

A life world perspective on continuity of care in youth services

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Supervisor: Prof. dr. Wouter Vanderplasschen

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A dissertation submitted to Ghent University in partial fulfilment of the
requirements for the degree of Doctor of Educational Sciences

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Preface

In 2001, I started working in the field of youth welfare work as a novice orthopedagogue. I was confronted with youngsters that were then described as ‘risks’ for the city of Ghent as they presented difficult problems in the poor neighborhoods of the city. A new project of case management was introduced to solve this problem. I was one of the case managers of this project and later became the project coordinator. Although considerable theoretical work was carried out to describe, assess and develop solutions for the “problem”, the actual work proved more difficult. How to reach these youngsters? How would they respond? How could case management be of value? We started working with a team of five within the low threshold youth work that was organized in the different city areas and that also experienced troubles with youngsters that were hard to reach or behaved aggressively towards youth workers. By getting to know the youngsters in these neighborhoods more closely, we were confronted with the fact that, although they have different backgrounds, they were all searching to get a grip on their lives. As a new team, listening to the youngsters’ perspectives, we gradually gained insight in their complex histories. At the same time, this listening process was the foundation to relate to these youngsters and to find out about their aspirations. As we progressed, it became clear that these youngsters often lacked fundamental support related to basic rights such as decent housing, access to school or labor market and safe and open living environments. Moreover, many youngsters were confronted with aggression and discrimination by others in their contacts with different social and private services.

By establishing a working relationship, we experienced a growing mandate to talk and act together to explore new territories, both for them and for us. It proved to be an exercise in “letting go”, in taking different perspectives, in relating to what mattered to them. A rights-based perspective became our leading frame of reference as the focus shifted from individual problem behavior towards collective problems that these youngsters were confronted with. As the years passed by, the team gained a mandate in order to negotiate new and positive actions for and with the youngsters. I was convinced, and still am, that this fundamental connection is primordial when working with youngsters. I consider it my fundamental duty as a field worker to keep striving for equal rights for all youngsters.

After 11 years of working in the field and trying to share some of the things we learned, I had the opportunity to start working as an assistant at the Department of Special Needs Education. This proved to be a difficult undertaking, as I soon felt the “stretch” between practice and research. It proved hard at times, but also enriching to take some distance from daily practice. Doubt and the position of ‘not knowing’, for me, however difficult and existential at times, are important aspects to embrace, both as practitioner and as researcher. Research on how the difficult connections worked and how a genuine connection can be developed between youngsters at very difficult times in their lives is a mission. Humbly, I hope I’ve contributed to a better understanding of this complex reality through my research.

Acknowledgements

The complexity of the I in relation to others and the way ideas unfold to start opening up new ground, what could be more collective and in some way unknown? Disclosing who was important can and probably will leave out people that made a difference without my conscious knowing. This is an attempt to do right to all friends, colleagues, partners, children and youngsters that form 'my' network and gave insights, support at difficult times or harsh confrontation to push me further.

First of all, all the youngsters I've worked with and gave me inspiration. Even though 'the stage' is sometimes limited, the way you guys showed me different expressions of identity and struggle, of construction and hope, of investment in others and each other... Extraordinary!

Some of you were willing to share their stories, sometimes difficult and confronting, at others times full of power and ambition. This power to go on and to find new ways of opening up the future... Deep respect! Thanks for doing what you did, meeting me in the park, in the youth houses, in the youth residence, in your studio.

All the youth workers, case managers, youth care workers, coordinators in the broad field of youth care. My deep gratitude and respect for the enormous drive and ambition to make a difference in the lives of children and youngsters. Your efforts are undervalued and the pressure on the system of care to deliver sometimes limits the things you can do. The different talks I had before and during the research process showed ways of creativity to search new ways of connection, of reinventing existing truths. Thanks for handling critique and seeing it as a fundamental connection to go on.

Thanks to the great people of my doctoral advisory board: Prof. dr. Freya Vander Laenen, Prof. dr. Griet Roets and Prof. dr. Richard Rapp.

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Griet, thanks so much for the way you helped me towards a deeper understanding of what the lifeworld orientation is and can be and the support and motivation to go on and believing the value of imbedded research.

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Special thanks to my parents for learning the art of thinking beyond limits. For providing the nurturing surrounding to explore the world, to study, to aspire new things. But also for showing what working with people in need can be, be it youngsters (dad) or people with a disability (mom), as two front-line practitioners, the drive was certainly contagious! Also for being there when it mattered the most, at crucial transitions in our life, continuity!

My brothers and sisters Tijs, Tine, Kobe, Hanne and their kids. My 'Luxemburg family' Louki and Hans. For the so important 'time outs' and support!

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My sons Connor, Lewis and Jack, who explore the world and make my day, I'm a lucky father!

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1 | General Introduction

Abstract

The general introduction outlines the theoretical background of this dissertation to provide a framework for the research on continuity of care in youth services. A brief overview is given about the concept of continuity of care in relation to the current changes in youth care in Flanders, as well as in the international field, and the problems related to youth care provision. In the next section, the concept of continuity is looked at in the context of this reform and linked to the conceptualization within a broader international scope. Next, we discuss the lifeworld orientation, as this is the underlying perspective to the research design. Subsequently, the research aims and research questions are formulated. We conclude this introductory chapter by providing a short outline of the different studies related to the research questions.

1.1 Introduction

The focus of this doctoral research is on continuity of care in youth services in relation to the perspectives of youngsters in vulnerable situations. In the field of youth care in Flanders, recent reforms in policy are specifically addressing problems of continuity of care (Decree on Integral Youth Care, 2013). The rationale behind this reform is that care trajectories of youngsters are endangered due to interruptions that occur between various service providers. In other European countries, the United Kingdom, the United States and Canada, continuity of care has also been a core theme in youth care reforms (Grace, Coventry, & Batterham, 2012; Naert, Roose, Rapp, & Vanderplasschen, 2017).

Although continuity of care is being used as an argument to transform systems of care worldwide, there is much debate and lack of clarity about the definition of the concept and how it must be realized in practice (Freeman & Hughes, 2010; Sweeney et al., 2016; Uijen, Schers, Schellevis, & van den Bosch, 2012). This can be considered problematic because the way continuity of care is defined has a great impact on how youth care policy and practice unfold. The structure and organization of youth care in Flanders is based on the Act of Youth Protection of 1965, introducing the rights of the child for protection in policy and instating an institutional and juridical control to handle preventive strategies towards youngsters. This led to the expansion of a wide range of interventions, residential as well as non-residential, and preventive support directed at youngsters and their families with two aims: (1) protecting them from harm, and (2) re-educating them to protect society from harm.

In 1998 in Flanders, a restructuring process was triggered by various issues related to the concept of continuity of care, including: (1) lack of clarity and transparency of the youth care system, (2) lack of collaboration between various sectors involved in supporting youth in vulnerable situations (education, mental health care, social welfare, youth care), (3) imbalance in service provision with too many 'one size fits all' interventions instead of flexible, client-centred care and support, (4) too much specialist care due to lack of generalist and preventive, low threshold services, and (5) difficult access to youth care.

A variety of interventions and structural actions have been set up to improve continuity of care, such as case management, care coordination and the creation of inter-organizational networks (Cortis, 2012). All these interventions relate to a better organization of the care system in order to provide smoother care trajectories. However, such interventions are widely diverse and use different scopes regarding target population and predefined objectives (Heaton, Corden, & Parker, 2012). Also, research about these interventions is scarce, and results concerning the usefulness of these interventions for youngsters are mixed and open to debate. Moreover, youngsters' perspectives are rarely included in research and policy on continuity in youth care.

The problem statement and focus of this dissertation is related to the way continuity of care is conceptualized and how this conceptualization relates to the lifeworld of youngsters in vulnerable situations. The underlying rationale being that there is a limited view on continuity of care because of the dominance of expert views that are central in the research about continuity. There is a lack of research on continuity in youth care and the voice of youngsters is under-represented in available research. This raises the question as to which voices are included in the debate about continuity, and to which extent the lifeworld perspective of youngsters actually forms the starting point to shape and reshape the systemic boundaries of an existing system of care? Including the lifeworld perspective of youngsters in the reform of youth care is limited and, in particular, the perspectives of youngsters 'outside' or 'in the margin' of the youth care system are under-represented (Naert, 2011). Consequently, the lifeworld perspective of youngsters in vulnerable situations is put at the centre of this dissertation.

1.2 The youth care system and reform in Flanders

This study was conducted in Flanders, the Dutch-speaking part of Belgium. As in other regions, the Flemish Government is struggling with conflicting viewpoints on 'care' and 'control' and with how to protect youngsters against harm such as neglect, abuse and other risk factors that may impede their development (Roose, 2006b). The way to handle this complexity is not straightforward and is influenced by different perspectives (Devlieghere, 2017). Differences have recently been identified between a child protection and family support orientation in youth care (Gilbert, Parton, & Skivenness, 2011). The focus of the child protection perspective is typically on investigative

procedures to legitimize quite intrusive interventions, while the family support perspective situates problems in a broader social context in order to realize child welfare (Gilbert, 1997). In Flanders, this family support orientation was recently implemented in social policy, in which child protection and welfare are viewed as a pyramid, with a broad range of prevention strategies and family oriented services at the bottom, and more specific reactive protection measures at the top (Desair & Adriansens, 2011). The underlying principle being that more interventions at the bottom will reduce the need for more specialized interventions at the top (Desair & Adriansens, 2011).

After the youth care commission in 1998 defined some major problems in youth care provision, action was taken to re-organize child and family services. Different sectors that were providing youth services – such as general welfare, care for persons with a disability, child and family services, youth mental health care and school counselling – had to work beyond their sectorial boundaries. In order to do so, a collaborative design was implemented that had to transcend these boundaries (Voets, Verhoest, & Molenveld, 2015). Integral Youth Care was implemented first within different pilot regions, and later as a *“large-scale, top-down and policy-driven organizational reform”* (Roets, Roose, Schiettecat, & Vandebroek, 2016, p. 309). This led to the first Decree on Integral Youth Care (Flemish Government, 2004a), regulating the inter-sectorial reorganization of different youth care related services, from ambulant to residential and with different welfare provisional aims. The main objective of the restructuring process was formulated as *“providing an integrative assistance to the minor and/or the minor and his relatives to safeguard their scope to develop and improve their well-being”* (Broos & Grossi, 2000, p. 11). Existing youth care services were asked to organize available services into ‘modules’ defining what the organizations offer, how they do it, and what the target population is (Naert, Gesquiere, & Van Havere, 2017; Voets et al., 2015). This modulation of the youth care system is imbedded in a logic of measurability and a static view on problem definitions. Various authors link this reasoning to the far-reaching influence of managerialism in the social field, meaning that a problem can be identified at a certain moment and that there is a specific answer to fix this problem (Allen, 2003; Roose, 2008; van der Laan, 2003). The underlying rationale is that transparency of service provision will lead to better co-operation between service providers in order to create a smooth and continuous link between these treatment modules. Consequently, this should contribute to a

better match between the demands of youngsters and their context and the service provision (Roets et al., 2016).

Although the first reorganization process in 2004 was intended to tackle existing gaps in the field of youth care, the number of youngsters in vulnerable situations and the demand for help increased by 70% in the following years (Devlieghere, 2017). This led to an alarming increase in waiting lists for youngsters in need, while the fragmentation within the youth care system and the gaps and overlap in service provision appeared to be persisting problems (Van Hee, 2014). The identified problems led to a new Decree on Integral Youth Care, which was approved in 2014 (Flemish Government, 2014). This Decree was set on the same premises as the first Act of 2004. A clear distinction was made between directly and non-directly accessible services, regulated by an inter-sectorial gateway to manage access to not-directly accessible services. Collaboration between different service providers was set as a theme, and the principle of 'common responsibility' was perceived as central emphasis to work towards closing gaps and preventing overlap in service provision (Roets et al., 2016).

From the onset, there were some important criticisms that relate to the underlying rationale of the restructuring process. Various stakeholders question the top-down implementation of the whole process. As shown in an analysis of the reform process, this can lead to demotivation in the sectors involved (Voets et al., 2015). A second important criticism relates to the decision to start with the existing sectorial service providers. This was perceived as problematic, as this led to the exclusion of some important stakeholders working with youngsters, such as street corner work, youth work with youngsters in vulnerable situations, and youth work with youngsters growing up in poverty (Naert et al., 2017).

From the youngsters' perspective, questions can be raised regarding the safeguarding of their rights as formulated in the Decree on the rights of minors in youth care (Flemish Government, 2004b). The reform of the youth care system was accompanied by new jargon to identify different elements of the system, leading to various new abbreviations and procedures. The complexity of the system and difficult language and procedures conflict with the youngsters' right to receive correct and understandable information about youth services. Diverse actors have stated that the rights of minors are under great pressure for youngsters in care (Flemish Youth Council, 2014;

Vanobbergen & Ackaert, 2013). Moreover, the strong focus on structural reforms removes some essential questions and discussions about the content of care and the tension between diverging views on service provision and the position of youngsters as responsible actors or subjects to be protected (De Koster, 2007).

The complexity of different systems of care and related pedagogical, psychological and medical paradigms that influence the above-mentioned problem definitions, create a ‘wicked field’ of youth care services. This complexity has led to enormous challenges in youth care policies and practices to deal with this complexity. As Islam and Fulcher (2017) write in their overview on residential child and youth care, this is a time of transition, and even turmoil, in youth care across Europe. They refer to various reforms going on in the last few decades. Internationally, youth care is under pressure, as the numbers of youngsters in care are growing as well as the societal pressure on the quality of service provision (Knorth, Van den Bergh, & Verheij, 2002). Quality measurements and output control are becoming increasingly important and can cause potential conflicts regarding actual service delivery (Devlieghere, 2017).

1.3 Continuity of care

1.3.1 Continuity in youth care in Flanders

One of the leading aims of the youth care system in Flanders is improving continuity of care (Flemish Government, 2014). In order to improve continuity, system reform was directed primarily towards better collaboration between different service providers. The rationale in this process is that, by safeguarding better connections between different youth care sectors and services, there will be fewer gaps and less overlap between youth care interventions (Naert et al., 2017; Roose, 2006a). Therefore, the aims of Integral Youth Care in Flanders are (Flemish Government, 2014):

1. More attention to the reconnection of youth care with society;
2. Timely access to youth care interventions;
3. Flexibility and continuity of care, with seamless connection between different care interventions;

4. Appropriate attention to situations where the safety of children and youngsters is in danger;
5. Providing crisis interventions in a subsidiary way;
6. Attention to maximum participation of youngsters in care;
7. Realizing an integrated way of working in the organization and provision of youth care.

As demonstrated above, youth care in Flanders is perceived as a complex collection of different policies that form a pyramid of care interventions. This reasoning has important implications for how continuity of care is conceptualized. In the recent Decree, continuity is defined as (Flemish Government, 2014; art 2):

“The continuation without interruption of the trajectory in youth care, to be realized by collaboration between different youth care providers in youth care and case management.”

It is argued that too much fragmentation of care is the main reason for disruption of continuity of care in the trajectories of youngsters – this can be resolved by collaboration between different agents regarding the organization of care to create individualized and seamless care pathways for youngsters. This is illustrated by the aims of the restructuring process that is targeting specific system problems such as access to care, dropout, and better transitions to adult care or independent living.

Still, the analysis, as well as the answer to these problems, is dominated by an expert view, without proper connection with the experiences of youngsters (De Koster, 2007; Vanobbergen & Ackaert, 2013). This seems to contradict the growing emphasis on participation in the new youth care organization policy (Carette, 2009). Moreover, while the problem of continuity has been an issue since the start of the reform, similar problems in relation to (dis)continuity in care keep showing up (Crombez & De Wachter, 2011). Therefore, the link between problems regarding continuity and the way different actions are taken to improve these problems, such as the inter-sectoral organization of collaborative networks, can be questioned.

1.3.2 Continuity of care in the international literature

In international literature, continuity of care is put forward as one of the main aspects of quality of care (Boulton, Tarrant, Windridge, Baker, & Freeman, 2006; Freeman, Shepperd, Robinson, Ehrich, & Richards, 2001; Freeman et al., 2007; Reid, Haggerty, & McKendry, 2002). The concept has been studied in different domains such as primary medical care, mental health care, nursing and disease specific interventions such as substance abuse treatment (Haggerty et al., 2003). However, there is no widely accepted definition of continuity of care and the relation with other concepts such as coordination of care, continuum of care, case management, seamless care and integration of services, adds to this confusion (Reid et al., 2002; Uijen et al., 2012). In an attempt to provide more clarity on the conceptualization of continuity of care, different researchers proposed a model of continuity based on research in general health care (Freeman et al., 2001; Haggerty et al., 2003; Reid et al., 2002). This model is widely used and incorporates various elements of continuity of care (Freeman & Hughes, 2010; Freeman et al., 2007).

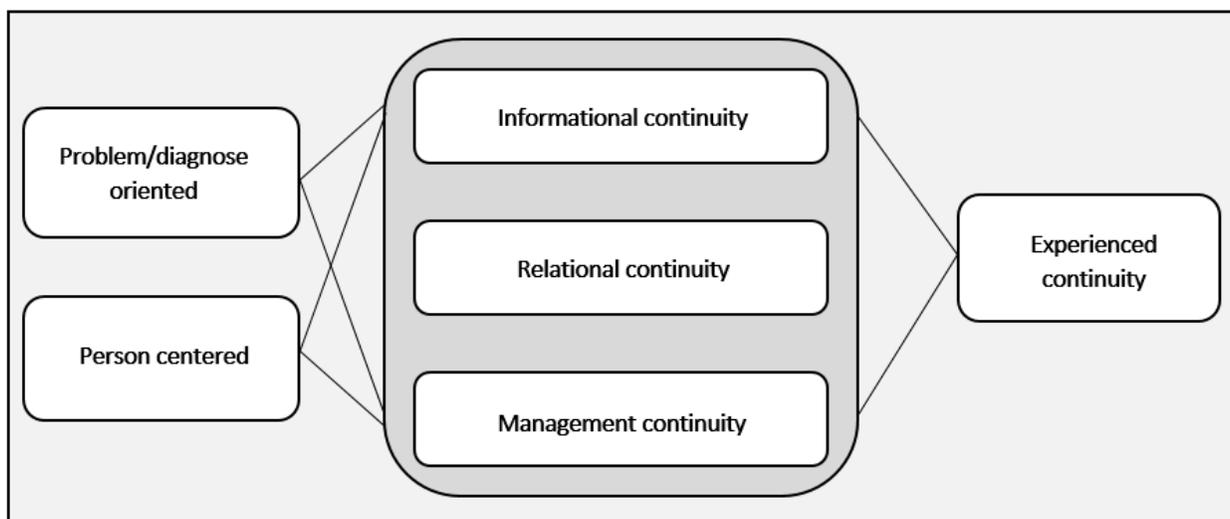


Figure 1.1 A model of continuity of care (Adapted from Reid, Haggerty, & McKendry, 2002, p. 4)

According to this model (see Fig. 1.1), continuity of care is provided by realizing continuity of information about clients, good relational continuity between clients and care providers, and good management continuity between different care providers. By doing so, the experience of continuity should be realized at the client level (experienced continuity) (Haggerty, Roberge,

Freeman, & Beaulieu, 2013). Although this model provides more clarity on the concept of continuity, two important critiques can be formulated:

- First, the model is composed from an expert scope that is focused on the underlying rationale that continuity will be experienced when informational, relational and management continuity are realized (Haggerty et al., 2003).
- Second, there is a lack of research on how paradigms of care (e.g., diagnostic/disease oriented vs. person-centred/strengths-based approaches) have an influence on experienced continuity (Reid et al., 2002). Moreover, although the experience of continuity is more at the forefront, the dominant reasoning remains a rather static and technical view on continuity.

In relation to youth care, research on continuity is even more scarce, although it is mentioned as one of the main reasons for the reorganization of youth care systems (Stroul, Pires, Armstrong, & Meyers, 1998). Fragmentation of care due to the deinstitutionalization in child and youth care services since the 1950s, is linked with problems regarding continuity of care (De Winter & Noom, 2003). Various large-scale projects have been developed to counter the fragmentation of youth care, and a wide range of interventions have been linked to improving transitions such as case management, coordination of care, wrap-around services and integrated care (Bickman, Smith, Lambert, & Andrade, 2003; Salzer & Bickman, 1997). Various authors stress the discrepancy between interventions and systemic reforms and the lack of research on the impact of these interventions (Heaton et al., 2012; Uijen et al., 2012). In line with the situation in Flanders, there seems to be an a priori knowledge of continuity creating legitimacy to implement interventions and change systems for the better. A lack of knowledge on the level of the youngsters themselves is especially striking (Curtis, Liabo, Roberts, & Barker, 2004). In relation to youngsters in vulnerable situations, it can be questioned how interventions relate to their experienced continuity and in what way dominant paradigms of care affect the way youngsters relate to youth care interventions. Therefore, it is necessary to place youngsters more central in research about continuity of care.

1.4 Lifeworld perspective

In this study, lifeworld orientation is used as a theoretical perspective to gain an in-depth insight into the situational and contextual position, or lifeworld perspective, of youngsters in relation to youth care interventions. The interactive component inherent in this perspective opens up possibilities for youth care to work beyond the individual perspective of youngsters, but allows us to include the complex relationship between the individual and society, and to embrace the complicated question whether the situations of youngsters and youth care interventions are socially just in nature (Grunwald & Thiersch, 2009; Roets, Roose, & De Bie, 2013; Roets, Cardoen, Roose, & De Bie, 2015). The lifeworld orientation perspectives enables a critical analysis of problem constructions of both youngsters and youth care workers, which are seen in a social interactionist way and as emerging over time, and related to institutional realities and broader evolutions and transitions in society.

As Grunwald and Thiersch (2009) show, this perspective is rooted in the combination of various theoretical concepts. First, the hermeneutic-pragmatic tradition of pedagogy, where an individual is to be understood, not from an external detached view, but in relation to their own subjectivity. Second, a symbolic-interactionist approach, where subjectivity is seen as progressing over time and in relation and exchange with others. In addition to this, a critical theory of the everyday relates to a broader view that places the everyday in relation to social forces. Youth care can be situated in the contradictions of the everyday and uses the social justice project as a reference point. Social justice is not seen as a given, but in continuous negotiation between the lifeworld and systemic forces.

In that vein, there is a fundamental ambivalence in addressing and reconstructing the everyday life. On the one hand, a person's lifeworld is his or her own subjective construction. On the other hand, this construction is not arbitrary. In spite of all subjectivity due to humans' structural coupling to their environment, this construction is influenced and limited by the framework of this very environment (Kraus, 2015).

1.4.1 Taking youngsters' voices seriously

This orientation does not imply that we can actually capture a person's lifeworld – instead, there is a fundamental orientation on the experiences of people in a given situation and towards their subjectivity. We oppose the conceptual uncoupling of individual agency and social context and look instead for a reflective and contextual understanding of the complexity, and sometimes contradictory nature, of the youngsters' everyday lives in relation to youth care interventions and the broader context (Spencer & Doull, 2015). This positioning also implies a view on youngsters as active subjects in the reconstruction of their daily lives and in the interaction with social services. The risk in research regarding youngsters in vulnerable situations is that these youngsters are regarded as passive actors, whereas research shows that these youngsters cannot be reduced to their vulnerable position (Hauspie, Vettenburg, & Roose, 2010).

This position also implies close attention to the connection with youngsters and especially to how they perceive their lifeworld. Following the rhythm of the youngsters concerned, and trying to understand the inherent differences, is an important theme. Rhythm is not seen merely as a mechanical movement alone – as in 'moving along' – but as a complex reality 'in the making', where different aspects such as time, place, objects and mutual subjective experiences in the interactions are all important elements of meaning-making (Bourdieu, 2005). In that sense, differences and disruptions in the process are seen as useful elements for a closer understanding of the youngsters' lifeworld (Lefebvre, 2004).

1.4.2 Youngsters in vulnerable situations

In our study, we focused on youngsters between the ages of 16 and 25. The reason for specifically targeting this group is motivated by three important arguments. First, this is the age period where many youngsters may experience potential problems related to continuity of care (Stein & Munro, 2008). There is abundant literature that describes adolescence as a developmental period that includes significant challenges for youngsters regarding different life domains, such as education, the labour market, personal development and well-being (Bonino, Cattelino, & Ciairano, 2005; Committee on the Science of Adolescence, 2011; Raffo & Reeves, 2010; Van Audenhove, 2015). Second, at that age, youngsters that are in contact with the youth care system have more

experiences because of a longer potential pathway in relation to youth care interventions. Third, many problems ascribed to this age group in relation to continuity of care relate to transitions they experience between services and sectors (Singh, 2009; Stein, 2006).

In the international literature, a wide range of terminology is used to try to capture a description of youngsters in relation to a certain vulnerability. The range of labels used is widely diverse, such as ‘socially vulnerable youth’ (Vettenburg, 1998), ‘socially excluded youth’ (MacDonald, Shildrick, Webster, & Simpson, 2005), ‘hard-to-reach populations’ (Cortis, 2012; Curtis, Roberts, Copperman, Downie, & Liabo, 2004), and ‘high risk youth’ (Arnold, Walsh, Oldham, & Rapp, 2007), among others. These categorizations have a limited scope, because of a priori reductions of what is seen as a problem. As other authors have shown, this may have important repercussions for how problems are transformed into entities that can be recognized and processed by service providers (Hjørne, Juhila, & van Nijnatten, 2010). Consequently, different views on vulnerability can be discerned that take different positions on how narrow problems can be defined.

First of all, ‘vulnerability’ is often linked to a diagnostic mental health discourse. Vulnerability is seen as an aspect in relation to personal characteristics that needs to be treated, or at least needs attention and nurturing. A second view places vulnerability within a more interactional framework, where vulnerability is something that develops over time and in relation to contextual factors. In this line of thought, vulnerable youngsters are at greater risk to be confronted with controlling and sanctioning interventions and experience fewer benefits in their contacts with institutions (Vettenburg, 1998). A progressive accumulation of negative experiences with various institutions, such as school, police and health care, is central in this theory (Vettenburg, 2013).

In our view, vulnerability is also embedded in the living situation itself. Taking living conditions as central to our research broadens the scope on how youngsters’ perspectives on continuity can also be related to their actual living situation (e.g., poverty, homelessness). As a researcher looking at ‘vulnerable situations’ and influenced by my practice experiences with youngsters living in ‘vulnerable situations’, there is a normative frame of reference that is guiding the choices made throughout the research process. This frame of reference is strongly connected to a social rights paradigm that puts *“the right to social service in order to lead an existence worthy of human dignity”* central (Roose, 2005, p. 216). This framework links with the Convention on the Rights of

Children and connects the provision of care to the right to a dignified human existence (UN General Assembly, 1989). Consequently, well-being and vulnerability are seen as inter-subjective concepts and open to debate (Roose, 2005). This turns a reductionist view on vulnerability into a rights perspective that is linked with the context and regards youngsters as care receivers who are directly concerned and equal subjects in relation to service providers (Grunwald & Thiersch, 2009). The reform in youth care strongly emphasizes the rights perspective as a leading principle, although the way these rights are realized can be questioned (de Vos, 2015).

Problem definitions such as ‘lack of continuity’ are not addressed as understood a priori but in an interactional perspective. In that sense, the understanding ‘from below’, how youngsters as actors in relation to care provision subjectively perceive the usefulness of this service provision, is seen in relation to their lifeworld conditions (MacDonald & Shildrick, 2013). Instead of using conceptual language of continuity of care, we focus on narratives and ‘desirable futures’ youngsters envision for themselves in the study of the relation with youth care interventions (Foster & Spencer, 2011). By using a narrative approach, the way youngsters composed their life paths in relation to interventions are explored leaving enough room for how youngsters themselves constructed the meaning of continuity and meaningful actions and persons that related to this experience.

1.5 Research questions

As discussed above, the concept of continuity in youth care is understudied internationally, and there is a dearth of knowledge concerning the views of youngsters in relation to youth care services. Still, the concept of continuity of care has been widely applied to motivate youth care interventions and reforms. The Belgian situation is particularly interesting to investigate, as improvement of continuity of care was one of the main underlying arguments for the reform of the youth care system. In this PhD research, we problematize the position of youngsters, who are mainly left out of the debate about continuity of care. By taking a lifeworld orientation, interactions with service providers and the youngsters’ experiences are central in this research. Therefore, the main research question involves the difficult connection of youngsters in vulnerable situations and service provision and can be formulated as follows:

How do youngsters in vulnerable situations experience continuity in their contacts with youth services?

This global research question is further operationalized in four research questions:

1. How is continuity of care conceptualized in the context of youth care in the international literature? (Chapter 2)
2. What are the experiences of youngsters in relation to continuity of care in their contacts with youth services? (Chapter 3)
3. How do youngsters strategically relate to youth care interventions, and how is this linked to experienced continuity of care? (Chapter 4)
4. How can an inter-organizational local network of service provision improve the connection with youngsters in vulnerable situations and enhance experienced continuity of care? (Chapter 5)

1.6 Research design

To get in-depth answers to the above-mentioned research questions, different research strategies were applied. We provide a short summary of the sub-studies, highlighting the objectives and the specific methods used to address the research questions. Overall, the research process started from a theoretical approach and literature review followed by an in-depth view on the experiences of youngsters and their strategies in relation to youth care interventions, ending with a case study of an inter-organizational network.

1.6.1 Literature review on continuity of care

Improving continuity of care is an important aim of various interventions and innovative programs targeted at youngsters in vulnerable situations. Yet, the definition and conceptualization of continuity of youth care remains unclear, as well as its benefits and potential pitfalls and challenges regarding its implementation. A systematic review was set up to analyse the international literature on continuity of care in relation to youth services. Papers were selected with a focus on youth care interventions and 'continuity of care' and related concepts such as 'coordination of care' and 'case management'. We included studies that met the following criteria: (1) target population: young persons between 12 and 25 years of age in some type of youth care;

and (2) continuity of care as core theme/focus of the study. The selection process resulted in the identification of 28 articles. These were coded through a combination of open coding and coding with predefined codes, using the dimensions of continuity as defined by Freeman and colleagues (Freeman et al., 2007) and distinguishing between relational, management, informational and experienced continuity of care. A critical interpretative synthesis was used to analyse the data within each theme/dimension (Heaton et al., 2012).

1.6.2 In-depth biographic interviews on continuity with youngsters in vulnerable situations

The aim of this study was to get a better view on the experienced continuity of care among youngsters in vulnerable situations. A narrative research approach was applied. Narrative research seeks to grasp and interpret the lived experiences of individuals, situated within their historical, social, cultural and political contexts (Bogdan & Biklen, 2007). The life stories of youngsters were explored thematically to capture their views on continuity in relation to youth care interventions. As described above, the youth care system in Flanders is diverse, including a continuum of services targeting youngsters in vulnerable situations. We specifically targeted youngsters who had been in youth care for a considerable period of time and/or who had been in touch with different youth services. In total, 25 youngsters were recruited in residential (n = 12) and low-threshold (n = 13) youth care services in the region of Ghent, Belgium. To be eligible, participants had to be in care or followed by a case manager for more than two years. Ages ranged between 15 and 32 years (mean age 20.6 years). We interviewed nine women and 16 men. Biographical interviews lasted between one and two hours and took place in the individual's natural environment, in a location they preferred. A timeline was drawn with the participants to facilitate the research process. We started the timeline at the age of 12, as a marker that stirred up their memories, as most participants make a significant transition from elementary to secondary school at that time. We asked the participants to address and discuss critical moments that were difficult or when things were going well, which were also linked to their relationships with significant others and material and immaterial resources that helped them. Based on in-depth explorations of these events, we jointly identified whether and how they experienced interventions as supportive. A qualitative content analysis was carried out, using inductive category development.

1.6.3 In-depth analysis of strategies youngsters use in relation to youth care interventions

The inductive analysis of the data in the second study proved useful in exploring the main themes that youngsters related to their experiences of continuity. However, the analysis also left some of the more detailed, strategic constructs of youngsters in relation to youth care interventions unanswered. Specifically, the way in which interactions between youngsters and youth care providers unfolded was an issue for further analysis, in particular in situations where there seemed to be a problematic relation. The narratives of youngsters collected in the previous step (chapter 3), were re-analysed using a directed approach to content analysis to get a more in-depth view on difficulties within this relation (Hsieh & Shannon, 2005). Hirschman's framework (Hirschman, 1970) was used to identify strategies of voice, exit, loyalty and neglect in the narratives of youngsters. While reading and re-reading the transcriptions of the empirical material, three sub-themes emerged that serve as an analytical translation of the strategies outlined by Hirschman: fighting (voice), freezing (loyalty and neglect), or fleeing (exit). The research findings are presented using three topical narratives of youngsters that illustrate the diverse strategies youngsters apply in their contacts with youth services.

1.6.4 Case study on the role of inter-organisational networks to improve continuity of care for youngsters in vulnerable situations

This study can be regarded as a return to the intervention side of service provision. It is linked to the findings of the previous studies, indicating a difficult connection between youth care services and the lifeworld of youngsters. The way youth care providers engage with the needs of youngsters and how they overcome structural boundaries is essential for this connection. The aim of this study was to find out how local networks of services can facilitate this connection. A case study design was used to examine intensively an organizational structure in a certain city, with a focus on understanding specific actions and behaviour in this particular social context (Tight, 2017). A local inter-organizational network was selected that aimed to improve continuity of care of youngsters in vulnerable situations. The objective of the study was to find out how professionals experienced the way the network influenced praxis with youngsters in vulnerable situations. By introducing 'working beyond boundaries' as a concept, we explored the way professionals engage

with youngsters and how they perceived flexibility in working beyond boundaries (Roose, 2006b). Open-ended interviews were performed with key informants in the city of Bruges, Belgium (n = 25). The interviews were fully transcribed and an inductive content-analysis was used to analyse the data (Hsieh & Shannon, 2005). Core themes were identified by cross-analysis of the data. Focusing on the narratives of participants in relation to the objectives of the network and the role of the network in facilitating working across boundaries enabled us to expand the knowledge concerning the influence of inter-organizational networks as experienced by field workers and in relation to the way inter-organizational networks open up new possibilities for practice.

1.7 Relation to the field of orthopedagogics

As a practitioner in the field of youth welfare work for more than 11 years (and doing volunteer work with youngsters in vulnerable situations today), this research is also motivated by my personal experiences working with youngsters in the field. Confronted with youngsters living in difficult situations, I was challenged to think about how youth care relates with the daily living conditions of the youngsters I work(ed) with. Attention to their lived realities and the need to find better connections with youngsters was, and is, a challenge for every front-line worker. Through this endeavour, the complexity of the daily realities of youngsters and the way interventions are organized became a core theme to explore. The decision to use a lifeworld orientation is connected to experiential knowledge about the struggles that youngsters in vulnerable situations encounter and how different structural elements have an effect on their position and the way societal answers are constructed to support these youngsters. The search to reflect further on the fundamental discrepancy between how the lifeworld of youngsters in vulnerable situations contrasts with the systemic organization of youth care is connected to how orthopedagogics has been developed as a praxis-based research frame (Knorth & Ruijsenaars, 2018). Starting with problem definitions that are linked to praxis is constituent to the field of orthopedagogics. Recently, there has been growing attention within research to the perspective of youngsters (Knorth & Ruijsenaars, 2018). Broekaert's definition of orthopedagogics also highlights the close connection to lifeworld experiences and praxis:

“The study of methodic, integrative, ethical and meaningful social interactions and support in pedagogical situations that are experienced as problematic, with the aim to improve individuals’ living situations, their quality of life and their participation in society through scientifically underpinned qualitative and quantitative research methods.”

(Vanderplasschen, De Schauwer, & Vandevælde, 2015, p. 26)

Our research is situated at the core of this definition. First, the problem statement and research questions are motivated with arguments intersecting theoretical and practical considerations. Theory and research are seen as necessary components to strengthen fieldwork, and fieldwork is regarded as necessary to inform new research. In that sense, greater insight into the conceptualization of continuity of care is likely to enhance the theoretical knowledge about this concept and influence the field to improve practice with young people in vulnerable situations.

Second, a clear ethical dimension is embedded in the definition of orthopedagogics, which refers to acting to improve the situations of the people concerned. The choice of a lifeworld perspective and the way youngsters’ perspectives are prioritized is directly linked to the aim of improving the living situations and participation of youngsters in society. In line with the tradition of orthopedagogics, the focus of this research is on extending the perspectives on support to youngsters by an engagement to view their total ‘lifeworld’ as the context and starting point for ‘learning through living’ (Whittaker, 2005).

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2 | Continuity of care in youth services: A systematic review

This chapter is based on:

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[US English]

Abstract

Improving continuity of care is an important objective of various interventions and innovative programs for youngsters in vulnerable situations. Yet, the definition and conceptualization of continuity of youth care remains unclear, as well as important benefits and pitfalls regarding its implementation. Therefore, this study provides a systematic review of the literature, focusing on the conceptualization and evaluation of continuity. Database searches revealed 28 studies that focus on youth care interventions aimed at improving continuity of care. Selected studies were analyzed in NVivo, using a three dimension model of continuity of care developed in general practice. Results show that continuity of care is rarely the central focus in youth services research. Moreover, its conceptualization is often limited to management aspects of continuity rather than highlighting other dimensions of continuity (e.g., relational and informational continuity). Also, experienced continuity of care as perceived by youngsters themselves is underrepresented in the selected studies, resulting in a partial view on continuity in youth care. It is concluded that more research is needed on youngsters' perceptions of continuity of youth services and its relational and information aspects, using qualitative study designs.

Keywords: *Continuity of care; care coordination; continuum of care; case management; adolescents; children and youth services*

2.1 Introduction

Continuity of care is believed to be an important prerequisite and characteristic for providing youth care of high quality (Holland, Faulkner, & Perez-del-Aguila, 2005). One of the arguments to reorganize youth care systems is often to improve continuity of care (Stroul, Pires, Armstrong, & Meyers, 1998; Vanderplasschen, Van Damme, Vandeveldde, Claes, & De Pauw, 2017). Despite a wide range of services, contextual differences and the use of various terms to refer to child and youth services, we will use the term 'youth care' consistently throughout this article to refer to all types of planned interventions aimed at improving the living situation of youngsters between 16 and 25 in vulnerable situations. These youngsters often experience multiple and complex problems and need support on various life domains (Fernandes-Alcantara, 2014). They are registered in various services and systems, such as mental health care, child welfare, medical care, educational and juvenile justice systems (Tobon, Reid, & Brown, 2015). Deinstitutionalization in child and youth welfare and protection services from the 1950s onwards, led to the creation of a complex and fragmented system of diverse agencies and service providers, including specific and specialized services for various types of problems. The complexity and fragmentation of professional youth care is recognized as a pertinent problem and an important reason why youngsters drop out of care (De Winter & Noom, 2003).

Continuity of care has been identified as a central feature of youth care services of high quality, and a broad range of interventions have been implemented to improve continuity of care, such as case management, care coordination, wraparound care, transitional care, critical time intervention or integrated care, in particular to serve hard-to-reach populations and youngsters experiencing problems on different life domains (Cortis, 2012; Ungar, Liebenberg, & Ikeda, 2014). Despite the increasing focus on continuity of care, the concept is poorly defined and not universally understood, resulting in divergent practices (Heaton, Corden, & Parker, 2012). A comprehensive review of continuity of health care demonstrated clear conceptual changes over time and its entanglement with related concepts like coordination of care, integrated care, client-centered care and case management (Uijen, Schers, Schellevis, & van den Bosch, 2012).

The concept is also closely related to specific themes in youth care research like accessibility (Ådnanes & Steihaug, 2013) and transitions within and out of youth care (McNicholas et al., 2015; Rachas et al., 2016). Continuity of care appears to be particularly important in the provision of youth services due to the specific transitions in adolescents' care trajectories and interrelation between the problems they experience (Fernandes-Alcantara, 2014). Within specific areas that provide support for children and youth such as foster care, child and adolescent mental health care and the juvenile justice system, the importance of continuity of care is acknowledged, mainly as an a priori understood concept and prerequisite for quality care. However, in their review of continuity and related concepts Uijen and colleagues (2012) criticize the limitations of research looking only from a partial conceptual framework.

In other domains, the concept of continuity of care has been studied longer and more intensively, resulting in established conceptual frameworks and theoretical approaches. A frequently cited model in general practice is the one originating from the work of Freeman and colleagues (Freeman, Shepperd, Robinson, Ehrich, & Richards, 2001), which was later updated in publications by Haggerty (Haggerty et al., 2003) and Freeman (Freeman & Hughes, 2010; Freeman et al., 2007), leading to a model that differentiates between three generic dimensions of continuity of care: relational, management and informational continuity.

Relational continuity - Relational continuity is about the relationship between care provider and service user. It is – or should be – characterized by a long-standing and personal caring relation over a longer period of time. Relationship continuity can be seen as the 'glue' between past, present and future care. The aim is to provide service users a sense of predictability and coherence of support. In short, it has been described as "*a continuous therapeutic relationship with a clinician*" (Freeman & Hughes, 2010, p. 4).

Management continuity - Management continuity focuses on flexible and seamless care across the boundaries of single service providers. Managerial continuity is often linked to chronic and complex disorders, and focuses on the management aspects of care provision. From this perspective, continuity is achieved when services are provided in a complementary and timely manner. Management continuity also concerns the consistency of treatment by sharing clinical

information and information on treatment planning and coordination of care (Freeman & Hughes, 2010).

Informational continuity - Informational continuity encompasses assessment of clients' needs, problems and assets and gives insight in previous care episodes, persons' values and context. The focus can be on either the diagnosis or the person. A differentiation can be made between information documented in treatment plans, which tends to focus on individuals' specific problems and support needs, and informally accumulated information by practitioners who interact with clients and get to know their preferences, values and context (Freeman & Hughes, 2010; Reid, Haggerty, & McKendry, 2002).

If these distinct dimensions of continuity are provided, individuals should experience continuity of care in contacts with service providers. The experience of continuity by service users themselves, is a cornerstone, defined as *"the experience of a co-ordinated and smooth progression of care from the patients' point of view (experienced continuity)"* (Freeman et al., 2001, p. 7). Experienced continuity is related to how well services perform on specific dimensions that contribute to the subjective perception of continuity of care (Heaton et al., 2012). According to Haggerty and colleagues (2003), continuity of care is about whether a client experiences care over time as coherent and connected. This experience seems to be the result of a satisfactory information flow, positive interpersonal skills, and expert coordination of care. Research also showed the importance of the paradigm of care (e.g., diagnostic/disease model vs. person-centered/strengths-based approaches) as a potential mediator of the operationalization of these dimensions of continuity of care (Reid et al., 2002).

While these different dimensions of continuity of care are well-documented for primary care, family medicine and mental health care, relatively few studies have focused on continuity in youth care as a central theme. Consequently, the aim of this study is to explore the concept of continuity of care and how it is operationalized in youth services, based on a systematic review of available peer-reviewed literature on this topic. Two core research questions will be addressed: (1) What are constitutive elements of continuity in youth care and how are these elements operationalized? (2) What are the benefits and barriers of implementation of continuity of care in youth care? The

presented dimensions of continuity will be used to frame these questions (Freeman & Hughes, 2010).

2.2 Method

A systematic literature search was performed using following databases: ISI Web of Science, PubMed, ProQuest, ERIC, APA PsychNET and Elsevier Science Direct. We looked for studies published between 1990 and 2016 about youth care services and interventions focusing on 'continuity of care' and related concepts such as 'coordination of care' and 'case management' (see Fig. 2.1). Title and abstract were searched with following key words: "youth", "youngsters", "adolescents" AND "continuity", "continuity of care", "continuity in care", "case management" AND "coordination of care". We probed for publications that specifically focused on interventions or programs in which continuity of care was the primary focus. In total, 2097 articles were identified. After removing duplicates from various searches, 889 articles were left. In a first phase, studies were included if they met following two criteria: (1) target population: young persons between 12 and 25 years old in some type of youth care; and (2) continuity of care as core theme/focus of the study. Articles were excluded if: (1) the target population consisted of young children; (2) the scope of the study was on somatic disorders/medical interventions; (3) it concerned a small spectrum intervention concerning a specific life domain e.g., only targeting a specific diagnose as ADHD in school; and (4) continuity was only mentioned as a recommendation, not as the main focus of the article. By applying these criteria, 711 studies were excluded. Based on a thorough screening of the abstracts of the remaining studies, 35 articles were retained on continuity of care and youth care. After analyzing the full text of these 35 publications, another seven studies were excluded, resulting in the selection of 28 articles for this review (see Fig. 2.1).

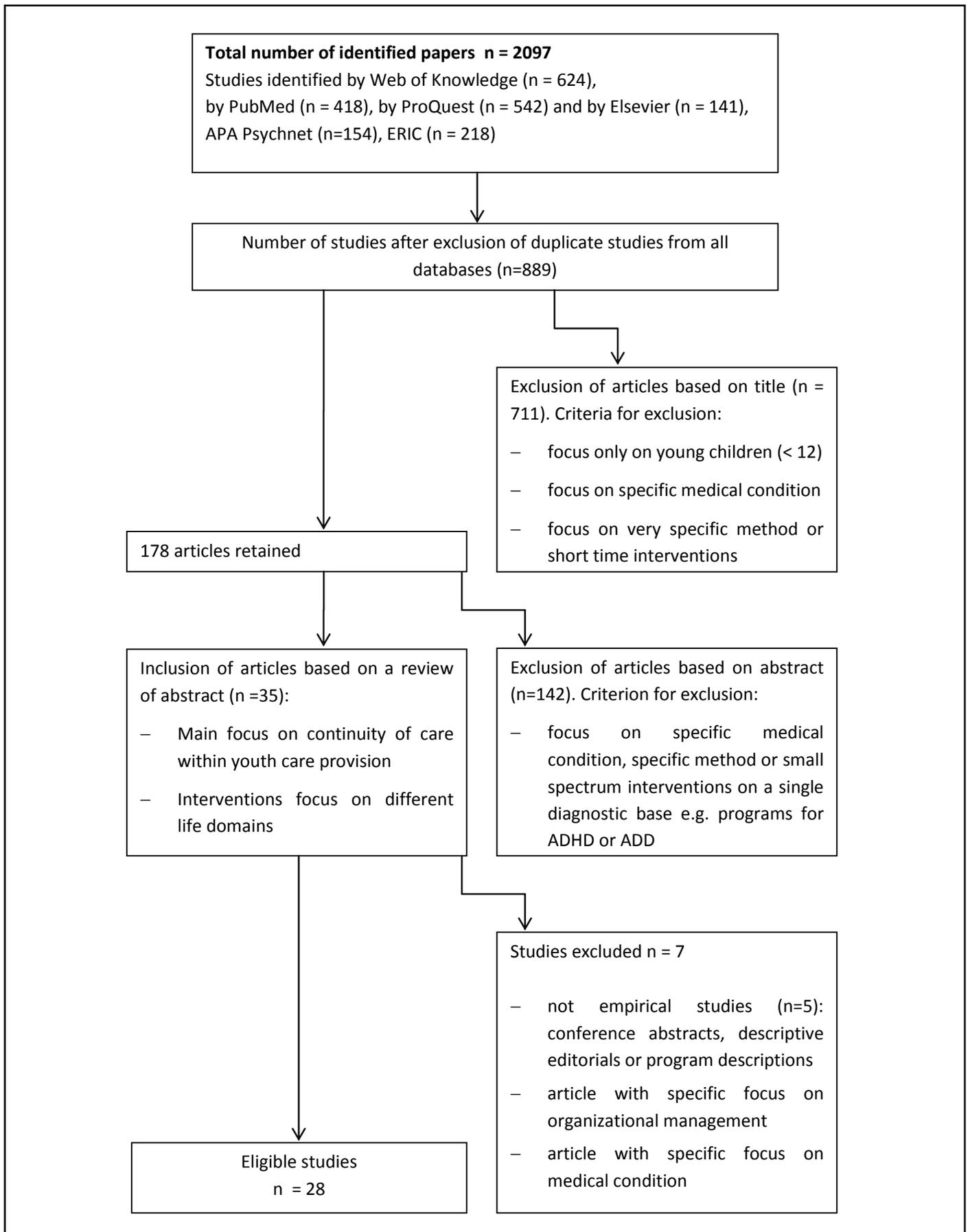


Figure 2.1 Flow chart of eligibility check

All included articles were coded using NVivo software (NVivo, 2015). A combination of open coding and coding with predefined codes was made using the dimensions of continuity by Freeman and colleagues (2010), distinguishing between relational, management, informational and experienced continuity of care. All text segments in the selected articles in which continuity of care or a specific dimension of continuity was mentioned were coded. After coding the materials, a critical interpretative synthesis was used to analyze the data within each theme/dimension (Heaton et al., 2012). Results are discussed with coded excerpts of the original studies.

2.3 Results

2.3.1 Study characteristics

Table 2.1 provides an overview of the 28 included studies, highlighting the country, study design, aim of the study, study informants and setting/care system for each study (see Table 2.1). Our search strategy resulted in a wide variety of articles, since continuity of care was mentioned in various ways in the selected articles. Continuity could be a central aspect of the research question or the studied intervention or program, or rather be a conclusion regarding a specific intervention. Since this review focuses on the way continuity of care is defined and conceptualized in youth services, diversity of the selected papers was not seen as a problem, on the contrary. Papers were categorized according to the scope of the central research question. Overall, 15 articles focused on a specific intervention, program or system of care to enhance continuity (e.g., a continuum of care), 8 papers reported about the transition between programs or systems of care as a challenge for continuity of youth care, while the remaining 5 articles focused on specific topics such as the development of a measure of continuity of care and the accessibility of care. Most studies ($n = 17$) concerned child and adolescent mental health care, while studies were also set up in substance abuse treatment ($n = 4$), general health care ($n = 1$), residential youth care ($n = 2$), foster care ($n = 1$) and juvenile justice settings ($n = 1$) (see Table 2.1).

Table 2.1
Description of selected studies

Study	Location	Study Design	Aim of the study	Study informants	Target group of intervention	Setting/ Care system
1. Adnanes et al. (2013)	Norway	Qualitative design Longitudinal follow up (4 interviews over 1 year) Semi structured interviews	Mapping care pathways to identify key obstacles to continuity of care	Data of 32 interviews with youngsters	Young adults between 18 and 30 (n = 9) with severe mental health diagnosis	Mental Health care
2. Bailey et al. (2003)	Australia	Qualitative design Focus group interviews Thematic analysis	Identifying the strengths and limitations of health care and related services provided to young adults with a disability during transition from pediatric care to the mainstream health care system	Care providers & care users	Young adults between 16 and 25 with intellectual disabilities	Health care
3. Bickman (1996)	USA	Mixed methods design Case study analysis	Test whether a continuum of mental health and substance abuse services for children and adolescents is more cost-effective than services delivered in the more typical fragmented system (The Fort Bragg Managed Care Experiment)	Administrative data Clinical data Interviews with families	Children and adolescents between 5 and 17 with mental health problems and substance abuse	Mental Health care
4. Bickman et al. (2003)	USA	Quasi experimental design Clinical scales Statistical comparison	Evaluation of wraparound services for child and adolescent military dependents	Clinical data and data from surveys from parents and youth	Children and adolescents between 4 and 16 (n = 111) with mental health problems and substance abuse	Mental Health care
5. Bowes et al. (1995)	Australia, The Netherlands, Spain and Switzerland	Descriptive design	Review of transitions of young people with chronic illness and disability from pediatric to adult care in Australia, the Netherlands, Spain & Switzerland	Administrative data of different youth care systems	Youngsters with chronic illness and disabilities	Pediatric Care and General Health care
6. Cameron et al. (2007)	Canada	Descriptive design Mixed data: descriptive quantitative data	Evaluation of the Bridge program, designed to help adolescents make a successful transition from the hospital to the community	Adolescents: clinical data (SDQ)	Adolescents between 13 and 18 (n = 17) with psychiatric problems	Mental Health care

			and qualitative interviews Program evaluation		Families and caregivers: interviews		
7.	Cappelli et al. (2016)	Canada	Descriptive design Program evaluation	Determine whether a transitional program based on the shared management model (referred to as the Youth Transition Project) is effective in maintaining continuity of care for youth transitioning from child and adolescent mental health system to adult mental health system	Set of tracking tools Data from intake procedures Clinical data	Adolescents between 16 and 20 (n = 127) with psychiatric problems	Mental Health care
8.	Colucci et al. (2015)	Australia	Qualitative design Mixed data: focus groups (n = 15) and key informant interviews	Determine the barriers and facilitators to engaging young people from refugee backgrounds with mental health services	Service providers (n = 115)	Refugees between 13 and 25	Mental Health care
9.	Duroy et al. (2003)	USA	Qualitative design Semi-structured and open ended interviews	Analyzing the experiences of youngsters within a continuum of care aimed at providing treatment for substance abuse	Data of interviews with adolescents and young adults	adolescents and young adults between 13 and 21 (n = 45) with substance abuse problems	Substance Abuse treatment
10.	Fontanella et al. (2015)	USA	Quantitative design Retrospective cohort study with 1 year follow-up	Examining factors associated with continuity of care for youth in foster care diagnosed with schizophrenia and bipolar disorder	Administrative and clinical data of youngsters	Children and Adolescents between 5 and 17 with serious emotional disturbances, diagnosed with schizophrenia and bipolar disorder	Foster care
11.	Garner et al. (2010)	USA	Quantitative design RCT Comparison of three different treatment conditions	Examining the predictive validity of the Washington Circle (WC) continuity of care and the impact of assertive continuity of care interventions on achieving continuity of care	Data from the GAIN (Global Appraisal of Individual Needs) , used for baseline and follow up data	Adolescents between 12 and 17 in long term residential treatment and with a diagnose of dependence on alcohol, marijuana, and/or another drug in the past year	Substance Abuse treatment

12.	Godley et al. (2002)	USA	Quantitative design RCT Comparison of two continuing care interventions	The purpose of the present study was to develop and experimentally evaluate an Assertive Continuing Care (ACC) protocol for adolescents after their discharge from residential treatment. Specifically to evaluate the extent to which ACC is more effective than usual continuing care (UCC)	Clinical Data from the GAIN (Global Appraisal of Individual Needs) and the Form 90 version of the Time Line Follow Back interview	Adolescents (n = 114) between 12 and 17 with a diagnose of dependence on alcohol, marijuana, and/or another drug	Substance Abuse treatment
13.	Grace et al. (2012)	Australia	Sequential mixed methods design Surveys and focus groups (n = 2)	The research aimed to explore the relationships that seven case managers had with other services, including any correlation between the relationship elements and the relationship types	7 case managers	Young people experiencing homelessness and unemployment	/
14.	Huefner et al. (2010)	USA	Quantitative design Descriptive retrospective pattern analysis	Examining the patterns of movement for youth receiving services within a continuum of intensive and restrictive residentially-based programs	Administrative case data of movement of youngsters within a three-program residential continuum of care over a 5 year period	Youngsters (n = 701) between 12 and 18 with behavioral and emotional needs	Residential Youth care
15.	Illback et al. (1995)	USA	Descriptive design Program data Focus groups	Examining critical issues (program organization and administration) in the provision of case management to children and youth with serious emotional disabilities (SED) and their families	Administrative data	Children and youth (n = 960) with serious emotional disabilities (SED)	Mental Health care
16.	Jones (2006)	USA	Quantitative design Case file analysis between two models of treatment	Examining differences in two care giving models (houseparent vs. child care worker) in providing continuity of care for youth in residential placement	Case files of youngsters in two care programs	Youngsters (n = 157) between 12 and 18 in residential treatment	Residential Youth Care
17.	Kim et al. (2014)	USA	Quantitative design Cross-sectional survey	Examining the impact of organization-level characteristics on perceived service engagement and the moderating role of organizational culture on practitioner-level characteristics affecting youth service engagement	Practitioners (n = 279) of 27 mental health service organizations	Transition Age Youth (TAY) between 18 and 30 with mental disorders	Mental Health care

18.	Lindgren et al. (2013)	Sweden	Qualitative design Focus groups (n = 6)	Examining professionals' experiences and views of the transition process from CAP (Child and Adolescent Psychiatry) to GenP (General Adult Psychiatry)	Professionals (n = 23) from child and adolescent psychiatry (CAP) and general adult psychiatry (GenP)	Transition Age Youth (TAY) between 18 and 30 with mental disorders	Mental Health care
19.	Munson et al. (2012)	USA	Qualitative design Interviews with closed and open-ended questions	Examining what kind of services youngsters with mental health difficulties who were formerly involved with the public children's mental health and additional child-serving systems of care, tend to engage in and what are the factors that might hinder engagement	Data of interviews with young adults	Youngsters between 18 and 30 (n = 44) with a history of mental health disorder and minimum one social welfare intervention	Mental Health care
20.	Paul et al. (2013)	UK	Mixed methods design Retrospective case-note study	To separate and evaluate concepts of transfer and transition between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS)	Case notes of youngsters	Adolescents (n = 154) with a psychiatric diagnose in transition from CAMHS to AMHS	Mental Health care
21.	Polgar et al. (2014)	USA	Quantitative desing Surveys	Examining the relationship between culturally competent organizational practices and two measures of continuity of care	Data of surveys with professionals (n = 100) in one community	Adolescents between 16 and 25 who experience mental health problems	Mental Health care
22.	Refaeli et al. (2016)	Israel	Qualitative design Biographical narratives	Exploring continuity and discontinuity as central aspects of support in the transition process within the life course of care leavers	Data from 28 in-depth interviews with youngsters	Young adults leaving care or out of youth care	/
23.	Singh et al. (2008)	UK	Quantitative design Surveys on protocols and service provision	Identifying factors which facilitate or impede effective transition from CAHMS to AMHS by collecting existing transition protocols within CAHMS in Greater London; conducting a content analysis of these protocols and determine the annual transition rates from CAHMS to AHMS	Data of surveys with teams (n = 42) of service providers	Transition Age Youth (TAY) between 18 and 30 with mental disorders	Mental Health care
24.	Tait et al. (2004)	Australia	Quantitative design RCT	To assess the effectiveness of a brief intervention enhanced by a consistent follow-up support	Demographic and drug related survey data	Adolescents (n = 127) between 12 and 19 with a	Substance Abuse treatment

			Comparison between standard hospital care and brief intervention with a consistent support person	person in facilitating adolescent attendance at a community AOD treatment agency		hospital alcohol or other drug (AOD) presentation	
25.	Tenner et al. (1998)	USA	Mixed methods design Program study	Program description and evaluation of specific Youth care project for youth who are human immunodeficiency virus (HIV)-positive or at high risk for becoming HIV positive	Case notes of youth in care (n = 272)	Adolescents (n = 906) who are HIV infected, homeless or at risk	HIV services & Health care, Mental Health care
26.	Tobon et al. (2015)	Canada	Qualitative design Descriptive approach using data of semi-structured interviews	To get a better understanding of continuity of care in the context of CMH care, including care within agencies and between agencies and other participating sectors	Data of interviews with parents (n = 15), youth (n = 11) and providers (n = 10) perspectives	Adolescents 15 to 18 receiving services from The Children's Mental Health system (CMH)	Child Mental Health
27.	Tobon et al. (2014)	Canada	Quantitative design Measurement development	Developing a measure of Continuity of Care in Children's Mental Health	Data from Continuity of Care in Children's Mental Health (C3MH) collected from 364 parents (n = 364) and a pilot of the youth report form (n = 57)	Adolescents 15 to 18 receiving services from The Children's Mental Health system (CMH)	Child Mental Health
28	Woods et al. (2003)	USA	Mixed methods design Program evaluation focus groups surveys	Description and evaluation of the Boston HAPPENS Program designed to improve care for HIV-positive, homeless and hard-to-reach youth	Data of Focus groups with youth, survey data from 22 youth-serving agencies	HIV positive, homeless and hard-to-reach youth	HIV services & Health care, Mental Health care

A wide range of research methods was used to look at continuity of youth care, including cross-sectional studies as well as controlled study designs that compared an experimental intervention with a control condition. Only in 4 of the 28 selected papers youngsters were heard as informants by looking at their lived experiences.

2.3.2 Dimensions of continuity of youth care

Overviewing the coding work, management continuity is dominant in 21 articles, relational continuity in 10 articles and informational continuity in only 5 articles. In 9 articles the experience of continuity is discussed.

2.3.2.1 Management continuity

In most articles ($n = 21$), the way continuity is mentioned refers to a type of management continuity. Various authors emphasize the importance of the creation of a seamless care path (Fontanella, Gupta, Hiance-Steelesmith, & Valentine, 2015; Jones, Landsverk, & Roberts, 2007). Coordination of support between services is mentioned as a prerequisite for seamless trajectories. In this respect, continuity is reduced to managing and structuring a service continuum. For example, in research about foster care, continuity is defined as *"regularity of care as indicated by the evenness of services over time and absence of gaps or breaks in care"* (Fontanella et al., 2015, p. 39). Collaboration is another precondition, including the establishment of inter-agency relationships, where chances to meet with caregivers from other services/care systems seem to help in finding a common focus and orientation towards clients (Grace, Coventry, & Batterham, 2012). Collaboration can refer to agencies within a specific sector/system of care, between services from different systems of care, but also between these facilities and the community (Polgar, Cabassa, & Morrissey, 2014). Collaboration is often hindered by a significant gap between systems of care. For example, between youth and adolescent service models and community-based adult mental health care (Munson & Lox, 2012). Overall, management continuity is strongly linked to the idea of a 'continuum of care', in which various life domains are taken into account. Importantly, clients mention case management and user involvement as very important issues related to management continuity (Tobon et al., 2015).

Continuum of care

The creation of a continuum of care is presented as an answer to the fragmentation of care, in some cases linked to specific problems of the defined target population. This continuum is a partnership between organisations and institutions that provide some elements of care or treatment; a network of services working together to meet clients' needs. Collaboration between services is essential in this line of thought and seems closely related to accuracy in meeting the clients' needs (Grace et al., 2012; Huefner, James, Ringle, Thompson, & Daly, 2010; Illback & Neill, 1995). One of the largest attempts to create a continuum of care was the Fort Bragg Demonstration Project in North Carolina, where an integrated treatment system was created for youth in mental health care, aimed at improving treatment outcomes and reducing costs (Bickman, 1996; Bickman, Smith, Lambert, & Andrade, 2003). The main focus in the design of the project was on providing and matching different services along a treatment continuum and thus on management continuity. The rationale being also that improving the system of care will improve client satisfaction and outcomes. The results of this demonstration project were mixed; there was no improvement of clinical outcomes and cost of services were higher; but the access to care improved, there was a greater continuity of care (in the meaning of management continuity), more user satisfaction and children and youngsters were supported in less restricted environments (Bickman, 1996; Bickman et al., 2003).

Transitions in youth care

Research on continuums of care such as The Fort Bragg Demonstration Project illustrate possible boundaries between intake, assessment and treatment and the specific match within these different treatment phases (Bickman, 1996). The transitions between treatment phases and transitions between systems is also related to specific problems of youngsters transitioning between different care systems. Rigid boundaries can create situations where youngsters fall through the cracks and 'in between' systems of care (Bowes, Sinnema, Suris, & Buhlmann, 1995; Huefner et al., 2010; Lindgren, Söderberg, & Skär, 2013; O'Connell, Bailey, & Pearce, 2003; Paul et al., 2013; Cappelli et al., 2016). In these transitions, the complexity of system structures, the different and sometimes arbitrary service boundaries, different complex funding rules and the

variation in protocols contribute to a discontinuity of care for a significant number of youngsters (Cameron, Birnie, Dharma-Wardene, Raivio, & Marriott, 2007; O'Connell et al., 2003; Singh, 2009; Singh, Paul, Ford, Kramer, & Weaver, 2008; Tobon et al., 2015). Here also, inter-organizational networks and relationships between professionals are put forward to alleviate transitions in care and achieve better outcomes (Polgar et al., 2014; Tobon et al., 2015). The Boston's Happens Program (Woods, Samples, Melchiono, & Harris, 2003) demonstrated some prerequisites for realizing management continuity among vulnerable youth, such as outreach to hard-to-reach youth, establishment of collaborative networks, linking with local youth-oriented resources and case management to coordinate support and services across institutional boundaries. Singh and colleagues (2008) mention the difficulty of non-representation of these voices in research.

2.3.2.2 Relational continuity

Social aspects of continuity

Articles mentioning aspects of relational continuity (n = 10) stress the importance of structure and stability in the development of children and youngsters and the responsibility of youth services to provide stability. One of the papers (Jones et al., 2007) focuses on the theoretical work of Wahler (1994) who introduced the concept of "social continuity", which is described as communication between caregivers and youth that is predictable, appropriate and lasting over an extended period of time, with the aim to establish safe interactions on which youngsters can rely and anticipate. Since several of these youngsters have a history of disrupted relationships (Jones et al., 2007), developmental transition is mentioned as an important aspect to take into account during system transitions in order to address the complex needs these young adults have (Lindgren et al., 2013). This is illustrated by Munson and Lox (2012, p. 258) who stated that *"the yearning for connections, and adult connections in particular, for young adults in the child welfare system due to histories of abuse and neglect is often an organizing principle for their lives."* This need for connection and attachment has also been emphasized by parents and clinicians in child mental health services as fundamental in the therapeutic relationship with youngsters. Relational continuity for young people and their parents has to do with real connection, but also with consistency in care and trust (Tobon et al., 2015). The focus is generally on the relationship between youngster, his or her family

and the caregiver, some authors stress the role of other, more contextual factors and broaden the scope of relational continuity beyond the relation with the caregiver (O'Connell et al., 2003). Significant relations outside the family and outside youth care are put forward as important factors for continuity (O'Connell et al., 2003). In that sense, leaving space for other relations can imply moments of disconnection from the youth care system that don't have to be problematic (Refaeli, Mangold, Zeira, & Köngeter, 2016).

Engagement

Another concept that is closely linked to relational continuity is 'engagement', described as an action of youngsters towards services/caregivers, which includes specific demands for youngsters as well as for caregivers. Research among transition age youth, referring to youth between 16 and 25 years old, the age of transition between youth and adult care services, showed that large caseloads can effect service engagement negatively (Kim, Tracy, Biegel, Min, & Munson, 2014). Transitions between systems of care are generally connected to establishing or maintaining relations with caregivers, thus creating engagement in care (Paul et al., 2013; Tobon et al., 2015). While protocols of service provision prioritize the importance of dialogue and relation with the service user, research showed that these protocols do not focus on preparing youngsters for this transition (Singh et al., 2008). Some authors stress that it takes professional experience to find a good balance between the need to support youngsters in transition and at the same time leaving space to let them find their own way (Lindgren et al., 2013; Munson & Lox, 2012). Discontinuity is therefore not problematic as such. The importance and practice of relational continuity can change according to developmental stage and moment of care. Still, one article (Refaeli et al., 2016) presents a different view on continuity of care based on youngsters' accounts. Their biographies show that young people have and need different pathways in youth care, that may include breakaways from care to find their own way in life.

2.3.2.3 Informational continuity

Informational continuity was not observed as a central theme, as it was only mentioned in five articles related to a specific context. For example, in mental health care fragmented medical histories and incomplete information about youngsters due to limited information sharing is seen as an important problem (Fontanella et al., 2015). Moreover, information is often missing about crucial phases of care (Singh et al., 2008; Tobon et al., 2015). Also for youngsters themselves, the lack of information at specific moments is perceived as problematic. Youngsters leaving youth care often experience a difficult period characterized by insecurity (Tobon et al., 2015). Providing basic information such as who to contact in case of emergency and a phone number of a person they can contact when in crisis is deemed essential (Lindgren et al., 2013). Relatives also need information about confidentiality and opportunities to participate in youth care trajectories (Lindgren et al., 2013). In a study that analyzed collaboration protocols between services (Singh et al., 2008), 85% of the protocols mentioned sharing of information and preparing service users as central to the transition process, but none of these protocols included specific guidelines for preparing service users for this transition. The authors concluded that this might indicate that these protocols were rather written with policy purposes than with clinical practice in mind.

From a client-centered perspective, sharing information within an agency, between sectors and over time, emerged as a key theme in child and youth mental health services and families played an important role as liaisons between service providers, when such information was missing (Tobon et al., 2015). Families, and youngsters in particular, are happy not to repeat their story over and over again, especially when it concerns sensitive topics, but most of them evaluated informational continuity was fairly good (Tobon et al., 2015). The authors stress the difficulty of sharing information in a child mental health context due to legal (privacy) and ethical issues, claiming that this issue should be addressed to increase information sharing and decrease the role of parents as liaisons between service providers (Tobon et al., 2015). The previously mentioned Fort Bragg Demonstration Project showed that improved administration and information sharing does not necessarily lead to better clinical outcomes (Dwivedi, 1997).

2.3.2.4 Experienced continuity

Several authors have stressed the importance of capturing the experiences of service users in continuity of care theory (Ådnes & Steihaug, 2013; Sweeney et al., 2012). We found, however, few studies that probed for the perspectives of youngsters in our review. Only four articles (Ådnes & Steihaug, 2013; Duroy, Schmidt, & Perry, 2003; Munson & Lox, 2012; Refaeli et al., 2016) gave a prominent place to the user perspective (see Table 2.1). Youngsters talking about experienced continuity within a drug treatment program linked it with the need to feel understood and receive unconditional support from staff and peers, which was in turn linked with their motivation to stay in treatment and engage in care (Duroy et al., 2003). Available, caring and supportive staff is deemed essential to prevent problem escalation and dropout. Youngsters also mentioned the connection with a broader social network and especially the support by significant persons within their network as very important to stay in treatment (Duroy et al., 2003). All youngsters reported stress in the period before transition from day to outpatient treatment, due to uncertainty about leaving the structured environment or program friendships. They clearly emphasize the importance of relations, and in association with their drug problem, the importance of aftercare (Duroy et al., 2003).

On the other hand, young people who have a long 'career in care' can experience exasperation and too much treatment and social workers in their lives. This subjective perception might cause disconnection from care, which is of particular importance during transition periods (Munson & Lox, 2012; Paul et al., 2013). Also, other negative feelings such as a mistrust of professionals can cause discontinuity (Tenner, Trevithick, Wagner, & Burch, 1998).

Freeman & Hughes (2010) define experienced continuity as an experience of clients over time. In the selected studies, we identified various factors that are mentioned as potential causes of interruptions in youth care trajectories and that may cause experiences of discontinuity. Fragmentation of care is a problem mentioned in most articles, leading to discontinuity in foster care (Fontanella et al., 2015), mental health care (Ådnes & Steihaug, 2013), adolescent drug treatment (Duroy et al., 2003; Godley, Godley, Dennis, Funk, & Passetti, 2002; Tait, Hulse, & Robertson, 2004) and residential care (Jones et al., 2007). Several populations are affected like

young people experiencing homelessness and unemployment (Grace et al., 2012), transition age youth (Kim et al., 2014; Lindgren et al., 2013; Munson & Lox, 2012; Singh et al., 2008; Cappelli et al., 2016), young refugees (Colucci, Minas, Szwarc, Guerra, & Paxton, 2015) and youngsters with a disability (Bowes et al., 1995; O'Connell et al., 2003). Management continuity and informational continuity are put forward as obvious solutions to this fragmentation. Various interventions and practices are set up to try to connect system elements in youth care, assuming that this connection will promote experienced continuity by youngsters over time. While some research findings that incorporated the perspectives of youngsters and their close network have supported this assumption (Tobon et al., 2015), other studies show a much more complex image of how youngsters experience continuity (Refaeli et al., 2016). Moreover, Refaeli and colleagues (2016) gave a different perspective on how care interventions are experienced in relation to other life domains and to the dominance of youth care in the lives of young people. Also other aspects of youth care might be of great importance in relation to experienced continuity of care by young people themselves, such as the degree of agency they have in their own care pathways and their role as active agents in creating continuity and discontinuity in these trajectories (Refaeli et al., 2016).

Different interventions that are specifically aimed at providing support at a specific point in the care trajectory of youngsters were identified: access to care, difficult periods and transition within/between care systems and the phase where youngsters leave care or move on to adult care systems. However, an overarching longitudinal scope on continuity of youth care is often missing, leading to a gap in understanding the relation between different dimensions of continuity and experiences of youngsters over time. Available studies show that continuity of youth care may be hindered by difficult access (Colucci et al., 2015; Woods et al., 2003), continuous referral between services (Tobon et al., 2015) and youngsters feeling stuck in services without progressing (Ådnes & Steihaug, 2013). The focus on management continuity and coordination of services could not prevent this from happening (Ådnes & Steihaug, 2013).

2.4 Discussion

Based on this review of 28 studies on continuity of youth care, we conclude that this theme has seldom been the central focus in youth care research. Applying the model by Freeman and colleagues (2010), initially developed in general practice, proved to be effective to screen the literature and to uncover how continuity is conceptualized in youth care research. As this model incorporates various dimensions of continuity of care (management, relational, information and experienced continuity), it appeared a useful framework to analyse the way continuity has been conceptualized in youth care literature and to further advance continuing care practices in this area.

2.4.1 Constitutive elements of continuity in youth care

No clear definition of continuity of youth care emerged from this literature review, which makes it hard to assess continuity. It is clear that no single measure captures the comprehensive concept of continuity and the choice of measures is closely connected with the dimensions of continuity that are assessed in a specific context (Reid et al., 2002). In general, continuity is seen as a positive aspect, without further explanation. In a few cases, it has been linked with the experiences of youngsters in youth care, but most often the concept is referred to as a management or coordination issue, stressing the importance of communication between youth care providers. In some papers, a definition of continuity could be deduced from the way authors described the lack of continuity, e.g., *"The general lack of continuity of care between providers made it difficult for individuals to negotiate the transition period and increased the burden of care on carers"* (O'Connell et al., 2003, p. 59). In this example, continuity is seen as an action between providers. Other authors approach continuity as an operational variable or indicator, e.g., number of contacts with health care providers (Jones et al., 2007) or whether someone is still in care three months after transition (Paul et al., 2013). We found no papers that measured continuity of youth care as operationalized in the Freeman-model. Only one paper described an attempt to measure different aspects of continuity with a scale that uses this model and combines various aspects in a measurement of continuity in child mental health care (Tobon, Reid, & Goffin, 2014). However, we can argue whether the use of a retrospective questionnaire is not limited in its accuracy and

effectiveness to capture the experiences of youngsters due to its limited flexibility and open structure. It can be questioned whether these measures are a good representation of experienced continuity and the operational focus on some (sub)dimensions may limit our view on continuity in relation to youth care. Continuity is only measured from a systemic perspective, only looking at case notes or transitions within a continuum of care to determine if there is continuity of care (Huefner et al., 2010). This is somewhat contradictory to the literature that stipulates that continuity can only be measured by combining the experiences of service users over a certain period of time, in relation to the three different dimensions of continuity (Haggerty et al., 2003; Reid et al., 2002; Waibel, Henao, Aller, Vargas, & Vazquez, 2012). Consequently, we should assess more closely the interrelation between different dimensions of continuity and how young people experience every aspect of care in relation to their own past and view on the future.

2.4.2 Benefits and barriers of continuity in youth care

The results show a specific tension between the dimensions of continuity addressed in the literature. There is a wide agreement on the importance of relational continuity in youth care as a prerequisite for a good therapeutic and developmental milieu for young people (Harder & Knorth, 2014). Especially in specific situations of transition, the relational continuity can be threatened, leading to difficulties for youngsters (Stein, 2006; Stein & Munro, 2008). However, results show a tension between relational and management continuity in practice. Some interventions focus more on the system of care and others focus more on the experience of the young people in care.

A second important issue linked with relational continuity, is that it is mostly seen as a relation between youngster and caregiver, whereas young people tend to stress also other domains as important for their experienced continuity. In most articles it is unclear how these themes are negotiated within the care trajectories of young people. This might lead to selective attention and a reduction of 'experienced continuity'. Results show a dominance of the rationale that management and informational continuity provide the necessary prerequisites for a good relational continuity leading to the experience of continuity of the youngster. However, it is an

assumption that realizing good management continuity and seamless care is a guarantee for the experience of continuity by the youngster.

The limited research that focusses on experienced continuity shows a much more complicated reality, where continuity in all its aspects is negotiated again and again between the care system and the youngster (Refaeli et al., 2016). Looking at the studies that capture this experienced continuity, it is clear that clients' views on continuity are much more about being heard, having space to co-create their trajectory and the importance of other life domains 'outside' the care system. As is shown in the results, a certain type of continuity can be evaluated beneficial by service providers as well as youngsters, but this is not absolute. Information continuity can be a positive thing between service providers, young people can experience this as very invasive and problematic (O'Connell et al., 2003). The possible tensions in relation to the dimensions of continuity need further exploration.

Also, different contexts of care can contribute to varying views on continuity or changing emphasis on different dimensions of continuity. The dominance in the literature on continuity in youth care is limited to already strongly organized fields of care such as (mental) health care and specialized youth care. Although some of the reviewed literature encompassed assertive and community-based interventions, research in these areas linked to continuity of care is limited. It is important to address this gap since many new interventions are currently implemented with a claim to improve continuity of care, such as care coordination, case support groups and case management. Nonetheless, it is unclear how these interventions link with experienced continuity by youngsters, as these interventions do not equate continuity themselves (Haggerty et al., 2003). Addressing this issue is a considerable challenge due to the nature of these interventions that are often complex, sparse and patchy, especially if they include a holistic approach and a link with youngsters' social network (Meynard et al., 2012; Singh, 2009; Ware, Tugenberg, Dickey, & McHorney, 1999).

The results show that research on continuity is often targeting a specific dimension of continuity. This leads to conflicting views on continuity in the literature. This finding suggests that a more comprehensive approach of the Freeman-model is needed (including all dimensions) and that research regarding continuity needs to take all these dimensions into account. The model

incorporates different aspects relating to continuity and integrates the perspectives of caregivers, service users (youngsters) and the broader context. From the few articles that included the perspectives of young people, it becomes clear that young people do have a specific view on their pathway in care and that their expectations and needs are different than those perceived by parents and care givers (Ådnanes & Steihaug, 2013; O'Connell et al., 2003; Tobon et al., 2015). Instead of choosing one extreme position over the other, the negotiating nature of this complex concept seems essential.

2.4.3 Towards a conceptualization of continuity of youth care

As claimed by Reid and colleagues (Reid et al., 2002), the predominant paradigm of care affects continuity of care to a large extent and a disease-oriented approach will lead to different objectives and practices than a person-centered focus (Reid et al., 2002). Various papers selected for this review stressed cultural differences between systems of care as an important barrier for continuity of care (Lindgren et al., 2013; Munson & Lox, 2012). Such differences were found in particular regarding the transition between youth and adult systems of care (Lindgren et al., 2013; Munson & Lox, 2012; O'Connell et al., 2003; Paul et al., 2013; Singh et al., 2008; Tenner et al., 1998; Tobon et al., 2015). However, the specific differences and impact on continuity of care remain unclear. More research into the impact of these cultural differences and its link to experienced continuity is needed. Parker, Corden, and Heaton (2011) suggest a paradigm shift in research about continuity from a professional paradigm, where the emphasis is on the perspectives of practitioners and professionals, over a perspectivist paradigm, where the focus is on the perspectives of clients and service users, towards a partnership paradigm, where continuity is seen as a co-construction between service users and professionals (Heaton et al., 2012; Parker et al., 2011). However, we found few indications in our review for such a transition towards a paradigm of co-construction. The professional paradigm appeared to be predominant in literature on continuity of youth care.

Research might be biased by the limited attention for experiences of young people in care (LeFrançois, 2008; Polvere, 2014; Sweeney et al., 2016; Sweeney et al., 2012). The way continuity is operationalized in research can limit the voice of young people, by reducing the research focus

to an administrative flow of events at system level (Cappelli et al., 2016). For example, in some studies young people only participated by filling in surveys (“ticking boxes”), without attention for their subjective experiences and mainly focusing on clinical outcomes. Even if young people have a voice in their own care trajectories, this does not necessarily mean that their voice goes beyond the micro level of this specific intervention or continuum (Polvere, 2014). Children and youngsters tend to have fewer opportunities to exert institutional or political power than other user groups (Curtis, Liabo, Roberts, & Barker, 2004). Moreover, voices of youngsters that are not or only occasionally seen by youth services are absent in research about continuity. Youngsters who have difficulties in accessing services or who drop out of care should be involved more actively in the research design (Plaistow et al., 2014). This also means deconstructing prefixed boundaries of care and exploring more hazardous areas where some predefined - diagnostic or systemic - rules may not apply. In that sense, continuity can be a hollow concept, if the appropriate access to a wide range of services is not available (Ådnanes & Steihaug, 2013; White, 1992).

As Freeman (2007) pointed out there is an important interconnection between access and continuity. It is clear that youngsters that drop out at a certain point in their care trajectory are not represented or heard in research (Singh et al., 2008). More longitudinal research is needed focusing on experienced continuity and/or reasons for discontinuity, even when youngsters are not yet or no longer looked after by youth care services.

Although we stress the importance of a co-constructed view on continuity, it is recommended to take the voice of youngsters in care as an essential input for practice and research (Knorth, Harder, & Anglin, 2014). As the results of the review show, the dimensions of continuity can have a different meaning for the various stakeholders in the care trajectory. In line with this, it seems important not to look at continuity of youth care as a fixed outcome, but as a process, where differences might occur over time and regarding specific dimensions (information, management, relations) (Guthrie, Saultz, Freeman, & Haggerty, 2008). Research should also focus on the diverse contexts where youngsters are seen and on a mixed set of actors in the support system of young people. This may also show the complex connection with the 'outside world' where youngsters live in.

2.4.4 Limitations of the review

This review of the literature on continuity of youth care has some limitations. First, the restriction of the search process to peer-reviewed publications may limit the way continuity of care is described in full, causing limited descriptive information on how the concept's semantics are seen. By contextualizing the various meanings of continuity within the broader scope of the paper, we tried to broaden our understanding of how various authors gave meaning to the concept. This is also related to the coding process, including an interpretational aspect in giving meaning to parts of the report in relation to the model we used. The use of binary codes such as 'diagnostic-oriented' versus 'person-centered' care (Reid et al., 2002) is a reduction that should be addressed carefully. Although it is clear that the perspective of youngsters remains an underrepresented area in research about continuity, the coding suggests a too simplistic view of a more complex concept as 'the orientation of youth care'.

Most of the papers concern studies in mental health care in the United States and Canada. This might limit the generalizability of the results regarding child and youth care because of systemic differences. Also, there may be important regional differences in youth care systems that impact the way continuity of care is realized. Therefore, one should be cautious when generalizing results of this review to other care systems and contexts.

As mentioned before, the concept of continuity of care presents itself as difficult in meaning and measurability. We reduced this risk by using a wide range of different search terms. The range of selected articles provided a sufficient view on different youth care contexts and give an objective view on how continuity of care is seen and achieved within youth care and what is known about this concept in research.

One could argue that the contexts of the selected papers are too diverse to compare because of differences in target population, research design and institutional contexts. However, given our aim to make a critical interpretative analysis and to study continuity in a range of youth care interventions and services, this can be regarded an advantage. Like in other interpretative studies, the heterogeneity of data is seen as an asset in order to get more and differentiated input on the subject (Smith, Flowers, & Larkin, 2009).

2.5 Conclusion

This systematic review of 28 studies regarding continuity of youth care shows a fragmented research area with different and sometimes vague definitions of continuity of care. This results in a partial operationalisation of the different dimensions of continuity. The focus in most publications is on management continuity, while other dimensions of continuity are underrepresented in youth research. The application of an integrated model of continuity of care, in which different dimensions of continuity are taken into account and connected, might prove to be useful in youth care research. Continuity of care can only be fully understood if the different views of service providers, as well as the perspectives of young people and their context, are represented in research. Specific moments in youth care, such as the transition from youth to adult care, receive close attention, whereas other important issues related to continuity such as 'access to care' are absent. Also, longitudinal research is needed to get a view on the evolution of youngsters' experiences over time. Finally, this review illustrates what Steven Taylor (1987) called the 'continuum trap': there is a risk of accepting a certain kind of 'continuity thinking', because it might mean a closed circuit for youngsters in which they can be 'trapped', leaving them no space to be the agents of their own care trajectories. If continuity is seen as a broad concept including different life domains and dimensions, and – more importantly – where youngsters' agency is put upfront, it can be a useful concept to enhance the quality of youth care.

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3 Youngsters' perspectives on continuity in their contacts with youth care services

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[UK English]

Abstract

Continuity is seen as an important aim for the quality of youth care services. However, views on continuity are predominantly guided by experts, without much attention to user perspectives. This paper focuses on youngsters' experienced continuity in relation to youth care services. Twenty-five youngsters, who were in residential care or reached by low-threshold youth services, were interviewed about their experiences in and out of care. In thematically exploring the biographical narratives for important experiences of continuity, three major themes emerged: (i) the need for footholds in moments of existential chaos, (ii) the importance of timing of interventions to match the youngsters' perspectives, and (iii) the importance of the youngsters' impact on their own care pathways. This study shows the need for support that is imbedded in a relational network within the context of youngsters in vulnerable situations. Rethinking youth services towards a better connection with these contexts is essential. Furthermore, the amount of control youngsters experience in their care interventions seems to be beneficial to the experience of continuity. It is argued that continuity should be seen as a process, in order to leave more space for negotiation and flexibility throughout the youngsters' experiences in youth care services.

Keywords: *Continuity of care; experienced continuity; youth perspectives; children and youth services; case management*

3.1 Introduction

Continuity is often stressed as an important prerequisite for qualitative youth care (Holland, Faulkner, & Perez-del-Aguila, 2005). Due to the fragmentation and specialisation of youth care interventions, the need for continuity has become more prominent. This is especially the case in relation to key moments such as the transition from youth to adult care or independent living (Nguyen et al., 2017; Refaeli, 2017; Stein, 2006; Stein & Munro, 2008), or in relation to specific problems such as substance abuse or mental health problems (Godley, Godley, Dennis, Funk, & Passetti, 2002). However, research on continuity in relation to youth care is limited. In other sectors, such as medical and mental healthcare, continuity of care has been on the research agenda for a longer period (Reid, Haggerty, & McKendry, 2002), leading to the development of a widely accepted model that defines three types of continuity that are important to users' experienced continuity of service: informational, management and relational continuity (Freeman & Hughes, 2010; Freeman et al., 2007; Haggerty et al., 2003). The underlying assumption is that, if the care system is able to manage continuity on all three levels, it will contribute to experienced continuity at the level of service users. This can be linked to what Krogstad and colleagues (2002) call 'front stage' continuity, in which service users see the same caregiver every day, and 'back stage' continuity at a systemic level, which is usually less clear for service users and only becomes apparent in its absence.

In youth care research, continuity of care is seldom the central focus (Naert, Roose, Rapp, & Vanderplasschen, 2017). When continuity is mentioned in relation to youth care, the predominant focus is on management and informational issues, in which a smooth transition between services is considered the most important factor (Naert et al., 2017). This is related to the longstanding idea that relational stability with a care provider is necessary to the wellbeing of young people in care (Jones, Landsverk, & Roberts, 2007; Wahler, 1994). Relational continuity in this view is provided by guaranteeing placement stability for youngsters and avoiding too many transitions between different care systems and different caregivers. Research related to care transitions shows differences in needs among youngsters related to their developmental level, and the need to adapt and differentiate support accordingly (Lindgren, Söderberg, & Skär, 2013). Youngsters who have experienced a stable placement history are more likely to have better outcomes (e.g.,

on accommodation, relationships and social support) than young people who have experienced several placements and disruptions during their time in care (Barth & Jonson-Reid, 2000; Cashmore & Paxman, 2006). Munson and Lox (2012) stress the importance of a good connection with at least one adult for youngsters in youth care, who often have histories of abuse and neglect. According to youngsters and their parents, relational continuity has to do with genuine connection, consistency in care and trust (Tobon, Reid, & Brown, 2015). Also, depending on the type and length of care, youngsters' views on relational continuity and consistency of care may differ. Whereas Duroy and colleagues (2003) have demonstrated the importance of a longstanding relation with care providers and a need to feel understood and receive unconditional support from staff, youngsters with long 'treatment careers' sometimes show exasperation in care and a rejection of treatment and social workers in their lives (Paul et al., 2013). This can cause disconnection at specific and important moments in their lives, especially during transition periods. In combination with a limited family and informal network as backup, the impact of disconnection with professional care is potentially more damaging (Stein & Munro, 2008).

Whereas the importance of continuity is promoted by policy and practice, the connection between what care systems can deliver and what service users want, is questionable (Heaton, Corden, & Parker, 2012). Continuity of care remains a blurry concept and is easily confused with other concepts such as coordination or integration of care and case management (Sweeney et al., 2012). As demonstrated in a review of definitions and conceptualisations (Uijen, Schers, Schellevis, & van den Bosch, 2012), the content of these concepts varies over time. Furthermore, the specific perspectives of youngsters on their care pathways are under-represented in research. Moreover, the dominant discourse on continuity seems to focus primarily on placement stability and continuity of relationships (Refaeli, Mangold, Zeira, & Köngeter, 2017).

Despite a focus on continuity of care, little attention is paid to factors mediating continuity in the lives of young people. This professional-expert paradigm is problematic according to Ungar and colleagues (2012), as it may lead to inadequate policies to improve continuity. Services that are based on limited knowledge of experienced continuity may be misleading and possibly harmful to youngsters. Therefore, the objective of the current study was to add the perspectives of youngsters living in vulnerable situations to the debate about continuity of care. By reviewing their

life pathways and experiences with youth services, we explored how they experienced continuity of care. The main research questions were: 1) How did youngsters experience their life pathways in relation to youth services? When did they experience support or lack of support? 2) What are the main issues in relation to experienced continuity of care in their care pathways? What or who was important in relation to the experience of continuity or discontinuity?

3.2 Methodology

For this study, we used a narrative research approach (Roberts, 2002; Schiettecat, Roets, & Vandebroeck, 2017). Narrative research seeks to grasp and interpret the lived experiences of individuals, situated within their historical, social, cultural and political contexts (Bogdan & Biklen, 2007). The interrelation between biography and society is vital to interpreting how broader modes of thought, systemic forces and resources are reflected within the particular and subjective life stories of research participants and their specific social interactions (Grunwald & Thiersch, 2009). We retrospectively explored the life stories of vulnerable youngsters, in an attempt to capture the meaning of continuity of youth care interventions in relation to their broader lives, and the significance of transitions, relationships and material, as well as immaterial, resources in these retrospective accounts (MacDonald, Shildrick, Webster, & Simpson, 2005). In particular, we wanted to figure out whether and how they experienced continuity throughout these interventions.

3.2.1 Data collection

Participants were recruited in residential (n = 12) and low-threshold (n = 13) youth care services in the region of Ghent (a city in Flanders, the Dutch-speaking part of Belgium). In Flanders, the youth care system is organised along two main perspectives: 1) voluntary vs. mandatory care; 2) directly accessible care vs. more specialised care only accessible after referral and approval by experts (Naert, Gesquiere, & Van Havere, 2017). This leads to a broad array of interventions organised as a pyramidal structure (Desair & Adriansens, 2011), from low-threshold preventive strategies, to different kinds of family support strategies, to more specific and reactive protective measures (Roose & De Bie, 2003). Preventive measures are broadly directed to minors in vulnerable situations, more protective measures are directed to minors in already problematic

situations, and reactive measures are imposed on youngsters who have committed offenses. The leading principle in this system is subsidiarity, meaning that more investments at the base of the pyramid will reduce interventions at the apex (Desair & Adriansens, 2011). In 2013, a new Decree on Integral Youth Care was approved, which distinguishes between directly accessible and non-directly accessible child and family services, through an inter-sectorial gateway that regulates access to non-directly accessible youth services (Roets, Roose, Schiettecat, & Vandebroek, 2016).

For this study, we recruited participants at both ends of the continuum in order to present a wide range of perspectives. Residential youth care services were long-stay services for youngsters between 14 and 20 years of age, while preventive directly accessible services were local drop-in centres for youth between 15 and 25 years old in vulnerable living situations (called 'low-threshold services' in this study). The latter services are located in neighbourhoods of the city with a low socio-economic status and confronted with problems such as poverty, cramped housing and fewer public facilities. To be eligible, participants had to be in care or followed by a case manager for more than two years. Over the course of approximately 1 year, 42 eligible participants were identified and contacted and 25 provided informed consent for a biographical interview. The ages ranged between 15 and 32 years (mean age 20.6). We interviewed nine women and 16 men. Reasons for non-participation were: having no time, something unexpected that came up, or no longer willing to share their story. Biographical interviews lasted between 1 and 2 hours and took place in the young person's natural environment, in a location they preferred. The study was conducted in accordance with the guidelines of the ethical committee of the Faculty of Psychology and Educational Sciences at Ghent University (2015/55).

During the biographical interviews, we aimed to gain in-depth insight into the dynamic pathways of participants throughout youth care, based on a retrospective longitudinal approach that allowed us to examine when, how and why individuals enter and exit youth care over the life course (Alcock, 2004). The issue of experienced continuity was considered to be a sensitising concept, which gave us "*a general sense of reference and guidance*" (Blumer, 1954, p. 7) in approaching the daily lives of the respondents. A timeline was drawn with the participants to facilitate the research process. We started the timeline at the age of 12, as a marker that stirred

up their memories, as most participants make a significant transition from elementary to secondary school at that age. Yet, the participants were told that they could go further back in time if they deemed it interesting to tell stories about their early childhood. We asked the participants to address and discuss critical moments that were difficult or when things were going well, which were also linked with their relationships with significant others and material and immaterial resources that helped them. Based on both broad and in-depth explorations of these events, we jointly identified whether and how they experienced interventions as supportive.

3.2.2 Data analysis

The documented retrospective pathways were analysed systematically, focusing on meaningful transitions where youth care professionals and services were involved and whether these were experienced as supportive in the context of their broader lives (Millar, 2007). Audio-recordings of the biographical interviews were fully transcribed (Howitt, 2010). Data were analysed by engaging in qualitative content analysis, which is regarded as a flexible strategy for the subjective interpretation of data content through the systematic classification process of coding and identifying themes or patterns (Hsieh & Shannon, 2005). Rather than using preconceived categories or concepts, researchers immerse themselves in a process of inductive category development as it enables the development of new insights (Hsieh & Shannon, 2005).

3.3 Findings

By inductive iteration, we identified three major themes in the participants' narratives: (1) dealing with existential chaos and uncertainty; (2) searching for resources and solid relationships; and (3) finding support in youth care services.

3.3.1 Dealing with existential chaos and uncertainty

All participants talked about important and difficult life events, which differed in nature, but were so traumatic in the youngsters' lives that they relate these moments to fundamental doubts about their lives and the meaning of their lives. The two most frequently cited themes are family problems – such as family violence and aggression, divorce and substance abuse – and more structural issues such as housing, financial and administrative problems.

Achmed (28) came to Belgium with his parents, when he was 11. His parents were looking for a better future and to escape poverty in Bulgaria. As far as continuity is concerned, Achmed's pathway is centred around surviving alone and the lack of support when he was 16 to 18 years old.

“When we lived on the street in Brussels, it was a bit of a crisis. We were looking for a house ... yes ... this was a difficult time [...]. There was nothing, only an integration service, otherwise nothing nothing nothing ... Then after three or four months, I don't know, a friend I met, knew of a squat and we ended up there for a couple of years [...] I fixed the place myself, but there was no water and a lot of stuff was broken.”

Respondents describe this chaos as a burden and as a cause of great stress and anxiety. The intensity of this stress stretches over long periods of time and has a massive effect on the wellbeing of the participants and their further development. The impact of these events appears to be strongly related to the experienced continuity in their life pathways. They feel disconnected from the rhythm of daily life. During these moments, participants state that they feel as though they are locked up in a glass dome, a space in which time becomes insignificant.

References to time are a difficult issue in all narratives. For most respondents, the reconstruction of their care pathway appears to be difficult. Finding anchor points proves to be difficult if certain basic conditions, such as shelter, food or clothing, are endangered. Other respondents report an equally difficult path in relation to being in care, moving between different youth services, breaking off from family, experiencing chaos leading to existential questions regarding relational and psychological issues, and feeling really rejected and isolated by others.

Elias (18) talks about existential questions at age 16. He was abused at home and bullied at school from age seven to fourteen. Due to the problems at home, he was placed with his grandmother. Talking about this period is still difficult for him. He refers to feeling alone and having to cope with the situation on his own. The only support he experienced was from his psychologist. Still, he expresses a deep feeling of loneliness. During this period, he moved several times between a residential setting, his grandmother, and time-outs. At a certain moment, he tried to commit suicide.

“My mother was going to abandon me. That was how it felt, that she abandoned me. I don't know my father, so with him ... you know ... I had no hope. That was how the question got in my head 'what am I still doing here?'. I didn't have a father, no mother. My grandmother, ok, she would be saddened, but ... who's going to miss me if I would not be here anymore?”

Structural as well as relational chaos can lead to fundamental disruptions that seem to be built up over time. Respondents talk about suicide attempts and suicidal thoughts, and this is mentioned in relation to feeling disconnected in various areas. Being a youngster or a child, they felt uninvolved in important steps and choices. While they remember explanations and moments of information sharing, the main problem they express is a disconnection or an incapability to understand this information, due to the situation at hand. A second problem is the lack of choice they experience during these moments, when important decisions are taken for them and they do not have the impression that their voice is heard.

3.3.2 Searching for resources and solid relationships

Although their situations are difficult at times, the narratives of the study participants show periods of coping and finding creative solutions for the problems they encounter. Although they are very diverse, all respondents searched for, and found, anchor figures throughout their life pathway. For some participants, relatives were crucial in finding stability. Erik, a boy of 17, has been in residential care for more than nine years. In that period, he went through a variety of services. He has no contact with his parents, whom he partially blames for the situation he is in. During the interview, he repeats the importance of the connection with his grandmother.

“My mother was a really bad person. My father was working all the time. He couldn't do much for us. He couldn't look after us. I understand, but I also think it's a pity. My grandma was there for us. I have a lot of respect for my grandma and grandpa.”

Family plays an important role in feeling supported. When things are difficult in the nuclear family, the respondents refer to grandparents as possible backup persons. Also, siblings are mentioned as support persons during difficult times, as they connect to 'normal life' or 'life before the trouble' and, thus, as a marker of continuity in their lives. Some respondents refer to the dual relational

entanglement between 'the family as a place to feel at home' and 'the family as a problematic area'. This limits the support participants can receive within the family network.

Friends are also mentioned as companions and soul mates who really understand what their life is like. Having the same background and coming from the same living areas, participants experience specific support and continuity from their friends. At the same time, the respondents recognise the problematic networks they related to in the past. Friends can have a positive or negative impact on their lives, but it seems as if this is less important than the relationship itself. Kadir (23), who was in specialized care and detained, talks about the support he received from his good friends who could relate to the difficulties he experienced and with whom he could always 'crash' when things were going wrong. At the same time, this again is a dual relation.

“They are good friends and bad friends at the same time ... It's difficult. As the years go on it's getting better. Now we do other things together. I don't drink anymore ... [...] It's a hard world outside and everybody does his or her thing you know. Finding new friends ... Everybody already has his friends. Most people of 18 or 19 years old, they have their life, they fish or go to the library ... you know, stuff like that. So, if you come from the street and you want to start a life like that ..., it's not easy.”

Participants also recognise the shifts and detours they made to make things work. Various relations may play different roles at different times in their lives. Crucial support was found in their connection with adults in various life domains. One girl met a friend in a closed youth facility and was supported by the friend's family long after that stay. This new relation gave her options for finding continuity in a new family context.

In all of the narratives, the respondents' search for anchors in their chaotic lives is apparent. This need for stability in order to survive is situated at the intersection of various life domains such as school, peer relations and their natural surroundings. In a sense, this survival is always linked to others, but also to their own evolution and growth.

Respondents define this process as a step towards growing up and being able to manage on their own. Support from others always seems related to the ability to match with this rhythm. When talking about insecurity, Silviya (28) experienced many difficulties in coping with her new living

situation at the beginning of her care pathway. She recognises that the contact with Caroline, a youth welfare worker, was crucial for her in finding her way, but it was also a way to meet new people and a chance to learn and feel less insecure.

“Now, I know where to go, but in the past it was difficult. I didn't know my way around. Look, through Caroline, I got to know all the people in the youth welfare centre of the district. From one person, I got to know thirty to forty persons. That's good luck.”

Often, someone in the participants' vicinity, who already knows them through other contacts and activities, reached out and engaged in finding potential ways of support. Despite difficulties in their pathways, all of the participants express a clear vision about their future life, characterised by aspirations such as having a warm family, stable housing, a good job, and, as one youngster calls it, being 'carefree'.

3.3.3 Finding support in youth care services

Relational continuity and commitment

When talking about continuity of care, the respondents referred most frequently to the quality of the relationship with youth care providers or other adults in school or youth work. An important aspect in these relations is a real commitment from the other. Peter (16), who was in youth care since the age of 3, had a special connection with one youth care worker. For him, her continuing presence and engagement with him and his family is crucial.

“She did more than any individual youth care worker or educator should do for a youngster. Yes, we have a really strong connection. And now, in this place [residential care facility], she comes over. I get a Christmas present, a birthday present. I send her something on Facebook, her personal Facebook and that of her husband, so I still have a lot of contact with her.”

According to respondents, real commitment is about the perceived investment of the other to move beyond what the participants perceive as professional boundaries. The people they mention who made a difference for them seem to be persons that could flexibly adapt their input, even beyond strict formal and informal regulations, in order to meet these youngsters' needs.

Time to engage

Participants mention space and time as crucial factors for building connections with someone who knows about their life situation. Spaces of connection are diverse, but necessary for young people. For them it is easier to connect with adults that are available in their life space. Some respondents define this by describing care providers who are disconnected from them. Kenneth (25) refers to the contrast in support at two different moments in his pathway.

“The only feeling I remember is that they [school counselling for 6 years] didn't help me, and here [low-threshold youth organisation in his neighbourhood] I get all the help that I need. I mean ... they do everything for me if I have trouble, I can always find someone to talk to.”

The importance of such imbedded connections is repeated in almost all narratives and most of the respondents refer to different practices to show discrepancies between social workers. Erkan (23) came to Belgium when he was 12, and, after having various problems, he now tries to manage on his own. He talks about the difference in connection with social services and people he does not know and the support he experienced from the professionals working in the low-threshold youth centre in his neighbourhood.

“With the social service, you know, I had nothing to do with them. With the youth centre and Evelyn [youth worker], I did. You do activities, camps and get to know each other, but with the social service it's different. You just sit there and you don't have contact with them. With Evelyn and David and the youth centre, it is a group that you know, that was important. The fact that you can share things with someone and you know that it will stay within these walls.”

Space to negotiate problem definitions

The connection with, and closeness to, their life space is about more than just being there. It also has to do with the ability to follow their rhythm, with the youth workers' skills in relating to the lived context of the participants and their ability to listen to the problems participants experience at certain moments. The way youth workers are able to engage based on a shared and equal

relational foundation seems to have large and long-lasting repercussions for the respondents. They refer to positive moments in which they remember actions of adults that made a difference. For others, the inability to respond to their needs made participants detach from care.

Respondents express the problem of being misunderstood or having no real voice in contacts with youth services. They missed the space to negotiate problem definitions with youth workers. In a way, they felt – or still feel – objectified as 'the problem'. Seeing them as subjects with a voice is essential for them to talk about problems in their relation with youth workers. According to the respondents, this requires an ability to look beyond their specific behaviour at certain moments, and the capacity to detect the reasons behind that behaviour. However, in a lot of situations, youth care does not seem to do that according to the respondents. Others, volunteers as well as professionals, seem to be better able to take this position. This is related to the flexibility to adapt and to being able to meet youngsters as they are, and to have the possibility to fail, to mess things up, and still be able to maintain a relation of trust.

Trust and power issues cause disconnection

For most participants, the first person they trusted when they were in trouble was a volunteer or professional that they already knew. Trust is essential to being able to ask others to help them. This is connected with the openness they experience in negotiating the content of the helping relation with persons around them. If this is not the case, the respondents increasingly disconnect, and it seems to be harder to connect to new contexts of youth care. The story of Adrian (32) reveals the difficulty in reconnecting with different professionals.

"I moved a lot, from institution to institution [...] In the end, you know, everything is for a shorter period and you don't connect that easily with a new youth care worker, because you know, I go from one place to another [...]. What was a continuity throughout my trajectory in youth care was: "what is not going well?" Yes, with him surely, surely ... [meaning himself], that's it finally ... that's it ... that was a continuous thing."

This is a recurring impression for a lot of the respondents. The pathway through different institutions and various care providers, in combination with a feeling of powerlessness about decisions that are made, leads to a loss of belief in 'helping others' in the youth care system.

However, the participants still detect people that made, or make, a difference. These individuals seem to prioritise the connection with the youngster over a systemic rhythm they have to follow. In their stories, the respondents stress the length of their relations with these youth care workers and their importance and impact. Being able to make decisions together with them in mutual trust seems very important. However, youngsters often feel left out of the decision making processes in youth care. This is also evident in the difficulties youngsters have in remembering where and when decisions were made.

I am more than 'in care'!

Respondents choose different topics and persons to share things and seem reluctant to disclose these issues to youth care workers. According to them, youth care should be easily accessible but at the same time not without the explicit consent of the participants themselves, as that becomes too intrusive. These spaces seem to be 'places of flight' or spaces to be free of other burdens or from care. For some participants who went through difficult times these places to be free are very important and, according to them, this should not necessarily be problematised. The excessive presence of youth care in the respondents' life pathways is a recurrent theme in their narratives. Moreover, the impact of this presence on the daily life and rhythm of young people is felt to be massive. Examples are abundant and include adaptation to specific eating and sleeping hours, programmed free time, and specific moments to go out and meet others. Kim (22) refers to the issue of control and agency in her pathway:

“The loss of control, that is such a feeling that I have, if I look back and think about it. ... Yes ... 'who am I?' so to speak, so in fact I ask myself ... It is as if being in care, being in an institution, you can have the feeling as if you are a robot, you know, you are in an institution and you think you have control over your life but the older you get, you say ... shit ... I had no control whatsoever, this is what is hard for me now. They made the decisions for me and over me, they said what to do and when, ... but in the end you need to make your own decisions about your life ... That is a problem ... now that I have to take decisions ... It's difficult because you're used to the fact that someone else did that for you.”

3.4 Discussion

Based on 25 in-depth interviews with youngsters in vulnerable situations who looked back upon their care pathways in youth services in Belgium, we found that continuity is a complex concept and more broadly defined than just being 'in' or 'out' of care. Three main themes appeared essential to respondents in relation to experienced continuity, across the settings where they were recruited: the need for recognition of existential insecurity in their daily lives, the timing of interventions and the impact they have on their care pathways.

For many respondents in vulnerable situations, the experience of continuity in daily life is problematic. Participants often lack support at key moments in their lives and feel that they are 'on their own' to cope with very difficult situations. Participatory research with youngsters in vulnerable situations has shown the same disconnection and feelings of abandonment (De Winter, 2002). Finding support seems to depend on coincidence. Family, peers or other adults in the immediate context of these young people are more likely to notice an accumulation of problems and take action towards support. It is exactly this engagement of others that is needed to reinstall a basic feeling of control over their lives. Accumulation of discontinuity in various life domains creates difficult situations that young people cannot manage on their own. Adults who support youngsters – youth workers, a neighbour or an older friend – are volunteers in social grassroots organisations. In that perspective, relational continuity should be seen as various relational processes rather than fixed relationships with one youth care provider. Gharabaghi (2008) describes 'relationship' as a static condition, while 'relational practice' is more dynamic and based on a mutual process of negotiation. Consequently, the boundaries of one single relation with a youth care or social worker are broken down as a prerequisite to providing continuity, and this sets the stage for a more open view on relational continuity. All youngsters stressed the importance of knowing these people before they were in deep trouble and the importance of others reaching out to them and recognising their struggle. As shown in previous research, young people seem more interested in personal relationships than in engaging with formal systems of care, and relational continuity seems to be of major importance (Holland, 2009). Relational continuity, however, is much more complex and is situated in a network of (in)formal care and support, which might change over time. In our research, a variety of persons were important to

generate experiences of continuity for youngsters. The respondents generally criticise the lack of weight that care providers give to relational continuity. Although this dimension of continuity is stressed as an important factor in youth care (Munford & Sanders, 2016; Tobon et al., 2015), the way it is defined overemphasises the importance of relational continuity with youth care services. Moreover, the intrusion of systemic care in specific relational networks (such as contacts with friends or school) is regarded as a problem by respondents, as it generates feelings of standstill and discontinuity for youngsters in care.

In general, youth care is absent as a helping entity in the narratives of youngsters when perceived problems first arise. They attribute this to difficult first contacts with care providers and difficulties in finding mutual grounds to start a supporting relation. In the narratives of the youngsters, 'too little' and 'too much' are recurrent terms when they talk about services. Youngsters describe this difficult relation as growing worse throughout their pathway in care. They recognise this disconnection over time and talk about a feeling of 'having enough' and a general 'relational fatigue'. Periods of powerlessness and relational breakups with significant people can lead to an accumulation of negative attitudes and behaviour towards care providers. This can lead to a deep-rooted and generalised frustration with all services relating to care (Munford & Sanders, 2016).

Negotiating interventions adapted to the youngsters' rhythm and beyond the limits of institutional systems of care seems to be crucial for participants. Further exploration of this 'inside' and 'outside' position in relation to the lifeworld of youngsters (Grunwald & Thiersch, 2009) seems advisable in order to obtain a better view on how systems of care can move from being too rigid towards a more flexible and open assemblage, where different answers can be formulated and to which young people can connect without a clear view on their issues at hand. In recent research in mental healthcare on continuity of care from a user perspective, choice was mentioned as an important theme (Biringer, Hartveit, Sundfor, Ruud, & Borg, 2017). As Biringer and colleagues (2017) show, flexibility in terms of mutuality and choice prove to be more important elements in service users' experiences than in professional definitions. A reductive and a priori defined system can lead to micro-aggression – for example, when acts of resistance are interpreted as a result of a psychological problem (Spencer, 2017). It seems that a 'master status'-thinking on individual

problems impedes some youth care workers from adapting to the lived realities of young people at different moments in their pathway.

Youngsters talk about their limited impact on how youth care responses are constructed. Labelling youngsters and focusing on psychological problems only leads to a reduction of the complex realities that youngsters live in, and it generates feelings of powerlessness and undermines young people's agency (Gharabaghi, 2008), causing motivational problems. Research shows the importance of real participation in wellbeing and the usability of treatment programmes for young people (Cowger, 1998; De Winter, 2002). In the narratives of young people, they show a clear need for connection on their issues. In research with homeless youth, Noom and colleagues (2003) found similar results, showing that practical care, such as help with financial and housing issues, was appreciated, but that care concerning psychosocial problems was rejected. This, however, seems more complex in the narratives that we explored. Youngsters show no objection to talking about psychosocial problems, but instead they feel that the overpowering focus on problems in their daily lives is a problem in itself, as it leaves little space for other issues. Their experienced lack of agency in their own life pathway is linked to their experience of (dis)continuity. Having no say in decisions leads to the sense of being stuck in time. When exploring continuity and useful interventions, all youngsters refer to people that made a difference. They do not link these people to specific institutions, and most of them work outside the youth care system (e.g., volunteers) and reach out to them. These interventions beyond institutional boundaries seem necessary to opening up new possibilities and to matching interventional logics with the needs of youngsters at that time. This calls for a transition in care from the paradigm of 'the service provider as expert' towards a partnership paradigm (Heaton et al., 2012). This implies an openness to issues related to basic human rights that are violated in the life spaces of young people in vulnerable situations. Critical youth care implies an engagement with critical theory that *"seeks to explain and transform various circumstances that social workers and service users find themselves in, while connecting this to a structural analysis of those aspects of society that are oppressive, unjust, and exploitative"* (Gray & Webb, 2013, p. 100).

3.4.1 Limitations of the study

When we talked to these youngsters, a real connection was built. Research and practice became interconnected, also because of the history of the researcher with the context and the young people now suddenly being 'research subjects'. The constraints of an article do not do justice to the young people's diverse lives and stories. Our analysis was reconstructed, and thinking about how to write about these narratives in relation to continuity proved a difficult and time-consuming task in itself. In the reconstructions, we tried to stay as close as possible to the lived experiences of these young people. Still, further exploration and contextualisation of difficult areas is necessary. Therefore, it is our opinion that embedded research, close to the life spaces of these young people, is of utmost importance. Related to that, we were struck by the difficulties these young people faced as they were growing up. The injustice of systemic elements and the powerlessness they experienced are projected onto the researcher. We believe that it is the duty of the researcher to endure these projections, because they are the elements that matter and that open up spheres of new co-constructed knowledge.

3.4.2 Implications for practice

The study presents some potential implications for practice. First of all, the results show the importance of being sensitive to critical moments in the life pathways of young people (MacDonald & Shildrick, 2013). Therefore, a closer connection is needed between the service providers and the life spaces of young people in vulnerable situations (Pinkerton & Rooney, 2014). Yet, young people experience youth care as too rigid and disconnected from their perspective on what is needed at different moments in their care pathway. A more comprehensive approach towards continuity, where young people can co-construct their pathways in and out of care, also in relation with significant others for them, is a prerequisite for accepting care and support. Strengths-based case management that starts from clients' agency and advocacy on behalf of individuals' rights (Brun & Rapp, 2001), in combination with a lifeworld perspective (Grunwald & Thiersch, 2009), is an alternative approach for providing continuous and wrap-around support. The balance between little (or almost no) support early in their life pathways and intrusive interventions later on requires constant reflection from social workers. Important persons or life

areas from the youngsters' point of view (e.g., school and friends) should be approached with a more open view and not only in relation to the potential problems they might present.

3.5 Conclusion

As we explored the narratives of young people in their construction of continuity throughout their life pathways, it became clear that there seems to be a big distance between the lifeworlds of these young people and the systemic answers in youth care. Continuity is not about being in or out of a certain youth care system. Rather, the experience of continuity for young people is about the amount of agency they experience in their own life pathway. Youth care as a system can be of great importance, but it can also be something that augments the chaos in the lives of youngsters in vulnerable situations. Especially when youngsters lack real impact on the problem definitions, they detach from care. At these moments, we can question what youth care is doing or what meaning this relation has in the long-term. Sticking to the front stage and back stage way of looking at youth care can limit participation. It is precisely in negotiating the way care takes form that youngsters experience continuity of care.

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4

Fight, freeze or flee: Exploring youngsters' strategies in dealing with youth care interventions

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[UK English]

Abstract

Continuity of care is seen as a challenge for youth care services. The research on continuity of care in relation to youth care services is scarce, and there is a strong tendency to overly stress the managerial and technical aspects of care. However, research on continuity from a youngsters' perspective suggests a more complex construction of continuity. The connection with youth care services is especially under pressure in the confrontation with difficulties and critical moments. In this narrative study, we aim at gaining insight into youngsters' different strategies in vulnerable situations when facing difficulties in their trajectories in relation to youth care interventions. By retrospective reconstruction of their trajectories in relation to youth care interventions, youngsters were able to express significant moments in their biographical timeline. The narratives are analysed using the framework of Hirschman (1970) on users' coping strategies in relation to dissatisfaction in services: loyalty, voice, exit and neglect. We have chosen three topical life stories of youngsters to represent the research findings that illustrate the identified strategies of fighting, freezing and fleeing care, which are to be viewed as translations of the Hirschman coping strategies. However, a deeper analysis of these interactions results in a more complex view on strategies, and shows that these can be misinterpreted by youth care workers. Different elements such as timing, clinical overshadowing or the pre-structured nature of youth care interventions are linked to this mismatch between what youngsters want and what youth care workers offer. Options are presented to handle these difficult interconnections.

Keywords: Continuity of care; youngsters' perspectives; strategies; youth care; youth interventions

4.1 Introduction

Youth care services can be difficult to access for youngsters in vulnerable situations (Osgood, Foster, Flanagan, & Gretchen, 2005). Moreover, when youngsters are actually reached, they experience a wide range of challenges such as placement instability, receiving inadequate care, or care other than needed, and difficult transitions between services (Fernandes-Alcantara, 2014). Fragmentation of youth care, resulting in difficult connections between service providers, policies and care systems, is often mentioned as the main cause of these difficulties (De Winter & Noom, 2003). Moreover, specific transitions within care (Paul et al., 2013) and towards adulthood (Stein, 2006) appear to be problematic in maintaining continuity of care (Crimmens et al., 2004). As a response to these challenges, youth care reforms have specifically targeted access and continuity of care (Cortis, 2012; Naert, Roose, Rapp, & Vanderplasschen, 2017).

Research on continuity of youth care is limited (Heaton, Corden, & Parker, 2012) and, despite specific interventions and actions to improve continuity, the problem remains persistent and recurrent (Cortis, 2012). This has to do with the predominant focus on management continuity (Naert et al., 2017) in which technical components of continuity are emphasized, such as information exchange between service providers and management models to close the gap between youth services. The underlying rationale is that adjusting the 'back stage' in terms of technical issues will lead to experienced continuity at the 'front stage' (Krogstad, Hofoss, & Hjortdahl, 2002). Through creating an organizational continuum of care, it is assumed that youngsters will experience a smooth and seamless care trajectory (Fontanella, Gupta, Hiance-Steelesmith, & Valentine, 2015). Because it starts from an expert view, leading to predefined interventions that reduce youngsters' impact on their own care trajectory (de Vos, 2015), this organizational orientation has a strong impact on how continuity is realized in practice (Reid, Haggerty, & McKendry, 2002).

In addition to management continuity, relational continuity has also been put forward as an important objective in youth care (Munson & Lox, 2012). Relational continuity has mainly been conceptualized as a continuous relation with one care provider (Naert et al., 2017), based on ideas from developmental psychology, stressing the importance of relational stability with

caring adults to nurture a healthy development (Jones, Landsverk, & Roberts, 2007). The importance of real connections and trust in care trajectories is emphasized (Tobon, Reid, & Brown, 2015), which matches perfectly with management objectives that try to 'fix the system' in order to create a seamless trajectory. Limited research on experienced continuity of care shows that relational continuity often goes beyond placement stability (Refaeli, Mangold, Zeira, & Köngeter, 2017).

However, little is known about the continuity experienced by youngsters in youth care (Duroy, Perry, & Schmidt, 2003). By using a lifeworld perspective, research places the experiences of youngsters central to explore the dynamics in the construction of continuity (Grunwald & Thiersch, 2009). Such a lifeworld perspective focuses on dynamic and interpretable ways in which material, social and cultural resources and structures can be captured as constraints, opportunities and limitations for youngsters to practice agency (Roets, Roose, & De Bie, 2013). The challenge is to embrace the relationship between agentic strategies of youngsters in shaping pathways in their lives and the ways in which structures, systemic forces and resources such as youth care interventions enable or disable individuals to do so (Grunwald & Thiersch, 2009). From this perspective, discontinuity is not a priori wrong, as it can be an opportunity and a purposive act to gain agency and mastery over the youngster's own life (Refaeli et al., 2017).

In this paper, we discuss findings of research on experienced continuity of youth care in Flanders, the Dutch speaking part of Belgium. Our aim was to capture the dynamic interactions between the agentic strategies of youngsters and interventions of youth care professionals and services. Hirschman's (1970) Exit, Voice, Loyalty and Neglect framework was used to analyse youngsters' strategies in relation to recurring youth care interventions. This framework was developed by studying the interactions and responses of people towards adverse economic situations and was adapted to look at human behaviour and strategic responses in a wide range of settings, such as reactions of employees towards declining and untoward institutional relations (Berntson et al., 2010; Farrell & Rusbult, 1992), the context of therapeutic relationships (Derlega, Winstead, Lewis, & Maddux, 1993) and health care provision (Brüggemann, 2017). Although Hirschman's framework dates back to the 1970s, it is still regarded as a highly pertinent approach that is applicable in various contexts to explain how people cope with difficult and problematic

circumstances (Brüggemann, 2017; Kiil & Knutsen, 2016). In this study, it serves as a conceptual frame of reference for gaining an in-depth and theoretical understanding of youngsters' strategies in relation to systemic and structural constraints and resources in youth care.

4.2 Research methodology

To explore the life stories of vulnerable youngsters, we used a narrative research approach in an attempt to capture the meaning of continuity of youth care interventions in relation to its context and the significance of transitions, relationships and material, as well as immaterial, resources in these retrospective accounts (MacDonald, Shildrick, Webster, & Simpson, 2005).

4.2.1 Data collection

Youngsters were recruited in residential ($n = 12$) and low-threshold youth care services ($n = 13$) in the area of the city of Ghent, Belgium. To be eligible, youngsters had to be in care or followed by a case manager for more than two years. Residential services were typical long-stay services for youngsters between 12 and 18 years of age, while low-threshold services were local drop-in centers for youngsters between 15 and 25 years of age in vulnerable living situations. The latter services are located in neighbourhoods characterized by poverty, poor housing and few public facilities. 42 eligible youngsters were contacted and 25 provided informed consent for a biographical interview. The respondents' ages ranged between 15 and 32 (mean age 20.6). We interviewed nine women and 16 men. Reasons for non-participation were: having no time, something unexpected that came up, or no longer willing to share their story at the time of the interview. Biographical interviews lasted one to two hours and took place in the youngsters' natural environment, in a location they preferred. The study was conducted in accordance with the ethical guidelines of the authors' university and was approved by the university's ethical committee.

Biographical interviews were conducted to gain in-depth insights into the dynamic pathways of youngsters in their contacts with youth care. A retrospective longitudinal approach promoted a deeper exploration of when, how and why youngsters enter and exit youth care over the course of their lives (Alcock, 2004). The issue of experienced continuity was considered a sensitizing

concept, which gave us “*a general sense of reference and guidance*” (Blumer, 1954, p. 7) in approaching the youngsters’ daily lives. The research process was facilitated by drawing a timeline with the participants. We started the timeline at the age of 12, as a marker that stirred up their memories, as most youngsters make a significant transition from elementary to secondary school at that age. Yet, participants were told that they could go further back in time if they deemed it helpful to tell stories about their early childhood. Participants were asked to discuss critical moments that were difficult or when things were going well, also linked with their relationships with significant others and resources that helped them.

In an interactive exploration of these events, we identified how youngsters experienced youth care interventions as supportive or not. The biographical interviews were fully transcribed (Howitt, 2010).

4.2.2 Data analysis

In an attempt to gain an in-depth understanding of the agentic strategies of youngsters to handle complexities in contacts with youth care services and interventions they encountered, the documented retrospective pathways were analysed systematically (Millar, 2007). The data were analysed by engaging in a qualitative content analysis, which is considered a flexible strategy for the subjective interpretation of data content through the systematic classification process of coding and identifying themes or patterns (Hsieh & Shannon, 2005). We applied a directed approach to content analysis, in which the goal is “*to validate or extend conceptually a conceptual framework or theory*” (Hsieh & Shannon, 2005, p. 1281). This directed approach to content analysis was elaborated using empirically based ‘feedback loops’ (Kohlbacher, 2006), which enabled us to support, question, or expand the existing body of research. As mentioned above, we used Hirschman’s framework (1970) to identify strategies of voice, exit, loyalty and neglect in the narratives and experiences of youngsters. Hirschman’s framework starts from the idea that responses to declining institutional relations, and individuals’ dissatisfaction with these relations, differ on two dimensions – constructiveness versus destructiveness, and activity versus passivity – resulting in four types of coping strategies: voice, exit, and loyalty and neglect (Farrell & Rusbult, 1992). Whereas the voice strategy refers to every action that is taken – formally and informally –

towards positive change, the exit strategy is every activity related to moving away from the unpleasant situation and includes thinking about leaving, or actually leaving. Loyalty is defined as a constructive, but passive, reaction in which the individual is waiting for conditions to improve and is closely related to the 'neglect' strategy, a reaction where one is passively subjected to worsening conditions (Derlega et al., 1993). While reading and re-reading the transcriptions of our empirical material, three sub-themes emerged that serve as an analytical translation of the strategies outlined by Hirschman: fighting (voice), freezing (loyalty and neglect), or fleeing (exit).

We represent the research findings via three topical narratives of youngsters that illustrate the identified strategies, including details of each unfolding life story (Vandekinderen, Roets, Roose, & Van Hove, 2012). As the chosen narratives illustrate, youngsters do not present a single strategy and cannot be reduced to the strategy they present at certain times in their trajectory. However, the narratives show how seemingly small actions and disconnections can have important repercussions over time.

4.3 Results

4.3.1 The story of Adrian – “I had the feeling that I had to *fight* all the time”

Adrian, now 32 and living on his own, has been in youth care since he was 12 years old. He went through more than 5 youth care placements. For him, his trajectory is characterized by fighting various persons and institutions. He talks about different things he did to fight his placement in youth care (e.g., rule-breaking behaviour). Adrian sees these strategies as things he learned in order to survive, but they hinder him today.

“I’m struggling with myself because I can’t adapt my behaviour to the ideas and targets I have. This has to do with the fact that, in the past, I had to behave in a certain way to survive, so to speak ... Because certain things happened that formed me this way. I was ok with this for a long time, but now this limits me in the things I want to achieve.”

The process he describes is especially related to complex problems in the family that were induced by inadequate communication, leaving him with the feeling of ‘being the problem’. Also, the fact that there was no real attention to the problems with his family and friends became very difficult

to bear. In a sense, this was a traumatic accumulation that he also describes as something that still influences his life today.

“It is not about the question ‘What is the problem with these youngsters?’ They need to ask the question ‘What is going on, not only with this youngster, but in general? What happened?’ Let us look ... what is the history ... why does he behave the way he does sometimes?”

The lack of an in-depth and comprehensive view on what was going on was the reason for his anger towards youth care. In particular, feeling reduced as a person by different youth care providers is a very traumatic issue for Adrian. This led to his resistance and an accumulation of inadequate interventions, such as short-time placements in residential care, where he started to use drugs and had constant fights with care providers.

“In the end, you know that interventions are limited in time and you start limiting the openness to connect with certain youth care workers. Because you know that then I go to this place and afterwards to another ... [...] I looked for someone to rely on ... My father was no option, because he had problems of his own and I couldn’t count on my mother ... but you lose interest in building a real relation ... The youth care workers don’t go with you [from one institute to another], you know.”

Adrian explains that his fight differed over time. On the one hand, he describes his difficult behaviour as resistance, but for him this resistance was also about closing the options to connect with new care providers. In the beginning of his trajectory, there were youth care workers that he connected with. Later, he describes the relations he had as only instrumental and without real attachment. For him, these periods were like living in a world with his own rules. Adrian describes this as learned behaviour that was not respectful and very disruptive towards professionals and very problematic for his personal well-being. He talks about the tension of feeling lost when he was placed in care, but in need of someone to really connect to. For him, youth care as a system did not succeed in doing what should be its core business: searching for who these young people really are and opening new horizons.

"I think youth care should look for what drives youngsters, what they are good at. What were my abilities? (...) What are his strengths? That's what I've missed. It was all about what was wrong with me. That was the continuity in my trajectory in youth care."

He labels his own trajectory as a 'fighting strategy', with three main characteristics: (1) it was harmful for him and made him feel less and less understood; (2) it continues to this day and bothers him in the aspirations he has in life; and (3) it did not seem to be something that was recognized enough by the youth care providers at the time.

4.3.2 Laura's experience – "There was no real connection, I froze"

Laura, a 17 year-old girl, had her first contact with the youth care system when she was eight years old. Her parents had just divorced, and she had a real hard time. She went to live with her mother. This was a very important moment, not only because of the pain she felt by the breakup in the family, but also because of the disruption this made in all areas that were fundamental for her stability and well-being at that time, especially school and friends. The follow-up by a school counsellor was not helping her.

"It didn't help me at all. At that age, you need something else. You need your parents back together again, you want to sit at the table at home with everyone. They can't do much ... They can't help with the feeling of powerlessness in this situation."

For her, this was the start of difficulties and being bullied at school. She changed schools three times, mainly because of bullying. Again at that time, school interventions did not help her because they did not address the bullying. Instead, she felt like they wanted her to change in order to stop the bullying. This led to a big crisis at school, in which the mother took her away from school. She marks this as the beginning of a period of withdrawal on different levels and especially from care interventions.

"At first, I became very aggressive, but also more distant and detached towards others, and that is, you know, partly also the reason why I don't like talking to other people. Not like this [the interview], but making real friends and things like that, I don't like that. I'm more at ease on my own, because I know that's safe."

This withdrawal worsened when she was between 12 and 14 years old. She describes this period as episodes of crashing and pushing people away. At age 13, a new crisis happened at school, and she had to receive counselling at school.

“I went to talk to school counselling because I was expected to. I didn’t have the feeling that something really happened there. It was against my will ... They wanted to talk about the bullying, but I was busy with my family. This was really not what I needed. They got everything back from the past 13 years ... It was just not ok.”

This was not helpful for her and again she withdrew. She ‘froze’ as she calls it, while struggling with herself and with the lack of understanding from youth care workers. Although she went to the expected counselling sessions, she talks about them as passing by and not really meaningful to her. At the same time, she thinks the counsellor did not really know what was going on. As long as she went to the sessions every week, everything was ok. After a while, school counselling referred her to an ambulatory mental health center. At first this was helpful, but trust was broken when the school counsellor talked about her to her mother without her knowledge. Again she felt betrayed and stopped going to the counsellor.

For Laura, a very helpful thing was her contact with Tim, her case manager, and other people from the youth center she got in contact with when she was 13. When all else failed, she could rely on them for support and a listening ear. At age 15, Laura had problems with alcohol and feeling depressed, and she attempted suicide. They picked up on her signals and managed to help her, by being there when she needed it most and by being reliable.

“He did what he said he would do. When he said: I will come and pick you up and bring you to the clinic, he came and we went together ... He went to talk to my grandma, where I lived at that moment. He came over when I called.”

She describes the connection to these people as something more than youth care. She now finds the ability or space to talk about difficult things. At the same time, there is time to relax and to do interesting things.

“It is just enough. Sometimes you don’t feel like having a heavy conversation about problems, you just want a normal chat. I need that and ... it’s better and better, because ...

ok, I'm stressed, let us drink a cup of tea or smoke a cigarette. We can talk about anything ... and sometimes that is enough to forget everything for a moment!"

Laura talks about different moments of conflict between what she expected and what youth care offered as interventions. The main strategy Laura talks about in these situations is going along with the intervention chosen by the youth care workers and to 'give them what they expect'. It seems as if this strategy is used when attempts to have an impact on the intervention are not working. When youngsters feel forced to take part in a care trajectory, the risk of disconnection is even bigger. As Laura tells us, she felt speechless and overpowered by these interventions. She talks about a mismatch regarding the timing and content of the intervention. The mandate of Tim, a youth worker who meant a lot to her, is linked to a contact that was already there, but also to a lack of pressure to talk about problems all the time. On the other hand, he was reliable and available when she needed him. From a youngster's perspective, being there when there is a crisis seems crucial.

4.3.3 Helen – "I did everything to escape"

Helen, a young woman of 18, is tired of youth care and does not want to have anything to do with youth care anymore, or care in general. Her trajectory in care is one of fleeing. She was placed in care because of the difficult home situation. Her mother was absent at crucial moments, and the youth care system intervened. Helen did not understand what was happening to her and missed basic support and information at that moment. For Helen, the youth care system did not succeed in giving her time and space to come to terms with the situation. She ran away many times, which resulted in more restricted interventions. Helen was first placed in care at the age of 14 and went through four different residential institutions. The first episode was significant for the rest of her trajectory: at that moment, she started to protest silently at every intervention. She links this with interventions that were not adapted to her needs.

"In the past ... I'm not someone who easily shares ... I was not a real talker, I didn't say much. I kept everything inside and for myself. I thought: "I'll take care of that myself, I can handle this." This was also the reason why I didn't talk to the psychologist in the first institute. It didn't help of course that they pushed to get something out of me..."

After a residential stay, home-based support was introduced. Again without any real connection to what she thought or felt at that moment. Home-based counselling ended after a big conflict with the youth care worker. In a way, this was her intention. She wanted to be left alone, but at the same time she needed support. Trusting youth care workers was very hard for her after the first contact with care.

"I had to put trust in them ... that was very hard for me. This is still a problem. I can say a lot of things and talk to everyone, but sharing things that are really about me? ... I don't do that anymore."

Several short-term placements followed and she talks about a period 'on her own', running away and chaos. This rapidly escalated into a very difficult relation with youth care. For her, the difficulty in sharing personal things is related to the lack of empathy and insight in what was needed at certain moments. Running away and constantly looking for escape routes was the way she reacted to these interventions. She also mentions the lack of real impact on transitions in her trajectory.

"I had no power to decide where I went. They just said: "You're going to this place!" When I asked what this place was, the answer was: "We don't know yet, we will see." For me, that was very shocking ... I'm used to ... I want to know ... to be prepared ... so I looked the place up myself."

Although she dodges care interventions and is very sceptical towards all youth care, one service now seems to make a difference for her, and a special connection with a youth care worker is a big factor. The place she lives in now, a residential facility where she can learn through independent living and where individual counselling is provided, is a complete change for her. The way they interact is especially important to her. The youth care worker listens to what she wants in life. Also, looking at the past is not an option anymore, since she is tired of that.

"I didn't want to go back. I tried to find the predictability of the past. It was just, in these institutions ... a different programme of the day. You had to follow the plan. Same thing in the following residential institute. Here (present support) this is less so. You can handle things the way you want. This is hard, because you are used to these plans. Now, sometimes I don't know what to do because I have choices."

Helen regrets not being confronted with the same attitude when she was 14. She still feels very reluctant towards care. She is 18 and chooses to be in the residential setting she is staying in now. The connection with her own aspirations in life, and the openness to let her decide the moments where 'the past' is relevant to talk about, are the biggest changes. She calls this 'affinity with who she is as a person'. For her, this change is based on the coincidence of meeting this new youth care worker and the way she was able to recognize the reasons Helen had to break with care.

"The moment I got in contact with her here [name of the institute], it was not about: "What happened to you in the past?" or "What is the reason for this and that?" No, we talked about what I wanted to achieve and what I wanted to become and stuff like that. We could talk about the future!"

4.4 Discussion

As it becomes clear in all three narratives, moments of crisis can be so powerful that they influence all further contacts with youth care, limiting or sustaining further use of support services or threatening continuity of care (Pinkerton & Rooney, 2014). The narratives of Adrian, Laura and Helen reveal different strategies in relation to these crises, which can be regarded as operationalisations of 'Exit, Loyalty, Neglect and Voice'. From a lifeworld perspective, these strategies can be seen as the reactions of youngsters that are meaningful in understanding experienced continuity of youth care. However, we noticed in our research that these strategies are generally not recognized, or they are misinterpreted, by youth care professionals and service providers.

4.4.1 Recognizing 'voice' as main strategy

In the story of Adrian, his 'fighting' strategy was something that started early on as a reaction towards a lack of voice. For him, it was a way to take an active position towards youth care interventions, which he perceived as only directed at him being the problem. First, he talks about his behaviour as being a signal, later on it became more of a statement towards care, a way of showing agency towards a disempowering system that put him in the 'problem' position or the 'failing subject position' (Mannay et al., 2017). His strategy shifted from 'fighting as voice' towards

‘fighting as a way to disrupt’. Due to the experienced lack of continuity, it became more and more difficult for him to invest in the relation with care providers. Laura also talks about a disconnection at the start of her contact with youth care. At first she revolted, but when there was no connection with youth care services, she withdrew. This can be regarded as a shift from ‘voice’ to ‘neglect’, where her situation worsened, but this was not detected during the counselling sessions. Laura talks about ‘being stuck in time’ – and her strategy is very comparable with what Hirschman calls ‘neglect’. Still, she complied with the care interventions, showing up at every session. The youth care worker perceived this as loyalty, although for Laura these sessions had no use at all. At the same time, by being connected with professional youth welfare workers in her context, she talks about an ‘escape route’ that seems to make it easier for her to use the ‘neglect’ strategy in relation to youth care interventions. For Helen, the standstill in her trajectory is linked with what may be seen as an ‘exit’ strategy from the youth care perspective, although it was also about voicing her needs. She felt no real choice, and so her resistance towards the youth care system grew stronger over time. Although she was in care at the time of the interview, she was still very negative towards care. Strategies to get out of care and resist new care interventions are not taken lightly by youngsters (Goodkind, Schelbe, & Shook, 2011). Only after recurring signals are not recognized or answered appropriately do youngsters give up. In the presented narratives, these strategies were repeatedly misinterpreted. In what follows, we discuss three elements that are linked to these misinterpretations: the reductive nature of problem definitions, the pre-structured nature of interventions, and the mismatch of timing.

4.4.2 Reductive nature of problem definitions in youth care

Part of the disconnection described by the respondents is linked to the limited impact they have on the way problems are defined by youth care providers, especially when there is disagreement on what these problem constructions are. In the story of Adrian, the interactional and self-fulfilling nature of problem definitions becomes clear. His first experiences with youth care were negative, as he felt labelled as ‘the problem’. The reduction of complex situations is also illustrated in the other narratives.

Youth care is characterized by an inherent tension between socialization and emancipation (McDonald, 2006), between care and control (Van Haute, Roets, Alasuutari, & Vandebroek, 2018). Some authors argue that the shift towards a predominantly socialization scope is the biggest problem in youth care today (de Vos, 2015). Our research shows that this might be reinforced by the omnipresence of a clinical-medical approach in youth care services. Despite an evolution towards comprehensive and multi-level approaches in youth care, interventions tend to start from an individual, diagnostic framework, including, at best, a contextual view (Foster & Spencer, 2011). While a socialization perspective incorporates a potential conflict in the relation between youngster and youth care worker, the increasing importance of a psycho-medical perspective may further reinforce the mismatch between youth care interventions and youngsters in vulnerable situations. Such a clinical perspective and associated discursive practices generate less space to address inherent conflicts in the relation between youngsters and youth care services. When an active position of 'voice' is reacted to with a re-translation within a psycho-medical problem definition, youngsters feel powerless. Youngsters' strategies can be read as an answer to alienating interventions and power imbalances in care. The process of reframing agency as problematic and a result of its diagnostic markers (Naert, Stevens, Roose, & Vanderplasschen, 2017) resembles a specific form of diagnostic overshadowing (Thornicroft, Rose, & Kassam, 2007). Disagreement and anger – which can be seen as ways to express voice – are translated into youth care language as 'problematic behaviour', leaving youngsters with limited options. In the context of race, gender and diversity, this has been referred to as 'acts of micro-aggression' (Spencer, 2017; Sue, 2010). Irrespective of the motives, these strategies are numbing for young people. This can lead to gradual alienation and disconnection, as is seen in the results (Hill, 1999). Consequently, relational continuity is very important for the experience of continuity of care. However, only focusing on consistency of staff and ongoing relationships between youngsters and care providers is not enough and might undervalue the ambiguity and complexity of that relation.

4.4.3 The pre-structured nature of interventions

Space for negotiating the way interventions are constructed is limited due to the a priori and 'fixed' way that some interventions are offered. As a consequence, choices are limited, leading more

easily to conflicts about what is being offered. As Biringer, Hartveit, Sundfor, Ruud, and Borg (2017) showed in research on continuity in mental health care, choice – defined as the option to choose between different support options – is a very important aspect in the experience of continuity. Youngsters link their coping strategies to the absence of choice, as they feel encapsulated by a system that they experience as rigid and fixed in time and place. This conflicts with the way youngsters experience their situations at times of crisis (Thomson et al., 2002), given the gap between what they need and what is offered by youth care. The way these interventions are presented leaves no space for negotiation on the content of care (de Vos, 2015). Participants also mention the need to experience ‘normalcy’ in their lives, linking this to seemingly trivial things such as a day out with a sibling, hanging out with friends, being able to go home after school, etc. The intrusive nature of some interventions, together with alienation, may enhance the accumulative process of resisting care. Youngsters talk about moments of disconnection or escape as strategies to be ‘care-free’ for a moment. Again, youth care services often misinterpret these signals or overreact with control measures, leading to power struggles. However, youngsters’ strategies should also be seen as creativity and opportunities for connection. The narratives of youngsters show that forms of support connecting with the lifeworld of youngsters can help them find new options. It appears that youth care can make a difference if it is able to escape its own institutional control (Roose, 2006).

4.4.4 Time and experienced continuity

The identified strategies are also linked to a mismatch in timing. The absence of support at critical moments is seen as most problematic in relation to experienced continuity (Naert, Roets, Roose, & Vanderplasschen, 2018; Pinkerton & Rooney, 2014). The timeliness of interventions can be defined as “*getting help when needed*” (Biringer et al., 2017, p. 6) and is of great importance, as it determines new relations with service providers. Even if there is a connection with service providers, support can be experienced as non-useful. From a lifeworld orientation, interventions can be inherently disruptive due to differences in rhythm and view.

Another disruption is related to the lack of future perspectives, accumulated by unobserved or wrongly interpreted coping strategies. Bourdieu (1997) refers to this as “*the presence of the forth-*

coming" (p. 208). The experience of time is specific in the sense that what we call time is experienced only when the link between expectations and the world that is there to fulfil them is broken. Youngsters' narratives suggest that this disruption generates a cumulative experience of disconnection. As Bourdieu (1997) shows, there is a constitutive power in the match between expectations in the here and now and the potential match between these and the lived realities that are situated in the future. Similarly, we see a disempowering tendency if these expectations are not met again and again. For the respondents, this resulted in paradoxes of 'wanting affection and attention to their situations' and, at the same time, using various strategies to flee from systemic interventions when not receiving these basic needs. Investment in what Bourdieu (1997) calls 'the game' – in this case, the interaction with youth care interventions – is linked to what is supposed to bring some kind of profit, and this investment disappears when the likelihood of its usefulness falls below a certain threshold.

4.4.5 Concluding reflections

Research regarding the life course of youngsters showed the big impact of critical moments on their lives (Thomson et al., 2002). Despite the gravity of certain events, it is essential to contextualize these events in an interactive framework of subjectivity, circumstances and the broader social context. Having impact on the events appears to be fundamental to the further relation with youth care and the development of escape strategies. In Adrian's experience, his attempts to have impact on decisions were not heard and, therefore, his powerlessness resulted in accumulated anger towards youth care workers and the youth care system in general. Also in Laura's narrative, the lack of impact is a reason to retreat. This calls for another praxis towards youth care, where continuity of care is realized in the co-construction and interaction within the relation between youngsters and care providers. The actual realization of continuity depends on the strength of the connections and relationships (Heaton et al., 2012) and the way youngsters are involved in decisions about care (Hallett, 2016). This calls for a more open dialogue, with space to negotiate without the immediacy of normative answers. The mismatch between the lived needs of youngsters and the inability to connect to these needs enlarges the gap. From the narratives, this seems to be reinforced by the youth care system's attempts to gain control. At times of

growing attention for participation in youth care, this seems to be a double bind to young people, limiting their real voice, while at the same time installing systems of controlled participation discourses (Masschelein & Quaghebeur, 2005).

4.4.6 Limitations of the study

By using three topical narratives to explore strategies of youngsters in relation to youth care interventions, we could uncover the rich details of complex interactional patterns. Although the other narratives were analysed, the focus on only three narratives does not do justice to all youngsters involved. Still, similar strategies and challenges were encountered in these interviews. While a profound understanding of youngsters' strategies was the aim of this study, the focus on adverse situations and transitions may harm the sincere intentions and constant efforts of practitioners to cope with these difficult situations on a daily basis. By using a critical stance, this paper can be read as a metaphor of this daily struggle. Yet, as a former practitioner, the first author is well aware of these challenges. The paper should be regarded as a reflective endeavour regarding strategies to support youngsters and practitioners to deal with these complex situations.

4.5 Conclusion

Based on young adults' narratives, we discerned different strategies for dealing with non-helpful youth care interventions, which are often hard to recognize and to counter from a service provider perspective. Moreover, these strategies are entangled with various actions by the youth care system, which may strengthen the youngsters' alienation towards care. By looking into the personal accounts of youngsters, we opted for a pedagogical view on these strategies, promoting space for negotiation with service providers and looking at these strategies as acts of resistance rather than expressions of individual problems.

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5 | Local networks of youth services to enhance shared responsibility to improve continuity of care

This chapter is based on:

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[UK English]

Abstract

Recently there is growing attention for continuity of youth care for youngsters in vulnerable situations. Research showed that these youngsters express the need to connect to youth care workers. The youngsters described this connection as a far-reaching engagement with their lifeworld. They refer to specific actions of professionals who cross the boundaries of their regular practice. These professionals create the time and space to negotiate the content of care. In the youth care field, inter-organizational networks are seen as one of the strategies to address the problem of discontinuity in care. This collaborative evolution is generally seen as beneficial to the quality of service provision. However, it is not clear yet what the effects are in relation to opening spaces for negotiating the content of care and creating more flexibility for professionals to adapt to the everyday rhythms of youngsters in vulnerable situations. In this article, we discuss the findings of a case study that focuses on how professionals in an inter-organizational network perceive the influence of the network in relation to the negotiation of problem definitions. The concept of 'working beyond boundaries' was introduced to explore how the network facilitated or reduced the potential flexibility on a professional level. It was found that professionals valued the network while it provided opportunities for better relations among youth care workers, sharing information and setting up small projects between youth care services. However, when zooming in on the elements of more engagement towards the lifeworld of youngsters, the results show that the network might reduce this connection, instead of increasing it. We conclude that it could be questioned whether network collaboration is facilitating more connection with youngsters in vulnerable situations and thus results in a better experienced continuity.

Keywords: Social work; network development; case management; continuity of care; youngsters in vulnerable situations

5.1 Introduction

Growing attention to continuity of care – primarily defined as the way in which the youth care system realizes seamless care trajectories for youngsters – is observed for youngsters in vulnerable situations (Naert, Roose, Rapp, & Vanderplasschen, 2017). These youngsters experience a wide range of difficulties in their lives, such as growing up in poverty, experiencing difficult school careers, and health-related problems (MacDonald, Shildrick, Webster, & Simpson, 2005). The lack of appropriate access to care, and lack of continuity during care trajectories are seen as two of the core problems of contemporary youth care (Fontanella, Gupta, Hiance-Steelesmith, & Valentine, 2015; Ungar, Liebenberg, & Ikeda, 2014). Various problems have been observed in relation to continuity, such as fragmentation of care, systemic bottle necks and waiting lists (Haggerty et al., 2003). To overcome discontinuity, attention is directed to coordination and management practices in order to close the gap between different service providers. However, it can be questioned whether this predominant view on continuity effectively answers service users' needs and experiences (Heaton, Corden, & Parker, 2012), or eventually leads to inadequate policies (Ungar et al., 2014).

Research on youngsters' perspectives of continuity of care shows a more complex reality, in which their own constructions and experiences of (dis)continuity are seen as important moments acquiring agency within their life trajectories (Refaeli, Mangold, Zeira, & Köngeter, 2017). There seems to be an imbalance in interactions between youngsters and youth care services, whereby these services are absent at critical moments and omnipresent at others (Naert, Roets, Roose, & Vanderplasschen, 2018). In that vein, research shows that the pre-structured nature of youth care services conflicts with the need for flexible and adapted interventions following the rhythm of the youngsters themselves (de Vos, 2015). According to youngsters, professionals who make a difference in their lives are able to engage intensely with their situation. This is described by youngsters as 'being there when it matters' at critical moments in their lives and providing support that is helpful for them (Naert et al., 2018). Experiencing connection with youth services is about this engagement with their lived realities, which they often relate as specific actions by youth care workers that cross the boundaries of their regular practice. These professionals also create time and space to negotiate the content of care (Naert et al., 2018). For youngsters, intense

engagement is more than working across systemic boundaries – it also entails being taken seriously and providing services that are adapted to the problems they experience (Roose, 2006). Inter-organizational networks are regarded as one of the main strategies for dealing with discontinuity in care (Roets, Roose, Schiettecat, & Vandebroek, 2016). Collaborating in networks is generally seen as something good, because it improves the quality of service provision and is beneficial to all participants (Frost, 2005; Hood, 2012). However, the predominance of managing gaps and organizational aspects of continuity within inter-organizational networks might conflict with other objectives, such as connecting with youngsters' real needs at critical moments. If inter-organizational networks are part of the solution, it is not clear what their effects are in relation to opening spaces for negotiating the content of care and creating flexibility for professionals to adapt to the everyday rhythm of youngsters in vulnerable situations.

In this paper, we discuss the findings of a research project that focused on how professionals in an inter-organizational network viewed the influence of the network in relation to the connection with youngsters in vulnerable situations. The concept of 'working beyond boundaries' was introduced to explore how networks can enhance or reduce flexibility in service provision. This paper specifically addresses the question as to whether inter-organizational networks contribute to or hinder the willingness of professionals to reflect upon their own rules, criteria and logic, in order to make a better connection with the lifeworld and experiences of youngsters. First, we look at how service providers describe the added value of the network. Second, we look at whether and how the network has facilitated questioning the boundaries of service provision and improved a mutual responsibility towards youngsters.

5.2 Methodology

5.2.1 The case of Bruges

For this research, a case study design was chosen. A case study is a "*small-scale research with meaning*" (Tight, 2017, p. 3). Increased attention has been observed for case study research in the social sciences, given its applicability within complex realities and the way the lived realities of participants are appreciated (David, 2006). Case studies are widely used to examine a setting or

organizational structure intensively, with a focus on understanding specific actions and behaviours in a specific social context (Tight, 2017). As Flyvbjerg (2006, p. 235) states: *“the advantage of the case study is that it can ‘close in’ on real-life situations and test views directly in relation to the phenomena as they unfold in practice.”*

In 2012, a local network was set up in the city of Bruges, Belgium, to improve access and continuity of service provision for youngsters in vulnerable situations. The aim of the network was to improve the collaboration between various organizations working with such youngsters. An analysis of the local situation showed a lack of connection with these youngsters who are confronted with a wide range of difficulties such as poverty, substance abuse, health issues and school and work related problems (Coussée, Deduytsche, Neiryck, & Demeere, 2012). Collaboration was deemed necessary to realize better access to service provision for youngsters, but also to improve the connections between service providers. The main objective of the network was to build better connections with youngsters in vulnerable situations (Coussée et al., 2012). The case of Bruges was selected because of its specific aim to reach out to youngsters in vulnerable situations and create better access to different types of interventions. Moreover, the project intended to work as closely as possible with the context of youngsters in vulnerable situations, and ‘working beyond systemic boundaries’ was one of the important aims within the network.

The network is organized on a local level, including all services working with youngsters in vulnerable situations. These services can be seen as encompassing a broad spectrum, ranging from outreach youth work and ambulatory youth care, to semi- and residential youth care, to specialized youth care and general welfare provision for youngsters (Coussée et al., 2012). Frontline youth workers are seen as workers who work most of the time in the areas where youngsters live, here called their lifeworld. Coordinators of the different services form a steering committee, managing the main actions of the network and discussing the inclusion and exclusion criteria of their services. Various actions are developed, such as network meetings with youth care workers to exchange information, discuss new evolutions of care provision and realize small-scale projects for youngsters. In addition, ad hoc meetings are organized with youth care workers to discuss cases in order to find new solutions. All youth care workers and coordinators meet twice a year to discuss important evolutions within the network and reflect together about further

actions to take. A network coordinator is responsible for overseeing all actions developed by the network and for organizing the different meetings.

5.2.2 Data collection

Primary data were collected and read to obtain an in-depth view on the aims and rationales of the network. These included yearly evaluation reports directed to the city council, reports of network meetings and notes to the local government about specific problems of youngsters in the network (De Corte, Verschuere, & De Bie, 2017). In various meetings with the network coordinator, the structure of the network and the different partners were clarified. In the next phase, open-ended interviews were conducted in the participating organizations with key persons (n = 25) within the network (see Table 5.1). All members of the steering committee were interviewed. Members of the steering committee were asked to contact youth care workers that had been involved in the network for at least 1 year. Youth care workers were contacted through the members of the guidance committee. As some of the members were responsible for management as well as the fieldwork with youngsters, there is no separate interview for all of the included services. The interviews took between 1 and 2 hours.

Table 5.1

Overview of respondents

Type of service	Steering Group members (SG)	Field workers (FW)
General welfare services	3	2
Low threshold outreach services for youngsters	1	2
Youth care services		
- Residential & semi-residential	3	/
- outpatient	6	5
Specialized mental health services for youngsters	2	1
Total	15	10

5.2.3 Data analysis

Data of the interviews were first fully transcribed. An inductive content analysis was used to work through the data. All transcripts were read repeatedly to obtain an encompassing and in-depth view on the data (Hsieh & Shannon, 2005). Core themes were identified using cross-analysis of the data – this was done independently by the first author and two other researchers. By going through the data over and over again, we tried to find inconsistencies, places of uncertainty and new meanings – as Jackson and Mazzei (2012) state, not to end up with certainties, but to look for complexity within the narratives of participants in the network. Focusing on discourses of the participants in the network in relation to the aims of the network and its role in facilitating working across boundaries enabled us to expand knowledge on the influence of an inter-organizational network as experienced by field workers and in relation to the way inter-organizational networks open up new possibilities for practice.

5.3 Results

The results focus on various aspects of the network that were debated among professionals to enhance collaboration and connection with youngsters in vulnerable situations. In the quotes, SG means members of the Steering Group and FW means Field Workers.

5.3.1 Added value of network collaboration

The professionals that were interviewed were generally positive about the evolutions within the network. Various reasons were given for the necessity and importance of a local network. First, by meeting with each other regularly, the professionals get to know each other better and information exchange is facilitated. Specific interventions, such as outreach work by prevention workers, have become visible for the participants in the network. The participants also refer to the network as a catalyst for reducing certain misconceptions about services offered.

“While the focus was already on the youngsters, the network made this stronger. Since the implementation, the joint moments with professionals have provided a better view on who is working on what in Bruges, and we can now put a face on different service providers.”
(FW, general welfare center)

Some participants see this as a more effective way to deploy interventions. The network reduces overlap between interventions and services, instead of the participants starting from their own expertise. For example, a substance abuse service scaled down their outreach team, due to the presumed extension of the number of frontline workers within the network.

“They know these youngsters, they have a specific programme, they offer perspectives for youngsters [...]. I think this has been made more explicit by the network. These kinds of interventions have their place. They are seen as more legit, more than before the network was implemented. We can make use of this kind of intervention from now on.” (SG ambulatory youth care)

Second, professionals also mention the network as a way to enlarge the possibilities to intervene in situations where youngsters are deemed vulnerable. For example, if a youngster misses an appointment, a frontline worker can be contacted to check if everything is okay. Respondents mention the mandate of frontline workers to reach out to youngsters. In turn, this creates possibilities to use this mandate to get things done or to resolve problems in difficult situations. Knowing frontline workers, who work with these youngsters every day, is seen as especially important for making connections with other service providers and facilitating these connections.

“Regularly, the same youngsters are reached, who are also known by the frontline workers. If situations [within residential care] are difficult and relations are under pressure, they can support us in finding solutions. We had a case last year where we heard that a youngster had known the prevention worker since he was a kid [...]. So, we asked the prevention worker who had a longer relation with the youngster to come over, and in that way he facilitated the process with the youngster. This has been very supportive for us.” (SG residential & semi-residential youth care)

According to respondents, collaboration between professionals improves continuity of care, as it facilitates the exchange of information about a youngster’s care trajectory. Decisions that are needed when multiple partners are involved are easier to make. In that sense, referrals to partners within the network occur more smoothly, but there is also more exchange about what is needed

for youngsters at specific moments. In that sense, the network facilitates the fine-tuning of necessary interventions.

“For me, the network makes the referrals easier, sometimes even by saying: “This is not the moment to refer this youngster to us.” But to do this, you have to know each other: “It might be true that there is a psychiatric problem, we can help you and support you to work with this youngster and give some advice.” [...] And if a referral is called for at that moment, then indeed be more flexible ... This makes it a lot easier.” (SG specialized mental health care)

Third, respondents state that the network also facilitates new projects directed to youngsters in vulnerable situations. In the past, ideas for new interventions and actions were not shared. The collaboration between professionals created space to think about and develop new actions in an earlier stage. For example, a project for directing youngsters to the labour market was developed by 4 partner organizations, which would not have been possible without the network. Also, the development of a common website and ‘statement of engagement’ were mentioned as important accomplishments of the network.

5.3.2 Challenges of network development

Information exchange, referral within the network, and development of common projects are a first step in network development. However, potential contradictions become more visible when professionals start to work towards integration and a common mission statement. Respondents mention the importance of the mission statement as a frame of reference for actions and interventions towards youngsters. However, the way this vision is realized and concretized is less clear and is an issue of debate. Contradictions are observed regarding the way the network realizes a common vision on youngsters in vulnerable situations. According to some respondents, this issue is not fully discussed within the network, resulting in different views on sharing information about youngsters within the network. Participants have mixed opinions about the role of professional secrecy. Some feel as if the network creates pressure to share information about youngsters that should not be shared. Although this is a discussion about principles, it has important repercussions for the youngsters themselves. In their view, this limits the participants’ control about what they

want to share with whom at a certain moment in time. They also refer to the amount of control this generates towards youngsters in general.

“Professionals of the Centre for General Welfare [which decides about granting/stopping welfare benefits] can get tangled up. They might hear things about which they have the choice to act or not, maybe ... where this might have an impact on the payment of financial benefits to youngsters, on the other hand ... He can't act as if he did not hear the information.” (SG ambulatory youth care)

Whereas in the past, youngsters could choose with whom they shared certain information, the respondents state that this becomes an uncertain issue within a network. Even when youngsters give permission to share information, this can be problematic because of the multiple relations between youngsters and different youth service providers. Also, information tends to become detached from the youngster and starts to lead its own life, which is even more ‘uncontrollable’ within a network.

“Imagine a youngster is in counselling and I am at a network meeting ... and suddenly I get information about the context of his family, but he never told me these things. I can't act as if I don't know this in therapy, whereas, as a therapist, I find it important that youngsters choose their moments to share certain information.” (SG specialized mental health care)

Other respondents plead for more tolerance in sharing information. Some respondents feel that professional secrecy is a barrier to collaboration within a network – they argue that the intentions of all network partners are good and meant to help youngsters.

“It is more about aligning, asking for advice ... If you know that various partners are working with the same youngster ... they might have other information or another view of the youngster ... This makes it helpful to check [...] We do not ask for extra confidential information. This helps a lot when you support each other as organizations and you know we have good intentions. We do not create a witch hunt. People get chances. We have good intentions. We want to get this person on the right track again, and if we all work together, you can have better results.” (SG general welfare service)

Moreover, the respondents acknowledge the need for greater understanding and better agreements regarding how to share information among network members. This is even more important as some respondents refer to the network as a place where information is not only shared on a formal level but also on an informal – and even ‘unconscious’ – level.

“Off the record, there are a lot of signs of powerlessness in youth care. Youth care workers are human ... You start to talk and share a lot ... You talk about annoyances. You lose your professional tact [...] This work is about youngsters that push you to the limits, where you build up frustrations, or where you are frustrated by youth care that is not working ...” (SG specialized mental health care)

5.3.3 Engaging with youngsters in vulnerable situations

One of the aims of the network was to work in closer connection to the lifeworld of youngsters in vulnerable situations. Respondents have doubts about the network’s realization of this aim.

“Do we really connect with youngsters in vulnerable situations? ... I doubt this somewhat. We do reach youngsters in vulnerable situations, yes, sure! But the ones that ... are hard to reach? [...] Youngsters that just fall between the cracks, with a small network or none at all ... that are homeless? I think we miss these.” (SG ambulatory youth care)

Respondents state that, since the start of the project, no extra professionals have been added that work in the vicinity of youngsters. This low-threshold outreach work may have even diminished, because some organizations chose to work more as support services for field workers rather than working with the youngsters themselves. This is considered to be a problem by the respondents, who state that outreach work has to be done with fewer people, whereas the needs and complexity of problems professionals encounter are getting bigger. According to the respondents, it’s more than just being present in the context of youngsters, it’s also about how you are present and what you can offer.

“In the past, some people from general welfare and youth care services started with the question: ‘What is going on, can I be of any help to you?’ I have noticed that this is something that you have to be able to read in the communication. This raises questions about the meaning of ‘a question for help’ ... If a youngster texts me: ‘I’m not ok’ ... for me

this is a clear question, in another form, but it's there! This is ... I hope it is changing a little bit ... but this is lacking now.” (FW specialized mental health care)

Second, there seem to be different views on the meaning of engaging with youngsters. On the one hand, according to field workers working in the lifeworld of youngsters, engagement is about (re)connecting with youngsters and finding ways to support them on their terms and to start with what they think are the most important problems at that time.

“For that [connecting to the lifeworld of youngsters], we have a lot of time and space. Yes, with the youngsters, this can be about anything. Last week, I had a talk and it turned out that this youngster was homeless. The priority then is to look for a place to live, and then we see about the next step. This is not easy, you work step by step, building from there.” (FW ambulatory youth care)

Another view seems to be engaging in collaborating to get youngsters to different kinds of youth services. This view seems to be less about adapting interventions to work beyond existing procedures and methods of service provision, but more about fitting youngsters into existing services. These respondents differentiate between low-threshold interventions in the lifeworld of youngsters in vulnerable situations and more specialized services like substance abuse treatment or counselling towards the labour market. For these respondents, engagement is more directed towards sharing expertise about their way of working with youth workers that work in the youngsters' lifeworld. According to frontline workers, there is a clear tension on this issue that needs to be addressed.

5.3.4 Network collaboration for working across boundaries

While the network is regarded as beneficial for building connections between professionals, at the same time tensions in vision may arise, and how these tensions are dealt with is crucial to create better connections with youngsters in vulnerable situations. When focusing on the objective of 'working beyond boundaries', respondents mention examples of the network creating new opportunities to question the boundaries of specific interventions. For countering existing logics, in particular, it helps to think differently about what kind of support is provided and how this is thought through.

“Since the start [of the network], we conducted some new interventions. We started to work with going to youngsters in the field. This raises new questions: “Is this an intake or not?” – things become less clear ... [...]. There’s a more unclear, process-based view than the classic way of working. We sit in our organization and wait until there is a referral, after which we invite the youngster for an intake.” (SG specialized mental health care)

“In the past, all my time went to seeing youngsters here: face-to-face contacts and counselling. Now, I’m more on the road with my bike, going to different organizations, meeting youngsters where they are. Youngsters that would have been let down, because they do not show up in therapy.” (SG specialized mental health care)

According to respondents, working beyond boundaries is about the structural boundaries of organizations as well as about the way individual professionals look at the problems of youngsters. It is also seen as flexibility in thinking about solutions and the rights of youngsters in vulnerable situations. How various partners think about problems (causes, responses) is seen as a challenge within the network. At the same time, examples were given where conflicts about specific cases led to positive outcomes for youngsters. One case about a youngster who lost his minimal income was discussed at a network meeting and led to a more flexible solution for youngsters who share a house. Another example concerned a youngster who was too old (> 18) for a youth care center, but where a solution was found within the network to continue to support this youngster.

“The network discussions should deal with guarantees and not boundaries. If everybody is sitting there saying: “This is too much for us to take now” [...] They must accept that youngsters also make mistakes. [...] If they miss out on one appointment with the center for general welfare, come on, these guys already have a lot of history, and then, you can’t allow a mistake ... when this is so crucial. I think for us, we learned that, in these moments, we adapt our goals to maintain a connection. Others say: “That’s the way we work”, and then you lose youngsters obviously.” (SG residential and semi-residential youth care)

Although there are various good examples of network collaboration, respondents state that some organizations, such as the general welfare center and the public employment service, are seen as more subject to regulations and procedures and less inclined to discuss these rules. Also, the way

they focus on a specific area such as work or housing seems to reduce the flexibility to ‘think out of the box’. According to participants, these issues are harder to address within the network. Moreover, these services have authority because of their mandate (e.g., in decisions about allowances), resulting in power imbalances. This is also noticed in interviews with care providers from these organizations.

“We are busy with other things: guidance towards work. Of course, in these cases we see a lot of other problems and we have to contact a lot of partners ... But in the end, we are a government agency with regulations that we have to follow.” (SG general welfare service)

“The question is: how far are we willing to go? This is a difficult issue to handle [...] When it would come to the social workers ... We get the same message again and again: “We need more time for counselling, we have to handle too much administration, too much legislation, ...” This might be true, but this is exactly our expertise and role as a social worker [...] You are not a case manager, you are not a family or youth counsellor. Of course this is difficult.” (SG general welfare service)

Finally, the network makes interventions more visible, such as outreach work, and this can also have a negative impact on the way partners are ‘used’ to fill in gaps. According to the respondents, this is related to the way ‘engagement’ is operationalized and with the interpretation of the mission and vision of the network. The way respondents look at their own responsibility and role in the network as more or less connected to the roles of others can have important repercussions for partners of the network. Some respondents acknowledge that their interventions moved the opposite way, driving them further away from the contexts of youngsters and causing more pressure for others to fill in these gaps. As a consequence, the network can lead to instrumental use of frontline workers who have a good relation with youngsters.

It is all about networking ... In my experience this can increase exclusion. Sometimes the dynamics are strange, you know, youth care that begins to create extra boundaries, sometimes even less engagement to think out of the box ... because others around the table do this. This can even create more distance between the system and the youngsters. (SG specialized youth care)

5.4 Discussion

The main research question of this article was how the implementation of a local inter-organizational network can facilitate working beyond boundaries. Based on 25 interviews with professionals involved in a network of youth services in Bruges, Belgium, the findings show that, despite the objectives of the network, the outcomes could be counter-productive. Various respondents expressed their doubts about whether they achieved better connections with youngsters living in vulnerable situations. Although there are important benefits to working together in a network, several challenges and problems related to collaborative work were identified that might impede improved continuity of care.

5.4.1 The paradox of trying to control the lifeworld of youngsters in vulnerable situations

Respondents refer to improved collaboration between partners in the network. However, they express doubts about improvements in reaching and supporting youngsters. Connecting with the lifeworld of youngsters in vulnerable situations is paradoxical in itself. On the one hand, practitioners working in the everyday realities of youngsters do so with respect for how this reality unfolds. At the same time, there is a destructive element in relation to their daily lifeworld by *“using development, schematic suggestions and provocation to approach the objective of a successful everyday”* (Grunwald & Thiersch, 2009, p. 141). Therefore, the position of frontline youth care workers is inherently problematic and conflictual in nature. Moreover, time as well as space develops complex systems that make it very hard to know which direction to go in beforehand (Grunwald & Thiersch, 2009). As shown in other research, the ‘messiness’ of practice needs other types of professionalism that are embedded in logics that resist the dominant tendency towards control and measurability (Carr, 2007; McDonald, 2006). However, the network seems to reinforce the tendency to control. As demonstrated in the results, when professionals discuss the network’s added value, rationalizations that are linked to more efficient collaboration between partners predominate. For example, sharing information can be seen as a good thing by professionals, but it raises some important questions about the position of the youngsters in the network. The discussion about professional secrecy urges a shared view on professional secrecy, allowing network partners to share information within legal procedures and agreements. Some

respondents caution about the risk of entrapment, especially if there is lack of attention to the involvement and position of the youngsters themselves.

The dominant assumption about networking is that a good link between various partners will improve the quality and continuity of interventions towards youngsters, because professionals can share information more easily and create more sound interventions by working together (Roets et al., 2016). However, when discussing the realizations of the network in the lifeworld of youngsters, no increase in the number of frontline workers – one of the objectives of the network – was observed, and participants also had doubts about additional outreach work that was done by partners in the network. As Hood (2012) states, the culture of control and technocratic approach within networks of youth services can lead to an absence of professional expertise where it is most needed. The way the respondents talk about the value of the network is strongly related to the exchange of information about services provided by network partners, the exchange of information about youngsters, and the search for better connections between services offered by different partners. This approach leads to more control over youngsters, since the network generates greater visibility on youngsters once they have been reached by one of the partner organizations (Allen, 2003). This may conflict with how youngsters themselves perceive their lives as containing different life domains and how they sometimes want to keep clear boundaries between them. Moreover, the control of a diffuse system of care can reinforce the strategies of youngsters to disconnect from services as a normal reaction against these logics of control (Naert et al., submitted).

As Provan and Kenis (2007) have shown, efficiency within a network is sometimes set opposite to inclusiveness. As the main objective of the network we studied was to reach more youngsters in vulnerable situations, participants stated that vulnerable youngsters should be more at the forefront of debate within the network. For many respondents, the primary indicator of the network's effectiveness is whether the network is capable of connecting with the lifeworld of these youngsters.

A top-down implementation was followed by the network in this study. Whereas ample attention was given to the pitfalls related to this approach, several respondents viewed this as problematic since it creates an imbalance for setting the network's agenda. Some authors have made a

differentiation between strategic and operational power, indicating that some partners have power to set the agenda and others can only participate in an agenda set by others (Hatcher & Leblond, 2001). One of the recurrent signals given by respondents was that the lifeworld perspectives of youngsters themselves are absent in the way the network has been developed. The problem of top-down implementation has also been questioned in other studies, where service users and their networks are left out when constructing strategies to deal with problems (Milbourne, Macrae, & Maguire, 2003). Yet, the fact that these themes have become more visible and discussable is seen as an achievement of the network by most respondents. However, this can also be seen as a negative symptom of network development, as this can lead to pacification instead of addressing power inequalities.

5.4.2 Working beyond systemic boundaries

Based on the interview findings, it can be questioned whether the implementation of a local inter-organizational network helps to work beyond boundaries, since 'working beyond system boundaries' is defined in multiple ways by youth service providers. They predominantly refer to collaboration and sharing information and doing shared projects and interventions. A notable tension was observed between the good intentions within the network and the doubts about how these uncertainties are at stake in the field. Respondents agree on the importance of a clear mission statement and a vision that is constructed by the network partners. Several authors mentioned the importance of agreeing on a shared vision for network development (Horwath & Morrison, 2011; Percy-Smith, 2006). As stated by De Corte and colleagues (2016), networks that aim to address social problems need to develop a shared framework or value base, with reference to human rights and principles of social justice. While this was the case in the network we studied, participants mentioned the discrepancy between a written vision and the way actions are implemented in practice. Various respondents talked about personal interpretations of the vision and doubts about the commitment of some partners. They refer to hidden agendas and the difficulty to discuss issues about procedures and boundaries that really matter – for instance, regarding the housing of youngsters with a minimum income. Issues that are more difficult to handle, but are experienced on a daily basis during fieldwork, seem harder to address by the

network. Instead of working beyond systemic boundaries, networks can become ‘places of consensus’, where there is a good relationship between professionals but where these issues remain unaddressed (De Corte et al., 2016). Consequently, some respondents argue for a network that is more a ‘place of resistance’ and ‘dissensus’ (Hoijtink, 2018), where the social inequalities can be put on the agenda. Instead of hiding behind rules and procedures, priorities have to be made for helping youngsters in need. Some network partners seem to hide too easily behind rules and regulations. Flexibility may also be reduced by ambiguity concerning responsibility within a network (Roose, 2005). When everybody is responsible, it is likely that no one takes action. When there is no mandated coordination at the client level within the network, this may lead to reduced support (Provan, 1997). This was also observed in this study, where participants made a clear distinction between youngsters that are followed by a case manager from early on in their care, and youngsters that are seen by various organizations, where no one is the actual coordinator or spokesperson on behalf of the youngster. In the first case, this was associated with multiple benefits for the youngsters regarding individual coaching, linking and advocacy (Arnold, Walsh, Oldham, & Rapp, 2007).

5.4.3 Frontline workers under pressure

Discussions about who does what in the network can also lead to restrictions in service provision. In our study, the objective of creating more entry points for youngsters in vulnerable situations was not met – on the contrary, we found a reduction in actual frontline service provision. More efficient collaboration can reduce redundancy in backup for youngsters. Some network partners reduced their outreach activities in the lifeworld of youngsters by focusing more on their specific expertise (e.g., substance abuse treatment). Youth workers that work in the lifeworld of youngsters need time to adapt to the lived realities of these youngsters. Consequently, engaging with these with youngsters, and the way they raise different questions and problems in this relation, is of crucial importance. However, the way these frontline workers co-construct actions together with youngsters seems less transferable towards other network partners that are further away from these lived realities. Moreover, the network makes these frontline workers more visible for other network partners and seems to put extra pressure on them. As demonstrated in other research, there is a tendency to bend client needs within applicable rules (Kampen & Tonkens,

2018). The further service providers are situated from the lived realities of youngsters, the more they see their function as clearly delineated. Whereas the network was intended to open up contacts with all service providers, it might do the opposite by acting as a catalyst for instrumentalizing frontline workers for the agendas of other partners that are aimed at specific policy objectives, such as referring and counselling youngsters towards the labour market. Moreover, frontline workers do not have equal power in relation to these other network partners. Addressing these differences and unequal positions is important, because differential power relations can undermine collaboration within a network (Hatcher & Leblond, 2001).

5.4.4 Recommendations for practice

Our research suggests the need to make abstract visions and frameworks more concrete within a network. Moreover, the way discursive power emanates within a network should be addressed more directly. Differences in values should be discussed between network partners, as this enhances cooperation in the long run (Bottoms & Tankebe, 2012). Networks can have a disempowering effect and may even exacerbate the initial lack of connection with youngsters. Therefore, this needs to be addressed during network development. When discrepancies are noticed between network partners, attention is needed to legitimize the different actors. In that sense, frontline workers are essential to build connections with youngsters in vulnerable situations and should have a mandate to exert power within a network. As the research showed a lack of involvement by youngsters themselves, more attention is needed to ensure participation in their own care trajectories. Youngsters state the importance of reliable persons that can help them to become stronger in their relations with service providers (Naert et al., 2018). The implementation of (strengths-based) case management that is strongly connected with the lifeworlds of youngsters can help to improve the negotiating power of youngsters within a network. Such a mandated professional can be an advocate for the youngsters and thus be an alternative to countering power imbalances. Ideally, the case manager is someone chosen by the youngster and whose mandate is recognized by the network.

5.4.5 Limitations of the study

As Flyvberg (2006) stated, a common critique of case study methodology is that it contains verification bias, the tendency to confirm the researcher's preconceived notions. However, this can be said for many research positions (Tight, 2017). We tried to strengthen the different phases of the research process by working in a team and, especially for data collection and data analysis, we implemented different stages of peer reflections on the process and interpretation of the materials.

A second caution concerns the complexity involved in differentiating between the impact of the network and the way support was developed before the implementation of the network. Whereas this study is imbedded in a critical qualitative methodology, with the aim of disclosing complexity and critically question the constructed realities, 'before' and 'after' network implementation was not always easy for study participants to discern. This was a point of attention during the interviews and data analysis.

Lastly, the specific choice of this case to study the value of network implementation proved valuable in uncovering the dynamics of inter-organizational networking in relation to continuity of care for youngsters in vulnerable situations. However, the findings should be read in light of this specific context and network organization, and care should be taken when it comes to generalizing the findings (Flyvbjerg, 2006).

5.5 Conclusion

Networks have limited possibilities to create additional flexibility in working within complex social situations. There is a tendency for an instrumental approach towards youth workers that work in the lifeworld of youngsters. Due to power imbalances within the network and a static representation of procedures, this may induce more control of the youngsters. As demonstrated, this also affects connections with youngsters in vulnerable situations (e.g., reduced contacts), causing opposite effects of the network. We plead for more attention to agenda setting and power redistribution within networks with the aim of reaching the most vulnerable youngsters. This can

be done by creating more powerful mandates for individuals that work very closely to the youngsters' context.

More research is needed to explore the impact of network development in relation to actual service provision to youngsters in vulnerable situations. Also, the way differences in discursive power affect actual discourses in a network in relation to the position of youngsters needs further exploration. Longitudinal research to evaluate network effects could help in detecting changes over time. This also means better detection of the starting conditions in the context of implementation.

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6 | General Discussion

6.1 Introduction

The struggle for equality seeks to declassify, to undo the supposed naturalness of orders and replace it with the controversial figures of division. Equality is the power of the inconsistent, disintegrative and ever-replaying division. (Rancière, 2007, p. 33)

In this dissertation, the main research question was to find out how youngsters in vulnerable situations experienced continuity in their contacts with youth care services. The more the research developed, the more problematic the conceptualization of continuity of care proved to be. Whereas, from a systemic point of view, continuity seems as clear as “*providing qualitative care in order to create the experience of continuity at user level*” (Haggerty et al., 2003), the reality proved to be less clear-cut and full of ambiguity. As attempts at getting a grasp on this ambiguity risk leading to reductive views in research and practice, thinking about continuity of care should be regarded as a continuous reflective process. Uncovering these reductions in some way has been the motivating factor in this research process. A lifeworld orientation perspective was used as the leading theoretical frame of reference to uncover the tensions in relation to the experience of continuity.

In the first part of this discussion, we revisit the main results of the different studies. The next part of the discussion is based on a further exploration of the lifeworld-oriented perspective and how continuity of care can be reframed by the research results. We discuss how continuity of care is handled within a local network and connect this with how youngsters experience continuity. Here, we link the lived situations and perspectives of youngsters and the experienced continuity in their lives with the findings of the case study. We end the discussion with recommendations for praxis, policy and research on continuity of care.

6.2 A lifeworld perspective on continuity of care in youth services: summary of the main results

6.2.1 Continuity of care in the literature

The literature review in chapter 2 revealed the complex construction of the concept ‘continuity of care’. Different elements in care provision are mentioned as important factors in generating the

experience of continuity at client level. By using a theoretical model on continuity of care, the different elements of continuity as described in the literature were used to analyse how continuity is conceptualized in youth care services. This model sees continuity as a combination of different aspects of continuity, such as informational continuity, relational continuity and management continuity (Freeman, Shepperd, Robinson, Ehrich, & Richards, 2001; Haggerty et al., 2003). Informational continuity is seen as accumulation of information about youngsters in relation to their problems and the transfer of that information between services. Relational continuity is imbedded in the classic developmental thinking on preserving a nurturing relation as an important factor in the development of youngsters (Wahler, 1994). Therefore, youth services focus on consistency in staff and the ongoing relation between youth care workers and youngsters. Management continuity is directed to this aim of closing the gaps in service provision. This is done by linking services into networks or more integrated treatment systems. Management continuity is related to how these structures can flexibly align their registration and financial agreements to create a continuum of care provision.

Two important issues emerged from the literature review (Naert, Roose, Rapp, & Vanderplasschen, 2017): (1) the main rationale in conceptualizing continuity of care is what is called ‘back stage’ and ‘front stage’ reasoning, meaning that realizing continuity in information, relation and management will lead to the experience of continuity at the users’ level; and (2) there is an under-representation of youngsters’ perspectives on continuity of care in the literature. Insufficient insight into the experienced continuity of youngsters might limit knowledge on the impact of different interventions directed at youngsters. This leads to impoverished views on how the interplay between systemic and managerial conceptualizations relates to the youngsters’ lifeworld.

6.2.2 Experienced continuity of youngsters

In the second and third studies (chapter 3 and 4), the main focus was on the experiences of youngsters themselves in relation to continuity of care. In talking about continuity with youngsters contacted in residential youth care and in low threshold youth welfare work in Flanders (Desair & Adriaenssens, 2011), we found that the youngsters accentuated different aspects in how they

experienced continuity in their lives (Naert, Roets, Roose, & Vanderplasschen, 2018). The narratives thus showed a distinction between what they associated with youth care and what was constitutive for the experience of continuity at different moments in their life paths. A clear disconnection was observed between the lived experiences in the life paths of youngsters and the reductive conceptualization of continuity of care in the literature. In particular, the linearity and systemic dominance conflicted with both the complexity of individual life paths and the youngsters' interactions with care provision. By zooming in on the youngsters' perspectives and talking about difficult moments in their life paths, relationships with others were of key importance in experiencing continuity of care. However, continuity can be deconstructed into different elements of importance for youngsters, such as the quality of relationships with youth care workers, experienced agency, and support in very precarious situations. Here, youngsters experience a lack of support by youth care services at very precarious moments in their life paths. When reached by youth care provision, the disruption between the system of care and the experience of continuity is central.

While performing the first thematic analysis (chapter 3), strategies were detected that youngsters developed in adverse situations in the relation with youth care provision. In the following study (chapter 4), these strategies were analysed using Hirschman's framework (1970) on loyalty, voice, exit and neglect, which was developed to understand strategic choices people make in adverse situations. In presenting three topical life stories of youngsters, it is shown that youngsters' strategies are often misinterpreted by youth care providers, leading to discontinuity in the care trajectory. 'Voice', as the main strategy of youngsters, is often not recognized as such. Looking at strategies without incorporating the youngsters' history, and trying to make sense of what is going on, these strategies can lead to accumulated disconnection between youngsters and youth services. Disruption of this process is seen when professionals try to detect underlying frustrations and needs in coalition with youngsters – what we called a process of negotiation. In this process itself, youngsters experience continuity.

Both studies showed a returning issue in relation to the experience of continuity of care. Professionals that make a difference engage intensively with the lives of youngsters. They actively take the time and space to negotiate the content of care together with the youngsters. They adapt

their responses accordingly and cross the boundaries of their own services to try to find solutions that match the rhythm of the youngsters. This raises the question of how managing continuity of care can be helpful in creating the necessary space to do so. This finding was used in a subsequent study to investigate how a local inter-organizational network could help professionals work beyond boundaries and take mutual responsibility in supporting youngsters.

6.2.3 Networks in relation to shared responsibility

In this fifth chapter, we returned to organizational solutions, as presented in the literature and in practice, to look at how inter-organizational networks can help augment the shared responsibility of youth care workers. This study focuses on how the network provides opportunities for professionals to create more flexible practices and to better connect to the rhythm of youngsters in vulnerable situations. It was found that professionals valued the network as it provided opportunities for better relations among youth care workers, sharing information and setting up small projects between youth care services. However, when zooming in on the elements of more engagement towards the lifeworld of youngsters, the results show a more problematic relation to this lifeworld. On the one hand, youth care workers presented some good examples of working across the formal boundaries of their own services (such as negotiating more flexibility in general service provision). On the other hand, the overall tendency seemed more problematic, as the network collaboration also led to more control over youngsters and youth care workers, especially frontline workers working in the context of youngsters. It is argued that top-down network implementation might reduce, rather than improve, the connection with youngsters in vulnerable situations (Allen, 2003). We conclude that it could be questioned whether network collaboration facilitates more connection with youngsters in vulnerable situations and thus results in better experienced continuity.

6.3 Research from a lifeworld orientation perspective

The lifeworld perspective – based on the lifeworld orientation perspective on social practice (Grunwald & Thiersch, 2009) – was the overarching frame of reference for the doctoral research project. This perspective starts from the lived realities of people and combines a heuristic embedded in phenomenology and critical pedagogy in order to make sense of, and interact with,

these lived realities. This action-based reference frame focuses on the direct experiences of youngsters in their contexts, the abilities and the power they have over their own lives which are situated in wider social, political and systemic forces, and the resources they have to express assertiveness and to protest and contradict (Allen, 2009; Grunwald & Thiersch, 2009). According to these authors, the lifeworld can be reconstructed in two different ways (Grunwald & Thiersch, 2009): (1) youngsters find themselves in their lifeworld, and (2) the lifeworld is a stage in which the personal and structural elements collide. Both aspects shaped the way our research trajectory unfolded.

The first point positions the lifeworld of youngsters as a complex given of subjectivity that is hard to know because of the complexity of temporal, contextual and structural factors that influence this subjectivity. However, this view sees youngsters as active agents in relation to their own lived experiences. Therefore, the description of how youngsters experienced their own lived realities in time, place and relation to others was made central in the research process. Through immersion in the everyday life of youngsters, which is also related to the position of the researcher (see later), we could get a closer connection to the youngsters' everyday living conditions.

Second, the lifeworld can be seen as a stage in which the personal and the structural elements collide (Lorenz, 2008). In this line of thought, the lifeworld is seen as the place where conflicts are constructed and reconstructed in relation to other views that interact with the reality of youngsters (e.g., the world of youth care provision). Here, a critical stance is introduced as a central theme, using a rights perspective as a point of reference. Instead of a residual approach, vulnerability is viewed within the conflict between youngsters and the system of youth care provision. Underlying this framework is the central question on social justice (Roose, 2005). Youth care workers and youngsters are positioned in this tension, where social rights are negotiated between the youngsters and the care provision within the 'given' and the 'possible'. The complex and dynamic relationship between individual and social structures imbedded in the lifeworld perspective proved useful in uncovering the complex relationship between youngsters and youth care services (Grunwald & Thiersch, 2009).

6.3.1 Methodological consequences

In line with this perspective, pre-constructed problem definitions like ‘vulnerability’ are questioned, as these can have a disempowering effect on youngsters. This also refers to the notion of the lifeworld and a relational view on vulnerability, as (Butler & Athanasiou, 2013) discussed in talking about ‘naming’ the other. They mention the ‘binary’ problem between the ‘I’ that names and the ‘other’ that is named, and they problematize the disposition this creates between the community that names and the other that is named. This can be seen as a form of conceptual language presumably capturing and finalizing the lived experiences of youngsters (Foster & Spencer, 2011). In that sense, vulnerability is a normative social problem construction and should be regarded as politically-charged, because researchers use existing assumptions about the construction of social problems (Roets, Roose, & Bouverne-De Bie, 2013). By targeting the position of youngsters in relation to youth care services at different positions in relation to the youth care system, we could reach a diverse group of youngsters willing to set up an intensive dialogue about their relation to youth care provision and their experienced continuity, without entailing an a priori understanding of their lived realities (Kehily, 2007).

The concept of continuity of care was explored based on biographical retrospective interviews with youngsters carried out in their context. The youngsters were met on their conditions and could choose the place to meet. Following the youngsters’ rhythm provided the necessary space for reconstructing their stories. Sometimes, this entailed one meeting; at other times, we met on different occasions as youngsters had other plans; sometimes they forgot the meeting. The interviews were conversational in nature, and both the researcher and the youngsters drew on a timeline to talk about important moments for the youngsters. Whereas we started with a research agenda on continuity of care, the youngsters tended to actively change the subject to other issues they deemed important in their life trajectories. Instead of sticking closely to the preconceived notions of continuity, a common exploration of the life paths of youngsters in relation to youth services emerged, which also included a wide range of services mentioned by the youngsters (such as school, youth work and other volunteer work in low-threshold service provision) that had an

important place in the youngsters' network. This was in itself highly appreciated by the youngsters, who stated that they could talk freely and disclose different aspects of youth care. For them, this created a space where their lives 'could be considered in context, and where ups, downs, triumphs, and troubles could be identified subjectively' (Foster & Spencer, 2011, p. 137). In that sense, the research was opening up new spaces of interaction that proved important in explaining the experiences of youngsters in relation to continuity. This can be seen as a way to operationalize what Gaventa and Bivens (2014, p. 162) call 'cognitive justice' as they argue that a social justice perspective requires a democratic process of knowledge production in which *"the research process is itself a form of giving voice, of challenging power relationships, and of breaking down dichotomies of the researcher and the researched"* (Gaventa & Bivens, 2014, p. 169).

6.3.2 Research position and ethical questions

The adherence to a lifeworld perspective and the connection to the field as a practitioner was useful in making connections with the youngsters' lifeworld. As shown in other research, this created opportunities to establish a reciprocal dialogue with the youngsters *"opening up their lifeworlds and problem constructions rather than reinforcing institutional problem constructions as a point of departure"* (Roets et al., 2013, p. 7). However, the connection could also be problematic, as it raised ethical questions about my position as a researcher

Negotiating and co-producing knowledge

The ethical stance in how research questions are constructed, what knowledge we aspire to, and why and with/for whom are linked to the dual position as practitioner and researcher. In that sense, what we called 'discomfort' in the process of 'conducting research' and trying to capture what this discomfort means and how it can initiate reflection and new paths to take helped to uncover new meaning (Naert, Schiltz, & De Ruyscher, 2017). Although the start of the research process was strongly related to the interventional method of case management, it gradually shifted to a focus on continuity of care in relation to youngsters' experiences. Rooted in a feeling of discomfort and the need to take a step back as a practitioner-researcher, the aim of the research project was reframed towards gaining a closer understanding of the following central

question: whose views are taken into account in the conceptualization and study of continuity of care?

Engaging with the stories of youngsters with the aim of learning something about continuity of care was a difficult undertaking. The dialectical act embedded in the lifeworld orientation perspective proved to be a useful yet challenging one. However, in using this perspective, it theoretically opened up lenses for better understanding these complexities, as we could oscillate between the researcher and practitioner positions in relation to these complex realities (Kincheloe, McLaren, & Steinberg, 2011). The logic of the lifeworld is not the logic of research, and is related to the disruptions of rhythms of the everyday (Bourdieu, 1990). As a researcher, my 'return to the field' was a disruption from the start and, at the same time, I could experientially relate to these rhythms as I knew the places, youngsters and youth care workers. The reflective process on closeness and distance was useful to keeping the balance as a researcher between immersion and reflective distance.

Ethical considerations

The change of direction in the research had to do with ethical questions regarding the research process. What was in it for the youngsters to talk about their lives and the difficulties they experienced? How could sharing these very personal stories be of value? Opening up the dialogue with them about these questions was one of the steps towards a better understanding of their relation to, and experience of, continuity. As the researcher himself can be blinded to the inequalities that are present in the confrontation with the lifeworld of youngsters, this was a point of attention during the contacts, and in the interviews, with youngsters. While this conflict is unresolvable, being transparent and reflective about difficulties that are raised in the research process is an important issue in lifeworld orientation research (Roets et al., 2013). Furthermore, issues that popped up during the interviews – such as the youngsters' precarious living conditions or personal difficulties – sometimes overruled the research process, as these situations needed attention. A call for representation was always present, as some youngsters hoped that participating in the research could make their voices be heard; in the words of one of the participants: "let the system know about us, that's all I ask". In trying to do so, and getting their

stories heard, one should always be wary about what Bourdieu calls *'the oracle effect'* (Bourdieu, 1991, p. 211): the illusion of understanding something one brings into existence by his own views and discourse.

The entanglement of the positions of practitioner and researcher proved to be a challenge throughout the research process. At first, these roles proved hard to handle as I was convinced of this essentialist and binary view. However, in looking back, this binary view is less problematic, as similar problems can be seen and need to be addressed in practice. The perspective of social inequality, and the motivation to look for ways to respect a position of equality towards 'the other' as the subject of care or research, carries the same challenge (Deceur, Roets, Rutten, & Bouverne-De Bie, 2016). As such, this equality is not seen as an endpoint, a destination situated in the future, but as a process of constantly seeking to verify equality (Rancière, 1991). The way the concept of 'continuity of care' was opened up in the interviews is an example of how we tried to be aware of the risk of symbolic violence *"aiming at imposing the definition of the social world that is best suited to [our] interest"* (Bourdieu, 1991, p. 167).

6.4 Another perspective on continuity of care

For the youngsters, the experience of continuity is broader than the relationship with care provision alone. In the narratives, the youngsters presented continuity as feeling embedded with others on a much broader level than merely with youth service provision (Naert et al., 2018). In that way, continuity can be distinguished from continuity of care, and it is precisely in this relation that the tensions between the youngsters' views and the interventions become meaningful. As White (1992) shows in her analysis of continuity of care in mental health care, this is related to the way the continuity was linked to the systemic side of 'care' from the start. She argues that, instead of focusing on continuity of 'care', the focus should be shifted towards developing and evaluating social services with the intent of contributing to continuity in the context of what she calls *"the natural milieu"* (White, 1992, p. 87).

Experienced continuity is linked to the life path of youngsters in which various difficult moments (results of homelessness, the feeling of abandonment, violence, among others) that we called 'existential' are important in how they relate to youth care services. These moments intruded very

strongly on the general well-being of the youngsters and created doubts that were linked to their own existence. In these moments of great stress, the youngsters experienced a disconnection from the rhythm of daily life. All youngsters expressed the need to find support from others in their context to re-establish some safety and basic stability to go on. In these moments, most youth care services are experienced as absent to the youngsters, or they presented no adjusted answers. For long periods in their lives, they experienced a lack of commitment by youth care workers to change these situations. For them, this has far-reaching consequences in their relation with youth services. New relations with youth care workers or youth services are coloured by how past encounters are experienced as positive or negative support, and how youth care providers reacted in those relationships (Munford & Sanders, 2016).

6.4.1 Relational continuity revisited

For youngsters, relational continuity of care is of great importance. However, the way this relation with youth care providers unfolds is essential. In the research, different youth care workers were seen as more actively or passively involved in the youngsters' life-paths. In the most difficult situations, the youngsters had the feeling of being abandoned as there was a lack of support. This raises questions as to how relational continuity is realized within the lifeworld of youngsters and how youth care interventions relate to this lifeworld. For the youngsters involved in the study, the relational continuity of care should start earlier, when they are in deep trouble. In trying to understand this disconnection within relations with youth care workers, we discerned different aspects that related to disruptions in time, space and interactional aspects that are constitutional for relational continuity.

Timeliness of interventions: who cares?

We have seen a disconnection in rhythm between youngsters' needs in critical moments and the responses by the youth care system. As experiences of different rhythms can have both short- and long-term effects on youngsters, a longitudinal approach showed how relational continuity can only be understood within a time-space constitution, where social practices are imbedded in a broader social structure (Dickie-Clark, 1984). This calls for more imbedded youth care interventions that connect more closely to the places and rhythms in which young people in

vulnerable situations live. Relational continuity is linked to the perseverance and enduring presence of youth care workers in the lives of young people. To really connect, build new connections and reinstate trust in professionals, time is essential to relate to the youngsters as persons with a history and knowledge of their own situation. Following the rhythm of the youngsters, and adapting support accordingly, proved helpful for the youngsters, although this was done mostly by volunteers, professionals outside the youth care system, such as teachers or frontline youth workers, who knew the youngsters well (Naert et al., 2018). This longer personal relationship – which is experienced as an authentic engagement in their person and their lived realities – creates a mandate for discussing difficult situations and problems.

(Dis)empowering interventions: personal agency and legitimacy

In the narratives, the actions and practices of youngsters disclose possibilities and constructions of agency to gain control over these situations. However, these constructions of gaining control are seldom seen as such. Instead, when in contact with services, discursive practices often lead to powerlessness and feelings of failure. The strategies youngsters use in relation to youth care interventions that label them as vulnerable can be seen as actions to shift the balance of power between the youngsters and the youth care workers (Spencer & Doull, 2015). An a priori understanding of what is going on is experienced as intrusive by youngsters. This is enforced when there are limited alternatives to bringing this conflict into the relation with youth care workers. When options are limited, the agency of youngsters to gain power can be difficult for professionals to recognize. The way youngsters experience these disempowering actions is linked to the legitimacy to speak and act on their behalf.

This legitimacy and voice can be related to the youngsters as well as to the frontline workers in our research. As we have seen in the study of local networks, the legitimacy of youth care workers and the way they can adapt to youngsters' perspectives, is also under pressure when more powerful services can influence the agenda (see chapter 5). As the research shows, the problem of legitimacy can have negative consequences on the connection with youngsters and thus on the experience of continuity. Frontline workers or other lifeworld actors can have less power in relation to other more institutionalized actors (e.g., representatives of the local policy in a network). As one of the strategies of the youth care reform in Flanders is also to organize regional

networks of youth care services (Flemish Government, 2016a), the way youngsters and their contextual network are involved and have a say in these networks is important in negotiating useful support and addressing priorities.

Reflection on usefulness of services in relation to the experience of continuity

When youngsters express disconnection from care at key moments in their life paths, questions about what youth care is, and should be doing, become important. In our research, youngsters were quite negative about youth care in general. For them, the accumulations of various non-helpful interventions could lead to an intense feeling of discontinuity in their lives. In that sense, talking about continuity of care can thus be very problematic, as this is not necessarily experienced as such by the youngsters themselves. When youth care interventions are experienced as not helpful, youngsters try to find ways to express their needs. As we have shown in chapter 4 on strategies, the experienced continuity in these moments is under pressure – but this is not always problematic, as youngsters can have other potential backup for finding solutions. However, we can problematize this, because this other backup is very much under pressure and depends on coincidence of proximity to others and backup in their own network.

In relation to the reform of the youth care system in Flanders, one of the key aims is also improved accessibility of youth care services (Flemish Government, 2014). This is done by strengthening the ambulatory and directly accessible services such as youth advisory centres, school counselling, or child and family support. These services are presented as low-threshold services and are seen as services that engage with a wide range of possible problems. Youngsters and parents can consult these services with any question, irrespective of the problem definition. By a common analysis of the problem, a referral is made to appropriate care and support services (Vanderplasschen, Vandeveld, Van Damme, Claes, & De Pauw, 2017). However, for the youngsters in this study, the usefulness of these kinds of interventions proved to be problematic. Distance from their lived realities, not knowing the persons that are working in these services, and the potential loss of control over the presented solutions, were some of the reasons youngsters gave to describe the disconnection (Naert et al., 2018). What is understood as accessibility, and how these services work, require more reflection. As they are often seen as first contacts in the chain of youth care

services, the way these ‘access points’ are located and how their actual practice is developed can be questioned.

6.4.2 Experience of continuity under pressure

In the youngsters’ narratives, different aspects can be related to their experience of continuity. It should be noted that, although they are described as separate entities, they should be seen as interconnected in the actual experience of continuity. In essence, these differences point to the way problems are constructed and how this process is formalized in practice. Van der Laan (2003) points out the underlying problem of disconnection between the problem definition of the youngsters and the answers created by the youth care system. In his analysis, this disconnection is contradictory to the actual practice, in which the problem definitions are formed ‘along the way’ or ‘in the act of practice’, meaning that they can shift and change along the way and that practice needs another framework to act. In what he calls “*an iterative process*” (van der Laan, 2003, p. 6) the questions and the answers are coupled through an interactive process with continuous feedback.

6.4.3 Rethinking participation

Participation is considered a crucial aspect of youth care and practice (Bouma, Lopez Lopez, Knorth, & Grietens, 2018; Knorth, Van den Bergh, & Verheij, 2002). For youngsters, the way they can have impact on their lives as well as on the youth services they encounter, is of major importance in relation to continuity. As we have seen in the narratives, however, the way participation is offered is often very problematic and leaves existing power structures untouched, as youngsters as well as frontline workers can be seen as having less power in relation to more institutionalized care provision or management (Gunn, 2008). Therefore, limiting the scope of participatory practices can be seen as a reduction of possible options. Because this reduction is related to the position of power within a system, this should be treated and understood as a political act (Biesta, 2010). There is a clear tension between participation and professionalization within the youth care system, and a participatory approach is put forward as a solution to this tension (Knorth et al., 2002). However, we can question the feasibility of this approach within the current youth care system, where youngsters often feel overpowered by procedures, difficult

language and non-helpful interventions. In that sense, participation can be seen as a ‘smart trick’ – assigning them responsibility for their own behaviour and environments suggests that they are to be taken seriously, disciplining them in a more or less attractive way (De Winter, 2002). Youngsters often feel unable and powerless to address these issues in contacts with youth care. This raises questions about the ability of youth work practices to comprehend ‘the political’ in/of practice and the underlying conflict of welfare provision (Carr, 2007). As we have seen in the way strategies of youngsters are mostly seen as problematic, instead of ways to express ‘voice’ in conflict situations with youth care provision, how these conflicts are negotiated should be an issue for further reflection. Piessens (2008) refers to a ‘consensus-perspective’ and a ‘conflict-perspective’ on how social problems are defined and processed. In the ‘consensus-perspective’, there is no problem because a general consensus is assumed as underlying the social structures and thus the way problems can be solved. The ‘conflict-perspective’ places problem definitions within the social struggle and associated problems of inequality and power (Piessens, 2008). A democratic model of participation is a process-driven view that redistributes power. By doing so, youngsters that are now excluded from social rights can come into view. This is in line with what Beresford (2007) refers to as the democratic model of participation as developed by grassroots movements. Therefore, participation can be understood as the way youth care handles this ‘conflict-perspective’ and raises questions and takes action towards youngsters ‘who keep disappearing, that are not reached or keep spinning in the carrousel of youth care provision’. The results suggest a dominance of an underlying consensus-perspective in the youth care system. As shown in our findings, a clinical and bureaucratic tendency can impede the actual participation and limit the experienced continuity.

6.4.4 Clinical power, a double bind?

This conflictual nature reappeared in relation to youth care providers and their underlying view on problem definitions. A lot of youngsters felt reduced by a translation of their living situation into individualized and diagnostic problem definitions. This reduction is felt as highly disempowering and causes experiences of discontinuity in care. First of all, these reductions have consequences on a personal level, as they can lead to power struggles, whereby youngsters are powerless by the installation of a double bind, in which agency is translated as part of the

individual problem. The way youngsters express these reductions can be seen as effects of discursive power (Gunn, 2008). This is shown in the narratives when youngsters talk about their experiences (e.g., with assessments and intake procedures in youth care, often directed to individual problems or specifically targeting individual symptomatic problem descriptions). It is widely accepted that youth problems are imbedded in a complex aetiology of individual, contextual and structural factors. However, when looking at the way these complex problems are handled by youth care services, there seems to be a tendency to reduce this complexity to a symptomatic view of needs at an individual level (Dean, 2013). *“As a consequence, the legacy of person-in-environment, perhaps best captured in the conceptualisation of the biopsychosocial model, has remained problematic. More problematic and more paradoxical, perhaps, is the fact that the biopsychosocial model has become the basis for assessment protocols and strategies crafted along linear, cause–effect pathways in contrast to the holisms and interdependency of phenomena that person-in-environment was originally designed to capture”* (Green & McDermott, 2010, p. 2419). Reducing the complexity of youngsters’ experienced problems into clear-cut categories by youth care services is also related to a wider tendency of trying to control this complexity. By doing so, institutions transform problems into recognizable entities that can be managed (Hjörne, Juhila, & van Nijnatten, 2010).

6.4.5 Managing the unmanageable

Youngsters talk about ‘distance’ in mentioning ‘the system of youth care’. They do not connect to the way the system is organized – on the contrary, they do not seem to know a lot about the youth care system and the rights they have. Also, frontline workers sometimes experience a disconnection towards the youth care system. As demonstrated, a local network can help build connections between youth care services, the study also showed power differences related to the position of the youth care worker in the frontline. Managing continuity of care is clearly dominant in youth care due to the adoption of market-based policies and strategies to manage welfare provision (Healy, 2002), leading to the implementation of managerialism or New Public Management (NPM) principles in the field of youth care (Roets, Roose, Schiettecat, & Vandebroek, 2016). This dominance of managing continuity that is mainly conceptualized on ideas of linearity and control is not able to tackle what is referred to as the ‘wicked problems’ of

care provision (De Corte, Verschuere, & De Bie, 2017). As Biesta states: *"the efficacy deficit of evidence-based practice, indicating that in the social domain interventions do not generate effects in a mechanistic or deterministic way, but through processes that – structurally, not pragmatically – are open so that the connections between the intervention and effect are non-linear and, at most, probabilistic"* (2010, p. 497). In other words, by trying to control these 'uncontrollable' realities, the youth care system can only end up in more control over youngsters within the system. As Allen (2003, p. 304) puts it: *"the compartmentalized youth care system is unable to tackle 'cycles of exclusion' (such as the 'no home; no job; no home' dilemma). This creates 'radical doubt' in the welfare system, which is 'macro systematized' and therefore results in an apparently more reflexive form of welfare professional practice. This creates an imperative towards joined-up thinking. Strong versions of joined-up thinking make use of holistic practices, which are infallible because they can 'see everything, know everything and do anything'".* By looking at youngsters' relations with this system of care, we can also add the downside of this 'closing system' leading to more and more youngsters that are not captured by this encompassing and intruding system and are left without support or depend on the chance of encountering an engaging volunteer or professional, as we have seen in the youngsters' narratives. Allen (2003) refers to blaming the victim and the double bind of submitting everything to these systems or being excluded from welfare resources.

6.4.6 Towards a new model of 'continuity of care'?

Experienced continuity is a complex concept, changing over time in relation to personal and contextual factors. Therefore, proposing a new model of continuity of care would be problematic in itself, as the way continuity is seen by youngsters is more process-based and can't be captured in a linear model, because these models fail to capture the complexity of interactions over time (Hsieh & Shannon, 2005). Continuity of care should be seen as a process of constant negotiation between youngsters and the different youth services they come in contact with. This includes examining the consequences of continuity, and lack of it, on their personal well-being (Heaton, Corden, & Parker, 2012). A second element in relation to continuity of care is the imbedded individual translation of problems, leaving out structural elements as very problematic in the youngsters' life paths. However, in the studies, important elements that are constitutive to the

experience of continuity can be useful as reflective concepts in practice and research, bearing in mind the previously mentioned caveats.

Proximity & timing: Faster support from low-threshold youth services should be more available for youngsters in very difficult situations. As is seen in the results, this is related to the physical distance of services as well as to the way these services can be adapted to the specific problems of youngsters. The youngsters value proximity to their lifeworld highly, as these volunteers and professionals tend to have more space to adapt interventions accordingly.

Information about themselves: Informational continuity can be redefined by adherence to how youngsters know what is shared with whom in their contacts with youth care. Here, continuity is disrupted if information is disconnected from the youngsters. Moreover, youngsters should be able to adapt and choose how this information is shared with others.

Relation: should be about broader relational aspects within the youngsters' lifeworld and should be constituted in a negotiated way. Adaptation of the youth care system towards the rhythm and living spaces of youngsters might help in (re-)establishing relations with youngsters that are now unattended to, but who live in vulnerable situations. Negotiating how interventions can be helpful, what is helpful, and discussing the boundaries of the different relations is constitutive to relational continuity. In the narratives, relationships with others, such as friends, teachers and youth workers, are important aspects to the experience of continuity.

Participation relates to the way youngsters can be involved in the first contacts with youth care and throughout their care trajectories, in the way problem definitions are formulated, and in what way they can co-construct and have a choice in the way their care paths unfold.

Management continuity should be directed to flexibility and adaptability of service provision. The input for this continuous reflective view can be more rebalanced towards the youngsters and the persons they deem important at different moments in their lives. Also, expertise on handling difficult and value-laden issues should be more an issue of debate with youngsters. Questions such as 'Where are the youngsters in the organizational structures, and do they have impact on how these structures are organized?' 'What choices do youngsters have within, and in relation to, these structures?' can help initiate reflection within existing structures. The organization of local

networks to improve the connection with youngsters in vulnerable situations can be valuable, if enough mandate is given to the youngsters themselves and preferably supported by a professional that can be a companion to the youngster, and also a 'sidekick' to advocate for and together with youngsters (Jan Naert & Colle, 2014). A bottom-up approach to the complexity, with flexible adaptation and a broad view on service provision, can be helpful for better connecting to youngsters. Every systemic act or procedure could be seen as a possible threat to this connection.

6.5 Recommendations for practice, policy and future research

6.5.1 Practice – maybe the way out is the way in?

The evolution of the welfare state brought important changes in the practice of youth care. In relation to continuity of care, the shift towards professionalization and the implementation of management principles to measure effectiveness and efficiency (Roose, 2006) brought about a shift in the balance between connection to the lifeworld of youngsters and the professional practice that the youngsters were confronted with (Green & McDermott, 2010). We have argued that these changes in addressing the presumed needs of youngsters can be seen in the light of reduced attention to the inherent conflict of socialization of youngsters within the norms of society. This is problematic, especially in light of a dominant clinical approach to problem definitions. In the clinical discursive, it is even harder to address the inherent power that is constitutive in the relation between youngsters and the care system. This leads to a greater distance between the youngsters' lifeworld and the system of care that should create answers for the presumed needs.

Youngsters should have more impact on how youth care interventions are constructed. Instead of conceptualizing care interventions on pre-assumed problems with youngsters, the way services work could be changed to be better able to handle so-called 'wicked problems' of welfare provision (De Corte, Verschuere, Roets, & De Bie, 2016). Sometimes 'care' seems to be a solid state, abstracted out of the reality of the everyday. This is exactly how it presents itself in the youngsters' stories. As Lipsky states in his famous work on street level bureaucracy: *"One of the best illustrations of the solidity of the myth of human interaction in public services is provided by the transformation in the health field of the word "care" from a verb to a noun. Politicians and*

administrators regularly discuss levels and amounts of care that will be provided, but rarely who will care and how they will express their caring.” (Lipsky, 1980, p. 72).

More time to establish a mutual relation with youngsters can help provide a more in-depth view on experienced problems, which can help establish continuity within this mutual process. A dynamic and co-operative way of practice can better match the described complexity. Some interventions that are presented as options for improving experienced continuity can be of value if treated with caution. Interventions that specifically aim to improve continuity of care, such as case management and inter-organizational networking, can be useful if the above-mentioned elements are constantly brought into a reflective process in practice together with the youngsters (Schön, 1983).

Case management was put forward as an intervention at the start of Integral Youth Care in Flanders (De Koster, 2007; Naert, Gesquiere, & Van Havere, 2017). However, up to now, the intervention has not been operationalized in the youth care system, and it is seen as a ‘shared responsibility’ by different youth care providers. Looking at the results of our research, elements of this intervention could be useful to better connect to the lifeworld of youngsters in vulnerable situations. In various models of case management, the main aim is on coordinating care provision in order to meet the needs of families and youngsters (Arnold, Walsh, Oldham, & Rapp, 2007). However, other models of case management, such as strengths-based models, could be useful to better connect to the lifeworld of youngsters in vulnerable situations (Saleebey, 1996, 2006; Vanderplasschen, Rapp, Wolf, & Broekaert, 2004). Case managers should be advocates of the youngsters’ perspectives in the relation towards different support services. Others have made a similar case for more generalist social interventions to counter the specialization in practice (Raeymaeckers, 2016). As there is a certain value in thinking about this relation, it might be questioned whether this would reduce the actual distance towards the youngsters’ lived realities. In that sense, practice should be directed to re-instate a vision of social rights of the people involved and not-yet-involved. This calls for a more reflective practice that embraces the complexity, instead of a professionalization based on reduction (Baart, 2004). Also, frontline workers should be given enough mandate to counter taken-for-granted knowledge and service constructions in order to follow the agenda of the youngsters involved. Instead of discussions

about access, this calls for actions together with youngsters in their lifeworld and on their conditions. This can create an environment for building new perspectives, disrupting existing inequalities and re-instating the perspective of youngsters who have limited options. A critical and reflective practice should be sensitive to boundaries for youngsters to access social services, and professionals should help enlarge the capacity in youngsters to do so (Kessl, 2009).

6.5.2 Policy

The youth care policy, as regulated by the decree on Integral Youth Care and the Decree on rights of youngsters in care, has mainly been directed towards changing the structures of youth care within the scope of already strongly institutionalized systems of care and regulating the rights of youngsters within these new structures. However, in realizing continuity for youngsters, more attention should be given to how these policies relate to the actual living conditions of youngsters in care as well as youngsters that are in need of support. Also, new ways of realizing youth care provision that exists 'in the margins' should be adopted more quickly and given enough legitimacy. For example, different ways to support youngsters in vulnerable situations such as low-threshold youth welfare work are implemented within the scope of other policy domains, but are mainly left outside the scope of youth care policy.

As the youth care system is part of the connection between rights and social equality, a broader scope in relation to other policy levels is necessary. Looking at youth care from a rights perspective opens up the emphasis on 'care' and can lead to changes in providing sufficient support for youngsters that are now 'under the radar' of the youth care system. This calls for a different view on the conceptualization of care, from a system with pre-constructed answers to a system that is more flexible and open to the challenges of a changing welfare state. A policymaker once confronted me with the statement 'youth care can't solve all the problems of the contemporary welfare state'. On the other hand, a closed circuit of youth care that is not capable of addressing some of the most precarious situations of youngsters is also questionable.

Different policy levels are progressing from a welfare-based approach in which 'society and government take responsibility for the behavior of children, emphasizing the impact made by poor life chances, lack of education, and lack of welfare support' (Newbury, 2008, p. 133) towards an

approach based on individual responsibility. The uncoupling of the ‘rights of protection’ and a more punitive legislation is also noticeable in the new legislation in Flanders, where a separate Act on Youth delinquency will be implemented in the near future. Policy makers make a clear distinction between ‘the answers to delict’ and the ‘right to protection and care’ (Roose, De Vos, & Feryn, 2018). This evolution and how youth care interventions are implemented within a system shifting towards individual responsibility for problem behaviour are problematic and can enforce the fundamental disconnection of youngsters to society.

The importance of frontline workers in policy development cannot be underestimated. However, in developing the reform as well as in its implementation, the input of these actors can also be questioned. We opt for a movement towards the lifeworld of youngsters in vulnerable situations, or maybe better, precarious living conditions. A social rights perspective is necessary in addressing these situations, as it is a frame of reference that can counter the omnipresent dominance of other tendencies such as New Public Management regulations or psycho-medical models that move the field of youth care away from the youngsters it should address.

As we have seen in the research, youngsters have limited impact on how information about themselves is shared. A tendency to be more flexible in sharing information about youngsters, and the way this happens (e.g., by Electronic Information Systems (Devlieghere, 2017)), should be attended with great care, as this information and the uncoupling of information from the youngsters is seen as problematic for the youngsters and for the youth care workers

6.5.3 Research

The lived conditions, and the way people in situations experienced as problematic look upon their own living situations, has always been the core of orthopedagogical research (Vandevelde et al., 2017). As a practice-based science with a clear ethical dimension, the aim is to support people and their network in acquiring a ‘good’ quality of life. However, how this normative ‘good life’ is related to the underlying normativity of defining the ‘problem’ has always been a struggle in orthopedagogical research. The question remains as to how these conflicts relate and are addressed in research, and what the repercussions are in actual practice. The ‘question about the question’ – as Professor Eric Broekaert, used to say – should be part of the debate. Which

questions are currently predominantly addressed within the field of orthopedagogics and how these questions relate to actual practice can be problematized, as a shift towards a more clinical orthopedagogy is noticeable in policy and research (Hoge Gezondheidsraad, 2017). It can be questioned how this dominant clinical focus relates to the open and holistic tradition within orthopedagogics. As we have seen in our research, the a priori constructed problem definitions can limit the possibility to connect to youngsters, leaving their perspectives ‘in the margins’ of research and practice. Maybe a return to actual practice – the act of looking for possibilities and meaningful decisions, as proposed by Eric Broekaert – is the way forward (Naert, Vandeveldel, & Vanderplasschen, 2017).

As is seen in our research with youngsters who sometimes have pre-constructed labels like being ‘vulnerable’, these youngsters show agency and creativity, experientially knowing how they are sometimes positioned and labelled by others (Nayak & Kehily, 2014). Future studies on continuity and other important concepts in relation to youth care (such as participation and relational aspects of care, among others) should be more engaging towards the youngsters’ lifeworld. Taking time to do so requires longitudinal research with sufficient connection to the youngsters’ lifeworld (J. Naert, Vandeveldel, et al., 2017). As White (2007) proposes, a more practice-based orientation can do justice to the complexity of the child and youth care field in handling everyday situations. This requires conceptual frameworks that are adapted to complexity, instead of reducing the complexity. This could also lead to a more ethical practice of research as *“a differently engaged orientation of working with (italic in original) re-imagines responsibility as contextually situated and relationally aligned”* (Kuntz, 2015, p. 18).

As much as this research tried to connect to the lifeworld of youngsters in vulnerable situations, there were practical limitations that made actual participatory research difficult. Therefore, more research is needed with youngsters themselves, taking the time to engage and actively change the contexts of these youngsters. As Denzin & Giardina state: *“it is not enough to simply endeavor to understand any given reality. There is a need to transform it, to advance the cause of social protest, action, and change. Educators, as transformative intellectuals, must actively participate in this project* (Denzin & Giardina, 2012, p. 18). I strongly believe in a critical orthopedagogy when it is imbedded in a link with the narratives of people and founded on bringing perspectives that are

marginalized into the open. This will remain an area of discomfort and again and again re-questioning the existing power relations as a circular iteration (Kincheloe et al., 2011), not static and one-dimensional, but in constant movement. By contextualizing and grounding them in the given realities of the people themselves, the layers can be uncovered, creating change within (Broekaert, Vandeveld, & Briggs, 2011). As Gaventa and Bivens (2014, p. 162) state: *“Knowledge produced for its own sake, without concern for how that knowledge is used or of cognitive justice in the research process, can perhaps be gained through less collaborative and extractive relationships. However, critical knowledge which can be used to challenge and change underlying power relationships, often must also involve changing the relationships of the researchers to their subjects as well. In this way of working, the research process, and research workshops become ‘spaces of encounter’.”*

More research is needed from a lifeworld-oriented perspective, taking a longitudinal approach. The call for more longitudinal research is also mentioned by the Flemish Government in relation to follow-up research on the population and the evolutions of youth care, care trajectories of children and youngsters in youth care, and effects of youth care on the lives of children and youngsters (Flemish Government, 2016b). In addition, we plead for inclusion of a broader scope, looking at relations between youth care and other life domains such as school, leisure time and general service provision. Thus, the relation between youth care services and other services that target youngsters should be more integrated in the research agenda. Experiences of youngsters, volunteers and low-threshold organizations confronted with new challenges should be placed more centrally in order to disclose potential inequalities in service provision for youngsters.

6.6 In conclusion

By listening and reconstructing the life paths of youngsters, and by engaging in the context of local network development, other ways of looking at continuity could be revealed. In particular, the process of interrelation and negotiation of problem definitions is an important finding in relation to the experience of continuity for youngsters. However, this study shows how this reciprocal negotiation is under pressure for the youngsters involved, leading to an experience of lack of support at very difficult moments in their lives. The absence of support and responsibility towards youngsters in vulnerable situations is one of the key findings and should be questioned again and

again as it is unacceptable in the current welfare state. How is it possible that youngsters sleep on the streets for months? How are we treating minors without support fleeing from war? Who is connecting to these situations and how does this relate to the youth care system? These kinds of questions should be taken up more urgently.

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Appendix

1

Nederlandstalige
samenvatting

Een leefwereld perspectief op continuïteit van zorg in de jeugdhulp

Context, probleemstelling en doel van het onderzoek

De focus van dit doctoraatsonderzoek ligt op continuïteit van zorg in de jeugdhulpverlening. Er werd in het bijzonder aandacht besteed aan de perspectieven van jongeren in kwetsbare situaties. Om deze perspectieven te onderzoeken werd een leefwereldgericht perspectief gebruikt. Dit perspectief was zinvol om de complexe interacties tussen jongeren en jeugdhulp-interventies in beeld te brengen in relatie tot continuïteit van zorg. De verschillende studies in dit werk zoomen in op de moeilijke relatie tussen de ervaren continuïteit door jongeren enerzijds en de jeugdhulp anderzijds.

Recente hervormingen in de jeugdhulp in Vlaanderen richten zich specifiek op het verbeteren van de continuïteit van zorg (Vlaamse Regering, 2014). De achterliggende rationale van deze hervorming is dat zorgtrajecten van jongeren in gevaar zijn door onderbrekingen tussen verschillende jeugdhulpdiensten. In andere Europese landen, de UK, de VS en Canada, is zorgcontinuïteit eveneens een kernthema voor hervormingen (Grace, Coventry, & Batterham, 2012; Naert, Roose, Rapp, & Vanderplasschen, 2017). Hoewel continuïteit van zorg vaak als argument gebruikt wordt om systemen te veranderen, is er veel discussie en gebrek aan duidelijkheid over de definitie van dit concept en hoe het dient gerealiseerd te worden in de praktijk (Freeman & Hughes, 2010; Sweeney et al., 2016; Uijen, Schers, Schellevis, & van den Bosch, 2012). Dit is problematisch gezien de invulling van continuïteit van zorg een grote impact heeft op de verdere ontwikkeling van beleid en praktijk in de jeugdzorg.

Bovendien worden de perspectieven van jongeren zelden meegenomen in onderzoek en beleid. Dit doet vragen rijzen over de manier waarop het debat over continuïteit gevoerd wordt en in hoeverre het leefwereldperspectief van jongeren het uitgangspunt vormt om verdergaande herstructureringen van het huidige systeem van jeugdhulp te legitimeren.

De probleemstelling en de focus van dit proefschrift zijn gerelateerd aan de conceptualisering van continuïteit van zorg en de wijze waarop deze conceptualisering zich verhoudt tot de leefwereld van jongeren in kwetsbare situaties. De leefwereld-oriëntatie wordt gebruikt als theoretisch perspectief om een diepgaand inzicht te verwerven in de situationele en contextuele positie, of het leefwereldperspectief, van jongeren in relatie tot de jeugdhulp interventies. De interactieve component inherent aan dit perspectief opent mogelijkheden voor de praktijk om voorbij het individuele perspectief van jongeren te denken, en laat ons toe de complexe relatie tussen individu en maatschappij mee te nemen in onderzoek. Dit perspectief omarmt ook de gecompliceerde vraag naar sociale rechtvaardigheid van de situatie van

jongeren en de relatie tot jeugdhulp (Grunwald & Thiersch, 2009; Roets, Cardoen, Bouverne-De Bie, & Roose, 2015; Roets, Roose, & Bouverne-De Bie, 2013). Door het innemen van dit perspectief zetten we de interactie tussen jeugdhulp interventies en de ervaringen van jongeren centraal. De centrale onderzoeksvraag luidt:

Hoe ervaren jongeren in kwetsbare situaties continuïteit in hun contacten met de jeugdhulpverlening?

Deze centrale onderzoeksvraag wordt verder geoperationaliseerd in 4 onderzoeksvragen:

1. Hoe wordt continuïteit van zorg geconceptualiseerd in de internationale literatuur over jeugdhulp interventies? (Hoofdstuk 2)
2. Wat zijn de ervaringen van jongeren in relatie tot continuïteit van zorg in hun contacten met jeugdhulp interventies? (Hoofdstuk 3)
3. Hoe verhouden jongeren zich strategisch tegenover jeugdhulp interventies en hoe is dit gelinkt aan de ervaring van continuïteit van zorg (Hoofdstuk 4)
4. Hoe kan een lokaal netwerk van dienstverlening de verbinding verbeteren met jongeren in kwetsbare situaties en de ervaring van continuïteit van zorg? (Hoofdstuk 5)

Om deze onderzoeksvragen te beantwoorden werden verschillende onderzoeksmethoden toegepast. Het onderzoek startte met een theoretische studie over continuïteit van zorg in de jeugdhulp, daarna werden diepte-interviews afgenomen om de ervaringen van jongeren met continuïteit in de jeugdhulp nader te onderzoeken. Vervolgens werden de strategieën van jongeren geanalyseerd. Tot slot werd een case studie uitgevoerd over een bestaand lokaal netwerk dat door samenwerking de continuïteit van hulp voor jongeren in kwetsbare situaties tot doel had.

Onderzoeksresultaten

In **hoofdstuk 2** beschrijven we de resultaten van een systematische review die werd opgezet om de internationale literatuur aangaande continuïteit van zorg in de jeugdhulp te analyseren. Artikels werden geselecteerd met de focus op jeugdhulp interventies en ‘continuïteit van zorg’ en gerelateerde concepten zoals ‘coördinatie van zorg’ en ‘case management’. Er werd gebruik gemaakt van een theoretisch model van continuïteit van zorg dat drie elementen onderscheidt: informatiele continuïteit, relationele continuïteit en management continuïteit (Freeman, Shepperd, Robinson, Ehrich, & Richards, 2001; Haggerty et al., 2003). De resultaten van de review tonen een complex beeld van continuïteit van zorg. Informatiele continuïteit in de jeugdhulp wordt vooral ingevuld als de accumulatie van informatie over jongeren in relatie tot hun problemen en de transfer van die informatie tussen verschillende diensten.

Relationele continuïteit is gelinkt aan de klassieke kijk op ontwikkeling, waarbij vooral gedacht wordt in termen van het behouden van een warme en zorgende relatie om te komen tot een goede ontwikkeling van de jongere (Wahler, 1994). Daarom dient de jeugdhulpverlening voor consistentie van hulpverleners te zorgen zodat een langdurige relatie kan ontstaan tussen jeugdhulpverleners en de jongeren. Management continuïteit is gericht op bovenstaande doelstellingen en op het naadloos op elkaar aansluiten van dienstverlening. Dit gebeurt door verschillende soorten aanbod te linken in netwerken of geïntegreerde behandelssystemen. Management continuïteit is gerelateerd aan de wijze waarop deze structuren flexibel kunnen zijn en hun registratie en financiële afspraken op elkaar kunnen afstemmen zodat een continuüm van zorg ontstaat.

De review toonde nog twee andere bevindingen (Naert et al., 2017): (1) de dominante en achterliggende redenering aangaande de conceptualisering van continuïteit in de jeugdhulp kan gezien worden als een 'back stage' en 'front stage' logica. Dit betekent dat wanneer informatiele, relationele en management continuïteit gerealiseerd zijn, dit zal leiden tot de ervaring van continuïteit van zorg op het niveau van de jongere. (2) Jongerenperspectieven zijn ondervertegenwoordigd in de literatuur rond continuïteit van zorg. Deze lacune in onderzoek kan leiden tot een gebrek aan inzicht op de impact van interventies op jongeren. Bovendien is er weinig zicht op de interactie tussen systemische en management conceptualisering van continuïteit en de leefwereld van jongeren.

Hoofdstuk 3 beschrijft hoe jongeren continuïteit ervaren in relatie tot jeugdhulpverlening. Hiervoor werd een narratieve onderzoeksbenadering gebruikt. Deze onderzoeksbenadering heeft tot doel de ervaringen van individuen te onderzoeken en interpreteren in relatie tot historische, sociale, culturele en politieke context (Bogdan & Biklen, 2007). Er werden interviews afgenomen bij 25 participanten tussen 15 en 32 jaar oud. In de interviews werd aan participanten gevraagd in te gaan op moeilijke momenten in hun traject en op periodes waar het goed ging. Samen werden relaties in beeld gebracht, naast materiële en immateriële hulpbronnen die ze als helpend hadden ervaren. Gebaseerd op een diepgaande analyse van deze gebeurtenissen werd gezamenlijk bekeken in hoeverre deze interventies als steunend werden ervaren. Er werd een kwalitatieve inhoudsanalyse uitgevoerd, waarbij inductief categorieën werden ontwikkeld. De resultaten tonen drie belangrijke thema's voor jongeren in relatie tot continuïteit: (i) de nood aan ankerpunten tijdens momenten van existentiële chaos, (ii) het belang van timing van interventies in relatie tot het jongerenperspectief, en (iii) het belang van impact op het eigen zorgtraject door jongeren. We concluderen dat ondersteuning van jongeren beter kan worden ingebed in de relationele netwerken die nauw aansluiten bij de context van jongeren in kwetsbare situaties. De mate van controle die jongeren

ervaren over hun eigen traject in de jeugdhulp lijkt bovendien bij te dragen aan de ervaring van continuïteit. Er komen verschillende argumenten naar voor die onderschrijven dat continuïteit zou moeten gezien worden als een proces, zodat er meer ruimte is voor onderhandeling en flexibiliteit doorheen het traject van jongeren in de jeugdhulp.

In **hoofdstuk 4**, worden de biografische narratieven van jongeren (Hoofdstuk 3) verder geanalyseerd door gebruik te maken van het raamwerk van Hirschman (1970). Dit kader gaat in op strategieën van gebruikers wanneer er ontevredenheid bestaat over de dienstverlening, met name loyaliteit, stem vormen, weggaan uit de situatie en verwaarlozing. Er werden drie casussen geselecteerd om de onderzoeksbevindingen te illustreren, evenals drie strategieën van jongeren “vechten tegen”, “bevrozen in” en “vluchten uit de zorg”, die gezien worden als vertalingen van de copingstrategieën zoals geformuleerd door Hirschman. Een diepgaandere analyse van deze interacties resulteerde in een rijker beeld van strategieën van jongeren, en toont dat deze foutief kunnen geïnterpreteerd worden door jeugdhulpverleners. Alle jongeren willen inspraak in hun hulpverleningstraject en laten dit ook blijken in hun contacten met de jeugdhulp. Indien deze strategieën niet worden herkend als dusdanig, dreigt een accumulatie en de toevlucht tot andere strategieën ervoor te zorgen dat de verbinding met de jeugdhulpverlening verdwijnt. Verschillende elementen zoals timing, de dominantie van een klinische kijk of de voorstructurering van zorgaanbod zijn verbonden met dit conflict tussen wat jongeren willen en wat jeugdhulpverleners bieden. Meer tijd voor de praktijk en een fundamentele keuze om tot co-constructie van zorg te komen en aandacht voor de relatie tussen jongeren en jeugdhulpverleners worden voorgesteld als mogelijke oplossingen. De realisatie van continuïteit van zorg hangt af van de sterkte van die connectie en relaties (Heaton, Corden, & Parker, 2012) en de manier waarop jongeren betrokken zijn bij beslissingen over hun zorg (Hallett, 2016).

Hoofdstuk 5 bouwt verder op de inzichten uit vorige hoofdstukken en kan gezien worden al een terugkeer naar de manier waarop continuïteit van zorg organisatorisch wordt nagestreefd. Deze studie focust op de manier waarop een lokaal netwerk van zorgverstrekkers opportuniteiten creëert voor professionals om meer flexibele praktijken te ontwikkelen en beter aan te sluiten op de ritmes van jongeren in kwetsbare situaties. De resultaten tonen dat professionals de waarde van een netwerk vooral zien in de betere onderlinge relaties tussen jeugdhulpverleners, het delen van informatie overheen diensten en het opzetten van kleine projecten tussen verschillende jeugdhulp organisaties. Tegelijk werd vastgesteld dat de aansluiting tot de leefwereld van jongeren meer problematisch is. Enerzijds zijn er enkele goede voorbeelden van het werken voorbij de formele grenzen van de eigen dienstverlening, zoals onderhandeling over meer flexibiliteit in de algemene dienstverlening aan jongeren. Anderzijds lijkt er een

tendens merkbaar naar meer controle over jongeren en jeugdhulpverleners, vooral van hulpverleners die een groot deel van hun tijd actief zijn in de leefwereld van jongeren. We argumenteren dat een top-down benadering van netwerk implementatie ertoe kan leiden dat de connectie met jongeren in kwetsbare situaties eerder vermindert dan verbetert (Allen, 2003). We concluderen dat samenwerking via netwerken niet per definitie leidt tot het faciliteren van een betere connectie met jongeren in kwetsbare situaties.

Algemene discussie

In **hoofdstuk 6** worden de bevindingen van de verschillende studies samengevat. Het theoretisch perspectief op continuïteit van zorg in de jeugdhulpverlening toont een complex beeld van dit concept. De dominantie van een conceptualisering vanuit een management en expert logica leidt tot een gebrek aan perspectieven van jongeren. Dit werd het aangrijpingspunt om de perspectieven van jongeren centraal te stellen in de volgende onderzoeken (hoofdstuk 3 en 4).

De meerwaarde van een leefwereld-oriëntatie wordt besproken in relatie tot het inbrengen en openen van andere visies op continuïteit door coproductie van kennis en recht te doen aan de betrokken jongeren (Grunwald & Thiersch, 2009). Dit perspectief voorziet de nodige ruimte om de leefwereld ervaringen van jongeren en hun probleemdefiniëringen te bekijken in relatie tot jeugdhulp interventies. Globaal genomen werd een gebrek aan verbinding vastgesteld bij de eerste contacten met de jeugdhulpverlening, en deze zorgden voor een disconnectie met het jeugdhulpsysteem. Tegelijk stelden we vast dat jongeren steun ervaren en zoeken via verschillende andere volwassenen die hen helpen om terug een stabiele situatie te vinden. Deze personen engageren zich verregaand met de jongeren en nemen verantwoordelijkheid op voor de jongere in cruciale en soms kritieke momenten in hun leven. Voor sommige jongeren zijn professionele jeugdhulpverleners deel van die groep. Deze jeugdhulpverleners worden door jongeren beschreven als mensen die meer doen dan hun job, waar ze altijd kunnen op vertrouwen en die er altijd zijn, zelfs zonder mandaat van hun organisatie.

Wanneer jeugdhulp-interventies niet aansluiten op de verwachtingen van jongeren, zetten jongeren verschillende strategieën in om hun noden kenbaar te maken. In een analyse van deze strategieën, werd vastgesteld dat deze vaak niet als dusdanig herkend worden door de jeugdhulpverlening. Dit kan leiden tot vergaande en opgebouwde disconnectie met de jeugdhulpverlening.

We argumenteren dat de manier waarop participatie van jongeren in de jeugdhulp vorm krijgt centraal staat in het uitbouwen van een voor de jongere zinvolle relatie tot de jeugdhulp. De mate waarin jongeren zelf eigenaar zijn van hun traject kan gezien worden als een belangrijke factor in relatie tot de ervaring van

continuïteit. Die verbinding staat evenwel onder druk door conflicten op vlak van ruimte, tijd en ritme. We linken dit aan de dominantie van een individueel klinische kijk op jongeren en de invloed van managementdenken in de jeugdhulpverlening. Deze tendensen lijken de noodzakelijke flexibiliteit om aan te sluiten op en te onderhandelen over probleemdefiniëringen te beperken. Jongeren ervaren jeugdhulpinterventies immers als a priori vastgelegd.

Verskillende elementen om continuïteit van zorg te verbeteren worden besproken. Deze kunnen leiden tot meer reflectieve praktijken en beleid. Jeugdhulpinterventies kunnen meer geconnecteerd met de leefwereld van jongeren ontwikkeld worden. Nabijheid kan helpen om relaties te leggen met jongeren die in kwetsbare situaties leven. Dit vergt voldoende flexibiliteit tot aanpassing aan nieuwe en vooraf ongekende situaties. Een betere uitbouw van een laagdrempelig leefwereld georiënteerd aanbod kan helpen om in deze complexe omstandigheden een meerwaarde te bieden aan jongeren. We houden een pleidooi voor laagdrempelig en sterktegerichte trajectbegeleiding die actief kan aansluiten op de leefwereld van jongeren. Bovendien dienen deze trajectbegeleiders bijzondere aandacht te hebben om de rechten van jongeren mee af te dwingen in relatie tot andere hulp- en dienstverlening.

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Appendix 2

English summary

A lifeworld perspective on continuity of care in youth services

Context, problem definition and aims of the research

This doctoral research focuses on continuity of care in youth services in relation to the perspectives of youngsters in vulnerable situations. To explore the perspectives of youngsters, a lifeworld orientation was used. This proved useful to disclose the interactional nature of continuity of care. The different studies within this doctoral research should be seen as building blocks to further investigate the difficult relationship between the youngsters experienced continuity in relation to youth care services.

In the field of youth care in Flanders, recent reforms in policy specifically address problems of continuity of care (Flemish Government, 2014). The rationale behind this reform is that care trajectories of youngsters are endangered due to interruptions that occur between various service providers. In other European countries, the United Kingdom, the United States and Canada, continuity of care has also been a core theme in youth care reforms (Grace, Coventry, & Batterham, 2012; Naert, Roose, Rapp, & Vanderplasschen, 2017). Although continuity of care is being used as an argument to transform systems of care worldwide, there is much debate and lack of clarity about the definition of the concept and how it must be realized in practice (Freeman & Hughes, 2010; Sweeney et al., 2016; Uijen, Schers, Schellevis, & van den Bosch, 2012). This can be considered problematic because the way continuity of care is defined has a great impact on how youth care policy and practice unfold. Moreover, youngsters' perspectives are rarely included in research and policy on continuity in youth care. This raises the question as to whose voices are included in the debate about continuity, and to which extent the life world perspective of youngsters actually is the starting point to shape and reshape the systemic boundaries of an existing system of care?

The problem statement and focus of this dissertation is related to the way continuity of care is conceptualized and how this conceptualization relates to the lifeworld of youngsters in vulnerable situations. The underlying rationale being that there is a limited view on continuity of care because of the dominance of expert perspectives that are central in the research about continuity. There is a lack of research on continuity in youth care and the voice of youngsters is under-represented in available research. Consequently, lifeworld orientation is used as a theoretical perspective to gain an in-depth insight into the situational and contextual position, or life world perspective, of youngsters in relation to youth care interventions. The interactive component inherent in this perspective opens up possibilities for youth care to work beyond the individual perspective of youngsters, but allow us to include the complex relationship between the individual and society, and to embrace the complicated question whether the situations of youngsters and youth care interventions are socially just in nature (Grunwald & Thiersch, 2009; Roets,

Cardoen, Bouverne-De Bie, & Roose, 2015; Roets, Roose, & Bouverne-De Bie, 2013). By taking a lifeworld orientation, interactions with service providers and the youngsters' experiences are central in this research. Therefore, the main research question involves the difficult connection of youngsters in vulnerable situations and service provision and can be formulated as follows:

How do youngsters in vulnerable situations experience continuity in their contacts with youth services?

This global research question is further operationalized in four research questions:

1. How is continuity of care conceptualized in the context of youth care in the international literature? (Chapter 2)
2. What are the experiences of youngsters in relation to continuity of care in their contacts with youth services? (Chapter 3)
3. How do youngsters strategically relate to youth care interventions, and how is this linked to experienced continuity of care? (Chapter 4)
4. How can an inter-organizational local network of service provision improve the connection with youngsters in vulnerable situations and enhance experienced continuity of care? (Chapter 5)

To gain in-depth information in relation to the above-mentioned research questions, different research methods were applied. Overall, the research process started from a theoretical approach and literature review towards an in-depth view on the experiences of youngsters and their strategies in relation to youth care interventions, leading to a case study of an inter-organizational network.

Results

In **chapter 2** we describe the results of a systematic review that was set up to analyze the international literature on continuity of care in relation to youth services. Papers were selected with a focus on youth care interventions and 'continuity of care' and related concepts such as 'coordination of care' and 'case management'. A theoretical model was used that discerns three elements of continuity of care: informational continuity, relational continuity and management continuity (Freeman, Shepperd, Robinson, Ehrich, & Richards, 2001; Haggerty et al., 2003). The literature was screened using this model on continuity of care. The results of the review showed a complex construction. It was found that informational continuity in youth care services is seen as accumulation of information about youngsters in relation to their problems and the transfer of that information between services. Relational continuity is embedded in the classic developmental thinking on preserving a nurturing relation as an important factor in the development of youngsters (Wahler, 1994). Therefore, youth services focus on consistency in staff and the ongoing relation between youth care workers and youngsters. Management continuity is directed to this aim of closing the gaps in service provision, which is done by linking services in networks or more integrated

treatment systems. Management continuity is related to how these structures can be flexible and make their registration and financial agreements aligned to create a continuum of care provision.

Two other important issues emerged from the literature review (Naert et al., 2017): (1) the main rationale in conceptualizing continuity of care is what is called 'back stage' and 'front stage' reasoning meaning that realizing continuity in information, relation and management, will lead to the experience of continuity at users level; (2) there is an underrepresentation of youngsters' perspectives on continuity of care in the literature. There is little insight in the experienced continuity of youngsters which might lead to limited knowledge on the impact of different interventions directed at youngsters. This leads to limited views on how the interplay between a systemic and managerial conceptualization relates to the life world of youngsters.

Chapter 3 describes the way youngsters experience continuity in relation to youth care services. A narrative research approach was applied. Narrative research seeks to grasp and interpret the lived experiences of individuals, situated within their historical, social, cultural and political contexts (Bogdan & Biklen, 2007). 25 youngsters between 15 and 32 years old were interviewed. We asked the participants to address and discuss critical moments that were difficult or when things were going well, which were also linked to their relationships with significant others and material and immaterial resources that helped them. Based on in-depth explorations of these events, we jointly identified whether and how they experienced interventions as supportive. A qualitative content analysis was carried out, using inductive category development. The results show three important themes in relation to continuity: (i) the need for footholds in moments of existential chaos, (ii) the importance of timing of interventions to match the youngsters' perspectives, and (iii) the importance of the youngsters' impact on their own care pathways. We conclude that support should be better embedded in a relational network in the context of youngsters in vulnerable situations. Furthermore, the amount of control youngsters experience in their care interventions seems to be beneficial to the experience of continuity. It is argued that continuity should be seen as a process, in order to leave more space for negotiation and flexibility throughout the youngsters' experiences in youth care services.

In **chapter 4**, the biographical narratives of youngsters (chapter 3) were further analysed using the framework of Hirschman (1970) on users' coping strategies in relation to dissatisfaction in services: loyalty, voice, exit and neglect. Three topical life stories of youngsters were chosen to represent the research findings that illustrate the identified strategies of fighting, freezing and fleeing care, which are to be viewed as translations of the Hirschman coping strategies. However, a deeper analysis of these interactions results

in a more complex view on strategies and shows that these can be misinterpreted by youth care workers. All youngsters express 'voice' in their relations with youth care services. However, if not interpreted as such, strategies of youngsters change, leading to disconnection from care services. Different elements such as timing, clinical overshadowing or the pre-structured nature of youth care interventions are linked to this mismatch between what youngsters want and what youth care workers offer. More time in practice and a fundamental choice to realize co-construction and interaction in the relation between youngsters and care providers is presented as a possible solution for this disconnection. The actual realization of continuity is depending on the strength of the connections and relationships (Heaton, Corden, & Parker, 2012), and the way youngsters are involved in decisions about care (Hallett, 2016).

Chapter 5 builds on the insights of the previous chapters and can be seen as a return to organizational solutions as presented in the literature and in practice. This study focusses on how a local inter-organizational network creates opportunities for professionals to establish more flexible practices and to better connect to the rhythm of youngsters in vulnerable situations. It is found that professionals valued the network while it provided opportunities for better relations among youth care workers, sharing information and setting up small projects between youth care services. However, when zooming in on the elements of more engagement towards the life world of youngsters, the results show a more problematic relation to the lifeworld of youngsters. On the one hand youth care workers presented some clear examples of working across formal boundaries of the own services, such as negotiating more flexibility in general service provision. On the other hand, the overall tendency seemed more problematic as the network collaboration also led to more control over youngsters and youth care workers, especially front-line workers working in the context of youngsters. It is argued that a top-down network implementation might reduce rather than improve the connection with youngsters in vulnerable situations (Allen, 2003). We conclude that it could be questioned whether network collaboration is facilitating more connection with youngsters in vulnerable situations and thus results in a better experienced continuity.

Discussion

In the general discussion (**chapter 6**), the findings of the separate studies are integrated and discussed. The theoretical view on continuity of care in youth services showed a complex conceptualization of continuity of care. A management and expert view dominates the literature on continuity, leading to an under-representation of youngsters' perspectives. Using this insight, these perspectives were put central in the next studies (chapter 3 and 4).

The value of a lifeworld orientation is discussed as a way to open up new lenses of co-constructing knowledge as well as a way to do right to the youngsters involved (Grunwald & Thiersch, 2009). This perspective gave the necessary space to explore the lifeworld experiences of youngsters and their problem constructions in relation to youth care interventions. In general, a lack of connection early in their trajectories could be observed, leading to disconnection with the youth care system. However, persons that make a difference in their lives helped them to regain basic stability. These persons truly engaged with the youngsters and took responsibility at crucial and sometimes critical moments in their lives. For some youngsters, professional youth care workers were part of this group. They were described by youngsters as people who did more than their job, people they could rely on and who were always there, even without a mandate of their institution.

When care interventions do not match with the expectations of youngsters, they use different strategies to try to 'voice' their needs in relation to the youth care system. In a further exploration of these strategies, it was found that these strategies are often not recognized as such by the youth care system. This again could lead to further and accumulated disconnection from the youth care system.

It is discussed that the way participation of youngsters unfolds within contacts with the youth care system can be a central given in establishing a useful relation with youth care services. How youngsters are masters of their own trajectory can be seen as an important factor to the experience of continuity. However, there seems to be a conflict in space, time and rhythm, hindering this connection. This is linked to the domination of an individual and clinical way of addressing youngsters, and the influence of managerialism in youth care services. These tendencies seem to limit the necessary flexibility to adapt and negotiate the problem definitions, as answers of youth care services are experienced as pre-constructed by youngsters.

Different elements to improve continuity of care are proposed, that could lead to a more reflective practice and policy. Youth care services should be organized with more connection to the lifeworld of youngsters. Proximity can help to build relations with youngsters that are living in vulnerable situations. This requires flexibility to adapt to new and unknown situations.

Helping to address this complexity could be done by improving the low threshold lifeworld-oriented support for youngsters in vulnerable situations. We also make a plea for low threshold and strength-based case management, that can adapt to the lifeworld of youngsters. Moreover, these case managers should have special attention for advocating the rights of youngsters in relation to other services.

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Appendix
3

Data Storage
Management

Data Storage Fact Sheet

Name/Data storage fact sheets/article 1/Continuity of care in youth services: A systematic review

Author: Jan Naert

Date: 10.01.2019

1. Contact details

=====

1a. Main researcher

- name: Jan Naert

- address: Begijnhoflaan 464, 9000 Gent

- e-mail: J.Naert@Ugent.be

1b. Responsible Staff Member (ZAP)

- name: Prof. Dr. Wouter Vanderplasschen

- address: Begijnhoflaan 464, 9000 Gent

- e-mail: Wouter.Vanderplasschen@UGent.be

If a response is not received when using the above contact details, please send an email to data.pp@ugent.be or contact Data Management, Faculty of Psychology and Educational Sciences, Henri Dunantlaan 2, 9000 Ghent, Belgium.

2. Information about the datasets to which this sheet applies

=====

* Reference of the publication in which the datasets are reported:

Naert, J., Roose, R., Rapp, R. C., & Vanderplasschen, W. (2017). Continuity of care in youth services: A systematic review. *Children and Youth Services Review*, 75, 116-126. doi: 10.1016/j.chilyouth2017.02.027

* Which datasets in that publication does this sheet apply to?: This sheet applies to all data used in the publication

3. Information about the files that have been stored

=====

3a. Raw data

* Have the raw data been stored by the main researcher? YES / NO

If NO, please justify:

* On which platform are the raw data stored?

- researcher PC
- research group file server
- other (specify): ...

* Who has direct access to the raw data (i.e., without intervention of another person)?

- main researcher
- responsible ZAP
- all members of the research group
- all members of UGent
- other (specify): ...

3b. Other files

* Which other files have been stored?

- file(s) describing the transition from raw data to reported results. Specify: This can be found in the methodology section of the article.
- file(s) containing processed data. Specify: The full text of all reviewed articles, excerpts of coding outputs and the NVivo 11 that contains the processed data of the reviewed articles and the coding tree.
- file(s) containing analyses. Specify: See finding section in the article. A document with the coding selection and preliminary results.
- files(s) containing information about informed consent

- a file specifying legal and ethical provisions

- file(s) that describe the content of the stored files and how this content should be interpreted.
Specify: ...

- other files. Specify: ...

* On which platform are these other files stored?

- individual PC

- research group file server

- other: ...

* Who has direct access to these other files (i.e., without intervention of another person)?

- main researcher

- responsible ZAP

- all members of the research group

- all members of UGent

- other (specify): ...

4. Reproduction

=====

* Have the results been reproduced independently?: YES / NO

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- name:

- address:

- affiliation:

- e-mail:

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Data Storage Fact Sheet

Name/Data storage fact sheets/article 2 and 3/Youngsters' perspectives and youngsters' strategies

Author: Jan Naert

Date: 10.01.2019

1. Contact details

=====

1a. Main researcher

- name: Jan Naert

- address: Begijnhoflaan 464, 9000 Gent

- e-mail: J.Naert@Ugent.be

1b. Responsible Staff Member (ZAP)

- name: Prof. Dr. Wouter Vanderplasschen

- address: Begijnhoflaan 464, 9000 Gent

- e-mail: Wouter.Vanderplasschen@UGent.be

If a response is not received when using the above contact details, please send an email to data.pp@ugent.be or contact Data Management, Faculty of Psychology and Educational Sciences, Henri Dunantlaan 2, 9000 Ghent, Belgium.

2. Information about the datasets to which this sheet applies

=====

* Reference of the publication in which the datasets are reported:

(1) Naert, J., Roets, G., Roose, R., & Vanderplasschen, W. (2018). Youngsters' perspectives on continuity in their contacts with youth care services. *British Journal of Social Work*. doi: 10.1093/bjsw/bcy103

(2) Naert, J., Roets, G., Roose, R., & Vanderplasschen, W. (2019). *Fight, Freeze or flee: Exploring youngsters' strategies in dealing with youth care interventions*. Article submitted for publication in *Qualitative Social Work*.

* Which datasets in that publication does this sheet apply to?: This sheet applies to all data used in the publications

3. Information about the files that have been stored

=====

3a. Raw data

* Have the raw data been stored by the main researcher? YES / NO

If NO, please justify:

* On which platform are the raw data stored?

- researcher PC
- research group file server
- other (specify): All interview transcripts and data analysis are kept at the department on paper in a locked closet.

* Who has direct access to the raw data (i.e., without intervention of another person)?

- main researcher
- responsible ZAP
- all members of the research group
- all members of UGent
- other (specify): ...

3b. Other files

* Which other files have been stored?

- file(s) describing the transition from raw data to reported results. Specify:
- file(s) containing processed data. Specify: The full text of interviews, the coding and the coding tree are kept on paper by the researcher.
- file(s) containing analyses. Specify: See finding section in the articles.

- file(s) containing information about informed consent. Specify: A blank copy of the informed consent is saved on the pc of the researcher. All signed informed consents are kept in a closed closet at the department of Special Needs Education.

- a file specifying legal and ethical provisions. Specify: The documents that were submitted to the Ethical Commission are on the pc of the researcher and I have a paper letter with the approval of the Ethical Commission.

- file(s) that describe the content of the stored files and how this content should be interpreted. Specify: ...

- other files. Specify: ...

* On which platform are these other files stored?

- individual PC

- research group file server

- other: ...

* Who has direct access to these other files (i.e., without intervention of another person)?

- main researcher

- responsible ZAP

- all members of the research group

- all members of UGent

- other (specify): ...

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- name:

- address:

- affiliation:

- e-mail:

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Data Storage Fact Sheet

Name/Data storage fact sheets/article 4/Local networks of youth services

Author: Jan Naert

Date: 10.01.2019

1. Contact details

=====

1a. Main researcher

- name: Jan Naert
- address: Begijnhoflaan 464, 9000 Gent
- e-mail: J.Naert@Ugent.be

1b. Responsible Staff Member (ZAP)

- name: Prof. Dr. Wouter Vanderplasschen
- address: Begijnhoflaan 464, 9000 Gent
- e-mail: Wouter.Vanderplasschen@UGent.be

If a response is not received when using the above contact details, please send an email to data.pp@ugent.be or contact Data Management, Faculty of Psychology and Educational Sciences, Henri Dunantlaan 2, 9000 Ghent, Belgium.

2. Information about the datasets to which this sheet applies

=====

* Reference of the publication in which the datasets are reported:

(1) Naert, J., De Corte, J., Roets, G., Roose, R., Rapp, R. C., & Vanderplasschen, W. (2019). *Local networks of youth services to enhance shared responsibility to improve continuity of care*. Article submitted for publication in Journal of Social Service Research.

* Which datasets in that publication does this sheet apply to?: This sheet applies to all data used in the publication

3. Information about the files that have been stored

=====

3a. Raw data

* Have the raw data been stored by the main researcher? YES / NO

If NO, please justify:

* On which platform are the raw data stored?

- researcher PC
- research group file server
- other (specify): All interview transcripts and data analysis are kept at the department on paper in a locked closet.

* Who has direct access to the raw data (i.e., without intervention of another person)?

- main researcher
- responsible ZAP
- all members of the research group
- all members of UGent
- other (specify): ...

3b. Other files

* Which other files have been stored?

- file(s) describing the transition from raw data to reported results. Specify:
- file(s) containing processed data. Specify: The full text of interviews, the coding and the coding tree are kept on paper by the researcher.
- file(s) containing analyses. Specify: See finding section in the articles. A file with the outline of the preliminary results is available on the pc of the researcher as well as on the research group server, in Dutch.
- files(s) containing information about informed consent. Specify: A blank copy of the informed consent is saved on the pc of the researcher. All signed informed consents are kept in a closed closet at the department of Special Needs Education.
- a file specifying legal and ethical provisions. Specify: The documents that were submitted to the Ethical Commission are on the pc of the researcher and I have a paper letter with the approval of the Ethical Commission.

- file(s) that describe the content of the stored files and how this content should be interpreted.
Specify: ...

- other files. Specify: ...

* On which platform are these other files stored?

- individual PC

- research group file server

- other: ...

* Who has direct access to these other files (i.e., without intervention of another person)?

- main researcher

- responsible ZAP

- all members of the research group

- all members of UGent

- other (specify): ...

4. Reproduction

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* Have the results been reproduced independently?: YES / NO

* If yes, by whom (add if multiple):

- name:

- address:

- affiliation:

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Appendix

4

List of Publications

Publications in Journals

1. Published

- Naert, J., Roets, G., Roose, R., & Vanderplasschen, W. (2018). Youngsters' perspectives on continuity in their contacts with youth care services. *British Journal of Social Work, 00*, 1-18. doi:10.1093/bjsw/bcy103
- Naert, J., Roose, R., Rapp, R. C., & Vanderplasschen, W. (2017). Continuity of care in youth services: A systematic review. *Children and Youth Services Review, 75*, 116-126. doi:10.1016/j.childyouth2017.02.027
- Naert, J., Stevens, C., Roose, R., & Vanderplasschen, W. (2017). Continuïteit in het hulpverleningstraject: Interpretatief onderzoek naar de beleving van jongeren in de jeugdhulp. *Orthopedagogiek: Onderzoek en Praktijk, 56*(3-4), 55-70.
- Vanderplasschen, W., Vandevelde, S., D'Oosterlinck, F., Vandevelde, D., Naert, J., & Yates, R. (2017). Eric Broekaert (1951-2016): The life and legacy of a TC pioneer and integrative thinker. *Therapeutic Communities: The International Journal of Therapeutic Communities, 38*(3), 125-135. doi:10.1108/tc-02-2017-0008
- Vanderplasschen, W., Naert, J., Vander Laenen, F., & De Maeyer, J. (2015). Treatment satisfaction and quality of support in outpatient substitution treatment: Opiate users' experiences and perspectives. *Drugs-Education Prevention And Policy, 22*(3), 272-280.
- Vindevogel, S., & Naert, J. (2015). Veerkracht: Van metafoor naar praktijk voor het werken met jongeren in stressvolle situaties. *Orthopedagogiek: Onderzoek en Praktijk, 54*(6-7), 298-313.

2. Submitted

- Naert, J., Roets, G., Roose, R., & Vanderplasschen, W. (2019). *Fight, Freeze or flee: Exploring youngsters' strategies in dealing with youth care interventions*. Article submitted for publication in Qualitative Social Work.
- Naert, J., De Corte, J., Roets, G., Roose, R., Rapp, R. C., & Vanderplasschen, W. (2019). *Local networks of youth services to enhance shared responsibility to improve continuity of care*. Article submitted for publication in Journal of Social Service Research.

Publication of Books

- Naert, J., & Colle, P. (2014). *Waar gaan ze naartoe? Trajectbegeleiding van jongeren in een risicomaatschappij*. Tiel: Lannoo.
- Matthyssen, M., Naert, J., & Haudenhuyse, R. (2018). *Een nieuwe kijk op lichaamsgericht werken met jongeren*. Antwerpen-Apeldoorn: Garant.

Vandevelde, S., Naert, J., De Schauwer, E., Meulewaeter, F., Van Hove, G., De Clercq, L., & Vanderplasschen, W. (2017). *De integratief-holistische orthopedagogiek van Professor Broekaert*. Antwerpen - Apeldoorn: Garant.

Publications in books

Naert, J. (2014). Wat heb je vandaag op straat geleerd? Zeg het eens kleine man. Jeugdwelzijnswerk inschakelen om competenties te verwerven? In C. Mathijssen, M. Loopmans, & R. Crivit (Eds.), *Kwetsbare vrije tijd? Uitdagingen voor emanciperend jeugdbeleid*. Leuven: Acco.

Naert, J., Gesquiere, M., & Van Havere, T. (2017). Naar een Integrale Jeugdhulp in Vlaanderen. In W. Vanderplasschen, L. Van Damme, S. Vandevelde, C. Claes, & S. De Pauw (Eds.), *Orthopedagogische werkvelden in beweging: Recente evoluties en veranderingen in Vlaanderen* (6de herziene en uitgebreide druk) (pp. 17-72). Antwerpen-Apeldoorn: Garant.

Naert, J., Vandevelde, S., & Vanderplasschen, W. (2017). Naar een integratieve handelingsorthopedagogiek voor de toekomst? In S. Vandevelde, J. Naert, E. De Schauwer, F. Meulewaeter, G. Van Hove, L. De Clercq, & W. Vanderplasschen (Eds.), *De integratief-holistische orthopedagogiek van Professor Eric Broekaert*. Antwerpen-Apeldoorn: Garant.