Improving outcomes for children in care
Giving youth a voice

The Looking After Children (LAC) protocols that were developed during the 1990s in the UK represented a ground-breaking move to make services more child centred, with an emphasis on the needs of the child being paramount. Kathleen Kufeldt, Marie Simard and Jacques Vachon discuss how similar measures were initiated across the Atlantic in the form of a three-year Looking After Children in Canada project. This involved collaborative partnership between service providers, researchers and a major funding agency. The authors discuss how it set about achieving reform, and assess its impact on improving the quality of life for children in foster care. Findings in many ways replicate the UK experience, indicating the benefits of a child-centred approach and the considerable potential of such records to improve practice and thus outcomes for looked after children.

Introduction
Provision of child welfare services in Canada, and indeed throughout the Western world, is a difficult task. Social workers charged with the protection of children, like Ulysses of old, have to steer a hard path between Scylla and Charybdis, between the whirlpool of determining harm and the rock of cultural values regarding the privacy of the family and the legitimacy of state intrusion. One result is that their task has become narrowly defined in terms of protection; knowledge pertaining to attachment and to broader child development needs has become subjugated to value imperatives of family preservation and least intrusion. Yet child deaths, negative research findings and the subsequent search for good outcome measures have highlighted the need for reform. A ground-breaking reform mechanism, the development of the Looking After Children (LAC) protocols, was developed in the 1990s in the United Kingdom (Parker et al, 1991; Ward, 1995). The Looking After Children in Canada project was our effort to apply that reform in Canada. This project has been a three-year, inter-provincial, collaborative partnership between service providers, researchers and the funding agency, Human Resources Development Canada.

The central thesis of LAC is that services should be child centred and the child’s well-being paramount. This is ensured through the use of Assessment and Action Records which monitor the seven dimensions of healthy child development. Those records are based on a simple premise: good parenting will contribute to good outcomes.

The LAC approach constitutes a major philosophical and cultural shift in how child welfare and child protection are practised. Thus, tenets of effective organisational change needed to be considered. Effective change promotes for participants ownership of, and engagement in, a new vision and a new way of working. In the project this was achieved by:

- negotiating with child welfare agencies in six provinces to allow for a grassroots approach to learning and practising the new model;
- engaging the major stakeholders;
- providing training and ongoing support;
- promoting communication and collaboration with and between the various sites.

This paper has a dual focus, addressing both process and impact. The challenge in Canada is that child welfare is administered by the 13 different provincial and territorial jurisdictions, each with its own legislation. Hence there are no national standards in place. The research team’s aim was to foster collaboration across provincial boundaries in order to improve outcomes and promote national consistency for children in care. Thus the paper will speak to the process of...
achieving reform and change. It will also provide to readers information on the impact of the approach on the children and young people who participated. A brief explanation of Looking After Children will be provided, followed by descriptions of the methods and process followed. A discussion of the challenges is counterbalanced by presentation of the sometimes inspirational voices of youth.

What is Looking After Children?
An initial reaction to introducing the notion of child-centred services as something new is, ‘But what else is child protection if not child centred?’ The reality is that the wording of legislation in Canada, related to least intrusive approaches, coupled with emphasis on family preservation and family reunification, can divert attention away from what is happening to the child and the child’s developmental needs. The LAC protocols were developed to redress this problem in order to improve the longer-term outcomes for children who need care. Unlike commonly used tools in child welfare, in North America they do not have a checklist approach. LAC is a set of records and a philosophy of management that promote good practice through dialogue and discussion between children, workers, family, foster home, school and so on, to ensure good outcomes. In this way it encourages partnership between the various professionals and para-professionals involved in the child’s life. It asks the child welfare system to look not just at physical safety, but at all the key ingredients of positive child development: health (both physical and emotional), education, identity, social presentation, family and social relationships, self-care skills – in fact the whole spectrum of children’s needs. Its simple slogan is ‘good parenting – good outcomes’. It is designed in such a way that it encourages workers to consider the simple question, ‘What would a reasonable parent do?’ when called to make decisions about children in foster care. Further it gives a voice to children, youth and caregivers that in the past has tended to be lacking.

Reference was made above to the fact that the LAC Assessment and Action Records (AARs) differ from the standard checklist approach. These records have a set of questions for each of the seven developmental dimensions in order to promote discussion between worker, child, caregivers and other involved professionals. Further, although the core concepts are the same, the wording and questions vary slightly according to the needs of six developmental age bands. An example that illustrates the approach relates to the development of literacy (in the education dimension). Caregivers of infants are asked whether anyone reads to or sings to the child; for toddlers the question changes to whether anyone is reading to the child; as the children grow older they themselves are asked whether they read, have books and go to the library.

Furthermore, the focus of these records is on positive actions. To achieve this, the format for each dimension follows the same formula. Each has a statement of aims and questions related to those aims; then for each question one must ask whether further actions are needed. At the end of each section the worker is requested to provide a summary of current outcomes, the list of actions to be undertaken and the identification of who will take action and by what date.

In this way LAC constantly monitors the progress of individual children and youth. It identifies strengths and short-comings and guides the formulation of action plans to improve outcomes. Thus it is an excellent case-management tool. Additionally, in the aggregate, the data generated provide valuable information for policy development and management of resources.

Methods
A full description of the goals and objectives, methods and findings can be found in the project’s final report (Kufeldt et al., 2000). This section will highlight the key aspects of the methods used. The overall goals of the Looking After Children in Canada project were to

1 These are infants under 1 year, 1–2, 3–4, 5–9, 10–14 years and those 15 and older.
enhance the quality of care for children in foster care and to influence practice in a child-centred, positive direction. The first step in achieving this goal was to test out in Canada the LAC initiative. Our funders provided us with a consultant. On his advice the actual pilot implementation was restricted to collaboration with agencies in the six most eastern Canadian provinces only (at least one western province had initially asked to be included). The advice was appropriate: as anticipated, the logistics of the project were quite formidable.

The initial task was to adapt British materials for Canadian use. This involved not only tailoring British materials to the Canadian context, but also taking account of diversity within Canada. Raymond Lemay, Executive Director of Prescott-Russell Children’s Aid Society in Ontario, Dr Bob Flynn of the University of Ottawa, and their assistant Chantal Biro, through their Evaluating Child Welfare Outcomes project, had produced an Ontario version of the AAR. Their team collaborated with our national project to develop a ‘generic’ version, ie one that could be used in any province or territory. This was produced in both the official languages of Canada – English and French – since Québec and New Brunswick, as well as Prescott-Russell, served francophone children. The resulting materials were then pre-tested on one family from each participating jurisdiction.

The design had called for a purposive sample of 300 young people, but the final sample was somewhat less. Participating agencies successfully administered the LAC Assessment and Action Records to 263 children who had been in care six months or longer. This sample was fairly equally divided along gender lines and between two age groups: 10–14 and 15+ years. Analysis with respect to ethnicity was difficult because of some misinterpretation by workers of the meaning of the question. The breakdown reported in Table 1 is an approximation and should be treated with some caution.

The two older age groups were selected because we were particularly interested in having children directly involved in their own assessments and in the evaluation of the feasibility of the approach. The requirement that they had been in care for six months or longer was desirable for two reasons. First it ensured that the children sampled were in long-term care; this is the group for whom the protocols were designed. Second, the six-month period should have been sufficient for carers to develop a plan for the child’s care. The AAR was then administered a second time to the same children, nine months to one year after the first assessment. This follow-up assessment enabled all participants to evaluate whether shortfalls identified at the first assessment were remedied in the intervening time. It was necessary to administer the instruments twice to determine if any effects of the instrument were to be seen.

Progress of children was compared to the general Canadian population using data from the National Longitudinal Study of Children and Youth (NLSCY) and the Canadian Council on Social Development (1997, 1998), as well as through administration of the AARs to a sample of 45 children living at home with their parents. The primary purpose of this latter sampling was to confirm, as was done in the UK, that the standards used in the AARs were applicable to Canadian norms. The sampling was necessarily small because of resource issues but did

<table>
<thead>
<tr>
<th>Ethnic Background</th>
<th>%</th>
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<tbody>
<tr>
<td>Mainstream</td>
<td>77</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>6</td>
</tr>
<tr>
<td>Mixed parentage</td>
<td>5</td>
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<tr>
<td>Visible minorities</td>
<td>10</td>
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<tr>
<td>Missing</td>
<td>2</td>
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<tr>
<td>Total % (n)</td>
<td>100 (263)</td>
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Apart from the aboriginal populations, Inuit and First Nations, Canada’s population is derived from immigrant groups of a variety of ethnic backgrounds. Mainstream is generally considered to be the predominantly white community, largely of European ancestry.
include representatives of both official language groups (French and English) as well as a cross-section of socio-economic strata, including some single-parent families. These were all children and families who had no previous involvement with the child welfare system.

**Process**

Byers and Harrison (forthcoming 2004) provide a helpful analysis of the development and maintenance of collaborative action-oriented research teams. The Looking After Children in Canada team most closely fits what they describe as a jointly-initiated team. Initially, promotion of this new approach was both academically and community driven. The providers of services were looking for answers to the conundrum of child welfare outcomes; the researchers were captivated by the possibilities of LAC. Human Resources Development Canada was instrumental in consolidating collaboration, through first of all consulting with both groups with respect to the development of its research agenda, then sending out a call for proposals and ultimately funding the project. Agencies included both invitees and those requesting the opportunity to participate. Eventual partners included an interdisciplinary team of academics, the National Foster Family Association, the National Youth in Care Network, children’s services in the six most eastern provinces and Human Resources Development Canada.³

The challenge for the team was to devise ways and means of developing a working model that would effectively engage a large and geographically dispersed team. Accordingly, the organisational structure of the project and allocation of roles and responsibilities were an integral part of the design. In the final analysis, they also contributed to the overall success. Since the objectives of the project included promoting extensive collaboration and co-operation among all participants, it was important to model ways of achieving these ends. In addition, if the change in practice was to become acceptable and sustainable then empowerment at the local level was deemed to be important. A non-hierarchical structure was established. All participants, including staff members, were considered to have expertise that could contribute to the overall success. The organisation of committees and large group meetings was designed to reinforce the value of all players and to allow for free flow of information. The information gathered or disseminated in any of these forums could be quickly and efficiently conveyed to the other groups. In this manner the Looking After Children project benefited from a truly national network of information, expertise and support. A major challenge was that of designing and implementing a study that could involve a number of jurisdictions without infringing on their authority and autonomy. It was therefore incumbent on the team to develop a structure that would maintain that autonomy, but at the same time allow for ease of communication. The various roles and responsibilities are described in full in the final report, together with a depiction of the non-traditional organisational chart providing a quick overview of the positions of all the various players (Kufeldt et al., 2000, pp 93–99).

The organisational design chosen was appropriate to the project. The acceptance of the principle of a child-centred approach gave us a shared vision and mission. The principles of local autonomy and empowerment allowed co-ordinators and agency staff to tailor the demands of the project to local conditions. Just as importantly, it respected their ownership of their own activities. What was rewarding to note was the degree to which co-ordinators became comfortable calling one another so that there was constant fertilisation of ideas across provincial boundaries.

³ This funding body provides not only financial resources, but also a consultant who remains involved throughout. In our case this was Evariste Thériault, a consultant with the Social Development Partnerships Division.
The findings: what did we learn from the children and youth?
By engaging in discussion with the children and young people and their caregivers a great deal was learned about the degree to which the state as parent is meeting the developmental needs of the children and youth in the study. The brief commentaries that follow relate in turn to each of the developmental dimensions.

**Health**
The good news is that our sample appear to enjoy good overall health, though there were suggestions that there may exist a higher than expected rate of special health needs. They were also exposed to a balanced and healthy diet. Interestingly, seemingly simple questions in this as in other sections sometimes led to revelations about other aspects of care. One child responding to questions about diet said, ‘We drink milk when we are upstairs.’ So it was revealed that in this home foster children were kept in the basement on a limited diet except when there were visitors. By and large, however, those aspects of care that were the responsibility of foster parents were addressed positively.

There was very little difference between our sample and the comparison group in the degree of knowledge of behaviours that pose health risks. However, a fairly high proportion are using addictive substances and we found this to be significantly related to the number of school changes. Frequent school changes may mean that youth are missing some important pieces of information in this area. It may also indicate that the stress induced by the disruption of schooling is handled by resorting to substance use.

**Education**
Results with respect to education were not promising. For example, over 50 per cent had been formally tested for learning difficulties. This is approximately twice the national average for psycho-educational assessments. They also lagged behind in grade level attainment. Twenty-five per cent of the young people were below grade level compared to only five per cent in the comparison group. As they grew older, the percentage falling below grade level increased. Eight per cent of ten-year-olds fell below grade level. For the 18-year-olds in the sample, 54 per cent were below grade level. For those aged 19 and 20, a startling 86 per cent are below grade level.

These results are not too surprising given the high rate of school disruption (the AARs asked about unplanned changes, not the usual changes that everyone may experience, such as moving from elementary to junior high school). The difference between the LAC sample and the comparison group is significant (p <.000). Only eight per cent of the LAC sample had no school changes, compared to 56 per cent of the comparison group. At the opposite extreme, 30 per cent of the LAC sample had more than six changes (or number unknown) while no youth in the comparison group reported that many.

Nevertheless they were as well served as their peers with respect to home supports. This category includes elements such as an appropriate place to complete homework, having individuals who provide support/encouragement for completing school work, as well as liaising with the school on the young person’s behalf.

**Identity**
The designers of the LAC protocols were eloquent in describing the importance of identity development, particularly, as they say, that ‘there seems little doubt that the experience of leaving home to be looked after by a local authority may lead children to form negative images of themselves’ (Parker et al, 1991, p 99).

A key aspect of identity is knowing one’s history and background, and being rooted in a sense of family. Children growing up with biological families have a sense of their cultural background and are in touch with family members. For children in care, this unfortunately does not always happen. Therefore an important strategy is to provide help in maintaining a life-story book, including

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4 In the absence of random sampling, however, it is not possible to generalise the findings.
photographic records. To assess the extent to which this type of activity is occurring, young people were asked about material information they had relating to their past (eg, photo albums, life-story books, report cards, etc).

Two-thirds of the 10–14-year-olds were receiving help with a personal album and 60 per cent of the 15+ group said they had sufficient photographs and information. However, a sizeable number were not as fortunate. Twenty-six per cent of the 10–14s and 40 per cent of the 15+ had nothing. It is evident that the younger cohort seemed to have better access to material information about the past. Whether this is due to improved social work practice for the younger group, or to the more disrupted lives of the older group is impossible to determine. Whatever the reasons, it is clear that more attention needs to be given to this crucial aspect of identity formation.

Also important to identity is the degree of understanding and comfort in talking about the special status of being in care. To gauge this aspect of their development the young people were asked if they could explain why they were in care. Also explored was their sensitivity when asked personal questions about their life circumstances (eg why they are in care, why they are living away from their parents, etc). Most could explain why they were in care. However, 30 per cent indicated that they did need to discuss this further, despite the claim by some of them that they could explain the facts. This may be because knowledge of their circumstance and being able to explain it did not necessarily translate into feeling comfortable about it. When asked, ‘Do you ever have to answer questions that make you feel awkward or uncomfortable?’ a sizeable proportion of the sample (43 per cent) reported difficulty in this area.

By virtue of their in-care status children are sometimes cut off from elements of their cultural and ethnic heritage. It behoves those responsible for the care of these young people to ensure that every opportunity is taken to allow them to explore this aspect of their identity. The use of the AARs elicited the fact that a small proportion did not have enough opportunities to speak their own language. A little over a quarter of the sample were placed with foster carers who were not of the same ethnic group. It should be stated, in explanation, that the greater proportion of these were in large urban centres with a large immigrant population.

High self-esteem and a positive self-image are important identity markers. Sadly, though not surprisingly, the LAC sample of youth report lower levels of viewing self and abilities positively than those seen in the NLSCY study and in the LAC comparison group, despite the fact that the majority report having caregivers who are interested in them and who praise them when they do well.

**Family and social relationships**

As in education, exploration of this aspect of development presented disquieting findings. Bowlby (1971, 1979, 1988) and Marris (1975) have stressed the universal need for attachment and continuity, and their findings are reinforced by Parker et al (1991). This need is usually met through our family and social relationships. The LAC protocols measure continuity by examining numbers of caregivers as well as changes in placement.

Differences between our sample and the comparison group are striking and statistically significant. Having two or less caregivers accounted for 13 per cent in the looked after group while it accounted for 69 per cent in the comparison group. Thirty-six per cent of the young people in care had experienced between five and nine caregivers (11 per cent in the comparison group) and a further 15 per cent had ten or more caregivers (none in the comparison group). Nearly one-third of those in care had experienced one or more changes of residence just in the previous year.

Regular contact with family members could reinforce continuity but the percentage enjoying a minimum of monthly contact was relatively low. Birth mothers and siblings enjoyed the highest rate of contact at 50 and 55 per cent respectively. Other relatives (eg aunts, uncles, cousins) followed at 43 per cent, birth fathers at 27 per cent, maternal grandparents 22 per...
cent, previous foster carers at 13 per cent and paternal grandparents at only 12 per cent. Almost half never had contact with their birth fathers (one young woman has told us more than once how the use of LAC put her in touch with her birth father with positive gains for both) and a surprising one-fifth did not even have contact with their mothers. Contact with family members and significant others was not frequent. Nevertheless, asking this question did have a positive effect in some cases when young people were able to identify relatives with whom they would like to resume contact. Subsequently, there were some improvements in continuing contacts with family members during the course of the project.

Seventy-one per cent of the looked after sample felt definitely attached to someone compared to 98 per cent in the comparison group. The differences between the looked after sample and the comparison group were significant (p < .002).

Social presentation

Progress in life, whether in social interactions, in school or the workplace, is affected by the degree to which one presents an appearance that is attractive, or at least presentable to others. For the most part our young people did not have problems in this aspect of their development. They reported having suitable clothing for home, for school and for special occasions. Most of them believed that their appearance and behaviour were acceptable to other young people and to adults.

The ability to communicate easily with others plays a large role in how we present to them. The youth in care did appear to have a deficit in this area. Thirty-two per cent indicated that they could communicate very easily as compared to 62 per cent in the comparison group. Thirty-eight per cent stated ‘easily’ in the looked after sample (29 per cent in the comparison group). A little over a quarter (26 per cent) stated having some difficulties and four per cent stated great difficulty. In the comparison group, nine per cent stated some difficulty and no young people indicated great difficulty. These differences were significant at the p < .001 level.

As indicated before, it seems that those aspects of development over which foster carers can have direct influence are well served. More subtle manifestations of the young people’s disadvantages are less easily rectified.

Emotional and behavioural development

The research literature identifies many risk factors affecting children in care. Therefore it was no surprise to find that for our sample this was a particularly vulnerable developmental dimension. As expected, they exhibited poorer results than those outside of the care population. The reported incidence of emotional/behavioural problems was higher and 33 per cent (compared to seven per cent of the comparison group) stated that problems exist which require remedial action. Of these, 14 per cent of the in-care sample and none in the comparison group said that these problems were serious.

However, half of our sample felt able to go to parents/foster parents for reassurance and the majority demonstrated good ability to relate to their adult caregivers. The one negative indicator of the young people’s ability to relate to adult caregivers was the number who admitted they ‘get demanding and impatient with foster parents’. The young people did report relatively good relationship skills with respect to peers. However, they fared less well than their peers in the ability to make or keep close friends. This could be related as much to the frequent changes in school and living arrangements, as to their inherent ability to develop friendships.

Achenbach (1981) classifies child behaviour as being external or internal in nature. The LAC behavioural indicators are not directly comparable to those of Achenbach but the classification is a useful one. The four external indicators used are operationally defined in the Assessment and Action Records as ‘often in trouble for being defiant, disobedient or disruptive at school or at home’, ‘often show they are angry and lose their temper’, ‘gets into fights and bullies others’ and ‘deliberately break or steal things’.

With respect to these external negative
behaviours the looked after sample do not fare well in comparison to the NLSCY sample or the comparison group. Thirty-seven per cent indicated that being defiant, disobedient and/or disruptive at school or at home was not at all like them. In the comparison group the response rate was 60 per cent (differences significant at the .023 level). The question asked in the NLSCY study related to difficulties at school only and 71 per cent indicated that this was never true for them, compared to 29 per cent of the LAC 10–13 sub-group. Whether or not the young people get into fights or bully others and deliberately break or steal things revealed similar patterns.

Nine indicators in the behavioural and emotional development section have been classified as internalised. They are the following:

- ‘have a poor eating pattern or are very concerned about dieting’;
- ‘worry a lot’;
- ‘often get aches and pains’;
- ‘have difficulty sleeping because of worry or anxiety’;
- ‘sometimes wet the bed’;
- ‘have strong feelings of sadness’;
- ‘are frightened of particular things or situations’;
- ‘deliberately injure themselves’;
- ‘worry a lot about what the future will bring’.

On some of the indicators the looked after youth appeared to function well. For example, on the question of having a poor eating pattern or being very concerned about dieting, 71 per cent of the Time 1 sample stated ‘not at all’, very close to the comparison group rate of 69 per cent. Similar patterns were noted for bed-wetting (not at all: 90 per cent, comparison group 100 per cent), being afraid of particular things or situations (not at all, 58 per cent of both groups), and deliberately injuring themselves (not at all: our sample 85 per cent, comparison group 98 per cent).

Other questions showed the looked after group to be lagging behind their peers. Having strong feelings of sadness was one example. In the Time 1 sample, 34 per cent indicated that this was not at all like them as opposed to 51 per cent in the comparison group (p <.046). Fifty-one per cent of the NLSCY sample indicated ‘not true’ to the statement ‘I am often unhappy, sad or depressed’, compared to 36 per cent in the 10–13 sub-group of the LAC sample. In other words, half the general population of youth in the 10–13 age group and half of the comparison group at some time feel sad or depressed compared to approximately two-thirds of the looked after sample.

Most children have some worries. They worry about friends, school, whether they fit in and day-to-day concerns. From this perspective, youth in care fall behind their peers. When asked about general worries, the Time 1 sample indicated ‘definitely’ in 17 per cent of the cases. The comparison group responded similarly in only four per cent of cases (p <.003). The comparable question in the NLSCY study had six per cent of young people responding ‘often/very true’ and the matched LAC age group had 14 per cent responding ‘definitely’. Stronger differences were found when the question of worries moved from generalised concerns to worries about the future. If children are unable to express their worries or concerns they can become internalised. Internalised worries can be manifested as psychosomatic complaints such as aches and pains. This analysis is reflective of the findings in the data. Eleven per cent of the Time 1 sample indicated that they definitely have aches and pains. No children in the comparison group responded the same.

We know that foster care is a status with no sense of permanency. No adults have claimed a young person as their

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5 To ensure that we were using comparable responses for these behaviours, given the scales were somewhat different, we used ‘not at all’ responses from the LAC study and compared them to ‘never true’ responses from the NLSCY.
child. The state is the parent and the state has a tendency to throw the fledglings out of the nest too early, without ensuring that they can fly. Consequently, they often crash as opposed to learning how to soar. Added to this, there are regular concerns about school, employment, relationships, and so on. Consequently, the young people in the sample have a lot to worry about.

For a child who has been abused or neglected, coming into care should provide a sanctuary from maltreatment or fear of maltreatment. Consequently, the LAC protocols asked children about their abuse/fear of abuse experiences in the past and present. While it was not surprising to hear from them that 44 per cent had been harmed or were frightened that they would be harmed by another youth or adult, it was disturbing to hear that six per cent claimed they were still being abused.

Self-care skills
The final dimension assessed was self-care skills. These are particularly important to young people in care since they are expected to be out on their own at an age when their more fortunate peers are still living under parental protection and support. When asked about their competence to care for themselves (with resources and support for the younger group and independently for those 15 and over), they were much less able than were the comparison group.

Analysis of these findings is elusive. On the one hand, it is disturbing to note that those young people who are more likely to have to care for themselves as adolescents have lower levels of competency. On the other hand, the same standard of skills and abilities may not be applied to the two groups. The parents of the youth who live with their families may not be applying as rigorous standards to this question as the foster parents. A simple reason for this scenario is youth not in care may choose to remain in the family home indefinitely. Thus the acquisition of independence skills is not as pertinent as it would be to a young person in care who may not have the luxury of choosing to stay in a sheltered environment where independence skills can be learned over a longer period of time.

In general, the findings with respect to this dimension are somewhat alarming, though not entirely surprising. They confirm messages emerging in the literature, and shared experiences of care leavers, that the protection mandate does not give sufficient attention to very crucial aspects of preparation for leaving care.

The voices of youth
Undoubtedly the most exciting aspect of the project was the degree to which it demonstrated its ability to move child protection services towards a child-centred approach. It provided good information and focused on the needs of the children and young people. The youth themselves endorsed it with great enthusiasm and from their voices many interesting stories emerged. Also a number of examples demonstrate how use of the records can produce change. We described elsewhere (Kufeldt et al, 2000, p 190) how the questions about books enabled a young boy, who identified his favourite book as the one his mother used to read to him, to ask to see her again. Visits had not been arranged because of the severity of her mental illness, but through this sensitive dialogue he was able to influence a change in his care plan.

A question in the identity section asks young people about the future: if they know what they will be doing or where they will be living in three years’ time. It enabled one young woman to disclose for the first time her intense fears of attaching because she had been moved so often. Another 15-year-old challenged the return home planned for her 16th birthday:

Yes, visits with my Mom are going fine, and I love her, but if I go home my education goes down the tube. I’m doing good in school and I am in a good foster home. I want to stay and finish school.

Questions on diet in the health section enabled another youngster to confide that, as a vegetarian, she had arguments over food with foster carers who were beef farmers. The suggested action plan was to
have a dietician help her foster mother formulate a healthy diet for her which was beef free!

Other comments included:

Finally, there are good things written on my file, not just things from when I’m having problems. I hate that.

Even though I’m not ready to talk about puberty yet, I know the question is there for when I am ready.

I don’t think the youth are telling the truth about their drug and alcohol use, but asking the question sends the message that it’s OK to talk about it. It also makes them question themselves about whether their use is a problem or not, so I think you should leave it in.

I ran away because I don’t know where I’m going to live after I leave care. I’ve been trying to avoid thinking about it. When I finally saw the question on the sheet I couldn’t deal with it.

I guess I should learn how to cook, I never thought about that.

My social worker was good before, but now she’s better!

(Kufeldt et al, 2000, p 176)

Were there challenges?
Collaborative research such as this does have special challenges. We were prepared for this and for the fact that this particular project was both complex and demanding. As noted earlier, the logistics alone were formidable. The length of our catchment area spanned roughly 2,400 kilometres, or nearly 1,500 miles. Child welfare services in four of the provinces were administered centrally by the provincial governments, in one province there was a mixture of governmental and children’s aid societies, and in the sixth province we liaised with four different children’s aid societies. We also included one First Nations community. Consequently the principal investigator found herself engaged almost full time in the management of the project, as it transcended traditional boundaries. It involved not only the research component but, most importantly, steering the implementation of a new approach to practice, as well as organisational work. What helped in making the task of project completion possible was not only the quality of our local trainer/co-ordinators but support from two key sources.

First of these was the funding agency, Human Resources Development Canada. Its support was threefold:

- development of a child welfare research agenda, within which the project fitted neatly;
- funding for the project;
- provision of a consultant.

The second source was the host institution, the Muriel McQueen Fergusson Centre for Family Violence Research. Its operating philosophy, with its insistence on working with the community, as well as the quality of its personnel, ensured that the project was housed in an institution conducive to its success. Other factors which enhanced success were the involvement of all key players in regular teleconferencing. Intensive training emphasised the vision, philosophy and goals of the endeavour.

Further mechanisms used to promote success included:

- building local capability and sustainability through training trainers who in turn would provide training to the frontline of practice;
- supporting local autonomy through empowerment of co-ordinators and their local committees;
- providing support through annual meetings as well as the regular teleconferences;
- modelling respect through the non-hierarchical structure;
- promoting collaboration and co-operation among all participants;
- being available to all participants on an as-needed basis.

It was important throughout for the core
research team to provide leadership and encouragement in order to maintain the vision, as well as to model collaboration and co-operation.

Without doubt, what constituted the major hurdle for this project was the fact that its approach calls for a quite profound cultural shift in the way child welfare and protection services are conducted. Services tend to be reactive and crisis driven. Looking After Children asks workers to take a much more holistic approach, that is a proactive child development, child well-being approach. Some workers found it difficult to make the leap, and this was evidenced in the quality of the records sent to us. Those who were able to shift their thinking had many good things to say:

“It made me feel humble. I thought that I knew my children."

“I was sceptical . . . didn’t need to go through all this rigmarole . . . the young people’s reaction overwhelmed and convinced me."

“I couldn’t go back to the old way of doing things."

“Now I ask myself before any decision, ‘Is this what a responsible parent would do?’ It makes all the difference.”

In summary, as one of our co-ordinators wrote:

“The system allows child welfare staff and substitute caregivers to put the concept of good parenting into practical applications. It encourages greater collaboration among all key partners, promotes better parenting and improves child outcomes. The main tools . . . contain child-focused, interactive questions designed to encourage the child and youth to engage in conversations about his or her health, education, well-being, etc. (McDonald, 1997)"

Not surprisingly, foster parents and youth were unreservedly in favour of this approach. Both the tools used and the project experience demonstrated the importance of building trust, partnership, open communication, respect and empowerment, reinforced by a non-hierarchical approach.

**Concluding comments**

Findings both from our hard data and from the qualitative material generated, indicated the considerable potential of the AARs to improve practice, and thus outcomes for young people in care. Allowing the young people their own voice gave a clearer picture of what their needs were and how these might be met. Of considerable interest to us, and to our colleagues in the UK, was the degree to which our findings replicated theirs and showed the international applicability of the approach. Such replication has considerable value as the international consortium established by the Department of Health in the UK grapples with the task of improving services to children. We note that clearly children’s developmental needs transcend cultural, legal and administrative differences. We note also that many of the problematic outcomes for young people stem from the way services are delivered. Such knowledge enables us to target reforms appropriately.

The important concluding questions are ‘Has it all been worth it? Do the results justify the extra efforts required?’ The response from the research team would have to be a resounding ‘yes!’

Most of the provinces in the pilot study are moving to full implementation. All 13 jurisdictions are committed to using or at least piloting Looking After Children as a way of improving outcomes for children in their care.

In closing we would like to give the last word to a commentary posted by Yve on the National Youth in Care website bulletin board:

“I have to say that the best form of ‘files’ or plans of care are the methods used in the Looking After Children project. This truly involves the child or youth in care in assessing the services they do or do not receive, goals, or future planning, education, health, etc. (Youth in Care, 1999)"

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*This consortium meets biennially, most usually at Oxford University.*
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References


‘Youth in care’, Posting by Yve on 9 June 1999, on WHADDYA THINK?? bulletin board, National Youth in Care website www.youthincare.ca

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