwood, 2013; Burke, 2013). In supporting parents/caregivers to actively participate in decision-making, for example by discussing various options for supporting their young people, service providers can help parents/caregivers find the help that their young people need (Boulter & Rickwood, 2013; Broadhurst, 2003; Gladstone et al., 2012; Kemp et al., 2009; Palmer et al., 2005).

As Jordan (2006, p.48) notes:

“Children's well-being is closely linked to their relationships and emotions. This implies that services should not only focus more on these, but also enable staff to use relationships positively, rather than concentrating on behavioural or organisational outcomes”.

This thesis found that service providers who used their relationships with young people and parents/caregivers in ways that supported them to participate in decision-making, and empowered them to retain a sense of control over their service involvement were viewed more positively by the young people and their parents/caregivers. The ability to exercise agency, even when service involvement itself was mandated, provided young people and parents/caregivers with opportunities to activate relevant and meaningful service responses.

Relevant and meaningful service responses

Relevant and meaningful service responses were the third element of a successful claim for services. Young people's on-going engagement with services was supported when the interventions offered by service providers were relevant to their needs and meaningful within their wider circumstances. It was important to the youth and parents/caregivers that service providers worked alongside them to develop a shared understanding of youth needs. Building a shared understanding of youth needs required that service providers positioned young people and their parents/caregivers as experts and drew upon the knowledge that they (young people and parents/caregivers) held regarding the nature of youth needs.

In this thesis, it was found that service providers needed to have a clear understanding of how the young person and their parents/caregivers conceptualised their needs in order to provide meaningful and relevant help. This aligns with other research (see for example French et al., 2003; Jobe & Gorin, 2013; Wigley et al., 2012). When service providers do not respond directly to young people's needs, young people can feel disempowered and feel they are unable to contribute to decision-making. This may lead to young people feeling that the services they receive are not relevant to their needs (Munford & Sanders, 2015a; Wigley et al., 2012). It was important to the young people and parents/caregivers that service providers recognised and responded to the individual needs of young people, taking into consideration factors such as their current challenges and their future aspirations. This highlights a need for symmetry between the hopes and expectations of young people and their parents/caregivers, and the responses of service providers. For the young people and parents/caregivers who experienced this symmetry, it was achieved through positive, empowering relationships with service providers who were sensitive to the unique nature of young people's needs and responded to them in ways that were seen as meaningful by the participants.

However, for a number of the young people and parents/caregivers in this thesis, there was a sense of dissonance between their own expectations and hopes about how services would respond, and the actual responses of services. The dissonance was a source of frustration and they discussed feeling as if service providers did not have the same concerns about the long-term outcomes for the young people as they had themselves. Young people and their parents/caregivers were in a unique position to

understand their needs, and sometimes felt that service providers did not take advantage of this. Parents/caregivers have important intimate knowledge about young people's needs, family/whānau circumstances and cultural contexts which is essential in services being able to form valid assessments and plan effective interventions (Gladstone et al., 2012; Kemp et al., 2009; Robertson, 2005). Young people also have important understanding about what will work to support them in their lives (Drake et al., 2014; Jobe & Gorin, 2013; Prior & Mason, 2010). As a number of other researchers have found (see for example, Boulter & Rickwood, 2013; Gladstone et al., 2012; Iachini et al., 2015; Kemp et al., 2009; Maiter et al., 2006; Palmer et al., 2006), when parents'/caregivers' expectations and hopes about service delivery for their young people are not met, this decreases satisfaction with and effectiveness of the services provided. It was important for young people and parents/caregivers in this study that the relationships they had with service providers were empowering and laid the foundation for clear, open communication which allowed for a shared understanding of the young person's needs to be developed.

The complex needs of the young people in this study often required complex solutions, involving multiple service providers working alongside family/whānau members. As Ungar and colleagues (2012) note, when working with young people with complex needs, it is important to consider the interactive relationship that exists between young people, their parents/caregivers and service providers. The 'triadic relationship' (Ungar et al., 2012, p.203) between young people, parents/caregivers and service providers is influential in shaping the outcomes of service delivery for young people who are involved with multiple service providers. Through seeking to involve parents/caregivers and young people in developing an understanding of young people's needs and in decision-making, service providers could help parents/caregivers to feel that they were "empowered active negotiators" (Ungar et al., 2012, p.199) for the resources they believed would be useful for their young people. The complexity in the relationships between young people, parents/caregivers and service providers observed by Ungar and colleagues (2012) was also seen in this study. The parents'/caregivers' reflections on their experiences of seeking support for their young people revealed a desire to be positioned as active partners in negotiating for resources for their young people. They wanted to work alongside service providers to define their young people's needs and

determine the resources and interventions that would be most useful to their young people.

Making a claim for services: Supporting young people's engagement with services

The experiences of the young people and parents/caregivers in this thesis offer some important insights into the ways in which service providers can support young people to engage with services. As Mason and Prior (2008, p.12) note:

“‘Engagement’ suggests a set of objectives around developing young people’s personal motivation and commitment to involvement in activities. It implies that passive involvement is not enough”.

The young people and parents/caregivers in this thesis wanted to be actively involved in determining what support they needed, and in shaping how that support was delivered to them. In order to achieve this, they needed service providers who were willing to support them to be active partners in their engagement with services. Service providers needed to listen carefully to young people’s and parents’/caregivers’ efforts to communicate their needs, involve them in decision-making, and work to build a shared understanding of young people’s needs and the ways in which service could meet those needs.

Many of the young people in this study did not have a choice regarding service involvement in their lives. Some were involved with child welfare services due to concerns about their care and wellbeing, or were involved with youth justice services as a result of offending. Others required mandatory support from mental health services due to concerns about self-harm or alcohol and drug misuse. Some young people were also required to attend alternative education services after being excluded from school, or required support from specialised education services throughout their schooling. Even when the young people were not voluntarily involved with services, they wanted to have some control over their engagement. They wanted meaningful connections with their social workers, and wanted their views and concerns to be seen as important when decisions were being made.

The way in which the position of youth is constructed shapes service providers' interactions with young people (Aaltonen, 2013; Abrams & Hyun, 2009; Evans, 2007; Munford & Sanders, 2015b; White & Wyn, 1998). For example, constructions of vulnerable youth as people who have overcome challenges and who have important expertise regarding their needs can support service providers to work alongside young people and involve them in decision-making processes. Relationships that empower young people to be active participants in the engagement process, and which help young people retain a sense of control over their involvement with service providers have been observed to have a positive impact on young people's engagement with services (Everall & Paulson, 2002; Jobe & Gorin, 2013; Jones, 2011; McLeod, 2007). It has been suggested by various authors (for example Drake et al., 2014; Everall & Paulson, 2002; Jobe & Gorin, 2013; Munford & Sanders, 2015a, 2015b; Prior & Mason, 2010; Ungar, 2004) that relationships between vulnerable youth and service providers should be egalitarian, empowering, and enduring, and that service providers should be seen by youth as accessible and available. This is supported by the findings of this thesis; the youth who had relationships with their service providers in which they were empowered to exercise their agency, involved as partners in the interventions, and which were long-lasting had more positive experiences of engaging with services.

A critical realist lens reminds us that young people's ability to exercise their agency is tempered by the social structures which impact their lives. Factors such as the construction of youth and risk, and the social, economic and political contexts in which young people live impact upon the choices they are able to make about the ways that they exercise their agency (Aaltonen, 2013; Evans, 2007; Foster & Spencer, 2011). This was seen particularly clearly in the experiences of the young people who were not able to make a successful claim for services. Their choices were influenced by factors such as their relationships with their service providers, and their limited access to supportive resources at home and at school. Many of these young people did not have supportive relationships with workers, and felt that service providers could not offer support that would help them. They recognised that service providers played an important role in their lives, but they were unable to work with service providers to activate the resources they wanted and needed. For some of these young people, their attempts to seek help were misinterpreted by service providers as 'bad' behaviour. For example, some of the young people shared experiences of feeling unsafe when they were placed away from

their family/whānau by child welfare services. In response to this, the young people ran away, and this was seen by their service providers as non-compliance. Reframing the young people's behaviour as 'running to' somewhere they felt safe rather than running away from a placement could have provided practitioners with a useful way of viewing the young person's needs from their perspective (Ungar, 2004, 2007). Suspending judgement and taking the time to explore the reasons informing young people's behaviour may be challenging for practitioners, many of whom may have limited time to spend with individual young people. However, the experiences of the young people in this thesis underscore the importance of constructing young people as deserving of the time and attention it takes to understand their perspectives of what they need (Aaltonen, 2013; Everall & Paulson, 2002; Foster & Spencer, 2011; Mandell, 2008).

The young people also highlighted the importance of being seen by service providers as a whole person rather than as a list of issues or problems. The young people felt that their personal histories and contexts shaped the person they had become and the behaviours in which they engaged, and it was important that supportive adults, including service providers, recognised and valued this. Understanding young people's "*back story*" enabled young people to feel that service providers viewed them as more than a set of presenting problems, but could see the 'whole person'. Additionally, it suggested to young people that the service providers they were working with were going to listen to them and take their concerns and wishes into account when making decisions about how to intervene to help them. Social constructionism and critical realism highlight the importance of context in shaping how people experience the world (Burr, 2003; Houston, 2001). Personal histories provide part of the context for young people's experience with service engagement; for example, previous experiences of positive and negative relationships with service providers may influence how young people approach new service providers (French et al., 2003; Jobe & Gorin, 2013; McLeod, 2007; Smith, 2008). The young people in this thesis had complex histories, and it was important that service providers considered these throughout their work with young people.

Parents/caregivers also played a key role in supporting young people's engagement with services. While many parents/caregivers act as advocates for their young people, seeking support and information to help them meet their children's needs, achieving this

was particularly challenging for the parents/ caregivers in this study. Many who made claims for services on behalf of their young people were equally as vulnerable as their children. They faced challenges such as financial instability, transience, drug and alcohol misuse, domestic violence, abuse and neglect, and problematic family/whānau relationships. However, when they were concerned about their young people, they worked to find services and make a claim with services for interventions that were relevant and meaningful to their young people's needs and circumstances.

Parents/caregivers are often the people who first notice that their young people require support from services (Boulter & Rickwood, 2013; Burke, 2013). Zhang and Bennett (2003, p.56) highlight the importance of service providers building a “partnership...based on mutual respect, open communication, shared responsibility, and collaboration” with parents/caregivers whose children are involved with specialised education services. The principles Zhang and Bennett (2003) identify as central to building effective relationships with parents/caregivers and in turn meeting the needs of young people are useful not only with regards to specialised education services. Indeed, across the service spectrum, relationships between parents/caregivers and service providers are important when young people are involved with services (Ungar et al., 2012). The parents/caregivers in this thesis wanted to have positive relationships with their young people's service providers; they worked to facilitate open communication and wanted to work collaboratively with practitioners to find resources that would help their young people.

What is evident from the experiences of the young people and parents/caregivers in this thesis is that young people's engagement with services is an on-going, complex process. It is not static but is a dynamic and evolving process requiring effort from young people, parents/caregivers, and service providers. The concept of making a claim for services provides a useful perspective for conceptualising young people's engagement with services, highlighting three important aspects of this engagement: young people's needs and service entry criteria, personal agency, and relevant and meaningful service responses. Service providers need to be open to the different ways in which young people express their needs, and need to work to support young people to participate as active partners in the interventions that are offered. Young people and parents/caregivers need to be involved with decision-making processes, and

communication between service providers and young people and parents/caregivers needs to be open and honest. Importantly, the resources and interventions offered by services need to be relevant to the young people's needs as they are understood by the youth and their parents/caregivers. When this happens it is more likely that young people will successfully engage in services and positive change will be achieved.

Conclusion

This chapter has provided an analysis of the findings of this thesis. The experiences of the young people and parents/caregivers have been examined in light of the wider research on young people's engagement with services. The chapter has provided a discussion of the three aspects of making a claim for services (young people's needs and service entry criteria, personal agency, and relevant and meaningful service responses). Finally, this chapter has offered some reflections on the concept of making a claim for services and insights into the ways in which service providers can support young people's on-going engagement with services so that positive outcomes can be realised.

Chapter Eight: Conclusion

Introduction

Research which considers the perspectives of vulnerable youth is important because it has the potential to produce fresh insights into service encounters and the ways in which services can help youth to mitigate risks, accomplish their goals and realise positive futures (Berzin, 2010; Bottrell, 2009; Foster & Spencer, 2011; Prior & Mason, 2010). The youth in this research faced a wide variety of risks and challenges in their lives, such as lower levels of educational engagement, difficult family/whānau relationships, drug and alcohol misuse, financial instability and transience. They were clients of more than one service. Services potentially provided a significant set of resources that could facilitate positive outcomes if they were provided in ways that were relevant to their needs and meaningful to youth circumstances (Bottrell, 2009; Rutter, 2012; Ungar, 2004, 2012; Ungar et al., 2013). Parents/caregivers also offer an important perspective regarding young people's engagement with services. Parents/caregivers are often the first to notice that their youth require support (Broadhurst, 2003). The parents/caregivers in this study acted as advocates for their youth; they made claims for services on behalf of their youth. This was a challenge for many of these parents/caregivers as they were often as vulnerable as their children. They faced challenges such as financial instability, transience, problematic relationships, domestic violence, and drug and alcohol misuse. However, when they were concerned about their youth, they worked to find services and make a claim with services for interventions that were relevant and meaningful to their young people's needs and circumstances.

This thesis aimed to answer the question:

What is the process by which youth become successfully engaged with services?

In order to answer this question, it analysed first-person accounts shared by youth and parents/caregivers in qualitative interviews by examining the facilitators and barriers to young people's engagement with services. The findings of the study are summarised below.

Summary of findings

The concept of making a claim emerged from the analysis as an explanatory device that captured the process of service engagement. Young people's engagement with services was a complex, on-going process that was shaped by a range of factors. These factors included structures such as the policies which guided service delivery in Aotearoa New Zealand. Additionally, relational factors, particularly the relationships that service providers formed with youth and parents/caregivers the ways in which youth and parents/caregivers were perceived by service providers, shaped the way in which youth engaged with services. Individual factors, for example, young people's and parents'/caregivers' perceptions of what help a service could offer, also influenced young people's engagement.

The policies which guided service delivery to the youth had an impact on their engagement with services. In order to make a successful claim for services, young people's needs had to meet service entry criteria. This was challenging for the youth who had particularly complex needs. The parents/caregivers in this study had to work to find diagnoses for their young people's needs, and this constrained their ability to find the support that their children needed. The thresholds for service entry often meant that youth with complex needs migrated through multiple service providers, being assessed by each service, but not actually receiving interventions to help them.

The relationships that service providers formed with youth and parents/caregivers were significant in influencing young people's engagement with services. The youth in the study wanted to feel empowered by their service providers. They wanted to be supported to retain some control over their engagement, even when their involvement with services was mandated, as in the case of child welfare and youth justice involvement. This was seen in the ways that youth talked about trying to find ways to exercise their agency in their interactions with service providers, for example in behaving in challenging ways when they felt disempowered. The relationships between service providers and parents/caregivers were also important. Similar to the youth, parents/caregivers wanted to be involved with decision-making processes, and wanted to be informed of the reasons that decisions were being made. Positive, empowering relationships between service providers, youth and parents/caregivers had the potential

to position youth and parents/caregivers as active partners in the interventions that were offered, and this supported young people's on-going engagement with services.

The way in which youth and parents/caregivers were understood by service providers had a strong impact on young people's on-going engagement with services. When service providers viewed youth and parents/caregivers as valid contributors to assessment and decision-making processes and drew upon their experiential knowledge to inform decision-making and interventions, the youth and parents/caregivers felt supported and were more likely to engage with the service. Viewing youth and parents/caregivers as valid contributors to assessment and decision-making processes supported service providers to build a shared understanding of youth needs that was grounded in the way that the youth and their parents/caregivers perceived those needs. In order to support successful engagement, there had to be symmetry between the ways that service providers understood needs and sought to engage with youth and parents/caregivers, and the way in which youth and parents/caregivers perceived practitioners' actions. This, in turn, led to service providers being able to deliver meaningful and relevant interventions to youth, and supported young people's long-term engagement with the service.

The perceptions youth and their parents/caregivers held regarding the support that could be offered by a particular service influenced the decisions youth made about their engagement with services. Youth and their parents/caregivers held significant experiential knowledge about the ways in which service providers could support them; they knew what had and had not worked for them in the past. They wanted services to support them in ways that were relevant to their needs and meaningful within their circumstances. When youth and parents/caregivers felt that service providers could help them in ways that were meaningful and relevant, they were more likely to make the decision to engage with the service. However, when there was an asymmetry between the help that youth and parents/caregivers wanted and the help that was offered by service providers, this made it difficult for them to engage with services.

A successful claim for services was characterised by three things: young people's needs meeting service entry criteria; opportunities to exercise personal agency; and relevant and meaningful service responses. In order to make a successful claim for services,

young people's needs had to meet service entry criteria. This was determined by the policies which guided service delivery in Aotearoa New Zealand. Youth and their parents/caregivers had to be able to communicate their needs with service providers. A successful claim for services also required that youth and their parents/caregivers were given opportunities to exercise their agency in the help-seeking process. The relationships service providers formed with youth and their parents/caregivers were central to this; service providers could offer youth and their parents/caregivers opportunities to participate in decision-making processes and support youth to retain a sense of control over their engagement with services. Finally, a successful claim for services required that service responses were relevant to young people's needs and meaningful within their wider circumstances. This involved youth and parents/caregivers building a shared understanding of youth needs with service providers. Young people's and parents'/caregivers' perceptions of the interventions that a service could offer were also important in the delivery of meaningful and relevant service responses. A successful claim, achieved when young people's needs met service entry criteria, when youth and their parents/caregivers had opportunities to exercise their agency over the help-seeking process, and when service responses were relevant and meaningful to youth, supported young people's on-going engagement with services.

Reflections on the research process

Undertaking this thesis has offered the opportunity for me to develop my understanding of the ways in which youth construct their realities. As David Bowie sang in his 1971 song, *Changes*:

And these children that you spit on,
As they try to change their worlds,
Are immune to your consultation,
They're quite aware of what they're going through.

The youth in this study were indeed quite aware of what they were going through and had a depth of insight into their circumstances. As I began to read through the young people's interviews, I was struck by their astute observations and interpretations of their experiences. They were very aware of how adults in their lives perceived them, and how their interactions with these adults were shaped by their responses to adults'

perceptions. For example, many of the youth discussed behaving badly in response to adults who placed them in positions of powerlessness. The young people's awareness of the ways in which their lives were impacted upon by a myriad of factors, such as their experiences of adversity and their relationships with family/whānau, peers and service providers, contributes to our understanding of how we can support vulnerable youth through service provision and through community-based responses to need.

Undertaking a qualitative study allowed me to prioritise the voices of the youth and parents/caregivers. The social constructionist and critical realist epistemology that informed the thesis provided me with a framework upon which to layer my understanding of the experiences shared by the youth and parents/caregivers. For example, the social constructionist premise that the way in which reality is perceived is influenced by context (Burr, 2003) prompted me to think about the ways in which young people's wider circumstances, for example the challenges they faced at home, at school, and in their relationships with others, impacted on their ability to engage with a service. Critical realism also informed the analysis. For example, the conception that social structures influence people's experiences, and are in turn shaped by those experiences (Houston, 2001), encouraged me to examine how young people's agency was shaped by factors such as the power ascribed to youth within society, and how youth actively sought ways to exercise their agency through their involvement with services.

Implications for practice and policy

This thesis has shown that it is important to recognise the substantial risks and challenges youth who are multiple service users face in navigating a safe pathway through adolescence and into adulthood. It is fundamental for those who work with vulnerable youth to form supportive, trusting relationships with these youth. The youth in this study emphasised service providers as key people in their life stories; particularly important was the nature of the relationships youth had with their key workers, such as social workers. The youth and their parents/caregivers responded positively to service providers who connected with them, gave their concerns and hopes consideration in decision-making, and supported them to exercise their agency in their involvement with the service. This aligns with other research about working with vulnerable youth and families/whānau (for example, Aaltonen, 2013; Abrams & Aguilar, 2005; Abrams &

Hyun, 2009; Bottrell, 2009; Burke, 2013; Dunst & Dempsey, 2007; Kemp et al., 2009; Munford & Sanders, 2011; Ungar, 2004) and indicates an on-going need for practitioners to involve vulnerable youth and families/whānau in decision-making and interventions. Additionally, the involvement of clients in decision-making is one of the goals of the policies and legislation which guide service delivery in Aotearoa New Zealand. Policies such as the mental health strategies Te Tāhuhu (Minister of Health, 2005) and Te Hononga 2015 (Mental Health Commission, 2007), and the FGC process used by CYF in both care and protection and youth justice, seek to include youth and their families/whānau in decision-making processes.

Partnership between clients and practitioners is an important part of successful service engagement; ultimately, it is clients who will (or will not) make changes in their lives following intervention from a service. Youth and their families/whānau have significant experiential knowledge about their specific needs and what will work in their lives, and it is important that service providers work alongside clients to utilise this knowledge in decision-making about interventions (Broadhurst, 2003; Burke, 2013; Munford & Sanders, 2011; Prior & Mason, 2010). Service providers can support clients to access resources that will enhance their resilience and support the achievement of better outcomes. However, as reported by the youth and the parents/caregivers in this study, service providers' provision of such resources is not enough to guarantee positive outcomes; youth and their parents/caregivers had to be invested as partners in the interventions and outcomes.

The active involvement of clients as partners in interventions could be promoted through workers' training, both through tertiary qualifications and in-post. This training could cover factors such as an exploration of the ways in which youth with complex needs have 'bounded agency' (Evans, 2007, p.92), in that their ability to exercise their agency and work to change their circumstances is limited by factors such as their high levels of needs, challenging family/whānau relationships, and the lesser power ascribed to youth in society. The challenges faced by parents/caregivers in being supported to participate as active partners in interventions for their youth could also be a focus of training for service providers. The parents/caregivers in this study found that service providers did not always take their concerns into consideration when they were making decisions about the interventions to offer youth. Tertiary and in-post training could

address these issues by offering service providers opportunities to reflect on the ways in which parents'/caregivers' and young people's relationships with service providers are impacted upon by social structures. An exploration of the ways to ensure that youth and parents/caregivers are informed about decision-making processes, constraints on the services that can be offered, and are supported by practitioners to participate in ways which are meaningful to them (youth and parents/caregivers) could be a key element of future training for service providers.

A challenge that was experienced by many of the youth and parents/caregivers in this study was recurring referrals from one service provider to another for youth with particularly complex needs. Despite the existence of policies such as the High and Complex Needs Interagency Strategy (Ministry of Social Development, 2005a), which aims to support coordinated service delivery for youth who require specialised support from multiple agencies, the youth and parents/caregivers in this study reported that their initial requests were sometimes turned down. Additionally, the youth did not always have a diagnosis for their needs, and some had diagnoses which continually changed (for example, from a behavioural need, to a mental illness, to an intellectual disability). This posed significant challenges for both the youth and their parents/caregivers who were seeking help on behalf of their youth. They had to navigate a multitude of service providers before meaningful and relevant support could be provided, and for some youth, this reality was never realised; they migrated between agencies, being assessed but never receiving any services.

A consideration for policy and practice is the clarification of service entry criteria. The youth and parents/caregivers in this study often found it difficult to know what service to go to in order to find help. Many of the parents/caregivers sought support from numerous providers before they found one who could support their young person. The youth did not understand why they could not receive specific types of support they asked for. Two of the goals of the policies guiding service delivery in Aotearoa New Zealand are early intervention and client empowerment. These are seen in policies such as the Differential Response Framework used by CYF (CYF, 2009; Waldegrave et al., 2005) and the mental health frameworks Te Tāhuhu (Minister of Health, 2005) and Te Hononga 2015 (Mental Health Commission, 2007). Similarly, the Special Education 2000 policy aimed to provide additional support to students with special educational

needs. It is important to recognise the impact that service entry criteria can have on young people's and parents'/caregivers' efforts to find appropriate support. Youth and parents/caregivers usually navigate the formal service system with little professional guidance. Their knowledge of the constraints to service delivery is gained through their experiences in negotiating for the receipt of particular services (Brown, 2006; Burke, 2013; Dunst & Dempsey, 2007; Palmer et al., 2006). The youth and parents/caregivers were sometimes not supported to understand service entry criteria, and were not offered support to find appropriate services; this led to them feeling disempowered. Additionally, it meant that opportunities for early intervention and preventative measures were missed. Ensuring that service providers are able to offer youth and parents/caregivers clear guidance regarding the ways in which they are able to support youth is one way in which the challenge of finding the right service could be addressed in practice.

Another important consideration for practice is understanding that engagement with services is an on-going process rather than a singular event (Jones, 2011). The experiences discussed by youth and their parents/caregivers indicated the importance of on-going support to engage with service providers. The youth reflected positively on service providers who stood beside them when things were difficult, and who made the effort to connect with them throughout the challenges they faced. They also reflected on periods when they were more engaged and less engaged with services; these periods of differing engagement were influenced by factors in the young people's wider circumstances and by factors relating specifically to the interventions that were being offered by services. Meaningful and relevant interventions promoted engagement, while interventions the youth felt would not meet their needs discouraged youth. The conceptualisation of engagement with services as an on-going process rather than a one-time event could be a key focus of training for service providers, both through tertiary study and in-post training. Additionally, practice which recognises the changing nature of young people's engagement, and supports youth to navigate periods where factors in their wider circumstances may lead them to be less engaged with services, could further enhance young people's long-term engagement with services.

Future research

This thesis has examined the ways in which youth make a claim for services and it has also explored how parents/caregivers support their young people's engagement with services through making a claim for services on their behalf. A small number of youth reflected on unsupportive family/whānau relationships and the impact this had on their engagement, however, this was not a key focus of the thesis. Future research could explore the impact unsupportive family/whānau relationships have on service engagement; specifically, this research could examine the impact of family/whānau members actively discouraging young people's help-seeking efforts.

The youth in this thesis highlighted key workers as important people in supporting or inhibiting their engagement with services. Future research could explore the different components of the youth-practitioner relationship by examining the perspectives of youth and service providers. This research could explore the ways in which youth and service providers perceive their relationships, and the particular practitioner behaviours that support or inhibit young people's engagement with services. Through including both youth and practitioner perspectives, this research could build a more in-depth understanding of how the relationships between youth and practitioners function, and the ways in which practitioners' behaviours influence young people's engagement as active partners in service provision.

Conclusion

This research has examined the perspectives of youth who were multiple service users and their experiences of becoming involved with services. It has also explored the experiences of parents/caregivers. It builds on literature and research on the service provision for youth with multiple complex needs. The study presented the heuristic device of *making a claim for services* as a way of explaining the client perspective of negotiating to receive meaningful and relevant service interventions. Of central importance to making a successful claim for service were the relationships that exist between youth and service providers; a shared understanding of youth needs; and opportunities for youth to exercise agency and retain a sense of control over their involvement with services.

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Appendix 1: Policy timeline

Service delivery to vulnerable young people in Aotearoa New Zealand has been informed by a number of pieces of legislation and strategic policy documents. This timeline provides an overview of the key developments in this legislation and policy from 1989-2012.

1989	<p>Children, Young Persons and their Families Act (CYPF Act). This Act informs the delivery of child welfare and youth justice services in Aotearoa New Zealand.</p> <p>Education Act. This Act guarantees free and compulsory education for all children and young people who are New Zealand citizens or residents from age five to age nineteen.</p> <p>Public Finance Act. This Act changed the way public services were funded, moving from a focus on inputs to outputs and accountability. It requires government departments (including CYF) to keep within budgets, which can be challenging when the actual cost of child protection work may differ significantly from estimates²⁸.</p>
1992	<p>Mental Health (Compulsory Assessment and Treatment) Act. This Act provides the legal framework for the provision of compulsory assessment and treatment services to those with serious mental health needs who pose a risk of harm to themselves or others. Part 8 of the Act specifically addresses the provisions relating to children and young people up to the age of 17.</p>
1993	<p>United Nations Convention on the Rights of the Child (UNCROC) ratified²⁹. Aotearoa New Zealand is a signatory to the non-binding UNCROC. UNCROC aims to provide guidance to Governments regarding the rights of children and young people.</p>

²⁸ Dalley, B. (1998). *Family matters*. Auckland, New Zealand: Auckland University Press.

²⁹ <http://www.occ.org.nz/childrens-rights-and-advice/uncroc/>

1994	Looking Forward: Strategic directions for the mental health services ³⁰ released. This strategy was the Government's first unified strategy for mental health services.
1995	Mason Inquiry into Mental Health Services ³¹ marked the start of a period of significant change for the delivery of mental health and addictions services. The report recommended the establishment of the Mental Health Commission, a separate pool of funding for mental health services (distinct from general health funding) and the development of a public education programme to reduce discrimination against people with mental illness. Special Education Policy Guidelines introduced to provide alternative and additional resources to children with special educational needs ³² .
1996	Special Education 2000 ³³ introduced. This strategy aimed to develop an inclusive education system for children and youth with special educational needs. It provided additional funding and support services, such as the Ongoing and Reviewable Resourcing Scheme (ORRS) and the Severe Behaviour Initiative. Students with moderate educational needs could receive support from a Resource Teacher: Learning and Behaviour (RTLb). Special Education 2000 also established Regional Hospital Health Schools.
1997	Moving Forward: The national mental health plan for more and better services ³⁴ released. This was the companion to Looking Forward (1994) and provided an action plan for implementing the goals in Looking Forward.
1998	Blueprint for Mental Health Services ³⁵ released. This provided strategic direction for the delivery of mental health and addictions services. It

³⁰

[http://www.moh.govt.nz/notebook/nbbooks.nsf/0/DAA659934A069A234C2565D70018A75A/\\$file/looking-forward.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/DAA659934A069A234C2565D70018A75A/$file/looking-forward.pdf)

³¹ Mason, K., Johnston, J., Crowe, J. (1996) *Inquiry Under Section 47 Of The Health And Disability Services Act 1993 In Respect Of Certain Mental Health Services: Report Of The Ministerial Inquiry To The Minister Of Health Hon. Jenny Shipley*. Wellington, New Zealand: Ministry of Health.

³² https://www.educationcounts.govt.nz/_data/assets/pdf_file/0018/15192/massey-research-phase-one.pdf

³³ https://www.educationcounts.govt.nz/_data/assets/pdf_file/0018/15192/massey-research-phase-one.pdf

³⁴

[http://www.moh.govt.nz/notebook/nbbooks.nsf/0/1afc12d0677638624c2565d700185b11/\\$FILE/Moving%20Forward%20.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/1afc12d0677638624c2565d700185b11/$FILE/Moving%20Forward%20.pdf)

³⁵

[http://www.moh.govt.nz/notebook/nbbooks.nsf/0/0E6493ACAC236A394C25678D000BEC3C/\\$file/Blueprint.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/0E6493ACAC236A394C25678D000BEC3C/$file/Blueprint.pdf)

	<p>identified, amongst other things, the importance of providing services for children and young people, stating that services should ensure that service delivery is culturally responsive, involve family/whānau, be easily accessible for children, youth and their families/whānau, and provide early intervention support where required.</p> <p>New Futures: A strategic framework for specialist mental health services for children and young people in New Zealand³⁶ released. This strategy provided guidance for service delivery for children and young people aged 0-19 years. It outlined the functions of specialist mental health and addictions services (such as Child and Adolescent Mental Health Services, CAMHS, and Youth Specialty Services), with a particular focus on cross-sector collaboration.</p>
1999	<p>Strengthening Families³⁷ introduced nation-wide. Strengthening Families brings together different service providers (both statutory and NGO) to work alongside individuals and families/whānau to provide coordinated service delivery.</p>
2000	<p>Review of the Department of Child, Youth and Family Services (now CYF) raised a number of concerns, including resourcing and staffing within CYF, and recommended a number of changes³⁸.</p>
2001	<p>New Directions released as a strategic policy for CYF³⁹. This was a result of the 2000 review of the Department of Child, Youth and Family Services.</p> <p>Te Pounamu: Manaaki tamariki, manaaki whānau⁴⁰ released. This strategic policy for CYF guides the delivery of services to vulnerable Māori children, young people and families/whānau.</p> <p>Intersectoral Strategy for Children and Young People with High and Complex Needs⁴¹ released. This strategy was a joint initiative of the Ministries of</p>

³⁶ [http://www.moh.govt.nz/moh.nsf/Files/newftres/\\$file/newftres.pdf](http://www.moh.govt.nz/moh.nsf/Files/newftres/$file/newftres.pdf)

³⁷ <http://www.strengtheningfamilies.govt.nz/about-strengthening-families/>

³⁸ Brown, M. (2000). *Care and protection is about adult behaviour: The Ministerial Review of the Department of Child, Youth and Family Services*. Wellington, New Zealand: Ministry of Social Development.

³⁹ <http://www.beehive.govt.nz/feature/new-directions-child-youth-and-family-46>

⁴⁰ <http://www.practicecentre.cyf.govt.nz/documents/resources/tepounamu.pdf>

⁴¹ <http://www.hcn.govt.nz/documents/the-hcn-unit/high-and-complex-needs-interagency-strategy.pdf>

	Health and Education, and CYF. It provided extra resources and coordinated service delivery for children and young people who had needs that could not be met by single service providers.
2002	Youth Offending Strategy ⁴² introduced to provide guidance to the Government regarding youth justice policy and to support coordinated service delivery to young offenders. The Youth Offending Strategy emphasised early intervention for young offenders, coordinated leadership within the youth justice sector (across both statutory and NGO providers), and information gathering to support effective service provision and policy development.
2003	Children's Commissioner Act. This Act outlined the three responsibilities of the Children's Commission: monitoring the services provided under the CYPF Act; advocating for children and young people under the age of 18; and promoting the application of UNCROC. Care and Protection Blueprint ⁴³ released as a result of the 2000 review of the Department of Child, Youth and Family Services. The Blueprint identified an action plan for achieving more cohesive and effective service planning and delivery for vulnerable young people.
2004	Care of Children Act. This Act defines parents' rights and responsibilities regarding the care of children and guides the appointment of legal guardians through the Courts. Youth Transitions Services ⁴⁴ introduced to support young people aged 15-19 to manage the transition from school into further education, training or employment.
2005	Te Tāhuhu: Improving mental health 2005-2015 ⁴⁵ identified the Government's priorities for mental health and addictions. It included a number of priorities specific to children and youth, for example increased funding, improved availability and access to services, and supporting children of

⁴² <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/archive/2002-youth-strategy.pdf>

⁴³ <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/planning-strategy/care-and-protection-blueprint/index.html>

⁴⁴ <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/evaluation/youth-transition-services/index.html>

⁴⁵ <http://www.health.govt.nz/system/files/documents/publications/tetahuhu-improvingmentalhealth.pdf>

	<p>parents with mental illness.</p>
2007	<p>Section 59 of the <i>Crimes Act</i> (1961) amended to give children the same legal protection as adults against assault. This amendment removed a defence which allowed parents/guardians to claim they were using ‘reasonable force’ to discipline their children if they were charged with assaulting them.</p> <p>Pathway to Partnership⁴⁶ introduced to build more effective community-based provision for child welfare services. It injected additional funding into community-based services for children, young people and their families/whānau.</p> <p>Te Raukura – Mental health and alcohol and other drugs: Improving outcomes for children and youth⁴⁷ released. This strategy provided guidance on the Government’s priorities for child and youth mental health and addictions services. This included increasing the scope of service delivery to children and youth with ‘mild’ and ‘moderate’ needs, increased collaboration between service sectors (including primary health and education), and reducing inequalities for Māori and Pasifika children and youth.</p>
2009	<p>Community Response Fund⁴⁸ established as an emergency fund for NGOs experiencing high costs or increased demand as a result of the economic downturn of 2008. The Community Response Fund redirected some of the funding that was available under Pathway to Partnership. The Fund was closed after June 2012.</p> <p>High Trust Contracting Model⁴⁹ introduced to enable community-based service providers to find local solutions for local issues, including domestic violence, working with young parents, supporting victims of abuse, and providing budgeting advice and support.</p>

⁴⁶ <http://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/pathway-to-partnership/key-information/key-information-background.html>

⁴⁷ <https://www.health.govt.nz/system/files/documents/publications/te-raukura.pdf>

⁴⁸ <https://www.familyservices.govt.nz/working-with-us/funding-and-contracting/community-response-fund/>

⁴⁹ <https://www.familyservices.govt.nz/working-with-us/funding-and-contracting/high-trust-contracting/>

	<p>Fresh Start⁵⁰ initiative announced. Fresh Start aimed to expand the range of options available for working with young offenders to reduce offending and re-offending. It increased the powers of the Youth Court and increased the range of orders the Youth Court could give when sentencing young offenders.</p> <p>Success for All: Every school, every child⁵¹ introduced to guide specialised educational services. This strategy provided additional support for schools, through monitoring and the provision of additional guidelines. It also provided more targeted funding for students with special educational needs.</p>
2010	<p>Whānau Ora⁵² introduced as an inclusive, culturally-anchored approach to working with families/whānau. Whānau Ora aimed to provide funding and support to help families/whānau identify their needs and work with multiple agencies where required to create solutions.</p>
2012	<p>Youth Service introduced⁵³. This service was coordinated by Work and Income New Zealand and replaced the Youth Transitions Services. The Youth Service aimed to help young people to find suitable education and training options to prepare them for the workforce.</p> <p>Blueprint II released as a 10-year strategy for the delivery of mental health services. The strategy recommended extending service provision for those with lower levels of need, and focusing on early intervention for children and youth, and particularly for Māori and Pasifika populations.</p> <p>Prime Minister's Youth Mental Health Project⁵⁴ launched. The Project aimed to reduce and prevent the development of youth mental health issues and support youth access to mental health services.</p>

⁵⁰ <http://www.cyf.govt.nz/youth-justice/fresh-start.html>

⁵¹ <http://www.education.govt.nz/assets/Documents/School/Inclusive-education/SuccessForAllEnglish.pdf>

⁵² <http://www.tpk.govt.nz/en/whakamahia/whanau-ora/>

⁵³ <http://www.youthservice.govt.nz/>

⁵⁴ <https://www.health.govt.nz/our-work/mental-health-and-addictions/youth-mental-health-project/background-youth-mental-health-project>

Appendix 2:

Pathways to Resilience Project methods overview

The Pathways Study sought to identify factors that were related to the achievement of positive outcomes for youth who were users of multiple social services. The youth faced significant, on-going adversity in their lives, and faced a range of challenges in navigating a safe pathway through adolescence to adulthood (Sanders et al., 2013b). The Pathways Study comprised two phases: (1) a series of quantitative surveys and (2) a qualitative phase comprising semi-structured interviews with a sub-sample of participants from the quantitative phase, qualitative interviews with adults the youth nominated as knowing them well, and a review of case file data from organisations who had worked with the youth, where youth gave permission for this to be accessed. Data for the Pathways Study was collected between 2009 and 2013 (Sanders et al., 2013b).

For the quantitative phase of the Pathways Study, two groups of youth completed a survey: the Pathways to Resilience Youth Measure (PRYM). This is an instrument developed at the Resilience Research Centre at Dalhousie University (Sanders et al., 2013b). The research included 605 youth who were using at least two services (multiple service using youth) and 886 comparison group youth who were not using two or more services. Additionally, multiple service using youth were asked to nominate an adult they trusted, and who knew about their experiences. This 'Person Most Knowledgeable' (PMK) completed a similar questionnaire. Not all of the multiple service using youth were able to nominate a PMK they trusted. A total of 448 PMK were interviewed. The quantitative questionnaires covered a range of factors, including youth's lifetime service use; their experiences at school; their experience of family/whānau, including whether they had a 'mother' and a 'father' figure, and the nature of this relationship; relationships with friends; the risks they faced; and access to community resources.

A sub-sample of multiple service using youth who faced the highest levels of risk were invited to participate in the qualitative phase of the Pathways Study. The youth who had the highest scores on the risk measures in the PRYM (such as delinquency, depression, substance misuse, and exposure to risk in the family/whānau, school or community), and who had the most (high resilience) or least (low resilience) resources and strategies

to mitigate harmful environments (for example, personal resources, relationships, access to contextual resources such as culture, and engagement with education) were interviewed in the qualitative phase (Sanders et al., 2013b).

A total of 109 youth were interviewed by trained interviewers for the qualitative phase of the Pathways Study. These youth were asked to nominate an adult they trusted to be interviewed about them (a PMK). As with the survey, not all of the youth were able to nominate an adult they trusted sufficiently; a total of 76 PMK were interviewed. The interviews lasted between 40 and 90 minutes. Participants gave permission for the interviews to be audio recorded. The interview recordings were then transcribed verbatim. The semi-structured interviews gave the youth an opportunity to share their stories in their own words, and reflect on their experiences in more depth (Sanders et al., 2013b, p.16-17). The interviews covered a range of topics, including youth's understandings of the risks they faced and what did or could have helped them mitigate their challenges and achieve their goals; their experiences of becoming a client in a range of services; their experiences of family/whānau, their community, school and other services; their understanding of health and wellbeing; and their suggestions about how effective services could be provided to youth. PMK were asked about their perspectives on the young people's experiences. They were asked the same questions as the youth. This approach resulted in a very rich and detailed account of the young people's experiences as it allowed for multiple perspectives of events to be explored (Sanders et al., 2013b, p.17).

Thematic coding was completed using the NVivo computer programme. Initial codes were generated from a priori themes contained in the research questions and conceptual material used in the development of the study. The key themes focused on young people's engagement with services and the other domains in their lives, such as family and peer relationships. These preliminary codes were broad, as they were informed by the research questions of the Pathways Study (Sanders et al., 2013b). The initial codes included themes such as 'Behaviours or attitudes', 'Education', 'Family', 'Health' and 'Services'. After the initial cut of coding, the codes were adapted to allow unique and novel characteristics of the interviews to be captured. At this point, a number of sub-nodes were created in NVivo. These sub-nodes were developed inductively through a closer reading of the data. Throughout this process of inductive analysis, particular

attention was paid to extracting information that elaborated upon the ways in which young people and their PMK explained how risks emerged in their lives; how risks were exacerbated and moderated by factors such as key relationships; how services, including schools, were experienced; and how aspects of their communities enhanced or reduced coping. Other information collected included the ways in which services were provided across the lifespan, how service provision and other personal and ecological factors contributed to functional outcomes, and the roles youth and their families/whānau had in negotiating access to social services (Sanders et al., 2013b).

Appendix 3:

Low-risk ethics notification

(All notifications are to be typed)

(Do not modify the content or formatting of this document in any way)

**Massey University**
Te Kunenga ki Pūrehuroa

**NOTIFICATION OF LOW RISK RESEARCH/EVALUATION
INVOLVING HUMAN PARTICIPANTS**

*Staff researchers and supervisors are fully responsible for ensuring that the information in this form
meets the requirements and guidelines for submission of a Low Risk Notification*

SECTION A:

1. **Project Title** Experiences of becoming involved with social services: The perspectives of vulnerable youth

Projected start date for data collection Note that this project is carrying out a secondary analysis on data that has already been collected¹. **Projected end date** October 2015

(Low risk notifications must not be submitted if recruitment and/or data collection has already begun.)

2. **Applicant Details** *(Select one box only and complete details)*

ACADEMIC STAFF NOTIFICATION

Full Name of Staff Applicant/s _____

School/Department/Institute _____

Region (mark one only) Albany Palmerston North Wellington

Telephone _____ **Email Address** _____

STUDENT NOTIFICATION

Full Name of Student Applicant Kimberley Dewhurst

Postal Address 77 Victoria Avenue, Palmerston North

Telephone 0276007938 **Email Address** k.dewhurst@massey.ac.nz

Employer _____

Full Name of Supervisor(s) Jackie Sanders, Robyn Munford

School/Department/Institute School of Health and Social Services

Region (mark one only) Albany Palmerston North Wellington

Telephone Jackie Sanders:
83206 or
0274930055
Robyn Munford:
83513 or
021379429 **Email Address** j.sanders@massey.ac.nz, r.munford@massey.ac.nz

GENERAL STAFF NOTIFICATION

¹ This research is carrying out secondary analysis on data already collected for the Pathways to Resilience Project (MUHEC Southern B 08/33).

Full Name of Applicant _____
Section _____
Region (mark one only) Albany Palmerston North Wellington
Telephone _____ **Email Address** _____
Full Name of Line Manager _____
Section _____
Telephone _____ **Email Address** _____

3 Type of Project (provide detail as appropriate)

Staff Research/Evaluation:

Student Research:

If other, please specify:

Academic Staff

Name of Qualification

MS
W

General Staff

Credit Value of Research

120

Evaluation

(e.g. 30, 60, 90, 120, 240, 360)

4. Describe the process that has been used to discuss and analyse the ethical issues present in this project.
(Please refer to the Low Risk Guidelines on the Massey University Human Ethics Committee website)

The research involves the analysis of data that has already been collected from The Pathways to Resilience (New Zealand) Project which was approved by MUHEC Southern B 08/33

I am undertaking my Masters' research as a part of this Massey University research team. The project leaders are supervising this research.

I work as part of the data quality control and research analysis team which involves ensuring all data is entered into secure databases correctly and that ethical procedures are followed for each research phase. This includes maintaining confidentiality, storing data separately from identifying information on consent forms, and storing all data in secure cabinets or on secure computer databases. I have had all the ethical issues associated with this project explained to me and have signed confidentiality agreements for my work on the project. The research team deals with ethical issues as they arise, and all issues are resolved in alignment with the terms of the relevant ethics approval.

For my Masters' research, I do not have access to any identifying information and I will be working with anonymised data stored in the NVIVO database used in the project. I have been trained in the proper use of data and the methods used to protect participants in the project.

5. Summary of Project

Please outline the following (in no more than 200 words):

1. The purpose of the research, and

The proposed research seeks to explore the perspectives and experiences of young people in the Pathways to Resilience study regarding their experiences of becoming involved with social services (mental health, special and alternative education, youth justice and child welfare services). The process of becoming involved with supportive services can be challenging for vulnerable young people, due to a range of factors including policy around service delivery, young people's awareness of services, and young people's ability to clearly articulate their needs.

The young people involved with the Pathways to Resilience research are vulnerable by virtue of the risks they face in their lives (such as lower levels of engagement with mainstream education, mandated involvement with social services and increased exposure to abuse and domestic violence). As such, the research seeks to prioritise the narratives of the young people in addition to recognising the effects of social structures on the ability of these young people to exercise their agency.

2. The methods you will use.

I will be analysing qualitative data that has been collected for the Pathways to Resilience Research (MUHEC 08/33).

(Note: ALL the information provided in the notification is potentially available if a request is made under the Official Information Act. In the event that a request is made, the University, in the first instance, would endeavour to satisfy that request by providing this summary. Please ensure that the language used is comprehensible to all)

Please submit this Low Risk Notification (with the completed Screening Questionnaire) as follows:

1. For staff based at either the Palmerston North or Wellington campus; and students whose Chief Supervisor is based at either the Palmerston North or Wellington campus:

External Mailing Address

Ethics Administrator
Research Ethics Office
Massey University
Private Bag 11222
Palmerston North 4442

Internal Mailing Address

Ethics Administrator
Research Ethics Office
Courtyard Complex, PN221
Turitea
Palmerston North

2. For staff based at the Albany campus and students whose Chief Supervisor is based at the Albany campus:

External Mailing Address

Ethics Administrator
Research Ethics Office
Massey University
Private Bag 102904
North Shore City 0745

Internal Mailing Address

Ethics Administrator
Research Ethics Office
Room 3.001B, Level 3
Quadrangle A Building
Albany Campus

SECTION B: DECLARATION *(Complete appropriate box)*

ACADEMIC STAFF RESEARCH

Declaration for Academic Staff Applicant

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. I understand my obligations and the rights of the participants. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. My Head of Department/School/Institute knows that I am undertaking this research. I confirm that this submission meets the requirements set out in the Guidelines for Low Risk Notifications and that the information contained in this notification is to the very best of my knowledge accurate and not misleading.

Staff Applicant's Signature _____

Date: _____

STUDENT RESEARCH

Declaration for Student Applicant

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and discussed the ethical analysis with my Supervisor. I understand my obligations and the rights of the participants. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. I confirm that this submission meets the requirements set out in the Guidelines for Low Risk Notifications and that the information contained in this notification is to the very best of my knowledge accurate and not misleading.

Student Applicant's Signature _____

Date: 15/7/2014

Declaration for Supervisor

I have assisted the student in the ethical analysis of this project. As supervisor of this research I will ensure that the research is carried out according to the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. I confirm that this submission meets the requirements set out in the Guidelines for Low Risk Notifications.

Supervisor's Signature _____

Date: 15/07/14

Print Name _____

JACKIE SANDERS

GENERAL STAFF RESEARCH/EVALUATIONS

Declaration for General Staff Applicant

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and discussed the ethical analysis with my Supervisor. I understand my obligations and the rights of the participants. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. I confirm that this submission meets the requirements set out in the Guidelines for Low Risk Notifications and that the information contained in this notification is to the very best of my knowledge accurate and not misleading.

General Staff Applicant's Signature _____

Date: _____

Declaration for Line Manager

I declare that to the best of my knowledge, this notification complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and that I have approved its content and agreed that it can be submitted.

Line Manager's Signature _____

Date: _____

Print Name _____



MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA

18 July 2014

Kimberley Dewhurst
77 Victoria Avenue
PALMERSTON NORTH 4410

Dear Kimberley

Re: Experiences of Becoming Involved with Social Services: The Perspectives of Vulnerable Youth

Thank you for your Low Risk Notification which was received on 17 July 2014.

Your project has been recorded on the Low Risk Database which is reported in the Annual Report of the Massey University Human Ethics Committees.

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

The low risk notification for this project is valid for a maximum of three years.

Please notify me if situations subsequently occur which cause you to reconsider your initial ethical analysis that it is safe to proceed without approval by one of the University's Human Ethics Committees.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

A reminder to include the following statement on all public documents:

"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor John O'Neill, Director (Research Ethics), telephone 06 350 5249, e-mail humanethics@massey.ac.nz".

Please note that if a sponsoring organisation, funding authority or a journal in which you wish to publish requires evidence of committee approval (with an approval number), you will have to provide a full application to one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

Yours sincerely

John G O'Neill (Professor)
Chair, Human Ethics Chairs' Committee and
Director (Research Ethics)

cc Assoc Prof Jackie Sanders
School of Health and Social Services
PN371

Dr Kieran O'Donoghue, HoS
School of Health and Social Services
PN371

Prof Robyn Munford
School of Health and Social Services
PN371

Appendix 4: Confidentiality agreement

 **Massey University**

SCHOOL OF HEALTH AND SOCIAL SERVICES
Private Bag 11 222
Palmerston North
New Zealand
T 64 6 356 9099 extn 7596
F 64 6 350 5681
www.massey.ac.nz
Text "maspw" to 5222
<http://keppw.massey.ac.nz>

Pathways to Resilience
CONFIDENTIALITY AGREEMENT

I Kimberley Denhurst (Full Name - printed)
agree to keep confidential all information concerning the project

Pathways to Resilience
.....
..... (Title of Project).

I will not retain or copy any information involving the project.

Signature:  Date: 16/7/2012
