

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

**Review and Analysis  
of Case File Summaries:  
Report on Wellbeing Concerns**

**Technical Report 14**

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## Introduction

This report discusses findings from the analysis of the case file summaries contained within the wellbeing concerns node<sup>1</sup>. This node captured information on the concerns that led to young people's involvement with services. These concerns included: neglect, behaviour and/or relationship problems, mental health concerns or disabilities, family violence (usually intimate partner violence between parents), physical abuse, sexual abuse<sup>2</sup> and young people's offending. This report discusses the following themes:

- Young people's entry into services
- Period of involvement with services
- Evolution of wellbeing concerns
- Financial hardship
- Entry into and pathways through out-of-home care
- Addressing concerns

Service responses to wellbeing concerns are explored in a separate report on social services practice (Stevens et al. 2014b).

### Young people's entry into services

The table below describes the number of young people who presented to services with each of the following as the initial concern(s)<sup>3</sup>.

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1 Data collection and analysis methods are outlined in [The pathways to resilience research: Review and analysis of case file summaries: Overview](#) (Stevens et al., 2014c), which also provides details on the qualitative terminology and schema used in this report.

2 Definitions of abuse and care and protection policies and processes in New Zealand are outlined in Stevens et al. (2013b).

3 The total in this table is larger than 79 (the number of young people in the file review sample) because some young people presented with multiple initial concerns.

**Table 1. Initial concern presented to services**

<b>Initial Concern</b>	<b>Number of young people presenting to services</b>
Neglect	24
Behaviour and/or relationship problems (including concerns	19
Other family violence (mainly parental IPV)	16
Physical Abuse	13
Sexual Abuse	12
Offending	9
Other	1

Age at the first time young people became involved with their service<sup>4</sup> ranged from under one year to 17 years. The initial concerns they presented to services with are consistent with other research (Australian Institute of Health and Welfare, 2013; U.S. Department of Health and Human Services, 2013) and may reflect age-related dependency and vulnerability (Krug et al., 2002, p.66). The concerns most commonly reported when young people less than five years of age initially became involved with services were neglect, physical abuse, sexual abuse and/or violence between their parents or caregivers. Those who became involved during the middle years (ages six to twelve years) initially presented with a broad range of concerns including abuse, neglect, behaviour problems and violence between their parents. The initial concerns for young people who presented when they were older (between the ages of 13 and 15) were most commonly for offending or behaviour concerns, although a few presented with family violence concerns and one with physical abuse. The oldest group (ages 16 and 17) presented primarily for

<sup>4</sup> Refer to [The pathways to resilience research: Review and analysis of case file summaries: Overview](#) (Stevens et al., 2014c) for a discussion of the criteria for recruitment into the qualitative component of the study.

behavioural and offending concerns although one young person had also experienced sexual abuse and a second had a physical disability.

A similar number of males and females initially presented with concerns for neglect, physical abuse and sexual abuse. There were differences in other areas however. Nearly twice as many females presented with behaviour or relationship problems (12) as males (7), while nearly four times as many males (10) presented initially with offending concerns as females (2). There were also differences regarding family violence. Nearly twice as many males (10) presented with concerns for 'other' (usually parental) family violence as females (6).

### Neglect

Neglect was a key reason for nearly a third of young people in the sample becoming involved with services. Analysis revealed neglect was often a consequence of a parent or caregiver's misuse of drugs or alcohol, and nearly half of the young people in the sample had at least one parent who misused substances (Stevens et al., 2014a). The file summaries provided evidence of a number of children or young people being removed from their parent/carer because the parent/carer had been admitted to hospital or placed in custody in relation to substance misuse, or because the parent/carer was too intoxicated to look after the child. A small number of file summaries described young people not having access to their medication (e.g. Ritalin) because prescriptions had not been collected; in some cases young people suggested their parents had sold it and criminal investigations of these allegations were underway. In most cases however, neglect concerns were related to parenting matters, such as leaving children unattended, not seeking medical assistance and households facing economic stress and substandard housing. These included cases where parents struggled with their own mental health

concerns which limited their capacity to parent, or posed a risk to their children.

### **Behaviour and relationship concerns**

Nearly a quarter of young people became involved with services because they demonstrated challenging behaviours or were experiencing problems in their relationships with family/whānau or caregivers; this category covered a vast array of circumstances. Some of the case summaries indicated that young people's out-of-control behaviours created challenges for their parents in caring for them. Relationship breakdowns between young people and their families/whānau or caregivers sometimes resulted in parents or caregivers contacting services because they were no longer willing to care for the young person. In other cases young people's behaviour created challenges in retaining them in mainstream education. A few cases raised suspicions that the young person's behaviour was the result of a mental health concern or disability. Young people's behaviour is further explored in another report in this series (Urry et al., 2014).

### **Intimate partner violence**

Family violence was a key factor for approximately one fifth of the young people in the sample becoming involved with services; often this entailed intimate partner violence (IPV) between parents or a parent and step-parent. Violence between parents was chronic in a few of these cases, and efforts at prevention seemed to have little effect with incidents continuing to be reported over decades. Analysis suggested some young people who had lived with parental IPV went on to have anger problems or perpetrate violence in their own relationships.

As with neglect, alcohol and drug misuse featured in many of the

reported incidences of family violence. Several files contained evidence that incidents of family violence witnessed or experienced by the child were preceded by the perpetrator(s) using drugs or alcohol. Some of the young people came from households where family violence, alcohol and drug use and abuse or neglect went hand in hand. One file summary reported a mother explaining that the father was violent when he drank and didn't know what he was doing when intoxicated. In other cases, adults were unable to shield children from witnessing or being involved in family violence because they were incapacitated by their use of drugs or alcohol.

### **Physical abuse**

Physical abuse featured as a key reason for 13 of the young people in the sample becoming involved with services. Perpetrators of this form of abuse included mothers, fathers and stepfathers. Notifications were made by people (grandparents, aunts, schools and medical professionals) who had suspicions, who had observed bruising on the child, or whom the young person had disclosed physical abuse to. In a few cases, young people were included in referrals made regarding the physical abuse of a sibling, or files revealed historical concerns of physical abuse of siblings. In at least one case, the young person ran away from her abusive family/whānau and there were also concerns for her safety while she was on the run.

### **Sexual abuse**

Sexual abuse featured as a key reason for 12 of the young people in the sample becoming involved with services. Initial referrals included concerns that young people were being sexually abused by family/whānau members or by third parties, concerns that young people were being groomed for sexual abuse, or concerns that young people

themselves had committed sexual offences. While sexual abuse featured in only 12 of the initial referrals to services, in total over half of the file summaries contained at least one referral for suspected sexual abuse during the period the young person was known to the service. These later concerns often arose in relation to young people acting out or when unusual behaviours were noted.

### **Offending**

Nine of the young people became involved with services because of their criminal offending. These offences ranged from tagging, theft and burglary through to aggravated robbery and assault. Case file summaries suggested some of these young people had received alternative action or diversion through Police Youth Aid<sup>5</sup> for prior offences. At least two of these file summaries also revealed safety or wellbeing concerns for the young person including exposure to family violence and parental addictions.

### **Period of involvement with services**

Over half of the young people were known by their service for more than six years<sup>6</sup>. The following table outlines the length of time young people were known by their service.

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5 Alternative action is a response to lower-level offending that takes a diversionary approach rather than engaging FGC or court processes; it is delivered by Police Youth Aid (Stevens et al. 2013a).

6 Period of involvement was calculated from the date of first contact with a service to the date of last contact. In some cases there were periods that young people were not actively involved with the service.

**Table 2. Period of involvement with service**

<b>Period known to service</b>	<b>Number of young people</b>
Less than a week	3
Less than six months	4
Six months to a year	4
One to five years	22
Six to ten years	20
11-17 years	20
More than 17 years	6
<b>Total</b>	<b>79</b>

Young people who were known to services for less than a year tended to be older; most were aged between 13-18 years, while two were between six and 12 years when they first presented to services. Most of the young people known to services for less than a year were referred for concerns relating to their offending or family violence, two were referred with concerns about their behaviour, and another two for concerns over physical abuse.

Many of the case file summaries contained multiple referrals to the same service. Repeated referrals generally occurred after a file had been closed following the previous involvement of a service, although in some cases, multiple referrals were made regarding the same incident. Fluke et al. (2005) note that repeated referrals (or re-reporting, whereby a service receives more than one referral resulting in repeated assessments or interventions) do not necessarily mean a young person has been re-victimised (recurrence). Their analysis of 1,396,998 reports of child abuse found that 32% were re-reported within 60 months, while 17% were re-victimised within the same timeframe. The same study found that young people who received services but their abuse was not substantiated were more likely to be re-reported to services than young people in the following two groups:

- Young people for whom abuse was substantiated (and they received services including in some cases removal from abusive family/whānau members)
- Young people who did not receive services.

These findings suggest that re-reports of abuse are most likely to be triggered for young people previously involved with services where evidence of abuse is not clear cut.

Analysis of the case file summaries for this study found evidence of both re-reporting and re-victimisation in cases that were known to services for more than six months (cases known to a service for less than six months generally involved only one referral or a single 'incident'). One young person, who was known to a particular service for over 17 years, was referred to that service on eight occasions. Analysis of the file summary suggested this young person was found to be the 'victim' of abuse or placed them self at risk on three occasions; the other referrals were notifications that could not be verified. The number and frequency of referrals to services and the intensity of support offered increased as the young person grew older and demonstrated more challenging behaviours.

In another case a young person aged 16 was referred to a service twice and involved with that service for under a year for youth offending concerns. During the course of involvement with that service it was revealed the young person had a background of family violence, parental addictions, sexual abuse and many moves between family/whānau members. Supports were put in place for this young person before they aged out of service provision. The short period of this young person's involvement with services belied a challenging childhood, and there were other case summaries similarly short in length where the young person's history was complex. It is surprising in these cases that the young person was not engaged with

services at a younger age. Considered alongside the work of Fluke et al. (2005), these findings suggest that while services address the needs of some young people, there may also be another group of young people with complex needs who do not access services or who services do not reach. Dewhurst et al. (2014) suggest service entry criteria, young people's own agency, and the ability of young people, family/whānau and services to negotiate a shared understanding of young people's needs all have a bearing on whether young people are able to make a successful claim for services (Dewhurst et al., 2014).

## **Evolution of wellbeing concerns**

The analysis of the case file summaries revealed initial concerns commonly 'evolved' into additional or more serious concerns. This was particularly true where services were involved with young people or their families/whānau for longer periods of time. While each case was different, three key patterns emerged. These are discussed below:

### **1. Single issues evolved into more complex concerns**

In these cases, services generally became involved with a family/whānau for a single issue, but further concerns emerged as professionals worked with the young person or their family/whānau, or changes in circumstances resulted in new concerns arising. Multiple referrals to services at different points in time were commonly noted in young people's file summaries.

In one example, services initially became involved with a young person who was suspected to have been sexually abused by a stranger. Professionals were unable to substantiate sexual abuse; the file suggested the incident may have been 'fantasy' and concerns were raised about the young person's mental health. The young

person's behaviour became a concern two years later and multiple services became involved; shortly after this, the death of a close family/whānau member further impacted on the young person's behaviour. Concerns emerged about parental mental health and use of substances and that the young person may have experienced neglect and physical abuse within the home. This file summary was typical of several in which exploration of the presenting issues over time revealed more complex concerns, and where underlying causes of concerns were unclear.

In another example, a young person became involved with a service because parental drug addiction impacted on how they were cared for. This parent later died resulting in the young person moving between family/whānau members and eventually into non-kin (foster) care. The young person experienced sexual abuse during one of these moves. In this young person's situation, concerns evolved from neglect and then escalated into having nowhere to live, to sexual abuse and then later behavioural concerns as the young person started to offend.

## **2. Early wellbeing concerns evolved into behavioural problems**

As with the example above, patterns of early wellbeing concerns followed by later behavioural concerns for young people were evident in many of the case summaries. Young people who had experienced neglect or abuse commonly went on to demonstrate behavioural problems and in many cases commit offences. The following example illustrates this progression. Services initially became involved in providing support to the mother who was alleged to be neglectful of the young person as an infant. Over the course of the file summary the young person moved into the care of extended family/whānau because the parents' addictions left them unable to care adequately for the young person. While in family/whānau care,

the young person disclosed physical and later, sexual abuse. The young person became transient between family/whānau members, sometimes running away as a response to experiences of mistreatment, other times moving at the family/whānau's request, and eventually was placed in non-kin (foster) care. The young person began to offend and became involved with drugs and alcohol, and later had a child of their own. Multiple professionals were involved over the course of the young person's life and toward the end of the file summary, interventions focussed on managing her behaviour and placements.

In other cases, earlier concerns were less clear cut. Several case file summaries recorded initial concerns for a young person at a young age that were not verified, followed by a long period of non-involvement by services, followed by a period of significant service involvement during adolescence. This later service involvement was commonly triggered by a young person's offending behaviour. In at least one of these cases the young person revealed that while earlier assessments had not identified abuse, the young person had been physically abused and lived with family violence from a young age. Analysis of file summaries suggested in other cases young people may have begun to 'act out' in adolescence as a response to childhood experiences of abuse and in particular sexual abuse.

### **3. Offending revealed wellbeing concerns**

Analysis of file summaries revealed that several young people who initially became involved with services for criminal offending had complex backgrounds including parental addictions or mental health concerns, family violence, movement between extended family/whānau members, transience and/or living rough, disrupted education, and in some cases family/whānau patterns of offending.

There were suggestions that some of the young people may have been abused although this abuse was not necessarily verified or young people withdrew allegations. In many of these cases young people also struggled with misuse of alcohol or drugs during adolescence, possibly in response to the challenges their lives presented; and in at least a few cases young people had committed offences while under the influence of substances. In a small number of cases young people's offending triggered an assessment of their safety with their current caregivers. For example, in one case the young person became involved with youth justice services after committing a number of thefts. Service engagement revealed extensive concerns about his parent's addiction, and the young person was removed from the parent's home to protect him. The young person's own addiction was also revealed and he received treatment in a residential programme. The young person was assisted to move into a supported living arrangement upon turning 17 as the parents remained unable to provide a safe environment.

These three patterns illustrate both the complexity and changing nature of young people's lives, and the challenges for professionals in responding to multifaceted needs. Services were required to not only be responsive to presenting concerns which were often urgent (e.g. new disclosures of abuse) but to not lose sight of the original concerns or of the overall context and history of the young person (Stevens et al., 2014b).

### **Financial hardship**

While generally not identified as an initial concern for which services became involved, family financial hardship was described in some files as having implications for young people's wellbeing. File summaries described situations where young people were inadequately fed or clothed. In a few instances young people did not attend school because families/whānau were unable to afford uniforms, and there were examples of young people not attending scheduled appointments (e.g. counselling, medical, psychologists, drug and alcohol services) because families/whānau did not

have transport available or could not cover transport costs. Several young people went without medical or dental treatment or lived without glasses or hearing aids because families/whānau could not afford the associated costs of these items (e.g. appointments, transportation) even when partial subsidies were available.

In a number of cases young people were placed with their extended family/whānau. The case file summaries provided evidence that financial hardship sometimes impacted on the extended family/whānau's ability or willingness to continue to care for young people. In particular, a few caregivers were ineligible to receive an Unsupported Child Benefit for young people because they were considered step-parents (making them ineligible) or because they received another benefit. In one case a young person who had been living with a grandparent moved into care because the grandparent, due to financial hardship, was unable to provide a reasonable standard of living.

Inadequate housing was a key theme across the file reviews, and file summaries described young people living in overcrowded conditions, houses that lacked adequate heating and environments that were otherwise not conducive to the young person's physical health. For the most part these concerns related to families'/whānau financial limitations. Homelessness and living out of a vehicle for a period of time were also described in a few case files, because families/whānau had been unable to afford rent or a parent had just come out of prison and did not yet have their own home. Many summaries provided evidence of social workers advocating for families/whānau to secure appropriate state or private housing. A few families/whānau described being unable to maintain the homes they owned because of a limited income, and as a result the home deteriorated and became unsafe or unsuitable for children to live in.

Financial hardship on its own may not have provided sufficient justification for services to become involved with young people and their families/whānau, but the file summaries provided evidence that in some cases financial

hardship negatively contributed to young people's wellbeing.

## Entry into and pathways through out-of-home care

Young people involved in this study moved out of the care of their parents or caregivers for a number of reasons. In some cases, these moves were a response to concerns for the young person's safety, or because a parent had died or been incarcerated. In other situations, parents or carers sought respite or advised services that they were no longer able to care for the young person because of the young person's behaviour and/or because of limitations experienced by caregivers in their ability to parent (e.g. when parents became incapacitated by mental health problems). Another group of young people were sentenced to residential facilities after committing offences.

Young people experienced a mix of kin and non-kin care during their involvement with services. In total, 50 of the 79 young people in the sample experienced at least one move into non-kin care if only on an emergency basis. Of the young people who moved into non-kin care, seven had been sentenced to youth justice residential units in response to their offending. Twenty-eight young people received non-kin care from time to time, commonly on an emergency basis and in response to abuse or wellbeing concerns. Fourteen young people experienced long-term care with non-kin carers. Young people who had long-term non-kin care placements commonly experienced a mix of foster and residential care arrangements; these moves are explored in more detail in the report in this series on changes of circumstance (Stevens et al., 2014d).

Analysis of the file summaries revealed that there was no single wellbeing concern that automatically led young people to out-of-home care. For example, just because a young person had been physically

or sexually abused did not mean they were removed from caregivers, conversely what initially appeared as a concern the young person had committed a minor offence occasionally led to the young person being removed from family/whānau. Decisions to place young people in out-of-home care appeared to be based on multiple sources of information and cumulative concerns.

Despite there being no single pathway into care, analysis did suggest that those who experienced long-term care had commonly also experienced neglect or multiple concerns (abuse of some form, behavioural problems and mental health concerns were common). Decisions to place these young people in out-of-home care were made with the intention that such placements would ultimately improve their wellbeing.

### **Addressing concerns**

Analysis of file summaries revealed cases where abuse and wellbeing concerns were addressed through the interventions provided by professionals, and other cases where concerns continued until the time when the file was closed. The first group of young people, where concerns were addressed, included those who were placed in care to protect them from harm, or where harmful adults were removed (e.g. by way of imprisonment, parental separation or use of protection orders). It also included those who received effective support to help them deal with past trauma or challenges they were experiencing in their lives such as drug and alcohol addictions or mental health problems.

The second group, where concerns continued to exist until the end of file summaries, tended to comprise young people with complex circumstances, young people or families/whānau who did not engage with services or young people who had been in non-kin care

but returned to live with family/whānau later in their lives. For example, one file summary recorded that after a number of attempts to visit the family/whānau and offer support to no avail, the service had decided to withdraw its involvement. In another example, a young person who had a long history of involvement with multiple social services and a complex background of neglect, parental addictions and mental health concerns, combined with his own addictions, behavioural concerns and offending, returned to live with his parent after spending many years in non-kin care. While the file summary noted the living circumstances with family/whānau were not ideal, it conceded that the placement was the young person's preference and that there were few other options available. The young person was linked to community supports but concerns for the young person's wellbeing continued until the file was closed. Further discussion of interventions and outcomes is contained within the report on social service practice (Stevens et al., 2014b).

## Summary

Analysis of the data within the wellbeing concerns node revealed an array of reasons for young people becoming involved with and maintaining their involvement with services. Neglect, behavioural concerns, mental health concerns, disabilities, family violence, physical abuse, sexual abuse and youth offending featured in the case file summaries. Neglect and family violence were commonly linked with parental misuse of drugs and/or alcohol, or with parental mental health concerns. Involvement with services during adolescence was more commonly triggered by concerns regarding young people's behaviour or offending while involvement at a young age was commonly triggered by concerns of abuse.

The length of time young people were involved with services ranged from one day to eighteen or more years. Many young people were

referred to the same service on multiple occasions; in some but not all cases these re-referrals represented new incidents of abuse or wellbeing concerns. Those who were involved with services for shorter periods of time or had received fewer referrals had not always had less challenging lives and in some cases were less resilient than those who had been involved with services for longer periods (Dewhurst et al., 2014).

Concerns regarding young people and their wellbeing typically evolved during their involvement with services and three key patterns were identified: single issues evolved into more complex concerns; early wellbeing concerns evolved into behavioural problems; and offending revealed wellbeing concerns. These evolving needs provided challenges for professionals to be responsive while also thorough, consistent and not losing sight of the bigger picture.

Analysis suggested financial hardship in some cases negatively influenced young people's wellbeing or hindered attempts to improve young people's lives. Several examples of impoverished living circumstances, or an inability to access resources or services (e.g. healthcare or counselling) were portrayed in case file summaries. Poor housing and homelessness were key themes.

Many young people moved into out-of-home care as a result of abuse or wellbeing concerns including parental death or incapacity to care, harm of the child or youth offending. Young people experienced a mix of kin and non-kin care. Of the fourteen young people who lived in non-kin care over an extended period, many had earlier experienced neglect or multiple concerns such as parental addiction, family violence, suspected abuse and conduct disorder or attention deficit hyperactivity disorder.

In a few cases, abuse or wellbeing concerns continued until cases

were closed. These were generally because the service had not been able to effectively engage the young person or family/whānau, because the young person had returned to live with family/whānau (where concerns existed), or because they had 'aged out' of services. In most cases attempts were made to link these young people with ongoing services.

Further discussion of interventions and outcomes to address the abuse and wellbeing concerns discussed in this report is contained within the report on social service practice (Stevens et al., 2014b).

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