Making a claim for services

Technical Report 7

Kimberley Dewhurst, Robyn Munford, Jackie Sanders.

2014
# Table of Contents

ACKNOWLEDGMENTS ..............................................................................................................2  

INTRODUCTION ......................................................................................................................3  

METHODOLOGY .....................................................................................................................4  

DEFINING ‘MAKING A CLAIM FOR SERVICES’ .................................................................8  

YOUNG PEOPLE WHO WERE ABLE TO MAKE A CLAIM FOR SERVICES .................11  

YOUNG PEOPLE WHO WERE UNABLE TO MAKE A CLAIM FOR SERVICES ..........15  

FAMILIES/WHĀNAU MAKING A CLAIM ON BEHALF OF YOUNG PEOPLE ..........20  

PRESENTING CLEARLY DEFINED NEEDS THAT MEET SERVICE ENTRY CRITERIA ..........21  

DEVELOPING A SHARED UNDERSTANDING OF THE YOUNG PERSON’S NEEDS ..........24  

DISCUSSION .........................................................................................................................30  

BUILDING POSITIVE RELATIONSHIPS TO CREATE A SHARED UNDERSTANDING OF NEED ...31  

CHANGING RELATIONSHIPS WITH FAMILY/WHĀNAU AND PEERS .............................34  

CONCLUSION .........................................................................................................................36  

REFERENCES ........................................................................................................................38  
Acknowledgments

We would like to thank all the young people who have participated in this study and taken the time to share their experiences with us. They have been generous in their time and in the effort they have put into answering complex questions. Many of the youth who participated in this research also nominated an adult who knew a lot about them (PMK) who we could interview. We would like to thank all the PMK who generously gave their time to this study.

The following individuals and organisations have provided intensive support to us at various points in the study. Professor Michael Ungar and Dr Linda Liebenberg at the Resilience Research Centre based at Dalhousie University in Halifax Canada provided the methodologies and research materials and supported us in applying their groundbreaking Canadian study in New Zealand. They have provided enormous amounts of ongoing support to the project. We thank Kāpiti Youth Support (KYS) and particularly Raechel the Manager and Briar the social worker, Presbyterian Support Upper South Island, and in particular Sue Quinn, the Highbury Whānau Centre and particularly Michelle Swain and Anjali Butler, Pete Butler and his team at START, Youth Transitions in Palmerston North. Special thanks to Barbara, Vicki and the team at Otago Youth Wellness Trust who provided assistance and support to the Dunedin research team for the duration of the study. The Ministry of Social Development, and particularly Child Youth and Family, The Families Commission, as well as the Department of Corrections also provided ongoing support at various stages in the research which would like to acknowledge. We also acknowledge the contribution of the Victoria University Research Trust and its staff; The Donald Beasley Institute; Youthline Auckland and Otago University.

Finally, we would like to thank and acknowledge the Ministry of Business Innovation and Employment for funding this research.
Introduction

The data presented in this paper was collected as part of a larger study, the Pathways to Resilience Research Program, a five-country (Canada, China, Colombia, South Africa, and New Zealand), mixed methods study of youth resilience and risk. Data for the study was gathered between 2009 and 2013. Linked to its parent study based at the Resilience Research Centre in Halifax Canada, these were the first studies anywhere in the world that investigated the ways in which experiences across service systems influenced outcomes for youth with complex needs. Taking ecological and youth-centred perspectives, the research not only considers multiple service experiences, it also takes account of patterns within the social and material environment as well as interpersonal relationships within the lives of youth who are clients of multiple services. In this way it focuses on explaining the ways in which youth “negotiate” for, and “navigate” (Ungar et al., 2013) towards the social determinants of wellbeing with their families/whānau and the service systems that provided them with support, treatment and care.

The purpose of the study was to identify the factors that were related to the achievement of positive outcomes for youth who were users of multiple services. These were very vulnerable young people who faced a complex mix of challenges in navigating safe pathways through adolescence and into adulthood (Allard, 2007; Berzin, 2010; Rogers, 2011; Stein, et al., 2011). The study had a particular interest in explaining the ways in which the risks confronted by these youth, their resilience and wider social ecologies, combined with supportive and remedial services to create different patterns in outcomes. While data was collected from a number of sources, the research placed a particular priority upon providing spaces for youth themselves to explain their own experiences and to reflect upon the factors that made a positive difference in their lives (Bolzan & Gale, 2012; Bottrell,
Methodology

The research programme was approved by the Massey University Human Ethics Committee prior to fieldwork commencing (MUHEC approval 08/33). In addition to this University Ethical approval, ethical approval was secured from any organisation that supported the research in terms of either facilitating access to assist with recruitment or providing access to information such as case file data (see file reviews technical reports). This included Research Access Committee (RAC) approval from the Ministry of Social Development, approval from the Department of Corrections, District Health Boards, as well as approvals from schools and a wide range of NGO organisations that supported the research. The research has several distinct components:

- A survey of Multiple Service Using (MSU) and Comparison Group (CG) youth aged between 12 and 17 years;
- A survey of adults nominated by MSU youth as knowing the most about them (PMK - person most knowledgeable);
- Qualitative interviews with a subsample of MSU youth and their PMK;
- Reviews of case files held by a range of organisations that worked with the subsample of MSU youth.

Taken together, these four components constituted the New Zealand Pathways to Resilience Study. The study built upon the Canadian Pathways to Resilience study (http://resilienceproject.org/).

In total 1477 youth participated in the research. All of these youth

---

1 A description of the methodology is provided in The Pathways to Resilience Study (New Zealand): Whāia to huanui kia toa: Methodological Overview: Technical Report 2.
completed a questionnaire at the beginning of the study. This figure of 1477 was composed of 872 youth who formed a comparison group, and 605 (40%) youth who were the primary focus of the investigation. The 605 youth were purposefully selected because they were concurrent clients of two or more service systems; they were multiple service using youth. The service systems included: mental health, youth justice, child welfare and educational services additional to mainstream classroom programmes. These services were provided by both statutory and non-governmental (NGO) providers. Youth were recruited into the qualitative sample, which is the focus of this paper, from the 605 multiple service using youth on the basis of their risk and resilience scores in the survey phase. Youth who scored above the mean on a composite risk measure and who also either scored above the mean on a resilience measure or below the mean on this measure were interviewed for the qualitative phase. Youth were interviewed by trained interviewers, and a semi-structured interview schedule was used to guide the interview which covered topics such as relationships with family/whānau and peers, experiences of school and other services, the risks youth identified in their lives and how they managed these, their definitions of what it would mean to achieve successful outcomes, their understanding of health and wellbeing, and their suggestions about how effective services could be provided. Youth were interviewed individually in a location of their choosing. These interviews were tape-recorded and transcribed verbatim. Youth were also asked to nominate a person who knew the most about them, and this person completed a qualitative interview as well. Finally, youth were asked to give permission for researchers to access up to four of their service case files and 291 files were reviewed as part of this process. The current paper focuses on youth in the New Zealand sample and specifically on a subset of 109 youth whose data was used for the qualitative phase.

---

Ungar and colleagues (2013) argue in order for youth to achieve positive outcomes, resources need to be activated around them that reduce risks at the same time as support is provided that enables them to harness their own resilience resources. Youth who are most at risk of poor outcomes are typically clients of more than one service (Garland et al., 2003; Hazen et al., 2004; Jones, Gutman & Platt, 2013; Loeber et al., 1998) however, neither the significance of links between education, child welfare, mental health and youth justice system engagement nor the ways in which youth and their families/whānau experience accessing resources and supports from multiple service systems have been systematically investigated. The Pathways to Resilience Research Programme seeks to address this gap in knowledge and the current paper focuses on one part of this larger research endeavour. In particular, it is concerned with helping to explain the personal and ecological factors that precipitate young people’s entry into services and it also touches upon the impact that the approach taken to service provision has upon the service experience for youth. Finally, it sheds some light on the impact of collaboration between professionals and families/whānau.

This paper examines patterns that emerged from analysis of one thematic node in the qualitative data set. It draws on data from the qualitative interviews with young people and their ‘person most knowledgeable’ (PMK) and is supplemented with information from the file review analysis to provide additional information about the details of service journeys (see www.youthsay.co.nz Technical Report Two for a description of the research). Analysis of youth and PMK interviews indicated that the concept of *making a claim* helped to explain the process of trying to activate a service response. It also drew attention to the importance of active youth engagement in service delivery decision making because those youth who were
able to make a successful claim for service on their own appeared to achieve more from their service encounters than youth who could not. Discussion therefore focuses upon the ways in which young people and families/whānau make a claim for services.

The process of becoming involved with supportive services can be challenging for vulnerable young people. There are a number of policies and regulations that govern the delivery of support services in New Zealand. These cover factors such as definitions of the client group the service is funded to support, as well as the way in which the services are to be delivered to young people. This paper explores the experiences of becoming involved with social services; it draws on the experiences of young people and their families/whānau to illustrate both factors that were linked to effective service experiences and the barriers and challenges affecting their ability to find and become involved with services. Having to make a claim for services was a central feature of many of the youth and family/whānau narratives gathered in the research. Young people and their families/whānau discussed how difficult it could be to find an appropriate service, meet entry criteria, and achieve a shared understanding of need with service providers.

Three groups emerged in the analysis of the data: youth who were able to make a claim for services; youth who were unable to make a claim for services; and youth whose family/whānau made a claim for services on their behalf. The ability to make a claim for services was influenced by a number of factors, including the way in which the young person communicated with services, their level of identifiable need (for example, whether they had a diagnosis for a mental illness or a behavioural issue), and the way in which service providers interpreted the young person’s actions and interactions.

This paper begins by offering a definition of the concept of ‘making
a claim for services’. It then utilises a number of case studies and supplementary examples to illustrate the experiences of young people and their families/whānau who had to make a claim in order to gain access to services. It concludes with a discussion of the main challenges faced by young people and some implications this has for practice with vulnerable youth.

**Defining ‘making a claim for services’**

Young people who face significant risks in their lives often require extra support to help them successfully navigate the transition into adulthood. For instance, they may need support to stay engaged with mainstream education and address mental health issues. Perhaps they have behavioural difficulties and require the support of services both at school and at home. Issues can also arise within families/whānau that then have an impact on young people; for example, care and protection issues where factors within the family/whānau pose risks to the wellbeing of young people. The young people in this research faced significant risks and adversity, which meant that they often required support from two or more services at any one time (see www.youthsay.co.nz and the series of Technical Reports for further details on the study and the findings). This support could come from within the young person’s social ecology (family/whānau, friends and other social networks), but could also be drawn from outside of their existing networks. Support from services can assist young people to successfully navigate the transition from childhood through adolescence and into adulthood. Effective services can enhance young people’s physical, social and emotional resources.

Social services are in a unique position to provide the young people

---

3 All names and identifying information have been anonymised throughout this paper.

4 In this research, ‘social services’ include health, mental health, alternative and special education, welfare, and justice services. See www.youthsay.co.nz and the series of technical reports for further information about the study.
with practical resources, such as access to accommodation, funding, and food, as well as emotional and relational resources, such as counselling, support and advocacy. Due to their location within the formal service system, they have access to funding and resources that may not be available to a young person’s family/whānau or friends. However, it is not always easy for young people who require extra support from services to access that support. The process of becoming involved with services can be complex and challenging both for young people and for their family/whānau. One of the central aspects in the process of becoming involved with services is making a claim to receive support.

The concept of making a claim for services is an emergent concept derived from the analysis of the data from the Pathways to Resilience Research Programme. It constitutes a client perspective of the experience of service entry and of navigating to and negotiating for services that meet their needs. Making a claim involves a process of building an understanding of service entry criteria, finding a place within those criteria where the young person’s needs fit so access to the necessary support can be facilitated and it also requires opportunities for young people to exercise their personal agency in the claims-making process.

The use of agency by youth to negotiate a pathway into services is a central aspect of making a successful claim for services. This requires building effective relationships with service providers and others who then advocate for the youth to establish a shared understanding of the young person’s needs. It can also involve the young person directly engaging with services themselves, although for many youth this may be a substantial challenge. Agency is defined 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; New, 1994; Munford & Sanders, 2013; Sanders,
Munford, Liebenberg & Ungar, 2013). Within a social work context, agency is understood to refer to the active engagement of clients with practitioners in change processes. The active involvement of clients as partners in the intervention is important because clients hold important expertise regarding what will work in their lives and ultimately it is they who make changes (Munford & Sanders, 2013). There is debate within youth research regarding the extent to which youth are able to exercise personal agency, given their position as relatively powerless compared to adults who make decisions about them. It is, however, generally accepted that young people’s capacity to negotiate concerning decisions made about them is tempered, but not controlled or fully determined, by the social, political and economic context in which they live and by their status as youth rather than adults (Aaltonen, 2013; Evans, 2007; Jans, 2004; Sanders & Munford, 2008; White & Wyn, 1998; Wyn & Dwyer, 1999). In this sense youth may be thought of as having ‘bounded agency’ (Aaltonen, 2013; Evans, 2007) and for this reason, in making a successful claim for services they may need to draw on the resources and power of others (adults) to assist them in their claims-making.

Young people followed varied pathways as they sought to gain access to social services. Some entered through a formal system, such as youth justice or child welfare; in other cases they sought support directly from the social service provider (Booth et al., 2004; Farmer et al., 2003; French, Reardon & Smith, 2003; Kerker & Dore, 2006). The concept of making a claim for services is used to help explain the journey into social services from the perspectives of the young people in the Pathways to Resilience Research Programme. A successful claim for services reflected that a young person had created a shared understanding of their needs with a service provider. It required service providers to accept that the young person’s level of need met the service entry criteria. Given the importance of agency in the concept of making a claim, successful
claim-making also reflected that the young person had a sense of control about their engagement with the service. A successful claim then had three components: being accepted by a service as meeting entry criteria; being able to exercise a degree of control over the process of seeking help, and responses by service providers that were relevant and meaningful to youth circumstances.

**Young people who were able to make a claim for services**

Some of the young people in the research were able to make a claim for services themselves. These young people utilised the resources that were available to them to navigate towards services and negotiate directly for service provision to meet their needs (Ungar, 2004). Successfully making a claim themselves was not always an easy task. For instance, some young people had to go against the wishes of their families/whānau in the process of making a successful claim. Making a claim for services required them to effectively communicate their needs with service providers and other adults in ways that these adults recognised as claim-making. This was a challenge for young people because of the power difference between them as youth and the adults they need to negotiate with (Aaltonen, 2013; Evans, 2007; Mayall, 2002). However, the young people who were able to make a claim for services were able to establish their needs with service providers by drawing on the physical and emotional resources available to them. Being able to make their own claim was important for youth as it provided them with an opportunity to exercise agency in their early encounters with service providers. This was important in terms of establishing their role as partners in the subsequent intervention.

Young people who were able to make a claim engaged with service providers in a way that demonstrated their willingness to engage with the service and make the most of the resources it provided. They
were able to communicate their needs with services, even when this involved going against the advice or wishes of their families/whānau. These young people were able to demonstrate their personal agency and negotiate to receive supportive resources in a manner that was culturally relevant to them (Munford & Sanders, 2011).

**Trinity**

Trinity was a young person who experienced the need to make a claim for services, and was able to make her claim heard. Trinity had experienced mental health challenges for a number of years, but had ignored them, because she didn’t want to tell her family/whānau: “if you had to go and admit that you needed help or if you were mental then...you’re scum...they (family/whānau) didn’t want to know ya”. Throughout her childhood, Trinity was required to take a high level of responsibility for herself, was exposed to regular alcohol and drug abuse and domestic violence, and she was also sexually abused. She was cared for by her paternal grandparents for most of her childhood, except for short periods with both her mother and father (at separate times). However, neither her mother nor her father was able to provide adequate care for her. Trinity attempted to discuss her concerns about her mental health (chronic anxiety, low moods, trouble sleeping, hearing voices) with her family/whānau; however, they did not acknowledge the challenges she was facing, and dismissed her claims as ‘attention seeking’.

Trinity started offending when she was 15, though she did not understand what motivated her to do so. When Trinity’s maternal grandmother realised that Trinity’s offending was a signal that she needed help, she supported Trinity to access the services she needed. Trinity made the decision to go to a residential placement, in spite of the majority of her family/whānau discouraging her from doing so:
My family didn’t want me to go to [residential facility]... but it was my choice, I wanted to get away from them all. And yeah I feel better for doing that... I asked them to put me onto some meds which I had discussed with the [mental health service] people that came up and saw me in [residential facility]. Um but that caused a bit of drama with my family because ah none of them supported that. And ah didn’t support my decision or anything. Oh that kind of um cut back my relationship with a lot of my family.

The factors that enabled Trinity to make a claim for services included her ability to articulate her needs to service providers and the support of her maternal grandmother, who recognised her offending as a cry for help. However, she also had to make her family/whānau understand that she needed support. Trinity was eventually able to make a claim to receive the mental health services that she required, after she was placed in a youth justice residence. As Trinity noted, becoming involved with mental health services ‘cut back’ her relationship with her family/whānau, due to her family/whānau’s troubled relationship with mental health services. Trinity was able to see that cutting back her relationship with her family/whānau would benefit her wellbeing. Becoming involved with mental health services provided Trinity with a number of additional resources for coping with the challenges in her life, and she was able to utilise these to build a positive self-concept and some goals for the future. This required Trinity to show exceptional personal agency; young people are regularly cast in a position of relative powerlessness in relation to adults in society. However, as Trinity demonstrates, youth can exercise significant levels of agency over their lives when they are appropriately supported to do this. In her case the support of her maternal grandmother was critical in her making a successful claim.
Amelia

Being able to use personal agency is a central aspect of making a successful claim for services. Some young people used their agency to demonstrate that the services they were receiving were not meeting their needs. Amelia demonstrated her personal agency by refusing to engage with social workers she felt were not listening to what she was saying she needed:

They didn’t know what to do with me. So it was kind of like, oh, she keeps offending. Ok, 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 [social worker]... I would sit there and go nah, go away, I’m only coming here because it’s my Court Order or it’s my bail conditions, or it’s my dah de dah. They’d be like ‘since you’re here you may as well talk to me’. And I’d say ‘um no, good luck with that’.

Amelia felt that the social workers she worked with were trying to link her with new services she did not need. Amelia attempted to communicate with her workers about what she did need with regards to support, but her workers did not share her view on what would be helpful. So while Amelia wanted support to deal with her problematic familial relationships, her workers felt that counselling and drug and alcohol education would be more beneficial. Amelia was not supported to exercise her agency in an appropriate or positive way; however, she was able to utilise it to make it clear to her social workers that they were not providing her with the support she needed.
Jordana found that her family/whānau was not a supportive presence in her life; she felt that she could not talk to them about her needs and they encouraged her to deal with challenges by keeping things to herself rather than by discussing what was happening in her life.

_Jordana_

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

Jordana was actively discouraged from engaging with services by her family/whānau, and consequently worked to distance herself from services. However, she found that this was not an effective way of dealing with her mental health needs, which arose as a result of being exposed to domestic violence and alcohol and drug abuse. As Jordana realised this, she began to discuss her needs with child welfare services who referred her to the mental health services she required. This was not an easy decision for Jordana to make; she felt like she was ‘snitching’ on her family/whānau when she began telling services her story, and believed that she was acting in a way that might lose the respect of her family/whānau. However, she was able to articulate her needs to service providers, build a positive relationship with them, and negotiate for the resources and services she needed in order to improve her sense of wellbeing.

_Young people who were unable to make a claim for services_

Young people who were unable to make a claim for services faced the challenge of communicating with service providers who did not listen to their needs. They found this frustrating, and often behaved in ways that drew attention to themselves. However, despite this, these young people were still not able to gain the support they felt
they needed. Their voices were silenced by their circumstances (such as being in the care of family/whānau members who appeared to be taking adequate care of the young person, or having severe behavioural difficulties that made engaging positively with adults a challenge) and by service providers failing to adequately listen to their views. These young people did not have an adult on their team who could support them to make a claim to receive services, nor did they have the personal capacity to achieve this for themselves.

Eliah

Eliah was one young person who was unable to make a claim for the services he required, despite a high level of complex needs. Eliah was involved with child welfare services from seven months old, due to concerns of abuse and neglect. Initially, supports were put in place to support Eliah’s mother to continue to care for her children. However, Eliah continued to experience abuse, and was placed with family/whānau caregivers at the age of three. Thus began an extended journey of repeated moves between caregivers. In his interview, Eliah recalled feeling powerless to voice his needs to both his family/whānau and service providers. He felt that they dismissed his concerns or followed a course of action, such as moving him to a new caregiver, with little explanation as to why this was occurring. Eliah told us in his interview that he began spending time on the streets from the age of five when his family/whānau made him feel unsafe.

Eliah: I just started running away from them (family/whānau) on the streets and stuff and then [welfare services] were slowly getting involved and then I just kept doing that and then they couldn’t, they didn’t, they were worrying about me and stuff and then like: ‘Ah why are they worrying about me now when they (family/whānau) wanted to give me
a hiding”.

Interviewer: Did you feel safer on the streets sometimes?
Eliah: Yeah.

Eliah’s experience of feeling safer under a bridge than at home with his family/whānau and his feeling of powerlessness to effectively express his needs added to his inability to make a claim for the services that he needed. In removing himself from home, Eliah demonstrated his remarkable capacity to act to protect himself. By running away, he was also attempting to make a claim for services by drawing attention to the risks he faced at home.

Eliah’s behaviour became increasingly difficult to manage. He began running away from placements when he felt unsupported or unsafe, was uncooperative and aggressive at school, and was self-harming. He said that he learned that the most effective way to get attention was to get into trouble, and so his behaviour escalated to a point where he was placing himself and others at risk. In reflecting back on this time, Eliah felt that mental health services, education services and welfare services all blamed him for his behaviour, rather than understanding it in the context of his history of abuse and neglect.

Eliah’s challenging behaviour meant that placements that were organised for him rapidly broke down, as caregivers felt that they were unable to manage his behaviour. This led Eliah on a journey around the country, as child welfare services worked to find emergency caregivers for him. Eliah could spend as little as three nights in a placement before an incident would require him to move again. As a result of this, the referrals that were made to mental health services were often rejected because he had moved out of an area before the referral could be actioned. Meanwhile, Eliah felt an increasing sense of powerlessness over his circumstances, and his behaviour continued to escalate in response to this.
Eliah’s life has been shaped by an absence of support figures. While Eliah had extraordinary resilience capabilities (his ability to be totally self-reliant from an early age and the choices he made in seeking safety on the streets from age five), his actions were often interpreted as him rejecting help. However, from his perspective he was trying to draw attention to his needs. Numerous psychiatric and incident reports pay testament to this. His behaviour was often defined as being of his own volition rather than a consequence of his experience of on-going abuse and neglect. Eliah felt that he had been let down by all the adults in his life who were supposed to support him, and as a result he began pushing other adults away. Over time, he became unable to form positive relationships with them.

Eliah’s relative powerlessness, a product of his young age and the absence of placements that addressed his need for certainty and safety, made it difficult for him to make a claim for services. His age and position as a child meant that his voice was inferior to that of the adults in his life; his behaviour was interpreted as being of his own volition rather than a result of his abusive childhood (despite his young age); and there were very few adults in his life who were supportive of Eliah’s wellbeing. Additionally, Eliah was not aware that services and adults could help him in a way that would meet his needs. In his interview, Eliah told us:

_They (services) can help me, but they knew that they couldn’t help me in the way that I wanted to; I mean I wanted help, I asked my caregivers, my social worker and that to put me in rehab, ‘cause I could see that I had big alcohol and drug problems and I was getting worse, and they reckoned they were sorting it out but it never happened._

This quotation emphasises the way in which services failed to work with Eliah and with each other to develop an achievable and
appropriate plan of action for him. This failure to implement plans and act in accordance with the recommendations of experts who assessed him further impacted on Eliah’s ability to make a claim for services.

Eliah was consistently let down by his family/whānau and service providers. He noted that he felt rejected by his family/whānau. As a result, his peers “became his family. The trouble was they were getting each other into trouble” (PMK interview). Eliah navigated towards the social support that was available to him within his peer group, and later with the gangs. This display of resilience, while not a normatively accepted path, shows that Eliah was able to navigate towards and negotiate for the help that he needed outside of formal service systems (Ungar, 2004). However, due to the atypical nature of his actions, and the challenges presented by his aggressive behaviour (which in itself was a protective factor – one caregiver identified that Eliah acted aggressively when he was concerned he was about to get hit – thus, this was a way of ensuring he had some level of power over his circumstances), Eliah’s actions were mis-interpreted as him pushing services away rather than trying to ask for help.

Tom

Another young person who was unable to make a claim for services was Tom. Tom was frustrated by workers not listening to him about what courses he wanted to do and what support he needed to change his behaviour. He felt that the professionals involved in his life did not take the time to listen to his views and instead instituted a series of programmes and placements that were not relevant to his needs:

Interviewer: Can you remember any of the social workers, were any of them helpful?
Tom: Nah, none.
**Interviewer:** Why, do you mind telling me why?

**Tom:** Coz they think by their way of doing things they are making the situation better but really they are just not helpful and dumb... The trackers, curfews all that kind of stuff, families, putting you in all sorts of places, yeah everywhere you go is going to make it better for you but it really aint, nah.

**Interviewer:** So when you said things like: “I need a drug and rehab programme” that didn’t happen.

**Tom:** No they’ll just think that he is saying that, it sounds like what he wants but it is not what he needs.

Similar to Eliah, Tom was unable to make his claim for services heard. While Tom was engaged with welfare and justice services, his requests for extra support to address his drug and alcohol use and to assist with his education were not given weight by his workers. Decisions about what Tom ‘needed’ were made without adequately consulting Tom himself, and as a result, Tom felt that he had no power to make a claim for the services that he wanted and felt would be most beneficial to him.

**Families/whānau making a claim on behalf of young people**

Even when young people have the skills, resources and supportive people in their lives, there can still be challenges accessing the right services at the right time. The journey to find appropriate services can be filled with frustration, isolation, and desperation for many families/whānau who have young people requiring services. Despite being encouraged to seek the support of services, many families/whānau find that this is much more complex than they anticipated. Accessing appropriate services requires families/whānau to make a claim that presents the young person’s needs as clearly defined and severe enough to meet service entry criteria. It also requires families/
whānau and young people to articulate their needs in a way that develops a shared understanding of those needs between themselves and service providers. Of course, families/whānau do not always know the correct way to present the needs of their youth nor do they necessarily know what types of services are available.

*Presenting clearly defined needs that meet service entry criteria*

Social services in Aotearoa New Zealand operate within specific mandates. Each service, whether it is in the field of child welfare, youth justice, mental health, or education, has a set of criteria to determine which groups of potential clients is likely to benefit the most from programmes offered by the service. These criteria may include factors such as the severity of a need, a clinical diagnosis or the presence of certain risk factors in the young person’s life. The adults who were supporting young people in the research to make a claim for services had to communicate effectively with services to demonstrate the young person’s level of need. This was particularly challenging when the young person’s needs did not clearly meet the service entry criteria.

*Caitlin and Alex*

Alex was a young person who had extremely complex needs from a young age. His mother, Caitlin, struggled to support him to make a claim for services, and this in combination with the complexity of Alex’s needs, meant that he was unable to access the help he required from services. Caitlin recalled the frustrating and isolating experience of being unable to communicate Alex’s needs in a way that service providers could clearly understand; Alex’s diagnoses for behavioural and mental health needs frequently changed, and as a result services could not maintain long-term involvement with him as he fell in and out of their service mandates. Caitlin had to work hard
to form relationships with service providers that would allow her to communicate with them openly about Alex’s needs. She learned to provide services with a clearly defined set of needs or a diagnosis, so that they could intervene within their service mandates.

One of the most challenging things for Caitlin was watching how her son constantly fell outside of service entry criteria:

*We tried to apply for him to go to [a residential school in another city] and that was through the assistance of [an education advisory group]. He didn’t fit the criteria, they went through all sorts of testing, no he didn’t meet their standards... and by the time they did all the paperwork he’d been there a month and then [he was sent to a] school somewhere else... We had assessments done for him to see if he could fit specific [education 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, Alex would be identified as having an intellectual disability, conduct disorder or a mental health need. Each time the definition of his need changed, new providers came into his life to assess him. The understanding of his needs changed frequently. This meant that neither Caitlin nor Alex were able to make an effective claim to receive services Alex required and services were unable to intervene because he fell outside their mandate. Meeting service entry criteria is a central factor in being able to make a successful claim for service. Depending on the service, different entry criteria may be utilised in order to ensure that the programmes are provided to those most in need of them within the service’s funding arrangements.

Throughout Alex’s life, he and his mother struggled to locate a single
service that could consistently support Alex. This was due to the fact services perceived his needs as variously being intellectual disability, mental health and educationally related. As such, a service catering for special educational needs could not intervene when Alex held a current mental health diagnosis, and mental health services could not intervene when Alex’s diagnosis changed to being an intellectual disability.

Carly and Aroha

A number of other young people and their families/whānau found that services were unable to offer them support due to the young person not meeting the entry criteria of the service. As Carly, the mother of Aroha, pointed out:

*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.*

Carly was concerned about Aroha’s wellbeing and sought the support of services. She attempted to engage with services to prevent her daughter’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. Carly later managed to make a claim for services for Aroha by finding a diagnosis that fitted her daughter’s mental health needs. Nothing had changed in terms of Aroha’s circumstances; what changed was that Carly found a label services recognised.

*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*
Having a diagnosis for Aroha meant that Carly was able to successfully negotiate with services to provide care for her. This diagnosis meant that services were able to provide Aroha with programmes within their service mandate. It also meant that Carly and the services she was seeking already had some level of shared understanding about what Aroha’s needs might be and how these might be addressed.

The ability to present a young person’s needs as clearly defined and fitting within the entry criteria for a service was central to a family/whānau’s ability to make a claim for services for their young person. However, this was not the only important factor. In addition to this, families/whānau found that they had to develop a shared understanding of the young person’s needs with the service. This is addressed in the following section.

**Developing a shared understanding of the young person’s needs**

The challenge of developing a shared understanding of the young person’s needs with service providers is one of the central facets of making a claim for services. Families/whānau who were not able to develop this shared understanding often felt dissatisfied with the service their young person was receiving, and perceived it as not meeting their needs. When a family/whānau was able to develop a shared understanding with a service, they found services helpful and felt supported in their engagement with services.

The idea of ‘fitting the profile’ addressed by Carly in the previous section emphasises the way in which service providers and families/whānau need to work to develop a shared understanding of
the young person’s needs in order to negotiate an appropriate intervention. Service providers’ perceptions about what is happening for a family/whānau may well be different to the perceptions of the family/whānau in the middle of the crisis. This happened for Drew and her caregiver, Alice.

**Alice and Drew**

Drew was experiencing behavioural difficulties as a result of problematic family/whānau relationships. Her mother contacted social services to get some support to care for Drew. However, Alice noted that when social services intervened, they appeared to do so with the intention of uplifting Drew rather than finding out what was causing her problematic behaviours.

*Interviewer*: So from your perspective, what could they have done that would have been more effective for you?

*Alice*: I think they could have stopped acting like they wanted to have it, like this feeling of ‘all to me’ and thought about her. And opened up some avenues for her... At the time she was [self-harming], sneaking drugs. We were afraid that it could get worse... They weren’t listening, like her mother rang for help, it’s like they didn’t want to know [the full story].

Alice felt that the services did not take the time to listen and establish with the family/whānau what was happening for Drew. The services instead saw a young woman engaging in self-harming behaviour and believed that the best course of action was to remove her from the care of her mother. However, it may have been more beneficial for the social workers to spend time with the family/whānau figuring out what support would be most suited to their needs.
Caitlin and Alex

Caitlin’s experience also demonstrates the importance of working to achieve a shared understanding of a young person’s needs. In making a claim for services, there was a dissonance between her understanding of what Alex was entitled to and needed, and what services perceived to be what Alex needed. Caitlin firmly believed that her son was entitled to an education (as he is under the law). However services could not provide adequate support to enable this to happen. Services struggled to provide interventions that could stabilise Alex’s behaviour enough to allow schools to engage with him. Numerous organisations were involved with Alex’s education, but none of them could provide him the support he needed to attend mainstream school. However, Alex did not meet the criteria to attend a special residential school either. Under the guidelines for special education⁵ it was determined that Alex was able to attend a mainstream school with a teachers’ aide in place, rather than requiring the full support of a special residential school. However no mainstream school would agree to enrol Alex. Caitlin expressed her frustration about this:

*My understanding was by law every child is entitled to an education. But no one wanted to facilitate him. So I thought hang on there’s a big contradiction here, my boy needs schooling but no one wants to school him, what are we supposed to do?*

Leslie and Nikki

Leslie’s daughter Nikki needed the support of mental health services. However, Leslie found that services did not share her understanding

of what was going on for Nikki and were reluctant to intervene until Nikki began to shoplift:

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 understood what it was about, you know.

As Leslie points out, services did not always understand what was going on for the young person and their family/whānau. When family/whānau members could not make claims for their young person they felt that services lacked insight into their unique experiences and expressed dissatisfaction with the service as a result. Leslie had sought to find out what was going on with her daughter, Nikki, for a long time, and had struggled repeatedly to get services to take her claim seriously. She felt that she was alone in her efforts to support Nikki to get help. However, once Nikki became involved with youth justice services, Leslie was able to work with that service and ascertained that Nikki was using drugs. Given that youth justice workers had experience with other young people who had similar issues and behaviours they were able to find a cause for Nikki’s behaviour and work with the family/whānau to find other services. Once this shared understanding of Nikki’s needs was developed, Leslie was able to utilise this to make a claim with more specialised drug and alcohol services to get support for Nikki. However, the initial dissonance that Leslie experienced between what she understood as Nikki’s needs and what services perceived as Nikki’s needs was a very real and frustrating experience for Leslie and in the end it took the involvement of youth justice services to activate mental health service engagement for Nikki.
Michelle and Justin

Justin was a young man who required educational support to engage with mainstream education. His mother, Michelle, found it challenging to find the right service to support him to do this, as her perspective on the support Justin needed differed from the understanding held by the service provider:

*We had meetings and we did all the nice things but this woman who deals with [special educational needs] after a while said ‘oh well, I’m thinking maybe a man might be better’... She didn’t want to [deal with it] so passed us onto the next person.*

In Michelle’s situation issues focused on obtaining the right support that would adequately meet her son’s learning needs. She found that her son, Justin, required the support of an aide throughout his schooling. However, she struggled to understand why the service providing the aide was unwilling to continue working with Justin. From her perspective, Michelle thought a female worker was ideal as Justin responded well to the ‘nurturing’ provided by his aide. However, the aide found that Justin was challenging to work with and considered that a male authority figure might benefit Justin more. This reasoning was not clearly explained to Michelle, and she was left with a lack of understanding as to why the aide had referred Justin to another worker and with consequent concerns about lack of continuity in service delivery for her son which she considered to be critical to his successful support.

Evan and Stacey

Another parent who experienced this frustration was Evan, whose daughter Stacey was self-harming. Evan found out about the self-harming and contacted Stacey’s counsellor, however, the service was reluctant to provide a referral to a more specialised provider. Evan
told us: “I think they 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”. The feeling that things were moving beyond his control was frustrating and frightening for Evan, and he felt that the service did not have Stacey’s best interests in mind in the same manner he did throughout the crisis.

The dissonance between the expectations of families and service providers and the perceptions of the needs of young people can be a significant challenge when family/whānau members are working to make a claim for their young person to receive support. In these cases, families/whānau felt that it was imperative to receive the right support for their young person at the right time. However, if they were not able to articulate their young person’s needs in a way that was clearly defined and met entry criteria, and develop a shared understanding of these needs with services they struggled to make a claim to receive these services.

**Jolene and Cohen**

Jolene was able to make a claim for her son, Cohen, to receive services, but only after his behaviour had escalated to a point where he was placing himself and others in danger. While she understood the need for services to have entry criteria, and to not intervene if a young person did not meet these, she was distressed and isolated in her efforts to manage Cohen’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, had family support, 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 and you have help ’cause 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.

Discussion

The perspectives of young people and their families/whānau provide us with a unique opportunity to understand some of the key challenges and facilitating factors involved with the often difficult journey of accessing services. Prior to entering a service, a young person needs to establish a claim to receive support from that service. Making an effective claim for services requires young people to achieve numerous things. Young people and their families/whānau need to be able to communicate their needs in a way that means they develop a shared understanding of the needs with service providers. Without having a clear understanding of a young person’s needs, a service provider is unable to effectively judge which programmes would be suitable for the young person, whether or not the young person meets the entry criteria for their programmes, and how best to engage the young person with the service. Additionally, young people may need to negotiate their relationships with their family/whānau, peers and support workers, all of whom may support or oppose the young person in becoming involved with services.
Building positive relationships to create a shared understanding of need

Young people who are able to make a claim for services also have to learn how to articulate their needs in a way that service providers and other adults are able to comprehend. This can pose a significant challenge for some young people given the different realities and social positioning of youth and adults. Due to their social positioning as ‘not adults’, adolescents experience particular challenges in getting adults to ‘hear’ their voices (Aaltonen, 2013; Abrams, 2002; Ungar, 2004). In Eliah’s case, these challenges were compounded by the fact that he did not have any people in his life who could become his ‘voice by proxy’ and support him throughout the journey of engaging with services. This was compounded because he moved around so much and so could not form enduring relationships. Instead, Eliah was placed in a position where he was reliant upon services being able to interpret his behaviour as indicating his high level of need. In order for his needs to be adequately met he needed providers who understood that his overt behaviours, which were challenging to manage, were not the key problem but rather an indicator that his family/whānau circumstances were a risk to him and his behaviour was, in fact, an attempt to ask for help.

When Eliah eventually met a service provider who would listen to him and work collaboratively with him, he developed a relationship with the worker. This led Eliah to make positive changes in his behaviour and begin to address his problematic drug and alcohol use. Developing a positive relationship with a worker provided Eliah with the opportunity to exercise some power in the choices that were being made about his life, and allowed him to take control over aspects of his education and rehabilitation.

Eliah’s story highlights a number of important aspects of young
people’s ability to make a claim for services. When Eliah did not have a positive relationship with service providers and other adults in his life, he was disempowered and unable to exercise choice in matters pertaining to his wellbeing. In order to achieve a level of control, Eliah acted aggressively and absconded from placements. However, this changed once Eliah formed a positive relationship with a service provider, who allowed him to engage with education at his own pace and to have choice regarding his alcohol and drug rehabilitation. This worker listened to Eliah’s needs from Eliah’s perspective, and developed a plan with Eliah to support him to re-engage with education.

In contrast to Eliah, Trinity and Jordana were able to communicate with services. Trinity had the support of her grandmother to achieve this. Her grandmother advocated on Trinity’s behalf when she struggled with a service provider or with getting her family/whānau to see her point of view. Jordana negotiated with service providers to receive mental health support. Both of these young people had developed skills in relationship-building and were able to draw on resources within their support systems to assist them with articulating their needs. Some of the youth in the research found that, without the support of adults, navigating towards services was especially challenging. These youth were, like Eliah, unable to make an effective claim for services, due to their relative powerlessness in society. Other young people experienced a proxy claim being made for them. These youth had adult figures in their lives who were able to support them to negotiate for services.

Family/whānau members have a unique perspective on the challenges their young people are facing and potentially have an emotional investedment in the outcome of engaging with a service. They can assist youth to make a claim for services, but like young people themselves, they can face the challenge of addressing the
dissonance between their understanding of the young person’s needs and what the service provider understands as the need. As Jolene highlighted, it was particularly challenging for parents watching their young person move towards a crisis point and having to accept that services could not intervene until that crisis point was reached.

The dissonance between the perceptions of service providers and families/whānau regarding the needs of young people was a particular source of frustration for parents such as Evan, Michelle and Leslie. When parents perceive that service providers do not have the same level of concern for the outcomes of the young person as they themselves have, it is a source of immense frustration and confusion. Evan wanted to address Stacey’s self-harming as quickly as he could in order to stop it intensifying. However, he felt that services did not perceive the same urgency in the situation as he did. Similarly, Michelle felt that service providers were attempting to minimise the level of Justin’s needs and the way in which he was responding to having a female worker. Leslie felt that services did not understand what was going on in Nikki’s life. Evan, Michelle and Leslie all felt that service providers did not listen to their concerns and take them seriously. They felt that they had to fight to ensure that services provided their young people with the support they required and found it challenging to make a claim for their young people to receive that support.

For many young people in the research, involvement with services arose as a result of a crisis that clearly demonstrated their level of need. However, there were many opportunities throughout all of the cases discussed here to intervene earlier and at a lower level. The stringent entry criteria that some services operate under is limiting for both the service and the young person in terms of the work that can be done. It is important that service providers ensure that referrals are made and followed through where they are needed.
As Eliah’s and Tom’s stories show us, when service providers miss opportunities to put supports in place early in young people’s lives, the outcomes for those young people worsen (see www.youthsay.co.nz Technical Report Five for further information on this). In order to ensure that appropriate supports are put in place and opportunities for intervention are not missed, services need to work together. If the services involved with Alex’s life had discussed his case and addressed his needs collaboratively, he may have received the support he needed much earlier, and Caitlin would not have experienced the intense frustration and disappointment she did while trying to make a claim for her son to receive services for his education.

*Changing relationships with family/whānau and peers*

Making a claim to become involved with a service can mean going against the wishes of one’s family/whānau. In this study, families/whānau with past experiences of interventions that had not met their needs discouraged their young people from becoming involved with social services. Some families/whānau viewed their young person’s experience of need and their attempts at claim-making as ‘attention seeking’ and refused to accept the lived reality of their young person as valid, albeit different from their own experience.

Jordana’s and Trinity’s experiences of making a claim for services show us that it is a challenging experience for young people who do not have the support of their family/whānau. In addition to making a claim with service providers, these young people have to re-negotiate their relationships with their families/whānau. Trinity was supported by her maternal grandmother to achieve this. She was able to draw on the strength and resources available to her through her maternal grandmother, including her grandmother’s relationship with some other family/whānau members, and the physical support of having
somewhere to stay (Trinity lived with her grandmother throughout this period of her life). These resources enhanced Trinity’s ability to make claims with service providers and to rebuild her relationships with her family/whānau. While her family/whānau did not agree with Trinity’s decision to become involved with social services, some family/whānau members were able to acknowledge that Trinity had made her choice and that it would be better for her wellbeing to continue to remain involved with mental health services. On the other hand, Jordana had to make a claim for services without the support of a family/whānau member. She, instead, turned to her peer group for support, and drew strength from her relationships with her peers and her support workers.

The ability to exercise personal agency is a critical aspect of adolescence and it is important in young people’s engagement with services. Practitioners need to ensure that they interact with young people in a way that empowers and honours the young person. This involves paying close attention to what the young person is expressing in both their words and their actions. As Amelia’s story illustrates, for some young people, their behaviours are the primary way of communicating their needs and preferences with service providers and other adults. In this regard, it is critical that challenging behaviours by youth be understood as potentially claim-making and as representing their best efforts to draw attention to wider needs they have. As was the case with Eliah, his very challenging behaviour was a product largely of his circumstances and had attention been paid to these circumstances his behaviour would most likely have, as one of the psychiatrists noted, resolved itself in the long run.

Young people require a network of support and access to resources. Services can facilitate this and support young people to strengthen their networks. By supporting young people to strengthen existing relationships with family/whānau and peers, as well as to develop
new supportive relationships, services are able to ensure that young people have access to a network of support. This also means that when the young person exits the service, they are not isolated and have ongoing support available through these networks.

**Conclusion**

This paper has reported on one theme that emerged in the analysis of the qualitative interviews and file reviews – making a claim for services. It discussed three groups that emerged from this analysis: youth who were able to make a claim for services; youth who were unable to make a claim for services; and youth whose family/whānau attempted to make a claim for services on their behalf. A successful claim for services is made when service providers accept that the young person’s needs are sufficient to meet service entry criteria and that the young person will benefit from intervention by the service. Central to this process is building a shared understanding of what intervention will be most effective for that young person.

Having appropriate involvement with supportive services can strengthen the networks and resources available to vulnerable young people who face significant risks and adversity in their lives; however as the data has shown, gaining access to these services is not always straightforward. The interviews provided an opportunity for these young people and families/whānau to reflect on their experiences of finding appropriate services. They revealed that there were challenges around meeting service entry criteria and that as part of their journey of negotiating for appropriate services they needed to develop a shared understanding of need with service providers. Young people had to be able to exercise their personal agency in order to make their claim heard; those whose circumstances made them particularly vulnerable were unable to communicate their needs in a way that service providers understood with the result
that services were not able to provide them with the support they required in order to do well.

The experiences of the young people and their families/whānau discussed throughout this paper illustrate that services can be difficult to access; it is not always clear to young people and families/whānau where to go to get support, and even when a service is found, there are stringent entry criteria that must be met before the service can engage with the young person. When services worked together with youth to decide how best to respond to their needs, youth reported a better service experience and that their needs were met through the service engagement. This meant that referrals were made to appropriate services and supports were put into place much more rapidly and effectively than occurred when youth were not able to successfully make their claim for service and actively engage with the service provider. Youth benefited from support that encouraged their agency and which drew supportive family/whānau members into the process in appropriate and respectful ways.
References


Munford, R., & Sanders, J. (2013). Assessment of families. In M. Holosko, C. Dulmus, & K. Sowers (Eds.), *Social work practice*
with individuals and families: Evidence-informed assessments and interventions (pp. 237-264). New Jersey: John Wiley and Sons.


