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Absconding; An Exploration Into Why Youth Abscond From Out-of-Home Care

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*Names and other identifiers have been changed to preserve
confidentiality.*

Abstract

Youth absconding from out-of-home care is a prevalent and concerning issue that faces out-of-home care facilities. When youth abscond from care it creates a myriad of negative consequences for the young person, to those around them (family and friends) and society. There are a range of explanations within the literature as to why youth abscond from care, which can be grouped into individual, familial and contextual factors. This research explored the risk and protective factors for absconding behaviour through two studies, one using quantitative methodology and the other qualitative. The quantitative study examined the risk factors for absconding and the frequency of absconding through a retrospective file audit of young people who had resided in out-of-home care ($n = 241$). Regression analyses revealed that there was a significant relationship between absconding and gender, number of admissions to care and MAYSI-2 suicide scores. Analyses also showed that there was a significant relationship between the frequency of absconding and gender and number of admissions to care. The qualitative study involved interviewing 40 young people from out-of-home care to explore what risk and protective factors may impact absconding behaviour. Results indicated the following; (1) relationships and sense of connection are important to young people, (2) young people find life in a residential home boring, (3) that freedom and autonomy are highly valued by young people, (4) the system frustrates young people, and that (5) smoking influenced many young people to abscond. The findings from this research are discussed in relation to their clinical implications. It is essential to understand why youth abscond and the risk and protective factors that contribute to absconding in order to ultimately prevent and reduce rates of absconding.

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Chapter One – Research Overview and Systematic Literature Review

Brief Overview of this Research

There is strong evidence to corroborate the multitude of problems that result when young people abscond from out-of-home care. Firstly, it is important to acknowledge that there are high costs directly associated to youth who abscond from care. For example, there is a risk of harm to the absconder not only at the time of their absconding episode but also in the future, as their outcomes are likely to be worse than non-absconders. In addition, there is a direct cost and negative impact to staff members, family and other carers who surround this group of young people (Finkelstein et al., 2004). Secondly, there are considerable economic costs for society alongside additional costs such as time and resources spent when youth abscond (Blissett et al., 2009). As a result of these high costs, youth who abscond from out-of-home care are considered a high need group. Thirdly, it is important to note that existing literature on absconding behaviour is limited and has been approached in a diverse manner, leaving it difficult to understand the factors that lead youth to abscond.

The current research seeks to address this gap within the literature by providing a thorough, systematic review of the literature and through conducting both a quantitative and qualitative study. The quantitative study comprises of data collected through a retrospective file audit of 241 young people who resided in out-of-home care in New Zealand. The aim of the quantitative analyses was to explore the risk factors associated with absconding behaviour and the frequency of absconding behaviour. For the qualitative study, data were collected from conducting semi-structured interviews with 40 youth who resided in out-of-home care in New Zealand. The aim of the qualitative analyses was to explore what factors may be operating when young people decide to abscond, or alternatively, to not abscond. It also seeks to provide a voice for this high needs group.

Chapter Two provides an overview of the method for the quantitative and qualitative studies. Chapter Three illustrates the quantitative results and Chapter Four, the qualitative results. In Chapter Five the results from the quantitative and qualitative analyses are integrated together and are discussed in relation to the wider absconding

literature. The clinical implications of this research will also be explored and general recommendations will be discussed. Finally, an overview of the strengths and limitations of this research and directions for future research will be provided. This current chapter begins by providing an introduction to and rationale for the systematic literature review, an overview of the prevalence of absconding and the risk and harm that results from absconding. Following this, a systematic overview of the literature on absconding will be provided, before concluding with a summary and the aims for the current research.

Literature Review Introduction

The purpose of this literature review is to provide an in-depth overview of the most recent literature on the reasons why young people (children and adolescents) abscond from out-of-home care. For the purpose of this research ‘absconding’ refers to the behaviour in which young people run away from out-of-home care. Out-of-home care is used to encompass several different types of care including: individual and group foster care, residential care and residential treatment settings (see Appendix A for a full definition of these different settings). These broad definitions were selected in an attempt to appropriately capture the variety of absconding populations evident in existing literature. Over the past decade absconding has commonly been referred to as ‘elopement’; ‘running away’; ‘going missing’; and ‘Absence Without Leave (AWOL)’ (Burford, 2006; Eisengart, Martinovich & Lyons, 2007; Finkelstein, Wamsley, Currie & Miranda, 2004; McIntosh, Lyons, Weiner & Jordan, 2010); these terms will be used throughout this research interchangeably.

This literature review will provide an overview of the reasons why youth abscond from care, with particular focus on the risk and protective factors found to lead to, or alternatively reduce and prevent absconding behaviour. The literature included in this review spans from 1997-2013, except where a study was considered to be especially important. The following databases were used to find literature: Eric, Google Scholar, ProQuest, PsycEXTRA, PsycINFO, PubMed and Scopus. Please note: part of this literature review was published in the *Journal of Aggression and Violent Behaviour* by Elsevier. Please see Bowden and Lambie (2015) for the final published version hosted on Science Direct: <http://dx.doi.org/10.1016/j.avb.2015.09.005>.

Absconding Prevalence

There is evidence to suggest that youth within the care system are significantly more likely to abscond than youth who are not; moreover, youth who have been in the care system are overrepresented in populations of absconders (Attar-Schwartz, 2013; Biehal & Wade, 1999; Mitchell, Rees & Wade, 2002). For the purpose of this review, youth who comprise the care system include all young persons who are temporarily residing in one of the following: individual family foster care, family foster care with treatment, specialised foster care, residential/group settings, residential/group treatment settings (with and without a family structure) and residential/group treatment setting/placements.

A common experience for youth who have been within a care system is disruption of their living arrangements, which is often the result of reported neglect or abuse, or a chaotic family environment. Considering the circumstances that youth within the care system experience, it is not surprising that they have higher rates of absconding than general populations of youth (Courtney & Zinn, 2009). There are two alternative pathways that are usually taken when attempting to measure the presence of absconding behaviour. Firstly, studies locate young people in homeless shelters and measure the percentage of these youth who have previously absconded from out-of-home care. Such measures generally reveal that a small to medium number of young people in shelters have absconded from care (Courtney et al., 2005). Secondly, studies use populations of youth in existing residential settings and measure the percentage of youth who abscond, which typically result in greater percentages of absconding being identified (Courtney et al., 2005). Both sources of information are useful and should be considered. However, researchers tend to utilise populations of youth from homeless shelters, as there are fewer barriers to contacting these youth than those in out-of-home care (e.g. ethical applications and permission from government bodies).

Although some studies insinuate that as few as three percent of absconders are from out-of-home care (Thompson, Pollio & Bitner, 2000; Zimet et al., 1995), the majority stipulate otherwise. For example, in the United States of America MacLean, Embry and Cauce (1999) recruited 356 participants from shelters around Seattle and found that 18% of youth had absconded from residential care. Similarly, Bass (1992) conducted a survey in 170 homeless shelters across the US, from which results

indicated that more than 25% of youth had absconded from residential care settings. In addition, a study conducted with over 2000 youth across eight states in the United States of America found that 18% had absconded from out-of-home care (Kurtz, Kurtz & Jarvis, 1991). Finally, when considering sample populations of youth residing in out-of-home care, absconding rates from 23%, up to 71% have been shown (Biehal & Wade, 2000; Courtney & Barth, 1996; Nesmith, 2006).

The Child Welfare League of America (2004) suggest that youth living in residential care have more than double the risk of absconding than those living with their families, and report that up to one half of youth in out-of-home care have absconded at one point over time (Kerr & Finlay, 2006). Additionally, youth in out-of-home care have been found to be more likely to abscond repeatedly, to abscond for a longer duration and to abscond further distances than those living with their families (Abrahams & Mungall, 1992; Biehal & Wade, 1998). Studies in the United Kingdom have demonstrated that less than one percent of young people are brought up in out-of-home care, though police figures suggest that around one third of reported absconds come from out-of-home care, particularly residential care settings (Abrahams & Mungall, 1992; Biehal & Wade, 2000; Mitchell et al., 2002). Within New Zealand there is currently a lack of statistics gathered for youth who abscond from out-of-home care. However, anecdotal evidence from the organisations and staff involved in out-of-home care facilities within New Zealand suggest that absconding is a significant and common problem. Thus, it is important for this to be examined to determine truly how prevalent absconding is. The rates of absconding for the current study will be outlined later (see Method section).

When considering the above prevalence findings it is important to consider the sourcing of such figures. The most important data is retrieved from administrative documentation from police reports and individual case file data that are documented when individuals abscond (Attar-Schwartz, 2013). Additionally, reports from professionals, such as staff in residential care settings have been used to provide information on this matter (Nesmith, 2006). Depending on such information should be done so with caution due to the potential for under-reporting and erroneous data collection (Attar-Schwartz, 2013). Additionally, a great deal of information is gathered from homeless and youth shelters by measuring the amount of youth who have absconded from residential care (Courtney & Zinn, 2009). However,

absconding to a shelter is only one possible location that youth may abscond to and a lot of evidence indicates that youth most commonly abscond to stay with friends and family (Biehal & Wade, 2000; Courtney et al., 2005; Finkelstein et al., 2004; Kerr & Finlay, 2006; Lin, 2012; Miller, Eggertson-Tacon & Quigg, 1990; Morgan, 2006; Morgan, 2012). Therefore, relying on such information may lead to an under-representation of the true prevalence of absconding when measured this way. Despite these concerning figures of youth in residential care there is a lack of systematic research that considers the prevalence and the reasons why youth abscond from care (Attar-Schwartz, 2013; Nesmith, 2006). There is also a lack of research exploring the negative iatrogenic effects that mixing with antisocial peers may have on absconding behaviour. Existing research documents the capacity for problem or antisocial behaviour to be inadvertently reinforced in certain situations when youth are put together (Dishion, McCord & Poulin, 1999; Lambie & Randell, 2013). As a result, the potential for negative iatrogenic effects is a clinically significant factor to consider for youth in out-of-home care, as the congregation and socialisation of youth in out-of-home residences may result in inadvertent reinforcement of absconding behaviour and ultimately increase the rate of absconding. Given the varying definitions of absconding and difficulties in studying this population, obtaining accurate prevalence data was problematic and any interpretations should be done so with caution.

Risk and Harm Resulting from Absconding

The multitude of problems and the harm caused when youth abscond from out-of-home care is well documented and is not a recent phenomenon. Since the initial Poor Law provision for disadvantaged children was made in the United Kingdom in the sixteenth century, youth have been reported to abscond from various placements (Biehal & Wade, 2000; Pinchbeck & Hewitt, 1973). Gunasekara (1963) stated that absconders are a problem to themselves, to their institution and to society. More recently, Biehal and Wade (2000) identified that youth who abscond from residential care had received an increase in attention in the prior decade to their research. This is most likely a result of the increasing awareness of the difficulties and problems that arise when young people abscond from out-of-home care (Crosland & Dunlap, 2014; Eisengart et al., 2007; Finkelstein et al., 2004; McIntosh et al., 2010; Taylor et al., 2013). The variety of difficulties that arise when youth abscond will be discussed

accordingly in relation to the implications to youth and the implications to others.

Implications for youth. Youth are a group of individuals who are characterised by vulnerability, as they are dependent on adults for care and protection (Osgood, Foster & Courtney, 2010). Therefore, it goes without saying that youth who are in the care system comprise a vulnerable group who are exposed to especially testing and disrupted circumstances (Attar-Schwartz, 2013; Courtney & Zinn, 2009; Zimmerman, Abbey, Nicholas & Bieber, 1997). In the United Kingdom, youth within the care system have been labeled as the most vulnerable in society (APPG inquiry into children missing from care, 2012; Cowley, Kemp, Day & Appleton, 2012).

It is important to emphasise the risks and harm that youth who abscond are confronted with, as they may lack the necessary resources to adequately protect themselves (Guest, Baker & Storaasli, 2008). For example, absconders are at risk of sexual activity, sexually transmitted diseases, pregnancy, prostitution and sexual abuse (Biehal & Wade, 1999; Clark et al., 2008; Kim, Chenot & Lee, 2013). The implications of youth being exposed to such incidents are great and have lasting consequences. For example, youth may experience trauma from prostitution and early sexual activity. In addition, teenage pregnancies may disrupt schooling and leave youth with poorer outcomes. Similarly, youth who abscond are at further risk of developing mental health problems such as anxiety, hyper-vigilance and suicidal ideation (Dalley, 2007; Dobek, 2006; Guest et al., 2008). Absconding has also been shown to play a part in increasing the risk that individuals will be homeless and suffer from depression in later adulthood (Herman, Susser & Struening, 1994; Keogel, Melamid & Burnham, 1995). Furthermore, absconding has a negative impact on young people's schooling, leading to developmental repercussions and difficulty transitioning into adulthood and employment in later life (Courtney & Dworsky, 2005; Crosland & Dunlap, 2014; McIntosh et al., 2010). Youth are also at risk of delinquent behaviours including substance use and are more likely to commit crimes (Finkelstein et al., 2004; Hyde, 2005). Finally, it is important to note that youth who abscond to be with their family may still be at risk of harm, particularly if returning to a dysfunctional family (Courtney et al., 2005). Ultimately, there is no pattern to the type of risks that youth may face when absconding, and there is a lack of evidence to link the frequency of absconding with the type of risk. Despite this, the myriad of risks and harm that results when youth abscond is clear, both immediately and long-

term (Child Welfare League, 2004; Finkelstein et al., 2004; Kerr & Finlay, 2006).

Implications for others and society. It is necessary to consider the difficulties that absconders pose to other individuals and society. The APPG inquiry into children missing from care (2012) indicated that there are considerable social and financial costs when youth abscond. This is supported by the Children's Society's (2011) report, which found that the total costs to services (including the police, public services and to society) surpassed £82 million. This reported economic cost incorporated the economic burden and the extra time and resources that are needed when absconding incidents arise. For example, it is necessary to consider the police and residential staffs' resources spent locating absconders and time spent administering absconding and missing persons paperwork.

What's more, literature supports the notion that young people may be at risk of committing serious offending while absconding (Courtney et al., 2005; Finkelstein et al., 2004; Hyde, 2005; Sinclair & Gibbs, 1998). Additional costs to society are incurred when absconders commit crimes, such as property damage (Crosland & Dunlap, 2014; Finkelstein et al., 2004). Biehal and Wade (1999) conducted a study on 210 youth who had gone missing from out-of-home care; results indicated that over one fifth of youth reported committing an offence during their most recent abscond episode. In some instances group offending occurred, suggesting that peers influenced one another. Individuals were also found to commit crimes deemed opportunist to aid survival if living on the streets, including burglary, theft, malicious damage and violence to others (Biehal & Wade, 1999; Curran, Kilpatrick, Young & Wilson, 1995). Even more concerning was that for a number of the youth who absconded, criminal activity became a pattern while on the streets (Biehal & Wade, 1999). Similarly, estimates of the economic cost for youth who have conduct problems have been suggested to be about 10 times that of youth without (Blissett et al., 2009). Many young people who abscond have conduct problems making this important to consider.

In addition, absconders are problematic for the organisation or residential setting that they abscond from. Not only does it cause staff time and concern, it disrupts the placement setting (Rees, Smeaton & Wade, 2002). For example, a daily activity or trip may be cancelled as a result of an absconding incident. It also places the organisation in a difficult situation, as they are legally accountable for the youth in

their care. Moreover, if the information of absconds reaches the attention of media, there are negative implications for the organisation or facilities that the youth abscond from, including negative publicity and media attention (Gunasekara, 1963; National Children’s Bureau, 2008).

Systematic Overview of the Literature – Factors Associated with Absconding Behaviour

This section provides a systematic overview of existing literature that explores why young people abscond from out-of-home care. In particular, this review will focus on the risk and protective factors at play when considering why young people abscond. In an attempt to provide a thorough picture of why young people abscond, individual, family and peer and contextual factors will all be explored. Table 1 (see Appendix B) provides a summary of the studies that will be explored in this section and provides details of (where applicable) study design, country of origin, setting, sample details, age range, definition of absconding, and the key findings associated with absconding including potential risk and protective factors for absconding behaviour.

Insert Table 1: Appendix B

Individual Factors

This section explores the involvement of individual-level variables that may be associated with absconding behaviour for youth in out-of-home care.

Gender. There is considerable evidence that females are significantly more likely to abscond from out-of-home care than males (English & English, 1999; Fasulo et al., 2002; Kim et al., 2013; Sunseri, 2003). Finkelstein and colleagues (2004) found female absconders to outnumber males for single and chronic occurrences of absconding. This is consistent with gender variations found in children diagnosed with Conduct Disorder (CD). The American Psychiatric Association (APA; 2013) distinguishes between males and females by absconding behaviour, indicating that females are more likely than males to engage in absconding and truancy behaviour. However, some studies have failed to find a significant association between absconding and gender; although, being a female appears to be an overall risk factor

for absconding behaviour (Attar-Schwartz, 2013; Biehal & Wade, 2000). Despite this conclusion, Courtney and Zinn (2009) indicated that their analyses provided no indication as to why such differences exist, and thus future research should seek to understand why females are more likely to abscond than males (Courtney & Zinn, 2009). As a result, it may be possible that intervention to reduce absconding consider different motives for females and males. It is also evident that further research is necessary to understand the comprehensive differences between gender and absconding behaviour.

Age. Age has been consistently considered to be a significant predictor of absconding behaviour for youth in out-of-home care, with older youth being more likely to abscond than younger individuals (Courtney et al., 2005; Courtney & Zinn, 2009; Guest et al., 2008). This finding has remained when other variables are kept constant (Lin, 2012), and when accounting for county variation (Kim et al., 2013). It is important to consider county variation for studies based in the United States of America due to policy and practice differences across counties. Lin (2012) found that on average, youth who were older when first removed from their home were significantly more likely to abscond from care than those who were younger. Analyses indicated that absconders were on average five years older when they were first removed than those who did not abscond. Lin (2012) also found that absconders were approximately seven years older than non-absconders, with a one-year gain in age leading to a 58% increase in the likelihood that a young person would abscond. Similarly, Eisengart and colleagues (2007) and Nesmith (2006) found that older youth were more likely to abscond than younger youth, with a one-year increase in age leading to a 13% and 18% increase in odds ratio for absconding, respectively. Older adolescents have also been found to abscond on a more frequent basis (Attar-Schwartz, 2013). Furthermore, in an extensive study of 14,282 youth who had been in out-of-home care, being of an older age at first abscond was related to an increase in duration of the abscond incident (Courtney & Zinn, 2009). The majority of absconders had entered the care system during adolescence and an increase in age was related to an increase in the chance of absconding for individuals' most recent absconding incident. This finding is in keeping with Guest and colleagues (2008) who reported that youth who absconded were older when entering a residential treatment center than those who did not.

There is some evidence to suggest that youth in mid adolescence have the highest rates of absconding. Biehal and Wade (2000) found that youth between the ages of 13-15 had the highest rates of absconding, and similar results have been displayed for 14-16 year olds (Fasulo et al., 2002). Interestingly, Biehal and Wade (2000) distinguished two patterns of absconding for youth and arrived at two distinct abscond profiles. Their 'friends' group comprised of youth who absconded specifically to see friends or family, while the 'runaway' group consisted of youth who had absconded or stayed out. Analyses highlighted that the friends group were significantly older than the runaway group, which may suggest differing motives according to the age group of youth who abscond and that as youth get older they may be more likely to abscond to see their friends (Biehal & Wade, 2000). Furthermore, McIntosh and colleagues (2010) highlighted that youth between the ages of 15-16 had the greatest odds of absconding, whereas youth younger than 13 or older than 19 had the lowest odds. This implies that the relationship between age and absconding may not be as simple as a positive correlation and rather that it may peak in middle adolescence. This is supported by findings from Sunseri (2003), who noted that absconding was infrequent for youth under age 12, while it peaks at age 16 and then later declines, leading to the conclusion that absconding typically manifests during adolescence.

The previous findings are complemented by qualitative research based on interviews with youth with a history of absconding. These interviews indicated that older youth were more likely to abscond, with a variety of possible reasons for this (Finkelstein et al., 2004). Firstly, older youth were found to have increased difficulty adjusting to the rules and restrictions of care-facilities, with many youth reporting being concerned about this. Breaking curfews was another common reason for absconding and particularly so for older youth. Typically, their motivations for doing so revolved around a desire to be with family, friends, and partners or to stay at parties (Finkelstein et al., 2004). Overall, it appears that as youth get older they are at greater risk for absconding from care, with a range from 13-16 being reported to be of particularly high risk. Moreover, being below this age range or above 19 years may act as a protective factor.

Emotional and behavioural difficulties.

Child abuse. There is conflicting evidence regarding the relationship between child abuse and absconding behaviour, and there appears to be no clear pattern

regarding the impact that abuse history has on absconding. Youth who have been exposed to a lack of supervision or neglect have been found to be at a greater risk of absconding than those who were not (Courtney & Zinn, 2009). Similarly, Zimmerman and colleagues (1997) found that physical abuse victimisation was more common amongst youth in their absconding group, when compared to youth in the non-absconding group. On the other hand, Courtney and Zinn (2009) found that having a history of sexual abuse reduced the probability of first absconding incidents by 15%, while Sunseri (2003) found that having no physical or sexual abuse history was related to absconding behaviour. Finally, some evidence suggests that there is no relationship between child abuse and absconding. Courtney and Zinn (2009) specified that a history of neglect and sexual victimisation failed to differentiate between the group of absconders and non-absconders. Likewise, trauma history (Eisengart et al., 2007) and sexual abuse history (Fasulo et al., 2002) have been found to have no relationship to absconding behaviour. Further research on the potential relationship between absconding and abuse history is necessary to decipher whether such a history is an important risk factor with regards to absconding.

Mental health, physical and cognitive difficulties. There is some evidence to suggest that the presence of mental health difficulties are associated with an increase in the likelihood of absconding for youth in out-of-home care. For example English and English (1999) found that youth who absconded from care were significantly more likely to have higher rates of suicidal ideation than youth who did not. Furthermore, youth discharged from residential care due to absconding have been considered to be more likely to self-harm, compared to youth who were successfully discharged (Eisengart et al., 2007). Additionally, Kim and colleagues (2013) found that having a diagnosed emotional difficulty had a negative effect on absconding, while ‘other’ mental disorders have been found to be related to a moderate increase in the risk of absconding (Courtney & Zinn, 2009). Finally, Lin (2012) found that absconders had higher rates of physical disability and mental health diagnoses than those who did not abscond. Specifically, 17% of youth who absconded had a mental health diagnosis, while only 12% of youth who did not abscond had.

In contrast, evidence indicates that having the diagnosis ‘emotionally disturbed’ was associated with a reduced likelihood of absconding (Kim et al., 2013). Youth with mental retardation, physical disabilities, and mental health diagnoses were 38%, 29%

and 17% respectively, less likely to abscond than youth without such difficulties (Lin, 2012). Courtney and Zinn (2009) also found that having some form of cognitive delay or developmental disability reduced the risk of a first absconding incident, though for subsequent absconds developmental disability was not associated. The authors also found that schizophrenia was highly related to a decreased risk of absconding. Similarly, dissociative, somatoform, personality and anxiety disorders were moderately related to a reduced risk of absconding, while 'other' mental disorders were related to a moderate increase in the risk of absconding (Courtney & Zinn, 2009). Finally, internalising behaviour displayed by youth when first admitted to out-of-home care has been considered as a protective factor for absconding behaviour (Sunseri, 2003). This is likely to be due to these youth being less brazen, less confident, less outgoing and less likely to engage in risk taking behaviour, when compared to youth with externalising behaviour (see antisocial behaviour section, page 17).

There is some evidence indicating that emotional difficulties are neither a risk nor protective factor for absconding. Zimmerman and colleagues (1997) found that having a history of suicidal ideation did not distinguish between two groups of absconders and non-absconders. Conclusively, qualitative analyses have identified that absconding behaviour may be commonly undertaken as a way of expressing emotion, specifically in relation to emotional distress or strain and the expression of feelings (Karam & Roberts, 2013). Illustrating that in situations of emotional instability, absconding behaviour may be spontaneous and unforeseeable. Ultimately, further research is necessary to determine the likely impact that emotional difficulties have on absconding behaviour.

There is a lack of research that explores the relationship between youth with Attention Deficit Hyperactivity Disorder (ADHD) and absconding behaviour. Courtney and Zinn (2009) found no association between pre-adult disorders (including ADHD) and absconding behaviour. As a result, it is suggested that future research should explore the relationship between ADHD and absconding behaviour, as ADHD has been found to be one of the most common disorders in youth in out-of-home care (Auslander et al., 2002; Heflinger, Simpkins & Combs-Orme, 2000; McMillen et al., 2005).

Substance use. There is considerable evidence to suggest that substance use is a risk factor for absconding (Courtney & Zinn, 2009; Eisengart et al., 2007; Lin,

2012; McIntosh et al., 2010). In particular, substance-related disorders have been shown to be strongly associated to a heightened risk of absconding, and to increase the estimated risk of future absconds. Youth who absconded were found to score higher on measures of substance use than non-absconders (Eisengart et al., 2007). Further exploration has shown there to be a nonlinear relationship between delinquency, substance use and absconding (McIntosh et al., 2010). Specifically, absconding was shown to increase as substance use and delinquent behaviour increased. However, when reaching a point where substance use had a disabling effect, absconding behaviour was shown to decline (McIntosh et al., 2010). Lin (2012) found that the majority of youth who had been removed from their homes due to substance use difficulties absconded. Furthermore, when compared to youth removed for neglect issues, youth with substance use difficulties were 30% more likely to abscond (Lin, 2012). Despite these findings, there is no indication of the specific types of substances used and what may lead to higher rates of absconding. Qualitative data from focus groups with youth in out-of-home care revealed that very few young people disclosed absconding with the aim of using drugs; however, it was noted that potential under-reporting was present in this sample as youth were likely to have been aware of the consequences faced if they had reported drug-taking behaviour (Kerr & Finlay, 2006).

When considering historical substance use there appears to be conflicting evidence. Zimmerman and colleagues (1997) failed to find a significant difference between absconders and non-absconders when considering history of substance use. However, Guest and colleagues (2008) found that youth with a history of substance use were significantly more likely to abscond. Further analyses indicated that a history of substance use difficulties significantly predicted absconding behaviour, with youth who had a history of substance use difficulties being twice as likely to abscond as youth with no history of substance use difficulties. Additionally, youth who had a history of substance use were likely to abscond more quickly than those without a history of substance use. Ultimately, while substance use and absconding behaviour have been consistently identified as being associated, the existence of a history of substance use and the link this has with absconding is not as well recognised.

Antisocial behaviour. There is considerable evidence to suggest that there is an association between increasing absconding behaviour and youth who have a

history of, or display behavioural difficulties. Moreover, youth with a history of delinquent behaviour have been shown to be more likely to abscond, and more quickly than youth without such history (Guest et al., 2008). Significant differences have been highlighted between a group of absconders and non-absconders, with absconders being more likely to have a history of violence and property related crimes, though history of person related crimes and sexual offending failed to distinguish between the two groups (Zimmerman et al., 1997). English and English (1999) found that youth who had absconded from out-of-home care had significantly higher association with the corrections system, and reported more behavioural and school difficulties than those who had not absconded. More recently, Lin (2012) looked at the reasons why youth were discharged from out-of-home care and found that youth who were discharged due to behavioural difficulties were most likely to abscond. Specifically, 27% of absconders suffered from behavioural difficulties in contrast to only 7% of non-absconders. Similarly, Attar-Schwartz (2013) found that youth with reported high levels of adjustment problems had a greater rate of absconding. This finding remained even when controlling for the duration of stay. McIntosh and colleagues (2010) developed a predictive model of discharge from out-of-home care as a result of absconding behaviour. Interestingly, results follow the same trend as substance use difficulties, with absconding behaviour increasing to a certain degree as delinquent behaviour increased in severity. However, after reaching a certain point of substance use absconding reduced. A possible explanation for this is that delinquent behaviour is likely to become disabling or harmful and therefore may inhibit absconding (McIntosh et al., 2010).

A further focus in the literature has been on externalising behaviour. Nesmith (2006) found that the Child Behaviour Check List was able to predict absconding behaviour, with a one point increase on the scale leading to a 6% increase in the risk of absconding; expressed in standard deviations (SD), a one SD increase lead to the risk of absconding almost doubling (96% increase). Sunseri (2003) found that youth referred to care by probation and youth with externalising disorders were significantly more likely to abscond than other youth. The characteristics noted to contribute to this included oppositional, impulsive, dishonest, destructive and violent behaviour and having a criminal record, all of which are characteristic of youth with a diagnosis of Conduct Disorder (CD; APA, 2013; Sunseri, 2003). Finally, youth considered to

be repeat absconders have been found to be more likely to have a history of offending than other youth (Biehal & Wade, 2000). In conclusion, the prior findings illustrate that the presence of behavioural difficulties in youth when they enter out-of-home care functions as a significant risk factor for absconding behaviour. This established association between absconding behaviour and youth who demonstrate antisocial behaviour is not surprising, especially when considering that absconding is characteristic of externalising behaviour, and is one behavioural marker that is commonly used to diagnose youth with CD (APA, 2013).

History of absconding. Having a prior history of absconding has been consistently shown to be associated with a higher risk of subsequent absconding amongst youth in out-of-home residences (Courtney & Zinn, 2009; Nesmith, 2006; Sunseri, 2003). When comparing absconders to non-absconders, absconders have been consistently found to be more likely to have a history of absconding than non-absconders (Zimmerman et al., 1997). Similarly, young people with a history of absconding have been shown to have substantially greater odds of absconding, with prior absconders being reported to be 92% more likely to abscond than youth without a history of absconding when in out-of-home care (Nesmith, 2006). Moreover, a significant relationship between absconding history and the likelihood of future absconds is evident, denoting that the severity of young people's absconding histories is important to consider (Sunseri, 2003). Similarly, Courtney and Zinn (2009) found that the number of prior absconds was related to the likelihood that youth would later abscond. Specifically, the authors found that around 20% of youth who had absconded once, absconded within 30 days of re-entering out-of-home care. This increased to 30% when youth had absconded more than once (Courtney & Zinn, 2009). This suggests that interventions may be of most utility if they target youth who have a history of absconding, particularly if this is extensive. Consequently, having a history of absconding is a key risk factor for absconding behaviour.

Placement history and instability. Evidence has consistently shown that youth who have experienced a higher number of prior placements and a greater number of separations from their home are at a higher risk of absconding, compared to youth with fewer placements (English & English, 1999; Kim et al., 2013; Lin, 2012; Zimmerman et al., 1997). When comparing groups of absconders to non-absconders, Zimmerman and colleagues (1997) found that absconders were

significantly more likely to have experienced a greater number of placements. Similar conclusions have been demonstrated more recently, with youth with histories of absconding being found to have experienced significantly more placement changes in their past than youth who had not absconded (English & English, 1999; Lin, 2012). Specifically, Lin (2012) found that each additional removal and placement resulted in a 23% and 4% increase in the odds of youth absconding, respectively. The number of placements during a young person's most recent removal from home has been found to have a cumulative effect on the probability of them absconding, and remains constant after accounting for the number of separations (Kim et al., 2013). In addition, the manner in which youth are removed from their home has been highlighted as having an impact on absconding. For example, youth who had been removed from home by a court order were found to be more likely to abscond than those who entered care in a voluntary manner (Kim et al., 2013).

An alternative way of considering the impact that the number of removals and placements have on absconding behaviour is through placement instability. As expected, and consistent with the prior findings, placement instability has been found to be a significant risk factor for absconding behaviour (Courtney & Zinn, 2009; Lin, 2012). For example, youth with permanency plans labeled 'other' were found to be 89% more likely to abscond than youth whose care plans involved family reunification (Nesmith, 2006). Kim and colleagues (2013) established that case plan goals significantly predicted whether youth would abscond. In particular, youth with long-term or aging-out-of care plans were found to be more likely to abscond than youth with alternative case plans. This may indicate that youth who do not expect to be reunited with their family are more likely to abscond than those who believe they have a greater chance of reunification (Kim et al., 2013). Moreover, changes to youth's permanency plans in a way which shortened their duration away from family, significantly reduced the odds of absconding by almost 70%, compared to youth who had no change in their permanency plan (Nesmith, 2006). Courtney and Zinn (2009) found that, on average, greater placement instability increased the estimated risk of a youth's first absconding incident, with each additional placement resulting in a 70% increase in the relative risk of absconding. However, placement instability was only associated with an increase in the estimated risk of absconding for subsequent absconds when youth had absconded six or more times. This suggests that placement

instability has a considerable impact on initial absconding incidents for youth and although it is still an important risk factor for estimating the risk of subsequent absconds, it does so to a lesser extent (Courtney & Zinn, 2009).

Qualitative data supports the above findings and specifies that for some young people, a lack of information around their placement was related to their feelings of annoyance and languishing in care (Finkelstein et al., 2004). Biehal and Wade (2000) explored a range of motivations for youth absconding through survey data and interviews with young people, from which multiple contributors were found to be of importance. The authors concluded that in the majority of cases, undertones of rejection and prior instability were evident for youth in their prior placements and home life. Ultimately, placement instability and having an extensive placement history are risk factors for absconding behaviour. Furthermore, it is likely that placement instability has a pervasive effect on young people's lives (Biehal & Wade, 2000).

Family and Peer Factors

This section explores the involvement of wider-level variables that may be associated with absconding behaviour for youth in out-of-home care, including family and peer influences.

Family. There is considerable evidence to suggest that family may act as a risk factor for absconding. This appears to operate through two different avenues. Firstly, research has highlighted that many youth abscond to reunite with their families. Evidence from individual interviews with youth indicated that they absconded as a result of both wanting to see their family or friends and their dissatisfaction with their placement (Finkelstein et al., 2004). Young people in care placements expressed distress as a result of being separated from family, and also reported a sense of conflicting loyalty to residential caregivers and their parents (Biehal & Wade, 2000). Moreover, youth frequently described intense feelings of missing family, friends, and their homes, and a few individuals disclosed that a family crisis had lead them to abscond (Biehal & Wade, 2000). Similarly, Karam and Roberts (2013) undertook interviews with young people and found that reconnecting with one's natural environment was a primary theme they identified for why youth

abscond. This view attempts to normalise absconding and suggests that the driving force behind absconding is a need for the young person to reconnect with family and loved ones they had been separated from. Thus, absconding may be a functional behaviour that young people use in an attempt to reconnect with individuals they have significant relationships with and return to their usual social environments.

Kerr and Finlay (2006) conducted six focus groups with youth in residential care with the goal of understanding the experience of absconding for these youth. Findings indicated that a desire to be with family lead young people to abscond. The authors categorised reasons for absconding as either 'push' or 'pull' factors, with family being regarded as a 'pull' factor, as it is an external influence that draws young people to exit care and go towards someone or something (Kerr & Finlay, 2006). While 'push' factors were used to refer to factors that prompt youth to abscond; these tend to be external or environmental factors from the young persons placement (Kerr & Finlay, 2006). Youth also reported dissatisfaction over restricted or no opportunities to see or communicate with their families, and also described being worried due to an absence of appropriate communication between service providers and their families (Kerr & Finlay, 2006). Further data from focus groups highlighted that isolation was a substantial source of unease for youth in out-of-home care. Moreover, being separated from family appeared to trigger absconding for some young people, with Christmas and New Year being particular times in which youth were found to abscond back to their families (Taylor et al., 2013). In these circumstances, youth were reported to view their absconding as returning back to their families rather than an act of disobedience. Quantitative analyses have shown that having a sibling residing in the same out-of-home placement considerably reduces the probability of first absconds, and moderately reduces the risk of subsequent absconds (Courtney & Zinn, 2009). This finding indicates that the presence of a sibling may provide youth with familial comfort and connection and thus reduce the drive of young people to abscond to their usual environment.

Secondly, there is evidence that youth abscond from care as a result of family disturbances and discord, rather than to pursue reunification. The structure of the family that a young person resides in before entering care has been shown to have an impact on the likelihood that they will abscond. English and English (1999) found that youth who came from a family with divorced parents or a single-parent family,

particularly with a single mother as their caregiver were found to be at a higher risk of absconding while in out-of-home care. Specifically, youth who came from a home with a couple were 23% less likely to abscond than youth with single parent families (Lin, 2012). However, alternative research has demonstrated that families with a single male parent as the caregiver significantly predicts absconding behaviour, with youth coming from such homes to be at higher risk for absconding than youth from homes with two parental figures (Kim et al., 2013). Although these findings regarding whether a single male or female parent are conflicting, they nevertheless suggest that coming from a single-parent family is a risk factor for absconding behaviour. Further research is needed to directly examine the difference between single male and female parents and the risks of absconding.

Coming from a home characterised by parental discord, or low family functioning has been shown to be related to an increase in absconding. Family functioning includes family conflict, support, parenting approach and problem solving (Sunseri, 2003; Taylor et al., 2013). English and English (1999) proposed that the more family risk factors (for example alcohol use and divorce) present in a young person's home the more likely they are to abscond, suggesting an additive effect and indicating significant social issues. Thus, single parent homes, particularly single male and homes characterised by low functioning or social issues are considerable risk factors for absconding behaviour and should be identified when individuals enter care residences. Alternatively, coming from a two-parent home may act as a protective factor that may reduce the chance that youth will abscond from care.

Peers. Within out-of-home care, peer issues have been consistently found to be associated with absconding behaviour. Interviews with young people in out-of-home care have revealed that being bullied and teased, and having friction with peers in placement were all motivating factors for absconding behaviour (Finkelstein et al., 2004; Kerr & Finlay, 2006; Taylor et al., 2013). A higher level of victimisation from peers has also been shown to be related to absconding (Attar-Schwartz, 2013). Finkelstein and colleagues (2004) found that youth absconded partly as a result of placement difficulties, including social stressors. For example, young people declared feeling distanced from their peers within their placements, which was thought to be partly due to hostility, bullying, violence, a lack of trust and perception of a negative social environment. Biehal and Wade (2000) found evidence to suggest that negative

peer environments are related to an increase in absconding, and identified that negative peer cultures existed in out-of-home care residences with high rates of absconding and bullying. Some youth absconded to escape bullying, while others became involved in group absconds to achieve peer acceptance (Biehal & Wade, 2000). In addition, as the percentage of youth on probation in out-of-home residences was shown to increase, so did the proportion of absconds, supporting the notion that negative peer influences within residences leads to increasing rates of absconding (Sunseri, 2003). Ultimately, negative peer environments characterised by bullying, violence and victimisation are significant risk factors for absconding. What's more, when absconding is commonly occurring in out-of-home care residences, the absconding can be regarded an indicator that significant social issues are present (Attar-Schwartz, 2013).

Beyond residential placements, research consistently illustrates that young people are motivated to abscond in order to reunite with pre-existing peers. Finkelstein and colleagues (2004) found that a major reason youth absconded was a combination of placement difficulties and the want to see friends and family. The authors also found that youth were more likely to abscond to see friends than family. Many absconding incidents were linked to relational issues, for example absconding to see girlfriends and boyfriends. Similarly, absconding behaviour has been suggested to operate as a coping mechanism employed by youth to fulfil their need for connection, as evidenced by reports from youth stating that they absconded in order to spend time with friends, have fun and party (Karam & Roberts, 2013; Taylor et al., 2013).

Contextual Factors

This section explores the involvement of societal and contextual factors that may be associated with absconding behaviour for youth in out-of-home care.

Length of stay. An accumulation of evidence indicates that youth are more likely to abscond within the first few months they are in care (Courtney & Zinn, 2009; Guest et al., 2008; Lin 2012; Sunseri, 2003). A moderate relationship between age and time to first abscond has been indicated, with older adolescents more likely to abscond earlier (Guest et al., 2008). Though, there is no one pattern that fully accounts for the relationship between the duration of a young person's stay and the

likelihood that they will abscond beyond the first few months. There is evidence that around 60% of youth abscond within the initial six months of care, and that after a period of two years absconding behaviour begins to moderately increase again (Courtney & Zinn, 2009). It is worth noting that youth in their first out-of-home placement have a very low likelihood of absconding, even in the first few months (Courtney & Zinn, 2009). These findings highlight the notion that placement history and instability may be a considerable risk factor for absconding behaviour. Youth who abscond from care have been suggested to have shorter stays in out-of-home care than those who do not abscond, with up to a seven-month variation (Lin, 2012).

On the other hand, Fasulo and colleagues (2002) noted that although their results failed to reveal a significant relationship between length of stay and absconding, they found that when controlling for other variables the odds ratios for absconding increased with length of stay. More recently, research has demonstrated a positive relationship between absconding and length of stay, though further exploration of this relationship was not provided (Attar-Schwartz, 2013). On the whole, the research discussed above indicates that the first few months and over two years in care may be significant periods of risk for absconding behaviour. This pattern may illustrate different characteristics of young people who abscond, according to when they abscond from out-of-home care (Guest et al., 2008).

Structure of placement.

Boredom. Boredom has consistently been reported by youth to be a motivating factor for absconding from out-of-home care; this has also been supported by reports from residential staff (Finkelstein et al., 2004; Kerr & Finlay, 2006; Taylor et al., 2013). Some young people described absconding from boredom towards excitement, particularly in the city center (Biehal & Wade, 2000). While others stated they absconded due to their placements being too long, combined with a sense of freedom when absconding (Karam & Roberts, 2013). Youth have also reported a sense of frustration from being in out-of-home care, which has been found to contribute to absconding behaviour. This frustration was based on a constant sense of boredom for young people, which was reported to be most intense during the evenings, weekends and summer, and was exacerbated by residences with limited access to being outside or with persistent supervision (Finkelstein et al., 2004). These findings indicate that boredom functions as a risk factor for absconding. The findings

also suggest that any attempts to engage youth could be fundamental to reducing such behaviour, though preventative strategies are talked more fully at the end of this review.

Type of out-of-home care facility. There is a range of evidence regarding the relationship between the type of out-of-home care setting a young person is placed in and absconding behaviour. Attar-Schwartz (2013) looked at 32 residential placements, which differed according to their structure. For example, some placements were considered to be group placements, while others adhered to a family group structure. Despite these differences in placement structure, Attar-Schwartz (2013) found no difference with regards to absconding behaviour, suggesting that the structure followed by residential settings does not have an impact on absconding rates. On the other hand, Eisengart and colleagues (2007) found that variance between out-of-home care residences was a reliable predictor for youth absconding. However placement characteristics were not incorporated into the analyses, leaving a lack of understanding as to what placement variables might be important. Further investigation by Courtney and Zinn (2009) highlighted differences between placement settings. Specifically the authors suggested there is a relationship between residential placements and a reduced risk of absconding behaviour. This was constant for both first and subsequent incidents when compared to foster care placements. Residential placements are more restrictive with extensive supervision when compared to alternative foster and family placements, therefore this extra supervision may act as a deterrent for some youth to abscond (Courtney & Zinn, 2009). Similarly, larger residences have been found to have lower rates of absconding, which may be partly attributed to more extensive supervision and regulations that operate in larger residences (Attar-Schwartz, 2013). Thus, there may be a relationship between more extensive supervision and lower rates of absconding behaviour rather than the type of facility per se, though further research is needed to explore this in order to confirm the extent to which the intensity of supervision within a residence impacts on absconding behaviour.

Rules and consequences. There is evidence to suggest that young people have difficulties becoming accustomed to the structured nature of out-of-home care, which may be exacerbated for youth who come from homes characterised by a lack of boundaries (Biehal & Wade, 2000). Upon entering care, some youth described

absconding as a result of believing that rules and curfews were excessively unfair and impractical (Kerr & Finlay, 2006). Similarly, youth who perceived rules and regulations in care to be excessive were found to be more likely to abscond, as they attempted to escape their restrictions (Biehal & Wade, 2000). Moreover, Finkelstein and colleagues (2004) proposed that youth had problems adjusting to new rules, chores, demands and accountabilities, which acted as catalysts for youth to abscond. In particular they found restrictions regarding home passes to be the most common issue. Karam and Roberts (2013) interpreted absconding behaviour as a way that youth cope with their needs for autonomy while residing in out-of-home care. This was reflected in youth reporting that they absconded as a result of feeling a loss of freedom due to strict rules, and in an attempt to regain their independence. Similarly, authority and power have been identified as two primary motivators for youth absconding from care (Taylor et al., 2013). Although the young people in this study were found to rebel against authority and regulations, they also reported a need for clear boundaries and a supportive environment when they returned from absconding. This indicates that clear boundaries within a supportive environment may be the most desirable structure for youth in out-of-home care in order to reduce rates of absconding (Taylor et al., 2013). Ultimately, if youth perceive rules, curfews and consequences to be excessive and unfair, this is likely to contribute to their later absconding.

Geographical region. When considering the importance of the location in which young people were placed, Sunseri (2003) failed to find a significant difference in the likelihood of absconding between youth who had been placed inside or outside of the county from which they were referred. Thus, suggesting that placing youth outside of the country they were referred from, and most likely their usual living environment does not influence their likelihood of absconding. On the other hand, there is some evidence that indicates that there is a relationship between the county youth are referred from and the likelihood of them subsequently absconding (Courtney & Zinn, 2009; Kim et al., 2013). Furthermore, the risk of absconding has been shown to differ according to the administrative region youth come from (Courtney & Zinn, 2009), with county variation demonstrated to account for 15.16% of the variance in the probability of absconding behaviour (Kim et al., 2013). Thus, certain locations from which young people are referred may act as a risk factor for

later absconding behaviour, though the location in which youth are placed may not be a factor of importance with regards to risk; further research is needed to confirm such statements.

Ethnicity. There is some evidence that ethnicity is associated with absconding behaviour. Lin (2012) found that among foster care samples, minorities were more likely to abscond than white foster youth; Hispanic, Native American, Asian and Black youth were 97%, 70%, 54% and 30%, respectively, more likely to abscond. Similarly, Nesmith (2006) indicated that the predicted odds of absconding for Native American youth were over twice as much for Caucasian youth. Although, this is thought to parallel the demographic makeup of the absconding population, in which Native American youth are overrepresented. Ethnicity has also been linked to the risk that a young person will first abscond, specifically Black and Hispanic youth have been shown to be 1.30 and 1.24 times, respectively more likely to experience a first abscond than White youth (Courtney & Zinn, 2009). Though analyses did not shed light as to why this was so, and there appeared to be no relationship between race and subsequent absconds (Courtney & Zinn, 2009). In addition, a relationship between absconding and cultural affiliation has been established amongst residential care settings, with Jewish centers having significantly higher rates of absconding behaviour than Arab settings (Attar-Schwartz, 2013). The author proposed an interactional relationship between gender and culture, with Arab and Jewish boys having comparable rates of absconding; however, Jewish girls were shown to abscond to a greater extent than Arab girls (Attar-Schwartz, 2013).

Yet, there is some evidence to suggest that when accounting for county variation within the US, there is no relationship between a young person's ethnicity and the risk of absconding (Kim et al., 2013). Consistent with this, Fasulo and colleagues (2002) failed to find a significant relationship between ethnicity and absconding, though the authors concluded that ethnicity is an ambiguous variable with further investigation needed. Additionally, Nesmith's (2006) analyses failed to illustrate a relationship between absconding risk and ethnicity except for American Indian youth. Ultimately, ethnicity may be a considerable risk factor for absconding, with ethnic minorities signifying a risk factor for absconding. Though, it is important to note that there is an absence of research that explores why this is the case. It is possible that youth from ethnic minorities enter out-of-home care with increased risk factors compared to non-

minority youth, which may therefore account for their increased rate of absconding behaviour. However, existing studies have not controlled for risk level when youth first enter out-of-home care and therefore it is not possible to make any conclusions at present, and future research should consider this.

Staff. There is limited research regarding the impact that residential staff have on absconding behaviour. Residences with high rates of absconders have been demonstrated to be characterised by poor staff morale and low efficacy of staff regarding their capacity to manage youth's behaviour and keep them safe (Biehal & Wade, 2000). Negative relationships with staff have been previously communicated by youth to motivate them to abscond. Specifically, youth reported perceiving staff to be inflexible, intrusive and to show a lack of concern, combined with unwanted pressure from staff to comply with rules (Kerr & Finlay, 2006). Finkelstein and colleagues (2004) found that few young people disclosed feeling connected to staff at their placements, though violence and distrust was mentioned to be present from staff, including physical abuse, bullying or sexual misconduct in a small number of instances. Moreover, some staff admitted recognising threats to young persons' safety while they were residing in-group residential care (Finkelstein et al., 2004). Finally, Attar-Schwartz (2013) established that a positive relationship between higher rates of victimisation by staff and absconding behaviour exists. The authors also found lower rates of absconding amongst youth who viewed staff as supportive and less strict, denoting that the presence of supportive staff may act as a protective factor against absconding, while negative staff environments and interactions may function as risk factors for absconding. Ultimately, the prior findings highlight the importance of fostering positive relationships amongst youth and staff within out-of-home care. Developing positive relationships with young people should be a focus for out-of-home settings in order to prevent and reduce absconding behaviour. It is also apparent that it is important for organisations to ensure that their residential staff members are well supported within their work, to foster a positive work environment and to provide staff with the necessary skills to flourish in their often stressful working environment. Without such support, poor staff morale is likely to have a negative influence on the young people residing in such residences, and limit their capacity to build connections to and relationships with staff members.

Limitations of Existing Literature

Having provided a review of the existing literature it is important to consider the gaps and limitations of the discussed research in this area. Across the studies considered in this review there is considerable variability amongst the different ways used to define and measure absconding. Existing studies tend to be based on small or unrepresentative populations. In addition, many studies exclude non-absconders as their participants; this prevents any exploration as to why this group of youth do not abscond. Similarly, many studies failed to follow youth who absconded and did not return to the residence from which they absconded. Considering the prior literature, it is evident that there is a need for further qualitative research as existing studies focus primarily on quantitative measures of absconding. In addition, existing studies have a great tendency to focus on the risk factors associated with absconding, ignoring protective factors for youth in care. It is essential to consider protective factors on multiple-levels, as these may be key in reducing absconding. Furthermore, the majority of existing studies have come out of the United States of America, with a minority of studies originating from Canada and the United Kingdom. Consequently, there is a current lack of research examining absconding behaviour internationally, with no current research on absconding in New Zealand. Acknowledging the harm that results when youth abscond leads to important considerations as to why there is a lack of research in this area.

Summary and Aims of the Current Research

This literature review found that absconding behaviour is common in out-of-home care settings, moreover the risk and harm associated with absconding behaviour is considerable to the absconder, those around them and to society. This review found that when considering why youth abscond it is important to consider the individual, familial and contextual factors that surround a young person. What's more, none of these factors should be considered in isolation, as each factor continually exerts influence on each young person. Thus, in order to most effectively understand the factors at play when young people abscond, it is recommended that multiple avenues of their environment are considered. Considering the highlighted limitations and gaps of the existing literature on absconding, it is important to further explore why young people abscond from out-of-home care. In doing so, it is important to consider both

the risk and protective factors on multiple levels (individual, familial and contextual) to best understand absconding behaviour. Therefore, this research aims to explore and gain an in-depth understanding into why some young people abscond from out-of-home care and seeks to explore both the risk and protective factors for youth in out-of-home care through two separate studies; one quantitative and the other qualitative. For the quantitative study, there were two main research questions around which the analyses were focused:

1. What are the risk factors associated with absconding behaviour?
2. What are the risk factors associated with the frequency of absconding behaviour?

The research questions that guided the qualitative study and analyses were:

1. Why do some young people abscond? (the risk factors associated with absconding)
2. Why don't some young people abscond/what prevents some young people from absconding? (the protective factors associated with absconding)

This research provides insight into the reasons why youth abscond from out-of-home care and provides a voice to this vulnerable group of individuals. The results add to the limited existing literature on absconding and seek to provide practical and clinical support for staff and organisations working with youth in out-of-home care facilities. The next chapter provides an overview of the method for the qualitative and quantitative studies.

Chapter Two –Method

Introduction

The current research involved conducting two separate studies, one quantitative and one qualitative. This section will first provide an overview of mixed methodology research. Following this, the method for the quantitative study will be outlined, followed by the qualitative study. This section also covers the process of ethical consent, the participants involved in each study, the data collection and data analyses.

Ethics

Ethical approval was obtained for this research from the University of Auckland Human Participants Ethics Committee (UAHPEC; 011188) on the 3rd March 2014 and from the Ministry of Social Development (MSD) on the 30th April 2014.

Mixed Methodology

Creswell (2014) describes mixed methods as an integration of personal experiences (qualitative) and statistical trends (quantitative) that leads to a greater understanding of a research area through a combined strength, than would come from either method exclusively. Mixed method research aims to reduce the weaknesses of quantitative and qualitative methods, while increasing the benefits (Creswell, Klassen, Plano Clark & Smith, 2012). The current research employed a mixed method design, which involved two separate studies. The data for each study were collected independently, however this was done over the same time frame. The methods were prioritised equally and the analysis phase of the two data sets were kept independent. The results were then integrated in the final stages of overall interpretation (see Chapter Five - Discussion). The process that this research followed is considered to be a parallel convergent design (Creswell, 2014, Creswell & Clark, 2007). The research questions guiding the quantitative study focused on exploring the risk factors associated with absconding and the frequency of absconding, while the qualitative study explored both the risk (why youth absconded) and protective (what stopped youth absconding) factors for absconding. Together, this mixed methodology allowed for a broader and deeper exploration of absconding than would have been possible from either method alone.

Two residential homes (one for males and one for females) were the focus of this research. All participants from the quantitative and qualitative studies were recruited for this research as a result of having stayed at one of the residences. To preserve confidentiality the residences will not be identified by name. These residences are looked after and managed by a non-profit organisation in New Zealand who are in charge of supporting children and adolescents who have challenging presentations, including conduct, anti-social behaviour and mental health difficulties. The residences are short-stay residential homes, which were designed to be an alternative for inappropriate and unplanned placements for young people. In this sense, they are regarded as emergency residences for youth who might otherwise be staying in unsafe or chaotic homes, or spending the night in a police cell. Staff at these residences had reported high rates of absconding, which causes various problems, as discussed previously.

Part One – The Quantitative Study

The quantitative study involved conducting a retrospective examination of absconding behaviour of young people who had resided in either out-of-home care residences in Auckland, New Zealand. Quantitative analyses allowed for the examination of different factors to see which factors might be risk factors for absconding. It was expected that any identified risk factors would then be used to inform out-of-home care residences as to what factors may increase a young person's risk of absconding. Different statistical analyses were undertaken to address each question separately due to the different variables used.

Participants

The total number of individuals who entered either of the residences between June 2013 and July 2014 was 265, of whom 24 youth were excluded from statistical analyses due to missing data. The final sample consisted of 241 young people, of which 116 (48.1%) were males and 125 (51.9%) were female. The mean age of the participants was 15.86 years ($SD = 1.35$).

Procedure

The quantitative study involved conducting a retrospective examination of absconding behaviour of young people who had resided in one of the two out-of-home care residences in Auckland, New Zealand. This was undertaken in August 2014 by carrying out a file audit of young people who had stayed at one of the residences over a one-year period (June 2013 – July 2014). Using a one-year period allowed for any variation in absconding patterns to be accounted for (for example, youth have been reported to be more likely to abscond around the festive seasons, particularly Christmas). In order to conduct such a file audit, the relevant files were requested and retrieved from archive. Following this, the primary researcher set up an excel spreadsheet and collected the information from the files in an orderly manner. The information collected was guided by the findings from the literature review and by the information available within the files. The next step involved the researcher entering the data collected into SPSS. Once the data collection was finalised the analysis phase began.

A multiple linear regression was used to explore the first research question. The dependent variable was whether a young person had absconded (yes/no). The independent variables of interest included: age, number of admissions, total number of days at the residence, gender, ethnicity, Child Youth and Family (CYF) status (see below for explanation), agency of referral, number of absconds and the Massachusetts Youth Screening Instrument-Second Version (MAYSI-2) alcohol, anger, depression, somatic, suicide and traumatic. A multiple Poisson regression was conducted to answer the second research question. The dependent variable was the number of absconds and the independent variables were the same as above (excluding number of absconds).

Planned analyses

Variables of interest. The variables of interest, as discussed prior were obtained from the information available from the file audit.

Dependent variables.

Absconder – This was categorised as either a yes or a no, depending on whether the young person had ever absconded according to their file information.

Number of absconds – This quantified the number of times that a young person had absconded from the residence.

Independent variables.

Age – Age was measured as a continuous variable.

Number of admissions – The number of times that a young person had been admitted officially to one of the two residential homes.

Total number of days at the residence – The number of days that a young person had resided at the home across all their different stays.

Gender – Categorized as male or female, as recorded by staff when youth enter the residence.

Ethnicity – Participants were organised into six different groups according to different ethnicities, which included Maori, Maori/Pakeha, Maori/Pasifika, Pakeha/New Zealand European, Pasifika and Other.

Child Youth and Family (CYF) status – CYF are the child protective services within New Zealand. A young person can come under the care of CYF through one of two routes; 1. Youth Justice (YJ), these are young persons who have committed offending behaviour, 2. Care and Protection (C&P), these are young people who are under CYF care due to safety concerns with their primary caregivers.

Agency of referral – This was the region within New Zealand from which the young person was referred to the residence by.

MAYSI-2 – The MAYSI-2 is a screening tool, which seeks to identify young people in need of mental health services (Grisso & Barnum, 2006). The MAYSI-2 is a 52-item tool, which is administered within 24 hours of a young person entering one of the residences. It consists of seven different scales, which assess behavioural and mental health difficulties. The young person was required to circle “yes” or “no” for the 52 items according to whether the item has occurred “within the past few months” on six scales and “ever in your whole life” for the final scale. The different scales include: Alcohol/Drug Use (alcohol), Angry/Irritable (anger), Depressed-Anxious (depression), Somatic Complaints (somatic), Suicide Ideation (suicide) and Traumatic Experiences (traumatic). The seventh scale was Thought Disturbance, however this is for males only and so was not used in this study. Due to copyright the full MAYSI-2

cannot be repeated here, however sample questions from each MAYSI-2 subscale used in this study follow.

Alcohol/Drug: Have you used alcohol and drugs at the same time? (Item 40)

Angry/Irritable: Have you enjoyed fighting, or been “turned on” by fighting? (Item 5)

Depressed-Anxious: Have you been easily upset? (Item 6)

Somatic Complaints: Has your stomach been upset? (Item 31)

Suicide Ideation: Have you felt like life was not worth living? (Item 16)

Traumatic Experiences: Have you had a feeling, that things don’t seem real, like you’re in a dream? (Item 26)

Descriptive statistics. Descriptive statistics were produced to provide a thorough check of the data to check for any data that might be inappropriate or out of place.

Research Question One – What are the Risk Factors Associated with Absconding Behaviour?

A multiple logistic regression was chosen as the primary analysis to explore the first research question. This analysis was chosen due to the dichotomous outcome and to allow for the investigation of multiple variables. The dependent variable was whether a young person had absconded (yes/no). The potential independent variables of interest included: age, number of admissions, total number of days at the residence, gender, ethnicity, CYF status, agency of referral, number of absconds and the Massachusetts Youth Screening Instrument-Second Version (MAYSI-2) alcohol, anger, depression, somatic, suicide and traumatic.

Univariable logistic regressions. Univariable logistic regression analyses were conducted (one variable at a time) as the initial step to determine which variables were significantly related to absconding behaviour and should be included in the multivariable model.

Multicollinearity tests. Multicollinearity tests were conducted to check for any potential multicollinearity that might impact the multiple logistic regression. Variables significant from the univariable results were investigated.

Linearity tests. Continuous variables were checked to test for any significant quadratic (non-linear, curved) relationships with absconding behaviour prior to conducting the multiple logistic regression. In the case that the assumption of linearity was not met (indicated by a significant quadratic/squared term), the squared term (along with the original variable) would be included in the model.

Multiple logistic regression. The multiple logistic regression was conducted by putting in all the significant variables from the univariable logistic regression. Backwards elimination was used to produce the final model. The variables age and ethnicity were included as control variables.

Research Question Two – What are the Risk Factors Associated with the Frequency of Absconding Behaviour?

A multiple Poisson regression was the primary analysis used to answer the second research question: what are the risk factors associated with the frequency of absconding behaviour. The dependent variable was the number of absconds and the independent variables were the same as above (excluding number of absconds). The number of times absconding is a count variable with a strong positive skew. The shape of the distribution was compared to the Poisson distribution with the same mean as the observed counts and a negative binomial distribution with the same mean and variance as the observed counts (see Figure 1). The observed counts for number of times absconding was found to be closer to the Poisson distribution than the negative binomial distribution. The implication of using a Poisson model was that any interpretation was in multiplicative terms (rather than additive as in a standard linear model); the mean number of times absconding for one group was estimated to be the mean number of times absconding for another group multiplied by a factor. For example, the mean number of times absconding in group one might be 1.5 times that for group two. Or for continuous variables, a one unit increase in a continuous predictor variable was estimated to multiply the mean number of times absconding by a factor; e.g., a one unit increase in a continuous variable might increase the mean

number of times absconding by a factor of 1.05.

Univariable Poisson regressions. Univariable Poisson regression analyses were conducted (one variable at a time) as the initial step to determine which were significantly related to the frequency of absconding behaviour.

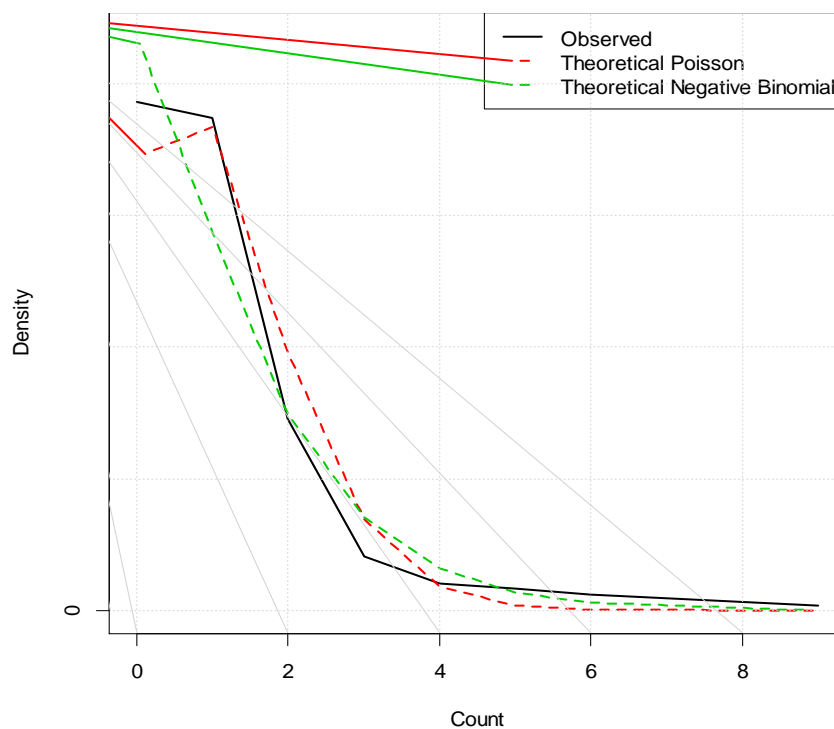
Multicollinearity tests. Multicollinearity tests were conducted to check and control for any potential multicollinearity that might impact the multiple Poisson regression model. Variables significant from the univariable results were investigated.

Linearity tests. The same linearity tests were conducted as in the first research question, however the dependent variable was the number of times a young person had absconded, rather than yes/no.

Multiple Poisson regression. The multiple Poisson regression was conducted by putting in all the significant variables from the univariable logistic regression. Backwards elimination was used to produce the final model. The variables age and ethnicity were included as control variables.

Figure 1

Graph shows the distribution of number of absconds



Part Two – The Qualitative Study

In this section, an introduction to qualitative research is provided. Following this, the epistemology and context of the current study will be explored and the theory of thematic analysis and individual semi-structured interviews will be discussed. A summary of the recruitment and interview processes will then be provided followed by an overview of the participants in this study and the method of data collection and analysis.

Qualitative Research

Qualitative research proposes that meaning and interpretation are socially constructed through an individual's interaction with their world (Merriam, 2002; Merriam & Tisdell, 2015). Within qualitative research, reality is considered to be constructed through a number of different interpretations and explanations that alter and change across time (Merriam, 2002). As a result, qualitative research allows the researcher to understand and interpret meaning from individuals' experiences within a specific context and at a given point in time. The decision to conduct a qualitative study to explore absconding behaviour in out-of-home care is based on several reasons. As discussed in Chapter One, it is evident that absconding is a harmful behaviour on many levels (Attar-Schwartz, 2013; Courtney & Zinn, 2009). This study seeks to give meaning to and understand why youth do or do not abscond from out-of-home care. Subsequently, it is hoped that this understanding of absconding will be translated to practical and clinical implications, which seek to reduce and prevent absconding in out-of-home care. Furthermore, it was expected that using qualitative interviews would help to discover rich and subjective information on absconding behaviour. Using a qualitative method also provides a voice for this vulnerable group of youth, for whom existing research is limited and allowed the researcher to explore the data in depth and breadth (Bowling, 2014).

Epistemology and the Current Study

Epistemology is the study and theory of how we come to acquire human knowledge (Hofer & Pintrich, 2004). It guides the process, analysis and interpretation of qualitative research (Braun & Clarke, 2006; Gray, 2013). There are three primary

epistemological perspectives that guide the process of qualitative research: constructivist/interpretive, critical and postmodern/poststructural (Gray, 2013; Merriam & Tisdell, 2015). The current study falls under the constructivist epistemology. Interpretivism is a theoretical approach that is related to constructivism and thus this approach is commonly referred to as an interpretive/constructivist one (Gary, 2013). Meaning and truth are created through individuals' interaction with the world (Gray, 2013; Merriam, 2002). Within constructivist epistemology researchers aim to understand how individuals make sense of and give meaning to their experiences and world views (Gray, 2013).

There are a number of different interpretive/constructivist epistemological study approaches: narrative analysis, ethnography, phenomenology, grounded theory and basic qualitative studies. The majority of qualitative research, including the current study are considered to fall under the basic interpretive/constructivist 'type' of qualitative research (Merriam & Tisdell, 2015). Unlike other types of qualitative research (e.g. grounded theory) the basic approach has no additional dimensions (Merriam, 2002; Merriam & Tisdell, 2015). The fundamental purpose of the basic qualitative study is to comprehend how individuals understand their experiences. The current study sought to understand why youth do/do not abscond from out-of-home care. In addition, it planned to explore how youth residing in out-of-home care experience their social contexts' and the significance and understanding that this has for them (Merriam, 2002).

Credibility and Consistency

When compared to quantitative research, qualitative research has been criticised as being vulnerable to subjective bias and therefore unable to affirm reliability or validity (Van Manen, 2006). When conducting qualitative researchers it is important to safeguard against this by making sure that the research is trustworthy and authentic where possible (Braun & Clarke, 2006; Merriam & Tisdell, 2015). Within qualitative research, credibility and consistency roughly equate to the concepts of validity and reliability, respectively (Merriam & Tisdell, 2015). Credibility refers to having trust that the results are an accurate perception of the truth (Merriam & Tisdell, 2015). Consistency refers to the extent to which the data is consistent with the results drawn

from this data; it is acknowledged that replication of the same results is not possible in qualitative research (Merriam & Tisdell, 2015). There is a lack of consensus within the literature regarding the best way to assess credibility and consistency and there is further disagreement when considering the different epistemological approaches to qualitative research (Merriam & Tisdell, 2015). Nevertheless, Merriam and Tisdell (2015) outline a number of ways in which the credibility and consistency of constructivist qualitative research can be enhanced, some of these will be discussed now.

Credibility and consistency can be improved by using multiple methods of data collection rather than relying on a single source, this is also known as triangulation (Merriam & Tisdell, 2015; Patton, 2015). In the current study, prior to conducting the interviews I spent a lot of time within the two out-of-home care facilities both with staff and youth. I immersed myself within the context to enhance my understanding of and familiarity with the residences. This allowed me to check the interview data with my observations of the residences and also with the literature. A further issue in qualitative research is ensuring that the researcher has spent enough time collecting the data (Merriam & Tisdell, 2015). To address this concern I ensured enough time was spent collecting the interview data and continued until saturation was reached. In addition, a peer review process was conducted during the analysis phase (see process of thematic analysis).

To overcome the criticism of qualitative research as being subject to research bias I sought to explain my biases relevant to conducting the research (Braun & Clarke, 2006; Merriam & Tisdell, 2015). It is important to acknowledge that I am currently studying to be a clinical psychologist, while also working part-time as a nanny and do not have any children of my own. I believe that my training and relevant work experience so far have provided a foundational understanding of the challenges and difficulties youth face. In addition, the many hours I spent visiting the residences gave an insight into the daily reality, experiences and challenges that this group of youth experience in out-of-home care. These experiences allowed me to interact with the data in a flexible manner without constraint. A further way in which I tried to reduce the impact of researcher bias was by keeping a research log/diary. This allowed to me to keep track of the different decisions, reflections and considerations that I was faced with when designing and conducting the research. This included the

analysis phase of the qualitative findings, for which I kept a log of observations and thoughts with regards to my interaction with the data. I have outlined the processes and method of the study in enough detail so that the reader is able to take meaning from the findings and study conclusions (Lincoln, Lynham & Guba, 2011; Merriam & Tisdell, 2015). In addition, I met with my supervisor regularly throughout the process, he was also the person who carried out the peer review of my research.

In order to promote the trustworthiness and authenticity of this study, an important factor considered was the method of data analysis. There are a number of existing methods, however Bran and Clarke's (2006) thematic analysis was considered to be the most relevant for this study. Thematic analysis is an accessible means of data analysis and can be carried out without extensive technical or theoretical knowledge; it can also be used within the current interpretive/constructivist theoretical framework (Braun & Clarke, 2006). A number of steps were undertaken in the different phases of the thematic analysis to promote the trustworthiness and authenticity of the findings (see process of thematic analysis).

Thematic Analysis

Thematic analysis is a method used to identify, analyse and report on common themes, or patterns in a given data set (Braun & Clarke, 2006). It provides a flexible and practical method of analysing qualitative data that is not restricted to a certain theoretical framework (Braun & Clarke, 2006). Thematic analysis organises and provides an account of data in a valuable way. It is beneficial when there is a deficit of research in a certain area, or when the voice of the participants is unexplored, which is consistent with the current study. It is important to note that thematic analysis is not a passive approach to data analysis, instead it involves a series of decisions by the active researcher when seeking to examine different themes from their data (Braun & Clarke, 2006; Taylor & Usher, 2001). Thematic analysis is one of the most frequently utilised methods for analysing qualitative data (Guest, MacQueen & Namey, 2011). As a result, Braun and Clarke's (2006) thematic analysis was used to analyse the current interview data. Although thematic analysis bases itself as a flexible approach, there are clear guidelines as to how to conduct it. Qualitative researchers have been criticised in the past for failing to provide a detailed

report, or for entirely omitting the processes of how research was conducted (Attride-Stirling, 2001). The different process of thematic analysis will now be outlined below (see process of thematic analysis).

Individual Semi-structured Interviews

Bernard (1988) suggests that semi-structured interviews are the preferred method when the researcher has only one chance to interview someone, as was the case in the current study. Semi-structured interviews encourage two-way conversation between the participant and interviewer and allow the participants to ask questions. This can make the interview process less intrusive to the participants and promote them to feel at ease and comfortable during the interview. This style of interviewing suited the current study because it was expected that prompts and explanations might be necessary throughout the interviews. In addition, considering that the participants in this study were youth and that the nature of the topic can be viewed as sensitive, semi-structured interviews were regarded to be appropriate. Finally, using semi-structured interviews with one set of questions facilitated the process of providing the researcher with both a good quality and comparable dataset at the conclusion of the study. One of the aims of the present study was to explore what factors may or may not be operating when young people decide to abscond, or alternatively, to not abscond. It was expected that the participants would have different experiences while staying at the residences. Thus, the use of individual interviews allowed for each participant's individual experience to be considered and explored (Braun & Clarke, 2006; Morgan, 1997). Individual interviews also provide a great opportunity to build rapport with the participants, and therefore it was decided that individual interviews were more appropriate than other interviewing methods (e.g. focus groups).

Recruitment and Interview Process

The researcher attended staff meetings at the residences to discuss the nature and processes of the research. Staff members then informed youth who entered the residences about the study and provided them with a Participant Information Sheet (PIS) if interested. This included information regarding what the study aimed to achieve, who was conducting the research, what was required of the participants (the

interview and access to their individual file), confidentiality (regarding the interview process) and anonymity (regarding the report). Written informed consent was sought from all participants and their parent/guardian. Participants were also advised that involvement was voluntary and that they were able to withdraw their participation at any point of the study. See Appendix C for the PIS and participant consent forms.

When a potential participant was identified, the researcher worked alongside staff to gain contact with the youth's social worker. The social worker then spoke to each young person's parent/guardian to obtain permission for the researcher to contact for the purpose of gaining written consent. The process from when the researcher was first informed about a new young person entering one of the two residences to obtaining written consent was a timely process, in some instances taking up to two months. Due to the short duration of stay at the two residences, the majority of interviews were conducted after the young people had been discharged or absconded.

Participants

For the recruiting of participants the researcher was provided with the names for a total of 86 young people. Of this group, 10 individuals were excluded from the study, which was determined by the CYF regional office and primarily included: youth with severe mental health or behavioural concerns, youth with media involvement and other reasons that the young person may be deemed inappropriate on a case-by-case basis. A further 36 of this sample were not interviewed as the young person either declined to be a part of the study or the researcher was unable to gain contact with the young person's parent/caregiver. This left a sample size of 40 youth ($n = 40$), of which 20 (50%) were female and 20 (50%) were male. The average age of the participants was 14.80 years. Of these individuals, the average number of admissions to care was 1.5, and the average length of stay was 10.70 days. In total, 15 participants had absconded (37%) from one of the two residences, while 25 (63%) had not.

Data collection

The researcher began conducting interviews from August, 2014 for a period of six months. The interviews primarily took place in the out-of-home residences, however

some were conducted in secure residences, participants' homes or over the phone. Each of the interviews began with brief small talk to try and build rapport with the participant. The questions asked in the interviews were tailored around exploring the two primary research questions: (1) why do some young people abscond? (the risk factors associated with absconding) and (2) why don't some young people abscond/ what prevents some young people from absconding? (the protective factors associated with absconding). See below for some examples of the primary questions asked to the participants:

- *Why did you abscond?* This was a question of most importance asked to young people who absconded from the residences. Interviewees were asked what had led them to abscond and what sorts of variables had influenced them in their decision to abscond.
- *What could have stopped you absconding?* Interviewees who absconded were asked if there was anything that could have stopped them from absconding.
- *What prevented you from absconding?* Interviewees who did not abscond, or who were planning to abscond on certain occasions and did not follow-through were asked what factors were at play in stopping them from absconding.

See Appendix D for sample interview schedule.

Data analysis

All interviews were audio recorded for transcription and analysis purposes. The researcher personally transcribed all of the interviews, this facilitated familiarisation with the data, which is an important first step in thematic analysis (Braun & Clarke, 2006).

Process of thematic analysis.

Phase 1: Familiarising yourself with your data. The initial phase involves familiarising oneself with the data. For this step, I collected all the data from the face-to-face individual semi-structured individual interviews that I had conducted. I then transcribed each interview, which began the familiarisation process. Following

this I read and re-read each transcript to get a good sense of the data. During the second reading of the transcripts I made brief notes of any points of interest with regards to coding and began to create a foundational list of ideas regarding the data.

Phase 2: Generating initial codes. Following the initial familiarisation, I began to construct initial codes from the data. The construction of these initial codes was led by the research questions of this study but also by the theoretical understanding of absconding behaviour within the literature and the analyses also included any points of interest that had come out of the data. The whole data set was used to produce these initial codes and the coding was performed manually. When going through the transcripts I used highlighters and made notes to help to identify patterns in the data.

Phase 3: Searching for themes. After collecting a range of differing codes I then compiled them into a final list. The list was then looked at from a broader angle in attempt to determine which codes might collate to produce different themes from the data. During this phase different codes were combined together to form primary themes. The focus of the data was on the semantic content or the explicit meaning of what the participants were saying, therefore the data followed a semantic thematic analysis (Braun & Clarke, 2006).

Phase 4: Reviewing themes. Through this phase all the themes were re-visited. It was identified that some of the themes needed to be clarified further so that they were clearer and to ensure that each theme reflected a different meaning and content. This involved either combining two themes together to form a broader or similar theme or by dividing a single theme into two separate themes. Some data that could have been eliminated prior came to light during the process of reviewing the themes. At this phase it was evident that a story was being created that reflected all of the themes and how they all combined as a whole. A peer review process was incorporated at this phase to corroborate the emerging themes that I had identified and to ensure their reflexivity. Peer review is considered an important step of qualitative analysis to promote the trustworthiness and authenticity of the research (Morrow, 2005). During the thematic analysis the peer review was carried out by my supervisor; a professional who holds a Doctorate in Clinical Psychology. The process involved the peer reviewer viewing and considering the data and then discussing the data with me to consider whether the identified themes were an accurate portrayal of

the data and to ensure that all the themes were clear and distinguishable from each other. Relevant alterations and refining of the themes then occurred to reflect this discussion.

Phase 5: Defining and naming themes. During this phase each theme was then defined and named, which involved determining the nature of each theme and considering what element of the overall data that each theme represents. Essentially, this entailed recognising what is interesting about the data and why and involved creating an overall story of the data.

Phase 6: Producing the report. The final stage of the thematic analysis involved writing up the final themes in the form of a report. The aim of this was to communicate the results to the readers in a way that tells a story of the study findings. Extracts of the data (quotes) will be provided in the write up (see results section).

Chapter Three – Quantitative Results

Introduction

The results for this section will be discussed separate and according to the two different research questions that the current quantitative analyses were focused on. For part one a multiple linear regression analysis was conducted to explore the risk factors associated with absconding behaviour for young people in out-of-home care. For part two, a multiple Poisson regression was conducted to explore the risk factors associated with the frequency of absconding behaviour for young people in out-of-home care.

Part One – What are the Risk Factors Associated with Absconding Behaviour?

Descriptive statistics

Table 2 comprises of the descriptive statistics for the continuous variables used in this study including number of days, age and number of admissions.

Table 2

Descriptive Statistics for the Total Number of Days at the Residence, Age and Number of Admissions

	Number of days at the residence	Age	Number of Admissions
N	241	240	241
Mean	9.59	15.86	1.62
Median	5	16	1
Std. Deviation	12.96	1.35	1.28
Minimum	1	12	1
Maximum	113	19	10
Percentiles			
25	2	15	1
50	5	16	1
75	13	17	2

Table 3 outlines the number of observations for this study and includes any missing data that were not able to be included in the current study.

Table 3

Total Sample Size and Missing Data for all Variables

	N missing	N total not missing
Gender	0	241
Ethnicity	1	240
Age	1	240
Status	0	241
Agency of referral	6	235
Number of admission	0	241
Total number of days at the residence	0	241
Number of absconds	0	241
MAYSI-2 alcohol	0	241
MAYSI-2 anger	0	241
MAYSI-2 depression	0	241
MAYSI-2 somatic	0	241
MAYSI-2 suicide	0	241
MAYSI-2 traumatic	0	241

The following tables outline the frequency and percentage break downs of the variables used in this study. This includes: gender, ethnicity, age, CYF classification, agency of referral, number of admissions, number of absconds, yes/no abscond and the MAYSI-2 alcohol, angry, depressed, somatic complaints, suicide and traumatic

Table 4 outlines the frequency of the main variables used in this study. This is broken down by frequency and percentage.

Table 4

Frequency Table for Main Variables

	Frequency	Percent
Gender		
Female	125	51.90
Male	116	48.10
Total	241	100
Ethnicity		
Maori	116	48.30
Maori/Pakeha	8	3.30
Maori/Pasifika	28	11.70
Paheka/NZ European	39	16.30
Pasifika	42	17.50
Other	7	2.90
Total	240	100
Age		
12	2	.80
13	7	2.90
14	31	12.90
15	55	22.90
16	58	24.20
17	62	25.80
18	24	10.00
19	1	.40
Total	240	100
CYF Classification		
C&P	161	66.80
YJ	80	33.20
Total	241	100
Agency of Referral		
Te Tai Tokerau	14	6.00
Auckland	213	90.60
Midlands	3	1.30
Central	5	2.10
Total	235	100
Number of Admissions		
1	168	69.70
2	40	16.60
3	12	5.00
4	12	5.00
5	4	1.70
6	1	.40
7	2	.80
8	1	.40
9	0	0
10	1	.40
Total	241	100

Number of Absconds		
0	93	38.60
1	90	37.30
2	35	14.50
3	10	4.10
4	5	2.10
5	4	1.70
6	3	1.20
9	1	.40
Total	241	100
Absconder		
No	171	71.00
Yes	70	29.00
Total	241	100

Linearity tests

All continuous variables were checked to test for any significant linear relationships with absconding behaviour by including a squared term (along with the original variable) in the model. The results are shown in Table 5. For all three continuous variables the linearity assumption appeared to be ok.

Table 5

Test of Linearity for Continuous Variables

Variable	Wald χ^2 (df)	<i>p</i> value
Age squared	0.00 (2)	.976
Number of admissions squared	2.69 (1)	.101
Number of days squared	3.41 (1)	.065

Univariable results

Table 6 presents the results of the univariable logistic regression models predicting absconding behaviour for youth in out-of-home care. Initially all variables were entered into the model separately to determine which were significant independently. The results illustrated that there was a significant relationship between gender and absconding behaviour for youth in out-of-home care, with females being more likely to abscond than males, χ^2 (1), $N = 241 = 10.67$, $p = .001$. Number of admissions was also significantly related to absconding

behaviour, $\chi^2 (1), N = 241 = 38.49, p < .001$. Similarly, number of days spent at the residence was significantly related to absconding behaviour $\chi^2 (1), N = 241 = 8.78, p = .003$. Finally, MAYSI-2 suicide was significantly associated with absconding behaviour $\chi^2 (2), N = 241 = 6.66, p = .036$. Thus, in summary, the results from the univariable regression model indicated that gender, number of days and MAYSI-2 suicide were significant predictors of absconding behaviour.

Table 6

Chi-Square Univariable Test

Variable	Wald χ^2 (df)	p value
Gender	10.67 (1)	.001**
Ethnicity	3.60 (5)	.608
Age	0.21 (1)	.645
Status	2.46 (1)	.116
Agency of referral	0.76 (1)	.85
Number of admissions	38.49 (1)	< .001***
Total number of days	8.783 (1)	.003**
MAYSI-2 alcohol	2.13 (2)	.344
MAYSI-2 anger	0.55 (2)	.761
MAYSI-2 depression	0.17 (3)	.983
MAYSI-2 somatic	1.00 (2)	.606
MAYSI-2 suicide	6.66 (2)	.036*
MAYSI-2 traumatic	1.07 (2)	.586

* $p < .05$. ** $p < .01$. *** $p < .001$

Checking for multicollinearity. The appropriate tests were carried out to check for multicollinearity between any significant variables from the univariable results.

Continuous variables. Pearsons correlation analyses were used to check for multicollinearity for all significant continuous variables, including number of admissions and number of days at the residence, and also for age (continuous control variable). Table 7 indicates that there was a significant positive colinear relationship between number of admissions and number of days spent at the residence.

Table 7

Pearson Correlations for Continuous Variables to be Included in Multiple Linear Regression

	Age	Number of admissions	Number of days
Age	-	-.09	-.01
Number of admissions	-.09	-	.52***
Number of days	-.01	.52***	-

*** $p < .001$

Categorical variables. Various analyses were conducted to check for multicollinearity.

Gender. T-tests were used to determine whether there was a significant relationship between gender and continuous variables (number of admissions, number of days and age; see Table 8). There was a significant relationship between number of admissions and gender ($p < .05$). There was no significant relationship between gender and number of days ($p = .076$) or age ($p = .790$), indicating there was no multicollinearity between these two variables.

Table 8

T-Test for Equality of Means

		<i>t</i>	<i>df</i>	<i>p</i> value	Mean Difference	Std. Error Difference
Age	Equal variances not assumed	-.27	230.02	.790	-.05	.18
Number of separate admissions to residence	Equal variances not assumed	2.44	218.53	.015*	.39	.16
Total number of days at residence	Equal variances not assumed	-1.78	194.21	.076	-3.01	1.69

* $p < .05$

To examine multicollinearity between gender and MAYSI-2 suicide a Pearson chi-square test was conducted $\chi^2(2) = 27.10, p < .001$, indicating there was a significant relationship between gender and MAYSI-2 suicide. Specifically, females were more likely to have higher warning or concern scores for suicidal ideation than males. Fisher's exact test was used to examine the relationship between gender and ethnicity (due to the assumptions not being met of the chi-square test), which was found to be non-significant, indicating that there was no relationship between gender and ethnicity $\chi^2(2) = 7.99, p = .151$.

MAYSI-2 suicide. A one-way ANOVA was used to examine the relationship between MAYSI-2 suicide and the continuous variables. Results indicated that there was no significant relationship between MAYSI-2 suicide and number of admissions $F(2) = 0.25, p = .780$, number of days $F(2) = 0.59, p = .558$ and age $F(2) = 0.58, p = .559$, therefore the assumption of multicollinearity was met. Pearson's chi-square tests were used to examine the relationship between MAYSI-2 suicide and categorical variables. There was no relationship found between MAYSI-2 suicide and ethnicity, $F(2) = 14.71, p = .093$. As discussed prior there was no relationship between gender and MAYSI-2 suicide.

Table 9

One-Way ANOVA to Examine the Relationship Between MAYSI-2 Suicide and Continuous Variables and Chi-Square for the Variable Ethnicity

	<i>F</i> (<i>df</i>)	<i>p</i> value
Number of admissions	0.25 (2)	.780
Number of days	0.59 (2)	.558
Age	0.58 (2)	.559
Ethnicity	14.71 (2)	.093

Ethnicity. A one-way ANOVA was used to examine the relationship between ethnicity and the continuous variables. Results indicated that there were no significant relationships between ethnicity and number of admissions ($F(5) = 1.63, p = .152$), number of days ($F(5) = 0.35, p = .882$), and age ($F(5) = 0.09, p = .993$). Therefore the assumption of no multicollinearity between these variables was considered met.

Table 10

One-Way ANOVA Showing the Relationship Between Ethnicity and Continuous Variables

	<i>F</i> (<i>df</i>)	<i>p</i> value
Number of admissions	1.63 (5)	.152
Number of days	.35 (5)	.882
Age	.09 (5)	.993

Multiple logistic regression. A multiple logistic regression was conducted and all significant variables from the univariable analyses as discussed prior were included (gender, number of admissions, number of days at the residence and MAYSI-2 suicide). Two non-significant variables (age and ethnicity) were included as controls. The number of days at the residence was removed from the final regression analysis by backward elimination because it was found to be non-

significant (Wald $\chi^2 (1) = 1.75, p = .186$) and correlated to number of admissions, which was significant.

Table 11 illustrates the final multiple logistic regression results, which includes the significant variables (gender, MAYSI-2 suicide, number of admissions) and the two non-significant controls (ethnicity and age); this table illustrates how these variables relate to absconding.

Table 11

Multiple Logistic Regression Model

Variable	Wald $\chi^2 (df)$	<i>p</i> value
Gender	4.18 (1)	.041*
MAYSI-2 suicide	6.72 (2)	.035*
Number of Admissions	34.10 (1)	.000***
Ethnicity	2.91 (5)	.848
Age	.047 (1)	.829

* $p < .05$. *** $p < .001$

Dependent variable: has absconded from the residence

Table 12 illustrates the parameter estimates for the significant variables (gender, MAYSI-2 suicide and number of admissions) and the two non-significant controls (ethnicity and age)

Table 12

Parameter Estimates for Gender, MAYSI-2 Suicide, Ethnicity, Number of admissions and Age

Parameter	B	SE	95% CI		Wald chi-square (df)	p value
			Lower	Upper		
Gender: female (reference: male)						
	.81	.40	.03	1.59	4.18 (1)	.041*
MAYSI-2 suicide (reference: warning)						
No concern	-.63	.43	-1.48	.22	2.14 (1)	.144
Caution	-2.15	.86	-3.83	-.46	6.24 (1)	.012
Ethnicity (reference: other)						
Maori	.50	1.00	-1.46	2.45	.25 (1)	.619
Maori/Pakeha	.49	1.40	-2.26	3.24	.12 (1)	.726
Maori/Pasifika	.64	1.10	-1.51	2.80	.34 (1)	.559
Pakeha/NZ European	-.06	1.06	-2.01	2.01	.00 (1)	.954
Pasifika	.03	1.07	-2.07	2.13	.00 (1)	.977
Number of admissions	1.55	.26	1.03	2.06	34.10 (1)	.000***
Age	.03	.14	-.24	.30	.05 (1)	.829

Note. Dependent variable: Has absconded from the residence. Model (Intercept), gender, MAYSI-2 suicide, ethnicity, number of admissions, age. (a) Set to zero because this parameter was redundant. (b) Fixed at the displayed value. * $p < .05$. *** $p < .001$.

Number of admissions. Number of admissions was found to be a significant predictor of absconding ($p < .001$). A higher number of admissions was associated with an increased likelihood of absconding. For each additional admission the odds of absconding were multiplied by a factor of 4.69 (95% CI: [2.79, 7.88]). The odds are the probability of an event happening (absconding event) divided by the probability of it not happening.

Table 13

Log-Odds, Odds and Probability of Absconding for Number of Admissions

Number of admissions	Log-odds of absconding	Odds of absconding	Probability of absconding
1	- 1.90	0.15	0.13
2	- 0.35	0.70	0.41
3	1.20	3.31	0.77

Gender. Gender was found to be a significant predictor for absconding ($p = .041$). The probability of absconding for females was 0.28, while that for males was 0.15 (see Table 14). The odds of absconding for females were 2.26 times that for males (95% confidence interval: 1.03 – 4.92).

Table 14

Model-Predicted Probabilities of Absconding, by Gender (Controlled for all other Variables in the Model)

Gender	Probability	SE	95% CI	
			Lower	Upper
Female	.28	.07	.16	.45
Male	.15	.06	.06	.31

MAYSI-2 suicide. MAYSI-2 suicide was found to be a significant predictor for absconding ($p = .035$). The probability of absconding for no concern was 0.26, while for caution it was 0.07 and for warning it was 0.40 (see Table 15).

Table 15

Model-Predicted Probabilities Controlled for all Other Variables in the Model

MAYSI-2 suicide	Probability	SE	95% CI	
			Lower	Upper
No concern	.26	.058	.16	.39
Caution	.07	.055	.02	.28
Warning	.40	.102	.22	.60

The odds of absconding for those in the warning group was 8.56 times the odds of absconding for the caution group. The odds of absconding were not significantly different between the no concern and caution groups and the no concern and warning groups (see Table 16).

Table 16

The Odds of Absconding in Relation to MAYSI-2 Suicide Score

Group 1	Group 2	Odds Ratio (Group 1/Group 2)	95% CI		<i>p</i> value
			Lower	Upper	
Warning	No concern	1.88	0.81	4.38	.144
	Caution	8.56	1.59	46.15	.012*
No concern	Caution	4.56	0.90	23.08	.067

* $p < .05$

Part Two – What are the Risk Factors Associated with the Frequency of Absconding Behaviour?

Linearity tests

All continuous variables were checked to test for significant non-linear relationships with the log of frequency of absconding behaviour by including a squared term (along with the original variable) in the model. The results are shown in Table 17. Number of admissions and number of days were found to have significant squared terms, meaning that the linearity assumption did not hold for these variables and a squared term needed to be included in the final model to account for this assumption violation.

Table 17

Test for Linearity for Continuous Variables

Variable	Wald χ^2 (df)	p value
Age squared	1.04 (1)	.307
Number of admissions squared	16.97 (1)	.000***
Number of days squared	9.10 (1)	.003**

** $p < .01$. *** $p < .001$

Univariable results

Table 18 presents the results of the univariable regression models predicting the factors associated with the frequency of absconding behaviour for youth in out-of-home care. Initially all variables were entered into the model separately to determine which were significant independently. The results illustrate that there was a significant relationship between gender and frequency of absconding, with females being more likely to abscond more frequently than males (χ^2 (1) = 91.19, $p < .001$, $N = 241$). Ethnicity was significantly related to the frequency of absconding, with Pakeha/NZ European absconding most frequently, followed by Maori/Pasifika, Other, Maori, Maori/Pakeha and Pasifika, (χ^2 (5) = 12.13, $p = .033$, $N = 241$). Status was significantly related to the frequency of absconding, with young

people with a C&P status found to abscond more frequently than those with a YJ status ($\chi^2 (1) = 13.97, p < .001, N = 241$).

Number of admissions was significantly related to the frequency of absconding, a higher number of admissions was associated with an increase in the mean number of times absconding, with more admissions having a greater rate of increase (main effect: $\chi^2 (1) = 85.01, p < .001$, squared term, $\chi^2 (1) = 16.68, p < .001, N = 241$).

Number of days was significantly related to the frequency of absconding, a higher number of days was associated with an increased mean number of times absconding up to stays of 35 days. After 35 days a higher number of days was associated with a decrease in the mean number of times absconding, (main effect: $\chi^2 (1) = 34.44, p < .001$, squared term: $\chi^2 (1) = 9.61, p = .002, N = 241$).

MAYSI-2 alcohol, suicide and traumatic were all significantly related to the frequency of absconding. The young people whose scores fell in the warning category were found to abscond more frequently, followed by those whose scores fell in the no concern or caution categories for both MAYSI-2 alcohol ($\chi^2 (2) = 6.43, p = .040, N = 241$) and MAYSI-2 suicide ($\chi^2 (2) = 22.72, p < .001, N = 241$). For MAYSI-2 traumatic, those whose scores fell in the caution group were found to abscond more frequently, followed by those whose scores fell in the warning and then no concern groups ($\chi^2 (2) = 9.77, p = .008, N = 241$).

Table 18

Chi-Square Univariable Tests

Variable	Wald χ^2 (df)	<i>p</i> value
Gender	91.19 (1)	.000***
Ethnicity	12.13 (5)	.033**
Age	2.77 (1)	.096
Status	13.97 (1)	.000***
Agency of referral	1.39 (3)	.708
Number of admissions centered	85.01(1)	.000***
Number of admissions centered squared	16.68 (1)	.000***
Number of days centered	34.44(1)	.000***
Number of days centered squared	9.62 (1)	.002**
MAYSI-2 alcohol	6.43 (2)	.040*
MAYSI-2 anger	.15 (2)	.928
MAYSI-2 depression	2.21 (3)	.531
MAYSI-2 somatic	3.76 (2)	.152
MAYSI-2 suicide	22.72 (2)	.000***
MAYSI-2 traumatic	9.77 (2)	.008**

* $p < .05$. ** $p < .01$. *** $p < .001$

Checking for multicollinearity. The appropriate tests were carried out to check for multicollinearity between any significant variables from the univariable results.

Continuous variables. Pearsons correlations were used to check for multicollinearity for all significant continuous variables, including number of admissions and number of days at the residence, and also for age (continuous control variable). See Table 7 for the results, which indicates that there was a significant positive colinear relationship between number of days and number of admissions.

Categorical variables. Various analyses were conducted to check for multicollinearity for all significant categorical variables.

Gender. See Table 8 for t-tests conducted to examine the relationship between gender and continuous variables (number of admissions, number of days and age). There was a significant relationship between number of admissions and gender. There was no significant relationship between gender and number of days or age, indicating there was no multicollinearity between these two variables. To examine multicollinearity between gender and categorical variables Pearson chi-square tests were conducted. The results indicated there was a significant relationship between gender and status, $\chi^2(1) = 25.63, p < .001$, specifically, females were more likely to have a C&P status than males, and males were more likely to have a YJ status. There was also a significant relationship between gender and MAYSI-2 suicide and MAYSI-2 traumatic, $\chi^2(2) = 27.10, p < .001, \chi^2(2) = 11.37, p = .003$, respectively. Specifically, females were more likely to have higher warning and caution scores for suicidal ideation and traumatic experiences than males, while males were more likely to have more no concern scores. Finally, the chi-square conducted for gender and MAYSI-2 alcohol found there was no significant relationship, $\chi^2(2) = 5.38, p = .068$. Fisher's exact test was used to examine the relationship between gender and ethnicity due to the chi-square test assumptions not being met. The results were not significant (test statistic = 7.99, $p = .151$), indicating that there was no relationship between gender and ethnicity.

Table 19

Pearson Correlations or Fishers Exact Test for Gender and Other Categorical Variables

	$\chi^2(df)$	p value
Status	25.63 (1)	< .001***
MAYSI-2 alcohol	5.38 (2)	.068
MAYSI-2 suicide	27.10 (2)	< .001***
MAYSI-2 traumatic	11.37 (2)	.003**

** $p < .01$. *** $p < .001$

Ethnicity. A one-way ANOVA was used to examine the relationship between ethnicity and the continuous variables. Results indicated that there was no significant relationship between ethnicity and number of admissions ($F(5) = 1.63, p = .152$), number of days ($F(5) = 0.35, p = .882$) and age ($F(5) = 0.09, p = .993$); see Table 10 for statistics. Therefore the assumption of no multicollinearity between these variables was met.

To examine multicollinearity between ethnicity and other categorical variables Pearson chi-square tests were conducted. Results indicated that there was no significant relationship between ethnicity and MAYSI-2 alcohol, $\chi^2(10) = 11.13, p = .347$, MAYSI-2 suicide, $\chi^2(10) = 14.98, p = .133$ and MAYSI-2 traumatic, $\chi^2(10) = 17.36, p = .067$. Fisher's exact test was used to examine the relationship between ethnicity and status (due to the assumptions not being met of the chi-square test), which was found to be non-significant (test statistic = 9.55, $p = .08$). Indicating that there was no relationship between ethnicity and status. See the gender section above for the relationship between ethnicity and gender.

Table 20

Pearson Correlations or Fishers Exact Test for Ethnicity and Other Categorical Variables

	$\chi^2 (df)$	p value
Status	9.55	.08
MAYSI-2 alcohol	11.13 (10)	.347
MAYSI-2 suicide	14.98 (10)	.133
MAYSI-2 traumatic	17.36 (10)	.067

Status. T-tests were used to determine whether there was a significant relationship between status and continuous variables (number of admissions, number of days and age; see Table 21). There were no significant relationships between status and: age, number of admissions or number and days; indicating no multicollinearity between these variables.

Table 21

T-test for Equality of Means for the Frequency of Absconding

		t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Age of young person	Equal variances not assumed	.65	17.61	.522	.17	.25
Number of separate admissions to residence	Equal variances not assumed	-1.24	17.57	.233	-.30	.24
Total number of days at the residence	Equal variances not assumed	-1.54	19.63	.140	-3.24	2.11

To examine multicollinearity between status and other categorical variables Pearson chi-square tests were conducted. Results indicated that there was a significant relationship between status and MAYSI-2 suicide $\chi^2(2) = 20.72, p < .001$, specifically, fewer youth in the YJ group were in the warning category than expected. There was a significant relationship between status and MAYSI traumatic $\chi^2(2) = 9.62, p = .008$, specifically, more youth in the YJ group were in the no concern category than expected. There was no significant relationship between status and MAYSI-2 alcohol $\chi^2(2) = 5.00, p = .082$. See gender and ethnicity sections for the relationship between status and gender and ethnicity.

Table 22

Pearson Correlations for Status and Other Categorical Variables

	χ^2 (df)	p value
MAYSI-2 alcohol	5.00 (2)	.082
MAYSI-2 suicide	20.72 (2)	< .001***
MAYSI-2 traumatic	9.62 (2)	.008**

** $p < .01$. *** $p < .001$

MAYSI-2 alcohol. One-way ANOVAs were used to examine the relationship between MAYSI-2 alcohol and the continuous variables. Results indicated that there was no significant relationship between MAYSI-2 alcohol and number of admissions ($F(2) = 0.14, p = .869$), number of days ($F(2) = 0.39, p = .680$) or age ($F(2) = 2.71, p = .0690$). Therefore the assumption of no multicollinearity was considered met for these variables.

Table 23

One-Way ANOVAs for the Relationship Between MAYSI-2 Alcohol and Continuous Variables

	F (df)	p value
Number of admissions	.14 (2)	.869
Number of days	.39 (2)	.680
Age	2.71 (2)	.069

Pearson chi-square tests were used to examine the relationship between MAYSI-2 alcohol and categorical variables. Results indicated that there was a significant relationship between MAYSI-2 alcohol and MAYSI-2 suicide $\chi^2(4) = 20.30, p < .001$. Specifically, youth classified as warning for alcohol were more likely to also be classified as no concern or warning for suicide, and youth classified as warning for suicide were more likely to be classified as warning for alcohol. There was also a significant relationship between MAYSI-2 alcohol and MAYSI-2 traumatic $\chi^2(4) =$

28.20, $p < .001$. Specifically, youth who were classified as warning for alcohol were more likely to also be classified as warning for traumatic (and vice versa). See gender, ethnicity and status sections for the relationship between MAYSI-2 alcohol and gender, ethnicity and status.

Table 24

Pearson Correlations for MAYSI-2 Alcohol and Other Categorical Variables

	χ^2 (df)	p value
MAYSI-2 suicide	20.30 (4)	< .001***
MAYSI-2 traumatic	28.20 (4)	< .001***

*** $p < .001$

MAYSI-2 suicide. One-way ANOVAs were used to examine the relationship between MAYSI-2 suicide and the continuous variables. Results indicated that there was no significant relationship between MAYSI-2 suicide and number of admissions ($F(2) = 0.25, p = .780$), number of days ($F(2) = 0.59, p = .559$) and age ($F(2) = 0.58, p = .559$). Therefore the assumption of no multicollinearity was considered met for these variables.

Table 25

One-Way ANOVAs for the Relationships Between MAYSI-2 Suicide and continuous Variables

	F (df)	p value
Number of admissions	.25 (2)	.780
Number of days	.59 (2)	.558
Age	.58 (2)	.559

Pearson chi-square tests were used to examine the relationships between MAYSI-2 suicide and categorical variables. Results indicated that there was a significant relationship between MAYSI-2 suicide and MAYSI-2 traumatic $\chi^2(4) = 34.18, p <$

.001. Specifically, youth with warning for suicide were more likely to be classified as warning for traumatic, and youth with warning for traumatic were more likely to be classified as no concern for suicide. See gender, ethnicity, status, MAYSI-2 alcohol and MAYSI-2 suicide sections for the relationships between MAYSI-2 suicide and: gender, ethnicity, status and MAYSI-2 alcohol.

MAYSI-2 traumatic. A one-way ANOVA was used to examine the relationship between MAYSI-2 traumatic and the continuous variables. Results indicated that there was no significant relationship between MAYSI-2 traumatic and number of admissions ($F(2) = 2.69, p = .070$), number of days ($F(2) = 1.64, p = .195$) and age ($F(2) = 1.74, p = .178$). Therefore the assumption of no multicollinearity was considered met for these variables.

Table 26

One-Way ANOVAs for the Relationships Between MAYSI-2 Traumatic and Continuous Variables

	<i>F (df)</i>	<i>p value</i>
Number of admissions	2.69 (2)	.070
Number of days	1.64 (2)	.195
Age	1.74 (2)	.178

Pearson chi-square tests were used to examine the relationship between MAYSI-2 alcohol and categorical variables. See prior sections for the relationships between MAYSI-2 traumatic and gender, ethnicity, status, MAYSI-2 alcohol and MAYSI-2 suicide.

Multiple Poisson regression. The implication of using a Poisson model was that any interpretation was in multiplicative terms (rather than additive as in a standard linear model). All significant variables from the univariable analyses were included in the multiple Poisson regression (gender, status, number of admissions centered, number of admissions centered squared, number of days centered, number of days centered squared, MAYSI-2 alcohol, MAYSI-2 suicide and MAYSI-2

traumatic). Age and ethnicity were included as controls. Backwards selection was used to eliminate non-significant variables from the analyses. CYF status was removed first, followed by MAYSI-2 alcohol, days squared, days and MAYSI-2 suicide. Refer to Table 27 for statistics immediately prior to removal.

Table 27

Details of Backwards Selection Statistics Prior to Removal

Order removed	Variable	χ^2 (df)	p value
1	Status	0.00 (1)	.991
2	MAYSI-2 alcohol	.04 (2)	.980
3	Days squared	.13 (1)	.717
4	Days	.10 (1)	.756
5	MAYSI-2 suicide	2.77 (2)	.249

Thus, the final model included the variables gender, number of admissions centered, number of admissions centered squared and the two controls age and ethnicity. Table 28 illustrates the final multiple Poisson regression results, which includes the significant variables (gender, number of admissions centered and number of admissions centered squared) and the two controls (ethnicity and age); this table illustrates how these variables relate to the frequency of absconding.

Table 28

Parameter Estimates for Significant Variables and Two Controls

Parameter	B	SE	95% CI		Wald chi-square (df)	p value
			Lower	Upper		
Gender	1.48	.18	1.13	1.84	66.69 (1)	< .001***
Number of admissions centered	.49	.06	.37	.62	58.36 (1)	< .001***
Number of admissions centered squared	-.03	.01	-.055	-.014	10.71 (1)	.001**
Age	.01	.05	-.09	.12	.08 (1)	.773
Ethnicity	.14	.37	-.58	.86	.15 (1)	.695

Note. Dependent variable: Frequency of absconding from the residence. ** $p < .01$. *** $p < .001$

Gender. Gender was found to be a significant predictor for absconding ($p < .001$). The mean number of times absconding for females was 4.41 times that for males (95% CI 3.09 to 6.28). The mean number of absconding for males and females is shown in Table 29.

Table 29

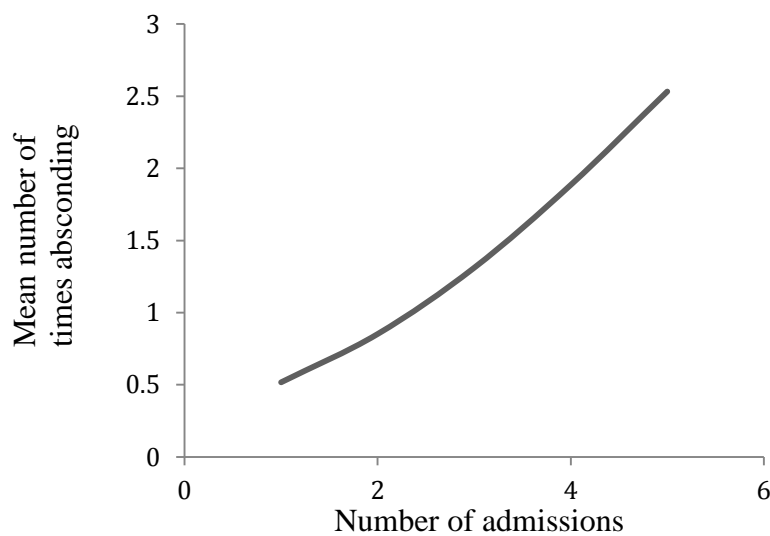
Model Predicted Mean Number of Times Absconding By Gender

Gender	Mean number of time absconding	SE	95% CI	
			Lower	Upper
Female	1.32	.141	1.07	1.63
Male	.30	.056	.21	.43

Number of admissions. Number of admissions was found to be significantly related to the frequency of absconding (main effect $p < .001$, square term $p = .001$). Overall, as the number of admissions increased, the mean number of times absconding increased. In addition, the rate of increase (change) increases with each additional admission (Figure 2 illustrates this relationship in a graphical form).

Figure 2

Graph of the Relationship Between Number of Admissions and Number of Absconds



Summary

In summary, a multiple logistic regression analysis was conducted to examine the risk factors associated with absconding behaviour. The findings indicated that there was a significant relationship between absconding and gender, number of admissions and MAYSI-2 suicide. A multiple Poisson regression was conducted to examine the risk factors associated with the frequency of absconding behaviour. The findings indicated that there was a significant relationship between the frequency of absconding and gender and number of admissions.

Chapter Four – Qualitative Results

Introduction

Five themes were identified from the interviews that covered the major research questions; (1) Why do some young people abscond? (risk factors associated with absconding) and (2) Why don't some young people abscond/What prevents some young people from absconding? (protective factors associated with absconding). The analyses of the results from these questions allowed for the identification of risk and protective factors for absconding behaviour.

Theme 1: Relationships and Sense of Connection are Important

This theme covered two different aspects. The first aspect was based on the finding that staying connected to significant others while in out-of-home care was really important to young people. This was the most frequently discussed theme by participants. Young people described finding it hard to adapt to living in a residential home:

I'm like the type of person that doesn't like meeting new people and staying at places where I don't know the people because I've lived with my family all my life, and I just felt like they were trying to take me away from my family by putting me in this house, so yeah as soon as I got out of the car I ran and I sat down the road and I got caught by the police and got sent to YJ.

Others discussed absconding in order to reconnect with family: *"I ran away because I wanted to see my mum. The reason why I ran away is because I didn't really feel comfortable and I missed my family so I wanted to go home"*. Others described absconding to prevent feelings of disconnection and alienation: *"Not being able to see my friends, not even been able to talk to them, you just disappear off the radar when you go there"*. Some young people indicated that *"being allowed out and then to return"* would prevent them from absconding so that they could spend time with family and friends, while others suggested that allowing family to come for visits would be beneficial, or being able to have *"two phone calls a day"* to family or friends would prevent absconding.

The second part of this theme illustrates the difficult relationships that some young people described with others in the house. This included the relationships that young people had with staff members.

They weren't too bad I just didn't like that you couldn't talk to them, they didn't necessarily make you feel welcome. It didn't seem like they cared so much. I didn't really talk to them, some of them were quite rude. I didn't like it.

Some young people also found it difficult living with other young people, and described a hostile environment in which bullying took place:

You're sort of forced to shut off your emotions there, if you do show emotion you get beat up. I was never the one picked on but I did see a lot of girls picked on and beat up and nothing was done to stop it. It was more like not so much bullying, it was like a 'prove yourself' type of thing but I don't know because I don't really understand it. I don't understand why they would want to pick on the people they are living with.

Some participants reported that if staff were supportive and understood the difficulties they were experiencing that it could have prevented them from absconding:

Oh if the staff knew what I was going through, like if I talked to one of the staff and they knew what I was going through then maybe they could have helped but because I never told them what I was going through they couldn't help me with anything.

Theme 2: Life in a Residential Home is Boring

When asked why they absconded, many participants responded that it was a result of being bored:

It was boring and we weren't doing anything and we were just sitting there and we had nothing else to do. And I thought seen as though we are not doing anything we may as well just go.

Some participants also described that despite knowing the consequences of absconding, being bored was too much and still pushed them to run: “*Boredom, I was very bored. And counting that I had 13 days there I was like I would rather be on the run and get locked up afterwards rather than spend 13 days there*”. Some older participants described feeling as though the activities in the residences were too childish for them:

It's boring, and we get like quiet time like we 12 year olds, there's like different ages there. In the daytime we get quiet time, but the girls that are like 16-17 are too old for that. And they give us like prizes but they are little girl prizes. Just boring stuff.

Some young people who spoke about boredom suggested that they did not abscond when they were taking part in outings or activities:

Nah just I don't like been at the house really, it's boring. I've never run while I've been on activity, I've only ever run from the house. Because yeah nothing to do, just sit there and get fat and eat.

When asked about what would prevent absconding, some young people talked about increasing the amount of activities and outings in the residences, or even just getting

out of the house for a break: *“Activities, because all you really want to do is get some fresh air, not like stay in a house for heaps of days, it’s depressing”*.

Theme 3: Freedom and Autonomy are Highly Valued

Many young people spoke about the importance of having their own freedom and autonomy, and that when they perceived this to be taken from them this led them to abscond:

I mostly ran because I had more freedom living on the streets, and at least if I'm living on the streets I can use my phone to text my friends, I can go to my course, I can talk to my friends I can see people you know. You can't even talk to people in the girl's home, you are literally there by yourself, and you can't talk to anyone with any privacy. I actually have plans for myself, I want to get somewhere with my life. What they do there is stop your plans.

Many young people described feeling as though the residence was like a prison and that they disliked the amount of rules imposed upon them in the residences, which led them to abscond:

I didn't like it, I just didn't like that it felt more like a prison than a family home, it is a CYFs home but it is like a prison, you have bars across your windows, you're not allowed outside without supervision, you're followed around everywhere you go. You can't even talk to another girl in the house without having someone listening or watching over your shoulder. How are we supposed to feel like it's a place for us to live? It's not a place to live.

Theme 4: The System Frustrates Young People

This theme deals with the frustration young people felt at the system while they were in care, particularly around feeling confused and un-informed about their situation while in the care system and that this led them to abscond:

They never told me who my social worker was, I was so confused with the whole process, no one was telling me anything, they were like you are staying here, oh you're going to stay here for a couple of nights and then you have a court hearing and then we will see where you get put. Nobody told me anything. I found out who my social worker was when I got in trouble with the cops and I guess they appointed me one, and I don't even think I had one up to that point. I'm pretty glad I'm out of that now because that process was just holding me back.

Similarly, other participants described absconding because they found it particularly frustrating not knowing how long they had to stay in the residence for: *"Because my social worker kept saying you're going to go tomorrow, you're going to go tomorrow, and then it never happened and so that's why I ended up running in the end"*. This highlights that clear communication about their placements was important to young people. When asked what could prevent absconding some young people suggested that clearer communication and information would have been useful: *"Erm, if I just knew that I was only staying for this amount of time because most of the times I've been here I've not know how long I was going to stay here for and its really frustrating and just makes me want to run but if the social worker would just give me a time or day of this is how long you would stay here then I would probably want to stay here more"*.

Theme 5: Smoking Influenced Many Young People to Abscond

A further finding from the qualitative analyses revealed that the majority of participants disclosed being smokers. Thus the final theme illustrates that for those who considered themselves as smokers, that this played a part in their reasons to abscond. Those who smoked described living in the residences and not being able to smoke as difficult. A small minority mentioned trying *“not to think about it, but yeah it is hard but I got to do what I got to do to get out”*, while several young people described still smoking while in the residences without staff realising *“yeah lots of the girls do but we just sneak off, just tell the staff we are going to go for a walk and they trust us but we stay in their sight”*. The majority of participants who smoked reported absconding as a result of not being able to smoke while in the residences: *“I was dying for a smoke that’s why. Yeah because always when I wake up I have a smoke”*. Similarly, some participants believed being allowed to smoke in the residences might have prolonged the amount of time they stayed in the residence for: *“They should allow smoking. I would probably be the one that would still run but it might make me stay for a few more days”*. While other young people believed that being able to smoke would prevent them from absconding entirely: *“I ran away because it’s boring there, like if we were allowed to smoke, yep I would stay there”*.

In summary, these findings highlight several key points. Firstly, it is evident that for young people who reside in out-of-home care, building and maintaining relationships with significant others and those around them is fundamental to their wellbeing. This study found that young people found it difficult living in residential care due to not being around family and significant others. Many young people described absconding as a means of reconnecting with important others. This study also found that the relationships young people had with staff and peers within the residential home were important. Particularly, that some young people absconded as a result of perceiving a negative social environments within the residential home, as a result of bullying or negative interactions with residential staff. Current findings also suggest that many young people absconded due to being bored in residential care and that engaging in activities or trips reduced the likelihood of some young people absconding. Young people described residential care as having too many rules and being too strict, which led many youth to abscond as they perceived this to be a threat

to their freedom and autonomy. Many young people were also frustrated at the care system, which led them to abscond. This frustration was particularly around young people feeling confused and uninformed about their situation. Finally, many young people absconded due to a desire to smoke.

Chapter Five – Discussion

Introduction

The fundamental purpose of this research was to explore why some youth abscond from out-of-home care (risk factors) and why others do not abscond/what stops some youth from absconding (protective factors). These aims were explored through two independent studies, one using quantitative methodology and the other qualitative. The current studies attempted to provide a broader and more in-depth understanding than existing research of the factors at play in absconding behaviour, and ultimately inform efforts to prevent and reduce absconding behaviour. The quantitative study examined (1) the risk factors associated with absconding, and (2) the risk factors associated with the frequency of absconding. The qualitative study explored why absconding occurred (risk factors) and why others didn't abscond/ what stopped absconding from occurring (protective factors). This chapter seeks to provide an overall discussion and integration of the findings from the quantitative and qualitative studies. Firstly, the individual factors will be discussed, then the relational factors and finally, the contextual factors. Following this, the implications of the current research and general recommendations will be outlined, followed by the strengths and limitations of the research, and finally, directions for future research will be considered.

Individual Factors

Gender. This research found that certain groups of young people were at a higher risk of absconding than others. The quantitative study showed that females were statistically significantly more likely to abscond and to do so more frequently than males. This finding is consistent with the existing literature on absconding, in which there is considerable evidence that females are more likely to abscond than males for single (English & English, 1999; Fasulo et al., 2002; Kim et al., 2013; Sunseri, 2003) and chronic occurrences (Finkelstein et al., 2004). A similar finding regarding gender was reported by the APA (2013), who indicated that females engage in more truancy and absconding incidents than males. Ultimately, the results from this study suggest that being a female is a risk factor for absconding. There are a number of possible reasons for this that have been indicated within the literature.

Fasulo and colleagues (2002) outline three primary reasons that may lead females to abscond more than males. They proposed that females may be more likely to have romantic relationships outside of the residential home and thus abscond to continue their relationships. That females may have stronger attachments to their families outside of the residential home and thus abscond to maintain these relationships, and may be more likely to abscond home due to caregiving responsibilities within their home. The above findings indicate that females are more likely to abscond than males due to desires to maintain connections with significant others. Considering the findings from the current qualitative study regarding the importance of significant others for youth in care, it may be important for female residences to place a greater emphasis on building positive relationships within the care environments for young females.

Age. The present quantitative study failed to find a statistically significant relationship between age and absconding behaviour, including whether a young person had absconded or not and the frequency of absconding. The majority of existing research indicates that age is a statistically significant risk factor for absconding behaviour; specifically that being older heightens the risk of absconding (Courtney et al., 2005; Courtney & Zinn, 2009; Guest et al., 2008; Kim et al., 2013; Lin, 2012). Similarly, youth who are older have been shown to be at a higher risk for absconding more frequently than those who are younger (Attar-Schwartz, 2013). Finkelstein and colleagues (2004) proposed that older youth are more likely to abscond due to increased difficulties adapting to the structured and restricting lifestyle within residences. On the other hand, some studies have suggested that middle age (13-16) may be a particularly risky age for absconding to occur (Biehal & Wade, 2000; Fasulo et al., 2002; Sunsari, 2003), while findings from McIntosh and colleagues (2010) indicated that a narrower range from 15-16 is a period of heightened risk. Some research suggests that young people who were older when they first entered out-of-home care were more likely to abscond compared to those who were younger (Guest et al., 2008; Lin, 2012). These studies failed to look at the age at which a young person first entered out-of-home care; as a result, the variable age when first entering care may have had an impact on the relationship between age and absconding that may not have been detected.

Emotional and behavioural difficulties.

Behavioural difficulties. The current quantitative study failed to find a statistically significant relationship between anger (as measured by the MAYSI-2) and absconding behaviour. This is inconsistent with findings from the literature, which have shown that youth with histories of behavioural difficulties (Guest et al., 2008) and those with higher rates of behavioural difficulties (Lin, 2012; Nesimith, 2006) were considered being at higher risk of absconding than those without such histories or difficulties. A possible reason for this disparity is that this study only used the MAYSI-2, which is primarily designed to be a screening tool, and thus this study did not consider young people's psychological or behavioural histories or current diagnoses. Similarly, for the MAYSI-2 depression and somatic scales, this study failed to find any statistically significant relationship between these scales and absconding behaviour. This contradicts prior research, which demonstrates that having a diagnosed emotional difficulty (Courtney & Zinn, 2009; Kim et al., 2013) or more specifically, an internalising disorder (Sunserai, 2003) reduces the risk of absconding. While other research has found that absconders have higher rates of mental health diagnoses (Lin, 2012). As discussed above, this could be a result of not considering psychological diagnoses and only relying on the information from the MAYSI-2. A further point worth considering is that the MAYSI-2 was normed on a population in the United States of America and was designed to be used within juvenile justice facilities (Grisso & Barnum, 2006). As a result, using this measure within New Zealand and also within a residence that is not a juvenile justice facility nor a secure residence may account for some of the non-significant results found in this study. Thus, it is worth keeping in mind when interpreting the current results relating to the MAYSI-2 and absconding within New Zealand; this should also be considered when interpreting the additional MAYSI-2 subscales.

Suicidal ideation. When considering suicidal ideation, as measured by the MAYSI-2, the current quantitative study found that youth who were at the highest risk of suicidal ideation (warning group) had the highest probability of absconding, followed by those for who there was no concern of suicidal ideation. Those for who there was a medium risk of suicidal ideation (caution group) had the lowest probability of absconding. When considering differences between the groups, those youth who fell in the warning group were found to be statistically significantly more

likely to abscond than those in the caution group. However, there were no other statistically significant differences between the remainder groups (including no concern and warning, and no concern and caution). In addition, there was no evidence of a relationship between MAYSI-2 suicide grouping and the frequency absconding. These findings are mixed, and indicated that being in the warning or no concern groups are risk factors for absconding. Unfortunately, there was no indication as to why these findings exist. In comparing these findings with the wider absconding literature, English and English (1999) found that absconders had higher rates of suicidal ideation than non-absconders. Alternative literature indicates that prior suicide attempts were not related to absconding behaviour (Zimmerman et al., 1997). Ultimately, there was some indication that there may be a relationship between suicidal ideation and absconding behaviour, however the nature of this relationship was not clear and the literature surrounding this is very limited. Thus, it is recommended that this finding be viewed with caution.

Substance use. The current quantitative study failed to find a statistically significant relationship between MAYSI-2 alcohol and absconding behaviour. In contrast, prior studies have identified that substance use (drugs and alcohol) are statistically significant risk factors for initial and subsequent absconding (Courtney & Zinn, 2009; Eisengart et al., 2007; Lin, 2012). It has been illustrated that absconding is influenced by substance use to a certain point of use, beyond which the risk of absconding begins to decrease (McIntosh et al., 2010). It is possible that the participants in the present study may have under-reported their use of drugs or alcohol in order to prevent the consequences if they admitted to this; under-reporting has been documented in existing studies (Kerr & Finlay, 2006). An alternative reason for these differences could be due to there being no record of the specific type of substances used, whether this be drugs, alcohol or cigarettes or all.

Results from the current qualitative study suggest that smoking influenced many young people to abscond. This study found that the majority of young people who were smokers found it difficult abstaining from smoking while in out-of-home care, which consequently led to absconding. Thus young people who are smokers appear to be at higher risk for absconding than non-smokers. Similarly, findings from the qualitative study indicated that some young people communicated a desire to smoke and noted that if they were allowed to smoke in the residences that this would have

prevented them from absconding. The current findings are somewhat consistent with existing literature, which has demonstrated that substance use is a risk factor for absconding (Courtney & Zinn, 2009; Eisengart et al., 2007; Lin, 2012; McIntosh et al., 2010). However, as discussed prior, existing studies do not specify the type of substances, which makes it problematic in determining whether smoking alone would be able to account for such findings. It is important to note that some youth may exaggerate their need to smoke in residential care as they may believe that doing so might lead to the non-smoking rules being changed. Nevertheless, it is evident that smoking can be considered a risk factor for absconding behaviour.

Traumatic experiences. Existing research on absconding and trauma is very limited and tends to indicate that there is no significant relationship between absconding and a history of trauma (Eisengart et al., 2007) or more specifically, sexual abuse (Courtney & Zinn, 2009; Fasulo et al., 2002) or neglect (Courtney & Zinn, 2009). This is consistent with the findings from the current quantitative study, as measured by the MAYSI-2 traumatic subscale.

Number of admissions to residences. The current quantitative study found that there was a statistically significant relationship between the number of admissions to the residences a young person had and absconding behaviour. Specifically, those with higher numbers of prior admissions were more likely to abscond while in out-of-home care. When considering existing literature, the current findings are consistent with previous findings in studies that have looked at the relationship between the number of prior placements a young person has been in and the likelihood of them absconding. Studies have repeatedly shown that a greater number of prior placements is associated with a higher risk of absconding compared to individuals with a lower number of prior placements (Courtney & Zinn, 2009; English & English, 1999; Kim et al., 2013; Lin, 2012; Zimmerman et al., 1997). In addition, the current quantitative study found that each additional admission led to an increase in the likelihood of absconding. Again, this finding has been mirrored within the literature. For example, Lin (2012) found that each additional placement increased the odds of absconding. Similarly, Kim and colleagues (2013) demonstrated that each new placement, or admission to out-of-home care had a cumulative effect on the likelihood of absconding behaviour. Each time a young person absconds they may then require a new placement, which may contribute to a

higher number of admissions to residences. However, it is expected that a higher prior number of admissions is a risk factor beyond this because not all additional admissions are a result of prior absconding. In addition, each time a young person is admitted to residential care, the odds that they will abscond increases significantly. Ultimately the current and existing research indicate that a higher number of prior placements or admissions to out-of-home care is a risk factor for absconding behaviour.

CYF status. Prior research has found that young people with a court order or those with more links to the corrections system were more likely to abscond than those with voluntary placement agreements in place (English & English, 1999; Kim et al., 2013). However, the current quantitative study failed to find a statistically significant relationship between CYF status and absconding behaviour. A possible reason for these differences may be a result of this study only considering participant's current CYF status. CYF status alone does not provide any information on the participant's current or historical offending, or lack of, which would have been useful to measure. Thus, the current results may not be entirely representative of the young person's whole picture with regards to offending behaviour.

Relational Factors

Staying connected to significant others. Qualitative findings from this research illustrated that staying connected to friends and family was incredibly important for young people who reside in out-of-home care, so much so that they will abscond in order to reunite with significant others. This finding is consistent with existing literature on absconding, which has consistently shown that young people experience distress (Biehal & Wade, 2000) and feel isolated (Taylor et al., 2013) when separated from significant others. Similarly, youth have expressed dissatisfaction over the restrictions around communicating with and seeing family members (Kerr & Finlay, 2006), which ultimately leads youth to abscond in order to see family or significant others (Finkelstein et al., 2004; Kerr & Finlay, 2006). What's more, Karam and Roberts (2013) conducted semi-structured interviews with youth who absconded from care and concluded that absconding is a functional behaviour, through which youth abscond as a means of reconnecting with family and

loved ones. Ultimately, these findings highlight the importance of young people feeling connected while residing in out-of-home care, and that feelings of disconnection are a risk factor for absconding behaviour. On the other hand, feeling connected to significant others while in out-of-home care may be a protective factor. Thus, enhancing young people's sense of connection while in residential care should be a focus of the staff and professionals involved with such youth.

Relationships with staff and others inside the house. Findings from the current qualitative study highlighted the importance of relationships with staff. Young people described that when they felt as though staff members did not make them feel welcome or cared for, this led them to abscond. Existing literature is limited regarding this topic, however it is supportive of the current findings. For example, negative relationships between young people and staff have been found to motivate young people to abscond, in particular staff who are perceived as lacking in concern, inflexible or intrusive towards young people have been considered as risk factors for absconding (Kerr & Finlay, 2006). What's more, research suggests that there is a relationship between young people who are victimised by staff and absconding, while the opposite has been shown for staff who are viewed as supportive (Attar-Schwartz, 2013). In addition, a lack of feeling connected to staff members has been shown to be important for young people in their decisions to abscond (Finkelstein et al., 2004). The current qualitative study mimics these findings, as young people disclosed that if they had perceived staff as being supportive and understanding that this might have prevented them from absconding. Similarly, these findings highlight the importance of young people feeling connected to others. In particular, this study shows that it was important for young people to feel connected to and to have positive relationships with staff inside out-of-home care. Thus, poor relationships between staff and youth are a risk factor for absconding, however, positive relationships that foster connection are a protective factor.

Qualitative findings from this research indicate that the relationships between young people within out-of-home had an important link with the risk of absconding. In particular, the qualitative study found that young people who found it difficult living with other young people due to bullying were likely to abscond as a result of this. This is consistent with existing literature that demonstrates that a negative environment due to peer difficulties such as bullying and teasing have been repeatedly

shown to lead to absconding behaviour (Biehal & Wade, 2000; Finkelstein et al., 2004; Kerr & Finlay, 2006; Taylor et al., 2013). Similarly, Attar-Schwartz (2013) found that higher levels of peer victimisation were associated with an increase in absconding. Ultimately the prior findings highlight that positive relationships between youth in care and their peers, and youth in care and staff act as protective factors for absconding. While negative relationships function as risk factors for absconding, it is important to recognise that a negative social environment within out-of-home care can be incredibly harmful for young people and lead them to abscond. Interventions that seek to foster positive relationships between young people in care and staff or their peers may have a profound effect on reducing absconding.

Contextual Factors

Number of days spent in care. Existing literature regarding the relationship between the number of days spent in out-of-home care and absconding is unclear. Some studies have suggested that young people are at their highest risk of absconding within the first few months (Guest et al., 2008; Lin 2012; Sunseri, 2003), or first six months of being in care (Courtney & Zinn, 2009). On the other hand, studies have failed to find any statistically significant relationship (Fasulo et al., 2002), which is consistent with the findings from the current quantitative study. A possible explanation for the differences found in the literature is due to lack of methodological consistencies across studies and in particular the variety of residential homes. For example, the current study was considered an emergency placement with a short duration of stay, while other residences are focused on longer-term out-of-home care. These fundamental differences between residences may help explain the variations found at present.

Boredom. Boredom has been consistently found to be associated to absconding behaviour within the literature, with young people disclosing their frustration due to boredom (Finkelstein et al., 2004; Kerr & Finlay, 2006; Taylor et al., 2013). Young people have frequently disclosed absconding due to boredom and absconding for excitement seeking reasons (Biehal & Wade, 2000) or to gain freedom (Karam & Roberts, 2013). Findings from the present qualitative study confirm this reported association between absconding and boredom. Many young people in the

current qualitative study absconded due to boredom. This study also found that young people absconded despite the knowledge that they would have to face considerable consequences if they absconded, including getting sent to secure residences. Similarly, this study found that young people tended not to abscond when they were engaged in activities or trips outside of the house and that young people communicated that having more activities could prevent them from absconding in the future. Thus, boredom is a risk factor for absconding behaviour, and reducing boredom through activities and outings appears to function as a protective factor for absconding.

Freedom and autonomy. Qualitative findings from this study suggest that freedom and autonomy are really important to young people in out-of-home care, and when youth perceive their freedom or autonomy to be hindered this leads to absconding. Similarly, qualitative findings from this research suggest that youth abscond because this provides them with the freedom they want, and that many young people absconded because they regarded the residential home as prison-like and disliked the rules in place. These findings are consistent with the findings of Biehal and Wade (2000), who found that young people struggled adapting to the structured nature of out-of-home care and that when they perceived rules as excessive this heightened the risk of absconding. In addition, youth have been found to abscond as a result of believing that the rules in place were unfair (Kerr & Finlay, 2006), particularly when related to not being allowed to visit their home of origin (Finkelstein et al., 2004). What is clear from the literature and the present study is that stifling young people's autonomy and freedom is detrimental and is a risk factor for absconding. These findings highlight the need to consider young people's autonomy and how to foster it while still having boundaries and rules in place to keep them safe and residential homes functional.

Frustration at the care system. A further theme from the qualitative findings is that being within the care system and residing in out-of-home care frustrates young people. In particular, the qualitative study found that young people become frustrated while in out-of-home care as a result of feeling un-informed and confused over their placements or their situation (for example, how long they were going to be in residential care, who their social worker was, what their rights were and who to communicate with), which subsequently drove them to abscond. The findings

from this study are confirmed by existing literature on placement instability. Nesmith (2006) found that young people whose permanency plan for care was labeled as 'other' were significantly more likely to abscond than those who were going to be reconnected with their family. This suggests that the unknown is difficult for young people and appears to play a part in triggering absconding incidents. It is also possible that young people feel frustrated about being taken from their home and placed within care, which may lead them to act out on this frustration by absconding and blame it on the care system or their social worker. This is further supported by findings from Finkelstein and colleagues (2004) who found that young people felt as though they were not provided with enough information around their placements, which resulted in frustration and feeling as though they were languishing in care. Thus poor communication, which leaves young people feeling confused about their placement, is considered a risk factor for absconding.

Ethnicity. Findings from the current quantitative study suggest there is no clear relationship between ethnicity and absconding behaviour. Some studies indicate that youth from minority or indigenous ethnicities are more likely to abscond than white or non-indigenous youth (Courtney & Zinn, 2009; Nesmith, 2006). While other studies suggest that there is no relationship between ethnicity and the risk of absconding (Kim et al., 2013). The present study failed to find a statistically significant difference between different ethnic groups and whether someone was an absconder or not. Similarly, there was no significant relationship between ethnicity and the frequency of absconding incidents. Some authors highlight the unclear relationship between ethnicity and absconding, which is in keeping with the current findings (Fasulo et al., 2002). One possible explanation for the inconsistency in findings could be a result of studies not controlling for the fact that youth from ethnic minorities may have pre-existing risk factors (e.g. socioeconomic status) that could confound the relationship between ethnicity and absconding. This is supported by Courtney and Zinn (2009) who found that when accounting for county variation, the significant effect of ethnicity was no longer significant. The authors suggested that ethnic minorities tend to be under and over represented in different areas, and that the impact of poverty on ethnic minorities in certain areas may be evident. Thus such social contexts may operate off confounding influences on ethnicity for young people in out-of-home care (Courtney & Zinn, 2009).

Region. The current quantitative study did not find a statistically significant relationship between the agency (classified by region) a young person was referred from and absconding behaviour. In comparing these findings with the wider absconding literature, studies from the United States of America have found a relationship to exist between the county (Kim et al., 2013) and administrative region (Courtney & Zinn, 2009) in which youth were referred from and the risk of absconding behaviour. It is possible that the current findings differ with the existing literature because of the differences between the United States of America and New Zealand. To elaborate, within New Zealand the entire country is governed by the same political entity. Whereas in the United States of America different states have different laws, which leads to different decision-making with regards to how young people are dealt with. These fundamental differences between the two countries may account for the variation of findings between this study and findings from the United States of America. An alternative reason for the differences found could be because the majority (90.6%) of young people were referred from the Auckland region. This therefore poses challenges when trying to detect meaningful differences from this study.

Implications

There is strong evidence to confirm the widespread problem of absconding within out-of-home care settings. Attempting to understand the factors at play when youth abscond is an essential first step in order to later develop strategies that can reduce rates of absconding (English & English, 1999; Guest et al., 2008; Kim et al., 2013; Nesmith, 2006). Beyond this, something needs to be done to prevent absconding from occurring (English & English, 1999; Kim et al., 2013). Many risk and protective factors for absconding have been highlighted in this study and are easily identifiable when youth first enter out-of-home care residences. Consequently, it is recommended that any identifiable risk or protective factors should be noted and flagged when youth enter residential care so that interventions can successfully target or manage them as effectively as possible (Attar-Schwartz, 2013; Nesmith, 2006; Zimmerman et al., 1997). The widespread harm evident from absconding behaviour is justification alone for any attempts to prevent or manage absconding. Training programmes that target staff or caregivers could be utilised in order to help the

appropriate management of absconding behaviour and any related issues. The costs of training and other interventions have been indicated to be comparable to the costs associated with dealing with absconders after they have absconded (English & English, 1990). As Richard Haigh observed, “when young people start to go missing, that is one of their ways, when they are putting their hands up and saying ‘outside world’, things aren’t great for me now.” (The Children’s Society, 2012, p. 11). Useful and practical clinical implications will now be discussed on multiple levels.

Individual factors. When considering the individual factors that influence absconding, females are at greater risk of absconding than males. As a result, interventions to reduce absconding should consider gender differences and be tailored appropriately to address individual needs. For example, females have been found to be more likely to abscond in order to reconnect with family or partners outside of care (Fasulo & colleagues, 2002). It may be more important for females to be able to maintain these connections while in out-of-home care (see below for recommendations on enhancing connections while in care). When young people enter out-of-home care it is important to consider their background and history. For example, youth with a greater number of admissions prior to care are more likely to abscond. Thus it is recommended that this be ‘red flagged’ by staff when youth enter care. In addition, it is suggested that residential staff enquire into young peoples’ past absconding and placement histories, and staff ask young people about any absconding history, potential triggers and whether anything could prevent them from doing so. This highlights the need for residential settings to be proactive, flexible and open in order to successfully prevent and reduce absconding. In addition, it is important that staff acknowledge the individual differences that may exist between young people, in particular around their experiences of residential care. It is also important to consider young people’s mental health background, including substance use, which have been found to heighten the risk of absconding. This research recommends that more accurate assessment of such difficulties would allow for preventative measures such as providing youth with specialised support and services that could reduce the risk of absconding. However, this may be difficult due to the short-term/emergency nature of these residences, in that by the time an assessment has been organised the young person may have transitioned from care. An alternative option would be to ensure that at least one staff member has the relevant training regarding mental health and in

particular, substance use difficulties to deal with such behaviours with the hope of preventing absconding.

Family, peer and staff factors. As discussed throughout this research, the importance of relationships and connections cannot be stressed enough. This research demonstrated that young people often abscond in an attempt to reconnect with their family, friends and loved ones. Thus, when thinking of ways to prevent or reduce absconding it is vital to consider the relationships and connections that young people have, as these are important areas to intervene. It is recommended that where possible youth should be able to communicate with significant others and that the nature of residential care be one that fosters and promotes such an environment. For example, it is suggested that youth should be allowed visits by family, their caregiver and/or a significant other. Alternatively, residential staff could work with social workers to arrange for youth to return home for visitations. In addition, the relationship between youth inside residential settings is important and is an area that prevention can target. As this study found that bullying and negative peer environments increases the risk of absconding, it is suggested that efforts towards creating a safe and positive peer environment should be made and bullying should not be tolerated within residential homes.

The relationship between residential staff and young people should not be overlooked. Findings from the current research indicated that young people who perceive staff as overly strict, uncaring or unsupportive were more likely to abscond. As a result, staff should seek to develop positive relationships with the young people in out-of-home care and attempt to create an environment in which young people feel heard, valued and respected. It is acknowledged that for staff working in out-of-home care residences it can be an incredibly challenging environment; they often have demanding roles with a number of time pressures, leading to high turnover and burnout (Colton & Roberts, 2007; Conner et al., 2003; Hastings, 2002). As a result, it is important for organisations to ensure that staff members are well supported within their work. Providing staff with the necessary skills will help to support them to provide a positive environment for young people. Without such support, poor staff morale may have a negative influence on the young people residing in residences; for example, by limiting their capacity to build connections or relationships with young people. Furthermore, it is recommended that residential staff should be trained in a

way that fosters them being supportive and caring, while maintaining appropriate and firm boundaries. Ultimately, any efforts to enhance young people's feelings of connectedness, both to individuals inside the residential homes and outside may have a positive impact on preventing absconding behaviour.

Contextual factors. This research identified boredom as a risk factor for absconding. As a result, it is recommended that staff try to engage all youth by creating a stimulating environment in out-of-home care residences by making a range of activities and outings available. It is important to recognise that young people will have different interests and preferences, thus staff in residences should aim to be flexible and try to accommodate different interests, while balancing resourcing constraints. This research found that when young people perceive the rules in out-of-home care as strict and excessive this is a risk factor for absconding. It is therefore important to create an environment in which young people do not feel as though their freedom and autonomy are stifled, while ensuring appropriate boundaries and rules are put in place. Creating such an environment is challenging because young people's perceptions on excessive rules are subjective and will differ from person to person. In addition, it is acknowledged that certain rules have to be in place, however it may be possible for residences to allow young people small decision making roles or have an input on daily things while residing in such care homes. For example, having a say in what activities, outings or trips they might undertake or having the freedom to engage in different activities of their choice while at the residence. In addition, it is recommended that staff and organisations make efforts to ensure that the residences are as homely and inviting as possible. This may be achieved through decorating the house with pictures or photos, having homely living and eating areas, and allowing youth to keep some belongings in their bedrooms. Finally, efforts should be made to improve communication with youth and to reduce confusion around their placements; this may reduce the likelihood that some youth will abscond. For example, this could be achieved by communicating clearly and transparently with youth with regards to the duration of their stay.

General recommendations

Considering the prior clinical implications, it is suggested that it would be useful for

young people to be debriefed if they return to care after having absconded. In particular, it is proposed that youth be asked about why they absconded, and inquire if they would abscond again and what could be done (if anything) to prevent them from absconding again. Clear communication between professionals involved in looking after the young people is fundamental. For example, social workers should be in contact with residential staff and also, where possible, it is recommended that the young people be informed about their circumstances. To conclude:

1. It is recommended that social workers, residential staff and other professions who are working with young people in out-of-home care receive training so that they are aware of the risk and protective factors for absconding behaviour. Ideally, this will allow staff to be more likely to identify those at risk and act in a manner or provide the appropriate interventions to prevent absconding.
2. It is recommended that the relevant professionals should be educated to ensure they have the relevant knowledge of absconding, which may assist them in dealing with absconding incidents and related problems more effectively.
3. It is also recommended that guidelines and training be provided to professions to help aid this process.

Strengths and Limitations

This study is the first study to address absconding from out-of-home care within New Zealand and therefore fills a much needed gap in the literature. In addition, this study incorporated both quantitative and qualitative methodologies, which allowed for a wider and deeper exploration of the different risk and protective factors associated with absconding behaviour. Although the quantitative methodology focused primarily on individual factors, the findings from the qualitative interviews provided a deeper insight into the family and wider contextual influences of absconding. In addition, there was a need within the literature for further qualitative research as existing studies focus primarily on quantitative measures of absconding. Qualitative studies allow greater exploration of the experiences of young people and why they abscond from care and provide a voice for young people to express themselves and to be able to raise their concerns.

There were several limitations of this study that must be considered. First, attempting to generalise the current findings to other young people should be done so with caution as this study was based on youth from only one male and one female residential group home within Auckland, New Zealand. Similarly, a number of participants were excluded from taking part in the interviews for different reasons. For example youth who had current severe mental health difficulties or youth where consent was not gained were excluded. This may limit the generalisability of the current findings to other populations of youth. However, it is worth taking note that both samples in this study considered absconders and non-absconders. In addition, for the interviews youth who did not return to the out-of-home care setting after absconding were followed up and included. This provided the researcher with access to a wider group of participants, who might otherwise have been excluded or missed from the study.

The current results were based on retrospective file and interview data. As a result, the findings from this study were not able to establish causation between absconding and the variables considered, and thus, this should be kept in mind when interpreting the findings from such studies. A further limitation of this study is that it did not consider an exhaustive number of variables that may be associated with absconding behaviour due to a limit on the file data available. For example, this study did not have access to information about what age the young people were when they first entered the care system, their prior placement history, information regarding the duration of the absconding incidents or a breakdown of where youth stayed when absconding. Such information would be useful for the professionals working with youth by allowing them to more accurately identify the relevant risk and protective factors associated with absconding, which may lead to better management of absconding behaviour.

Directions for Future Research

Having reflected on this study and the wider literature it is important to consider suggestions for future research. Future research should seek to explore the reasons why there are gender differences in absconding, because if different motives for females and males are at play then any interventions should be gender specific.

Existing research fails to provide a clear indication as to what mental health difficulties may be risk or protective factors for absconding, and there is a lack of research entirely that considers certain difficulties. Therefore, it is suggested that future research should examine the relationship between mental health difficulties and absconding behaviour, as such information is fundamental for those attempting to intervene with absconding behaviour. Furthermore, future research should not exclude youth with mental health difficulties from their studies. Additional research is needed to explore the relationship between suicidal ideation and absconding behaviour, in order to provide residences with sufficient information as to whether suicidal ideation, a history of this, or prior attempts function as risk factors for absconding.

There is a need for longitudinal studies of absconding because this allows researchers to examine changes over time (Gratton & Jones, 2004). Additionally, it is worth noting that there is a dearth of evidence that addresses interventions aimed at preventing or managing absconding, and thus further research is needed in this area, as are studies to evaluate the effectiveness of such interventions. Given the multiple-level variables that have been found to be related to absconding behaviour in this study (i.e., individual, family and contextual factors), future research would benefit from considering each of these in an attempt to provide a wrap-around, multiple level exploration of the potential variables that may interact within a young person's environment to either lead them to abscond, or alternatively to prevent them from doing so.

Conclusion

This research is the first to address absconding from out-of-home care within New Zealand. The findings from this research provide a valuable insight into the risk and protective factors involved in understanding why youth abscond from out-of-care. Statistically significant risk factors for absconding include being female and having a greater number of prior admissions to out-of-home care. This research found that feeling disconnected from significant others leads youth to abscond. Similarly, the social climate within residential care is important to young people, and if youth have negative interactions with staff or other peers this can be considered a risk factor for absconding. Alternatively, positive relationships within out-of-home care and feeling connected to significant others while within care appear to act as protective factors for absconding. Boredom within out-of-home care is a further risk factor for absconding. Freedom and autonomy are also important to young people, and this research has shown that when youth feel as though their freedom or autonomy is threatened, they are at risk of absconding. In addition, this research found that many youth absconded due to feeling frustrated at the care system, which was based primarily on feeling uninformed and as though there was a lack of communication around their care situation. Finally, findings from this research indicated that many youth absconded in order to smoke.

Future research should explore the differences between why males and females abscond and should inquire into the impact that mental health difficulties may have on absconding. In addition, given that absconding is a widespread problem and that youth who abscond are considered to be a high need and vulnerable group it is important for future studies to focus on the development of interventions to prevent and reduce absconding. It is hoped that the existing findings provide a platform for out-of-home care facilities to better understand why youth abscond and ultimately to use this understanding to implement changes to reduce absconding. These findings have important clinical implications for residential settings, management and wider-level policy makers, and ultimately for improving the lives of young people.

Appendix A

Individual family foster care = When a young person is cared for by a person/people who are not members of their own birth family. In the majority of cases the young person lives with their foster carer(s) full-time, though the duration of stay differs according to the young persons individuals circumstances and need.

Family foster care (with treatment)/specialised foster care = Individual family foster care with treatment intervention – foster carers receive support and training to enable the young person to address difficulties they have within their lives.

Residential/group setting/placement = When a young person is cared for by an out-of-home care residence that is usually provided for by a government organisation, the young person is cared for by staff members employed. Young people are usually placed here as an alternative to unplanned or inappropriate placements or foster homes. The duration of stay differs according to each young persons individuals circumstances and need, and depends on the residence (some are short-term while others may be longer-term placements). These residences are not locked or secure and so youth can escape if they decide to do so. The residences usually provide a structured environment for their residents.

Residential/group setting/placement with family structure = This is a residential setting however the residence is structured in a way that is ‘family-like’.

Residential/group treatment setting/placement = Residential/treatment group setting/placement with intensive treatment intervention, which focuses on the young persons difficulties in their life (e.g. behavioural difficulties).

Appendix B

Table 1
Studies Exploring Factors Related to Absconding

Study	Country	Setting	Sample details	Age range	Defintion of Absconding Behaviour	Key Findings Related to Absconding
Attar-Schwartz (2013)	Israel	Group institutions and settings with familial elements	Total N = 1324 Male (N = 54%) Jewish (N = 75%) Arab (N = 25%) Total residential care settings (N = 32)	11-19 years Mean age 14.06	Youth who abscond from rehabilitative and therapeutic residential care settings.	Youth who had: been in care for longer periods, adjustment difficulties, experienced more physcial violence from peers/staff, who percieved staff as strict and unsupportive and who were older were more likely to abscond and had more frequent absconding behaviour. An interaction between gender and ethnic identity was established.
Biehal & Wade (2000)	United Kingdom	Foster and residential placements	Interview total N = 36 Survey total N = 210	11-16 years	Used the term 'going missing' which encompasses all types of unauthorised absence from pacements, including absconding. Information collected on youth who either went missing overnight or who were reported missing to the police.	Identified 'running to friends' and 'running away' typologies of absconding behaviour. Reasons for youth absconding suggested to be interwoven in complex ways. Pull factors including young peoples histories, family relationships and peers, and push factors within the placement setting(s).

Courtney et al. (2005)	USA	Out-of-home care	Total N = 14,282 Female (N = 51.3%) Black (N = 66.88%) White (N = 25.87%)	90% of youth between 12-18 years old	Youth who abscond from out-of-home care for at least one night.	Factors used to predict absconding: female, older age, disability/mental health/substance use disorder, Black/Hispanic, lack of supervision, abuse, region of placement, history of absconding.
Courtney & Zinn (2009)	USA	Out-of-home care	Total N = 14,282 Female (N = 51.3%) Black (N = 66.88%) White (N = 25.87%)	90% of youth between 12-18 years old	Youth who abscond from out-of-home care for at least one night.	Factors used to predict absconding: female, older age, disability/mental health/substance use disorder, Black/Hispanic, lack of supervision, abuse, region of placement, history of absconding.
Eisengart et al. (2007)	USA	Residential treatment setting	Total N = 1927 Treatment programmes (N = 65) Male (N = 64%) African-American (N = 59%) Caucasian (N = 26%)	7-18 years Mean age 16.33	Youth who are discharged from residential treatment due to absconding.	Discharge due to absconding was predicted by: older age, being female, substance use, and agency. Programme was a powerful predictor of who ran from treatment.
English & English (1999)	Canada	Out-of-home care	Total N = 24 Total absconders (N = 12) Total non-absconders (N = 12)	12 years and over Mean age 15	Youth in care who abscond from their caregivers.	Youth with greater tendency to abscond were female and aged 15. Common background variables amongst absconders include: family divorce, alcoholism, adoption, psychiatric

illness.

Fasulo et al. (2002)	USA	Specialised foster care	Total N = 147 Female (N = 54%)	12-18 years Mean age 15.01	Youth who ran from specialised foster care.	Youth who were female or who had less psychotherapy sessions were more likely to abscond.
Finkelstein et al. (2004)	USA	Congregate care facilities	Total N = 47 Young people (N = 30) Female (N = 24) Male (N = 6)	0-20 years	Define an AWOL as a young person who is in the care and custody, or custody and guardianship of the Commissioner of the Administration for Children's Services and is placed in a licenced foster care facility, direct or contracted, and who disappears, absconds or is otherwise absent voluntarily or involuntarily without the consent of the person(s)/facility in whose care the child has been placed.	Identified push and pull factors that lead to youth absconding. Push factors = placement, staff/peers, organisation/facility problems, youth own behaviour, boredom, rules. Pull factors = family and friends/ boyfriend or girlfriend: missing them or crisis or other event.
Guest et al. (2008)	USA	Residential treatment settings	Total N = 234 African American (N = 54.3%) Hispanic (N = 33%) Caucasian (N = 6.4%)	12-16 years Mean age 13.8	AWOL was defined as both (a) absconding from the campus and (b) not returning from a home visit.	Relationship between absconding and having a history of substance use. Youth equally likely to abscond at any time within the first two years of treatment.

Karam & Robert (2013)	Canada	Substitute home environment (foster and group homes)	Total N = 10	14-17 years	At an institutional level absconding behaviour refers to an unauthorised absence.	Absconding understood as a coping mechanism that displays an adolescent's need for connection, empowerment and emotion regulation; factors not addressed in placement.
Kerr & Finlay (2006)	Canada	Residential/group care settings	Total N = 32 Total residential settings (N = 5)	12-18 years	An AWOL is absense from the site without permission or leave.	Identified push and pull factors that lead to youth absconding. Push = lack of safe, comfortable and supportive environment, boredom/unengaged, restrictions and rules, staff. Pull = Family, girlfriend/boyfriend, ran away to take drugs.
Kim et al. (2013)	USA	Out-of-home care settings	Total N = 110,576 Male (N = 52.9%) African-American (N = 46.6%) White (N = 29%) Latino/Hispanic (N = 27.6%)	12-17 years Mean age 14.99	Utilised data from 39 states; definitions of absconding episode differs across states and counties.	County level variation associated with absconding. Factors that predict absconding behaviour: Older age, female, higher number of removals, diagnosed with emotional/clinical conditions, removed from home by court, long-term foster care as case goal and single father headed family.
Lin (2012)	USA	Out-of-home care settings	Total N = 8047 White non-hispanic (N = 39.3%) Black non-Hispanic (N	0-23 years	At an institutional and legal level absconding behaviour refers to an unauthorised absence.	Youth more likely to abscond if they are older, female, African-American, have behaviour problems/diagnosed disability. Those who ran also tended to be

			= 33.5%) Hispanic (N = 13.1%)			older at first removal, had been removed from single-parent family, experienced more placement settings and shorter duration while in foster care. History of absconding, school attendance, age, substance use and delinquency were found to predict discharge due to absconding.
McIntosh et al. (2010)	USA	Residential treatment settings	Total N = 667 Absconders (N = 84) Non-Absconders (N = 583) Treatment agencies (N = 44) Males (N = approx 60%) African-American (N = 58%) Caucasian (N = 27%)	7-20 years Median age 16	Youth who 'discharge' themselves from residential treatment settings by absconding.	
Miller et al. (1990)	USA	RTS's	Total N = 9 Female (N = 1) Male (N = 8)	12-17 years	Youth who have absconded from a residential settings on at least one occasion.	Reasons for absconding from care included absconding both from and to something: due to rules/consequences, due to family conflict, to be with friends, peer pressure to abscond.

Nesmith (2006)	USA	Private treatment family foster care	Total N = 343 Absconders (N = 78) Male (N = 59%) Caucasian (N = 74.9%)	11-18 years Mean age 15.1 Age range 11.8-18.6	Youth who abscond from child welfare placements	Youth more likely to abscond if older, if American Indian, have a history of absconding, longer length in care, lack of reunification plan, and worse CBCL score.
Sunseri (2003)	USA	Residential treatment settings	Total N = 8933 Male (N = 64%)	12-18 years	Youth who terminate treatment by absconding.	Youth more likely to terminate treatment by absconding had a history of absconding, showed externalising behaviour, were placed in low level facilities, and came from low level facilities and family functioning.
Taylor et al. (2013)	United Kingdom	Out-of-home care	Total N = 28 Female (N = 13) Male (N = 15) White (N = 26) Black & minority (N = 2)		Children and young people who abscond from care.	Four key themes were found that related to reasons for absconding: 1. Authority and power; 2. Friction; 3. Isolation; 4. Environment. Youth reported that being heard, respected, feeling as though someone cares and autonomy are important.
Zimmerman et al. (1997)	USA	Residential treatment settings	Total N = 82 Habitual absconds (N = 43) Non-abscond (N = 39)	12-18 years Mean age 14.9	Examined "habitual" absconders who were defined as youth who had abscond seven or more times from a residential treatment centre	Absconders were more likely to: have a history of absconding, higher number of prior placements, a history of property crime offenses, a history of physical abuse perpetration & victimisation.

Appendix C



Te Whare Wānanga o Tāmaki Makaurau
School of Psychology
10 Symonds Street, rm 660, Level 6
093737599 ext 88413

The University of Auckland
Private Bag 92019
Auckland, New Zealand

CAREGIVER PARTICIPANT INFORMATION SHEET

Project Title: **Absconding; what makes youth run or stay?**
Name of Researchers: **Dr Ian Lambie and Francesca Bowden**

Dear caregiver of the potential participant,

Thank you for taking time to read about my study. My name is Francesca Bowden, I am a PhD student studying Clinical Psychology at the University of Auckland, and I am under the supervision of Dr. Ian Lambie who is a staff member of the University of Auckland School of Psychology. I am inviting your child to take part in my research, which explores youth absconding behaviour. Absconding in the current context refers to running away from **XXX** facility.

Your child has been invited to take part in my research because they are currently or have recently been a resident at **XXX** residence in Auckland. Your child has not been selected because he/she has absconded from **XXX**, nor because it is thought that he/she is likely to do so. All current or recent youth who have stayed at **XXX** have been invited to take part in this research.

Please take time to think about it and decide whether you would like your child to take part. Allowing your child to take part is your choice. If you decide you do not want your child to take part, it will not affect any services from the **XXX** or related agencies you or your child may be involved with in the future.

Why is your child being asked?/ What is it all about?

- ❖ This research aims to explore the underlying reasons why youth abscond from such residences, including the risk and protective factors associated with absconding. This research is currently being conducted because of the high rates of absconding that have been reported to occur from **XXX**. We are asking for

individuals to take part in interviews to explore the possible reasons that might make them run or stop them from running from **XXX**.

What happens during the study?

- ❖ If you decide that your child can take part I will meet with your child and I will ask your child questions about **XXX**, this will take place in one interview session lasting up to 45 minutes. This will give me time to get to know your child at the beginning.
- ❖ The interviews will take place in **XXX**. The interviews will be conducted by myself (Francesca Bowden). Even if you agree to your child's interview being recorded, the youth may choose to have the recorder turned off at any time.
- ❖ The original interview data will be kept in either a locked cabinet at the University of Auckland or within encrypted files by Francesca Bowden. All electronic interview data will be password protected. The participant's identities will be protected through the use of false names in the final report.
- ❖ Once recorded, data will be stored as per above, all recordings will be transcribed then analyzed using thematic analysis. A University of Auckland recommended transcription agency will be used in order to employ someone to transcribe the interviews. The employed transcriber will only review the recorded interviews for the purpose of transcribing and before any transcriptions take place the transcriber will complete a confidentiality agreement. After six years all hard copy data will be shredded, audio recordings will be erased and all electronic data will be deleted. Six years has been decided due to the possibility of publication of the research once it is completed.
- ❖ During this research your child's file from **XXX** will be accessed, with your permission. If available, the file may contain demographic and background information on your child and information regarding their behaviour during their stay at **XXX**. This information will be used to help me better understand the nature of absconding when I am analyzing all of the data.
- ❖ Your child's name and any identifying information will not be associated with published results.

Token of Appreciation

- ❖ For your child's time they will be provided with a Westfield voucher worth \$20, regardless of whether they decide to withdraw.

Risks and Benefits

- ❖ There are no risks associated with this study.
- ❖ The benefits of this study for participants involve providing them a voice to express their opinions about what it is like staying at **XXX** residence.

Participation

- ❖ Your child's participation is their choice and yours.
- ❖ Your child's participation is **voluntary** and your child can withdraw from participating in the research at any time and has the right to remove their information from the study without any required explanation. This can be done by contacting Francesca Bowden or Ian Lambie at any time within two weeks following their interview. You do not have to give a reason. During the interview they can stop at any time and they do not have to answer all of the questions.

Thank you for taking time to read this information sheet

If you wish to participate, complete the attached consent form and return in the freepost envelope provided OR contact me using the information below to obtain further information and a consent form. If you have questions or would like to discuss participation, please contact me (Francesca Bowden) at the address/phone number below:

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For any queries regarding ethical concerns you may contact the Chair of the University of Auckland Human Participants Ethics Committee, The University of Auckland, Office of the Vice Chancellor, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 83711/83761. Email: humanethics@auckland.ac.nz

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 03/03/14 for 3 years Reference Number 011188.

YOUTH PARTICIPANT INFORMATION SHEET

Project Title: **Abducting; what makes youth run or stay?**
Name of Researchers: **Dr Ian Lambie and Francesca Bowden**

Dear potential participant,

Thank you for taking time to think about taking part in my study. My name is Francesca Bowden and I am studying Psychology at the University of Auckland under the supervision of Dr. Ian Lambie who is a staff member at the Psychology department at the University of Auckland. I am inviting you to take part in my research study exploring why youth abscond (run away) from **XXX**. You have been invited to take part in my research because you are currently or have recently been a resident at **XXX**. I am inviting every individual who is currently staying at, or has recently stayed at **XXX** residence to take part in my research, you are not been selected because you have absconded in the past. Please take time to think about it and decide whether you wish to take part. Taking part is your choice. If you decide you do not wish to take part, it will not affect any services from **XXX** or related agencies you may be involved with in the future.

Why are you being asked? / What is it all about?

- ❖ You have been invited to be involved in this research because you are currently staying or have stayed at **XXX** residence in Auckland. This research aims to explore the underlying reasons why youth run away from such residences, including the risk and protective factors associated with running away. This research is currently being conducted because of the high rates of running away that have been reported to occur from **XXX**.
- ❖ My questions will be about what might make you run or stop you from running from **XXX**.
- ❖ Your interview will be up to 45 minutes, which will include time to get to know each other in the beginning. The interview will take place at **XXX**.

- ❖ Your interview will be audio recorded and these recordings will be kept for up to 6 years. After that they will be destroyed and all electronic data will be deleted.
- ❖ I will be recording the interviews so that I do not miss out any information. You can choose to not have the interviews recorded and even if you agree to your interview being recorded, you may choose to have the recorder turned off at any time.
- ❖ The recordings will be kept in a secure, locked cabinet within the University of Auckland Psychology department and only I will have access to it.
- ❖ All electronic interview data will be password protected. Your identity will be protected through the use of false names in the final report. Once recorded, data will be stored as per above. All recordings will be transcribed then analyzed using thematic analysis. A University of Auckland recommended transcription agency will be used in order to employ someone to transcribe the interviews. The employed transcriber will only review the recorded interviews for the purpose of transcribing and before any transcriptions take place the transcriber will complete a Confidentiality Agreement.
- ❖ During this research your file from **XXX** will be accessed, with your permission. The file may contain demographic and background information on you and information regarding your behaviour during your stay at **XXX**. This information will be used to help me better understand the nature of absconding.

Token of appreciation

- ❖ For your time you will be given a cell phone top-up voucher worth \$20, regardless of whether you decide to withdraw.

Risks and Benefits

- ❖ There are no risks associated with this study
- ❖ The benefit of this study is that you are given the voice to express your opinions about what it is like staying at **XXX**.

Participation

- ❖ Your participation is your choice. You do not have to take part in this study, and your decision will not affect any services you may have in the future.
- ❖ If you do agree to take part, you can withdraw from the study at any time up until 2 weeks after you have completed the interview by contacting Francesca Bowden or Ian Lambie. You do not have to give a reason. During the interview you can stop at any time and you do not have to answer all of the questions.

General Information

- ❖ Before taking part a youth worker from **XXX** will go over the study in detail with you.
- ❖ If you need to talk to someone I can put you in contact with someone who will be able to discuss any concerns you may have.

Confidentiality

- ❖ Your name and any identifying information will not be associated with published results.
- ❖ The only time I will need to tell other people about what is said in the interview is if anyone's safety is at risk. In this situation I would talk to you and your caregivers first. But in times of emergency this may not be possible.

Who should I contact if I have further questions?

- ❖ You can contact me if you have any questions about the study. Contacting me does not in any way mean that you have agreed to take part. If you want, I could meet with you at a time that suits you to talk about the study before you decide if you want to take part.
- ❖ You can also contact Ian Lambie (my supervisor) or any of the other people under the listed contacts to find out more about my research.

Thank you for taking time to read this information sheet

If you wish to participate, complete the attached consent form and return in the freepost envelope provided OR contact me using the information below to obtain further information and a consent form. If you have questions or would like to discuss participation, please contact me (Francesca Bowden) at the address/phone number below:

Ian Lambie:
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For any queries regarding ethical concerns you may contact the Chair of the University of Auckland Human Participants Ethics Committee, The University of Auckland, Office of the Vice Chancellor, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 83711/83761. Email: humanethics@auckland.ac.nz

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 03/03/14 for 3 years Reference Number 011188.

CONSENT FORM
(For parent / carer of participant)
THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project Title: **Abducting; what makes youth run or stay?**
Name of Researchers: **Dr Ian Lambie and Francesca Bowden**

I have read the Participant Information Sheet, have understood the nature of the research and why my child/ the youth under my care has been selected. I have had the opportunity to ask questions and have them answered to my satisfaction. I understand that the participation of my child/ the youth under my care in this research is voluntary.

- I agree that the child participant can take part in this research.
- I understand that the child is free to withdraw participation at any time, and to withdraw any data traceable to the child within two weeks following their interview.
- I understand that the child will be provided with a \$20 Westfield voucher for their time, regardless of whether they decide to withdraw.
- I agree/ do not agree that the child's interview can be audio recorded. **(circle 1)**
- I agree/ do not agree that the child's files held by **XXX** can be accessed.
- I understand that a third party who has signed a confidentiality agreement will transcribe the tapes.
- I understand that any publication of information will be anonymous.
- I understand that data will be kept for 6 years, after which they will be destroyed.
- I understand that the interview will take a maximum of 45 minutes of the child's time.

Name _____ (please print)

Signature _____ Date _____

Contact Phone(s): _____

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS
ETHICS COMMITTEE ON 03/03/14 FOR THREE (3) YEARS. REFERENCE
NUMBER 011188.

YOUTH CONSENT FORM
THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project Title: **Abscending; what makes youth run or stay?**
Name of Researchers: **Dr Ian Lambie and Francesca Bowden**

Please tick the boxes after you have read the Information Sheet and have had any questions you might have answered.

I agree to take part in the research.

YES NO

I have read and understand the Youth Information sheet. I understand what is being asked of me. I have had the opportunity to discuss this study. I am happy with the answers I have been given.

YES NO

I understand that giving consent is my choice and that I may withdraw from the study at any time up to two weeks after the interview has taken place.

YES NO

I understand that I will be provided with a \$20 top-up voucher for my time, regardless of whether I decide to withdraw.

YES NO

I understand that my participation in the study is confidential and that no material that could identify me will be used in any reports on this study.

YES NO

I understand that if the researcher is made aware that there is risk to anyone's safety the researcher is obliged to take steps to keep the person safe.

YES NO

I know who to contact if any problems arise in this study or if I have any questions.

YES NO

I understand the interviews will last up to a maximum of 45 minutes.

YES NO

I give my permission for the interviews to be audio recorded.

YES NO

I understand that a third party who has signed a confidentiality agreement will transcribe the tapes.

YES NO

I understand that if my interview is audio recorded, then it will be stored securely in the University of Auckland's Psychology department for up to six years and will then be destroyed.

YES NO

I give my permission for my file held by the **XXX** to be accessed

YES NO

I understand that any publication of information will be anonymous.

YES NO

I would like a summary of the results to be sent to me.

YES NO

I would like to be sent a copy of my interview transcript.

YES NO

Name _____ (please print)

Signature _____ Date _____

Contact Phone(s): _____

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 03/03/14 FOR THREE (3) YEARS. REFERENCE NUMBER 011188.

Appendix D

General questions:

- Have you ever absconded (run away from) **XXX** while you have been staying here?

If Yes:

- Why did you decide to run away from **XXX**?

Prompts:

- Were there things that were happening in your life at the time, which led to your decision to run from **XXX**?
- Do you think that things around you influenced you to run away from **XXX**?
- Was anything going on with your social worker that might have influence you to run in any way?
- Was anything going on with the staff at **XXX**?
- What were you thinking about when you ran away from **XXX**?
 - Can you remember whether there was something that triggered you to go?
 - Have you ever run away from somewhere before?
- Who did you run with (if anyone) when you ran from **XXX**?
 - Do you think they influenced you to run?
- Where did you go when you ran away from **XXX**?
- Did you meet your boyfriend/girlfriend when you ran away from **XXX**?
- What are the things you like about living at **XXX**?
- What are the things that you do not like about living at **XXX**?
- Would anything have helped stop you running away at **XXX**?
- What things would make you stay at **XXX** when you are supposed to be there instead of running away?

No:

- What stops you from running away from **XXX**?
- What helps you stay where you should be?

General Questions regardless of absconding status:

- Are you a smoker?
- Have you taken drugs in the past month? Week?... While staying at **XXX**?
- Do you have a girlfriend/ boyfriend?
- Why do you think you are here?

- Where do you normally live? And with whom?
 - What sorts of things do you miss about living there
- What do you think about living at home?
 - What are the good things about living at home?
 - What are the less good things about living at home?
- What are some of the things that you like to do or enjoy regardless of where you are?

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