"JUST ACCEPT US HOW WE ARE MORE": EXPERIENCES OF YOUNG PĀKEHĀ WITH THEIR FAMILIES IN AOTEAROA NEW ZEALAND

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Abstract

Families are widely recognised as among the most influential contributors to the environments experienced by young people as they mature. This paper brings together two independent studies – one quantitative, one qualitative – conducted concurrently within the same districts of urban Auckland in Aotearoa New Zealand. Survey data and life-story accounts are used to create a composite representation of the complexity and richness of the young participants' experiences. The importance of parents, siblings and more distant relations is discussed in terms of sample trends and case experience. The implications of the findings for health promotion, positive youth development and social equity are considered, with the conclusion that families remain a crucial site for interventions to enhance the wellbeing of young people.

INTRODUCTION

The relationships that constitute families are widely understood to be a vital part of the context of the wellbeing of young people. Along with other social environments, such as peer groups, school settings and community and workplace contexts, families

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exert enormous influence for good and ill upon the development and overall health of young people (Disley 1996, Pryor and Woodward 1996, Benson 1997, Durie 1998, Health Funding Authority 1999, Beautrais 2000, Cantor and Neulinger 2000, Ministry of Youth Affairs 2001).

Most young people travel the pathways between childhood and adulthood with energy, skill and considerable grace, gaining character and experience from the stumbles and challenges they experience along the way. A proportion struggle with intermittent or ongoing crises, while a minority experience debilitating and disastrous problems, usually with environmental origins (McGee et al. 1996, Fergusson et al. 1997).

In Aotearoa New Zealand, two longitudinal research projects involving large birth cohorts (one in Dunedin and the other in Christchurch) provide some of our most valuable data on the development and wellbeing of young people.

The Dunedin Multidisciplinary Study provides an important window on the development of young people and highlights that families play a central role in influencing the life experiences and available choices of the young participants (Silva and Stanton 1996). The impacts of weak or negative family environments were expressed in a wide range of distress, disorder and disadvantage, with long-lasting effects on the lives of young people (Pryor and Woodward 1996).

The Christchurch Longitudinal Study (Fergusson and Horwood 2001) has repeatedly reported measures of correlation between family style and stressors and the incidence of mental illness and other forms of social difficulty. Most of the findings from this longitudinal study relate specifically to mental illness in the cohort, and correlate such outcomes with parental separation and divorce, childhood sexual and physical abuse at moderate levels, and with other aspects of family functioning, such as inter-parental violence, parental alcohol problems and recombined families. The researchers looked at children who presented major mental illness by the age of 15 years and found that their childhoods were marked by multiple social and family disadvantages that spanned economic disadvantage, family dysfunction, impaired parenting and limited life opportunities.

These findings underline the importance of family life in relation to a range of physical and psychological outcomes. Crucial to the family environment is the relationship between young people and their parents or caregivers (Paterson et al. 1995, Pryor and Woodward 1996). This "connectedness" or mutual attachment between young people and their parents is one of the most important protective factors identified in the research literature (Bradley et al. 1994, Gribble et al. 1993, Herrenkohl et al. 1994, Resnick et al. 1997). There has also been considerable effort expended on identifying characteristics of parents that foster good outcomes for young people. (For a review of this work, see Lezin

et al. 2004.) This body of work has consistently identified an authoritative parenting style of high warmth and caring combined with moderate levels of control as being associated with wellbeing among young people (Steinberg 2001). However, what is less clear is the detailed nature of such family relations from a young person's perspective – how young people experience their relations with their family. Such insights would advance our understandings of families as crucially influential environments.

Elsewhere, research has firmly established the contribution of the wider social environment to the health and wellbeing of young people (Paterson et al. 1995, Pryor and Woodward 1996, Bergman and Scott 2001, Bond et al. 2000). Reviewing a substantial literature on risk and resilience, Blum (1998) concludes, "It takes a community to raise a child". Resnick's work (Resnick 2000, Libbey et al. 2002) highlights the association between protective factors related to the quality of the connections to families and other institutions and better health and lowered risk behaviours among young people.

We argue that such observations represent a challenge and an opportunity for health promotion concerns to enhance the wellbeing of young people. While it is unusual perhaps for health promotion in practice to work with parameters of population health that produce or support wellbeing, there are strong theoretical arguments and policy imperatives for doing so. In this country and elsewhere, pragmatic political and fiscal restraint have seen much of the potential of health promotion targeted at the problem-focused "ambulance at the bottom of the cliff" approaches (Blum 1998). Antonovsky (1996) argues for the adoption of "salutogenic" (health-generating) approaches to health promotion to counter the predominant "pathogenic" orientation, the biomedical focus that suffuses mainstream health-related practices, shaping them toward dealing with disease and problems ones.

> The concept of health promotion, revolutionary in the best sense when first introduced, is in danger of stagnation. This is the case because thinking and research have not been exploited to formulate a theory to guide the field. (Antonovsky 1996:11)

Antonovsky (1996) rejected the dichotomizing of health and disease inherent in the pathogenic orientation, for a continuum model of health and illness. Antonovsky proposed a coherent theory for health promotion that prioritised the movement of populations toward health, wherever the health status of individuals might fall on the continuum. Barry (2001) and Anae et al. (2002) have critiqued the narrowness of the existing frameworks around promoting wellbeing – such as those of Mrazek and Haggerty (1994), which conceptualise promotion as consisting primarily of treatment, maintenance and targeted intervention – and argue the need for strong environmental interventions for population health gain. In the area of the wellbeing of young people, this has been expressed and researched in terms of a paradigm shift toward a "positive youth development" model (Pittman et al. 2001). Policy guidelines from the Ottawa

Charter through to our own mental health promotion plan *Building on Strengths* (Ministry of Health 2002) endorse and extend this kind of thinking.

This paper reports from two Health Research Council of New Zealand funded research projects – the qualitative Youth Mental Health Promotion and the quantitative Adolescent Health Survey – that aim to identify and describe features of young people's lives as they relate to health and wellbeing. Fortuitously, the databases from these projects included two groups resident in the same geographical area in the same time period. The researchers decided to analyse the two data sets together retrospectively in order to both explore the diversity and detail of experience and understand their prevalence within the sample population.

Our particular aim is to describe the positive social connections in a diverse, multicultural youth population in South Auckland. Here we report quantitative and qualitative data on the family environments of young Pākehā[2] in order to give voice (Fine 1992) to their specific experience and discuss the implications for policy and programme development in relation to youth wellbeing. Similar papers are available or in preparation for other ethnic groups from the broader study (Fa'alau and Jensen 2005, Edwards et al. forthcoming).

METHODS

The qualitative data of the Youth Mental Health Promotion project (Edwards et al. 2003) were collected from a snowball sample (Patton 1990), recruited from schools and community organizations within the South Auckland district, of young people aged 12–24 who self-identified as Māori, Samoan and/or Pākehā, living in South Auckland in 2001. Interviewers and interviewees were matched by culture and gender.

Individual interviews were conducted using a modified version of the life story model (Olson and Shopes 1991, Anae 1998). Participants were asked to construct an outline of their life, beginning with their earliest memories and moving through timespans characterised by, but not exclusive to, broad educational levels – preschool, primary, intermediate, secondary, post-school/work. Interviewers encouraged participants to "talk out" each stage until participants were satisfied with what they had offered and indicated a readiness to move on. The interviewer listened, clarified, probed, and if necessary brought up topics that were within the research focus but had not arisen spontaneously in the course of the conversation. Diversions from chronological order were welcomed, though once delivered, the interviewer would gently steer the interview back to the time structure. Typical interviews therefore consisted of the chronological

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2   Pākehā is an indigenous Māori term for New Zealanders of European descent.

narrative threaded with memories, anecdotes, emotional reactions and philosophical reflections in an apparently seamless, naturalistic account.

Interviews lasted 30–90 minutes, were transcribed verbatim and returned to participants for checking before inclusion in the project database with assigned pseudonyms. The data were coded and analysed using thematic and discursive approaches, using QSR's N4 software (Potter and Wetherell 1987, Patton 1990). Working analyses were produced in order to encapsulate the common themes and variations apparent in the participants' stories.

The quantitative data from the Adolescent Health Survey were gathered from young people aged 12–18 years in a national random sample survey of adolescent health and wellbeing conducted in 2001 (Adolescent Health Research Group et al. 2003). In total, 4% of secondary school students participated in the survey, with a response rate of 75%. The survey tool was a 523-item questionnaire delivered using a multimedia computer-assisted self-interview on laptop computers that young people reported as a very acceptable and private format (Watson et al. 2001). Students completed the survey, anonymously, in under an hour on average. For the study reported here, questionnaire items relevant to family dynamics and functioning were identified and extracted for the subset of Pākehā participants from South Auckland schools.

The interviews for the qualitative study were conducted with 30 young people. Participants included equal numbers of males and females, all but one of whom were born in New Zealand. At the time of the interview, 22 participants were in school and eight reported being in full-time employment. None were married or had children, and 25 (83%) lived in two-parent households.

The quantitative data were drawn from the records of 94 young people (46 female and 48 male). The male sample was younger than the female, and most (78%) lived in two-parent households. The main features of our participant groups are summarised in Table 1.

Table 1 Demographic Characteristics of Young People

Age	Qualitative Dataset			Quantitative Dataset		
	Male	Female	Total	Male	Female	Total
12–15	5	6	11	38	26	64
16–18	5	6	11	8	22	30
19–24	5	3	8	-	-	-

In both studies we drew data from young people who were for the most part coping with the challenges of life. In the qualitative study we recruited participants through school and community networks, not specifically seeking out those who were stressed or in strife, so their overall take on the world was positive, engaged and forward-looking (Edwards et al. 2003). Similarly, the quantitative survey accessed participants through school and analyses show that in excess of 80% of the sample were feeling comfortable and happy about their lives (Adolescent Health Research Group et al. 2003).

FINDINGS

Combining the data from these sources we have developed rich description of key domains of participants' family lives and these are outlined below

Parents

Overall, participants in the qualitative interviews reported stable, supportive family situations in which their needs and desires are catered for through processes of negotiation within well-understood boundaries with significant consequences for breaches. An even mix of mothers' and fathers' roles was reported by most participants in terms of which parent was most valued as a source of advice and support.

> "I actually like asked my dad heaps of questions about it and stuff like if it is right and if I was being rude and stuff like that and he did sort of help me out… I think he's right aye a hundred percent of the time… like he'll be straight up you know 'you don't want to do that 'cause this will happen but then it's up to you because it's your decision and you'll learn from your mistakes'." (William, 17)

In some instances, fathers were noted as more often absent or unavailable to engage with children through work and other external commitments, resulting in somewhat ambivalent relationships.

> "I love him heaps and he loves me … [but] it's not a highly affectionate relationship we have." (Brent, 22)

One 24-year-old male talked about how he coped growing up in a family in which his father had very strong beliefs as to what was right and wrong:

> "Most of my growing up I always felt like I was living a double life because my parents had this idea for me and I love my parents to bits and the worst thing I want to do is hurt them… I was always trying to please them as well as do what I wanted to do." (Scott, 24)

Conflicts within the family environment were reported as occurring episodically, but contained and managed in ways that older participants signalled were idiosyncratic but effective and meaningful contributions to their identity and wellbeing. Most participants reported negotiations (often amicable) over parties, alcohol, curfews, intimate relationships, education and career choices. Both parents made equivalent contributions to such arrangements in most instances, although some participants reported a dominant parent supported by the partner.

> "By the time I was going through my teens she'd mellowed out heaps … my mum mellowed out so much she's sort of learnt that you don't need the rules and to just accept us how we are more." (Diana, 21)

Four male participants (all between 12 and 14 years old) reported conflict with their mothers. Trent (13) said that he often thought his mother wanted him to suffer:

> "She gets real mad real easy and she acts real frustrated and she like shows it and so I try to hide it and so my dad takes her side."

Conflicts arose for some participants over lack of clear boundaries to behaviour, while others found very restrictive practices led to concealment of their activities in "double" lives and subsequent recriminations at discovery.

Most participants in the quantitative survey also reported supportive relationships with their parents, particularly with mothers (Table 2).

Table 2 Relationships with Parents

	Total n=94	Female n=48	Male n=46
Quality of relationship with father			
Most of the time your dad is warm and loving toward you	65%	65%	65%
Most of the time you feel close to your dad	44%	38%	50%
How much do you think your dad cares about you? (a lot)	73%	75%	72%
Time with father			
How often is your dad at home in the weekends? (often/always)	66%	58%	74%
How often is your dad at home when you go to bed? (often/always)	73%	67%	78%
Most weeks you get enough time to spend with your dad? (always)	37%	31%	43%
Quality of relationship with mother			
Most of the time your mum is warm and loving toward you	77%	75%	78%
Most of the time you feel close to your mum	60%	58%	61%
How much do you think your mum cares about you? (a lot)	89%	90%	89%
Time with mother			
How often is your mum at home in the weekends? (often/always)	89%	91%	85%
How often is your mum at home when you go to bed? (often/always)	87%	86%	89%
Most weeks you get enough time to spend with your mum? (always)	61%	60%	61%
Expectations			
How much do the people in your family expect of you? (a lot/some)	82%	90%	74%
When you do well do you get praise from your family (usually/always)	73%	77%	70%
Does your family encourage you to have your own ideas or beliefs? (some/a lot)	76%	73%	78%
Does your family want to know who you are with and where you are? (always/usually)	82%	83%	81%

Mothers were seen as more likely than fathers to be the parent present in their everyday world. While fathers and mothers both were a strong routine presence in participants' lives and most participants felt both their parents cared about them, only 37% felt they got sufficient time with their father on a weekly basis, compared to 61% for mothers. Most participants (over 80%) reported high expectations and close supervision from their families.

Siblings

Participants in the qualitative interviews reported mixed experience in their relationships with their siblings. Reports of good relations were common, with valued attributes including protectiveness, easy communication, role modelling, pseudo-parenting and general caring and attentiveness, especially from older brothers and sisters. (Interestingly, the reports of poor relations were mainly about younger siblings and ran the gamut of irritation, argument, physical and verbal fighting, and issues over power and control.)

> "We often just have big one-on-ones and realise just how much we both feel like we're the only one who knows what we're going through and here he is and he's going through exactly the same thing and it's like 'oh cool you know, you totally understand where I'm coming from'." (Scott, 24)

In general, participants regarded their older siblings positively, commonly reporting protection, mentoring and friendship. A few participants talked about having a sibling who supplemented parental roles. Diana (21) reported that she used to get "spoilt" by her eldest sister and described her as a "second mother", but this created difficulties for Diana when her sister left home. William (17) described himself as a kind of "father figure" to his siblings because his own father was very busy with work. Sarah (17) reported that her eldest brother was very protective of her in relation to her boyfriends:

> "He always like warns me that he's gonna beat him up if he ever does anything wrong and that's why I have never introduced them [BOTH LAUGH] 'cause you know yeah I just don't want to take that risk [LAUGHS]."

Some male participants said that when they were younger they used to see their older siblings as role models. Taylor (17) reported that he has always wanted to be fit and good at sports like his older brother. Taylor described his older brother as his "driving force", and said that he helped him out a lot in the past and encouraged him to overcome a debilitating condition. A few participants talked about feeling distant from their siblings and not caring or taking an interest in what they did.

Because the quantitative survey asks about family members (which includes siblings), there are some useful overlaps with the qualitative findings, although the results do not

mesh precisely. More than three-quarters (77%) of the participants in the quantitative sample reported having fun with their family members (Table 3).

Table 3 Relationships with Family/Siblings

	Total n=94	Female n=48	Male n=46
How much do you feel that family members care about you? (a lot)	63%	65%	61%
How much do you feel your family cares about your feelings? (a lot)	43%	35%	50%
How much do you and your family have fun together? (some/a lot)	77%	79%	74%
I'm happy with my relationships with my family	52%	40%	65%
Do you talk about problems with anyone in your family? (yes)	71%	73%	70%
How much do you feel that people in your family understand you? (some/a lot)	67%	60%	74%

Most participants felt cared-for (63%), understood (67%), and able to talk to a family member about problems (71%). However, females in particular tended not to report high satisfaction with their relationships with family members (40%) or with levels of emotional support (35%).

Extended Family

Participants in the qualitative interviews reported that relationships with extended family, especially grandparents, were of considerable importance. All participants had at least some contact with their broader family circle and several of the younger participants reported having close, supportive relationships with their grandparents. Rebecca (16) had two grandparents living in a seaside suburb whom she visited with her mother nearly every Sunday:

> "I used to like it when I was a kid 'cause they just live by the beach … it's okay now it's just a little bit boring just sitting around being polite."

Nikki (12) reported that she is very close to her grandparents who live nearby and she sees them on a regular basis. Especially for younger participants, frequent visits to grandparents who lived nearby seemed to be routine.

> "I go there every day after school just to see her and I watch TV over there [AMUSED] and she buys me coke and liquorice… she always knows that I tell her things that I don't want to tell mum." (David, 13)

They reported their respect, sharing interests (fishing, sports) and confidences with their elders, and enjoying being treated to occasional gifts or shopping trips.

> "I speak to my gran at least once a week… I tell her everything… she used to be really good at maths and mum left school like fifth form so she wants us to do well." (Helen, 17)

Many also had friendships of varying degrees with cousins, either as local community members or via telephone, email contacts and more distant visiting. Special occasions such as Christmas and birthdays drew families together and certain shared locations (like the family bach) served as a focus. Some participants commented on the difficulties of keeping in touch amid the busy-ness of their lives and others noted the divergence of families as conflicts arose or interests shifted. Gossip and mutual antagonisms were given as reasons why some families seemed more disparate than related.

About a quarter of the participants in the quantitative survey reported that they saw extended family members at least weekly (Table 4). Many students (61%) reported that their extended family members cared about them a lot.

Table 4 Relationships with Relatives/Extended Family

	Total n=94	Female n=48	Male n=46
About how often do you visit your relatives? (weekly or more often)	22%	23%	22%
About how often do relatives visit your family? (weekly or more often)	25%	23%	26%
How much do you feel your relatives (who do not live with you) care about you? (a lot)	61%	56%	65%

DISCUSSION

The approach reported in this paper makes the most of two independent research projects and, by presenting the findings in parallel, use the qualitative and quantitative data synergistically to add depth to our understanding of participants' experiences of their family environments. While the qualitative data on its own would have little generalisability, the convergence between the depictions of Pākehā family life and the insights from the quantitative findings encourages us to accept that these environments are commonly highly positive features of young people's lives.

The findings reported above tell of fundamentally stable and supportive family environments experienced by our participants. They demonstrate high levels

of satisfaction with family relationships and the central importance of parental relationships, especially the mother–child relationship. Siblings and extended family (particularly grandparents) made a lesser but still important contribution to the sense of wellbeing of our participants.

While the qualitative findings indicate little difference between mothers and fathers in terms of the overall quality of parent–child relationships, the quantitative data suggest that father–child relationships are not experienced as positively as mother–child relationships by young people. Both the quantity (time) and the quality (caring and closeness) of the father–child relationships are lower than for the mother–child relationships. It is possible that lack of time with their fathers has a negative influence on young people's perceptions of that relationship. Alternatively, it may be that the perceived lower quality of the relationships between fathers and their young people leads to less time being spent between them. While the directionality of these findings is not certain, it seems likely that both the quality and quantity of the father–child relationship are important.

Both data sets reflect cohorts of participants who are overwhelmingly comfortable and stable in their family environments and who are also optimistic, future-focused and looking forward to life's challenges and excitements. A weakness of the approach, and one that requires cautious and sensitive investigation, is the issue of the extent to which our findings are manifestations of the social and economic privilege of Pākehā in relation to other populations such as Māori and Samoan peoples. Our colleagues' accounts of Samoan and Māori families from the same research programme, while generally endorsing the importance of family for young people in their samples, also reflect the general scarcity of resources available to them (Fa'alau and Jensen 2005, Edwards et al. forthcoming).

With this caveat in hand, however, our interpretation of our findings focuses on their implications for health promotion in that Pākehā families seem to be working rather well for most of our participants. The complaints and criticisms about family environments that they raised suggest that supports that reduce stress on parents when children are young, changes to broad social ideology that sees fathers endorsed for more direct roles in the raising of their children, and ways of including and valuing the work done by siblings and extended family would all be beneficial.

As a positive resource in young lives, the family would appear to be a key site for health promotion action oriented to supporting and building the wellbeing of young people. The goal of health promotion as positive development must be to enhance family environments in order to build the pool of those experiencing high levels of wellbeing and concomitantly reducing those facing problems and difficulties. Initiatives are already underway that seek to strengthen families by systemic social investment (Ministry of

Social Development 2003) and are currently budgeted specifically to allocate larger tax-funded family allowances (Treasury 2004). These are examples of the kind of health promotion we believe our findings support.

We would add that for health promotion that seeks to improve youth population health by creating or enhancing youth environments, care must be taken to include in the mix the families of these young people as a powerful positive context of their experience. Our data and analyses detail ways in which young people as individuals and collectively talk about and value their families. Innovations or developments that supplement or replace family functions and structures must seek to include and encompass diverse forms of family life and environments in positive and affirming ways.

REFERENCES

Adolescent Health Research Group, P. Watson, T. Clark, S. Denny, F. Fa'alau, S. Ameratunga, E. Robinson, D. Schaaf, S. Crengle, A. Sporle, S. Merry, V. Adair and R. Dixon (2003) "A health profile of New Zealand youth who attend secondary school" *New Zealand Medical Journal*, 116:380–7.

Anae, M. (1998) *Fofoa-i-vao-'ese: The Identity Journeys of NZ-Born Samoans*, Doctoral Thesis, Department of Anthropology, University of Auckland, Auckland.

Anae, M., H. Moewaka Barnes, T. McCreanor and P. Watson (2002) "Towards promoting mental health in Aotearoa / New Zealand: Holistic 'houses' of health" *International Journal of Mental Health Promotion*, 4:5–14.

Antonovsky, A. (1996) "The salutogenic model as a theory to guide health promotion" *Health Promotion International*, 11:11–18.

Barry, M. (2001) "Mental health promotion: perspectives and practices" *International Journal of Mental Health Promotion*, 3:4–12.

Beautrais, A. (2000) "Risk factors for suicide and attempted suicide among young people" *Australian and New Zealand Journal of Psychiatry*, 34:420–436.

Benson, P. (1997) *All Kids Are Our Kids: What Communities Must Do to Raise Caring and Responsible Children and Adolescents*, Jossey-Bass, San Francisco.

Bergman, M. and J. Scott (2001) "Young adolescents' wellbeing and health-risk behaviours: Gender and socio-economic differences" *Journal of Adolescence*, 24:183–197.

Blum, R. (1998) "Healthy youth development as a model for youth health promotion" *Journal of Adolescent Health*, 22:368–375.

Bond, L., L. Thomas, J. Toumbourou, G. Patton and R. Catalano (2000) *Improving the Lives of Young Victorians in Our Community: A Survey of Risk and Protective Factors*, Centre for Adolescent Health, Melbourne.

Bradley, R., L. Whiteside, D. Mudfrom, P. Casey, K. Kelleher and S. Pope (1994) "Early indications of resilience and their relation to experiences in the home environments of low birthweight, premature children living in poverty" *Child Development*, 65:346–360.

Cantor, C. and K. Neulinger (2000) "The epidemiology of suicide and attempted suicide among young Australians" *Australian and New Zealand Journal of Psychiatry*, 34:370–387.

Disley, B. (1996) *Reducing the Risk of Mental Disorder and Suicide: Public Health Strategies*, Winston Churchill Memorial Trust Board, Wellington.

Durie, M. (1998) "Puahou: A five-point plan for improving Māori mental health, *He Pukenga Korero – A Journal of Māori Studies*, 3:61–70.

Edwards, S., V. Jensen, V. Peterson, H. Moewaka Barnes, M. Anae, P. Watson and T. McCreanor (2003) *Themes in Young People's Accounts of Wellbeing in Their Lives*, Whariki Research Group, Massey University, Auckland.

Edwards, S., H. Moewaka Barnes and T. McCreanor (forthcoming) *Māori Families: A Context for Youth Development in South Auckland.*

Fa'alau, F. and V. Jensen (2005) "Family relationships among Samoan families in Aotearoa New Zealand" *Pacific Health Dialogue*, in press.

Fergusson, D. and J. Horwood (2001) "The Christchurch health and development study: A review of findings on child and adolescent health" *Australia and New Zealand Journal of Psychiatry*, 35:287–296.

Fergusson, D., J. Horwood and M. Lynskey (1997) "Children and adolescents" in P. Ellis and C. Collings (eds.) *Mental Health in New Zealand from a Public Health Perspective*, Ministry of Health, Wellington (pp.136–163).

Fine, M. (ed.) (1992) *Disruptive Voices: The Possibility of Feminist Research*, University of Michigan Press, Ann Arbor, Michigan.

Gribble, P., E. Cowen, P. Wyman, W. Work, M. Wannon and A. Raoof (1993) "Parent and child views of parent–child relationship qualities and resilient outcomes among urban children" *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 34:507–519.

Health Funding Authority (1999) *Kia Tu Kia Puawai: Mental Health*, Health Funding Authority, Wellington.

Herrenkohl, E., R. Herrenkohl and B. Egolf (1994) "Resilient early school-age children from maltreating homes: Outcomes in late adolescence" *American Journal of Orthopsychiatry*, 64:301–309.

Lezin, N., L. Rolleri, S. Bean and J. Taylor (2004) *Parent–Child Connectedness: Implications for Research, Interventions and Positive Impacts on Adolescent Health*, ETR Associates, Santa Cruz.

Libbey, H., M. Ireland and M. Resnick (2002) "Social connectedness: Is protection cumulative?" *Journal of Adolescent Health*, 30:102.

McGee, R., M. Feehan and S. Williams (1996) "Mental health" in P. Silva and W. Stanton (eds.) *From Child to Adult: The Dunedin Study*, Oxford University Press, Auckland.

Ministry of Health (2002) *Building on Strengths: A Mental Health Promotion Strategy*, Wellington.

Ministry of Social Development (2003) *Statement of Intent*, Ministry of Social Development, Wellington.

Ministry of Youth Affairs (2001) *Supporting the Positive Development of Young People in New Zealand: A Discussion Document for Consultation on a Youth Development Strategy Aotearoa*, Ministry of Youth Affairs, Wellington. www.youthaffairs. govt.nz/pag.cfm?i=150

Mrazek, P. and R. Haggerty (1994) *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*, National Academy Press, Washington, DC.

Olson, K. and L. Shopes (1991) "Crossing boundaries, building bridges: Doing oral history among working class women and men" in S. Gluck and D. Patai (eds.) *Women's Words: The Feminist Practice of Oral History*, Routledge, New York, (pp.189–204).

Paterson, J., J. Pryor and J. Field (1995) "Adolescent attachment to parents and friends in relation to self-esteem" *Journal of Youth and Adolescence*, 24:375–376.

Patton, M. (1990) *Qualitative Evaluation and Research Methods*, Sage, Thousand Oaks, California.

Pittman, K., M. Irby and T. Ferber (2001) *Unfinished Business: Further Reflections on a Decade of Promoting Youth Development*, Forum for Youth Development. www. forumforyouthinvestment.org [accessed 5 May 2002]

Potter, J. and M. Wetherell (1987) *Discourse Analysis and Social Psychology: Beyond Attitudes and Behaviour*, Sage, London.

Pryor, J. and L. Woodward (1996) "Families and parenting" in P. Silva and W. Stanton (eds.) *From Child to Adult: The Dunedin Study*, Oxford University Press, Auckland.

Resnick, M. (2000) "Resilience and protective factors in the lives of adolescents" *Journal of Adolescent Health*, 27:1–2.

Resnick, M., P.S. Bearman, R.W. Blum, K.E. Bauman, K.M. Harris and J. Jones, J. Tabor, T. Beuhring, R.E. Sieving, M. Shew, M. Ireland, L.H. Bearinger and J.R. Udry (1997) "Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health" *JAMA*, 278:823–32.

Silva, P. and W. Stanton (eds.) (1996) *From Child to Adult: The Dunedin Multidisciplinary Health and Development Study*, Oxford University Press, Auckland.

Steinberg, L. (2001) "We know some things: Parent–adolescent relationships in retrospect and prospect" *Journal of Research on Adolescence*, 11:1–19.

Treasury (2004) *Budget 2004*, Treasury. www.treasury.govt.nz/budget2004/ [accessed 27 May 2004]

Watson, P.D., S.J. Denny, V. Adair, S.N. Ameratunga, T.C. Clark, S.M. Crengle, R.S. Dixon, M. Fa'asisila, S.N. Merry, E.M. Robinson and A.A. Sporle (2001) "Adolescents' perceptions of a health survey using multimedia computer-assisted self-administered interview" *Australian and New Zealand Journal of Public Health*, 25:520–525.