

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

**The Impact of Consistent Service  
Quality on Outcomes and  
Opportunities for Vulnerable Youth**

**Technical Report 5**

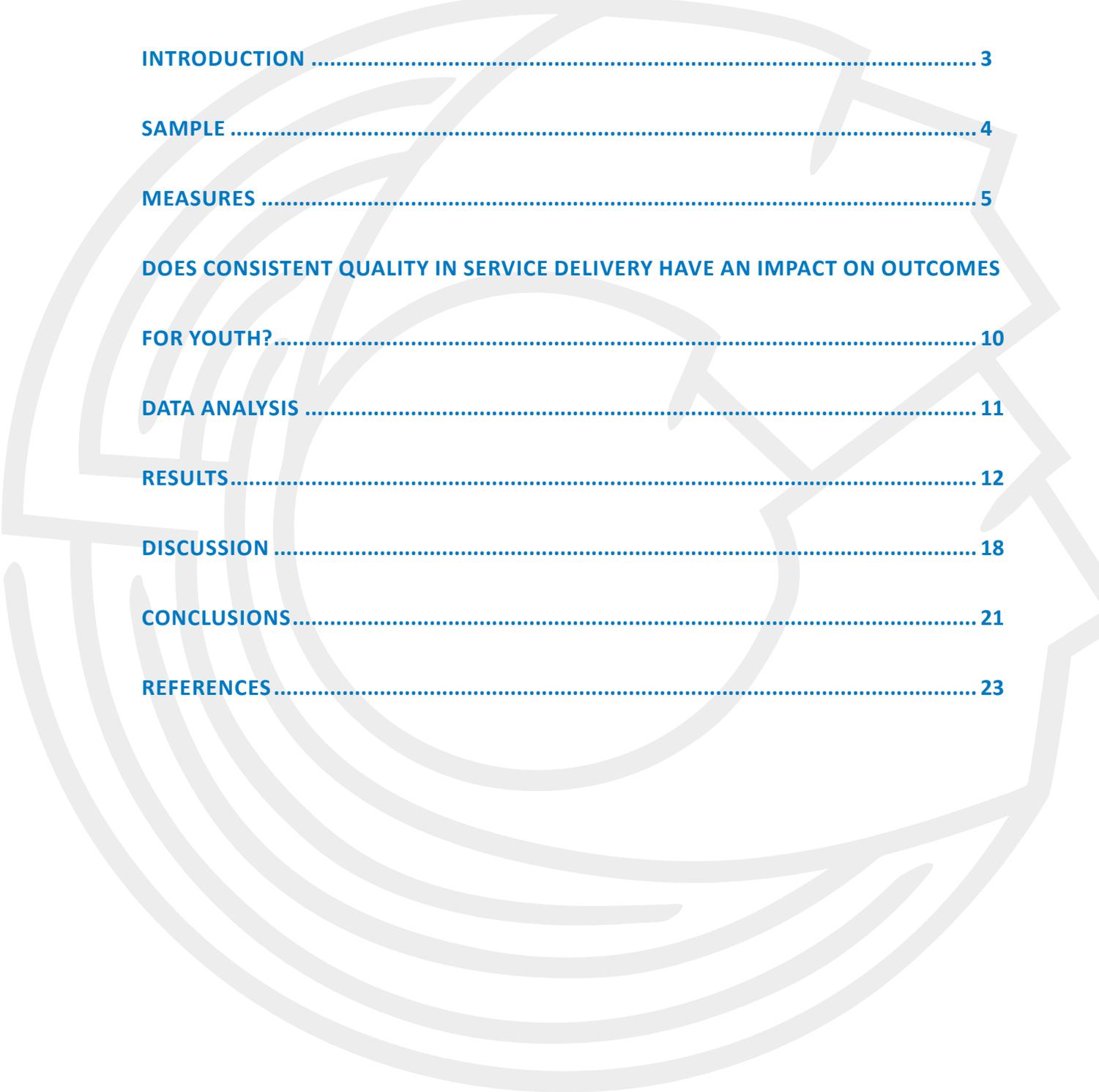
Jackie Sanders, Robyn Munford, Linda Liebenberg, Michael Ungar,  
Wa Thimarsarn-Anwar, Youthline New Zealand, Anne-Marie Osborne,  
Kimberley Dewhurst, Mark Henaghan, Brigit Mirfin-Veitch, Kelly  
Tikao, Jak Aberdein, Katie Stevens, Yvonne Urry.

This is a preliminary working paper from the Pathways to Resilience  
Research Programme funded by the Ministry of Business, Innovation  
and Employment.

Massey University Youth Transitions Research Programme  
2013



# Table of Contents



<b>ACKNOWLEDGEMENTS.....</b>	<b>2</b>
<b>INTRODUCTION .....</b>	<b>3</b>
<b>SAMPLE .....</b>	<b>4</b>
<b>MEASURES .....</b>	<b>5</b>
<b>DOES CONSISTENT QUALITY IN SERVICE DELIVERY HAVE AN IMPACT ON OUTCOMES FOR YOUTH?.....</b>	<b>10</b>
<b>DATA ANALYSIS .....</b>	<b>11</b>
<b>RESULTS.....</b>	<b>12</b>
<b>DISCUSSION .....</b>	<b>18</b>
<b>CONCLUSIONS.....</b>	<b>21</b>
<b>REFERENCES.....</b>	<b>23</b>

## ACKNOWLEDGEMENTS

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 a complex questionnaire. 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. 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

A central research question in the New Zealand Pathways to Resilience Research programme is explaining the role that services<sup>1</sup> play in enhancing outcomes for youth with complex needs who face high levels of risk located in a range of physical and social environments (at the individual, family/whānau or community level). Related to this are interests in understanding whether or not resilience is associated with enhanced outcomes for youth and the nature of the relationship between service delivery and the ways in which resilience can be facilitated by services to contribute to enhanced outcomes. In this research resilience is treated as an ecological concept; it includes factors in the individual make-up of youth, in their familial relationships and in their wider social environments (social ecologies) that sometimes work together and sometimes work in tension with one another to shape the social environment within which youth, particularly those exposed to high levels of risk, are able to experience the conditions under which they might succeed. Accordingly several measures are used to capture the different dimensions of risk and resilience; these are described below as are the other measures used for the analysis contained in this paper.

The youth who are a particular focus of this research were multiple service users (MSU) and the process by which they were identified and recruited into the study is described elsewhere<sup>2</sup>. Youth were asked a range of questions about their use and experience of services. Each youth was given the opportunity to comment in detail upon their experience of two services of which they had recent experience. In this study 'recent' included either current receipt of a service

---

1 In this study services include: juvenile justice, child welfare, alternative or special education services, or mental health services. They can be provided either by statutory or non-governmental organisations (NGO)

2 See Technical Report 2 – Methodological Overview.

or involvement with the service as a client within the preceding 6 months. This paper focuses upon the role of multiple services in good outcomes for youth with complex needs who face high risks. It also considers the relationship between differences in patterns of risk and resilience for youth and their service experiences. It reports on the results of analyses undertaken to identify whether or not differences in the quality of experiences between the two services youth nominated were related to differences in risks, in resilience, in functional outcomes, in opportunities and in youth's feelings about the future (see below for a detailed discussion of these analyses).

## SAMPLE

This analysis focuses upon youth recruited into the Pathways to Resilience research programme from the Auckland metropolitan area, Palmerston North, rural Horowhenua and Kāpiti, greater Wellington, Christchurch and Dunedin areas during 2009 and 2010 ( $n = 1494$ ). The youth included in this analysis were purposefully selected because they were concurrent clients of two or more service systems<sup>3</sup> ( $n = 605$ ). These youth were therefore defined as multiple service using youth (MSU), meaning that they had received services from at least two service providers in the six months prior to participating in the study. The analysis compares the outcomes for the MSU youth with the outcomes reported by a matched comparison group (MCG) of youth selected from the larger dataset on the basis of similar demographic characteristics ( $n = 605$ ). MCG youth were selected because they were not concurrently involved in two or more services. It considers the role that consistent service quality experiences across multiple services might have played in closing the gap between MSU youth and MCG youth.

---

3 Youth needed to be involved with two or more of the juvenile justice, child welfare, alternative or special education and/or mental health service systems in order to be categorised as a multiple service user (MSU).

The mean age of the MSU youth was 15.34 years ( $SD = 1.097$ ); 382 (63.1%) were male and 223 (36%) were female. Similarly, the mean age for MCG youth was 15.38 years ( $SD = 1.21$ ); 381 (63%) were male and 224 (37%) were female. Using a prioritised classification system for ethnicity (Cormack & Robson, 2010) just under half ( $n = 294$ , 48.6%) of the MSU participants self-identified as Māori (with or without any other ethnicity), 106 (17.52%) as Pacific, and 188 (31.07%) as Pakeha. In relation to MCG youth 42% ( $n = 258$ ) identified as Māori, 20.33% ( $n = 123$ ) as Pacific and 33.88% ( $n = 205$ ) as Pakeha. Just over half of the MSU youth (57%) were living with one or both birth parents at the time of the study (MCG  $n = 544$ ; 89%); 102 (16.8%) MSU youth were living with both birth parents (MCG  $n = 317$ ; 52.14%), 178 (29.4%) MSU youth were living with one birth parent (MCG  $n = 137$ ; 22.64%), and 66 (10.9%) MSU youth were living with a birth parent and a step-parent (MCG  $n = 90$ ; 14.88%). Seventy-six youth (12.5%) were living with other family/whānāu members (MCG  $n = 35$ ; 5.79%). Ninety-one (15%) MSU youth were living in secure or supervised facilities such as child welfare or juvenile justice residences, 57 (9%) were living in group homes, foster or adoptive situations and 35 (5.7%) were living independently. By contrast only four MCG youth were living in secure/supervised facilities (0.66%); 14 in group/foster homes/adoptive families (2.31%) and 8 were living independently (1.32%).

## MEASURES

### 1. Resilience

Resilience was measured using the three sub-scales of the Child and Youth Resilience Measure – 28 (CYRM-28; Liebenberg et al., 2012). Items are rated on a 5-point scale from 1=*Does not describe me at all* to 5=*Describes me a lot*. The three CYRM sub-scales assess (1) individual resources including personal skills (such as ability to problem solve, cooperation, and awareness of personal strengths), peer support, and social skills (2) relationships with parents or primary

caregivers including physical and psychological caregiving, and (3) contextual resources that facilitate connection to culture, the role of religious and spiritual beliefs, and engagement with and relevance of education. The alpha coefficients were .78, .79 and .79 respectively.

## 2. Risk

### *i) Individual Risk*

Two components were used to measure individual risk. These covered both internalising and externalising aspects of personal risk. The 12-item version of the *Centre for Epidemiological Studies Depression Scale* (CES-D-12-NLSCY;  $\alpha = .85$ ; Poulin, Hand, & Boudreau, 2005) was included to measure risk of depression among participants. Participants rated each item on a 4-point scale from 0=*Rarely or none of the time* to 3=*all of the time* with some items being reverse scored. This measure compares favourably to other depression measures such as the Beck Depression Inventory (Wilcox, Field, Prodromidis, & Scafidi, 1998). The reliability of the scale in the current study was strong, with an alpha coefficient of .80.

Externalising risk was assessed using two subscales of the 4-H study of Positive Youth Development ( $\alpha = .73$ ; Theokas & Lerner, 2006); *Delinquency* (frequency of behaviours such as theft, vandalism and aggression) and *Risk* (frequency of use of substances including alcohol, tobacco, marijuana and other drugs such as ecstasy, speed, heroin and crack) sub-scales. Individual items are rated on a 5-point scale from 1=*Never* to 5=*5 or more times*. The alpha coefficients in the present study were .87 and .82 respectively. Externalising risk was also assessed using the *Conduct Problems* subscale of the SDQ questionnaire (Goodman, 1997, 2001), which includes shortness of temper and inclination for aggressive and violent responses, lying, theft and bullying. Items are measured on a 3-point scale from 0=*Not true* to 2=*Certainly true* ( $\alpha = .60$ ) with some item being reverse scored. The

reliability of the scale in this study was supported, with an alpha coefficient of .70.

### **ii) Contextual risk**

Contextual risk reflects exposure to acute or chronic adversity within the family, school and community. *Family risk* was assessed using a composite score that assessed parent/legal guardian presence and involvement. Youth were also asked about the nature of their relationship with parental figures including if they had a mother figure and a father figure and the nature of their relationship with these individuals and the amount of affection received from them. The alpha coefficient in the present study was .65. *School risk* assesses a range of dimensions of the educational experience including factors such as youth sense of safety at school, engagement with education and other educational experiences. The alpha coefficient in the present study was .67. A composite score measuring *sense of community danger* was established using items from the Boston Youth Survey (BYS), with some items being reverse scored. Items assess community cohesion as well as levels of community trust and interaction. The alpha coefficient for this sample was .64.

### **3. Service Quality**

A *service quality* score composed of 13 questions that assessed the extent to which service providers worked in empowering and respectful ways with youth, taking active account of their personal agency, cultural identity, their family/whānau circumstances and values, and encouraging active involvement of youth in solving the issues or challenges they were confronting. These questions were adapted from the *Youth Services Survey* (YSS). This descriptive measure assessed youth satisfaction with services as a whole with a particular focus on the extent to which youth experienced service delivery as responsive to their situations and which engaged appropriately with their fam-

ily/whānau or caregivers. Items were rated on a 5-point scale from 1=*Strongly disagree* to 5=*Strongly agree*. Alpha coefficients were .86 and .78 for the two services about which youth answered. Youth were asked to rank up to two services of which they had current experience using these 13 questions.

#### **4. Functional Outcomes**

Functional outcomes were measured in five different ways. The measure was designed to assess a number of key normative, age-appropriate dimensions of youth lives:

##### ***i) Pro-social behaviour***

This was assessed using the SDQ pro-social behaviour subscale (Goodman, 1997, 2001) which assesses youth capacity for kindness, sharing and concern for others. Positive social interaction is measured on a 3-point scale from 0=*Not true* to 2=*Certainly true* ( $\alpha = .66$ ). The alpha coefficient for the scale was .63.

##### ***ii) Positive peer group***

An adapted and reverse-scored list of questions from the fourth and fifth cycles of the National Longitudinal Survey of Children and Youth, included in the Canadian PRYM survey instrument, upon which the current research is based, was used to obtain information surrounding peer activity. The alpha coefficient for this set of questions was .91.

##### ***iii) Future aspirations***

Future aspirations were measured using two different sets of questions. Firstly, the Satisfaction with Life measure (Diener et al. 1985) in which youth ranked five questions assessing their overall satisfaction with life on a five point scale from 1=*Strongly disagree* to 5=*Strongly agree* ( $\alpha = .87$ ). Secondly, two supplementary questions assessed

youth confidence in their futures where they were asked to rank the extent to which two statements relating to their thoughts about the future on a five point scale where 1=Does not describe me at all to 5=Describes me a lot. The alpha coefficient for this complete set of questions was .85.

#### **iv) Educational involvement**

Involvement in education was assessed by an answer to a single yes/no question that asked if youth were enrolled in any school subjects at the time of the survey. Youth did not have to be attending a mainstream school to answer yes to this question. For instance, they could be enrolled in Te Aho o Te Kura Pounamu (The Correspondence School) or attending an alternative education programme in their local community.

#### **v) Social participation**

Levels of social participation were assessed using a composite score of 8 questions that measured the extent to which youth participated in community-based activities. Questions asked youth to rank themselves on a 5 point scale where 1=*Does not describe me at all* to 5=*Describes me a lot* in relation to questions and to identify the frequency of their involvement in nominated activities. The alpha coefficient for this set of questions was .65.

### **5. Opportunities**

Perception of access to opportunities was assessed using a composite measure of youth perception of opportunities available to them to take on adult roles and responsibilities and their capacity to take advantage of these opportunities. This was a seven item measure that asked youth to rank themselves on a 5-point scale from 1=*Does not describe me at all* to 5=*Describes me a lot*. Some items were reverse scored. The alpha coefficient for this set of questions was .68.

## 6. Optimism

A sub-set of three questions reported on by Hektner (1995) were used to assess the extent to which youth held a positive set of feelings relating to their sense of their own futures (optimism). Youth were given a series of adjectives that could describe how they felt about their futures at the time of the interview, and were asked to rank themselves on a 5-point scale where 1=*Does not describe me at all* to 5=*Describes me a lot*. Because this was a small scale composed of only three items, the mean inter-item correlation was used to measure reliability (.382) and was well within the accepted range (Briggs & Cheek, 1986).

### **Does consistent quality in service delivery have an impact on outcomes for youth?**

This research is particularly interested in understanding the way that involvement with multiple services across a number of service systems influences outcomes for youth who are exposed to large amounts of risk, are facing complex challenges or who are coming to the attention of services because of issues within their families and whānau. In a previous analysis (see Technical Report 4: Patterns of Service Use, Risk, Resilience and Outcomes) service quality was identified as playing a role in the achievement of good outcomes for vulnerable youth. Given that service quality was identified as playing a (small) direct role in functional outcomes, and that it also played a more significant indirect role through its ability to activate resilience resources<sup>4</sup> in youth's own worlds, the current analysis explored whether or not consistent quality across services had a relationship with risk, resilience and outcomes for youth with complex needs.

---

4 Resilience was measured in three ways that captured individual dimensions, relationship with caregivers and contextual dimensions of resilience (see Liebenberg et al., 2012).

## DATA ANALYSIS

Prior to any analyses, cases with more than 10% missing data on key scales used in this analysis were removed from the data set (1% of total cases) and the remaining missing values were replaced using the series mean for continuous variables. The resultant dataset comprised 1477 youth. This analysis concerns the 605 youth who were identified as multiple service users (MSU) and the 605 youth in the matched comparison group (MCG). The procedures for identifying and recruiting these youth is described in a separate paper (see footnote 2). Continuous variables were examined prior to the analysis for normality, linearity, and homoscedasticity. All of the variables were found to be within acceptable limits. The data were analyzed using PASW Statistics 18 and AMOS 18 for Windows.

A grouping variable was created based on youth involvement with services. This variable has four components; these components were derived from the *service quality score*: *no service involvement (matched comparison group)*; *consistently positive service quality experiences (two positive service experiences)*; *inconsistent service quality experiences (one positive one negative service experience)*; *consistently negative service quality experiences (two negative service experiences)*. One-way between groups analyses of variance (ANOVA) were conducted on each of the dependent variables (risk, resilience, functional outcomes, perception of opportunities and optimism) with consistency in service quality scores as the independent variable.

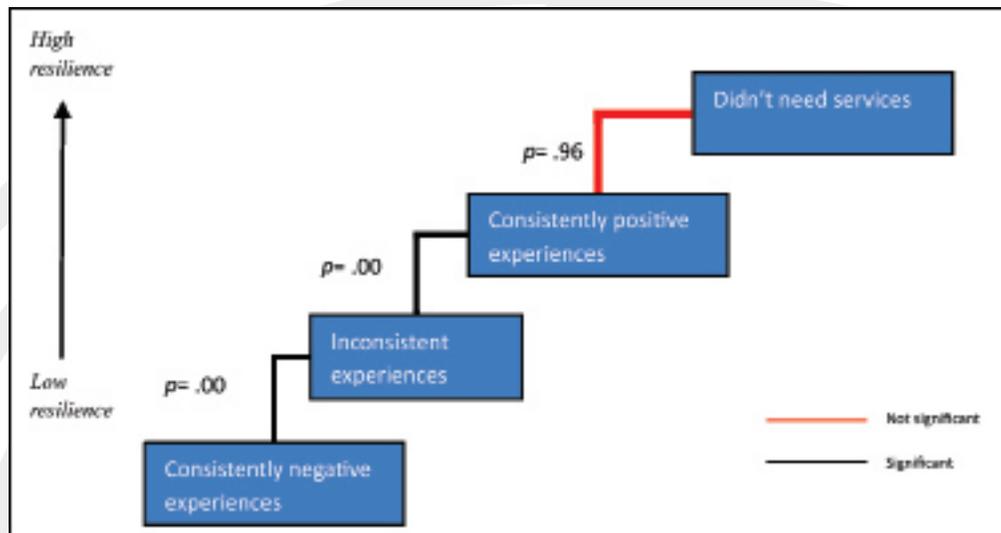
## RESULTS

### a) Resilience and the quality and consistency of service experiences with multiple services

There was a statistically significant difference in resilience levels as measured by the CYRM (see footnote 2) for the four groups of youth:  $F(3, 1206) = 65.42, p = .00, \eta^2 = .14$ ). Post hoc comparisons using the Tukey HSD test indicated that the mean resilience scores for youth reporting consistently positive service quality experiences ( $M = 111, SD = 13.40$ ) were similar to those for youth who reported no service involvement ( $M = 110.21, SD = 14.21, p = .963$ ). Scores for youth who reported inconsistent service quality experiences ( $M = 102.28, SD = 14.85, p = .00$ ) or consistently negative service experiences ( $M = 94.03, SD = 15.36, p = .00$ ) were significantly different to each other and to the other two service quality experience groups (consistently positive and no service involvement).

These results (Figure 1) show that youth who had two positive service experiences scored similarly to their peers who did not report any service involvement and that resilience processes were more prevalent in their lives, while those who reported consistently negative experiences had the lowest resilience profiles. These were significantly lower than those of youth who had inconsistent service quality experiences. Youth who had varying experiences of service provision quality had lower resilience processes than those youth who had consistently positive experiences of service provision, and their resilience scores were more closely aligned with those youth that had consistently negative experiences of service provision quality.

**Figure 1: Relationship between resilience and consistency in quality of service experience**

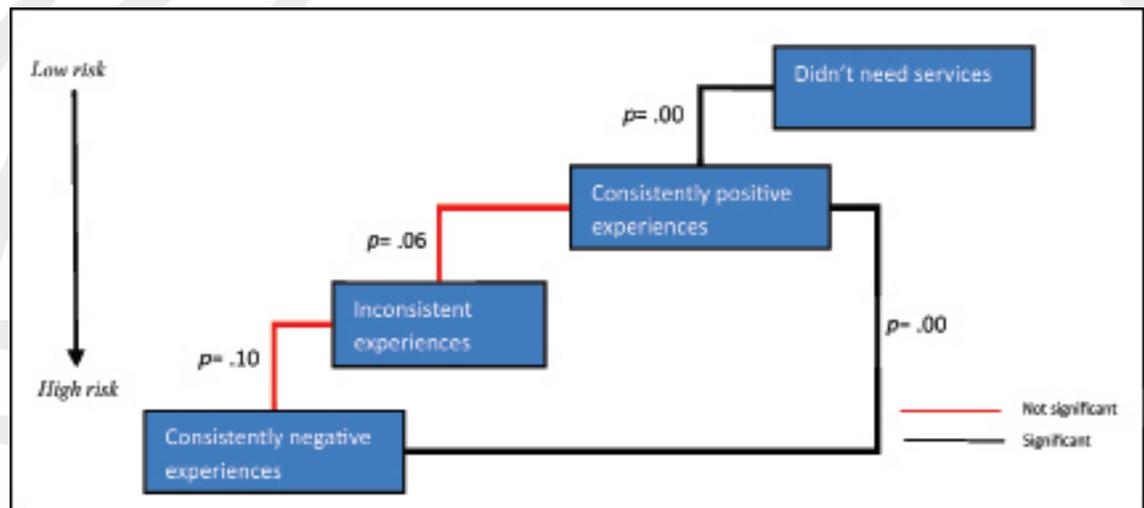


**b) Risk and the quality and consistency of service experiences with multiple services**

The assumption of homogeneity of variance was not met in this analysis and accordingly Welch’s adjusted  $F$  ratio was used (240.21). There was a statistically significant difference on the Total Risk composite scale for the four groups of youth:  $F(3, 1206) = 240.21, p = .00, \eta^2 = .04$ ). Post hoc comparisons using the Games Howell post hoc test indicated that youth who reported no service involvement ( $M = 16.9, SD = 11.00, p = .00$ ) were significantly different to the other three groups of youth in relation to risk. Risk scores of the consistently positive ( $M = 33.81, SD = 14.98$ ) and consistently negative ( $M = 39.80, SD = 14.67, p = .00$ ) service experience groups were significantly different to each other, while the inconsistent service quality group ( $M = 36.76, SD = 13.71$ ) returned risk scores that were closer to both the consistently positive service experience group ( $p = .06$ ) and to the consistently negative service experience group ( $p = .10$ ).

These results (Figure 2) show that youth with the highest mean score on Total Risk were more likely to have two negative service experiences whereas youth with the lowest mean Total Risk scores were more likely to report no service involvement.

**Figure 2: Relationship between risk and consistency in quality of service experience**

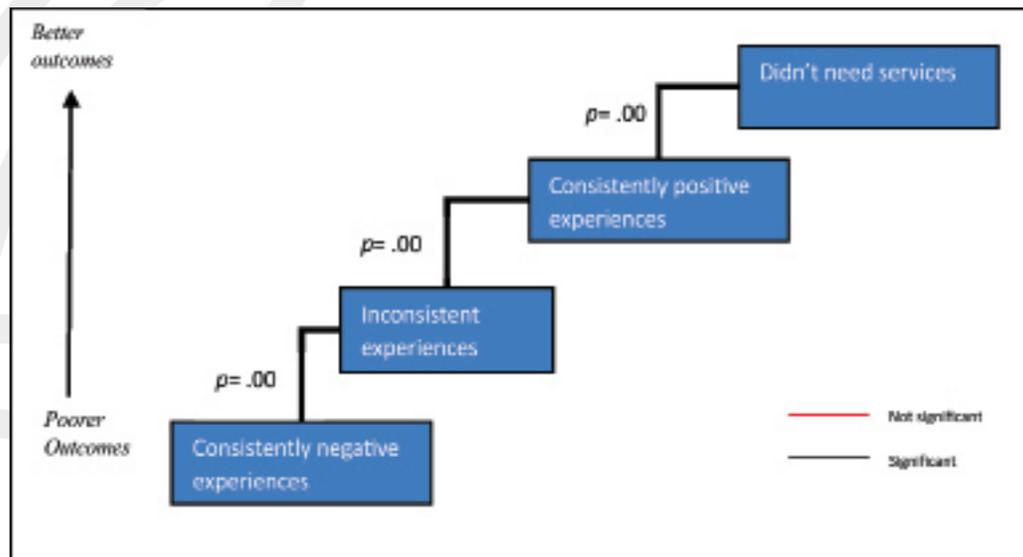


### c) Functional Outcomes and the quality and consistency of service experiences with multiple services

There was a statistically significant difference in scores on functional for the four groups of youth:  $F(3,1206) = 65.25, p = .00, \eta^2 = .13$ ). Post hoc comparisons using the Tukey HSD test indicated that the mean scores for the four groups were significantly different to each other (consistently negative service experience ( $M = 9.15, SD = 2.17$ ); inconsistent service experience ( $M = 9.89, SD = 2.1$ ); consistently positive service experience ( $M = 10.73, SD = 2.41$ ); no service involvement ( $M = 11.66, SD = 2.38$ ). Youth who reported no service involvement returned the highest functional outcome scores, followed in rank order by youth who reported consistently positive service experiences, youth who reported inconsistent service experiences and finally, youth who reported consistently negative service experiences. These results (Figure 3) show that consistent quality in service experiences appeared to

have a strong relationship with functional outcomes, but even two consistently positive service experiences did not fully compensate for the resources and supports that were available to youth who did not need to become involved with multiple services.

**Figure 3: Relationship between functional outcomes and consistency in quality of service experience**

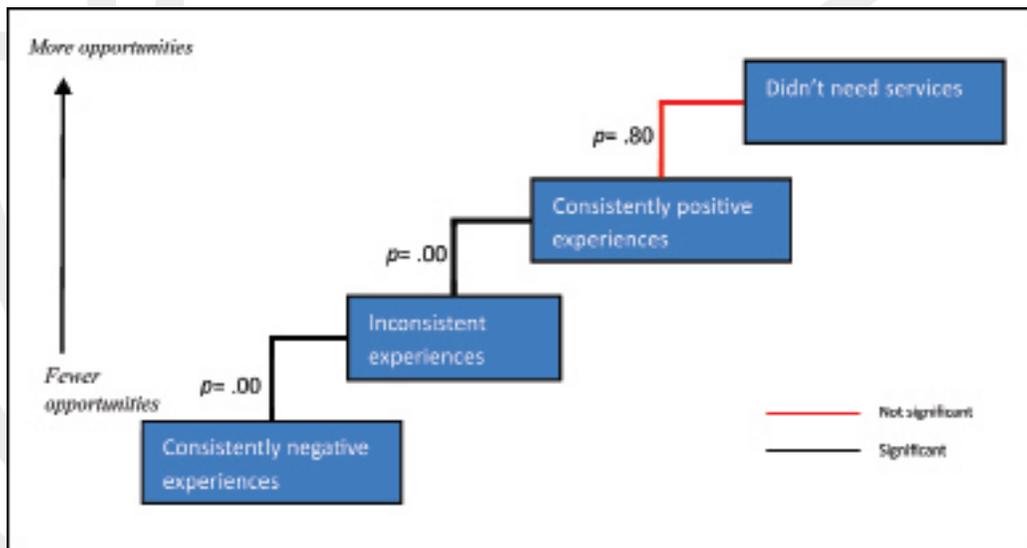


#### **d) Perception of opportunities and the quality and consistency of service experiences with multiple services**

In relation to the opportunities score which assessed youth perception that they were given a range of opportunities to take on responsibilities and that they were able to take advantage of these opportunities; there were statistically significant differences in youth between the four groups:  $F(3,1206) = 51.48, p = .00, \eta^2 = .11$ . Post hoc comparisons using the Tukey HSD test indicated that the mean opportunities score for youth with consistently negative experiences ( $M = 6.42, SD = 1.38, p = .00$ ) was significantly lower than both youth who had inconsistent service quality experiences ( $M = 7.13, SD = 1.31$ ) and youth whose service experiences were consistently positive ( $M = 7.70, SD = 1.31$ ).

There were no differences in scores for youth who reported consistently positive service experiences and youth who reported no service involvement ( $M = 7.79, SD = 1.25, p = .80$ ). These results (Figure 4) show that youth whose experiences in multiple services were uniformly positive thus perceived that they had access to greater opportunities and perceived themselves as more able to take advantage of these, than did youth who either had consistently negative experiences or inconsistent service experiences. Consistently positive service engagement appeared to close the gap between multiple service using youth and their peers in the MCG whose circumstances did not require them to become involved in multiple service systems.

**Figure 4: Relationship between perception of opportunities and consistency in quality of service experience**

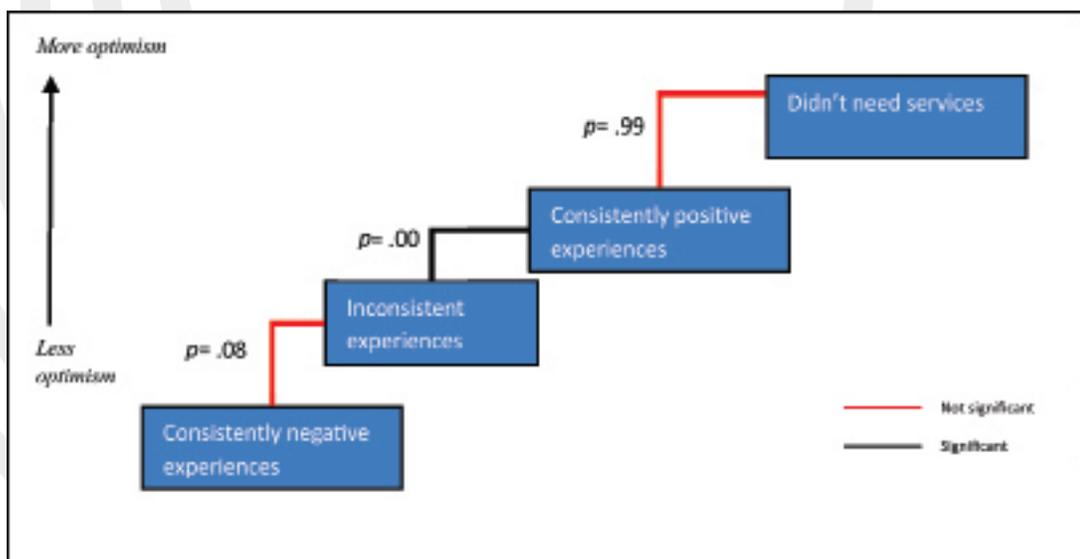


### e) Optimism and the quality and consistency of service experiences with multiple services

There were statistically significant differences between the four groups in the extent to which youth reported feeling optimistic about their futures: ( $F(3,1206)=13.48, p=00, \eta^2 = .03$ ). Post hoc compari-

sons using the Tukey HSD test indicated that consistently positive service quality experiences with multiple services ( $M = 66.50$ ,  $SD = 19.55$ ) was related to the presence of higher levels of optimism. The scores for these youth on this measure were similar to those reported by youth who were not involved in services ( $M = 66.26$ ,  $SD = 17.50$ ,  $p = .999$ ). These results (Figure 5) also show that youth who experienced multiple services as consistently positive reported significantly higher levels of optimism than did youth who either experienced inconsistent service quality ( $M = 61.40$ ,  $SD = 18.75$ ) or consistently negative service quality ( $M = 56.77$ ,  $SD = 19.39$ ,  $p = .000$ ). The consistently negative and inconsistent service quality experience groups reported the same levels of optimism ( $p = .077$ ) which were significantly lower than both the consistently positive group and the group of youth who did not need services.

**Figure 5: Relationship between optimism and consistency in quality of service experience**



## DISCUSSION

Youth with complex needs and who face high levels of risk, typically have multiple service providers involved in their lives. The nature of contemporary service delivery means that providers usually focus on a relatively narrow scope of practice defined by their organisational and professional mandate. In this way each provider targets a particular aspect of youth experience, though few, if any are able to focus on the whole youth and actively take account of the impact of the wider context on their lives. The underlying assumption of such an approach is that the contribution of each provider will lead to a minimisation of the risks youth face and an overall general improvement in their life circumstances. The combined efforts of a number of interventions are assumed to help close the gap in life chances between youth facing complex challenges and their more well provided-for peers. However, to date, there has been little consideration of the ways in which youth themselves experience multiple, concurrent service intervention, nor has consideration been given to examining whether or not such combined, but perhaps un-coordinated efforts contribute to positive outcomes for youth facing complex issues. In the current study, it was possible to examine in detail the quality of the service experience for two services concurrently received by youth. This allowed for a more detailed analysis of the ways in which differences in service quality between service providers influenced a range of factors in youth lives. In particular, this analysis explored the relationship between consistent service quality experiences and three domains: functional outcomes, perception of opportunities and optimism. Each of the domains were expected to be positively affected by consistently good quality services and negatively affected by either inconsistent quality or consistently poor quality services.

The service quality measure was a specifically youth-development oriented measure of quality, working from the theoretical position

that when youth are actively involved in service delivery, are able to form positive relationships with staff, are given opportunities to make appropriate decisions and when services take active account of the realities of youth lives, better outcomes are likely to be achieved than when these aspects are not present in service encounters.

There was a general and clear pattern of better outcomes and experiences for youth when service quality was consistently good, also youth with the highest resilience were more likely to have consistently positive quality service experiences - these youth reported similar resilience scores to their non-service using peers. It is also noteworthy that on two of the outcome of the measures (opportunities and optimism) these youth returned similar scores to the youth who did not require services in their lives. At this stage it is not clear whether this means that services tended to respond more positively to youth with higher resilience or that higher quality services enhanced youth resilience. The nature of service interventions and how they are able to effectively harness key aspects of youth resilience through the support process requires further investigation.

Of concern in these findings, is the relationship between risk and service quality. Youth who returned the highest risk scores were most likely to receive two services that were either inconsistent or uniformly negative. Earlier analysis (see Technical Report 4) identified a strong relationship between risk and service quality such that youth exposed to high levels of risk reported consistently lower quality service experiences and this pattern is also consistent with similar research in Canada (Ungar et al., 2013). While it is not clear whether inconsistent service quality or consistently negative service quality exacerbated risk, or providers found it more difficult to deliver quality services to youth facing high levels of risk, the findings do suggest a need for service providers to focus particular attention upon how they work with youth facing the highest risks. Attention is also

needed with regard to how other providers engage with these youth, because inconsistent quality had an equally strong relationship with risk as did consistently poor service quality.

The findings suggest a need for greater understanding of the most effective strategies for responding to youth who face the highest levels of risk. The complex interaction between high levels of risk, youth social contexts and service responses also requires further examination. In particular, the interaction between resilience (the positive resources youth bring to the intervention) risk (both individual and contextual) and service responses to youth facing the highest risks would benefit from further investigation. Analysis of qualitative data from the second stage of this research will provide opportunities to explore these complex relationships in more depth.

Youth who experienced consistently positive services also reported exposure to greater opportunities and a sense that they had the capacity to respond to these opportunities than did youth who had either inconsistent service or consistently negative quality experiences. Furthermore, youth who had consistently good quality services also experienced better outcomes and reported greater optimism. Importantly, these levels were broadly similar to the group of youth who did not require service intervention. Given that the questions regarding service quality focused on recent service involvement it may well be that consistent service quality initially had a very positive impact upon the perceptions and feelings of young people; it was able to generate a sense of optimism and to enhance sense of agency. Both of these could be argued to be precursors to the changes in behaviour upon which later improvements in outcomes could be based. While youth reporting two consistently positive service quality experiences did not report the same level of functional outcomes as the youth who had no service involvement, they did, nonetheless record outcomes that were significantly different to both the inconsistent

quality group and the negative quality group suggesting a potentially powerful role for consistently positive service quality in longer term positive outcomes for youth.

While the analysis does not allow conclusions about causality to be drawn, these findings do underscore a consistent set of relationships between *how* multiple services are delivered (are they respectful, tuned well to youth circumstances, empowering and provide opportunities for youth to exercise agency?) and the extent to which this group of vulnerable youth are able to be supported to compensate for missed resources in order that they be able to make positive transitions to young adulthood and to catch up with their peers. This group of youth inevitably have many providers in their lives, and these findings suggest that the combined work of all involved has the potential to make a difference. This analysis suggests that when services are not working together in consistently respectful, empowering and engaging ways, opportunities to make important gains with this population of vulnerable youth are lost.

## CONCLUSIONS

It matters a great deal what service providers do in their work with each individual young person and it also matters that providers work with each other to ensure that they are all working in ways that are consistent with positive youth development-oriented principles. It is not sufficient for some providers to attend carefully to the quality of their work and ignore what others may be doing with the youth with whom they are working. Neither is it sufficient for some service providers to accept that they are not able to work in these ways, but take comfort from the fact that others may be able to do this because when services were either consistently of low quality or were of inconsistent quality, youth missed out on opportunities, they were less able to achieve normative outcomes achievable by their peers, and

they saw their futures in less optimistic terms. We should not be sanguine about these things. For this group of very complex, vulnerable youth who have often been let down by the adults in their families and communities, it matters greatly that service providers are able to effectively deliver services that will be able to compensate for what might be lacking in their daily lives and can provide services that will result in better outcomes and futures for these youth.



## REFERENCES

- Briggs, S. & Cheek, J. (1986). The role of factor analysis in the development and evaluation of personality scales. *Journal of Personality, 54*, 106-48.
- Cormack, D. & Robson, C. (2010). *Classification and output of multiple ethnicities: issues for monitoring Māori health*. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment, 49*, 71-75.
- Goodman, R. (1997). The strengths and difficulties questionnaire: A research note. *Journal of Child Psychology and Psychiatry, 38*, 581-586.
- Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*, 1337-1345.
- Hektner, J. (1995). When moving up implies moving out: Rural adolescent conflict in the transition to adulthood. *Journal of Research in Rural Education, Spring, 11* (1), 3-14.
- Liebenberg, L., Ungar, M., & Van de Vijver, F. (2012). Validation of the Child and Youth Resilience Measure-28 (CYRM-28) among Canadian youth with complex needs. *Research on Social Work Practice, 22*(2), 219-226. doi: 10.1177/1049731511428619.
- Poulin, C., Hand, D., & Boudreau, B. (2005). Validity of a 12-item ver

sion of the CES-D used in the National Longitudinal Study of Children and Youth. *Chronic Diseases in Canada*, 26(2/3), 65-72.

Theokas, C., & Lerner, R. M. (2006). Observed ecological assets in families, schools, and neighborhoods: Conceptualization, measurement and relations with positive and negative developmental outcomes. *Applied Developmental Science*, 10(2), 61-74.

Wilcox, H., Field, T., Prodromidis, M., & Scafidi, F. (1998). Correlations between the BDI and CES-D in a sample of adolescent mothers. *Adolescence*, 33(131), 565-575.

Ungar, M. (2012). (Ed). *The Social Ecology of Resilience*. USA, Springer.

Ungar, M., Liebenberg, L., Dudding, P., Armstrong, M. & Van de Vijver, F. (2013) Patterns of service use, individual and contextual risk factors, and resilience among adolescents using multiple psychosocial services. *Child Abuse and Neglect*, <http://dx.doi.org/10.1016/j.chiabu.2012.05.007>.