

Looking After Children in Barnardos Australia

A study of the early stages of implementation

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Looking After Children (LAC), a case management system for children in out-of-home care, has been the subject of pilot implementation in several Australian states. Barnardos Australia, in association with the University of NSW, implemented LAC in all of its out-of-home care programs as part of an Australian Research Council (ARC) research grant, in 1997-99.

This study looks at the factors affecting implementation of Looking After Children in Barnardos Australia out-of-home care programs during the initial twelve month period (1997-98). Information collected from interviews with eleven program managers, and examination of records containing LAC material on casework files, are used to explore factors which assisted or impeded LAC implementation. Similarities are highlighted between UK and Australian experiences of LAC implementation, and issues are raised of significance to agencies considering using LAC.

Each year in NSW approximately six thousand children are reported as being 'in care' (NSW Department of Community Services 1997). This figure can be somewhat misleading because of the way in which the NSW counting system operates. Approximately one-third of these children are placed in the care of extended family (kinship care) and a further third are actually in the care of their own family (although they may be on orders from the Children's Court). Around two thousand children are placed in the formal out-of-home care system with unrelated adults, most usually in foster care.

A child placed in out-of-home care has numerous people involved in decision making about his/her life – statutory and non-statutory case workers, support staff, managers, health professionals, bonding and attachment specialists, direct carers, school teachers, counsellors and principals. These are known collectively as the Corporate Parent (see Jackson & Kilroe 1998). The Looking After Children system provides a means of ensuring that the Corporate Parent pays attention to the details of a child's lived experience, just as biological parents do.

WHAT IS LOOKING AFTER CHILDREN?

Looking After Children (LAC) was developed in the UK in response to research indicating poor outcomes for children in out-of-home care. LAC is currently used in over 120 UK local authorities. LAC is a guided practice

case management system requiring information about a child in care to be collected in a standardised way. It generates a best practice approach to planning, decision making, reviewing and monitoring for children in out-of-home care. LAC is about engaging with key people, most particularly the child and his/her parents, and those who are providing the direct day-to-day care – foster parents and direct carers.

The LAC system consists of six Planning and Placement forms plus a series of six age-related Assessment and Action Records. Practice notes contained within each LAC form provide guidance in relation to known research material regarding out-of-home care. All parties – children, parents, carers, workers and managers – are required to 'sign off' on every plan. Disagreements are recorded.

LAC IN AUSTRALIA

Pilot implementation projects of parts of the LAC system have taken place in several Australian States. In Western Australia, Michael Clare (University of Western Australia), in conjunction with the Department of Family and Children's Services, has initiated extensive projects (1996a, 1997), including a range of extensions of use of LAC materials to other areas such as leaving care and Family Court assessments.

In Victoria, a pilot implementation of LAC Assessment and Action Records took place in the Eastern Metropolitan

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Region of the Department of Human Services, involving a range of out-of-home care service providers. This pilot was designed and implemented by Deakin Human Services (Clark & Burke 1998) on behalf of the Children's Welfare Association of Victoria and the Department of Human Services, with some financial assistance from the Stegley Foundation. The pilot was evaluated by the Australian Institute of Family Studies (Wise 1999) to determine if the use of the LAC Assessment and Action Records would lead to improvement in physical and psychosocial health and well being.

In NSW, the LAC Project (a joint initiative of the University of NSW and Barnardos) grew from a 1997 Australian Research Council Grant to adapt LAC materials to Australian legislative and practice conditions. Currently eleven non-government agencies (6 in NSW and 5 in ACT) are using LAC via the LAC Project.

ACT Family Services Branch initiated the first full territory-wide implementation of LAC in Australia, across both government and non-government sectors, in December 2000, as a result of a review of out-of-home care services in the ACT (Clark 1998).

LAC IN BARNARDOS

Barnardos Australia is a non-government child welfare agency which provides support and care services for children and families in NSW and ACT. Each year Barnardos provides over 1,100 out-of-home care placements for children and young people aged 0-18 years via professional care, crisis fostercare, respite care, residential care, adolescent community placements and adoption, in addition to family support, services for homeless families, counselling, day care and disability programs.

Barnardos decided to implement Looking After Children after attending a presentation by Michael Clare in August 1996 (Clare 1996b). LAC implementation was agreed at Barnardos Board of Directors, Chief Executive and Senior Staff level within 3 months (November 1996), and subsequently a successful joint application with the University of New South Wales for an Australian Research

Council (ARC) Grant assisted Barnardos' LAC implementation. The principal researcher was Dr Elizabeth Fernandez, Department of Social Work.

Research both overseas and in Australia is clear that the life experiences of children growing up in the care system are poor. Packman (1986), in his study of decision making processes about children in care, Berridge (1985) and Berridge and Cleaver (1997), in looking at foster care and residential care, and Cashmore and Paxman (1996) in their study of State Wards in NSW leaving care, have all reported outcomes for children in the care system as being less favourable in comparison with children who grow up with their own families. Barnardos believes that a full system wide approach to addressing this problem in implementing LAC is essential.

Stages of LAC implementation in Barnardos following decision by senior management were:

December 1996:

Two initial LAC training groups planned.

January 1997:

LAC Implementation committee convened – a representative reference group consisting of managers, carers and workers from Barnardos out-of-home care teams.

February 1997:

Two teams of out-of-home care case-workers, foster carers and managers trained.

March-June 1997:

Remaining 12 out-of-home care teams trained.

1st July 1997:

All new intakes to care with Barnardos made using LAC.

IMPLEMENTATION EXPERIENCES

UK and Australia comparisons

An initial study of LAC implementation in participating British local authorities, as reported by the UK Department of Health, found problems related to the nature of the system as guided practice (Ward 1995). The early UK research quickly indicated the importance of locating the Assessment and Action Records within a related framework of

planning and review. Not doing so was clearly linked to workers failing to complete parts of the records, and choosing to answer the questions differentially for children regardless of the practice guidelines contained on the sidebars of the LAC forms. For example, workers did not always consider it necessary to answer questions on identity if a child was white, and it was common for questions in the education section to be disregarded if the child was not at school. Although LAC provides common standards of practice and record keeping, differences were found within social services departments related to differing levels of commitment to the system. Successful LAC implementation was reported to require recognition of potential problems arising from individual and organisational resistance to change, staff attitudes, and dominant operational social work ideologies in the organisation (Moyers 1997).

There is evidence that some of the factors involved in successful implementation are the operational context of services, strong and committed leadership, open attitudes in staff members and awareness by project leaders of likely sources of staff dissatisfaction. Bullock (1995) reported that:

successful implementation is most likely to be achieved by acknowledging the skills of professionals and demonstrating to them the benefits of the project for policy and practice.

The Report of an audit of the implementation of Looking After Children in Year 1: 1995/96 (Moyers 1997) found that UK local authorities adopted different approaches to implementation depending on specific needs. Size of local authority area had little impact on completion of LAC materials. In Moyers' study, less than 1.5% of case files contained no LAC materials at all. Children who came into care after the implementation date were more likely to have fully completed LAC forms than those who had been in care prior to introduction of LAC, indicating that workers adopted the system more readily with new clients than with children already in care. Local Authority teams with high compliance to use of LAC had

managers who were knowledgeable about and committed to LAC, with communication processes, training, and 'winning the hearts and minds of key people', identified by Moyers as key factors in successful implementation.

Other studies (Phillips & Worlock 1996/97, Clare 1997, Jones, Clark, Kufeldt & Norman 1998, Donovan & Ayres 1998) identify both positive influences on and effects of LAC implementation in agencies, and also tensions arising as a result of the system. In Western Australia (Clare 1997) pilot studies have indicated that use of LAC materials needs to replace existing case management systems otherwise workers double their workload by using two systems simultaneously.

The role of management accountability through supervision and monitoring is emphasised (Jones et al 1998). The existence of formal implementation groups has been found to impact strongly on successful LAC implementation (Donovan & Ayres 1998).

The Victorian LAC pilot provided important information regarding the need to implement LAC as a full agency wide case management system, rather than just in part of a team or as a partial system (Clark & Burke 1998). Because LAC materials provide 'building blocks' of information, implementation will be more complete if the whole system is used rather than attempting to integrate parts of LAC into a pre-existing system.

THE STUDY

This study, through individual interviews with program managers, explores factors affecting LAC implementation in Barnardos out-of-home care programs in the first year. It attempts to explain reasons for differences in rates of compliance to use of LAC between Barnardos teams, and suggests factors which assisted and impeded the implementation process.

Qualitative methods were used to investigate reasons for differential compliance rates to use of LAC materials between eleven Barnardos out-of-home care teams. In addition, a quantitative analysis was made of the

numbers of Barnardos out-of-home care files which contained LAC materials during the first year of implementation.

Compliance for the purposes of this study was defined as the completion of any LAC materials or parts of materials for a particular child, during the first year of Barnardos LAC implementation. Thus, the case of a child who was in care but had no LAC forms at all on the case file is defined as non-compliant, whereas the case of a child in care during the period who had some LAC forms, or part forms, completed, is considered to be compliant under this definition. A limitation of the study is that it does not consider reasons for partial compliance, that is, the reasons why some children had forms partially rather than fully completed, or particular forms completed but not others. Nor does it analyse levels of 'within form' compliance. Detailed analysis of levels of LAC compliance was not possible due to resource constraints.

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Individual program statistics on the numbers of children in care during the twelve month period July 1997 to June 1998 were analysed in terms of how many files contained LAC materials. Interviews were held with eleven Barnardos program managers, covering case management practice prior to LAC, training, initial response of the team, supervising using LAC, things that helped, and barriers encountered, and also allowed time for general

comments and discussion of LAC. Interviews were of 60-90 minutes duration, conducted in the manager's usual office location. Interviews focused on reasons for compliance rates within programs, and factors related to individual settings.

The eleven managers interviewed consisted of nine coordinators, who were directly responsible for running a program and supervising a team, and two Directors, who were responsible for overall management of a Barnardos Centre, including supervision of coordinators.

FINDINGS

Table 1 indicates statistical data on compliance to use of LAC on an individual program and Centre basis. Compliance rates were over 85% for nine out of eleven programs. Of the two remaining programs, one had a compliance rate of 75%, also relatively high. Five out of eleven programs had used LAC with every child in care during the period (100% compliance). Only one program exhibited a low compliance rate (29%).

Case management practice in Barnardos' programs prior to LAC implementation was described as well developed by eight of the eleven managers and six of the seven Centres. Having good systems already in place, however, was not necessarily linked to high compliance, as the program with lowest LAC compliance reported good prior systems. It may be the case that having a good system in place already could mean a lesser commitment to embracing a new system. However, the other programs which also reported having strong systems in place prior to LAC, did not have similarly low compliance rates. One program had spent large amounts of time in the year preceding LAC implementation on a special project reviewing and revising systems of intake and overall record keeping, however it still recorded high LAC compliance.

In one team of new workers, who had been employed on average less than 12 months in Barnardos, the manager reported few routine or set ways of managing cases prior to the introduction of LAC. This team welcomed the structure offered by LAC and

Table 1 Compliance by Program & Centre to use of LAC materials with children & young people in care 1/7/97-30/6/98

Centre	Program	Children/young people Total no in care	No. of children with LAC material on file	% compliance (Program)	% average compliance (Centre)
A	1	48	42	88	87
	2a	15	13	87	
B	1	95	95	100	100
	2	6	6	100	
C	*b	94	86	92	92
D	*	126	94	75	75
E	1	228	65	29	36
	2c	15	15	100	
F	*	6	6	100	100
G	1	202	185	92	96
	2	18	18	100	

- * Only one out-of-home care program in these Centres
- a Program closed in 1998 - Coordinator not interviewed
- b Centre Director plus Coordinator interviewed
- c New coordinator, not interviewed; Centre Director interviewed instead

reported that it provided an increased sense of control and predictability to their work. The LAC compliance rate of this team was high.

Early participation in LAC training highlighted no consistent differences between programs. The programs with the highest and lowest rates of LAC compliance were both teams which had not participated in the initial round of Barnardos LAC training.

All programs reported some concern in their initial response to LAC, and there was a sense of general resistance to the change. Words such as 'hesitant', 'resentful' and 'resistant' were used to describe workers' feelings, and it was commonly feared that LAC would generate extra paperwork, increase bureaucracy, and reduce meaningful communication between clients, carers and workers to an exercise in filling out forms. However, initial negative reaction did not result in low compliance rates uniformly across programs. The initial reactions of workers in the program with lowest compliance were similar to those in the programs with 100% compliance.

More likely to have made a difference to implementation is the attitude of managers, both initially and in an ongoing way, towards using LAC, and

their perception of commitment to the agency and clients. Programs with lower compliance were more likely to have a manager who from the start did not believe LAC offered appropriate case management for their particular client group. Programs with high compliance had managers who believed LAC to be a system with much to offer for the children in their own program.

Managers at Centres at greater geographical distance from Barnardos Head Office, where the LAC Director was located, were more likely to feel less knowledgeable about LAC, and this factor highlights the importance of attitudes to implementation in relation to compliance. The manager of one Centre located at considerable distance from Head Office, reported:

I realised that I felt at a real disadvantage with this; not only did I feel that I had less knowledge than the others but I also didn't have someone here who really knew much about it either. While (my supervisor) had a broad understanding of LAC, she couldn't answer my practice questions, and there was always a sense of uncertainty about her responses. So I decided that I needed to be very assertive about having contact with the people I thought knew the most.

Although this was sometimes inconvenient because it meant long distance phone calls and travelling to Sydney more often, I made a conscious decision to look after my own needs.

The role of each Centre Director is also of note. In programs where the Director participated in LAC training at the same time as managers and teams, there was a greater reported confidence in LAC. Directors who felt that they had no additional or 'expert' knowledge about LAC had lower compliance rates in their Centres.

Several managers mentioned attendance at the LAC Implementation Committee to be of assistance in increasing knowledge and also providing peer support. They reported this as important in fostering a sense of agency commitment to LAC. Analysis of attendance patterns at the Barnardos LAC Implementation Committee indicates that Centres with the lowest compliance rates to use of the materials, had the lowest rates of attendance at Committee meetings. Lack of committee participation and the related peer support function clearly affected the extent to which LAC was implemented in Barnardos programs in the first year. Implementation Committee proceedings often included practice discussions

which assisted teams in sorting out ways of integrating LAC materials into daily case work practice. Not participating in these discussions meant a lack of exposure to the variety of problem solving techniques developed by other Barnardos teams.

In most teams, in addition to attending the LAC Implementation Committee regularly, managers used supervision and staff meetings as opportunities to routinely discuss LAC. A strategy used by one Centre involved identifying two workers who had expressed a particular interest in LAC as being responsible for general liaison between workers in different teams. This enhanced communication and sharing of skills.

A strategy used by the managers of high compliance programs was the combination of a generally low-key approach to LAC with systematic file checking of materials completed. Managers who took an approach that concentrated more on team dynamics than on the 'compulsory' use of LAC materials were more likely to ensure that workers actually used LAC. Rather than insisting that the team use all of the materials immediately, these managers gave permission for workers to use any parts of LAC that they liked at first. This was generally combined with a request that, once completed, materials were to be seen by the manager so that he/she had current knowledge of how LAC materials were being completed. In this way follow up of issues could immediately occur with workers on an individual basis. This was usually done informally, however there were also discussions of LAC in weekly team meetings and as part of formal supervision.

Finally, it is clear that program size had an effect on use of LAC in Barnardos. Four of the five teams with 100% compliance supervised less than twenty children in care. Having fewer forms requiring completion for low numbers in care, and thus making it easier for the manager to track implementation, meant that the smaller programs showed increased compliance to LAC in Barnardos.

PRACTICE IMPLICATIONS

This study of the first twelve months of implementation of Looking After

Children in eleven out-of-home care programs in Barnardos Australia indicates an overall high rate of worker use of LAC materials, corresponding to the UK implementation experience (Moyers 1997). Out of eleven programs, only one displayed a very low rate of compliance (29%) in the first year of Barnardos implementation.

Similar factors as identified in UK Audits (Moyers 1997; Peel 1998; Scott 1999) have been reinforced by the Barnardos' implementation experience. In particular managers' positive attitude is clearly linked to high compliance to use of LAC materials and consequent implementation success. Barnardos managers with less commitment to using the LAC materials, most usually because they did not hold a personal belief in the benefits of LAC for their program, not surprisingly had teams with low LAC compliance rates. Identifying such managers, if possible, is therefore an important task to be undertaken prior to an agency beginning to implement LAC.

While LAC is a system with much to offer children and young people in out-of-home care, careful planning prior to introduction best enables managers to make the most of the opportunities for best practice that LAC provides.

Resistance to being involved in agency structures assisting implementation (for example, attending the LAC Implementation Committee) corresponded with lower level compliance to use of LAC materials. This similarly indicates a need for agencies to identify managers and workers most likely to be resistant to change, and offer incentives for them to be involved in the early stages of implementation.

Agencies intending to implement LAC should develop a comprehensive staged

implementation plan and consider possible sites of resistance. Managers need to receive full briefings as early as possible to develop a sense of ownership of implementation. Individual program needs and characteristics (for example, size and experience of team, length of time spent working together, nature of program, type of care provided) should be considered in deciding who is to be trained and when. Consideration of individuals' personality should also be analysed in order to develop strategies for overcoming resistance. One such strategy could be to insist on compulsory attendance at a LAC Implementation Committee or advisory group. The importance of management style must be recognised: a style which focuses on team dynamics yet, at the same time, places some emphasis on routine 'checking' mechanisms is more likely to succeed.

Barnardos' experience reinforces that a named Project Leader is crucial to implementation success. An important role for this position is in visiting individual programs in order to troubleshoot and problem solve for teams. Commencing such a visiting schedule early in the LAC implementation process also assists in identifying problem areas or areas of resistance. The culture existing in programs and teams is of crucial importance.

In relation to supervisory style, an approach which is attentive to team dynamics combined with regular sighting/checking of LAC materials on files results in greater use of LAC. Workers feel listened to if given regular opportunities to discuss problems or frustrations experienced, in meetings and in supervision time. Supervisors who take a consistent and open approach are more likely to achieve successful LAC implementation in their teams.

CONCLUSION

Barnardos Australia commenced implementation of the UK Looking After Children (LAC) System in 1997. This study has looked at levels of team compliance to use of LAC materials for children in care during the first year.

Overall, a high level of compliance to use of LAC materials in Barnardos was

found. Barnardos' implementation experience echoed similar findings to early LAC audits in the UK.

The involvement of service users in the process of Barnardos LAC implementation has not been addressed in this study, and exploration of how use of LAC increases partnership with young people and carers, and the effect of this on use of the LAC materials, would be an interesting related area to be explored.

For agencies considering LAC implementation the messages are clear:

- identify an implementation strategy which involves all stakeholders;
- analyse potential strengths and weaknesses in work sites and personnel involved;
- provide opportunities for ongoing support, particularly in the first twelve months of implementation;
- be attentive to the impact of supervisory style on worker use of LAC materials; and
- actively follow up sites of resistance at a senior level via a specific Project Leader.

While LAC is a system with much to offer children and young people in out-of-home care, careful planning prior to introduction best enables managers to make the most of the opportunities for best practice that LAC provides. □

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