The Pathways to Resilience Research Project (New Zealand):
Whāia to huanui kia toa

Review and Analysis of Case File Summaries:

Report on Social Service Practice

Technical Report 17

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INTRODUCTION

This report discusses findings from the analysis of the case file summaries contained within the social service practice node[1]. The social service practice node captured information on the work undertaken and recorded by services and agencies in responding to the needs of young people and their families/whānau. This report includes analysis of:

- Interventions with young people and their families/whānau (including the range of interventions, challenges and outcomes according to their target audience and presenting problems)
- Service processes and procedures
- Multiple agency interventions and service thresholds
- Professional practice

INTERVENTIONS WITH YOUNG PEOPLE AND THEIR FAMILIES/WHĀNAU

Case file summaries revealed that together, professionals (such as social workers, teachers and health professionals), young people, and their families/whānau, put in place a range of interventions to address specific and more complex concerns affecting a young person's life. This section begins with an overview of the typical patterns of intervention and the key challenges experienced by professionals in putting interventions in place with young people and their families/whānau, as described in the case file summaries[2]. It goes on to explore specific interventions described by the case file summaries, in response to child abuse and neglect, parental/care-

1 Data collection and analysis methods are outlined in The Pathways to Resilience research programme: Review and analysis of case file summaries: Overview (Stevens et al., 2014c), which also provides details on the qualitative descriptors used in this report.

2 For a discussion of the challenges and issues families/whānau identified in engaging with supportive services see Dewhurst et al., 2014

giver intimate partner violence, mental health concerns (adult and young person), and addictions (adult and young person). Analysis is made of how young people and their families/whānau received and responded to interventions and the challenges experienced by professionals in implementing specific interventions.

Patterns of Intervention

Analysis of case file summaries suggested four key patterns of intervention with young people and their families/whānau:

1. No intervention: cases came to a service's attention but a decision was made by the service not to be involved.
2. Short term, not monitored: the service had some initial involvement and referred the family/whānau to another service, and closed the file. Information on whether the family/whānau had engaged with the referred service was not recorded.
3. Continuous: cases came to a service's attention and the service became involved for the medium to long term (longer than 6 months). In some cases referrals to other services were made.
4. Recurrent: cases came to a service's attention on more than two occasions, interventions were offered and/or completed and the case was closed. The case then came to the service's attention again, more interventions were offered and the case was closed. In some cases referrals to other services were made.

Nearly three quarters of the case file summaries recorded young people repeatedly coming to a service's attention and accordingly falling into the recurrent category.

Key Challenges

Analysis provided evidence of some consistent challenges in providing effective interventions with families/whānau and young people, regardless of intervention types. These were:

- Lack of engagement with interventions (including programmes) by young people or their families/whānau. Non-attendance and non-completion of programmes/counselling were common. Reasons for lack of engagement described by file summaries included young people not liking the professionals involved and not being able to attend sessions due to lack of transport, although in many instances no reasons were recorded in case file summaries.

- Emergence of new issues or changes in young people's circumstances which overshadowed initial or underlying concerns. In one example, after a young person absconded from a placement, the family group conference was not held and education and health assessments were unable to be completed. In such cases the focus of interventions often turned to placement stability or managing the young person's behaviour. Related to this, there were examples of interventions that focussed on these higher priority or presenting issues (e.g. absconding), rather than underlying problems (e.g. historical sexual abuse).

- Family/whānau issues which undermined the success of interventions (e.g. addictions or mental health problems which inhibited a parent's ability to engage with an intervention).

- Complex family/whānau circumstances requiring complementary interventions to address a broad range of issues. For example in a family/whānau where the young

person demonstrates difficult behaviours which the parent(s) struggle to manage, and where there is evidence of intimate partner violence between parents and parental drug or alcohol misuse, interventions need to address all of these issues while being mindful of one another.

- Families/whānau or young people not meeting criteria for receipt of services (e.g. not meeting the threshold for receipt of mental health services, or for education services) or a lack of available services in particular areas.

One case file summary illustrated several of these challenges. The family/whānau had attended only half of their family counselling sessions. Reasons for non-attendance included parenting challenges, being stressed financially, a lack of transport to sessions which were at a distance from their home, and appointment times that clashed with drug and alcohol counselling sessions. Similar situations were portrayed in other case file summaries.

Analysis of case file summaries identified a few particular programmes that young people were reported as having responded well to, resulting in behaviour and lifestyle changes. The characteristics of these programmes and interventions that appeared to be effective were those that sought to work at these points of challenge and included:

- Persistence with families/whānau and a focus on good engagement. Some of the workers involved in these interventions retained contact with families/whānau or young people even after they had been 'discharged' from programmes or services, embraced them as family or whānau, or offered a cultural connection.

- Evidence of good relationships between professionals

and young people. Several case file summaries included observations that young people were progressing well and had established positive relationships with staff at a particular supervision with activities programme[3]. One young person commented on the enjoyment felt in the company of staff and that the programme felt like a second home.

- Interventions that utilised integrated approaches and worked across the broad range of family/whānau issues including some interagency work.

The following sections explore specific interventions in response to particular concerns for young people.

Intervention with child abuse and neglect

Child Youth and Family (CYF) is the key agency responding to concerns of child abuse and neglect, they also have a wider mandate to become involved in sitautions where children or young people are identified as being in need of care and protection. They complete safety and risk screening as part of wider child and family assessments, and investigations to inform decisions about interventions[4]. Interventions inter alia are delivered both by CYF and non-government organisations such as family/whānau support agencies, Plunket, or budgeting services. Decisions about which interventions are put

3 Supervision with activity is a Youth Court order reserved for young people who commit a serious offence. It is "…an alternative to custody and it is the highest non-custodial sentence available in the Youth Court. Supervision with Activity Programmes can address addiction, anger management, self-esteem and family support issues in order to decrease the likelihood of reoffending." (Ministry of Social Development, 2014, p. 4).

4 In 2009, CYF introduced a Differential Response Model which included the child and family safety assessment as a pathway to intervention (Stevens et al., 2013b). Prior to this time, CYF ran only an investigation process in order to determine interventions. Some of the files reviewed for this study include practice which pre-dates the introduction of the child and family safety assessment.

in place are guided by agency policies and procedures, consultation with families/whānau and other agencies, family/whānau decision making and professional decision making (Stevens et al., 2013b).

Case file summary analysis indicated that in several cases, full child and family assessments or investigations could be a prolonged process, particularly where issues were not clear and where it was necessary to consult with a large number of people (e.g. the young person, family/whānau, education services, health practitioners and other professionals). Where concerns were evident but where it was ascertained that there was no immediate risk to the child, support measures were put in place. These included referrals to family/whānau support services, budgeting, counselling, and advocacy regarding housing or with government agencies over issues such as health and income support. In some cases family/whānau agreements were put in place[5].

Where social workers formed a belief that a child was in need of care or protection, Family Group Conferences (FGCs) were held to involve family/whānau in decision making around plans for the young person's immediate safety and future. Plans included decisions about where a young person should live, what form of education they would receive, what contact young people would have with their family/whānau, plans for returning home, and plans for any therapeutic interventions the young person and/or family/whānau should receive. In cases where a decision was made that the young person was to stay at home, interventions commonly included some safety planning (e.g. who parents should contact if they felt the situation was deteriorating) combined with supports, including respite care, being put in place.

5 A family/whānau agreement is an informal agreement between the family/whānau and CYF over a fixed period of time and involving specific tasks (Stevens et al., 2013b).

In cases where it was deemed that there was an immediate safety risk to the young person, the young person was often removed from the situation that put them at risk and placed with extended family/whānau or with (CYF) caregivers; or offenders were asked to leave the home the young person lived in.

Police became involved in investigating and/or pursuing convictions against offenders in a small number of serious abuse cases deemed as "serious" under the Child Protection Protocol (Child, Youth and Family & NZ Police, 2013) or the earlier SAT/CAT (sexual abuse, child abuse) protocol. These criminal investigations required young people to go through additional processes including evidential interviewing and/or forensic medical examinations. Case files summaries suggested that only a few young people completed these processes; several did not consent to procedures while others withdrew complaints. In two or three cases it appeared family/whānau may have influenced young people not to pursue convictions of their alleged offenders. Four convictions for sexual abuse were achieved out of the 40 files which contained (sometimes multiple) notifications regarding suspected sexual abuse of young people.

While it is possible for interventions to be put in place even where abuse is not substantiated, the file reviews suggested there were challenges for professionals in doing so particularly where sexual abuse was not substantiated and where family/whānau were not in agreement it had taken place. In these situations, services were only able to request the family/whānau protect the young person and in several cases renotifications of sexual abuse against the young person were made at a later date. Case file summaries revealed in cases where young people were removed from their homes, that services often continued to work with family/whānau and supported them to create safe environments where their children could one day return to. This most commonly included referrals to parenting or

anger management programmes, mental health services and drug and alcohol services. Analysis of file summaries suggested these services to family/whānau members either ceased or were not recorded once a decision was recorded that the young person was unlikely to return home.

It was important that care was taken over the initial approach by professionals to families/whānau regarding allegations of abuse and neglect, because it was possible that their initial reactions might be defensive or negative. File summary data showed however that even if they had initially reacted negatively, families/whānau were willing to make changes and to take part in programmes or other interventions designed to prevent future harm to the young person. Analysis of case file summaries revealed young people themselves had mixed responses, a few were initially very happy to get out of homes they had been abused in, while others were highly reluctant to leave their parents and in particular their siblings if they were to be separated.

File review analysis identified a number of challenges in providing interventions that would be effective in preventing future child abuse and neglect. Most of these are consistent with the challenges described earlier (lack of engagement with interventions/ non- attendance/non-completion, presenting issues or change which overshadowed initial concerns, complex circumstances requiring integrated interventions or interventions which addressed a single issue or only presenting issues). In the case of child abuse and neglect a particular challenge was denial of wrongdoing by parents. In these cases, analysis of file review summaries suggested professionals were occasionally able to gain caregivers' agreement for young people to be placed outside of their care, although frequently professionals needed to resort to other measures (e.g. referral to an FGC or removal of a child) to ensure a young person's safety.

In the case of suspected sexual abuse of young people, an additional challenge to putting in place timely interventions for young people were delays caused by the criminal investigation process. Several file summaries revealed therapeutic services for young people were delayed until forensic interviews and/or medical assessments had been completed in order that evidence was not undermined by therapeutic processes.

Analysis revealed limited information regarding the perceived[6] effectiveness of interventions to address risk of child abuse and neglect. However, several file summaries noted that parents felt they had learned a great deal from programmes they had attended, particularly parenting programmes and in a few cases anger management programmes; file summary data suggested that programmes that were able to address both practical strategies and techniques as well as emotional needs were valued by families/whānau. Where children were removed from unsafe homes, interventions could perhaps be perceived as effective in ensuring their physical safety. In many cases however, little was recorded about whether or not young people and families/whānau completed plans or interventions (e.g. a recommended number of counselling sessions) or what was achieved as a result. Psychological reports were the most common monitoring reports recorded in file summaries, but there were very few notes describing how families/whānau had responded to other interventions. Many case summaries included new concerns about or allegations of child abuse after initial interventions had been put in place, suggesting the earlier interventions may not have achieved their intended outcome.

6 It is difficult to distinguish the effects of services from other macro-influences on a family's life (e.g. the impact of a parent starting or losing a job; changing relationships; policy changes around income support).

Youth offending interventions

The youth offending interventions described by case file summaries focussed particularly on formal interventions put in place following an incident of a young person committing a criminal offence. These interventions generally involved police, the courts (usually the Youth Court but sometimes the Family, District or High Courts) and CYF; non-government or community-based services sometimes provided additional and/or therapeutic support. It should be noted that responses to youth offending are guided by the provisions of the Children, Young Persons and their Families Act (1989) (New Zealand Legislation, 2014), and distinguish between children who offend (age 10-13 years) and youth offenders (aged 13-17 years) (Stevens et al., 2013b).

The adoption of principles of restorative justice, meant that intervention patterns generally involved a family group conference (FGC) being held, at which the young person, their family/whānau, the victims of their offences and professionals (e.g. social workers and youth aid officers) would devise a plan to address the offence the young person had committed. These plans commonly directed the young person to write a letter of apology to the victim, to make a specified financial payment (generally to the victim) and to complete community service. Plans frequently directed the young person to have a drug and alcohol or mental health assessment and sometimes to complete related therapeutic interventions. Professionals (generally social workers) were directed to implement and monitor these plans.

Analysis of the youth justice (YJ) FGC plans found these were generally time and task specific. File summary analysis revealed the actions and interventions recorded by YJ professionals were focussed on plan completion, that professionals appeared to adhere closely to

completing the plans, and for the most part they recorded outcomes against what had been directed. This is in some contrast to care and protection FGC plans, which appeared to be more vulnerable to change (discussed later in this document under Service processes and procedures). This finding may reflect the greater accountability function of the YJ FGC, in that professionals were required to report back to courts on progress made against the original plan and plans were revised if little progress had been made. Analysis of case file summaries found that once YJ FGC plans were completed, cases were closed unless new offences had occurred.

A key challenge in 'intervening' with youth justice issues, as revealed by the data, concerned the interface between a young person's offending behaviour and their experiences of child abuse and neglect. Analysis found many young people who received youth justice interventions had previously been involved with services over their safety and wellbeing; in several cases young people had both a Youth Justice and Care and Protection social worker. The experience of one young person, who had a history of abuse and neglect and who went on to offend by stealing food due to hunger, highlights this interface. Interventions involved linking the family/whānau to community supports as well as involving the young person directly in reparation to the victims (writing a letter to the victim and community service in lieu of financial reparation). In other cases, courts directed that child safety matters be addressed before youth offending issues were attended to.

Interventions with intimate partner violence

Parental intimate partner violence (IPV, involving a parent the young person lived with at the time) was noted in many young people's files, and featured in several of the young people's initial referrals for services. Interventions for intimate partner violence (IPV) were

commonly noted in young people's file summaries and were provided by a range of services: police, Women's Refuge, CYF, courts, Victim Support and other voluntary agencies.

Police interventions included notifying to Child, Youth and Family that they had attended a domestic violence call-out where a young person was present, the enforcement of protection orders, prosecution of offenders and monitoring families/whānau where violence had previously occurred. File summaries described police monitoring patterns of IPV within certain families/whānau, and interagency meetings regarding families/whānau where IPV was a concern. Both of these practices were likely to be part of the Family Violence Interagency Response System, an initiative designed to enable cooperative responses to family violence between police, Child Youth and Family, Victim Support and other non-government organisations (NGOs) (Ministry of Social Development, 2010).

Courts responded to IPV in a number of ways. File summaries noted that some victims of IPV were granted protection orders and/or court ordered support programmes. In at least one case the court ordered CYF to investigate the safety of a child in response to a parent's application for a protection order. Court involvement also included management of offenders, with several file summaries providing evidence that offenders (usually fathers or step fathers) had been convicted and/or ordered by the court to undertake programmes such as anger management or parenting courses. These services were largely provided by NGOs or community-based agencies.

NGOs also provided support to victims of IPV through voluntary arrangements such as support from Women's Refuge, assistance with rehousing, and counselling for individual adults (parents), children, or families/whānau together.

Child protection responses to IPV varied. In a few cases where services became aware of IPV concerns but the courts were already involved regarding custody issues, no investigation or intervention was made with the reasoning that this would be decided on and led by the courts. In cases where the safety of children living with IPV was assessed and deemed adequate (either because one parent had left the home or assured professionals that relationships had improved or that they would complete parenting or anger management courses) either no intervention was offered or referrals were made to support services. Victims and individuals were often offered services through Women's Refuge, counselling services, anger management programmes, and programmes for children or young people affected by violence. Offenders were commonly offered Stopping Violence or anger management programmes. Programmes were largely provided by NGOs, and some were ordered by the Family or Criminal courts. In a number of these files, despite interventions, IPV recurred at a later date.

In most of the file summaries featuring parental IPV, this was not the only concern. For example, in one family/whānau where IPV was a regular occurrence, there was also evidence of parental drug and alcohol abuse, physical abuse of children, and behavioural concerns regarding the children. In another, IPV occurred alongside parental drug and alcohol abuse and neglect of the young person. Strengthening Families interventions were put in place with some of these families/whānau, facilitating an interagency response to complex concerns.

In a number of cases featuring IPV and particularly where this appeared entrenched, children were eventually removed from their families/whānau of origin. Again, these families/whānau tended to have complex issues extending beyond IPV. Children were generally removed only after services had offered interventions to support

families/whānau, yet concerns for the child continued.

In a few file summaries, child protection services coordinated mental health interventions for young people who experienced post-traumatic stress disorder as a result of witnessing parental IPV and family violence.

In most cases, victims of IPV welcomed emergency interventions (e.g. police removing the offender from the home, or a move to Women's Refuge, or a protection order being granted). Offenders were commonly reported as hostile initially yet responsive to longer term interventions. For example, one father seeking access to his children made a point of telling professionals he had completed anger management and parenting courses and was a different man. There was little information available on how young people felt about either emergency or longer term IPV interventions.

File review analysis identified many challenges in providing interventions to prevent family violence from having an impact on young people. Most of these were consistent with the challenges described earlier (lack of engagement with interventions/ non- attendance/ non-completion, presenting issues or changes in circumstances which overshadow initial concerns, complex circumstances requiring integrated interventions or interventions which address only one or only presenting issues). One distinct challenge was that victims of IPV (usually mothers) sometimes appeared unable to discontinue their involvement with violent partners and consequently children or young people continued to be exposed to family violence. This vulnerability is a feature of IPV and indicative of the power and control offenders may have over their victims (Domestic Violence Intervention Project, 1984). For example, in one case a mother who was firmly entrenched in a violent relationship discontinued counselling sessions after only a few attendances and re-engaged in

her relationship. Other file summaries noted that the offending parent had returned home with the consent of parties, thereby breaching the protection orders or making them difficult to enforce. These reports were generally made in relation to further incidents of IPV or family violence.

Where courts were involved, case file summaries commonly contained information on whether parents had completed anger management or parenting programmes. Other file summaries contained less information on the outcomes of IPV interventions, although some recorded that victims or offenders now lived apart, sometimes as a result of police or CYF becoming involved with the family/whānau, and consequently no further incidents of IPV were recorded. In some cases subsequent episodes of family violence took place suggesting IPV was between the mother and a new partner (Stevens et al., 2014b).

A few case file summaries reported concerns about young people acting violently towards family/whānau members. Services were typically already involved in their lives but additional interventions were put in place through mental health services, the justice system, or family/whānau support services. Several young people were referred to anger management programmes.

Substance use and misuse interventions

Young people's use and misuse of alcohol and/or drugs was reported in the file summaries of nearly three quarters of the young people. Many cases described young people who placed themselves at risk or offended while under the influence of drugs or alcohol. All of these young people received services although not all received interventions specifically for alcohol and drug issues. Only a few attended residential rehabilitation programmes, while several others

received community-based treatment.

In several cases, misuse of alcohol or drugs was not documented on files as an issue requiring intervention, despite incidents of young people being at risk or offending while under the influence of a range of substances. In one case a parent normalised her child's use as typical teenage behaviour despite the fact that the young person became involved with police and acquired physical injuries on numerous occasions while under the influence of substances; interventions to address substance misuse were not offered. In contrast, young people who were involved with youth justice were commonly ordered not to consume alcohol or non-prescribed drugs or were ordered to complete drug and alcohol assessments or treatment as part of their FGC plans or bail conditions.

Parental use or misuse of alcohol or drugs was reported in just under half of the sample of young people's files. At least three parents were involved with a methadone programme and at least four were involved with community-based services. While parental drug and/or alcohol misuse often contributed to the young people being involved with services, it was commonly just one of a range of concerns and as such not the focus of interventions. For example, interventions in one young person's file focussed largely on managing his out of control behaviour (absconding, offending, substance misuse) but noted also that the mother sometimes drank alongside the young person. Case file summaries for over a third of the young people reported on interventions with adults, though not necessarily for alcohol and drug issues. Other forms of interventions offered to adults/parents in these cases included parenting programmes, family/whānau support and iwi social services, family counselling, and multi-systemic therapy. A number of file summaries reported on the interface between adult mental health and drug and alcohol services in assessing and treating parents

or caregivers. As with the young people, parental misuse of drugs and alcohol in several cases remained undetected and untreated for quite long periods.

In cases where parental drug and alcohol use was a key concern resulting in abuse or neglect, young people were commonly removed from their care. Several case file summaries reported parental attendance at rehabilitation programmes as a pre-requisite to young people returning home, although in cases where young people remained in long term care, there was an absence of reported information on how or whether services worked with parents to address their alcohol or drug issues. Several of these case file summaries reported that young people later returned to live with their parents when other care options ran out, even though parents had not necessarily addressed their addictions.

File review analysis identified many challenges in providing interventions to treat young people's addictions, most of which were consistent with the general challenges described earlier[7]. Service thresholds presented a challenge particularly where young people required intensive or live-in rehabilitation services, and several case file summaries documented the efforts of professionals to identify an appropriate service provider where young people met the entry criteria. In a number of instances there appeared to be wait lists for such services and very few young people in the file review sample actually attended live-in addiction programmes. Other young people attended residential programmes focused on behavioural interventions which also offered drug and alcohol counselling or programmes as part of the intervention. While young people waited to be accepted into programmes, some continued to misuse substances,

7 Lack of engagement with interventions/ non- attendance/non-completion, presenting issues which overshadow initial concerns, complex circumstances requiring integrated interventions or interventions which address only one or only presenting issues.

remained outside of education or employment, and in some cases committed criminal offences.

Positive engagement with drug and alcohol services was another key challenge in treating young people's addictions, and in some instances young people failed to attend their appointments or rejected services that tried to work with them. For example, one young person was discharged from a residential rehabilitation setting because they did not wish to take part in daily activities; the case file documented ongoing struggles with addiction issues throughout the remainder of their involvement with services. Maintaining a substance-free lifestyle where a young person's immediate peers or family/whānau continued to misuse substances appeared particularly challenging (Stevens et al., 2014b). For example, one young person who had completed a drug and alcohol treatment programme went on to offend again while under the influence of substances. Effective engagement with drug and alcohol programmes was also a challenge in delivering such interventions to parents, and some case file summaries documented parental non-attendance or non-completion of programmes.

File review summaries provided evidence of a few young people discontinuing their use of drugs or alcohol, sometimes in response to interventions. Young people were forced to abstain from drugs or alcohol while living in residential settings, and in some instances did not misuse them once discharged. Other file summaries described young people's misuse of substance ceasing to be an issue whilst pregnant or once they had a child.

Interventions with mental health concerns

Over a third of the young people whose files were reviewed had been assessed for mental health concerns or received mental health

services for issues including self-harm, suicidal thoughts or behaviours, ADHD, conduct disorder, depression or other mental health disorders. Several young people were prescribed Ritalin, a few received medication for depression, a few were diagnosed with bipolar disorder and at least one experienced psychotic episodes.

Many case summaries recorded young people being screened by services for psychological distress or suicide risk, and in many cases CYF's Towards Wellbeing suicide prevention programme[8] was consulted. Interventions were generally provided by community-based mental health services that conducted assessments or provided young people with clinical services including medical treatment, counselling, and cognitive or multi-systemic therapies. A few young people had received in-patient services.

Analysis of case file summaries suggested service thresholds posed the most significant challenges in addressing concerns for young people's mental health. There were a number of instances of young people not meeting criteria for mental health interventions, particularly where they had not been fully assessed or diagnosed. Achieving a full assessment or diagnosis was problematic in some cases, and a number of files noted incomplete assessments because young people did not attend all appointments. Analysis suggested disagreements between mental health, child protection services, and sometimes educational services, over what the key issues were and who should provide treatment. In several cases these kinds of challenges caused delays in providing interventions. In one case, mental health services, who had long been involved with a young person for ADHD, scaled down their involvement when the young person was suspected of sexually assaulting another child, citing guidelines that prohibited them from being involved in investigative

8 This programme is delivered by outside providers who are clinical psychologists with expertise in suicide prevention.

interviews. In another case, mental health services were unwilling to complete an assessment because of a young person's transience, while child protection services were unable to sustain the young person in a placement because of suspected mental health concerns. A third case documented child protection services, mental health services and education services all disagreeing over whether the young person's troubled behaviour was caused by a learning disability, conduct disorder or historical sexual abuse. In all of these cases, interventions or treatment were delayed because of these disagreements.

In several cases services were better able to make progress with stabilising a young person's living circumstances once they had received mental health services, for example several files noted improved placement stability and engagement with school where young people received treatment for conduct disorder. One young person who had experienced a very traumatic childhood received highly nurturing support once they became involved with mental health services in a residential setting.

In some files, information was recorded about interventions with families/whānau where a young person's parent(s) struggled with mental health concerns. For one group, interventions were largely around supporting extended family/whānau who had voluntarily taken over the care of the young person, sometimes from birth. Interventions included support over custody issues, provision of financial support, counselling and support to manage young people's behaviour.

For a second group of young people, interventions in the form of supports were provided directly to parents who were known to experience mental health concerns. This often included providing support to assist them to care for their children. These interven-

tions were in the form of respite care, budgeting services or advice, mentoring for the young person, family counselling, and liaison with mental health services. In a few cases, young people were later placed outside of the parent's care because of concerns for the young person's safety. More often however young people moved away from parents with mental health concerns when the parent struggled to manage the young person's challenging behaviour, or where this was part of youth justice processes (e.g. a young person may be directed to attend a residential programme in response to criminal offending). As was the case regarding parental addictions, information regarding how parental mental health concerns were addressed commonly went unrecorded once young people were out of their care; interventions at these points tended to focus on the young person. Several young people later returned to their parent's care although information about the 'wellness' of parents was often not recorded.

Professionals experienced particular challenges in engaging parents with mental health services, partly again because thresholds for receiving services were reported in files as high, and partly because parents were not always willing to engage with services. One file described excellent interagency work between family/whānau support services, CYF and mental health services, in supporting a family/whānau where both parents had mental health issues, to care for their child and who demonstrated problematic behaviours. Mental health services alerted CYF when the parents were becoming stressed and CYF helped in providing respite for the young person as required and family counselling to deal with relationship issues.

Overall, contact with mental health services was common for both parents and young people in the case file summaries, however the availability of services was limited, and service thresholds in particular created challenges for professionals and frequently delays

in delivering effective interventions to young people.

Education interventions

Schools and education services were involved in one way or another with all of the young people whose files were reviewed. In this section we briefly cover some of the education interventions young people received. A fuller discussion of educational matters is available in the report on engagement with education (Stevens et al., 2014a).

Analysis of case file summaries found that in many cases schools were the first to identify issues of concern for children and to subsequently engage other services in supporting young people and their families/whānau. Schools were also frequently consulted by services involved with young people, about their safety or wellbeing and about planning for their future.

Many young people had missed periods of their schooling, moved schools, been involved in special education services (for learning disabilities), attended alternative education services or been supported in a range of other ways by schools and the broader education system[9].

Some young people had long periods of non-attendance at school, ranging from a few days through to years. Truancy services were involved in several cases, and where attendance was a chronic problem, social service professionals were commonly involved in arranging non-mainstream forms of education, such as alternative education and activity centres, courses run through tertiary institutes, correspondence school, teen parent units and educational services within CYF residential units. These same educational services were

9 For a fuller discussion of the range of educational services available to young people refer to *Pathways to resilience: Education in New Zealand, a policy overview* (Daubé et al., 2013).

also utilised when young people's challenging behaviour meant they couldn't be maintained within mainstream settings.

A small number of young people were described as having learning disabilities. Interventions received by these young people ranged from none (due to non-recognition of problems until after the young person had left school), to supports provided within mainstream schools (from RTLBs or teacher aides), through to attendance at specialist schools.

The broad range of education interventions experienced by many of the young people in the study is illustrated in the following example. Services became aware of a child, when at age seven, several weeks of school were missed. Support from special education services for behavioural issues, and speech and language therapy was given. Social services were also involved because of behavioural concerns and eventually the child attended a residential school where behaviour reportedly improved, perhaps due to the child liking the school. After aging out of that school the child returned to mainstream school. Absconding from school was a problem by age 11, with the young person continuing to receive special education services followed by an eventual diagnosis of 'mild mental retardation' and conduct disorder. By the age of 12 the young person had attended seven schools. After being excluded from school, the young person attended a specialist school to address the conduct disorder although the absconding continued. After becoming involved with youth justice services the young person was placed in a residential unit with access to a teacher aide to support engagement in the correspondence school. The case file summary suggested the young person responded well to intensive supervision with schooling. Although the placement broke down the young person continued with correspondence work with the assistance of a mentor. One attempt was made to engage the young person with alternative

education services, however this fell through and the young person continued with supervised correspondence education until the file ended.

Other file summaries demonstrated the intensive and generous support some schools provided when young people were in crisis, sometimes beyond the call of duty. In one young person's case, the school was aware of where and when she had contact with family/whānau, had been involved in setting up sessions with a clinical psychologist, had an open door policy to talk with the school counsellor and the Principal, and had assisted with attendance at the doctor for health matters. They also worked with her on planning for her future. Later, after the young person left school, a teacher continued to provide support by attending court appearances.

Analysis suggests that close relationships formed between young people and some education professionals supported them not only educationally, but contributed to their ability to cope with other life challenges, such as being removed from families/whānau or moving into new homes.

Interventions with behavioural and relationship problems

In some file summaries, the key presenting issues were that the young person was demonstrating difficult or 'out of control' behaviours and/or that the relationship between the young person and their caregiver was very strained. These cases were characterised by young people who chronically absconded, truanted from school, or demonstrated aggressive behaviour at home. In several of these file summaries the young person was diagnosed with or suspected to have conduct disorder. In most of these cases, the young people had underlying or complex issues and many had experienced some form of abuse or neglect.

Because of the often complex nature of problems experienced by these young people and their families/whānau, interventions tended to be offered from a range of services. In one example, the young person was initially suspected to have conduct disorder, was later diagnosed with ADHD and provided medication intermittently, and then diagnosed with post-traumatic stress disorder related to experiences of abuse. Additionally, the young person was diagnosed as having a learning disorder. This young person had drug and alcohol issues, relationship problems with family/whānau, and spent a great deal of time out of school. Multiple agencies were involved with this young person and the family/whānau including youth mental health services, child protection services, family violence services, youth justice, police, alternative education, special education, independent tutoring, drug and alcohol services, relationship services, residential programmes, and independent counsellors (for grief and for addictions).

Because of the many agencies involved with these young people, in some cases there was debate between professionals over who should have responsibility for providing services. There was also evidence however of services working well together. In one example a young person initially became involved with a service after being expelled from school and having been aggressive with family/whānau. The police, family/whānau and school had previously tried imposing boundaries such as curfews and removal of the young person's mobile phone. The young person became involved with community mental health services, community-based counselling, and was assessed by a private psychologist for conduct disorder. In just under four years the young person experienced four out-of-home placements. Improvements in behaviour came after an FGC which directed the family/whānau to attend counselling together, the parents to undertake a parenting course, and the father to complete a specific

father's course. While there is no record of whether these tasks were completed by the family/whānau, there was evidence of the father and young person spending more time together recreationally and at work. After further behaviour problems emerged the young person was moved to alternative education and became involved with a community-based trust providing integrated services to youth.

A few file summaries reported that young people thought highly of community-based programmes which included quite physical challenges (e.g. adventure programmes) and several workers or parents suggested these programmes had contributed to improvements in young people's behaviour. In most cases however these programmes occurred towards the end of the recording period for the case file summaries and accordingly there was no evidence that behavioural changes were sustained over time.

A fuller discussion of young people's behaviour is included in the report on young people's behaviour (Urry et al., 2014).

SERVICE PROCESSES AND PROCEDURES

Analysis revealed that much of the information within file summaries described the actions professionals had taken. There appeared to be two main types of information: information describing responses to services' own prescribed processes, and information that provided accountability for particular actions or interventions with young people and their families/whānau.

Process information included records of when, why and how services became involved with young people, which professionals responded and within what time frames; case transfer information (requests for transfer, acceptance, transferring family court files); requests for co-workers; requests for information from other services and

agencies (e.g. police checks); requests and approvals for spending in relation to cases; meeting preparation (e.g. invitations); information from courts; and, instructions from or sign-off of particular actions by supervisors or supervising bodies.

Accountability information recorded actions professionals had taken to respond to young people and families/whānau directly. It included records of professionals' calls and visits including those where no one had answered; contact with caregivers or residences about matters relating to the young person, such as who they were allowed to have contact with; updates on the young person's plans and behaviours; records of interagency discussions and meetings; and, case history information. Analysis revealed a high number of references to consultation with families/whānau and these were often discussions of concerns about young people, planning (including transition planning), updates on progress, consultation over court reports and custody applications. There were also references to families/whānau feeling as though they had not been adequately consulted over changes for young people, particularly where young people no longer lived with their parents or other family/whānau caregivers.

Assessments and plans

Analysis of case file summaries suggested assessments and plans formed a great deal of the work undertaken by professionals with young people. Young people experienced child and family assessments and investigations, behavioural assessments, drug and alcohol assessments, and multiple forms of mental health and educational assessments. Some files described a young person receiving multiple assessments within very short time frames. For example, one young person who lived in a residence and expressed an inclination to self-harm received a suicide risk assessment on a daily basis for

several subsequent days.

Analysis suggests sometimes assessments were completed as part of services' procedures rather than in response to a young person's particular need. For example, several young people had their drug and alcohol intake assessed on a three monthly basis for court reports, despite living in a secure residence where they did not have access to drugs or alcohol.

The age of the young person appeared to contribute to the subsequent actions after safety assessments. Many case file summaries suggested young people were deemed able to self-protect if they were of a particular age, that is, infants had no ability to self-protect while teenagers were deemed more able to do so. There are concerns regarding these assumptions for several reasons: that in at least one case the age of the young person included in the assessment was incorrect, that the young person's cognitive functioning was not always known or included in assessments, or that the young person had a history of experiencing abuse or family violence and thus would potentially 'normalise' further incidents and not be able to recognise when they needed to protect themselves.

Case file summaries described many different types of plans: investigation plans, assessment plans, FGC plans, intervention plans, supervision plans, plans referred to supervising bodies and the responses of those bodies. Implementation of plans was also described, including information about the barriers and enablers to completing plans. Analysis of case file summaries suggested some plans were implemented more systematically than others; in particular, youth justice plans appeared to be implemented and progress recorded more systematically than care and protection plans. As noted earlier, this may in part be related to the greater accountability function of the youth justice FGC whereby

professionals were required to report back to court on progress against the original plan. Care and protection plans appeared to break down or be changed with greater frequency, and files included fewer records of the outcomes of the original care and protection plans.

Finally, youth justice plans appeared to commonly contain very specific goals directed at the young person (e.g. to complete 45 hours community service) with punitive consequences for non-completion. In contrast, care and protection plans commonly contained broad goals (e.g. safe return to family/whānau or enrolment in alternative education) which were often contingent on the availability of resources and/or a series of actions to be performed by people other than the young person (e.g. family/whānau or education professionals). It is likely that these factors made such plans vulnerable to change.

Analysis suggests a range of reasons for the non-completion of plans within agreed time frames. Some files included references to a lack of service capacity to undertake tasks. In several of these situations, cases were monitored by supervisors though day to day actions were not necessarily progressed.

Some files described situations that were highly demanding of input from professionals, and in these cases it was easy to see how the 'busy-ness' of responding to crises may have distracted workers from completing specified plans. In one case summary for example, at one point in time the professional managing the case was dealing with referrals for adults to counselling, identifying and maintaining placements for multiple children within one family/whānau, completing multiple caregiver assessments, keeping track of family/whānau and children who repeatedly moved without advising social workers of changes, dealing with allegations of maltreatment of children within

placements, dealing with expectations of a range of family/whānau members, working between two different offices, and completing the necessary paperwork to convene an FGC. The FGC goal of achieving a long term placement for the young person appeared to be 'lost' amidst these more critical demands on the professional's time.

While not always resulting in non-completion of plans, delays were recorded in over three quarters of the file summaries. These included delays in initial responses to young people, services accepting referrals (e.g. referrals for drug and alcohol counselling), identifying appropriate placements, and case transfers / case ownership. Delays in completion of psychological assessments and for mental health treatment in particular were recorded, with some file summaries making mention of waiting lists for such services.

Multiple agency interventions and service thresholds

Multiple agency involvement was evident in many of the case file summaries; families/whānau with more complex needs tended to have more services involved. Some case summaries demonstrated concerted efforts by a range of agencies to work together to provide services to young people and their families/whānau. Several of these examples occurred when integrated agencies (i.e. those who provided multiple services themselves such as family counselling, youth counselling or therapies and advocacy services) became involved with or led interventions with young people. In one example, an agency who provided a young person with residential services and individual therapies and also worked to support the family/whānau, provided monthly emails to the other services involved to communicate progress and to invite services to be in touch with one another. In other cases, justice services contacted young people's workers or their families/whānau to advise them if known offenders were to be released and to work on safety plans

together. Several cases demonstrated schools working very hard alongside other services to retain young people in school despite often challenging behaviour and circumstances.

As noted earlier in this report, case file summaries also provided examples of agencies disagreeing between themselves over who should take responsibility for providing services to families/whānau and many of these disagreements related to service criteria or thresholds for accepting clients. Analysis of file summaries suggested that such disagreements and strained relationships between services sometimes resulted in a lack of information sharing or miscommunication. Debates about whether young people met particular thresholds for service were commonly held between child protection and mental health services, and between social services and schools or special education services.

Professional practice

Case files summaries provided examples of how professionals worked positively with young people and their families/whānau, both within and beyond their agency's standard practices and procedures.

There was evidence of many professionals investing in and developing strong relationships with young people particularly by spending time with them. One professional ensured she spoke with the young person at least once a week while they were in residential care. Others engaged in recreational activities with young people, in an effort to get to know them. Evidence of young people feeling part of these relationships was provided in reports of them 'popping in' to say hello to their workers, or in one case, of a young person who prepared a special morning tea for the worker's visit. Similarly, some young people were recorded as speaking highly of programmes they had attended and about the relationships they had with workers at

those programmes.

There were numerous examples of professionals lobbying for young people's needs to be met by other services. For example, one case file summary contained multiple records of calls to schools, the Ministry of Education, and other services involved with a young person and the family/whānau, in an effort to enrol them at a particular school which was initially reluctant to accept the enrolment. The school was the young person's preferred choice, where the siblings attended, was well resourced, and close to where they lived.

Working beyond the call of duty was noted in a few cases, such as that described earlier of the teacher who supported a young person in court and stayed involved even when the young person had left school. In another example, a professional contacted the support worker for his client's friend, to pass on his commendation for the support the friend had provided the young person (client) at a meeting with professionals. In at least two cases where young people had aged out of services, their (previous) caseworkers contacted newly involved services to ensure they fully understood the young person's situation (in one case that justice services had a full understanding of the young person's learning disability) and to check on the young person's wellbeing.

While young people were generally involved with services because of problems in their lives, multiple case file summaries provided evidence of professionals turning the focus of discussion with, and about young people, from focussing on problems to focussing on young people's strengths and on the progress they had made. Similarly, several files contained records of professionals acknowledging effective interventions provided by other services and by other professionals.

SUMMARY

Information contained within case files summaries described many aspects of social service practice and interventions with young people and their families/whānau. Analysis identified four common patterns of intervention (no intervention, short term, continuous and recurrent), revealing that as well as using multiple services, the young people in the case file summary sample tended to have repeated (recurrent) contact and involvement with a single service a number of times over the course of their lives. Sometimes there were long periods of time in between these contacts and in other cases this was only a matter of days or weeks.

Analysis of the case file summaries provided insight into common responses to particular issues facing young people and their families/whānau such as child abuse and neglect, youth offending, intimate partner violence, addictions, mental health concerns, educational concerns, and behaviour and relationship problems. While there were some standardised responses to families/whānau depending on organisational processes and procedures, interventions to address problems were different in each case and responses were tailored to the young person's particular issues and the resources available in the area where the young person lived.

While acknowledging that implementing different types of interventions had their own particular challenges, there appeared to be a set of relatively consistent challenges in putting in place interventions that would result in positive changes for young people and their families/whānau. These included: challenges in engaging families/whānau and young people, initial concerns becoming overshadowed by new problems or changes in circumstances, family/whānau issues (e.g. mental health concerns or addictions) that undermined or reduced the capacity of parents or young people to respond to

interventions, and not being accepted by services or programmes because young people or their families/whānau did not meet particular criteria.

Analysis highlighted the influence of organisational policies, procedures and requirements on practice; this revealed the extensive use of assessments with young people and explored the use of plans and why these were sometimes not implemented as originally intended. The challenges of working across agencies were discussed alongside examples of effective interagency practice; the cornerstone of this practice was regular communication between professionals and integrated interventions across and within services.

Despite challenges in implementing interventions, the case file summaries also described many examples of the approaches professionals adopted that made a positive difference in work with young people and their families/whānau. These included concerted efforts to spend time and build relationships with young people, working beyond the call of duty, strong advocacy on behalf of the young person, and acknowledging a young person's strengths as part of trying to resolve problems. Building on these approaches in order to address some of the challenges discussed in this report may be an area for future development of social service practice.

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