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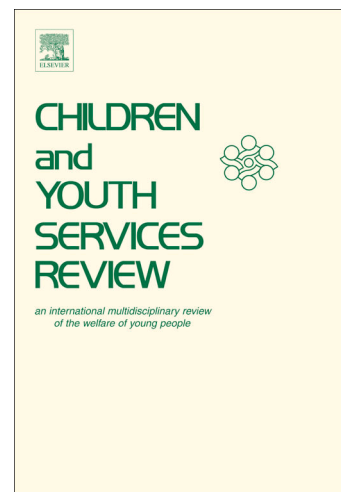
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A rapid evidence assessment of barriers and strategies in service engagement when working with young people with complex needs.

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John Young: Funding acquisition Conceptualization.

Highlights

- Numerous barriers to service provision exist for young people with complex needs
- Strategies for service engagement are required at the practitioner and system level
- Practitioner-level strategies included relational and structural approaches
- System-level strategies included flexible and collaborative approaches
- Young people appear to benefit most from services adapted to their needs

Abstract

Young people with complex needs often have a range of co-occurring challenges that require the support of multiple government agencies and services. Increasingly, government agencies are working with young people who present with co-occurring and comorbid complex needs requiring co-ordinated multi-agency responses. However, agencies and services are often faced with multiple obstacles and challenges to meeting the needs of these young people, placing them at increased risk of poor outcomes during their adolescence and into adulthood. The objective of this Rapid Evidence Assessment (REA) was to provide practice insights as they relate to service engagement for young people with complex needs to highlight ways in which service delivery can be enhanced. Published academic literature as well as relevant material from the grey literature on young people aged 10 to 25 was synthesized to identify: a) the principal barriers to service provision, and b) strategies that facilitate service engagement. A total of 18 papers met the eligibility criteria for review. Papers were assessed using the critical appraisal skills programme (CASP). Individual and system level barriers were identified, including the characteristics of young people and the nature and structure of services. Strategies were identified at the practitioner level (e.g., benefits of relational, structural and empowerment approaches), and the system level (e.g., flexible services, collaborative approaches and improved staffing and resources). The review highlighted the importance of creating a service environment that is structured around the needs of young people rather than one which requires vulnerable young people to adapt to services.

Disclaimer

The work presented here is solely that of the authors. The views expressed are those of the authors and do not necessarily reflect the position of the funders.

1. Introduction and background

Young people with complex needs experience multiple, interrelated and compounding difficulties, with health systems and social services often struggling to adequately meet the needs of these individuals (Baldry & Dowse, 2013; Burnside, 2012; Rankin & Regan, 2004). The term “complex needs” is heterogeneous and no single, consistent definition has been identified (Baldry & Dowse, 2013; Rankin & Regan, 2004). In this paper, we use the term complex needs to describe individuals who have a range of multiple and co-occurring challenges that can be caused by a variety of individual level factors (e.g., physical or psychological health challenges, drug and alcohol issues), as well as broader social-economic factors (e.g., poverty, precarious housing or homelessness, child maltreatment, exposure to family violence, or justice system involvement). For young people in particular, these compounding difficulties influence their quality of life and often leads to a reliance on the support of multiple government agencies and services. Figure 1 illustrates the interlocking nature of factors that amalgamate and compound to create “complex needs”, using an example from two case studies of young people from Baldry and Dowse (2013).

It is difficult to estimate the number of young people experiencing “complex needs”, partly due to lack of consensus in definitions as well as the way data is captured across different government agencies and service providers. In one state in the South of Australia, the number of young people with complex needs presenting to child protection services in particular has been increasing over time (Bromfield, 2010). A recent report by the South Australian Government’s Early Intervention Research Directorate (EIRD; 2019), indicated that children and families in contact with child protection are experiencing high levels of complexity and require an integrated system response from multiple agencies and services across all levels. For example, multiple complexities were recorded on case notes in a sample of families in South Australia notified to child protection in 2014, including domestic and family violence (75%), parental substance abuse (58%) and mental health issues (51%; EIRD; 2019).

Many young people are born into families that are already experiencing multiple and complex needs (EIRD; 2019), placing them at risk of exposure to maltreatment, early trauma and child protection (Baidawi, Sheehan, & Flynn, 2020; Baldry, Dowse & Clarence, 2012; Delfabbro & Malvaso, 2014; Mendes & Snow, 2014). This combination of risk factors often leaves them vulnerable to many negative outcomes, including family disruption, homelessness, poverty, substance use and a greater risk of involvement in the criminal justice system, and being caught up in intergenerational cycles of disadvantage (Dowse et al., 2014; Rosengard et al., 2007).

However, it is recognised that these combinations of needs are often not easily met by the existing service system and can worsen over time (Baldry et al., 2012; EIRD; 2019; Rankin & Regan, 2004). Such

challenges are thought to result from a combination of factors (Burnside, 2012; Rankin & Regan, 2004); for example, some young people do not meet eligibility criteria for commonly available services (e.g., mental health, disability). Others may be of the wrong age (as defined by the service); have previously been excluded from services (e.g., due to outstanding debts or aggressive behaviours); may not meet the formal diagnostic criteria required for service provision (e.g., borderline conditions); or find it difficult to engage with services or appear unwilling or unable to forge productive relationships with service providers, as a result of feeling disenfranchised and traumatised by system responses (Malvaso & Delfabbro, 2015; Malvaso et al., 2016; Mendes & Snow, 2014; Morgan et al., 2015).

Although there is evidence of these barriers across numerous studies, these have not yet been systematically examined in terms of the implications for effective service engagement and delivery. There is a need to examine current practice that may help to highlight ways in which service delivery can be enhanced and improved to meet the needs of young people experiencing complex needs. In many countries, including Australia, there are often difficulties in developing co-ordinated approaches to guide practice when working with young people with complex needs. In one Australian jurisdiction, a unique agency within the Department of Human Services – the Exceptional Needs Unit (ENU) – exists to assist individuals with exceptionally complex needs to navigate systems and coordinate services to support young people with exceptionally complex needs who face challenges or barriers in accessing appropriate mainstream supports. However, the ENU has identified that there is no coordinated approach for working with young people with exceptionally complex needs nor any accessible, evidence-based practice frameworks that can assist practitioners in more effectively engaging with these young people (personal communication, 2020). Specifically, the ENU identified a need to develop an accessible practice framework to assist practitioners, to better meet the needs of young people who are engaged with service systems in Australia. To assist the ENU in their efforts to develop a practice framework to assist practitioners working with young people with complex needs, the University [blinded for review] was commissioned to conduct independent research on this topic. One part of this research included a rapid evidence assessment (REA) of the literature that aimed to identify: 1) the principal barriers to service provision for young people with complex needs aged 10 to 25; and 2) service strategies that aim to facilitate engagement among young people with complex needs. The results from this review informed the broader collaborative project being undertaken to develop an accessible practice framework that highlights contemporary best practice examples of innovative and effective service and practitioner responses that can facilitate better engagement with young people who may be experiencing complex needs.

2. Method

This review took the form of a rapid evidence assessment (REA) of relevant literature. A REA was used as it follows most of the principal steps of a systematic review by providing systematic and transparent methods to identify and synthesize evidence in a more simplified and timely manner than a systematic review (Tricco et al., 2015). REAs are often used by policy makers, service planners and various stakeholders to inform broader policy and service provision decisions and implementation (Thomas, Newman & Oliver, 2013; Tricco et al., 2015; Varker et al. 2015). An REA was chosen because of the need to inform a broader collaborative

research project being undertaken in an Australian jurisdiction as described above. The REA methodology was therefore chosen as the most appropriate way to synthesize the relevant national and international literature in a timely manner.

Although there are some limitations to using REA methodology due to streamlining the systematic process, recommendations from Tricco et al. (2017) and Varker et al. (2015) were followed; a systematic search of relevant databases was conducted, and the results of this search were reported according to PRISMA guidelines (Lundh & Gøtzsche, 2008) to ensure transparency.

2.1. Eligibility Criteria

The population of interest in was young people aged 10-25, with co-occurring difficulties including: physical or psychological health problems, drug and alcohol issues, poverty, precarious housing or homelessness, child maltreatment and exposure to family violence, justice system involvement, which may require supports from multiple service providers. Papers were included if they reported on: a) barriers and strategies for service engagement; or b) detailed practice guidelines or frameworks for service engagement in this population. Studies that did not describe strategies to engage young people with a combination of co-occurring difficulties were excluded. This review focused on academic literature (local and international) as well as grey literature (local only, i.e., content published by Australian agencies and on government services websites, and papers and reports found on Google Scholar) published in the year 2000 onwards. Studies that used qualitative and quantitative methods were included. Established practice frameworks were also included if they were targeted specifically at working with populations of young people with complex needs. Theoretical articles and unpublished theses/dissertations were excluded. Literature and systematic reviews were excluded, however, were used to identify additional papers that may not have been captured in this search strategy.

2.2. Search Strategy

A computer search of Social Services Abstracts, PsycINFO, PubMed and Embase databases was conducted in September 2020. Searches were conducted using the following key terms and Boolean operators: “young person” and “complex needs” and “service engagement” or “practice framework”. Search terms were developed collaboratively with the research team and government agency to ensure appropriate and relevant search terms was used. Crawford and colleagues (2015) recommend engaging with stakeholders during the research process to ensure maximum relevance and translatability of the research findings. Table 1 shows the full electronic search strategy for PsycINFO. A search of grey literature was undertaken using Google Scholar, as well as searches of various Australian government human services websites to identify additional practice frameworks and guidelines not found in the database search. The reference lists of included papers and relevant reviews were also hand-searched to identify any additional relevant material. Searches were limited to publications written in English and published in the last 20 years (i.e., from the 1st of January 2000 to 15th of September 2020). These dates were chosen to capture more recent and relevant practice models and service strategies that would be more closely aligned with current service systems and practices.

2.3. Study selection

The initial search identified 3,981 papers ($n = 3819$ from search strategy; $n = 162$ from hand searched and grey literature). Papers were screened using Coevidence (Coevidence Systematic Review Software, n.d.). After removing duplicates ($n = 1,066$), a total of 2,915 remained to be screened. The application of the pre-specified eligibility criteria, as decided collaboratively by the research team, was used during the screening process to determine relevant papers. Initial title and abstract screening were conducted for relevance by author X [blinded for peer review] which resulted in 103 papers identified for full text screening. Author X was responsible for majority of the full text review. Author Y was responsible for checking the full text inclusions and exclusions, with only a small number (<5 studies) of discrepancies needing to be resolved through discussion across the team. Papers were excluded on full text because they did not include young people with complex needs (i.e., wrong population; $n = 40$), they did not include strategies for engagement (i.e., wrong outcomes; $n = 23$), or the wrong study design (i.e., not a qualitative, quantitative or practice framework; $n = 22$). This resulted in 18 papers being identified as meeting the full inclusion criteria for this review. See Figure 2 for a flowchart detailing the study selection process.

2.4. Data extraction, quality assessment, and synthesis

A standardised spreadsheet was created to record information deemed relevant for extraction for all 18 papers included in this review. This included: study characteristics (setting, sample, method, aim and results), barriers to service engagement, strategies for service engagement, and other recommendations for effective service provision among young people with complex needs. Author X was responsible for data extraction and with Author Y cross checking the data extracted. See Table 2 for a summary of included studies.

Whilst PRISMA and Cochrane collaboration recommend using the ROB and ROBBINS to determine the “risk of bias” in studies (Lundh & Gøtzsche, 2008), this was determined inappropriate for this type of review, given the types of studies included (i.e., none of the studies reported the results from randomised control trials or quasi-experiments, all included studies used mixed methods and/or qualitative methods only ($n = 18$), and the purpose of the REA (i.e. to scope the available literature rather than evaluate specific effects (Tricco et al., 2015)).

Qualitative papers were assessed using the Critical Appraisal Skills Programme (CASP) tool that allows a systematic assessment of the trustworthiness, relevance and results of published papers (Critical Appraisal Skills Programme, 2018). The CASP tool involves a set of questions, which prompts the reader to consider whether the study was valid, and whether the results were useful and relevant. Author X [blinded for peer review] was responsible for the majority of CASP assessments with Author Y checking a subsample to ensure consistency. Where there was disagreement, this was discussed and resolved.

To synthesise the results of this review, information was summarised and extracted based on the research aims. This involved undertaking a thorough read of each paper, making notes and extracting relevant information. Barriers and strategies were then identified and summarized in accordance with the research

aims and combined into overarching themes. For example, when multiple papers reported on a similar barrier using different examples, these would be combined into an overarching label to reflect the nature of the theme (e.g., barriers to staffing, funding, and inadequate training were combined to an overarching theme labelled 'resource issues'). It was pre-determined that results would be organised to reflect individual level and service-system level barriers and strategies. Both Author X and Y [Blinded for peer review] were responsible for synthesising the results of this review; Author X was responsible for developing initial themes and organising into relevant levels with Author Y cross checking these to ensure agreement. Any disagreements were discussed and resolved.

3. Results

3.1. CASP assessment

Papers were assessed using the critical appraisal skills programme (CASP). Supplementary Table 1 shows the results for each study using the CASP according to each question. Overall, the assessment across the included papers in this study demonstrate that most papers used appropriate recruitment strategies, data collection methods and analyses that were consistent with the aims of the research. However, in some instances, this was difficult to ascertain because of a lack of clarity in the aims. For example, although Christianti et al. (2008) did not explicitly report an aim, it was possible to ascertain that methods used were appropriate given the overall stated direction of the research. In addition, some papers reported did not specify on the relationship between the participant and researcher (Posselt et al., 2018; Thompson et al., 2006; Ungar et al., 2014). It is recommended for authors to be transparent in the relationship between the researchers and participants in qualitative research as this has the potential to influence the responses gained from participants in the studies. Each study reported a clear statement of findings and overall was considered to be relevant from a local application standpoint.

3.2. Summary of studies

Key details of the included papers are summarised in Table 2. Of the papers included in this review, sixteen of these were published research papers and two were practice guidelines from non-government organisations (Emerging Minds and Network of Alcohol and Drug Agencies (NADA)). All of the research papers reported in this review used qualitative methods. Of these, two papers incorporated mixed methods where they used interviews and a survey to determine service use, and one study was a case review. Six of these studies reported on the perspectives of young people, three studies reported on service providers, and seven were multi perspective and included views from youth, families and/or service providers. Of those papers that reported on young people, the age of these young people ranged from 12-25. Service providers included those from government and non-government agencies. For example, staff working across child protection, disability, mental health, drug and alcohol, primary care, education and justice systems, as well as those working in non-government organisations. All papers reported strategies for engagement and thirteen papers also reported on barriers to engagement.

3.3. Summary of results

The results are organised according to two overarching categories: 1) Barriers to engagement; 2) Strategies for engagement. Within each category, we identified barriers and strategies relating to the individual or practitioner level, and at the service and system level. Results were organised in this manner to reflect research aims (barriers and strategies) and structured to capture these results according to what level they apply. These levels were pre-determined and reflect the broad levels that exist in the service sector. Table 3 summarises the themes identified from the included studies. Barriers and strategies are discussed according to these themes and are contextualised in relation to the wider literature on young people with complex needs.

3.4. Individual level barriers

3.4.1 Characteristics of the young people. Young people with complex needs were reported to experience a variety of barriers to service engagement due to their complex individual (e.g., disabilities, trauma, substance use), social (e.g., lack of housing), and economic (e.g., inability to access welfare support) needs. There was a common theme across papers that young people were viewed by services as ‘troublesome’ rather than ‘troubled’, which can lead to negative perceptions and discrimination (Black et al., 2018; Christiani et al., 2008; Darbyshire et al., 2006; Mendes & Snow, 2014; Zlotowitz et al., 2016). For example, Christiani and colleagues reported, based on focus group responses with young people, that fear of discrimination or acceptance of their accounts of homelessness made young people reluctant to engage with services (2008). Darbyshire et al. (2010) reported similar views of young people, who resented being labelled “troublemakers” or “psychotic” instead of being offered support. Stereotyping and discrimination were also reported in Ellem et al. (2019) particularly in relation to Aboriginal and Torres Strait Islander young people who reported being subject to increased police surveillance and frequent bag searches.

3.4.2. Navigating the system. Another barrier reported in multiple papers was young people not knowing how or where to go for support (Black et al., 2018; Christiani et al., 2008; Darbyshire et al., 2006; French, Reardon & Smith, 2003; Munford & Sanders, 2016; Posselt et al., 2017). In Posselt et al. young people from refugee backgrounds reported limited information regarding mental health and addiction problems and how to seek help (2017). Similar experiences were reported across papers that reported on homeless young people (Christiani et al., 2008; Darbyshire et al., 2006). It was reported across papers that a lack of trust in services was a common barrier for young people to engage with services (Black et al., 2018, Christiani et al., 2008; Darbyshire et al., 2006; Malvaso et al., 2016; Posselt et al., 2017; Thompson et al., 2006; Zlotowitz et al., 2016). Young people with complex needs may have difficulties trusting professionals due to previous experiences with services or personal histories of trauma and relationship problems (Almqvist, & Lassinantti, 2018).

A number of papers (Black et al., 2018; Ellem et al., 2019; Mendes & Snow, 2014) also discussed the complexity of the healthcare systems, and how service systems can be perceived as overwhelming and confusing for young people. For example, service providers in Black et al. (2018) described the current service system in Australia as complex, segregated, and difficult to navigate. They argued that if the system was complex for professionals working in the sector, it would be even more challenging for young people to

navigate and access appropriate support (e.g., those with disabilities, see also Dowse et al., 2014 and Pedruzzi et al., 2021). This was also reported by Mendes & Snow, (2014) in a sample of young people involved in the justice system.

3.5. Service and system barriers

3.5.1. Service delivery issues

Munford and Sanders (2016) reported that the inconsistent and disjointed nature of service delivery can act as a barrier to facilitating services among young people with complex needs. Services were reported to be crisis driven and reactive and are not maintained after the immediate risks subside. This lack of continuity in care has also been identified as acting as a barrier to young people's future service engagement (Mendes & Snow, 2014; Ungar et al., 2014). This has also been reported in the wider literature (Mayock & Parker, 2020).

3.5.2. Transitions across services

Transitions between services can also be problematic, with multiple, poorly planned changes often found to contribute to a lack continuity in service delivery and ultimately service engagement (Ungar et al., 2014). Such experiences can lead to service fatigue in which young people lose motivation to seek help (Mayock & Parker, 2020). Poor planning is often common, particularly in situations involving young people leaving out-of-home care (OOHC). Malvaso and Delfabbro (2015) reported poorly developed post care plans, undertrained staff, and poor collaboration between agencies. Similar views are expressed by Mendes et al. (2014) and Ellem et al. (2019). For example, Mendes described how young people from OOHC rarely have an effective transition from children's to adult services in a way that is planned and supported and can ultimately lead to further disengagement from services and the community. This is also reported across the broader literature (Courtney & Hook, 2017).

3.5.3. Interagency Collaboration

Inadequate collaboration between services was reported in several papers (Black et al., 2018; Ellem et al., 2019; Malvaso & Delfabbro, 2015; Mendes & Snow, 2014). Mendes and Snow (2014) reported a lack of communication between agencies, often influenced by siloed information systems and funding structures, or competing goals between agencies. This lack of information sharing between services was reported as a barrier to service engagement across papers (Black et al., 2018; Mendes & Snow, 2014; Van den Steene et al., 2018; 2019). For example, Black described how a lack of communication between services can result in young people repeatedly telling their story to each new provider when new referrals between services were made. These challenges can arise due to legislative barriers to information sharing or a lack of appropriate protocols or agreements between different government agencies (Wright et al., 2017).

3.5.4. Service Structures

Examples exist of young people being prematurely discharged from services because they failed to attend appointments (Munford & Sanders, 2016), the inability to provide outreach (e.g., home visits) or limited

opening hours that often do not extend beyond regular working day hours (Malvaso & Delfabbro, 2015). Services may not recognise that many young people with complex needs also do not have the resources or capacity to engage in mainstream service systems and therefore require a more flexible and adaptive approach from services rather than a “one size fits all model”.

3.5.5. Resource issues

Staffing and resource issues were reported across papers where service providers were described as having a lack of cultural understanding, and therefore not being able to address the needs of young people from culturally and linguistic diverse backgrounds, and Aboriginal young people. For example, a lack of training for providers working with clients from a refugee background, and practitioners having limited cultural awareness and cultural competence (Posselt et al., 2017). Difficulties in attracting and retaining suitably qualified staff to work with Aboriginal young people was also highlighted (Ellem et al., 2019). Another problem was a shortage of services, funding or the ability to offer longer-term services (Black et al., 2018; Malvaso & Delfabbro, 2015; Mendes & Snow, 2014). For example, Mendes and Snow (2014) discuss the need for funding to reflect the needs of young people and how inadequate funding leads to a lack of accommodation options and support services for young people with disabilities leaving care. A lack of accommodation available for young people at risk of homelessness is also emphasised in Black et al. (2018), which can lead to disengagement from services and the community.

3.6. Individual level strategies (practitioners)

The literature also provides insights into the strategies to enhance service engagement in this population. Practitioner level strategies are summarised into relational, practical, and empowerment-based approaches.

3.6.1. Relational approaches

Relational approaches to service delivery were referenced in several papers (Black et al., 2018, Christiani et al., 2008; Darbyshire et al., 2006; Malvaso et al., 2016; Munford & Sanders, 2016; Thompson et al., 2006; Van den Steene et al., 2018). Much of this work revolves around building trust to encourage sustained engagement with services and to build confidence in the service. In support of this view, Malvaso et al. (2016) reported the importance of building trust with the young person as this allows “re-engagement” to occur more effectively when required. For example, when a young person temporarily disengages with a service, they are more likely to re-engage if they feel as though they have a trusting relationship with a practitioner. Trust was also reported as an important factor with regards to confidentiality. Many young people with complex needs are apprehensive to disclosing information to practitioners due to the potential repercussions that may occur (e.g., divulging drug use or sexual exploitation). Practitioners who are seen as honouring young people’s confidentiality are more likely to retain young people as clients (Black et al., 2018, Christiani et al., 2008; Darbyshire et al., 2006).

Respect was similarly reported to be a key factor in the relationship between young people and practitioners. Munford and Sanders (2016) showed that young people responded positively to practitioners

that made them feel respected, that took account of their cultural values and belief systems and involved them in decision-making processes. Similar views were expressed by Thompson et al. (2006) where young people reported that practitioners that treated them as “adults and not kids who need to be told what to do” were more favourable over practitioners that lectured the young person (p. 39).

Particular practitioner characteristics and styles of interaction were identified as better facilitating service engagement. Munford and Sanders (2016) reported that young people believed the ‘good’ social workers are those that are persistent and do not give up after a few attempts to build a connection with the young person. Other important factors included the interaction and communication style of the practitioner (Black et al., 2018; Darbyshire et al., 2006; Malvaso et al., 2016; NADA, 2013). Malvaso et al. (2016) emphasised the importance of interpersonal warmth and non-authoritarian interaction styles, using open styles of discussion. Practitioners that used active listening, allowed the young person to speak freely and showed genuine empathy to their concerns, are better able to engage with young people and ensure their needs are being addressed.

3.6.2. Practical approaches

Practical approaches consisted of more ‘action-orientated’ ways of encouraging service engagement. These included flexible and assertive engagement practices. Practitioners that were more active in their attempts to engage with young people, (e.g through outreach) were better able to build relationship with young people. Outreach included visiting young people at their own home, or in a more casual setting (e.g., parks, cafés) and this was identified as a more effective way of engaging and retaining the young person in that service (Black et al, 2018; Carter, Cummings & Cooper, 2007; Darbyshire et al, 2006). Active outreach is believed to be more conducive to the needs and experiences of this population of young people, especially given that some young people experience anxiety and discomfort in attending formal services. According to Malvaso et al. (2016), this can be especially important during the early stages of service engagement because nonattendance is often common in the early stages. Practitioners can engage in practical behaviors such as sending texts or leaving notes as a gesture of persistence. A quote from French et al. (2003) illustrated the effectiveness of this approach: “The counsellor rang me—he was quite persistent. At the start I was a bit—sort of—how about give it some time and then I’ll ring you. Then he kept calling, so I said “Okay” and I was ready to see someone” (p. 543).

Another approach that was reported is the need for practitioners to address immediate, practical concerns that were of importance to the young person, before addressing issues the young person was initially referred to services for. For example, Posselt et al. (2017) reported that young people from refugee backgrounds who were referred to mental health services did not view their mental health as a priority but identified other needs as more important. If the practitioner was not able to address their concerns around migration, housing, educational or occupational issues, it would be likely that the young person would disengage from the service. Munford & Sanders (2016) suggested that addressing the immediate and practical needs of these young people helps to develop a trusting relationship. This may be especially relevant to young

people who are homeless or at risk of being homeless, who are likely to have unmet safety and survival needs that must be met first prior to further service delivery.

3.6.3. Empowerment approaches

Empowerment approaches are those that lead to a sense of autonomy and self-determination in young person, which can help to facilitate engagement and positive outcomes for the young person. According to Ungar et al. (2014), it is important to involve the young people in decision making processes, as this can lead to a sense of positive agency and self-esteem. It can also help the young person to formulate their own opinion and create a positive sense of identity (Malvaso et al., 2016). Across both studies by Van den Steen, et al. (2018; 2019), girls with multiple complex needs reported a desire for services to help support them towards independence. This included being involved in planning around their care delivery and the development of independent skills and self-determination. Such client-centred approaches were also endorsed by parents and are consistent with other literature and the best practice guidelines of peak bodies (Almqvist & Lassinantti, 2018; Emerging Minds, 2019; NADA 2013).

Several papers also emphasised the need for practitioners to act as an advocate for the young people or engage with a professional such as a mentor or trusted individual (e.g a family member) to act on behalf of the young person as a form of brokerage (Black et al., 2018, Christiani et al., 2008; French et al., 2003; Malvaso & Delfabbro, 2015). Young people with complex needs sometimes lack the ability to advocate for themselves or communicate their concerns in an appropriate manner due to a variety of reasons. For example, they may not agree with decisions of a service provider, and lack the skills and confidence to communicate this in a mature way, sometimes resulting in aggressive and other behaviourally maladaptive coping mechanisms. This can lead to further exclusion from services and further deterioration in their trust and confidence in people's ability to help them. If there is someone that can act as a mentor or advocate for the young person, the needs and concerns are more likely to be addressed appropriately. This may be particularly important for young people from refugee and/or Aboriginal or Torres Strait Islander backgrounds who may face challenges relating to communication and cultural understanding of their needs. The use of mentors is also supported across the wider literature (Chesmore, Weiler, & Taussig, 2017; McKenna, et al., 2015), with research showing that having at least one person in a young person's life to provide continuity, can help them address their needs more adequately (Dam et al., 2017; Pehlivan & Brummelman, 2015). There are however, limitations to the use of mentors, which needs to be considered. Specifically, it has been suggested that mentors should be an adjunct to, or facilitator of, specialist service provision (Spencer et al., 2010).

3.7. System and service level strategies

This review identified strategies at a system and service level that can be effective in enhancing engagement and/or contribute to the overall service functioning that enables better engagement for young people with complex needs. These have been summarised as structural approaches, collaborative approaches, staffing and service models.

3.7.1. Structural approach

Structural approaches can be summarised as those related to the design of systems and services and how they operate. A number of papers identified accessibility of services as being a key factor for service engagement. For example, French et al. (2003) reported homeless young people were more likely to engage with services that were considered to be more accessible than typical mainstream services. They used the example of services that were free, had extended opening times and/or drop in services, and those that were based in (or in close proximity to) their local community. The need for services to be structurally flexible with regards to opening times was also noted in Black et al. (2018). The use of outreach and drop in services, it is argued, can act as a gateway for access to other more formal services (Malvaso et al., 2016; Thompson et al., 2006; Zlotowitz et al., 2016). For example, Malvaso reported that drop-in centres could be used to introduce young people to more therapeutic services, even if the initial contact relates to more practical needs. Services should also be less punitive in relation to attendance rules for appointments and offer flexible opportunities for engagement (e.g., avoiding 'three strikes and you're out' rules; Malvaso et al., 2016; Mendes & Snow, 2014).

3.7.2. Collaborative approaches

Collaborative approaches were those approaches that involved services and systems working together to effectively address the needs of young people. Collaboration is defined as two or more entities working together for a desired and shared outcome (Green & Johnson, 2015). This could occur within an organization, between organizations, between professionals and professions and involve both government and non-government services. At a systems level Malvaso and Delfabbro (2015) argued that systems should allow flexibility in agency funding, reduce the competitiveness of funding, and increase the collaboration between government and non-government services. It recommended that there should also be more centralised and streamlined information sharing resources and portals to allow access to relevant information in a timely and convenient manner (Ellem et al., 2019; Mendes & Snow, 2014; Van den Steen et al., 2019). However, in order to develop a more integrated and intelligent system, funding structures and legislation needs to be more flexible to allow cross sector communication across information systems (Malvaso et al., 2016; Mendes & Snow, 2014). Improved information collection and sharing within systems are recommended across the literature (Malvaso et al., 2020). Haight and colleagues (2014) reported positive outcomes from the establishment of new procedures and legal mandates for sharing information across departments.

Effective collaboration between services, with different areas of expertise was also identified as important. Posselt et al. (2017) reported that there are agencies who have the skills, resources, and connections to engage young people from refugee backgrounds, but they did not have the capacity to take on more clients. In contrast, other services have the capacity, yet have barriers to engaging these clients. By forging collaborative relationships between service providers, different teams could work together to increase engagement and allow intra-professional collaboration and skill building across disciplines to occur. Research argues that it is pertinent to integrate services as no single service provider or agency has all the resources, knowledge or skills to adequately service young people with complex needs (Supero, 2015). However, collaboration between services is not straightforward and hard to implement in real world practice. The use of

control management systems is discussed in the literature as a way of overcoming some of the pitfalls in collaboration. Instead of agencies being solely responsible, a coordinator controls and engages with all participating agencies for delivering support and services to clients (Alam & Griffiths, 2016). These types of case coordination models are beginning to be taken up by various jurisdictions. For example, the Victorian government Multiple and Complex Needs Initiative (see Department of Health and Human Services, 2020) and the South Australian Government Exceptional Needs Unit. Both of these government agencies seek to coordinate and navigate service and agency involvement for individuals with complex needs, focusing on agency collaboration and service coordination.

3.7.3. Staff training and support

Staffing approaches included the importance of training workers in different aspects of service provision to enhance engagement. Posselt et al. (2017) describes the widespread unmet need for improved training and upskilling the workforce in working with refugee background clients. The need for staff to have ongoing training when working with complex needs clients is also described in the NADA (2013) practice guide across areas including working with CALD and Aboriginal and Torres Strait Islander people and trauma informed care. They also suggest the need for systems of workplace support to be in place for staff to help reduce stress, avoid staff burnout and assist in reflective practices. Reflective practices involve continually reflecting and considering new ways to provide support to young people to assist in developing a strong rapport and maximise young people's participation (NADA, 2013). The need for staff to engage in reflective practices was also recommended in the Emerging Minds practice tips (2019) and Malvaso and colleagues (2016). Reflective practice is supported by the broader literature as an important aspect of working with clients with complex needs (Lonne et al., 2019; Russ, Lonne & Lynch, 2019).

3.7.4 Models of care

The wrap around care model was identified as being a service model to working with young people with complex needs. Wraparound services are an approach that "wraps" targeted and holistic interventions around the client, to provide a collaborative, individualised, integrative, and strengths-based model of support and has been recommended in previous studies involving service provision to children and young people with complex needs (Carter, 2007; Zlotowitz et al., 2018). Practice frameworks based on wraparound service provision approaches have also been developed (NADA, 2013), highlighting how this approach encompasses various strategies including: flexibility, client centred practice, collaboration, assertive outreach, and empowerment while also being responsive to trauma and cultural factors. It was identified that one of the main benefits of the wraparound approach is having a single plan of care, with the necessary supports coordinated around the individual (Carter, 2007). It was indicated that this approach increases positive outcomes because it maintains service engagement through a more centralised and integrated process. This idea was also supported by Zlotowitz et al. (2018) who recommended the use of an "integrated model" to facilitate re-engagement among young people with complex needs who have been disconnected from services.

Integrated approaches and wraparound models have been evaluated across the broader literature in an Australian context (Alam & Griffiths, 2016; Purtell et al., 2017), and internationally (Graaf et al., 2021 & Olson et al., 2021). Alam and Griffiths (2016) indicated that the wraparound model has the potential offer cost savings over time, improved coordination across agencies, was useful as an alternative to detention or incarceration, and reduced the number of hospital inpatient days among individuals with complex needs. Improvements in individual clinical outcomes and social functioning were also identified. However, given that this paper was based on a single case study, the generalization of findings from this study is limited. A recent review by Olson et al. (2021) found small positive effects for the use of the wraparound care on a range of behavioural health outcomes (specifically service use engagement) and was as a less expensive alternative to treatment as usual for young people with severe emotional disorders. However, the review also highlighted variation across the implementation and fidelity of the model across various service systems, emphasizing the need for more rigorous effectiveness trials under controlled conditions. Nonetheless, it shows the possible benefits of utilising models that encompass many of the principles of wraparound approaches identified in this review.

4. Discussion

This review identified multiple individual and system level barriers and strategies for service engagement among young people who experience complex health and social needs. Barriers identified appeared to relate primarily to the nature and structure of services, which are not conducive or responsive to the needs of young people. Similarly, strategies were identified at the practitioner level (e.g., benefits of relational, structural and empowerment approaches), and the system level (e.g., flexible services, collaborative approaches and improved staffing and resources). The findings from this review indicate that in order to enhance service engagement and delivery in a population of young people with complex needs, improvements need to be made both in the way the individual practitioners engage with young people, but also to the structure and operation of services and systems. As the purpose of this rapid evidence assessment was to inform a broader project which aimed to develop an accessible practice framework to assist practitioners to better meet the needs of young people, it is clear that this would need to be designed and developed in a way that takes into consideration service and system level barriers. Developed in this way, practice can then be guided by both individual level responses to service engagement and ways to assist practitioners in navigating service and system level barriers.

4.1. Practical implications

A number of broader level policy implications can be discerned from this review. Greater system oversight and monitoring at the system level is required to ensure young people are connected with the services that they require, and that greater efficiency occurs to avoid young people having to visit multiple services. Just because young people with complex needs are often clients of multiple services, this does not necessarily mean they are engaged with all of these services or receiving the appropriate level of support. A

recent review by Malvaso and colleagues (2020) discussed the implications of intelligent information infrastructure to assist in the co-ordination of a system-wide approach to child and family focused service provision. Although this review was specifically focused on the prevention of child maltreatment, the idea that system wide prevention is hindered by siloed data collection and information systems is relevant to all individuals with complex support needs. These researchers proposed three indicator domains that need to be routinely collected to allow monitoring of service provision at a system level. These included: process indicators that measure with-in agency activities (e.g., client numbers, service provided); warm handover and therapeutic dose of interventions, which record referrals between agencies, whether the individual was actually connected with the service, and the level of support provided; and child and family wellbeing outcomes, which would increase capacity for overall system monitoring and evaluation. We would also argue that without this type of intelligent information infrastructure that is able to regularly assess service provision and client outcomes, the ability to understand how we can best meet the needs of young people who have complex health and social challenges remains limited.

Although, this study was specifically aimed at understanding the barriers and facilitators for young people experiencing complex needs, the results from this review may also have broader practical implications and may be applied more generally to young people accessing services. For example, a report conducted by Headspace Australia (2015) on young people attending their mental health services, found that young people may face similar challenges when accessing services and may benefit from similar facilitators gleaned from this review. Although this report was conducted on young people accessing a single service, compared to young people with complex needs who may be requiring multiple services, the overlapping nature of some of these approaches also found in this study demonstrates the nature of accessing services and highlights the need for services to be flexible and amenable for all young people requiring support for difficulties they may be facing. The report similarly highlights that a more flexible, consistent approach is needed when specifically working with young people who may be experiencing complex needs which is supported by the results also found in this review (Headspace, 2015).

Nonetheless, this review highlighted the importance of strategies at both practitioner and service levels that can assist in creating service environments that are structured around the needs of young people rather than one which requires hard-to-reach young people to adapt to services. This requires a fundamental shift in how services are organised, including greater flexibility around opening hours, eligibility criteria, and allowing multiple opportunities for engagement. This may have consequences for service referrals and waitlists, but will help to ensure that young people with complex challenges do not 'fall through the cracks.' Flexibility in the nature and structure of services may also act as a gateway to more specialist service engagement, such as engagement with a mental health specialist.

4.2. Limitations

This review took the form of a rapid evidence assessment (REA) of the literature. An REA was used as it provides a structured and rigorous search and summarisation of information in a more simplified and

timely manner than a systematic review (Tricco et al., 2015). While a systematic review is deemed the “gold standard” in generating knowledge in a topic area, they are often time intensive and require extensive labour output as they require more strict eligibility criteria, protocol registration and a team of multiple reviewers and validators. REAs are becoming increasingly popular for establishing the evidence base on topic in short timeframes (Thomas et al., 2013). This is often required when working with partner organisations and/or government agencies who require timely answers to questions of policy and practice importance. As this review informed a larger project on the development of a practice framework for working with children and young people with complex needs in an Australian jurisdiction, an REA was chosen as the most appropriate methodology for establishing the required evidence in an applied context and in a timely manner. Nonetheless, there are a number of limitations to this approach that warrant further discussion.

First, restricted search criteria can lead to study selection bias (Gannan et al., 2010; Varker et al., 2015). In this review, we used Google Scholar for handsearching grey literature. However, due to Google tailoring results to previous searches and specifics to the account that is signed in (for example see Haddaway et al., 2015) some relevant literature may have been missed. We also restricted our grey literature search to Australian content which meant that international content and practice frameworks would not have been captured. We restricted the literature search to studies published from the year 2000 onwards. While this may have limited the publications included in our review, these dates and geographical restrictions chosen were believed to be appropriate for capturing recent and relevant practice models and service strategies that would be more closely aligned with current service systems and practices and to increase applicability in a local context. Further, while effort was made to ensure search terms were comprehensive to capture relevant studies, some search terms may have been missed (e.g., “complex support needs”, a term used widely in practice from the National Disability Insurance Scheme in Australia) which could have led to relevant papers not being captured.

Second, due to streamlined systematic review methods, REAs can be subject to a range of methodological bias (Gannan, Ciliska & Thomas, 2010; Varker et al., 2015). Tricco and colleagues (2017) therefore recommend authors be transparent about which aspects of the review were streamlined. The methods that were streamlined in this REA and deviated from process of a systematic review included: having one reviewer complete title and abstract screening; data extraction and majority of the quality assessments and validated by a second researcher. These methods are typically conducted by two or more researchers and validated by an additional researcher in a systematic review. Additionally, there was no protocol registration, and the eligibility criteria were applied broadly to include young people considered to be experiencing complex needs rather than using a strict and specific eligibility criteria for the study population.

The use of a broadened eligibility criteria meant that some of papers captured in this review focused on one area of complexity. Although some papers may have included populations of young people using one indicator (such as homelessness), it can be ascertained that populations of homeless young people are likely to be experiencing multiple other markers of complexity e.g. trauma, mental health, drug and alcohol use etc. Most of the included papers, do however draw attention to multiple causes and correlates which suggests

some recognition of the interplay between different risk factors (e.g., refugee youth with a dual diagnosis of mental health and AOD issues; Posselt et al., 2017).

The purpose of this REA was to synthesise information regarding barriers and facilitators for young people with complex needs, rather than an assessment of evidence in the overarching literature (as done with a systematic review; Varker et al., 2015). This review did not intend to provide an overarching assessment of the evidence of the literature and this should be considered when interpreting the results from this review. Whilst we did undertake a CASP assessment, it is difficult to ascertain and provide an overall judgement of the quality and bias of the evidence assessed, largely due to the CASP tool used as a way provide an assessment of the trustworthiness, relevance and results of published papers rather than a summary of evidence of included studies (Critical Appraisal Skills Programme (2018)).

Overall, a key limitation of the literature in this area is the difficulty in capturing complexity. The term complexity/exceptionality is subjective, contextual, and therefore difficult to define in a consistent manner. What is complex to one individual/service may be different from another. Such definitions may also change over time. The hope over time is that sectors, e.g., Mental Health, Disability, evolve to better understand and respond to complexity and that there is a capacity to adapt to new issues of complexity as they emerge.

Relevant service/system landscape changes e.g., Mental Health/CAMHS, NDIS are constantly going through reform and change, and are state specific, and therefore broad conclusions are difficult to draw from the literature without consideration of political, socioeconomic climates.

5. Conclusion

Young people with complex needs experience additional interrelated and compounding difficulties with service provision that can further compound the challenges in them leading positive and prosperous lives. There were many barriers to engagement that were identified in this review at the individual level as well as at a service and system level. For example, young people have a range of needs that are not easily met by a single service and, consequently, they have difficulties navigating the service system. These challenges are further compounded by the nature and structure of services. Services were identified as not being amenable to the needs of young people due to rigid operational structures and funding models. Despite these barriers to service engagement, there were numerous examples identified in the papers included in this review that can help to facilitate more productive service provision and ensure that the needs of this population of young people are met. Emphasis was placed on the importance of practitioners investing in supportive relationships between practitioners and young people, and that practitioners who were more persistent, used flexible approaches to engagement, and provided outreach services are more successful at engaging with young people with complex needs. System and service approaches were also recommended, including changes to the structure of services so that they are more flexible, improved collaboration between different services who are working with young people, and increased training and support for staff working with young people. In summary, the review highlighted the importance of creating a service environment that is adaptive and structured around the needs and lifestyle of young people with complex needs rather than one which requires hard-to-reach young people to adapt to the service.

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IRB and Informed consent statement

This is a review and therefore this is not applicable.

Journal Pre-proofs

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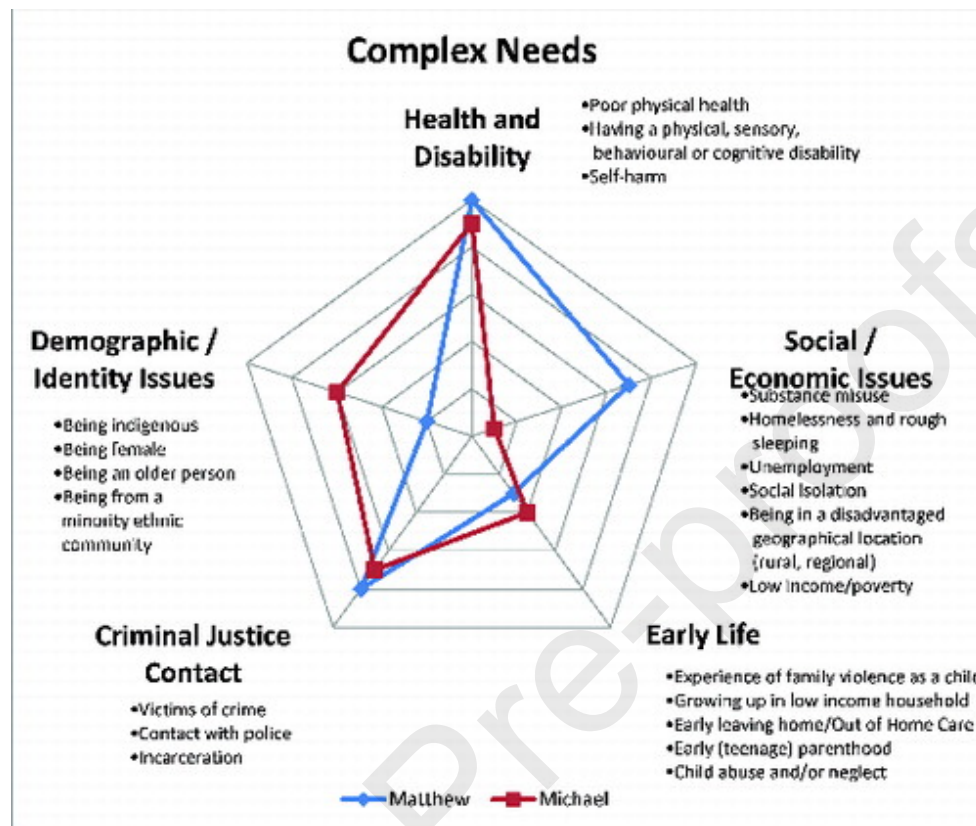


Figure 1. Illustration of the interlocking nature of factors that integrate and compound to create “complex needs”. Figure by Han Xu. Source: Baldry and Dowse (2013, p.224).

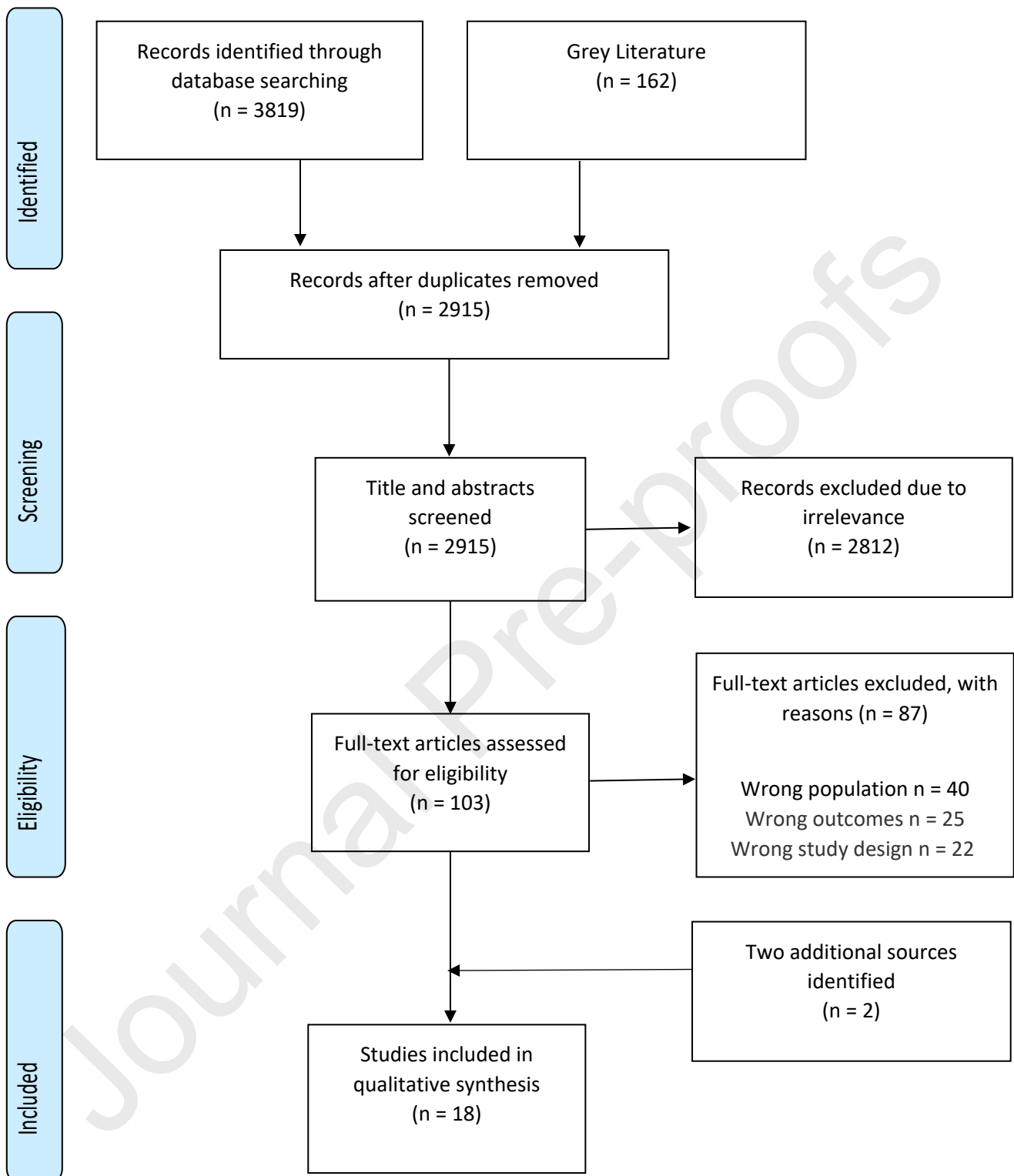


Figure 2. PRISMA flow diagram of the study selection process

Table 1. PsychInfo full electronic search strategy

Young Person	AND	Complex needs	AND	Service Engagement	OR	Practice Framework
school age 6 12 yrs.ag. OR adolescence 13 17 yrs.ag. OR young adulthood 18 29 yrs.ag. OR child\$.ti,ab OR adolescen\$.ti,ab OR teen\$.ti,ab OR youth\$.ti,ab OR minor\$.ti,ab OR Early adulthood.ti,ab OR juvenile\$.ti,ab OR young adult\$.ti,ab OR Young person\$.ti,ab OR Young people.ti,ab		complex need\$.ti,ab OR complexit\$.ti,ab OR multiple need\$.ti,ab OR Multi?system.ti,ab OR cross-system collaboration\$.ti,ab OR Dual system\$.ti,ab OR dual status.ti,ab OR disengage\$.ti,ab OR Comorbidit\$.ti,ab OR Exceptionality.ti,ab OR Exceptional need\$.ti,ab OR Multifaceted need\$.ti,ab		service engagement.ti,ab OR engagement.ti,ab OR service coordination.ti,ab OR service approach\$.ti,ab OR service use.ti,ab OR service provision\$.ti,ab OR service utilization.ti,ab OR coordinated service\$.ti,ab		practice framework.ti,ab OR practice guideline\$.ti,ab OR practice standard\$.ti,ab OR practice polic\$.ti,ab

Table 3. Summary of themes

	Barriers	Strategies
Individual level (young person and practitioner)	<ol style="list-style-type: none"> 1. Characteristics of young people 2. Navigating the system 	<ol style="list-style-type: none"> 1. Relational approaches 2. Practical approaches 3. Empowerment approaches
Service and system level	<ol style="list-style-type: none"> 1. Nature of the service system 2. Interagency collaboration 3. Transitions across services 4. Service structures 5. Resource issues 	<ol style="list-style-type: none"> 1. Structural approaches 2. Collaborative approaches 3. Staff training and support

WORKING WITH YOUNG PEOPLE WITH COMPLEX NEEDS

Table 2. Summary of included papers ($n=18$).

Author, year	Country	Setting/participants	Method	Aim	Summary of results
Black, 2018	Australia	Homeless young people aged 16 -25 (n = 10) and service providers (n = 20)	Qualitative methodology through in-depth interviews.	To explore the lived experience of service referrals.	<ul style="list-style-type: none"> • Client centred focus • Staff who are non-judgemental, friendly and understanding • Competent staff who act as advocates, knowledge of services, and consistent support • Accessibility (outreach or after hours) • Communication and collaboration between agencies
Carter, 2007	United Kingdom	Families of children with complex health needs (n = 28), and professionals supporting these young people (n = 41)	Qualitative methodology using interviews and workshops.	To explore examples of best multi-agency working practice with families and people working with children with complex needs.	<ul style="list-style-type: none"> • Parents need to have the opportunity to share and receive support from other parents who understand the lived reality of caring for a child with complex needs • Parents and people from across the various agencies need to work together to ensure that the most appropriate person acts in the role of a long-term coordinator, where the family wants this aspect of support
Christiani, 2008	United States	Homeless young people aged 18–25 with active drug use, from a residential youth shelter (n = 54)	Qualitative approach using semi structured focus groups.	Not reported.	<ul style="list-style-type: none"> • Having a mentor or peer advocates • Using peer advocates as “consultants” in developing training programs for providers • Service providers offer unscheduled drop-in times • Improved amenities in clinic wait areas
Darbyshire, 2006	Australia	Homeless young people aged 16-24 from a supported accommodation assistance programme (n = 10)	Qualitative methodology using interviews.	Describe and discuss the perspectives and experiences of young homeless people with mental health problems in relation to their interactions with health and social care services.	<ul style="list-style-type: none"> • Trust and respect between client and service provider • Advertising and awareness could be improved by having more pamphlets available • A ‘one-stop shop’ or drop in service • The need for an accommodation facility that could also provide assistance for those with mental health issue

WORKING WITH YOUNG PEOPLE WITH COMPLEX NEEDS

Ellem, 2019	Australia	Service providers with experience working with young people with complex support needs (n = 33)	Qualitative methodology using focus groups and individual interviews.	To understand the service provider perspective on the transitions of young people with complex support needs.	<ul style="list-style-type: none"> • Providing a continuum of support • Taking time to build rapport to establish trust • Using language and communication style to remove power imbalances • Informal methods such as playing basketball with the young person, or making sure everyday language was used • Services being more accountable • Policy changes and increased resources targeted towards rural services
French, 2003	Australia	Young people aged 14-21, referred to street link services (n = 16)	Qualitative methodology using one on one interviews.	To explore experiences of at-risk youth referred to YouthLink, from the time of recognition of a problem through to the early stages of forming a therapeutic alliance.	<ul style="list-style-type: none"> • Individual needs of the young person should be considered. • Flexible service responses • Having a family member or close friend to initiate engagement process • Youth-friendly • Making the young Person feel understood • Assertive engagement and follow-up • Self-determination and empowerment practices
Malvaso, 2015	Australia	Government and non-governmental organisations working with young people with complex needs in out-of-home care (n = 66)	Qualitative methodology using focus groups and individual interviews.	To gain a deeper understanding of the service issues and to identify ways that policy and practice can be enhanced to better facilitate service engagement.	<ul style="list-style-type: none"> • Developmentally appropriate services • Flexible and responsive services • Services communicating, collaborating and working towards common goals • Extending the State government's responsibility beyond the current age of 18 years • Flexible funding structures to allow co-ordination across services and creativity within services • A greater reliance on the non-government sector • Staff experience and turnover rates • Operation and structure of existing services adapt to the needs of this population of young people leaving care • Drop-in centres or assertive outreach services

WORKING WITH YOUNG PEOPLE WITH COMPLEX NEEDS

Malvaso, 2016	Australia	Government and non-governmental organisations working with young people with complex needs in care (n = 66)	Qualitative methodology using focus groups and individual interviews.	As above.	<ul style="list-style-type: none"> • Flexible and persistent service delivery • Encouraging and supporting staff to be proactive, consistent and creative • Person-centred case management • Emphasising and facilitating relationship building with young people, their family and friends, and with other services • Adopting informal, indirect and creative approaches to service engagement • Develop and improve the skills of young people
Mendes, 2014	Australia	Practitioners from non-government agencies working with young people in care (n = 19)	Qualitative methodology involving 6 focus groups.	To examine the views of agencies providing services to young people with a disability in and leaving out-of-home care.	<ul style="list-style-type: none"> • Reliable and accessible data on young person for transitioning • Increased housing and supported accommodation • Active participation of young people with a disability in leaving care plans for successful transitions • Greater collaboration and joint planning between agencies, • Specialist allied health assessments available and funded on a needs basis • Flexibility in relation to the timing and staging of transition. • Post care support and at least 12-monthly reviews of care leavers with disabilities until they are 21 years old. • Accurate data on outcomes for young people to inform policy and practice development
Munford, 2016	New Zealand	Multiple service using young people aged 13-17 (n = 109)	Mixed methods using a survey and semi-structured interviews	Using a mixed methods approach to investigate young people's experience of service use.	<ul style="list-style-type: none"> • Supportive and strong relationships in service delivery. • Empowering and respectful practices • Involved decision making for young person • Advocating for young people

WORKING WITH YOUNG PEOPLE WITH COMPLEX NEEDS

Posselt, 2017	Australia	Refugee youth with a dual diagnosis (n = 15) and service providers in mental health and AOD services (n = 35)	Mixed methods using Interviews and an online survey	To determine barriers/facilitators to effective, culturally responsive service provision for young people of refugee background living in the study region with comorbid MH and AOD problems.	<ul style="list-style-type: none"> • Community engagement and interagency collaboration. • Bi-cultural workers and culture brokers • Accessibility, engagement and treatment delivery solutions • Professionals' knowledge and explanatory models • Workforce development • Training for working with refugee clients and comorbidity
Thompson, 2006	United States	Homeless young people receiving health or social services from a community drop in service (n = 60)	Qualitative methodology using self-contained focus groups	To develop a better understanding and increase knowledge of barriers and factors that affect service utilization	<ul style="list-style-type: none"> • Caring/sensitive to homeless issues • Encouraging/motivating • Respectful/trusted • Pet friendly
Ungar 2014	Canada	Multiple service using youth (n = 116)	Case studies	Using case studies drawn from research with multiple service-using youth with complex needs to explore how uncoordinated services increase young people's risk exposure.	<ul style="list-style-type: none"> • Multi-level service • Coordinated • Continuity • Negotiated • Continuum of care • Effective
Van den Steene, 2018	Belgium	Young women with multiple complex needs in a residential care facility (n = 9), their parents (n = 12) and service providers (n = 44)	Qualitative methods using in-depth interviews and focus groups	Multi-perspective description of the needs of adolescent girls with MCN, as part of an overarching participatory action research.	<ul style="list-style-type: none"> • Focus on youth-professional relationship • Enabling youth to have agency • Holistic and adjusted care delivery • Focus on the individual
Van den Steene, 2019	Belgium	Young women with multiple complex needs residing in a residential care facility (n = 9), their parents (n = 12) and service providers (n = 44)	Qualitative methods using in-depth interviews and focus groups	To explore how adolescents, parents/caregivers and professionals evaluate an intensive collaboration between a child welfare residential centre and a child and adolescent psychiatric facility.	<ul style="list-style-type: none"> • Tailored delivery • Continuity of care • Improving independence skills • Improve service capacity • Autonomy and agency of YP/Family • Role clarity and responsibility during collaboration • Continuity of care monitoring

WORKING WITH YOUNG PEOPLE WITH COMPLEX NEEDS

Zlotowitz, 2016	United Kingdom	Excluded young people residing in a housing estate (n = 15)	Qualitative focused ethnography of field notes	Not reported	<ul style="list-style-type: none"> • Support and supervision for Professionals • Team building • 'Integrate model' which incorporates the following: • Coproduction, flexibility and responsiveness to local need and preferences • peer referrals • taking mental health practitioners out of clinics to where young people are • creating change across multiple levels • wrapping mental health and psychologically- informed thinking practice around youth-led activities • Long-term trusted and attuned relationships supporting holistic needs.
Emerging Minds, 2019	Australia	Not applicable	Practice resource for supporting children in families with complex needs	Not applicable	<ul style="list-style-type: none"> • Accept that it is okay not to know all the answers • Remember that simple things can matter the most • Use tools that simplify complexity • Identify strengths • Cultivate support and referral networks • Continue to develop cultural competence • Take reflective practice seriously • Understand the boundaries of your role • Ask for help
Network of Alcohol and Drug Agencies (NADA), 2013	Australia	Not applicable	A Practice Resource for Drug and Alcohol Services for supporting young people with complex needs	To build capacity within the non-government drug and alcohol sector by supporting the development of staff skills, knowledge and confidence, and of organisational capacity people with drug and alcohol issues and complex needs	<ul style="list-style-type: none"> • Genuine, hopeful and empathetic relationships • Communication strategies (using aids, creative strategies) • Creative and informal activities • Environment • Mentoring or buddying system • Reflective practice • Assertive outreach and aftercare • Worker wellbeing

Supplementary Table 1: CASP results for the 16 empirical research studies included in the review.

Study	Q1 Was there a clear statement of the aims of the research?	Q2 Is a qualitative methodology appropriate?	Q3 Was the research design appropriate to address the aims of the research?	Q4 Was the recruitment strategy appropriate to the aims of the research?	Q5 Was the data collected in a way that addressed the research issue?	Q6 Has the relationship between researcher and participants been adequately considered?	Q7 Have ethical issues been taken into consideration?	Q8 Was the data analysis sufficiently rigorous?	Q9 Is there a clear statement of findings?
Black 2018	yes	yes	yes	yes	yes	yes	yes	yes	yes
Carter 2007	yes	yes	yes	yes	yes	yes	yes	yes	yes
Christiani 2008	Unclear	yes	yes	yes	yes	yes	yes	yes	yes
Darbyshire 2006	yes	yes	yes	yes	yes	yes	yes	yes	yes
Ellem 2019	yes	yes	yes	yes	yes	yes	yes	yes	yes
French 2003	yes	yes	yes	yes	yes	yes	yes	yes	yes
Malvaso 2015	yes	yes	yes	yes	yes	yes	yes	yes	yes
Malvaso 2016	yes	yes	yes	yes	yes	yes	yes	yes	yes
Mendes 2014	yes	yes	yes	yes	yes	yes	yes	yes	yes
Munford 2016	yes	yes	yes	yes	yes	yes	yes	yes	yes
Posselt 2017	yes	yes	yes	yes	yes	Unclear	yes	yes	yes
Thompson 2006	yes	yes	yes	yes	yes	Unclear	yes	yes	yes
Ungar 2014	yes	yes	yes	yes	Unclear	Unclear	yes	yes	yes
Van den Steene 2018	yes	yes	yes	yes	yes	yes	yes	yes	yes
Van den Steene 2019	yes	yes	yes	yes	yes	yes	yes	yes	yes
Zlotowitz 2016	Unclear	yes	yes	yes	yes	yes	yes	yes	yes

Conflicts of interest/Competing interests

The authors have no relevant financial or non-financial interests to disclose.

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