Comparing caring

The Looking After Children system in Canada and Australia

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The Looking After Children (LAC) system is currently used in a number of countries world wide, providing increasing opportunities for international research collaboration. This paper describes early results of one such collaborative effort between Canada and Australia. The LAC system is a child-centred case management approach aimed at enhancing the developmental needs of children and young people in out-of-home care placements. LAC has the capacity to connect research, policy and practice. For research and practice LAC measures and enhances outcomes of care. Aggregation of data collected via the use of LAC allows policy makers to assess current practices in order to monitor and measure the extent to which intended program goals are achieved. LAC promotes and encourages collaboration in the care system, enhancing participation opportunities and partnerships between social workers, direct carers (foster parents and residential workers), parents, children and young people.

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Muriel McQueen Fergusson Centre for Family Violence Research University of New Brunswick, Canada Concern about outcomes for children in government care influenced the UK development of Looking After Children (LAC), a case management system designed to assess and improve developmental and life outcomes for children and young people in care. LAC is currently used in a number of world wide locations, providing opportunities for international comparative research. Formulated as an evidence-based practice tool for use by out-of-home care agencies, LAC has also proven to be a valuable research tool providing the opportunity for connecting research and practice (Jones 2003).

This paper reports preliminary findings from a collaborative international research project using the LAC Assessment and Action Record (A&AR) as the primary data collection instrument. Samples of children in care from Canada and Australia are compared according to the seven LAC developmental dimensions – health, education, identity, family and social relationships, emotional and behavioural development, social presentation, and self care skills. The project follows selected children in care over a three-year period. Barnardos Australia is a collaborative joint partner with the University of New Brunswick, Canada, in the research

BACKGROUND

It is widely accepted that children in care are entitled to the same support and guidance as those growing up with family of birth, and they may also need supplementary services. Early experiences of abuse and neglect have far-reaching effects on future development. In order to compensate and achieve positive developmental outcomes, the needs of children and young people in care must be systematically and routinely assessed in order to develop comprehensive plans for care. However, international research findings indicate generally poor outcomes for the care population.

Educationally, children in care demonstrate lower levels of academic achievement and performance when compared to their peers (Altshuler 1997; Kufeldt 2003; Kufeldt, Simard, Tite & Vachon 2003). They have disproportionally high rates of physical, developmental and mental health problems and unmet medical and mental health needs (Committee on Early Childhood, Adoption and Dependent Care 2000; Dicker, Gordon & Knitzer 2001). Compounding these problems are frequent moves, changes of worker and school

transfers (Berridge & Cleaver 1987; Cashmore & Paxman 1996; Delfabbro, Barber & Cooper 2002; Kufeldt, Simard, Vachon, Baker & Andrews 2000; Ward, Macdonald, Pinnock & Skuse 2003). LAC is a system designed to overcome such problems by ensuring systematic monitoring and routine assessment of the needs of children and young people in care, and development of comprehensive care plans.

LAC consists of a set of inter-related Planning and Placement forms (comprising Essential Information Records, Placement Plans, Care Plan, Consultation Papers and Review Records), used in combination with six agerelated Assessment and Action Records. The system ensures that comprehensive information is recorded for children in care about all developmental aspects of their lives, LAC informs care plans and decisions made about children's lives in care, and requires copies of all records to be given to all involved parties. Completion of LAC A&ARs according to a prescribed schedule requires the participation of all key care partners. Because LAC records are designed to be shared with all parties, social workers are required to actively involve foster carers, residential workers, teachers, parents, and children and young people themselves, in LAC assessments and care plans.

LAC IN CANADA

Child welfare in Canada is under the jurisdiction of 10 individual provinces and 3 territories. There is no federal legislation for children and youth in care, and thus no national standards. In 1996 Human Resources Development Canada (HRDC) consulted with provincial and territorial Directors of Child Welfare, and called for proposals to determine outcomes of the care system for Canadian children and young people. HRDC subsequently funded a national child welfare project with contributions in kind from the participating provinces, piloting use of LAC A&ARs in six eastern provinces (Kufeldt et al. 2000).

The project, as well as testing the feasibility of using LAC in Canada, was able to identify how the development of children in care compared to their peers through comparison with Statistics Canada National Longitudinal Study of Children and Youth (NLSCY). The results of this project clearly demonstrated the value and power of LAC to measure and improve outcomes for children in care

In parallel, two other initiatives took place. In British Columbia, LAC materials were piloted in selected areas of the province, and in Ontario, Prescott-Russell Children's Aid Society recruited Dr Robert Flynn of the University of Ottawa for the Evaluating Child Welfare Outcomes (ECWO) Project, funded by the Provincial Government. In conjunction with the Ontario Association of Children's Aid Societies (OACAS), the ECWO project leaders made a further successful application to the Trillium Foundation for

funding to expand the sample size and the number of participating Children's Aid Societies. The HRDC national study contributed its Ontario database of 130 youth, from four Children's Aid Societies, to the Trillium project. The results of this work again confirmed the value of the LAC approach. The use of LAC A&ARs not only helped to improve the quality of Plans of Care for Ontario children, but also facilitated care planning and review (Flynn, Lemay & Biro 1998). This work has continued with support from the Ontario Ministry of Community and Social Services and the Social Sciences Humanities Council of Canada (Flynn, Lemay, Ghazal & Hébert 2003; Flynn & Byrne 2005; Lemay 2002).

In 2001 the Child Welfare League of Canada assumed the task of coordinating LAC implementation in all interested provinces and territories, using revised versions of the A&ARs developed by Flynn. The AAR-C2 is currently being used in a number of Canadian provinces and territories.

LAC IN AUSTRALIA

Initial LAC implementation in Australia occurred at a similar time to Canada. Social work academics from the University of Western Australia (Clare 1997) and La Trobe University in Victoria were instrumental in creating awareness of LAC, actively seeking research funds for pilot implementations of the system. Australian research on outcomes for children and youth in care echoes international research, indicating frequent placement changes, instability, and lack of continuity in care (Cashmore & Paxman 1996). This knowledge of poor care outcomes contributed to growing Australian interest in the LAC system. In 1995 Dr Elizabeth Fernandez (University of NSW) visited the UK on sabbatical, meeting with many of the developers of the LAC system and returning to NSW with system knowledge and LAC training materials. At that time, Dr Fernandez had a pre-existing collaborative research relationship with Barnardos Australia.

Western Australia and Victoria were the first sites of LAC use in Australia. In Victoria, the non-government agency, Kildonan, introduced LAC for children and young people in care in the early 1990s. Subsequently in 1994, other Victorian non-government agencies began to meet with the Victorian Department of Human Services (DHS) to discuss implementing the LAC A&ARs with all children and young people in care. This resulted in a pilot implementation in the DHS Eastern Metropolitan Region in 1996. This Victorian pilot was subject to two evaluation reports (Clark & Burke 1998; Wise 1999), the latter indicating improved outcomes in relation to health and well being for children and young people in care as a result of use of the LAC A&ARs, measured using standardised instruments and techniques.

In Western Australia in 1993, a joint government/non-government committee purchased a licence to trial the UK LAC materials in that state, and by 1995/96 a number of LAC research projects were underway there. These included projects trialling the full LAC system (Planning and Placement forms and A&ARs) and including detailed LAC evaluation (Clare & Peerless 1996).

Commencing in 1997 in NSW, Barnardos Australia, a large non-government child and family welfare agency providing out-of-home care for over one thousand children and youth each year, implemented LAC for all placements (Dixon 2001). This implementation was assisted by a three-year Australian Research Council (Federal Government) grant to the University of NSW (UNSW) School of Social Work and Barnardos. The project involved, in addition to LAC implementation in Barnardos, full adaptation of all UK LAC materials to Australian child and family legislation and outof-home care practice, for all Territories and States. A direct result of the UNSW/Barnardos research was the translation of the original UK LAC system to the Australian context, making an Australian version of LAC readily available to all government and non-government agencies throughout the country (Barnardos Australia 2002; see also www.lacproject.org).

At the present time there is considerable LAC implementation throughout Australia, to the extent that the system is currently used with over half of the total number of Australian children and young people in care. LAC was officially launched in Western Australia in 2001, having already been used there prior to this for a number of years. In the Australian Capital Territory (commencing in 2000), Victoria (commencing in 2002), and Tasmania (commencing in 2003), LAC is used by all government and nongovernment care agencies. The majority of non-government out-of-home care agencies in NSW are now using LAC, including some indigenous programs, and the system also began to be taken up in Queensland during 2005/2006.

Significant ongoing development of the LAC system continues to occur in both NSW and Victoria. In NSW, the LAC Project Australia has pioneered an electronic version of LAC, known as LACES (Cheers & Morwitzer 2006), and is now undertaking advanced preparatory projects towards development of an Australian Integrated Children's System. This work is based on amalgamation of Australian adaptations of the UK Assessment Framework with the Looking After Children approach. In Victoria the Department of Human Services has a sustained approach to LAC form and process adaptations based on the individual needs of that State. This has included LAC record revisions and ongoing collection of implementation monitoring data and reports (see www.dhs.vic.gov.au/lac-victoria). The Victorian approach has sustained a strong commitment to LAC implementation within a collaborative practice and policy framework (Champion & Burke 2006).

It would appear that, given the lack of a national approach to ensuring standards for monitoring and regulating out-of-home care, the use of LAC in Australia is fulfilling an important role in setting the agenda for consistency in collection of data on outcomes for children and youth in care (Wise 2003). In addition, LAC is assisting work towards setting a national agenda for quality improvement and planning for the Australian out-of-home care population.

THE JOINT CANADA/AUSTRALIA RESEARCH

In 2002, Dr Kathleen Kufeldt of the Canadian University of New Brunswick presented a collaborative paper on LAC at the 14th International Congress on Child Abuse and Neglect (Denver, Colorado). This paper was co-written with representatives of other countries using LAC, including Barnardos Australia (Kufeldt, Clare, Cheers, Herczog & Jones 2002). Looking After Children World Wide was a joint effort by colleagues from the UK, Canada, Hungary and Australia, and presented the development and context of the LAC system in the countries represented by the authors. It also provided discussion of the importance of, and benefits to be gained by, international research connections. Barnardos Australia was subsequently approached to participate in a Canadian SSHRC funding application, initiated by the University of New Brunswick. The overall goal of this collaborative project was to assess and compare outcomes and quality of care provided for children and young people in out-of-home care in selected Canadian and Australian agencies.

Research objectives included:

- assessment and comparison of developmental outcomes for the sample group/s with their peers in the general population, and exploration of possible effects of political and contextual factors in the two geographical locations; and
- promotion of international collaboration in order to improve services for children in care, providing a better understanding of the effects that differing policies and procedures can have on the lives and developmental outcomes of children in care.

From Barnardos' perspective, the request from a research institution in Canada for Australian participation in the proposed project represented an important opportunity to further existing connections within the LAC international research and practice community. Barnardos Australia also saw the proposal as an opportunity to contribute to theoretical knowledge of LAC, in addition to building the practice base concerning what contributes to good outcomes for children and young people in care. Having already introduced LAC some years prior into all Barnardos out-of-home care programs (Barnardos Australia 2002; Dixon

2001), the agency perceived that contribution of data to an international project for the purposes of inter-country comparison would demonstrate strong commitment to the LAC system and also provide new information on comparative outcomes for children and young people in care via documenting the use of LAC by agencies in the countries involved. Given Barnardos' commitment to LAC and its belief that the system has the potential to improve children's lives, participation in the research demonstrated agency investment in improved overall outcomes for children and young people in care. As such, it was also anticipated by Barnardos that the project may lead to an increase in the use of LAC by Australian agencies. This could be reinforced by international publication of research results, which was perceived by Barnardos as being of particular importance given that Australia, as a federation of States and Territories like Canada, has neither national legislation for child care and protection, nor regulated standards for the care which children and young people receive when unable to continue living with their birth families.

RESEARCH DESIGN AND DATA COLLECTION

The primary tool used in the research is the Looking After Children Assessment and Action Record, with data collected from sites in the province of New Brunswick in Canada and from the Australian Capital Territory. In New Brunswick, the research team worked closely with the provincial Department of Family and Community Services in Fredericton, where the A&ARs are used with children and young people in guardianship care. The Australian A&ARs were obtained through the partnership with Barnardos Australia, and consisted of forms completed by Barnardos ACT and also Marymead Children's Centre, ACT.

Barnardos Australia provides foster care for over one thousand children each year in NSW and ACT. On initial approach by Canada to participate in the research, the agency therefore needed to consider which sub-set of the total number of children and young people cared for by Barnardos would comprise the Australian sample group. As the A&AR was to be the primary data collection instrument, and this tool is used with children in care for six months or more, this narrowed the potential Barnardos' component of the sample to approximately three hundred children and young people. The next consideration was that NSW children and young people in long-term care were already at that time involved in an extensive, ten-year, longitudinal study of outcomes of foster care, and Barnardos did not wish to 'over research' these two hundred children. The decision was therefore made that the group to be involved in the joint Canada/Australia research would be those in the Australian Capital Territory (ACT). The SSHRC grant provided funds to reimburse Barnardos for staff and administrative costs involved in copying completed A&ARs for the ACT sample group. This was an important incentive for Barnardos to participate in the project, given that agency welfare program

funds could not be used to subsidise research under the terms of government grants.

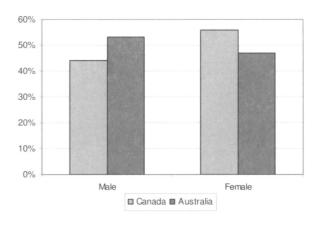
In both Canada and Australia, in order to ensure participant confidentiality, all identifying names were removed prior to photocopied forms being sent to the Canadian research team. Participants were identified and tracked via an anonymous ID number. The agencies retained listings of all forms copied and sent; this was important in tracking additional information required in situations such as A&AR pages being missing or incomplete.

SAMPLE DESCRIPTION

As at August 2005, 163 A&AR records had been collected for the research, comprising 95 Canadian and 68 Australian records. Multiple A&AR forms were available for some children and young people, therefore the actual number in the sample is less than the total number of A&ARs collected. The sample to date comprises a total of 129 children and young people, 82 of whom are Canadian and 47 Australian.

In terms of the total number of A&ARs collected as at August 2005, gender was fairly equally distributed with 48% of the sample being male and 52% female. As shown in Figure 1, there was a fairly even distribution of gender in the two countries, with males comprising 44% of the Canadian sample and 53% of the Australian. There was a slightly larger group of Canadian females, 56%, as compared to 47% of the Australian sample.

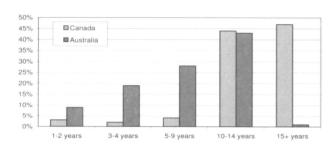
Figure 1: Gender distribution by country



In terms of the distribution among the 5 age cohorts, the Australian sample included more records for the younger age groups than did the Canadian sample. The Canadian group consisted of more records in the two oldest age groups (10-14 and 15+). Figure 2 presents this difference. This can be attributed to the difference in policies between the two countries in determining the groups of children in out-of-home care for whom LAC A&ARs are completed. In Barnardos Australia, A&ARs are used with all children placed in care for over six months regardless of legal status. However, in the Canadian sample from New Brunswick, the

A&ARs are only used with young people placed in permanent guardianship care, providing a larger number of older children. This difference in age groups between the two countries was not planned or anticipated in the study design, but rather emerged as the data was collected. It has clear implications for the ability to undertake comparative analysis of study findings, and has led to a decision by the researchers to undertake matched sample analysis of particular sub-sets of children in the latter stages of the research, to be reported in subsequent publications.

Figure 2: Percentages of age groups from each country



A challenge to the research has been the fact that the format of the Canadian version of the LAC A&AR has changed within the time frame of the project. Whilst the initial Canadian pilot project into the suitability of using the A&AR in Canada utilised a format very similar to the original UK version, as did Barnardos in Australia, the currently used Canadian A&AR Version C2 does not share the same format. The latter was designed to increase comparability to the NLSCY data; however it complicates the goal of this project to compare outcomes of children in care between Australia and Canada because the LAC forms are no longer easily comparable in terms of the content and order of questions. As at August 2005, 27% of the Canadian sample data for this reported research was in new format A&AR Version C2. This was not anticipated at the outset of the project, and has made the analysis of data a more complex task.

DISCUSSION OF SELECTED RESULTS

As the research project was ongoing until the end of 2006, interpretations presented in this article are preliminary as at August 2005, and should be considered tentative. Publications of further findings are anticipated following completion of the research and submission of the Final Report to SSHRC Canada in mid-2007. The following summary is based on the seven LAC developmental dimensions.

Health

The majority of children from both Canada (94%) and Australia (100%) were reported as normally well. However, a significant difference existed between the two countries (p=0.044) in relation to whether 'all ongoing health

conditions or disabilities are being dealt with'. Of the children reported to have an ongoing health condition or disability, less Australian children (28%) than Canadian children (46%) were reported as receiving adequate treatment for all their health needs. Are there differences in the health care systems of the two countries? The Canadian children are all in permanent guardianship care, whereas in ACT Australia Care Orders can be made for lesser periods. Does this mean that health needs may be held over if a Court Order is for a shorter period of time?

Could it reflect a difference in level of commitment of practitioners/agencies to following through on required actions for children in relation to health care? These are areas for further exploration.

Table 1 indicates engagement of sample young people in socalled 'risky' health behaviours. A statistically significant (p=0.059) difference exists, which may well be related to the greater number of teens in the Canadian sample.

Table 1: Participation in 'risky' health behaviour

	Canada	Australia
No risks taken	72%	96%
Some risks taken	25%	0%
Considerable risks taken	2%	4%
Health placed seriously at risk	1%	0%

Education

The majority of children in both countries attended a regular school placement – 72% and 80% of Canadian and Australian children respectively. As Table 2 shows, those with special needs were placed differently.

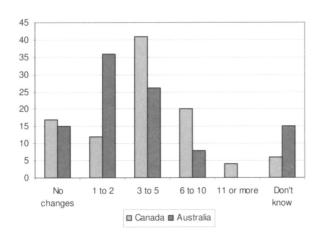
Table 2: Type of school placement

	Canada	Australia
Not in school	4%	0%
Regular school	72%	80%
Regular school with special help	11%	0%
Special class in regular school	2%	11%

Canadian children remained in regular school but with special help. Workers explained that use of the LAC A&ARs alerted them to educational needs and special tutoring was provided to help children achieve grade level. With respect to school exclusions or suspensions, 27% of the Canadian children and 10% of the Australian children had been either permanently or temporarily suspended from

school at some time, and significant difference existed between the two groups in terms of the number of school changes they had experienced (p=0.022). Again we believe these differences are related to the differential ages of children and young people in the two locations in the sample group.

Figure 3: Number of school changes



Identity

The majority of children in the sample, from both countries, reported having a positive view of themselves and their abilities. They could identify most of their birth family. However, only three-quarters knew why they were in care (75% of the Canadians and 72% of the Australians) and two-thirds (67% for both countries) said that they had a photograph album and life story book.

Emotional and behavioural development

Not surprisingly, this dimension highlighted problems – 75% of the Canadian and 65% of the Australian children had seen a mental health professional in the past. Forty per cent of the Canadian and 31% of the Australian children were currently seeing a mental health professional, with an additional 7% of Canadian and 6% of Australian children waiting for an appointment. Table 3 reports social workers' responses to the objective 'The child is free of serious emotional and behavioural problems'. While no significant difference existed between the Canadian and Australian samples, the percentages of children who require remedial or specialised action to deal with emotional or behavioural problems is noteworthy and important in terms of possible implications for life chances and outcomes.

Family and social relationships

In relation to whether the children in the sample had received continuity in care, there was a significant difference between the two countries (p=.006, see Table 4). Yet workers' perceptions that the majority experienced continuity did not match reality. Nearly one-third of the Canadian respondents and more than a quarter of the

Table 3: Prevalence of emotional and behavioural problems

	Canada	Australia
No problems	29%	28%
Minor problems	28%	32%
Problems exist which need remedial action	30%	22%
Serious problems exist which need specialised input	12%	14%
Don't know	1%	4%

Australians reported children and young people as having had between 5 and 9 caregivers. This apparent mismatch in the data in terms of placement stability as perceived by workers and actual numbers of placement and caregiver changes for a child requires further detailed analysis in subsequent stages of the research. It may be suggestive of possible differences between case management practices such as placement visitation frequency and amount of time spent with individual children and young people in care.

Table 4: Reported placement continuity

	Canada	Australia
Received continuity of care	77%	50%
Experienced some disruptions	17%	37%
Care seriously disrupted	6%	13%

Social presentation

The social presentation dimension did not present significant differences between Canadian and Australian children. All children were reported to appear well cared for, with foster parents reporting that all needs were met in relation to children and young people being dressed appropriately and generally clean. Those in the 10+ age group were asked directly whether they thought their appearance gives the impression they look after themselves. Ninety-seven per cent of the Canadian youth and 95% of the Australian youth agreed with their foster parents. Ratings of whether or not the child's behaviour is acceptable to others indicated that the majority were deemed to be acceptable, 87% of the Canadian and 91% of the Australian children's behaviour was acceptable to both other children and adults. The majority reported communicating either very easily or easily with others and being able to adjust their behaviour and conversation to different situations in appropriate ways.

Self care skills

Relating to the older age groups – 5-9, 10-14, 15+ years (note A&ARs for baby and pre-school age groups do not include questions about self care skills) – 35% of the

Canadian children and 50% of Australian children were competent to care for self independently. Fifty-six per cent of the Canadian children and 50% of the Australian children were reported as learning to care for self independently (*see* Table 5).

Table 5: The child can function independently at a level appropriate to their age and ability

	Canada	Australia
Competent to care for self	35%	50%
Learning to care	56%	50%
Not competent	9%	0%

CONCLUSION

The LAC system is accepted world wide as a best practice tool for case management practice and research, and in some locations is beginning to be used as a means of data aggregation and resultant policy development. The joint Canadian/Australian research project described in this paper uses the Looking After Children (LAC) Assessment and Action Record to monitor and compare outcomes for an international sample group of children and young people in care. The project has the potential to report on similarities and differences between Canadian and Australian children who are subject to child welfare care and is therefore of international child welfare significance.

The LAC system is used in a number of locations world wide; however, to date there has been little inter-country or comparative research, although researchers and practitioners have met regularly at international conferences and gatherings to share practice experience and research findings on a formal and informal basis. In this respect the joint project described is leading the way, and hopefully other comparative international research projects will follow. A project of this nature inevitably requires persistence and dedication in the face of unanticipated obstacles, such as difficulties with sampling and external changes in agency circumstance over which the original designers of the research may have no control. Using a well recognised system such as LAC can ameliorate such difficulties to some extent, by providing a minimum level of understanding about the practice issues involved. For example, in the case of LAC there is generally acknowledged agreement that the system is well developed, comprehensive, and grounded in research, and that it increases participation in child welfare planning for children on the part of carers, parents, professional workers, as well as children and young people

It is anticipated that this current SSHRC funded project will provide information on whether the use of LAC has made a positive difference to the lives and development of children and young people in care in Canada and Australia over the three years of the project (2004-2006), in addition to reporting on any differences between Canadian and Australian outcomes of care. If such differences emerge, as preliminary results would seem to indicate, then an examination of the different inter-country circumstances, legislative and policy contexts, and individual program variables will form part of the next and concluding stages of the research.

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