

# LOOKING AFTER CHILDREN IN CANADA

## FINAL REPORT

Submitted to Social Development Partnerships  
of Human Resources Development

Prepared by:  
Kathleen Kufeldt, PhD  
Marie Simard, PhD  
Jacques Vachon, PhD

In collaboration with  
Joanmary Baker  
Traci-Lyee Andrews

June 2000

The Social Social Development Partnerships Division of Human Resources Development Canada is pleased to have provided financial support and consultation to this project. The views expressed in this publication do not necessarily reflect those of Human Resources Development Canada.

Copyright © 2000 Kufeldt, Simard and Vachon

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the copyright holders.

## Table of Contents

List of Figures.....	viii
Acknowledgments.....	x
Foreword.....	xi
Introduction.....	xii
PART I - CONTEXT	
Chapter 1: Goals and Objectives.....	1
Introduction.....	1
Goals.....	2
Objectives.....	2
Chapter 2: History.....	4
The <i>Looking After Children</i> Approach.....	4
The United Kingdom Initiative.....	4
Canadian Developments.....	6
Transatlantic Collaboration.....	7
Why <i>Looking After Children</i> in Canada?.....	7
Research Findings.....	8
Chapter 3: Review of the Literature.....	10
Introduction.....	10
Outcomes.....	10
The Developmental Dimensions.....	13
Health.....	14
Initial Disadvantages.....	14
General Health Status of Children in Care.....	15
Health Status by Age.....	16
Factors that may Influence the Health of Foster Children .....	17
Conclusions and Recommendations in the Literature.....	22
Development of infrastructure.....	23
Policies and guidelines.....	23
Case management model.....	23
Identification of experts.....	23
Health records.....	24
Timing and provision.....	24
Appropriate follow-up.....	25

Adolescents.....	25
Development of knowledge base.....	25
Education.....	26
State of the Art.....	26
Placement History.....	27
Record Keeping.....	28
Interdisciplinary Cooperation.....	29
Behavioural Issues.....	29
Role of Teachers.....	30
Concluding Comments.....	31
Identity.....	32
The Concept.....	32
Individual Identity Formation.....	33
Infancy to pre-school.....	33
School age.....	34
Middle to late adolescence.....	35
Potential Difficulties.....	36
Identity and Foster Care.....	38
Promotion of Identity Development in Foster Children.....	41
Lifebooks.....	42
Family Contact.....	43
Other Considerations.....	44
Conclusion.....	46
Family and Social Relationships.....	46
What is the Child's Sense of Family.....	46
Inclusive Care.....	49
Amelioration of separation and loss.....	49
The need for continuity.....	50
Impact of contact and visiting.....	50
The post-care experience.....	51
Father's Role in the Family.....	52
Fathers as role models.....	53
Influence on education.....	53
Influence on identity.....	54
Conclusions.....	55
Social Presentation.....	55
Development of social presentation skills.....	55
Concluding comments.....	57
Emotional and Behavioral Development.....	58

Introduction.....	58
Prevalence of mental health needs of foster children.....	59
Pre-placement events.....	60
Physical abuse.....	60
Sexual abuse.....	60
Emotional abuse.....	61
Neglect.....	62
Exposure to domestic violence.....	62
Placement Issues.....	63
Problem identification and treatment.....	63
The actual in care experience.....	64
Age of the foster child.....	65
Gender.....	66
Self Care.....	66
Concluding comments.....	70
Chapter 4: The Legal Context to Child Welfare in Canada.....	71
Introduction.....	71
Preamble.....	71
The Legislative Backdrop.....	72
Effects of the Legislation.....	75
A Crumbling System?.....	78
Future Legislative Frameworks.....	79
<i>Looking After Children</i> .....	81
PART II: METHODOLOGY	
Chapter 5: Design and Methods.....	83
Introduction.....	83
Goal and Objectives.....	83
Tasks.....	83
Sampling Design.....	86
Instruments.....	88
Process.....	89
Data Collection.....	90
The Provinces.....	90
The Coordinators.....	90
The Youth.....	91
Data Applications.....	91

Data Analysis.....	91
Scope and Limitations.....	92
Ethical Considerations.....	93
 Chapter 6: Sources of Information.....	 95
Data Sources.....	95
Primary Data.....	95
Comparison Data.....	96
Collateral Sources.....	97
Literature Review.....	97
Working Groups and Steering Committees.....	97
Debriefing Sessions.....	97
Transatlantic Collaboration.....	98
Conferences and Symposia.....	98
Training the Trainers.....	98
National mid-point meeting.....	99
National Policy, Practice and Research Symposium.....	99
Project Evaluation.....	99
 Chapter 7: Roles and Responsibilities.....	 101
Introduction.....	101
Structure and committees.....	101
Principal and Co-investigators.....	103
Specialist consultants.....	103
The Research Team.....	104
The National Steering Committee.....	104
The Provincial Coordinators Committee.....	105
Provincial Steering Committees.....	106
Human Resources Development Consultant.....	106
Concluding comments.....	106
 PART III - FINDINGS	
 Chapter 8: Description of Sample.....	 108
The Children.....	108
Family Demographics.....	110
Placement Information.....	111
Reason for Care.....	115
Family Contact.....	116

Concluding comments.....	117
Chapter 9: Developmental Dimensions.....	118
Introduction.....	118
Health.....	120
Education.....	129
Identity.....	138
Family and Social Relationships.....	148
Social Presentation.....	154
Emotional and Behavioral Development.....	159
Self-care skills.....	174
General Conclusions.....	185
Chapter 10: Emerging Themes.....	187
Rethinking outcomes evaluation.....	187
Can agencies and workers make the philosophical shift?.....	188
The disadvantaged childhood of children in care.....	188
Hints of age and gender biases.....	189
The challenge of linking developmental outcomes to action plans .....	189
Enhancement of relationship building.....	190
Generation of information.....	191
Intrinsic value for the youth.....	192
Systemic themes and considerations.....	193
Contribution to planning at the management level.....	193
Need for delegated leadership.....	194
Pivotal role of supervisors.....	195
Changing the face of front line practice.....	195
Shaping social policy.....	197
Concluding comments.....	198

#### PART IV: THE PROJECT EXPERIENCE

Chapter 11: Experience of Participants.....	199
Introduction.....	199
Evaluation forms.....	200
Reactions expressed at the 1999 Symposium and at debriefing sessions ..	204
Provincial/Agency Coordinators.....	204
Foster Parents.....	206
Youth.....	206

Chapter 12: The Final Symposium.....	210
Objective.....	210
Process.....	210
Design.....	211
Content.....	212
Data Findings.....	212
The Canadian Project.....	213
The British Experience.....	213
Implementation Issues.....	215
Response Panel.....	216
Legal Background of <i>Looking After Children</i> .....	219
First Nations.....	221
Has <i>Looking After Children</i> been worthwhile?.....	224
Outcomes.....	225
Impact of <i>Looking After Children</i> .....	226
Regional vs National Considerations.....	227
Training Issues.....	227
Implementation Issues.....	228
Canadian Data Base.....	229
Marketing Strategy.....	230
First Nations Usage.....	230
Other Points.....	231
Symposium Evaluations.....	231
Assorted comments.....	232
Symposium Recommendations.....	232

## PART V: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

Chapter 13: Discussion of Findings.....	234
Introduction.....	234
Developmental Dimensions.....	235
Health.....	235
Education.....	236
Identity.....	236
Family and Social Relationships.....	237
Social Presentation.....	238
Emotional and Behavioral Development.....	239
Self Care Skills.....	240
The Experience of Participants.....	241

Conclusion.....	243
Chapter 14: Conclusions and Recommendations.....	245
Introduction.....	245
Legislation.....	245
Systemic/Management issues.....	246
Social Work Practice.....	247
Supervision.....	249
Foster Parents.....	250
Youth.....	251
Future Research.....	251
Symposium recommendations.....	252
Implications for the future of Looking After Children in Canada .....	254
Implementation.....	254
Training.....	255
Team approach.....	256
Closing comments.....	256
Bibliography.....	257
Appendix 1- Project Personnel	
Appendix 2- National Steering Committee	
Appendix 3- Final Symposium Program	
Appendix 4- Final Symposium List of Participants	
Appendix 5- Project Instruments Used	

## List of Figures

Figure 1: Organizational Chart.....	102
Table D1: Provincial breakdown of participants.....	108
Table D2: Actual age of participants by assessment time.....	109
Table D3: Ethnic background of sample.....	110
Table D4: Breakdown of legal status by Province.....	112
Table D5: Mean, range and mode by length of time in care.....	114
Table D6: Siblings placed together.....	117
Graph D1: Breakdown of prior entries.....	113
Graph D2: Number of placements.....	114
Graph D3: Breakdown of reasons for care.....	116
Graph F1: Percentage of youth: Normally Well.....	121
Graph F2: Incidence of health conditions that affect activities .....	122
Graph F3: Snack food consumption: daily/most days.....	124
Graph F4: Daily exercise rates.....	125
Graph F5: I know enough about.....	126
Graph F6: I know enough about.....	128
Graph F7: Percentage of time 1 sample below grade level.....	130
Graph F8: Percentage with learning disabilities.....	131
Graph F9: Number of school changes.....	132
Graph F10: School changes across applications.....	133
Graph F11: Participation in special interests.....	134
Graph F12: Basic literacy rates.....	135
Graph F13: Life books and material information.....	141
Graph F14: Culture and ethnicity.....	143
Graph F15: Positive view of self and abilities.....	144
Graph F16: Care giver interest and praise.....	146
Graph F17: Number of care givers.....	149
Graph F18: Family contact.....	150
Graph F19: Home base where you are welcome.....	153
Graph F20: Behavior acceptable to.....	157
Graph F21: Ability to communicate.....	158
Graph F22: Emotional/behavioral problems.....	160
Graph F23: Definitely like me responses.....	161
Graph F24: Definitely likes to let others join in.....	163
Graph F25: Defiant/disobedient...at school or at home (not at all).....	164
Graph F26: Not at all responses.....	165
Graph F27: Often angry/lose temper.....	166
Graph F28: Incidence of generalized worry.....	169
Graph F29: Worry about the future.....	169

Graph F30: Effective treatment received.....	172
Graph F31: Yes responses.....	176
Graph F32: Yes and yes with help responses.....	177
Graph F33: Yes responses.....	178
Graph F34: Access to services, yes.....	179
Graph F35: Access to information, yes.....	180
Graph F36: Plan to live after care.....	182
Graph F37: Was the investment of time worthwhile?.....	202
Graph F38: Did you learn anything new?.....	203

## *Acknowledgments*

The *Looking After Children in Canada* project has been funded by Human Resources Development Canada and by support in kind from the participating provinces and Children's Aid Societies. We wish to acknowledge and thank them for their contributions. The authors of this document would also like to thank the people who participated in the preparation of the data and the report. The advice and assistance from our consultants, Lorna Bennett (Health), Rosonna Tite (Education) and Paul Thomas (Law) continue to be of outstanding value. Chapter four of this report was in fact drafted by Professor Thomas.

The adaptation of the *Looking After Children in Canada* Assessment and Action Records for use in the project required extensive work. It was necessary to develop a version that would be sufficiently generic for use in the different jurisdictions involved. It was also important that we have a version that was not only in the two official languages, but was directly comparable in those languages. This work was accomplished in close collaboration with Dr. Bob Flynn of the University of Ottawa and Chantal Biro and Raymond Lemay at Prescott-Russell Children's Aid Society. Assistants in the translations were Charlotte Gagné and Louise Rouillard. A re-translation of the French version back in to English for validation purposes was done by Maureen Magee. The translation of the French qualitative and quantitative data was made possible through the assistance of several people. In particular, we would like to thank the Québec provincial coordinator of the project, France Nadeau, national project coordinator, Eleanor Philpott and her partner Michel Genest as well as Chris Baker. Scott Rideout willingly offered volunteer time for library searches when the staff were under siege with other tasks. Special thanks are due to the participants in the project, the youth themselves, social workers, foster parents, supervisors, community members and of course the provincial coordinators who have kept the work on track. Our British consultants, Dr. Harriet Ward of Loughborough University and Helen Jones of Her Majesty's Inspectorate of the Department of Health, have given support and encouragement well beyond that which we had contracted. We have received bonus support from the interest and wise counsel extended to us by Dr. Carolyn Davies, Senior Principal Research Officer of the U.K. Department of Health. We also wish to recognize the support we have received from the directors of the various child welfare agencies as well as the invaluable support and advice of our Human Resources Development Canada consultant Evariste Thériault. Not to be forgotten is the tremendous support we received from all the staff at the Muriel McQueen Fergusson Centre for Family Violence Research, in particular the Director and Assistant Director, Dr. Deborah Harrison and Rina Arsenault, as well as from David Underhill and his staff in the Controllers Office at the University of New Brunswick. Lastly, we would like to thank Heritage Canada who provided us with funding needed for simultaneous interpretation at the Policy, Practice and Research Symposium.

## Foreword

We have provided Jeanetta's poem, with her permission, as the most appropriate foreword to this document. Jeanetta gave this poem to her worker after they had worked together with the *Looking After Children* materials. As we go to printing we would like to dedicate this report and our work to Jeanetta and all other young people in care. It is our hope that the expanded use of *Looking After Children* will bring the experience of unconditional love to all looked after children.

### *"Unconditional Love"*

*When I first moved in with my new foster mother,  
I wasn't even willing to try to love her,  
I must have said some of the most hurtful things,  
someone can say.  
I was really lonely and confused.  
I didn't know how to tell her that I was hurting inside.  
She knew just how I was feeling,  
and she wanted me to know that we were family now,  
and she would help me.  
That was when I experienced my first encounter with  
"Unconditional Love".  
What a powerful feeling.*

*"Unconditional Love" is the most precious gift you can give.  
Forgiveness for the past is the most precious gift you can receive.  
And I am really thankful for that, and it takes a really  
special person to make that much of a sacrifice to help a child.*

*Jeanetta Squibb*



## Introduction

The *Looking After Children in Canada* project was conducted in collaboration with Child Welfare agencies in Canada's six most eastern provinces. It is broader in scope than the traditional research endeavour. Its overall goal is to enhance the quality of care for children who are brought to the attention of child welfare services and, in this project, the first step in reaching that goal was to test in Canada the promising new approach to assessment and outcomes that *Looking After Children* offers. Subsumed under that particular objective were a number of tasks that included not only the developing, pretesting and implementation of a Canadian adaptation of the materials, but also the need to promote collaboration and cooperation amongst participants, and eventually to build consensus with respect to standards of care for children in Canada who are subject to Child Welfare intervention. Thus it was a blend of components. These were primarily the development of strategic plans to meet the goal and objectives, the design of the research aspects, attention to organizational change concepts, the actual implementation, and not least the need to be sensitive to the autonomy of the various jurisdictions involved. In short it was a blend of research, practice demonstration, and understanding of structural concerns. It required leadership from the research team in sharing a vision and providing support and guidance in the attainment of that vision of enhancing the quality of care for children needing child welfare intervention.

In order to have the reader follow with us the journey taken over the past three years, and to understand the scope and complexity of the task we undertook, the report includes information about the background and process as well as the research findings. It is organized in five parts. Part I provides the context. This includes the history of *Looking After Children*, a description of the goals and objectives of the project, an extensive review of the literature and a discussion of the legal context. The literature review looks at child welfare outcomes as well as literature pertaining to the seven child developmental dimensions attended to by *Looking After Children*. Part II, the methodology, includes not only the design and methods, but also chapters describing the diverse sources of information and the roles and responsibilities of the various participants. We felt that this chapter was necessary as the structure of the team, the

staffing, and relationships to collaterals did not follow traditional lines. It was non-hierarchical, collegial and collaborative in order to develop a synergistic approach to our common goals.

Part III, which addresses our findings, also has three chapters. The first, chapter 8, provides a description of the sample. Chapter 9 presents findings with respect to the progress of the children and youth on the seven developmental dimensions. The third chapter describes emerging themes extracted from examination of our various sources of information.

Part IV presents descriptions of the project experience in two parts. The first, chapter 11, describes the experience from the perspective of those most directly involved. Chapter 12 presents content, process, reactions of participants, and recommendations generated from the national symposium held in 1999. This symposium included representation from every child welfare jurisdiction in Canada and from all levels of the system, including youth and foster carers. It warranted a chapter in its own right since it was the forum for consensus building. Part V presents a summary discussion of the findings, the conclusions reached by the research team and the recommendations arising out of those conclusions.

## **PART I - CONTEXT**

### ***Chapter 1: Goals and Objectives***

#### **Introduction**

This brief chapter sets the stage for our report by providing a summary of the goals and objectives of the project. All of the objectives outlined in the original proposal are presented although some, as will be seen, were later assumed by another project. Accordingly it is important to note the historical context of these projects.

In 1993, the Provincial and Territorial Child Welfare Directors in collaboration with the National Welfare Grants Program (NWG) in Health and Welfare Canada, developed a Research Agenda and a Call for Proposals on child welfare outcomes and prevention. In late 1996 Employability and Social Partnerships (ESP) in Human Resources Development Canada (under which NWG was integrated), provided contribution funding (over \$1 million) to three projects while provinces, agencies and the research teams provided in-kind contributions for about the same amount. (The ESP has since been revised to Social Development Partnerships Programs (SDP)). Two of the projects addressed outcomes. These were the *Looking After Children in Canada* project and the *Client Outcomes in Child Welfare* project (conducted by Allan King and Wendy Warren of Queen's University, Nico Trocmé, the University of Toronto, Jacques Moreau, Université de Montréal and Jacqueline Oxman-Martinez of McGill University). The third project addressed prevention. This was the *Strengthening Vulnerable Children and Families and Preventing Their Entry Into the Child Protection or Family Wellness* project (conducted by Isaac Prillelstensky, Geoff Nelson and Gary Cameron of Wilfrid Laurier University, Marie-Claire Laurendeau, Public Health, Montréal, Claire Chamberland, Centre Jeunesse de Montréal and Université de Montréal, Edward Connors of the Chippewas of Rama Health Centre, Frank Maidman of Frank Maidman Associates and Ray Peters, Queen's University).

## Goals

The overall goal of the *Looking After Children in Canada* project is to enhance the quality of care for children brought to the attention of child welfare services. Arising out of that goal is the ancillary one of influencing practice in a child-centred, positive direction. Despite the manifest intent to protect and to serve the best interests of children, too many children are damaged by the system set up to help them. Little is known, however, about which children are either helped or actively harmed by protective services. Consequently, meeting the goal requires the development of adequate outcome measures for children who come under the aegis of Provincial and Territorial child welfare services. To date, predictors of outcomes are scarce. Consensus about what *is* an outcome is also elusive. Thus, a consideration of outcomes is necessary if the goal is to be achieved. This consideration formed the original three objectives of the pilot project, namely:

## Objectives

- 1. a comprehensive review of the literature and research related to outcomes;**
- 2. a survey of managers of Child Welfare agencies in Canada in order to determine what measures are currently used;**
- 3. testing out in Canada of a promising approach to assessment and outcomes that has been developed in the United Kingdom, the Looking After Children initiative.**

By addressing outcomes in this comprehensive fashion, the intent was to determine ‘the state of the art’ or ‘best practice’ by which quality of care can be enhanced for the young people in receipt of child welfare services. Using this intent as a framework leads to the identification of specific tasks related to each objective. Tasks related to the first two objectives were assumed by the *Client Outcomes in Child Welfare Project*. The *Looking After Children in Canada* project therefore focused its literature survey primarily on developmental dimensions of looked after children. This takes us to the third and main objective, i.e., “testing out in Canada of a

*promising approach to assessment and outcomes that has been developed in the United Kingdom, the Looking After Children initiative*". This became the major preoccupation of the *Looking After Children in Canada* project. It was broken down into the following subset of tasks.

- Developing, pretesting and implementing a Canadian version of *Looking After Children*.
- Testing the appropriateness of LAC measures with a comparison group of children with no child welfare experience.
- Exploring whether LAC materials can be applied at critical service delivery points.
- Evaluating the feasibility of the LAC approach.
- Promoting extensive collaboration and cooperation amongst participants.
- Building consensus with respect to standards of care for children in Canada who are subject to Child Welfare intervention.

How the project addressed and completed each of these tasks will be addressed in the following pages. First however, we will provide the history of the initiative in the United Kingdom and in Canada.

## **Chapter 2: History**

### **The *Looking After Children* Approach**

The *Looking After Children* approach to outcomes for children in need of state intervention is based on the premise that children in the care of the state and its agencies are entitled to the same standards of care that responsible, caring parents in the community give to their own children. In brief, taking children into care carries with it the obligation to provide good parenting with all that implies. This has given rise to the concept *good enough parenting*.

*Looking After Children* addresses in comprehensive fashion all key dimensions of child development: health, education, family and social relationships, identity, social presentation, emotional and behavioural development and self care. It thus constitutes a quite profound cultural shift in child welfare services. It expands our thinking from the somewhat narrow, reactive protection focus to that of a proactive child development, child well-being, approach. It includes conscious attention to the fact that child welfare intervention has an impact, for good or ill, on the long term outcomes for children and youth growing up in care. In fact this is the strength, and the key aspect, of the approach.

### **The United Kingdom initiative**

The *Looking After Children in Canada Project* had its origins in the United Kingdom: a brief review of the British history is therefore essential. In the United Kingdom, child welfare is governed by national legislation. Delivery of child welfare and child protection services rests with local authorities, but the National Department of Health has overall responsibility for the quality of those services. A number of factors influenced the Department of Health in establishing a working party to explore the assessment of outcomes in child welfare. Those factors included research findings, uncertainty with respect to outcomes of prevention and family reunification efforts, as well as deaths of children known to the authorities. Accordingly, the Department of Health commissioned a working party of experts to consider the whole issue of outcomes in child welfare and how they can be identified and measured (Parker, Ward,

Jackson, Aldgate and Wedge, 1991).

The conceptual framework proposed by the working party (Parker et al., 1991) guides the assessment of outcomes and the development of instruments. It has three main principles:

1. *Looking After Children* is based on the premise that children in the care of the state are entitled to the same standards of care as children who are cared for by responsible, loving parents living in their community. Therefore the 'parental responsibilities' of child welfare agencies should reflect these norms and behaviors.
2. Essential to the implementation of *Looking After Children* is a partnership between the key child welfare players in this system (biological family, foster family, social workers and other professionals).
3. Knowledge of child welfare service outcomes and how to improve them requires a careful assessment of the intervention results in relation to the principles of child development. (Vachon, Nadeau, Simard and Kufeldt, 2000).

The working party not only provided an excellent treatise on the issue of defining outcomes, but also developed a set of protocols based on that work, to enhance the quality of care provided to 'looked after' children (in the United Kingdom this terminology has replaced that of 'children in care') (Parker et al., 1991). The core of these protocols, referred to as the Assessment and Action Records (AAR) follow a child's development across the key dimensions, over time. Use of the AAR allows those responsible for the care of a 'looked after' child/youth to measure and monitor the developmental progress. In so doing, the responsible social worker identifies the required task(s), the individual(s) responsible and the time required for building on strengths and redressing any deficits. In other words, not only are responsible individuals identified, but as well, the plans they will set in motion, the steps to be taken and the time frame during which the work will be done are documented. What is also important to note is that proper use of the Assessment and Action Records directly affects practice. *Looking After Children* is not a check-list approach. It promotes dialogue and sharing of information with all parties to the care of the child, including the children and youth themselves.

Development of LAC in England primarily followed the four-steps outlined below:

1. program development (1987-1991);

2. material experimentation and revision (1991-1995) resulting in the publication of a research report by Harriet Ward in 1995;
3. systematic implementation of the program between 1995 and 1998 by 92 percent of local child welfare authorities and the implementation of pilot projects in Scotland, Wales and Northern Ireland;
4. efforts to demonstrate how data on individual children can be recorded electronically and used for administration, strategic planning and outcome assessments. One objective at this stage (1996-2002) is the identification of indicators that can be used for routine monitoring and assessment. (Vachon et al., 2000).

### **Canadian developments**

In Canada similar factors to those at play in the United Kingdom have promoted greater attention to assessment and measurement of outcomes. Fortuitously, those of us in Canada with links to the United Kingdom were aware of the *Looking After Children* initiative. Dr. Roy Parker, during a term as visiting professor in Manitoba, was also spreading the word. At the same time potential leadership was offered by Human Resources Development Canada in its call for proposals addressing outcomes in Child Welfare. Proposals were evaluated in partnership with provincial and territorial Directors of Child Welfare, and the national *Looking After Children in Canada Project* was begun.

In Canada, three pilot projects have been in operation. *Looking After Children in Canada* piloted the materials in the six most eastern provinces. This was funded by Human Resources Development Canada with contributions in kind from the participating provinces, Children's Aid Societies and Centres de Jeunesse. The Government of British Columbia has been piloting the materials in selected areas of that province. In Ontario, Raymond Lemay, Executive Director of Prescott-Russell Children's Aid Society, had begun a pilot project just prior to the release of funding for the National project. He recruited Dr. Robert Flynn of the University of Ottawa as principal investigator for the Evaluating Child Welfare Outcomes Project, funded by the Government of Ontario. 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. Our national study agreed to contribute our Ontario data base of 130 youth, from four Children's Aid Societies, to the Trillium project to aid in that endeavour.

### **Transatlantic Collaboration**

Principal investigator and co-investigator Kufeldt and Simard have enjoyed association with the Dartington Research Centre in England. Through that association they were aware that the Department of Health in England has been providing funding for the *Looking After Children* initiative in response to a proposal developed by Dr. Harriet Ward at Bristol University. Our enthusiasm for this new and innovative approach grew as the British work progressed. Information was shared with other key players in Canada, including Human Resources Development Canada and Child Welfare services in various locations.

Thanks to funding from Human Resources Development Canada we were able to engage Dr. Ward, now at Loughborough University, and Helen Jones, Social Services Inspector at the Department of Health, as our trainers and consultants. Dr. Carolyn Davies, Senior Principal Research Officer of the U.K. Department of Health has provided additional valuable mentorship to our project.

This transatlantic collaboration has also drawn Canada into an international network of representatives from about 14 countries piloting *Looking After Children*. The international dialogue and, in Canada, interprovincial dialogue, has affirmed that children's developmental needs transcend cultural differences and political boundaries. Further, *Looking After Children*, when properly implemented, has the ability to monitor those needs.

### **Why *Looking After Children* in Canada?**

As stated above, similar factors to those at play in the United Kingdom influenced the renewed focus on assessment and measurement of outcomes. This provided an opportunity for the research team to push the children's agenda forward, i.e., to design a project that would be child-centred, proactive and developmentally oriented. The disciplines of team members reflect

the multidisciplinary nature of children's needs. The three members who had pursued a programme of research related to child welfare (Kufeldt, Simard and Vachon) were well aware that despite legislative changes and various new policy initiatives (e.g., permanency planning, family preservation, least intrusion, family reunification), studies of child welfare services continued to produce troubling results, children still died, and children's needs were too often subordinated to parents' rights or to the demands of the organization. Tite is a former teacher. Her studies of the weakness of the school-child welfare connection excited her interest in *Looking After Children*. Bennett, from nursing, was well-prepared to assist us in examining children's health needs. Thomas has produced interesting analyses and comparisons of family law versus child welfare law. In short, to all of us, piloting *Looking After Children* in Canada provided an opportunity to try to influence the shape of child welfare at the grass roots level - the interface between the child and the helping professionals. Recruitment of our senior research assistant, Joanmary Baker further enriched the team in that she was able to bring her recent experience as a front line child welfare worker to the ongoing discussion.

## **Research Findings**

The Assessment and Action Records generate two types of data. Some are what one might term 'practice data'. They constitute valuable information about the children and youth on an individual, case by case level. These data are based on a particular child's characteristics and direct social work practice and case management for the child. The other type of data are certain select variables that can be aggregated in order to answer questions such as

- how does the overall development of children in care compare to their peers?
- what are the short term outcomes, individually and in the aggregate, of child welfare interventions?
- what are the long term outcomes, individually and in the aggregate, of child welfare interventions?

In order to answer these questions, the Canadian pilot project administered the *Looking After Children*, Assessment and Action Records on two occasions. These occurred, 9-12 months

apart, to children in six provinces. The interim report of findings based on Time 1 was released in October 1998. This final report incorporates the Time 1 findings with those from the entire project. Where possible and/or appropriate, the findings are explored in relation to what is known about children who do not reside in care. As well, deliberations from the May 1999, *Looking After Children*, 'Policy, Practice and Research Symposium' are included for consideration. It is these issues which will be addressed in the following chapters of this report.

## **Chapter 3: Review of the Literature**

### **Introduction**

This chapter will examine the issue of outcomes in child welfare literature. Its major focus will however be on a selected review of literature related to children in care and the seven developmental dimensions covered in the *Looking After Children* Assessment and Action records. There was no dearth of material in the professional journals. In fact, in some cases, the available information was overwhelming. Given the constraints on our time, this chapter lays no claims to being a truly exhaustive review, nor does it claim to be a critical analysis of the quality or methodology of the research presented. However it does provide a good synthesis of the direction of information available to date.

### **Outcomes**

The issue of outcomes evaluation has become increasingly urgent for Directors of Child Welfare in Canada. This is in part related to the high cost of services, in part to the desire to know which policies and which philosophies hold out the best promise for children who are in need of service.

In child welfare outcomes evaluation to date, preoccupation with service delivery traditionally has preempted attention to the true task of protective agencies. For example, outcome measures commonly pertain to the process of service delivery rather than focusing on outcomes for the child.

The need to study outcomes in child welfare has been further hampered by differences of opinion regarding not only definition and measurement, but also the actual mandate and objectives of child welfare services. Parker et al. (1991) provided a meticulous discussion of the issues and ambiguities inherent in the discussion. The result of their deliberations was the development of the *Looking After Children* model.

Historically, the literature has focused on unintended negative outcomes of child welfare intervention. These include drift in care (Maas & Engler, 1959; Fanshel & Shinn, 1978; Kufeldt, Armstrong & Dorosh, 1989), serious disruption of family ties (Steinhauer, 1983; 1991; Thorpe, 1980), separation of siblings (Laird & Hartman, 1985; Timberlake & Hamlin, 1982), and, for many children, more discontinuity than any child could reasonably tolerate without some negative outcomes. Examples are placement changes, changes of social workers, general instability and uncertainty, and lack of consistent commitment (Berridge and Cleaver, 1987; Fanshel and Shinn, 1978; Fanshel, Finch and Grundy, 1990; Kufeldt, 1984; Kufeldt and Allison, 1990; Kufeldt et al. (1989); Parker, 1980; Simard, Vachon & Moisan, 1993; Thomlison, 1990). In their study of placement breakdown, Berridge & Cleaver (1987) and Cleaver (1994) highlighted the parallel disruption of schooling. The negative effects of separation, unmitigated by continuity of relationships, and the impact of moves on attachment formation are particularly serious concerns that have not been well addressed (Bowlby, 1979; Fahlberg, 1991; Palmer, 1971; 1995; Steinhauer, 1983).

To balance this very negative picture there are emerging indications in the literature that suggest that many children are served reasonably well (Hahn, 1994; Wedeven, Pecora, Hurwitz, Howell & Newell, 1997). There are growing indications also that, contrary to the current bias in favour of family preservation, the reception into care was the appropriate plan for most children served. Research tapping into the perceptions of children in care and those formerly in care suggest that for the majority, entry into care, despite its shortcomings, was necessary (Kufeldt et al. 1989; Kufeldt, 1999; Martin, 1998).

However there is no definitive information about long term outcomes, about the actual proportions of those who benefit, or of pathways that make a difference. That is, in general, there is insufficient knowledge of predictors or the effects of different kinds of state intervention. Front line child protection workers are faced with difficult judgment calls. Children may be at risk of serious injury or death if left in their own homes; they may also be at risk if taken into care: the intense dedication of a caring parent is virtually impossible to replicate in an institutionalized service (Parker, 1980, p.3). As Hudson and Galaway state

Researchers must be prepared to consider both the potential harmful as well as potential helpful effects of child welfare interventions in relation to the outcomes we are attempting to accomplish (1995, p. 371).

But this is no easy task. Trocmé and his colleagues (1999) have developed an ecological outcomes framework that illustrates its complexity. They have proposed measuring outcomes in four domains: child safety, child well-being, permanence, and family and community support. The value of their outcomes indicator matrix lies in the comprehensiveness of its scope and the comparative ease of retrieval of the chosen indicators. It certainly has the potential to provide child welfare agencies with a general tracking mechanism. It may still fall short of telling us how the children themselves are actually faring, since it has only two proxy indicators of their well-being. In contrast, the trend internationally is a growing emphasis on the centrality of the children's well-being to the whole endeavour. This certainly emerged at a Canadian Research and Policy Symposium held in 1994. The study group charged with looking at experiences and outcomes emphasized the importance of this aspect. Their deliberations were summed up by the recorders thus:

whatever the approach . . . it is essential that child welfare research is informed by good outcome measures that are in turn informed by the child's experience. If the child disappears from focus, the essential purpose of child welfare policies, programs and research endeavours is also lost (Kufeldt & Thériault, 1995, p.365).

Parker et al. (1991) have addressed these challenges. They expend considerable effort to untangle the confusion surrounding child welfare outcomes. They recognize that outcomes are linked together in a chain, that outcomes may also be considered as inputs, depending on one's perspective. For example, placement itself may be considered an outcome by a child's family, but will be considered as an input by those concerned with the child's long-term development. The primary value of their work is however their intensive focus on the child. With the simple slogan *good parenting - good outcomes*, they developed an approach that focuses on all essential dimensions of child development. The focus is on the tasks of

parenting and on child-centred outcomes.

In addition, their 'action orientation' should, to a great extent, address the criticisms of Canada's child welfare systems put forward for the 1979 Year of the Child (Task Force on the Child as Citizen, 1978). As Cruickshank stated then "If we start to focus on what 'ought' to be provided for children, instead of what 'must not' happen to children, I think that the legal system can begin to accommodate the goals of child welfare services" (Cruickshank, 1975, p. 8, in Task Force on the Child as Citizen, 1978, p. 83). In fact the *Looking After Children* approach is proactive in nature: it does address what *ought* to be done for children.

### **The Developmental Dimensions**

The *Looking After Children* model addresses seven different key dimensions of children's development. These dimensions are:

- ▶ Health
- ▶ Education
- ▶ Identity
- ▶ Family and social relationships
- ▶ Social presentation
- ▶ Emotional and behavioural development
- ▶ Self-care skills

Although treated here as separate entities, these various dimensions interact. For instance, the quality of social relationships can affect one's sense of identity. This in turn may impact on school performance. Emotional health impacts on physical health; education and health are major determinants of readiness for independence and for self-care. What the dimensions have in common is that each is important to the overall healthy development of children; attention to each is essential if children in care are to receive 'good enough parenting' and are to achieve readiness for adulthood and independence. Thus children's progress on these dimensions provides important indicators for both short term and long term outcomes.

## Health

While in this section we are interested in physical health, it is important to note that in the literature related to the health of children in foster care, more attention is paid to their emotional health. Certainly physical health and emotional health interact and affect one another. According to Gustavsson and Segal emotional and psychological well-being is crucial to children's overall health. The mental health of children helps determine how they will adjust to their surroundings, learn to relate to others and perceive themselves. These characteristics impact on future life opportunities and productivity (1994, p.32). In the work of Gustavsson and Segal, as well as others, 'Health' encompasses aspects such as emotional state, development, social functioning, environmental conditions as well as physical well-being, (Gustavsson and Segal, 1994; Wheeler, 1995; Mather, Humphrey and Robson, 1997). Nevertheless for the purposes of this report we will try to disentangle the two key aspects. Emotional and psychological health of foster children will be dealt with in another section of this review. Generally it is fair to say that current research suggests that foster children have high rates of poor overall health.

### *Initial disadvantages*

First it should be noted that many children enter care with poor health, (Berkowitz, Halfon, and Klee, 1992; Simms and Halfon, 1994; Mather et al, 1997; Simard & Vachon, 1996). Parker et al., (1991), refer to a number of British studies that link disadvantages in children's health to disadvantaged home situations. Flaherty and Weiss, (1990) cited in Simms and Halfon, (1994) evaluated over 5000 children who came into care in Illinois over a 22 month period, beginning in 1987. They found that 44 percent had at least one medical condition requiring treatment. The children in this study were commonly referred to surgical specialists, and approximately eight percent were hospitalized for further diagnosis and treatment. In Halfon, Mendonca and Berkowitz's study (1995), 72 children were placed in care prior to their first birthday. Of this group, 21 percent were small for gestational age, 36 percent were born prematurely and 40 percent had birth complications. Maternal drug use was identified in 94 percent of the children. Chernoff, Combs-Orme, Risley-Curtiss and Heisler (1994) conducted

a study to determine the health condition of children upon entry to the care system. Their results showed that over 90 percent of the children had medical needs. These needs ranged from minor skin problems to severe neurological disorders. Over half of their sample required referrals for specialized service. Of this group, 39.2 percent of the referrals were urgent, 70.4 percent were non-urgent, and 11.9 percent were classified as routine. In the urgent/non-urgent categories, 53.4 percent of the children required further medical services, 48.2 percent required dental services and 55.2 percent received a mental health referral.

#### *General health status of children in care*

It is not surprising then that foster children, in comparison to non-placed children, do not appear to enjoy the benefits of good health. Mather et al. (1997) noted that children in care had twice as many chronic difficulties, such as poor eyesight and hearing, as non-placed children. They also cited Packman and Hall's (1995) study, which found that one in ten foster children suffered from various forms of ill health. Cain and Barth (1990) state that foster children often have undetected and untreated health problems. These problems include an undocumented and poor history of immunizations, as well as problems in the areas of vision, hearing and growth. They also reported an increased frequency of chronic diseases, intellectual or academic problems, psychiatric and/or behavioural problems, and sexually transmitted diseases. Halfon et al. (1995) noted that previous studies have documented higher rates of both acute and chronic medical problems in foster children and greater utilization of health services than in other children. Berkowitz et al. (1992) produced a report on the Center for the Vulnerable Child in Oakland California. In their sample, 77 percent of the foster child client group had medical problems. Halfon et al. (1995) also published research from this foster care program. They looked at 213 foster children between birth and twelve years of age, conducting a systematic review of charts between 1988 and 1991. Approximately 20 percent of the sample had some type of growth abnormality, indicating that they were below normal age levels for height, weight and head circumference. Nine percent of the children were identified as having failure to thrive. Approximately 82 percent of these children had at least one chronic health condition. Developmental problems, (gross motor, fine motor, language, cognition, or self-help problems) and emotional problems (emotional function, relationship, coping or

behaviour problems) affected nearly 84 percent of the children. Approximately 16 percent had asthma (almost three times the American average). They also cite data from a 1984 British Child Health and Education Study showing a strong relationship between asthmatic symptoms and children separated from their parents in the first year of life.

An interesting observation that warrants further exploration is that of Simard, Vachon and Bérubé (1998). In their study they found that children in kinship care exhibited fewer health problems than those in regular foster care. This raises a number of interesting research questions such as: do relatives provide better health care? Are relatives more inclined to look after healthier children, leaving those with more extensive needs to be cared for by the system? If this is so is it a matter of financial and other supports that may not be readily available? Or is it a matter of children in kinship care experiencing more continuity of care including care of health needs?

### *Health Status by Age*

Gustavsson and Segal (1994) suggest that there is sufficient reason to examine the health issues of children according to age. When dealing with the population of vulnerable children, including foster children, pediatricians need to be aware of specific concerns. Prenatal care and conditions affecting infant mortality need to be considered when caring for infants. For pre-schoolers, immunizations are the most pressing concern. Adolescents have their own unique health needs. Developmentally, they are trying to establish their own identity, often through rebellion against parental and societal norms. They also have the physical capability to act independently. Consequently, adolescents are vulnerable to the dangers of alcohol and drug use, sexual promiscuity and other reckless behaviours.

Halfon et al. (1995) also shed light on age related differences. They examined children up to and including twelve years of age. They found that infants had greater medical needs than the other children. Average number of health conditions for the different ages were as follows:

- ▶ infants (less than 1 year of age): 2.6,
- ▶ toddlers (1-3 years): 1.5,

- ▶ preschoolers (3-5): 1.3,
- ▶ school-age children (6-12): 1.3.

Some of the other findings indicated that infants and toddlers were more likely to manifest developmental problems, whereas older children had higher rates of emotional and behavioural problems. In fact, almost all school age children were noted to have some type of emotional problem.

With respect to health needs of adolescents, Mather et al. (1997) report their findings in conjunction with the findings of two studies conducted by the Who Cares? Trust. Combined, they found adolescents resistant to receiving medical services. Many of the youth stated that they resented the perceived intrusion into their personal lives (see also Polnay, Glaser and Rao, 1996). Many also had concerns about confidentiality as they believed the doctors would pass on the information to social services agencies. The Who Cares? studies found that teenagers believed they did not have the opportunity or encouragement to discuss health issues. A partial explanation offered for this finding was that many of the participating youth identified that they were still dealing with the trauma of separation, loss and bereavement. They believed that the lack of resolution of these earlier life experiences had a negative impact on their ability to take a proactive approach to their health care. Those young people who wanted more information found it difficult to access appropriate sources. Mather et al. (1997) noted that some adolescents were given advice on smoking, drug and alcohol use as well as safer sex practices. Nonetheless, this advice was not preventative as this information was given to adolescents already engaged in such activities.

#### *Factors that may influence the health of foster children*

Some evidence indicates that the health circumstances of foster children are not improving. Halfon et al. (1995) cite a 1994 U.S. General Accounting Office report which compared children in care in 1991 with those in care in 1986. This research found that the 1991 group had more health problems than the 1986 cohort. Berkowitz et al. (1992) reporting on previous work of Halfon and Klee (1991) state,

Health care providers for these children are being confronted by a change in childhood morbidity from primarily physical problems to complex problems rooted in the social, family, and environmental conditions that accompany persistent urban problems. (p.102).

These changes over time also include the increasing number of children who come into care with prenatal exposure to drug use and HIV (Berkowitz et al., 1992; Klee, Soman and Halfon, 1992; Takayama, Bergman, and Connell, 1994; Carlson, 1996; CWLA, 1988; Blatt et al., 1997). It is important then to consider the factors that impact on the health of children in care. The pre-placement health status is obviously a factor, as indicated above by the number of children who enter care with health problems. Several authors have concluded that the continuing high rates of medical problems in the foster child population result from the difficult life experiences which necessitated placement (Cain and Barth, 1990; Simms and Halfon, 1994; Chernoff et al., 1994; Halfon et al., 1995; Polnay et al., 1996; Blatt et al., 1997; Mather et al., 1997; Ruptier, 1997). These 'difficult life experiences' occur on varying levels.

Direct experiences of maltreatment are one pre-placement factor. In Chernoff et al's. (1994) study, the top four reasons for children coming into care were neglect, parental incapacity, physical abuse and abandonment<sup>1</sup> (50.7 percent, 29.7 percent, 24.5 percent, and 22.8 percent respectively). Mather et al. (1997) point out that abusive environments deprive children of nurturing relationships required for normal development. Children who have suffered maltreatment are often developmentally impaired. Consequently, they do not move through the normal, age appropriate developmental stages. Simms and Halfon (1994) add that the chronic neglect and abuse that results in out-of-home placement often goes hand in hand with neglect of basic preventative and primary health care.

On another level there are social factors, which also lead to difficult life experiences. Chernoff et al. (1994) state that children coming into care are generally affected by poverty, poor

---

<sup>1</sup> These categories are not mutually exclusive.

nutrition, and a lack of psychosocial support. Simms and Halfon (1994) add that these children often come from families located in urban areas marked by poverty, high crime rates, violence and extensive drug use. They further add that the individual families are often, "... poor minority, single-parent families, whose members suffer from high rates of mental illness, substance abuse, homelessness, and chronic physical disability." (p. 506).

However pre-placement issues are not the only factors. Many authors note that the health circumstances of foster children are not improved by their care experiences (CWLA, 1988; Simms, 1991; Wolkind and Rushton, 1994; Carlson, 1996; Ruptier, 1997). Cain and Barth (1990) citing Kavalier & Swire (1983), suggest that the key factor is a lack of continuous, preventative and routine health services while in care. Simms and Halfon add, "Ongoing care by the same health care providers is critically needed when children have complex and chronic problems" (1994, p. 508). Despite this need, when children come into care the type of medical attention they receive tends to be of an emergency nature. This may be emergency medical care from the foster family's doctor with whom they are registered as a temporary patient (Cain and Barth, 1990; Mather et al., 1997). In other cases, they may be brought to hospital emergency rooms or outpatient clinics (Cain and Barth, 1990; Simms and Halfon, 1994). Consequently, the attending doctor is someone they do not know or with whom they are not familiar. As well, the nature of these types of temporary medical services usually do not allow for health follow up or continuous preventative service (CWLA, 1988; Cain and Barth, 1990).

The emergency nature of initial care is compounded by multiple placements and lack of continuity in care. Berkowitz et al. (1992) cite Fanshel, Finch and Grundy (1989) who indicate that the health of foster children deteriorates with ensuing placements. Cain and Barth (1990) state that frequent changes in placement leads to changes in case workers. Thus, information on children's health status gets lost. Klee et al. (1992) reporting on a California conference into the health needs of foster children add that there is generally no provision for continuity of health care providers when placements change. This is consistent with the findings of Simms and Halfon (1994). They explain that changes in placement typically leave children without stable and continuous care from adults who are familiar with their needs, and who can effectively advocate to protect their health and well being. According to Wolkind and Rushton

(1994) and Halfon et al. (1995) this group of children are also more likely to have emotional and developmental problems.<sup>2</sup>

According to Berkowitz et al. (1992) the issue of continuity of care has two qualities. In the first instance it refers to a child receiving health care from the same provider or team of providers. In the second instance, it refers to health appointments being kept. In support of the first quality, Simms and Halfon (1994) advocate that such continuity provides a longitudinal perspective which allows health providers the opportunity to evaluate a child's change in health status and take appropriate action. The second dimension regarding appointments also warrants comment. Butler and Payne (1997) and Mather et al. (1997) examined the attendance rates of the statutory medical appointments for foster children. These medicals are legislated under the 1989 Children's Act in the U.K. Both studies found a poor attendance rate for appointments. Butler and Payne attribute this finding to the belief that health care providers and social service agencies give low priority to the statutory medical examinations for foster children.

To what extent are foster parents and social workers responsible? With regard to foster parents, Cain and Barth (1990) conducted research into their attitudes regarding the health needs of foster children. They found that foster parents were not fully aware of the extent of ill health within the foster child population. They also had a tendency to underestimate the extent of their health problems. Accordingly, it is suggested that foster parents are not prepared to manage the complex health problems of these children without professional guidance and support (Simms and Halfon 1994; Carlson, 1996; Ruptier, 1997). In addition, foster parents usually do not have, or believe they do not have, the authority to make decisions regarding medical services for children in their care (Simms and Halfon, 1994). As a further complication, Simms (1991) found that most foster parents do not voice strong complaints about children to doctors. Simms believes this occurs because foster parents fear that they will be seen as not being able to deal with the child's behaviour and will be judged as

---

<sup>2</sup> The Halfon et al. findings are based on multiple placements in conjunction with being placed after 24 months of age.

incompetent.

The reasons why social workers do not appear to place a great deal of importance on the health needs of foster children are equally complex. It is believed that they do not have appropriate medical knowledge (medical and family histories), regarding the children in care. It has also been stated that, even when they have previous health information, they do not have the knowledge or skill to interpret the data or decide the appropriate action (Simms and Halfon, 1994; Carlson, 1996; Ruptier, 1997). Consequently Ruptier (1997) advocates that they need education and access to health professionals for consultation. This need for access and consultation is reinforced by a Child Welfare League of America study (1988). It attributes the worsening health problems of foster children, in part, to the separation of health and child welfare agencies. Cain and Barth (1990) add that these agencies often lack defined policies regarding responsibility and roles in the health care of foster children. This separation and ambiguity of roles leads to poor coordination and communication between the agencies. By way of example, Simms (1991) noted that health information is rarely passed from social workers to doctors. Conversely, doctors do not send their findings to social workers. The author believes that this occurs because the service between agencies is fragmented and consequently there is a lack of formal reporting mechanisms.

One solution to the difficulties between agencies, social workers, foster parents and medical personnel would be the maintenance of good medical records. The picture portrayed in the literature is not promising. According to the CWLA (1988) information on the health care of children prior to entering the foster care system is not available or regularly sought. Rosen (1998) reviewing Simms (1991) states, "...the past history is frequently unknown and at best based on presumptions and third-hand information." (p. 376). In Halfon et al's. (1995) research 20 percent of the sample had incomplete medical histories and over 50 percent had incomplete birth and perinatal information. This occurred despite well established protocols to get medical histories. This is consistent with the research of Chernoff et al. (1994) who noted problems with complete medical information on the health needs of children entering care. In this study, they based their historical information on the reports of social workers. They found that this information was often inadequate, because agencies do not routinely

collect medical information. In addition, the oftentimes adversarial nature of contact between agencies and families of origin may lead to a lack of cooperation and sharing of information.

Butler and Payne (1997) in reviewing the work of Kahan (1989) and Parker et al. (1991) conclude, "...the passage of health care responsibility from parents to other carers may result in the loss of factual and intuitive knowledge derived from daily, intimate contact." (p.29). They state that this lost knowledge is not always recoverable especially if contact between parent and child is lost or limited. Simms (1991) adds that social workers are not always able to get this information. He states that they lack the knowledge and skill to collect appropriate health information, and foster parents generally do not know the child well enough to have health details.

#### *Conclusions and recommendations in the literature*

In summary, foster parents and social workers do not have sufficient information or knowledge. Parents may be unavailable and doctors change. Preexisting health conditions may not be adequately recognized or treated until children show symptoms while in placement. Children do not receive routine follow up care, preventative services or immunizations. As Butler and Payne (1997) state when quoting Parker et al. (1991) "...its no one's job." (p. 29). Consequently, the special needs of children in care are not met. Schorr and Abel (1985) (as cited in Cain and Barth, 1990) believe that these combined conditions reflect poor overall medical care which has the potential to handicap a child's efforts to achieve educational and interpersonal success.

Most of the recommendations that follow are based to a degree on a 1988 colloquium held by the Child Welfare League of America in conjunction with the American Academy of Pediatrics. Its purpose was to determine how child welfare and health agencies could improve the health circumstances of children in foster care. Many specifically related to reform of Medicaid programs at the American state and federal levels. Nonetheless, some do have broader applicability in the Canadian and international context. A summary of these recommendations is therefore presented:

### *Development of an infrastructure*

Suggested under this heading are mechanisms for coordination, cooperation and communication within and between agencies responsible for ensuring the health and well-being of foster children (Simms, 1991; Klee et al., 1992; Carlson, 1996; Rosen, 1998). These may include centralized agency structures to organize and administer health care services (Simms and Halfon, 1994), joint records and shared information regarding the health status of children in care (Chernoff et al., 1994; Simms and Halfon, 1994) and monitoring specific child health outcomes, as well as overall health processes. The latter dimension would provide information necessary to improve future interventions (Butler and Payne, 1997).

### *Policies and guidelines*

These should cover the information that is needed, procedures for recording and who will be responsible (Klee et al., 1992). Policies should include protocols for preventative services, health screening, evaluation, management and follow up. They should be written and shared with involved agencies and all associated professionals including foster parents (Cain and Barth, 1990; Simms, 1991; Simms and Halfon, 1994).

### *Case management model*

Such a model would improve coordination, communication and cooperation, leading to different methods of providing health care to foster children (Berkowitz et al., 1992; Carlson, 1996; Ruptier, 1997). This recommendation includes involvement of advanced practice nurses as case managers, based on the health knowledge of nurses and the limitations placed on social workers' time. Although not advocating for any particular profession, Cain and Barth (1990) also believe that one person should be responsible for the coordination of a child's health care.

### *Identification of a core group of experts and consultants*

The Committee on Early Childhood, Adoption and Dependent Care (1993) suggests that

physicians can be advisors to social workers around children's health needs and suitable placement decisions. Others advocate for the use of multi-disciplinary health teams (Simms, 1991; Blatt et al., 1997). These groups should have access to all appropriate information regarding specific children in order to make appropriate decisions for each child (Cain and Barth, 1990).

#### *Health records for children in care*

Simms (1991), Chernoff et al. (1994) and Halfon et al. (1995) all noted the difficulties in obtaining health and family histories of foster children. Many advocate for the use of medical passports (Klee et al., 1992; Carlson, 1996; Ruptier, 1997). The medical passport, given to foster parents, would contain a record of a child's health contacts, any problems found, actions taken and recommendations for future treatment or intervention. It would accompany a child to any and all health appointments and stay with the child through ensuing placements or eventual return home. The use of medical passports would provide current and future health care professionals with the necessary knowledge to make informed decisions regarding a child's needs.

#### *Better timing and provision of health care services for children in care*

Children should receive an immediate health check either prior to admission or within 24 hours of coming into care (Simms, 1991; Chernoff et al., 1994; Simms and Halfon, 1994; Carlson, 1996; Mather et al., 1997; Rosen, 1998). These authors further recommend a complete health assessment within one month of entering care. This assessment should be holistic in approach, including developmental, educational, and mental health as well as physical areas (Simms, 1991; Chernoff et al., 1994; Simms and Halfon, 1994; Mather et al., 1997). Areas assessed should be comprehensively screened (Frankenburg, 1994; Ruptier, 1997). Appropriate interventions cannot be designed for children without such comprehensive assessment (Klee et al., 1992)

### *Appropriate follow up service*

Berkowitz et al. (1992) and Carlson (1996) suggest that follow up appointments need to occur at 6 month intervals even when a child appears to be healthy. Continuity of health care and health care providers is also essential. Thus, efforts need to be made to ensure that children continue to see the same health care providers (Simms, 1991; Committee on Early Childhood, Adoption and Dependent Care, 1993; Chernoff et al., 1994; Simms and Halfon, 1994). Access to appropriate health care should be need specific, geographically available, and financially supported (e.g., provision of transportation and child care expenses when necessary) (Klee et al., 1992).

### *Adolescents' health needs*

Adolescents need specialized preventative services. These services must include accessible information regarding sexuality and reproduction, substance abuse and smoking (Simms, 1991). In addition, adolescents should be given the opportunity to see a doctor of their own choosing, and to take a collaborative role in their assessment and treatment (Mather et al., 1997).

### *Development of knowledge base of social workers and foster parents*

Triseliotis, Sellick and Short point out that the social worker, "...has a responsibility to ensure that ... the child's physical needs are equally met... (including) attention to health, dental and eye care and consultation on nutritional aspects." (1995, p.28). Carlson (1996) argues that social workers and foster parents do not currently have sufficient knowledge to meet these needs. Many researchers have stated that health care training is required for these groups (Simms, 1991; Klee et al., 1992; Simms and Halfon, 1994; Carlson, 1996; Polnay et al., 1996; Ruptier 1997).

In summary, action plans need to be developed which will allow for effective health care services for children that are,

...available without obstacles to access, are comprehensive, allow continuity with a primary care provider, coordinate and integrate different functions, are developmentally appropriate, and are community-based and culturally competent. (Simms and Halfon, 1994, p. 507).

## **Education**

For the 'good enough parents' in the general population, the education of their children is as high a priority as their children's health. Educational achievement has major implications for long term outcomes, for occupational success and quality of life. The question to be addressed in this section of the review is the degree to which the state as parent supports educational opportunity for children in care.

*What is the state of the art in this dimension?*

Parker et al. (1991, pp. 88-91) suggest that the situation is not good. They present strong arguments for social workers to give a far higher priority to the educational dimension in their work with children in care. They cite research showing that too little attention is paid to education and that by and large children in care are not faring well in school. Other research supports the contention that children in care perform below national education norms for their age group, when compared to children who remain with their natural families (Simard, Vachon & Bérubé, 1998). Colton and Heath (1994) completed a longitudinal study on the educational progress and behaviour of children in foster care. It was found that the foster children scored below the national average on standardized tests of educational attainment. They also showed no sign of relative improvement during the course of this study. Altshuler (1997) reported that children in traditional foster care demonstrate a significantly lower level of academic achievement and lower performance in school when compared to normal expectations. These findings were based primarily on the information collected from standardized achievement tests, school cumulative records, teacher assessments and parent ratings. Similar results

were found for children placed in kinship care. Sawyer and Dubowitz (1994) (also Dubowitz, Feigelman, Harrington, Starr and Zuravin, 1994) looked at the educational experiences of this group. They discovered that almost 30 percent of the children surveyed received special education services and 41 percent of the students repeated a grade level at least once. They were also doing poorly in the core academic areas: they exhibited significant cognitive and language difficulties and had poor problem solving and reasoning skills. Even when children are placed in a long-term settled placement, comparable to a stable family life, they still perform poorly. One must wonder then, why this is so. What differences between foster children and children residing with their natural families can account for their lack of educational success? Searching the literature related to the education of foster children uncovers some of the same issues that affect their health.

### *Placement history*

When considering educational experiences, it is important to focus on the child's history within the foster care system. Foster children often experience individual problems which may lead to school failure. These problems can be related to a complex array of issues. These include social disadvantage and emotional trauma experienced before entering care, a history of educational disruptions once in foster care and/or continuing stress and uncertainty associated with foster care (Heath, Colton & Aldgate, 1994; Bauer, 1993). Children may also experience a variety of social and emotional problems that originate from their prior, or ongoing, history of being abused and/or neglected while in care. Even at best, the disruption brought about by being separated from family and being placed in care can itself generate emotional and social problems. These problems combined with the sometimes transient nature of a placement in foster care can have a tremendous impact on the ability to function in school (Ayasse, 1995). In addition, the foster child may be moved to a new school environment, and has to deal with both a new family and a new school. The child will experience differences in the teachers, peers, the material taught and the rate at which it is taught. It has been suggested that children who experience multiple school placements may find themselves preoccupied with figuring out how the classroom works, rather than the content that is being taught (Ayasse, 1995). A survey carried out by the state of Oregon during 1990 looked at the educational needs of

children in long term foster care. The results reported that children who experienced multiple school placements during the year were less likely to be above grade level or be involved in extracurricular activities when compared to children who spent a lengthy period of time in one school (Ayasse, 1995). It is unfortunate that foster children are so often forced to change schools since school can provide an important source of continuity when the family unit or foster placement breaks down. The school environment can provide a foster child with a relatively stable and potentially supportive community where there is a guaranteed and predictable place. It is here the child can receive support from teachers and peers. These supports can be beneficial by helping children deal with stresses that arise from within and outside their family (Berridge & Cleaver, 1987; Seifert & Hoffnung, 1991).

### *Record keeping*

When a foster child is moved into a new school, another problem may be encountered. Too often, information regarding the child's education, health and background, is not passed along to the new school. As in health care, this is related to a lack of communication among social workers, foster parents and the teachers (Stufft, 1989). Ayasse (1995) noticed that social workers often assume that the task of attending to the educational needs of the foster child will be handled by the school or foster parent. On the other hand, the school system often assumes that each new student is accompanied by a parent or responsible adult who is knowledgeable about the student. The school system believes that it is this person who can take an active part in assisting the child with school requirements and the advocating of special needs. Stufft (1989) notes that this problem could be easily corrected if a simple form recording important information regarding the child's educational needs were filled out prior to enrolment in the new school. Such a checklist can be used with great success. Not only does the school have the necessary information regarding the child, this form can help ensure that the child is enrolled and placed in an appropriate placement as quickly as possible.

### *Interdisciplinary cooperation*

Open communication among the social workers, teachers and foster parents is essential if the children's educational needs are to be served. Unfortunately this is not always the case. Fletcher-Campbell and Hall (1990) found evidence of unyielding professional and administrative boundaries between the social services and education departments. Disagreements about which department has responsibility for problems identified frequently resulted in problems not being sufficiently addressed. In many cases, interdepartmental cooperation may have been healthy at one level, but weak communication structures within departments prevented the cooperation from being extended. Divisional boundaries also affected the situation, showing excellent communication in some areas but not in others. In some circumstances, the person responsible for decisions affecting the foster child's future was not always the person most informed or even the most appropriate person to make a particular decision. The importance of open, effective communication between the agencies and departments involved with the foster child must be stressed. It is only when all the professionals involved in the foster child's life are working together as a team that the best interests of the child will be met.

### *Behavioural issues*

Foster children may additionally exhibit a wide range of problem behaviours that will hinder their educational success. Noble (1997) lists some of these behaviours and offers possible explanations for them. Foster children may fail to complete homework assignments, disrupt the class, fail courses, cheat and lie, fear school and engage in truancy.

Experiences within the foster care system are often the underlying causes. The same experiences prior to and within the foster care system that can impact on health, can also precipitate such problem behaviors. Teachers can play a very influential role in helping foster children overcome these behaviours (Berridge and Cleaver, 1987), if they consider the context and all aspects of a child's behaviour in the classroom. They must not focus solely on the inappropriate behaviour but address the underlying problem, such as frustration with the work, with their peers, or their life situation. It is these problems, rather than symptoms, that must be addressed (Stein, 1997). Bauer (1993) suggests that teachers and other professionals can

make a significant impact in the foster child's life. For example, teachers could openly communicate to the child that they have a right to be concerned about their biological parents. They can make classroom rules and routines very straightforward. When dealing with a maltreated child, teachers should be supportive, firm and predictable. The child needs to know that the consequence of inappropriate behaviour is the result of the behaviour and not an indication of lack of worth. Finally, teachers can work with and be supportive of the foster parents. Francis (2000) found that contrary to his anticipations, change of placement was not always the antecedent to a school change. Behavioural problems in school could precipitate a placement change. Foster children need support and assistance with problems rather than further rejection.

### *Role of teachers*

While it would seem that teachers should have a role to play in child welfare intervention, there is little information available with regard to their involvement at the intervention level. Within the education literature, studies of teachers' responsibilities have been largely limited to surveys of teacher knowledge and attitudes about child abuse and mandatory reporting requirements (Tite, 1993, 1994a, 1994b). Some early research suggests that teachers hold low expectations of children in foster care, though more recent investigations show mixed results in this regard. In order to see how many articles dealt with foster children and the role teachers play, a review of four journals regarding education trends and issues was done (for the ten years, 1986-1996). The results were rather surprising. The American Journal of Education and Interchange did not have any articles present. The American Journal of Education and the Canadian Journal of Education had one and two articles respectively. Finally, the Oxford Review of Education published a special edition on children in need containing nine articles.

Greater involvement of teachers could enhance attention to the educational needs of children in foster care. A teacher's assessment and perspectives on a foster child can be crucial for both school programming and the case management (Berridge & Cleaver, 1987). Stein (1997) came to this same conclusion after completing a project that looked at teachers' assessments of foster children's school functioning. The teachers' assessments were then compared to a

normative sample of children. The teachers rated foster children as having significantly more emotional and behavioural problems, fewer pro-social behaviours, poorer academic performance, fewer special skills and poorer relationships with peers and teachers than the comparison group. The fact that such significant differences were found between the two groups, using teacher administered check lists, supports the important role teachers play in the identification of children's strengths and weaknesses. Teachers are often able to offer a unique perspective about a child because school behaviour often differs from a child's behaviour in other environments (Berridge and Cleaver, 1987). Teachers can provide a valuable input into a case management approach. Their input could help identify and address problems and utilize the children's strengths. Identification of a student's areas of strengths may lead to an increased level of self-esteem, and help build an internal resiliency to help in overcoming future obstacles.

#### *Concluding comments*

Until recently, child-care agencies and social workers have shown little interest in the educational progress of the children for whom they are responsible (Jackson, 1994). Even more seriously there are indications in the literature that educational needs are not only low priority but may be affected by low expectations of children in care (Aldgate, Heath & Colton, 1992; Aldgate, Heath, Colton & Simm, 1993; Francis, 2000). Goerge, Voorhis, Grant, Casey and Robinson (1992) compared the demographic and service characteristics of two groups of children. The first group was in foster care and receiving special education. The other group consisted of children who were either in foster care or receiving special education services. The results suggested that the special education needs of foster children were not being met. The implication is that the emphasis and focus are on the safety of a child (protection elements) rather than educational needs. But the education of the child is also of great importance, especially in the long term. Educational progress will affect the quality of life in adulthood. Cheung and Heath (1994) reported that people who were in care typically have lower educational qualifications, a higher risk of unemployment and are more likely to get lower level jobs. Stein (1994) reported that 90 percent of the foster children surveyed possessed no qualifications when they left school. More emphasis must be focused on the educational needs

of foster children by all the professionals involved. This pressing need has been reinforced by the preliminary results of a study in progress of young adults who have grown up in the care system. A pervasive regret identified by respondents was related to educational performance and achievement (Kufeldt, 1999). The “State as Parent” owes its children nothing but the best with respect to educational opportunity if they are to achieve successfully the developmental tasks ahead of them in adulthood

## **Identity**

### *The concept*

The characterization of identity, of ‘who’ any individual is, is made up of a myriad of qualities. We have an internal identity that includes physical description as well as the more aesthetic qualities such as thoughts, feelings, values and beliefs. We also have an identity that is external to our immediate self. We belong to families, communities, religious groups, ethnic backgrounds, social, and occupational/educational groups. How we define ourselves in relation to these external memberships is often a question of context. As Scheibe states, “Identity markers serve as provisional coordinates for locating one’s self in the flux of changing circumstance, rather like the gradual shifts in the surrounding terrain as we travel down a stream.” (1995, p.1). In addition to this shifting nature of identity, it also has a cumulative perspective which McAdams (1996) refers to as ‘personal myth’. Accordingly he conceives of the personal myth as an individual’s personal life story, created over a lifetime.

This is not the stuff of delusion or self-deception... Rather through our personal myths, each of us discovers what is true and meaningful in life. In order to live well, with unity and purpose, we compose a heroic narrative of the self that illustrates essential truths about ourselves (p. 11).

The personal myth integrates our past, present, and our future. This process is imaginative in that it is based on our perceptions of past and current situations and what we anticipate for the future. Personal myth making is also value laden as it delineates the characteristics that

we value, dislike and consider important about ourselves. According to the author, it is through this narrative process, that our individual identity is formed. In accordance with this premise the task of the child in care is rendered more complex. It is not surprising then that, as Parker et al. state

workers have become increasingly aware of how essential a secure sense of identity is to children's well-being. Not only do children need to know who they are and where they have come from but to understand, as far as their age allows, why they are being looked after away from home (1991, p. 97).

### *Individual Identity Formation*

Although identity formation is thought to become pre-eminent during late adolescence and early adulthood, it is formed throughout our lifetimes. The building blocks of identity are patterned during the experiences of childhood and early adolescence.

#### *Infancy to Preschool:*

Certain authors purport that an individual identity is derived in part from attachment and developmental experiences in the first two years of life (Bowlby, 1988; Crowell, Fraley & Shaver, 1999; McAdams, 1996; Steinhauer, 1991; Thompson, 1999). McAdams (1996) claims that the *tone* of our identity is set in the first two years of life. If we have stable care givers who imbue in us a sense of trust in the world then our identity will ultimately be an optimistic one. Conversely, if our attachment activities were insecure without a trusting and secure caretaker, our identity will take on more pessimistic overtones. Consequently, McAdams claims, "The infant emerges from the first two years of life with an unconscious, pervasive and enduring belief concerning the extent to which wishes, intentions, desires and dreams are 'attainable'." (p. 47).

This view of identity development is shared by others (Fahlberg, 1991; Steinhauer, 1991). Steinhauer states, "The term 'self-concept' refers to one's cognitive understanding of what one

is like. One aspect of it is one's self-esteem, the feeling about oneself that reflects the kind of person one thinks one is. A child's identity is a combination of these..." (1991, p. 59). Accordingly, self-concept and self-esteem begin to develop as the child recognizes that another individual (the caretaker) exists and that this individual can, or cannot, meet the child's needs. This attachment figure through provision (or lack thereof) of the child's necessities of life leads the child to develop an awareness of personal value. In essence, if loved and well cared for children picture themselves as worthwhile. Conversely, if not well cared for, they will see themselves as being unworthy.

Steinhauer (1991) argues that secure attachment creates a child who is confident in self and parents. This child will be able to explore the world, secure in the fact that the caretaker will be available to mediate any problems. This in turn allows the child to develop competency and mastery over the immediate environment. These attitudes and abilities will serve the child well in the transition to school. The child with insecure attachment will lack the confidence to explore and gain mastery over the environment. Such a child will have a self-view of being incompetent, ineffective and unsuccessful.

Developmentally then, the tone of the life story is set in infancy throughout the pre-operational stage. Beyond attachment experiences, cognitive development also has a role to play in identity development. Young children begin by learning their names and gender, leading to an understanding of the groups to which they do and do not belong. As they grow older, they begin to integrate what it means to be a group member (e.g., male/female, family member, etc.) through role-modeling the behaviour and actions of other group members (Bao, Whitbeck, Hoyt & Conger, 1999; Steinhauer, 1991).

#### *School Age:*

School entry signifies the beginning of another step in identity development. The child's world and reference group expands to include peers; children begin to evaluate themselves through comparison to others in their social network. Harter's (1987) study of self-worth in students from grade three to eight generally found that all the children perceived physical appearance

and social acceptability to be important elements of self worth. Self-worth is determined by how 'others' perceive you and how well you compare to 'others'.

Up to and including elementary school, these comparisons and the self worth attached to them are particular to the setting and the circumstance (Harter, 1987; Steinhauer, 1991). As children head into late childhood and early adolescence they are developing the ability to think logically and their comparisons become more sophisticated. They begin to organize and rank their skills and abilities according to the level of importance that they individually attribute to them. These comparisons allow the children to begin to reassess their own self worth. In this sense, they develop global self-worth which is not tied to particular situations (Harter, 1987; Ruble, 1987; Steinhauer, 1991). The theme of their own identity begins to take shape. Children begin to recognize what they want and how to pursue their objectives over time (McAdams, 1996; Steinhauer, 1991).

*Middle to Late Adolescence:*

With the onset of adolescence young people begin to take an active role in deliberately shaping their own identities. "Who am I" becomes a question of values and beliefs that are often measured against those of other family members or peers. This exploration process lays out the ground work for who we will choose to be in our adulthood. Do we want to marry and have a family of our own? Will we join political parties or social action groups? What occupation will we choose? Will we attend religious services? What will be our personal interests and/or hobbies? This coincides with Piaget's formal operational stage. At this stage of development, young people begin to think ideologically and it is ideology which provides the setting for identity. As McAdams (1996) states,

The formal operations stage of cognitive development promotes a serious questioning of reality. The adolescent may look at the realities of the present and

the past and contrast them with the hypothetical possibilities concerning what might have been and what yet might be... (p. 77).

In essence, the author argues that a healthy identity must be grounded in an ideology that helps us make sense of the meaning of life and the ways the world works. In this manner we are able to base our identities in what we perceive to be true.

Ideological examination is by its nature an individual process, yet identity development in adolescence is a social and active process as well. Youniss and Yates (1997) note that the three core principles of identity include not only an ideological basis (i.e., political-moral understanding) but also include agency and social relatedness. In their study of urban African-American youth, the authors advocate that community service/volunteerism is a means of facilitating healthy identity development. Part of their theoretical argument is based on a belief that adolescents cannot develop a healthy adult identity in a vacuum. They state that a healthy identity is made up of the internal (ego) and the external (social) parts. They argue that the social identity differs from the ego identity because the former requires action. The ego identity of thoughts, feelings and beliefs is internal to the self. Social identity requires presenting the internal self to the world. It is through this 'agency and industry' that the process of achieving a healthy adult identity moves forward. They state, "As youth focus inwardly to find self-sameness, they must also look outward to form relationships with society's traditions." (p. 22).

### *Potential Difficulties*

To this point the argument has been made that identity development is not static. It is both individualized and social, internal as well as external. It fluctuates over time as our needs and understandings of the world and our place in it change but it is also cumulative. In this lifelong process, the opportunity for risk and difficulty exists.

Ruble's (1987) research review explored how children form judgements about their skills and abilities, which she refers to as a self-definition process. Equally important, she wanted to

know how these judgements affect children's behaviour, in so far that it is active and self-initiated. As a result of her review, she concludes that a child will form a perception of self at a time of heightened interest in the subject/activity. Once the conclusion has been reached, then information to the contrary may not be seen as relevant and will not be acted upon. For example, a child who has internalized the message of incompetence at school, will cease to try and improve academic abilities. Any evidence that contradicts the perception will be reinterpreted to reinforce the image, (e.g., success attributed to luck, failure attributed to lack of ability). Thus, the early messages that children receive regarding their worth, qualities, skills and abilities potentially form a part of their identity that can last throughout their lifetime.

For the young child, many of the messages received come from the family, especially the parent(s) (Bao et al., 1999; Solnit, Nordhaus and Lord, 1992). Noting the importance of the role of parents in the development of a child's identity, Solnit et al. (1992) cite Goldstein, Freud and Solnit (1979) who point out that a close parent-child relationship allows the child to internalize parental attitudes and expectations which become the core of the child's personality. Bao et al. (1999) citing Kochanska and Thompson (1997) purport that children's opportunities to be open to the transmission of norms within the family is facilitated by responsive and sensitive parenting (p. 363). If this is the case, then the child who is without such a parental relationship runs the risk of impaired identity development.

In adolescence, identity formation becomes a question of values and ideology (Fahlberg, 1991; McAdams, 1996; Youniss and Yates, 1997). With this in mind, Hunter (1998) argues that the adolescent who is alienated from socially acceptable routes to meaning and belonging may be at risk of rejecting a socially acceptable identity. Hunter's main focus is to protect adolescents from cults. Nonetheless, many of his points could be raised in relation to other subcultures such as gangs or radical social-political fringe groups (e.g., skinheads). He states

To establish a coherent identity, adolescents draw from models and ideals found within their environment. They may seek out reliable standards to achieve a sense of security, only to find confusing, paradoxical social rules. They

therefore may have difficulty distinguishing between heroes and anti-heroes, and may end up seeing themselves only in negative terms... (p. 709).

He claims that adolescents who are susceptible to dangerous subculture lifestyles may suffer from "...identity confusion or crisis; alienation from family; weak cultural, religious and community ties; and feelings of powerlessness in a seemingly out of control world." (p. 710).

### *Identity and Foster Care*

How does this discussion of identity formation and potential difficulties to which it may be exposed relate to foster care? Triseliotis et al. (1995) state the obvious in saying that many children in care "...live in an unpredictable world with an uncertain future...children are usually aware of this and it increases their sense of insecurity" (p. 118). The children are uncertain about their parents and where they belong. They may feel rejected, angry and/or guilty. The authors believe that this uncertainty manifests itself negatively as children in care often have a poor sense of identity and low self-esteem. Kendrick (1990) echoes these sentiments and adds that the transiency and insecurity of growing up in care may not allow a child the opportunity to develop a sense of self as a worthwhile individual (p. 23). Optimal identity development occurs when a child has had good attachment experiences, leading to appropriate cognitive development and value choices. Such children have been encouraged, loved and supported by sensitive, responsive caregivers. Steinhauer (1991) points out that children placed in care have not had these experiences. Inconsistent and/or ambivalent parenting alone or in combination with family chaos have a detrimental impact on a child's self-image. He points out that a child may come into care with a self-perception of being unlovable and deserving of rejection. According to Maluccio, Fein and Olmstead (1986) children who have grown up in foster care see themselves as different from others, "...they are keenly aware of their status as foster children, and their self perception is damaged by their awareness of parental rejection" (p.201) This feeling of 'differentness' was brought home profoundly to the organizers of the first Canadian conference for children in care (Allison & Johnson, 1981). The young participants, when evaluating their experience at the conference, spoke positively of the comfort of being with their own kind, even their own 'race' - and they were not referring to

ethnicity. The difficulties inherent in being part of this 'race set apart' are exacerbated by lack of continuity in care and loss of family contact. Thus, it is unlikely that they have received the care that would lead to optimal identity development.

For the child who enters the foster care system without a strong foundation on which to build a healthy identity, the danger of further impeding identity development is high. In discussing the impact of separation and placement for foster children, several authors have argued that removing a child from his/her family removes the child from the context that shapes identity. Plumer (1992) eloquently identifies the elements of the family context that are lost:

...his family as a unit, its ways, its customs, its shared memories, the family system of which he has been a part; ...his feeling of belonging to something stable; customary ways of finding comfort , of turning to some familiar person place or object of reassurance; relationships within the family, each of which had a place in his life...familiarity of his home, his bed, his dog, his possessions...his position on the school team, his place in the classroom...the secret places he goes with his best friend... the ordinary routines of family life... his neighborhood... his friends... To him, they are known and familiar, they are his world. All the small mysteries and rituals are a part of his life in a specific environment... (pp. 35-36).

Maluccio et al. (1986) also note the loss of a psychological/emotional connection. They state, "...the tie between parent and child is like an invisible cord providing a child with a biological, emotional and symbolic sense of connectedness to his environment and affecting his or her basic identity" (p. 7). Kendrick (1990) suggests that the child who enters foster care is no longer a member of the biological family, nor a full-fledged member of the foster family. He believes this contradicts a universal human trait to establish identity through kinship. He further adds,

Most sacred and classical texts ...(e.g., the Bible) present their heroes with extensive genealogies...Without such histories, the characters lacked legitimacy. ...Foster children belong neither to their natural family nor to the state appointed surrogate.

Lacking a full sense of identity, they often come across as hollow nonentities compared with their more culturally integrated schoolmates (p.23).

While Kendrick points out the problems of not belonging to either the foster family or the family of origin, Steinhauer (1991) presents the possibility of a more complex reality. He notes that the child in care may feel as though there are two sets of parents. These two sets may present the child with competing versions of the child's self image and identity. The child will likely feel pulled between them and may end up vacillating between identifying with the day to day caregivers and the biological (or adoptive) parents. This type of confused identity can lead to a loyalty conflict for the child. If the two sets of parents are competitive over the child's affections and sense of loyalty, the situation will become exacerbated.

For the child who experiences multiple placements while in care, the potential for optimal identity development is further diminished (Kendrick, 1990; Steinhauer, 1991). Steinhauer (1991) notes that multiple placements come with a corresponding number of multiple separations and parental figures. Each placement will have its own definitions of what is and is not acceptable, potentially leaving the child confused regarding how to negotiate and accommodate the changing expectations, further eroding any feelings of stability and security. As the author states, "Since these children egocentrically assume that each such breakdown is their fault, it is not hard to see how their conviction of their inadequacy and unacceptability could be reinforced" (p.67).

Triseliotis (1984) compared the sense of identity of children in long term care with that of adopted children. He felt that children in long-term foster care often lack the continuity of contacts and psychological bonds with their natural parents. This in turn left them with an uncertain sense of their identity. The feelings of insecurity a foster child may experience, even when living with a long term family (Triseliotis, 1984), can have detrimental effects. Marcus (1990-1991) stated that children who feel more secure with their foster parents and experience more positive emotional ties and physical affection are psychologically better adjusted. An increased feeling of closeness and identification with the foster parents was found to be related to good academic and social progress while the child is in care. These children did not display

task, behavioural or emotional problems upon leaving care. Finally, as adults, there was a greater sense of well being and life satisfaction. (McDonald, Allen, Westerfelt, Piliavin, 1996).

A sense of identity confusion and/or inadequacy can have an impact on other aspects of the child's life. As pointed out previously, poor attachment experiences may lead to an impaired sense of mastery and competence with respect to abilities and social skills (Steinhauer, 1991). If the child internalized these early messages of incompetence, they may be firmly ingrained into the child's persona (Ruble, 1987). In the school setting, this can be translated into a sense of being lacking compared to others (Harter, 1987; Steinhauer, 1991).

The social setting of a school provides other challenges to the identity formation for the child in care. Steinhauer (1991) points out that names are especially important to children in the early grades of school. He states,

It is not long before the foster child becomes painfully aware that, unlike other children, her name differs from the family with whom she lives. Already sensitized to rejection, she soon learns that there is a stigma attached to being a foster child... ..The child may seek to avert the stigma by trying to 'pass' - pretending that her surname is the same as that of the foster family. Even if she succeeds at first, within herself she knows she isn't really a full member of that family, and sooner or later someone - a classmate, a teacher, the foster parents themselves - will confront her with the fraud. The subsequent embarrassment will further emphasize the difference and the vulnerability of her position. (p. 67).

#### *Promotion of identity development for foster children*

Triseliotis (1984) says that the three important areas which contribute to identity building are: the experience of feeling loved and wanted in childhood, knowledge of personal history and the experience of being perceived as worthwhile by others (p.351). For the child in care, the first criterion, his/her early childhood experiences, cannot be changed. Nonetheless, the latter two criteria can be facilitated through adequate casework.

According to Fahlberg (1991) in order to help foster children develop strong healthy identities, direct work with them must include listening to them and their perceptions of self. Are their perceptions based on accurate representations or are they operating on messages of inadequacy from times of abuse? Is work required to change perceptions? Maluccio et al. (1986) advocate for casework designed to ensure that youth in care have concrete opportunities to develop competencies in their education, social networks, athletics, etc. rather than the more usual outside referrals for service.

### *Life Books*

Also needed are (as we saw earlier) a sense of identity, knowledge of one's history and a continued connection to, or awareness of, family roots (Steinhauer, 1991). The *Looking After Children* approach includes the development of life books. Knowing one's history enables the child in care to address the questions of 'Who am I', 'Where did I come from', and 'Where do I belong'? As noted by Kendrick (1990), "...a child who was unable to form a comfortable identity as belonging to so-and-so lacks the ability to creatively shape a satisfying sense of self as a unique and worthwhile individual (p. 23). Although referring to adoptees, Solnit et al's. (1992) comments are relevant to a child in long-term foster care. They note that adoptees often want to find out their medical history, their genetic history and their family history. In other instances they want to find out what happened to their birth parents in order to gain knowledge about themselves. In a similar light, March (1995) points out, "This set of parents gives adoptees their physical traits, emotional temperament and intellectual abilities" (p. 4).

Agencies responsible for parenting children in care, need to facilitate the children's ownership of their own life stories (Evans, 1997; Fahlberg, 1991). Despite the recognition of the importance of life books, family pictures and accounts of a child's life, the compilation of this information is difficult for agencies to achieve. Evans (1997) conducted an in-depth case study of two children in care in the state of Pennsylvania. She discovered, as have others, that records are improperly maintained and placement specific information is often removed from files once a placement ends and/or a new placement is found. Given this paucity of

information it is not difficult to understand how children in care lose a sense of their life history. As Kendrick (1990) states,

When such (foster) children reach an age at which they become conscious of their identity (or lack of one), they struggle to fill the void with images or models scrounged from the dust heaps of society's imaginings: the simplified but glamorous images of good guy/bad guy, insider/outsider, macho killer and villain. ...Lacking an identity that makes them one of a larger group, they have no inhibition against acting against those with whom they have no essential connection, no empathy, no commonality (pp. 23-24).

There is no longer doubt that life books are beneficial to the child in care (Fahlberg, 1991; Maluccio et al., 1986; Plumer, 1992; Steinhauer, 1991; Thoburn, 1994). Their compilation should accurately reflect the events in a child's life including the circumstances which led to entry into care. Descriptions should be neutral and nonjudgmental, allowing children to interpret places and events as they remember them through pictures and words (Fahlberg, 1991, Maluccio et al., 1986). In this manner, the life book will discourage children from inaccurately idealizing family of origin, and allow them to work through negative messages they may have been given, while maintaining their sense of individual history (Fahlberg, 1991; Steinhauer, 1991). All these elements will facilitate the development of identity.

### *Family contact*

Family contact (inclusive care) is recognized as a means of facilitating the development of a child's identity (Fahlberg, 1991; Kufeldt, 1979; Maluccio et al., 1986; Palmer, 1995; Plumer, 1992; Steinhauer, 1991; Thoburn, 1994). Some caution should be expressed however: there are circumstances in which direct face to face contact with some family members might not be in the child's best interest. This will be discussed further in the next section of this review on family and social relationships. Nevertheless Thoburn (1994) states, "A sense of identity can best be achieved by continued contact with parents and other members of the natural family and with other people who have cared for - or about - a youngster in the past" (p. 39).

The sentiment that family visiting is integral to the foster child's ability to form an identity is echoed by others (Maluccio et al., 1986, citing Cohn, 1979, and Littner, 1976; Steinhauer, 1991). One of the most obvious methods is sibling placement. According to Fahlberg (1991) placing siblings together should be the option of choice whenever possible. In addition, if the relationship between the family and the child is antagonistic, supportive relationships need to be developed by the involved social workers (Maluccio et al., 1986).

Many writers argue that continued contact should occur even if the child is being removed from the family permanently (Plumer, 1992). Plumer reminds us that the child can not be made to stop thinking or talking about the past or family. Thus, the placement resource must provide the child continuity with the past, "To have the family simply disappear is to lay the groundwork for future inner distress for the child" (p. 156).

### *Other Considerations*

Current literature suggests other issues which may also have a detrimental impact on identity development. For instance, Sullivan (1994) argues that child welfare services are not organized to be helpful and supportive to gay and lesbian youth in care. These adolescents have the double stigma of foster care and homosexual orientation. Consequently, Sullivan (1994) and Thoburn (1994) argue for increased sensitivity and respect in the provision of services for gay and lesbian youth.

With respect to culture and ethnicity, Slonim (1991) states that culture refers to "...those value systems that are transmitted from generation to generation and represent an integrated pattern of human knowledge, belief and behaviour" (p. 3). She goes on to cite Bransford, Baca and Lane (1974) who argue that there are five criteria which define a culture including common communication patterns, dietary considerations, pattern of dress, predictable patterns of relationships and socialization and a shared set of values, beliefs and/or ethics (p. 4). Drawing a point of distinction from personal identity, she notes that ethnicity is primarily a sense of group identity which is tied firmly to culture in that it is developed through the culture's history, in other words, the political, economic and social factors which shaped it (p.6). Markus,

Mullally & Kitayama (1997) point out that specific cultures have established patterns for engaging with the social world, which they refer to as selfways. They argue that our individual selves are realized through participation in these cultural practices and these 'selfways' provide a "...guiding orientation to one's subjectivity and thus structure feeling, knowing, wanting, and doing." (p. 49).

Yancey (1998) uses this type of cultural perspective in making a case for the use of mentoring programmes to be used with young people residing in residential foster care placements. Citing Barnes (1980), she states, "To support the development of a stable identity, ethnically marginalized youngsters in foster care need to be exposed to positive role models of the same ethnicity and of both genders..." (p. 255). She provides information on a role-model program in place for young people living in residential centres in the city of New York. This program which utilizes the services of a large number of community volunteers provides the young people with access to several individuals from the same cultural and ethnic groups. These volunteers were recruited based on their openness to discuss difficult life experiences with young people in a sensitive manner. The primarily qualitative evaluation of this program in its early stages showed that the program was an effective vehicle by which the young people could open up and explore healthy ways to develop.

DeHaan and MacDermid (1996) conducted a study to examine the relationship between identity development and psychosocial adjustment factors for adolescents living in urban poverty. Their study was an attempt to understand the identity process as well as identify the personal characteristics that facilitate healthy adolescent development in the context of poverty and violence associated with inner city life. At a macro level, their study showed that even though these youngsters lived in an environment filled with dangers, there were also protective factors in place. Like culture and ethnicity, the other contextual circumstances of a child's life must be taken into consideration.

## *Conclusion*

Although the identity development of foster children and youth can be a process fraught with difficulty, it is not an impossible task. According to Steinhauer (1991), "Some foster children...manage to overcome their disadvantages and to mature into productive, mature and independent individuals with realistic self-concept and reasonable self esteem" (p.70). By way of conclusion it is perhaps beneficial to cite the factors he identified as a guide for practitioners working with youth in care.

...temperamental invulnerability; a prolonged stay in a caring foster family that provided 'good-enough' parenting and the effective role models they needed; a pattern of defences favouring acceptance rather than rejection by others; a long-term relationship with a committed and experienced social worker who remains continuously available over a period of years; a successful- and usually prolonged- experience in psychotherapy; a stable and gratifying marriage (pp. 70-71).

### **Family and Social relationships**

We have already touched on the importance of family to a child's sense of identity. This section will further explore family and social relationships from three particular aspects. First of all it will explore children's perceptions of family when placed in foster care. It will then look at the degree to which birth families are, or should be, included in their children's lives after reception into care. Thirdly, it will take a look at the traditionally neglected part of the family equation for children in care, the influence of fathers.

#### *What is the child's sense of family?*

What is a family? Whom would you include in your family? For most of us these are very easy questions but for children in foster care, as indicated in the previous section, they may pose

some degree of difficulty. Once children are removed from their own families (whether biological or adopted), they experience the immediate trauma of loss and separation<sup>3</sup> and are at risk of experiencing a multitude of placements with different foster families. Even when a child is placed in a stable, long-term foster home, there is a need to explore the effect on the child's perception of family. Do the foster parents take the place of the child's own family in their perception? Is the primary attachment still to family of origin? Can children incorporate both sets of parents into their sense of family?

A number of researchers have looked at this issue. Gardner (1996) used the Kvebaek Family Sculpture Technique (KFST) to assess foster children's perception of whom they considered to be their family. These children were considered to be with a stable, long-term foster family, living with them for at least one year. When children are interviewed using the KFST, they choose figures to represent their family members and place them on a checkered board to indicate how close they feel to each person. The results gathered from foster children were compared by Gardner to children who were living with their own parents. The results showed that the foster children consistently felt that their family members were their foster parents. Nevertheless, even though the foster children considered their foster parents as their family, the results indicated that the children felt that something was different with their situation. The results gathered from the KFST showed two interesting differences between foster children and children living with their families. First, the foster children appeared to place themselves further from their foster parents than did children from intact families with respect to their biological parents. Secondly, the foster children placed themselves more often at the edge rather than in the middle of their sculptures. This may indicate that they feel that their foster family is not quite like a 'real' family. These children may perceive themselves, in some subtle way, as being on the outside.

Kufeldt, Armstrong & Dorosh (1995) also looked at children's perceptions of the two families, but their approach was different from Gardner's. They asked foster children to assess their

---

<sup>3</sup> Even where the removal is a relief to the child, in that it is respite from abuse or severe neglect, there is still the fear of the unknown and conflicted attachment issues to be dealt with.

own and their foster family using the Family Assessment Measure (FAM) scale (Skinner, 1987; 1991 Steinhauer, Santa-Barbara & Skinner, 1984). There were significant differences in the ratings of the two families: "children rated the functioning of their foster families well within the normal range but tended to rate their own families as closer to the norms for problem families" (1995, p.712). A disquieting finding was that the dimension of affective involvement with either family had more negative ratings than any of the other dimensions. This may well be related to Gardner's finding of foster children perceiving themselves on the periphery of family life.

A foster child's sense of feeling different has also been demonstrated in earlier studies. Triseliotis (1984) looked at identity formation in adults who were adopted at an early age. Their feelings of security, identity and a sense of belonging were compared to adults who were placed in a long term foster home. On the surface, it appears that both groups had similar family arrangements, that is, they lived with a stable 'substitute' family. More than one half the people interviewed in both groups reported strong feelings of attachment or the development of psychological bonds between them and their 'substitute' parents. Both groups also felt that their families were a source of continued mutual support and satisfaction. The difference found between the two groups was in terms of how secure they felt within their living arrangement. Almost all of the adults who were adopted, felt that they had a family for life. In general, they felt that they grew up 'normally' or 'just like any other kid'. However, the former foster children were much more uncertain about their family situation. They were often more aware of their status as a foster child. These feelings were reported despite the best efforts of the foster parents to make them feel a fully integrated part of the family unit.

Rowe, Cain, Hundleby and Keane (1984) also found that children in long term placements viewed their foster parents as their own family but these children did not necessarily feel secure within the family. Palmer (1995) reported that even though foster children may feel accepted within a long term foster family, feelings of insecurity still persist within them.

The feelings of insecurity felt by many foster children placed with a long term, stable foster family may have various roots. Triseliotis (1984) reported the awareness of difference that many foster children experience between their status and that of adopted children. There was also the issue of security and stability. Another issue is that of name. After the adoption

process, a child takes on the surname of the family. This provided a clear sense of permanence and security with the family. The foster children continue to live in a state of limbo, searching for ways to cement the relationship with the people in their life who care for them. Rita Joe (1996) gives eloquent testimony of how, in her own case, this need caused conflicted feelings for her even when being moved from a very negative foster care experience.

#### *Contact with family - inclusive care*

Fanshel's ground breaking longitudinal study of foster care in New York (Fanshel, 1975; Fanshel & Shinn, 1978) highlighted the importance of maintaining family links. Holman's insightful analysis of 'the place of fostering in social work' (1975) presented the concept of 'inclusive care'. These works have influenced exploration in Canada leading to the development of practice models for inclusive care and for focused training (Kufeldt, 1993; Kufeldt, Armstrong & Dorosh, 1995; 1996; Palmer, 1992; 1995; 1996). Despite this attention there continues to be documentation of failure to maintain those links (Berridge & Cleaver, 1987; Fanshel & Shinn, 1978, Kufeldt et al., 1989; Millham, Bullock, Hosie, & Haak, 1988; Rowe et al., 1984; Vernon & Fruin, 1985). It is timely to return to some of the arguments for supporting prior family and social relationships.

#### *Amelioration of separation and loss*

Whatever the prior experiences of the child may have been, it is an undeniable fact that the experience of separation from all that is familiar, from people, places and things, occasions further trauma. Ainsworth (1973), Bowlby (1971) and Gardner (1982), amongst others, provide valuable information and insights into the associated phenomena. Once removed, the child will grieve and search for the familiar, for predictability, no matter how positive the quality of substitute care may be. Indeed the very quality of that care may be jeopardized by the child's 'search' for familiar patterns. Old behaviours learned from the family of origin may be used in an attempt to trigger expected reactions. These may well be dysfunctional in the new setting, and puzzling, even aversive, to foster parents (Wallinga, 1966; Littner, 1960; 1974; 1976). The work of these contributors help explain the so-called 'provocative' behaviour of the sexually or

physically abused child, and the tendency to precipitate rejection or breakdown of the placement.

### *The Need for Continuity*

Colon (1978) advises that knowledge of (and, if appropriate, contact with) a parent who may otherwise have little else to offer, can have therapeutic value for a child. Certainly, to support the children through the experience of separation, connection and links to family need to be maintained to support a “manageable sense of continuity” (Marris, 1975), or as Forsyth (1989) expresses it, a “family connectedness hierarchy.”

Berridge and Cleaver (1987) discuss the valuable role with respect to continuity that natural parents can and should be allowed to play when a foster home breaks down, and in addition, remind us of the often total break in continuity that occurs when children are removed, not only from home, but from neighborhood, familiar school, playmates and even siblings (findings echoed by Kufeldt, Armstrong and Dorosh, 1989; Millham et al., 1988; Millham, Bullock, Hosie and Little, 1989). For far too many children, discontinuity continues as a theme rather than an exception during the ‘in-care’ experience.

### *Impact of Contact and Visiting*

Support on a practical level for continued contact and for visiting emerges from a number of empirical studies. Weinstein's finding (1960) of an association between children's well being and parental visiting was later replicated by Thorpe (1973, 1974). Visited children are more likely to return home (Fanshel, 1975; Fanshel and Shinn, 1978; Vachon, 1982). Lack of contact also impacts on the parents' own experiences of separation and loss and further affects the child's chances of returning and, indeed, of being successfully reintegrated on return (Fanshel, 1975; Jenkins and Norman, 1975; Kufeldt, 1979).

Emerging from an examination of the studies cited is a fairly clear picture that social workers (and indeed foster parents), under siege and overwhelmed in their efforts to provide protection

and nurturance for the children in their care, may find it easier to exclude children's families from the complex equation. A disquieting note is sounded in the closing comments of Millham et al. (1989, p. 95): "... access terminations also reflect changes in social work ideology, such as the increasing pre-eminence of fostering which is 'exclusive' rather than 'inclusive'." Cause for more optimism is the growing awareness of the importance of family contact and indications that foster parents, especially when encouraged and supported, can and will assume what McGowan and Meezan (1983, p. 316) describe as a "pivotal role in the maintenance of the ties ...". Forsyth suggests that we "stop having workers as intermediaries between foster and biological parents ..." (1989, p.72). Kufeldt and Allison's (1990) proposed model is one of 'fostering families' and of shared care. This model also gives greater prominence to direct communication and co-operation between foster and biological families.

### *The Post-care Experience*

Further argument for the nurturing of family ties is that biological families continue to be the child's best hope of permanency (Fanshel, 1982). This can happen when protective services break down:

Nevertheless, it is disquieting to note that more children regained access by default, in that their placements broke down, than regained contact with parents by the legal process (Millham et al., 1989, p.93).

Return to family may also be the outcome of the discharge from care when young people are 'discharged' without roots or connectedness (Parker, 1989). There is then a drift to the only known roots; there are times when this may have a more positive outcome than might be expected. A panel discussion of research findings (Barth, Fein, Kluger, Maluccio and Meezan, 1988) identified the possibility that parents who were deficient in child rearing ability might nevertheless be capable of a positive relationship with an adult child. This possibility has also been identified by Forsyth:

Don't overlook the bio-parents who may have been unable or unwilling to nurture and care for a child but may be able to have an important relationship reestablished, adult to adult, even after years of separation (Forsyth, 1989, p. 65).

We should also not ignore the process and effects of maturation on both parents and children.

In closing this discussion of inclusive care it is important to note that very early in the development of the Kufeldt, Armstrong & Dorosh model of inclusive care (1989), the authors found it necessary to define clearly the fact that the continuing role of children's own parents should be to the degree possible (Kufeldt, 1995), i.e., there may at times be indications where direct contact is not appropriate or desirable. However there are other ways in which parents can maintain a continuing role. Kufeldt (1995, pp 340-341) presents the range of parental involvements possible and the degree to which they are supported by different members of the foster care role-set.

### *Father's Role in The Family*

Finally it seemed pertinent to provide a brief review of a father's role since, in both child welfare files and planning, fathers seem to be forgotten or ignored. This may be an exaggerated extension both of old stereotypes and/or a continuing perception that child welfare interventions are the results of failed mothering (Swift, 1995).

The traditional stereotypical view of parental roles tended to see fathers as mainly the primary breadwinner of the family, playing only a minor role in the raising of the children. Raising the children was the main responsibility of the mother. Underlying this view is the assumption that the role of the father is not very influential in raising well adjusted, successful children. As recently as 1976, social scientists and developmental psychologists doubted that fathers played a significant role in the experiences and development of their children (Lamb, 1997). McLanahan and Sandefur (1994) ask, if this is true, why children raised in single parent female headed families are at greater risk of becoming single parents themselves, often in their teens,

are more likely to drop out of high school and to be unemployed. Based on a sample of 17,110 children, aged 17 and under, Zill and Schoenborn (1990) reported that children with single mothers or stepfathers were more likely to have repeated a grade, been expelled from school and have elevated scores for health vulnerability (also see Dawson, 1991). After completing a review of the research done concerning the effects of father absence, Angel and Angel (1993) as cited in Popenoe (1996), concluded that father absence places children at an elevated risk of impaired social development, and indeed may constitute a mental health risk factor for children. Clearly then, fathers must play a more integral role in raising their children than just providing economic support for their family. One must ask then, what role do fathers play in the upbringing of their children?

### *Fathers as role models*

Fathers act as role models for their children. By playing a larger part in the family, for example, helping out with the housework, fathers become models of behaviour that children can either emulate or abandon (Lamb, 1997). In fact, many of the behaviour patterns acquired during childhood are the result of lessons derived from observing others and adjusting one's behaviour accordingly. Popenoe (1996) suggested that sons learn from their fathers about male responsibility and achievement, to be suitably assertive and independent, and to relate acceptably to the opposite sex. Daughters, on the other hand, learn how to relate to men and about heterosexual trust and intimacy from their fathers.

### *Influence on education*

The presence of the father has been shown to have an influence on children's cognitive development and academic success. A significant relationship has been shown to exist between positive father engagement and WISC IQ scores and academic achievement (Gottfried, Gottfried and Bathurst, 1988; Lessing, Zagorin and Nelson, 1970 as cited in Lamb, 1997). Radin (1986) reported that boys of fathers who were nurturing, that is, kind, praising and helpful, scored higher on intelligence and vocabulary tests when compared to boys of fathers who were not nurturing. Both Popenoe (1996) and Goldstein (1982) report that there

is evidence that accomplishment in mathematics for both sons and daughters is related to their father's involvement. Feldman and Wentzel (1990) also discovered that the father's style of interaction with pre-adolescent sons is linked to academic achievement. Radin, Williams and Coggins (1994) as cited in Lamb (1997) studied father involvement in Native American families. The results demonstrated that the more fathers were involved in the raising of their children, the more likely they would do well in school, both academically and socially. Bisnaire, Firestone and Rynard (1990) as cited in Lamb (1997), looked at the effects of paternal separation through divorce on children's academic performance. They found that the children who were succeeding better in school were the children that remained in meaningful relationships with both parents.

### *Influence on identity*

The effects of father involvement can also be seen in terms of the psychological well being of their children. Lamb (1997) reported that children who experience a positive paternal influence are more likely to develop their personal resources and social competence more fully. Davies and Cummings (1994) suggest that children develop a sense of emotional security based on the quality of the marital relationship and the quality of the parent-child relationship. This is supported by the inter-correlations that have been reported between attachment security, marital quality and conflict, parental psychological functioning and children's psychological adjustment (Cummings and Davies, 1994 as cited in Lamb 1997; Davies and Cummings, 1994). The children who are without father involvement are at risk of suffering from psychological problems. Amato (1986), as cited in Lamb (1997), stated that children show more internal locus of control and more empathy when a father is actively involved. Gottfried, Gottfried and Bathurst (1988) conclude that positive paternal involvement is related to a cluster of outcomes, including social maturity, self control, self esteem, life skills and social competence in both elementary children and adolescence.

## *Conclusions*

Research findings cited suggest that fathers play a diverse role in the family. They are companions, care providers, spouses, protectors, models, moral guides and teachers. When father and mother work together as loving, caring parents in a family the children have the best opportunity for a positive outcome. In summary, the literature, while it does not throw direct light on parental roles in child welfare, does suggest that within the inclusive care approaches identified above, more attention should be paid to the potential of fathers as active participants in the lives of their children. The information has implications for foster care programming (i.e., the role of foster fathers) as well as for the place of biological and adoptive fathers in child protection.

## **Social Presentation**

“Social presentation can be viewed as a combination of self-presentation and social skills...” (Kilroe, 1996, p. 47). As a developmental dimension, the *Looking After Children* project has defined these skills and abilities as relating to the physical appearance one presents to the world (e.g., clothing, personal hygiene, cosmetics, etc.) and social competencies. Within this framework Kilroe further adds, “Social presentation as a developmental dimension is not well researched” (Ibid.) Nevertheless certain inferences about social presentation can be drawn from research.

### *Development of social presentation skills*

Kilroe (1996) notes that beginning skills are learned in early childhood as for example parents teaching children to say ‘please’ and ‘thank you’ (Ibid.). Jessor, Donovan and Costa (1996) note that other skills (e.g., hygiene practices) are learned and tried out in adolescence (p. 219). Social presentation is influenced not only by parents, but by other social contacts, in particular one’s peers (Meeus, 1989; Poole, 1989). For example, Meeus (1989) noted that social

activities of adolescents are more susceptible to peer influence while areas of long term significance such as schooling are affected by parental influence. He also notes literature which indicates that age and developmental stage plays a part in determining sources of influence.

Whatever its origins, positive social presentation is generally seen as an important aspect of life. Kaiser (1997) in her review of literature reports that people are evaluated on the basis of their appearance. These evaluations can include judgements about a person's character, sociability, mood, competence, intelligence, dynamism and quality of thought. For example she cites work by Littrell and Berger (1986) which noted that male adolescents were judged by law enforcement officers and school counsellors on the basis of grooming and quality of clothing. Conversely, she cites Paek (1986) who noted that women in very dressy clothing were perceived as too sophisticated and assumed to be too concerned with appearance and thus unfriendly.

Patzer noted similar trends in his work on physical attractiveness: "Based merely on an individual's physical attractiveness, people formulate complex, elaborate and comprehensive ideas about another person" (1985, p. 42). Less physically attractive individuals were more likely to be evaluated as mentally or physically ill by lay people. The more physically attractive would receive better evaluations and preferential treatment from mental health practitioners (p. 44-48). With respect to children and youth, physical attractiveness can impact on education. Both experienced and student teachers evaluated physically attractive youth as more intelligent, more popular with peers, and as having parents who seemed to be more interested in their academic performance. In addition, these teachers had higher expectations of the physically attractive students' academic abilities, behaviour and motivation (Patzer, 1985; Kaiser, 1997). Just as serious are judgments of deviance based on appearance. Kaiser and Patzer both cite Dion (1972): misdeeds of a child of low physical attractiveness were viewed as more serious and more likely to be a part of the child's permanent character. Similarly these youth were expected to commit offensive misdeeds more frequently. Punishment was found to be more

severe for less physically attractive youth (Dion, 1974; Berkowitz and Frodi, 1979; Marwit, 1982; Patzer, 1985).

Patzer sums up the implications of this body of literature under four general findings:

1. Greater social power is experienced by those of higher as opposed to lower physical attractiveness.
2. All other things being equal, individuals of higher physical attractiveness are better liked than those of lower physical attractiveness.
3. People of higher physical attractiveness are assumed to possess more positive and favorable characteristics than their counterparts of lower physical attractiveness.
4. Those higher in physical attractiveness have different effects on others and receive different responses from others than those lower in physical attractiveness. (1985, p. 42)

The implications for foster children and youth are clear. In the eyes of the general public, and even professionals, they are generally thought to be at a social disadvantage due to their in care status. It is likely then that greater efforts must be expended in enhancing social presentation skills to offset potential misjudgments. Interestingly, Garrett is highly critical of the questions in the *Looking After Children* AAR social presentation section on the grounds of “social conformist imperatives” (1999, p. 40). Yet, for better or worse, we are too often judged on the more superficial conformities to current social norms. Looked after children deserve, and indeed need encouragement, to look and feel as good as their peers.

### *Concluding comments*

The literature on social presentation is not thorough. Drawing primarily from the fields of social psychology (appearance) and social anthropology (material culture), the focus appears to be on the physical appearance and attractiveness of individuals. This theme is becoming prominent in feminist literature which draws particular attention to the impact of societal

pressures on women's body image. Nicole Sault (1997) provides a helpful review of such material. The various elements that contribute to social presentation are made up of genetic/biological factors such as facial structure and body shape as well as the material things an individual uses to enhance appearance (clothes, cosmetics). The information on adolescent communication and behaviour norms as an element of social presentation is sparse. It appears as if many researchers have assumed that adolescence is a problematic/traumatic time in the life cycle and have left their observations at that level.

The information derived from the available literature has possible implications for the child in care which are, as yet, unproven. Nonetheless, speculation is warranted. Youth in care have their material needs met through the state, which supplies money to care takers. Dependent on financial constraints, money for clothing, etc. may be difficult to secure, leaving foster children and youth at a disadvantage compared to some of their peers who are not in care. This has particular relevance for the adolescent who wishes to conform to peer group norms (Berger, 1992; Creekmore, 1974; Danesi, 1994; Fujiwara, 1986; Kaiser, 1997; Tyrchiewicz & Gonzales, 1978). This should not be understood as a wholesale acceptance for the rampant consumerism of youth. It is meant merely to highlight an added strain to peer acceptance for youth in care. On a more serious note, earlier experiences of abuse, neglect or other maltreatment may have left them deficient in social presentation skills. If one couples this with the intensified struggles with issues of identity, it is clear that reducing material or social disadvantages can have far reaching effects on the achievement of healthy social development.

## **Emotional and Behavioural Development**

### *Introduction*

Interestingly, as noted in the health section, though discussions of health usually refer to physical conditions, in the foster care literature, health is presented as a much more holistic concept. As Gustavsson and Segal (1994) relate, emotional and psychological well-being is

crucial to children's overall health. The mental health of children helps determine how they will adjust to their surroundings, learn to relate to others and perceive themselves. These characteristics impact on future life opportunities and productivity. Health is seen as encompassing aspects such as emotional state, social functioning, environmental conditions as well as physical well-being, (Gustavsson and Segal, 1994; Wheeler, 1995; Mather et al., 1997). The Child Welfare League of America (1988) also noted that the most frequently identified health problems of foster children are mental health disorders, adding that Halfon and Klee (1987) found mental health services to be least available to foster children.

*Prevalence of mental health needs of foster children:*

Incidence rates vary from study to study, but it is safe to say that in any given study, findings suggest that one-third to one half of children in foster care have mental health concerns (Berkowitz, et al., 1992; Halfon et al., 1995; Hochstadt, Jaudes, Zimo & Schachter, 1987, cited in Carlson, 1996; Chernoff et al., 1994; Blatt et al., 1997; Mather et al., 1997; Takayama et al., 1994). These include an undocumented and poor history of psychiatric and/or behavioural problems, higher rates of both acute and chronic mental health problems, and greater utilization of services than other children (Cain and Barth, 1990; Halfon et al., 1995).

In the Blatt et al. study (1997) the use of the Achenbach Child Behaviour Checklist with caregivers showed evidence of externalizing and internalizing problems that were greater than those seen in the general population. The children themselves indicated that they were worried about and longed for their families and friends. Klee et al. (1992) noted that foster children in California were almost 10 times as likely to use mental health services than their peers in the general population.

Factors affecting the high incidence of mental health problems are related to pre-placement events as well as to the in-care experience. The following discussion touches on the differential effects of various experiences, as well as issues with respect to developmental stage and to gender that should be considered.

### *Pre-placement events*

Several authors suggest that nearly all children coming into care will show some degree of emotional/behavioural problems (Carlson, 1996; Fanshel et al., 1989; Simms, 1991; Schneiderman, Connors, Fribourg, Gries & Gonzales, 1998). Simms (1991) suggests that these problems should be looked at in the context of the child's pre-placement experiences. What adults decide is 'abnormal' may very well be an attempt on the child's part to normalize the adult-child interaction in the foster home, based on prior experience (see also Littner, 1960; 1974; 1976). Social workers and care givers need to be careful when determining the 'normality' of a child's behaviour. Current literature provides many clues about differential cause and effect with respect to the type of abuse experienced prior to coming into care. The following paragraphs address some of these differences as they relate to reasons for coming into care.

#### *Physical abuse*

Children who have been physically abused are likely to exhibit a variety of behavioural problems (Verduyn and Calam, 1999). These include non-compliance, temper tantrums, poor empathy and school related difficulties, a more negative self-concept and greater difficulties with social interaction than non-abused peers (Crittenden, 1988; Lamphear, 1985; Verduyn and Calam, 1999). Simms (1991) and Littner (1960; 1974; 1976) note that children from physically abusive environments may act out in the foster home in order to elicit a physically punitive response. This is learnt behaviour and can be understood as a way to establish and maintain contact with adults. Thus any punishment from a foster parent may reinforce the negative/acting out behaviour.

#### *Sexual abuse*

This type of abuse is more likely to elicit internalized symptoms, at least for girls. Verduyn and Calam (1999) note the long-term effects of premature sexualization of children through sexual abuse. These include self-esteem problems and depression. Citing Bentovim's (1991) gendered analysis, they note that severely abused girls may become passive or involve themselves in self-harming behaviours, while boys may become more hostile and aggressive and also are more likely to re-enact the abuse on the others. They also note the work of Wolfe, Birt and Novak (1996) and Birt and Wolfe (1996) who claim that the effects of sexual abuse often mirror the symptomology of Post Traumatic Stress Disorder. Yet another perspective is that of Simms (1991): sexual abuse by adults may lead a child to sexual acting out due to the belief that this is an appropriate means of gaining positive attention from adults.

Feiring, Taska & Lewis (1999) wanted to determine if differences in psychological distress resulting from sexual abuse were related to age at the time of the abuse discovery and gender. They found that adolescents reported a higher number of depressive symptoms, more negative reactions from others, with consequent lower levels of self-esteem and social support. Conversely, younger children reported higher levels of sexual anxiety. With respect to gender, girls reported a higher frequency of intrusive thoughts and hyperarousal (indicative of Post Traumatic Stress Disorder). Girls also reported higher levels of sexual anxiety, personal vulnerability, perceiving the world as a dangerous place and lower levels of eroticism.

### *Emotional abuse*

Emotional abuse elicits a complex array of mental health problems. For instance, Thompson and Kaplan's (1999) case review within a child psychiatric service in England revealed a variety of diagnoses. These included ADHD/disruptive behaviour disorders, depressive disorders, pervasive developmental disorders and anxiety disorder. Verduyn and Calam (1999) cite Skuse and Bentovim (1994) as suggesting that emotional abuse in children may lead to aggression, emotional instability/dependence, social difficulty and negative self-evaluation.

### *Neglect*

Neglect is too often seen as a less malign form of abuse (perhaps not even abuse). Yet Simms (1991) notes that neglect has significant effect on children. In infants neglect can lead to failure to thrive. These babies often appear apathetic, unhappy or depressed. In older children, neglect may have interfered with emotional attachments to adult caregivers. Resultant excessive friendliness with strangers can be misinterpreted by care-givers as positive signs of adjustment. The reality is these children in fact, may have significant difficulty forming healthy long term relationships. Similarly, Verduyn and Calam (1999) point out that neglect may lead to attachment disorders; infants can end up with cognitive and social developmental delays (see also Fahlberg, 1991 and Steinhauer, 1991).

### *Exposure to domestic violence*

Such exposure is gradually being recognised as abusive and detrimental to children's development. Anderson and Cramer-Benjamin (1999) in reviewing research on the direct effects of witnessing violence, suggest that children with these experiences could experience Post-Traumatic Stress Disorder. They may have a tendency towards externalized behaviors such as aggression, defiance, physically destructive behaviour, or to re-enact the witnessed violent encounters with their peers. On the other hand they may experience internalized problems such as sadness, crying, fear, anxiety, depression, somatic complaints, etc. Social skills and the ability to seek social support may be impaired. Witnessing adults commit acts of physical aggression is more disturbing to children than being witness to other types of adult conflict (Cummings, Ballard & El-Sheikh (1991) though Jouriles, Norwood, McDonald, Vincent and Mahoney (1996) state that other forms of spousal violence, such as psychological abuse and conflict are associated with psychological and behavioural problems in children.

Glodich (1998) also examines literature related to children's and adolescent's experiences with violence. Citing the work of Kilpatrick, Litt, and Williams (1997) she states that children who

witness domestic violence are more vulnerable to the effects and have higher rates of Post-Traumatic Stress Disorder symptomatology than children without the same experiences: "...children and adolescents who experience and/or witness violence are at significant risk of developing Post-Traumatic Stress Disorder" (p. 341). She also identifies (most notably from Terr's (1991) work) the possible effects of witnessing/experiencing violence for children according to Type I (single events) and Type II (ongoing) trauma.

Type I...traumas can result in omens, anxious attachment behavior, intrusive memories, flashbacks, fear, mood disturbance, sleep disturbance, self-stimulatory behavior, misperceptions, behavioral re-enactments, re-experiencing, recurrent dreams and full memories....Type II...traumas can result in denial, fear, sadness, repression, identification with the aggressor, dissociation, rage, behavioral re-enactments, numbing and self-destructive behaviors. (p.327)

It is clear then that any child entering the care system is already very vulnerable to exhibiting mental health problems. Unfortunately, the care experience, which should mitigate the effect of early traumas, carries with it its own set of risk factors.

### *Placement Issues*

#### *Problem Identification and Treatment*

Carlson (1996) concludes that the mental health needs of foster children are oftentimes not identified during the time in care, let alone treated. As Gustavsson and Segal (1994) suggest, "Foster care represents an opportunity to assess and provide needed services to vulnerable children" (p. 96), yet, as they point out, the National (U.S.) Black Child Development Institute (1989) found that 80 percent of foster children under the age of 5, 59 percent of the 6-12s, and 44 percent of the 13-18 age group, had no record of psychological assessment. Why should this be so? Simms and Halfon (1994) surmise that treatment might not take place for a

number of systemic/ organizational issues. These include caseworkers' lack of experience or knowledge, an assumption that difficulties are related to placement adjustment, a belief that it is not appropriate to initiate treatment if the placement is anticipated to be short term in nature, and finally, the frequent changes in placements and case workers. Such discontinuity means that some children, "...may simply fall through the cracks of the bureaucracy" (p. 514). Klee et al. (1992) add that the foster care system is fragmented, and overextended. It was designed to provide alternate care-givers for children. It was not designed to meet the long-term medical, emotional and developmental needs of children who are coming into care with increasingly complex problems. Included in these problems are the increasing number of children who have been exposed to pre-natal drug use, HIV/AIDS, and long-term structural poverty. Encapsulating these themes, Schneiderman et al. state,

When these early life experiences are compounded with the multiple losses caused by temporary or permanent separations from biological parents, neighborhoods, and cultural ties due to out-of home placement, the predictable negative impact on the child's mental health can be profound. Children in care experience a combination of environmental, social, biological, and psychological risk factors prior to and during their stays in care that make them particularly vulnerable to psychological disturbance (1998, p. 32).

#### *The actual in care experience*

There is growing evidence that the in care experience further exacerbates children's mental health problems. Simms (1991), Gordy Levine (1988), Kufeldt (1979), McAuley (1996), Palmer (1995) all cite the failure to deal with children's attachment and separation issues.

Attachment problems are not helped by what has been termed the care 'limbo'. Indeed Berkowitz et al. (1992) citing Fanshel et al. (1989) indicate that the mental health of foster

children deteriorates with ensuing placements. These ensuing placements are part and parcel of being in 'limbo', which, according to Wilkes is

...a prolonged period of separation of a child from nurturing parents, in which there is persistent confusion, conflict or uncertainty about future plans, parenting authority, family relationships and past history. Most children in limbo are in the care of a child welfare agency and are placed in foster homes or staff operated settings (1992, p. 2).

Children in limbo frequently show problem behaviour, poor impulse control and low frustration tolerance. They are often withdrawn and/or depressive (ibid.). Steinhauer (1991), notes that limbo often leads to negative self-image, anti-social behaviours and chronic dependency, and that these effects are often long-lasting (pp 29-37).

***Age of the foster child:***

Some studies have made specific claims in relation to mental health needs and age of child. Halfon et al. (1995) examined children up to and including twelve years of age. There were indications that infants and toddlers were more likely to manifest developmental problems, whereas older children had higher rates of emotional and behavioural problems. In fact, almost all school age children were noted to have some type of emotional problem. This may explain age effects on rates of referral. Similarly to the findings of the National Black Institute (1989), Chernoff et al. (1994) found that the likelihood of receiving a mental health referral increased with age: 22 percent of children between the ages of 3-6, 63 percent of those between 7-12, and 77 percent of teenagers were referred.

## **Gender**

Hornick, Phillips and Kerr (1989) conducted research on 210 foster children (12-16 years of age) in the province of Ontario. Using the Achenbach, Child Behaviour Checklist, one of the aims of the research was to note any gendered differences with respect to problem behaviours. They also considered type of placement (foster care, residential care and family support programs). They found that males in residential care had more extreme cases of externalizing and internalizing problems, boys in foster care scored higher on immaturity and hostile-withdrawal scales but lower than the other two male groups with respect to delinquency and aggression. With respect to the girls in their study, they found that girls in residential care had significantly higher scores than the girls in family support programs on the scales measuring anxious-obsessive, schizoid, depressed-withdrawal, immature-hyperactive, delinquent and cruel behaviour. The same patterns showed with respect to behaviour scores: girls in residential care scored significantly higher than the girls in family support programs. They concluded that in the care population of females, "...internalizes significantly more than the family support groups." (p. 46). The authors also thought it was interesting to note that the females in the study (based on their scores) appeared to be 'more difficult' than the boys. They posit that this may indicate that authorities are less inclined to take girls into care until their behaviours are viewed to be highly 'pathological' and internalized, whereas boys will be taken into care for less severe behaviours. They conclude that their findings 'confirm' previous findings that, "...teenage females in care have a tendency to be more pathological than males of the same age in care, and that they are not appropriately assessed and treated." (p. 50).

## **Self Care**

Since some children placed in foster care will remain in care until they reach the age of majority (Mech, Ludy-Dobson & Hulseman, 1994) estimate that in the United States nearly 20,000 teens age out of placement each year), an urgent question is to what degree are they prepared for the tasks that lie ahead? At the time of leaving care they are expected to live

independently as a productive member of the community, with little, or no, support. Martin expresses the dilemma succinctly:

The care-leaving that the child welfare system requires is an abnormally early emancipation, delivering youth to 'independent living' when the vast majority of their age cohort remain within the material and emotional protection of the family (Martin, 1998, p. 105).

Not surprisingly then, much of the research indicates that adolescents in foster care have a much more difficult time than their peers in making the transition into adulthood (Aldgate, 1994, English, Kouidou-Giles & Plocke, 1994, Hahn, 1994; Martin, 1998). Studies of homeless youth have identified that a high proportion are from substitute care arrangements (Kufeldt and Nimmo, 1987; Shane, 1991). In both of these studies the researchers met youth on the street who said that they had found there a sense of family, a sad indictment of their earlier experiences.

Other researchers have looked in-depth at particular outcomes of youth aging out of foster care. Two important measures of adult self sufficiency, educational achievement and employment status were examined. A study carried out by Cook, Fleishman and Grimes (1991) dealt with subjects who were 16 or older when they left foster care. Sixty-six per cent of the sample did not finish high school. Sixty percent held jobs, but the remaining 40 percent were dependent on various forms of assistance from the community. Nevertheless they had developed some form of social support and were generally satisfied with their life. Barth (1990) completed a survey of adults who left foster care and were living on their own for at least one year. Over half (55 percent) did not complete high school. Seventy-five per cent were employed but their positions were usually low paying and without benefits. Aldgate, Maluccio and Reeves (1989) reported that over two thirds of the adolescents surveyed needed help with job training, planning a budget, handling money and locating adequate housing. Festinger (1983) interviewed and provided questionnaires to adolescents discharged from care when

they were eighteen. In her sample 35 percent had not completed high school. There were high rates of unemployment and 21 percent were collecting social assistance. Many reported that they felt that they were not prepared for work. The British *Looking After Children* team reported similar findings (Jones and Ward, 1997).

Adolescents usually acquire the necessary skills to help make the transition to adulthood through socialization. This socialization process can be defined as the way in which a person learns the physical and social skills, moral and ethical values, and the overall knowledge that will equip him or her to function more or less satisfactorily in society (Maccoby and Martin, 1983). The adolescent's parents, peers and social network are major influences in this process. In foster care, it is the child welfare system that must take on the parental role and ensure adolescents in their care develop these essential skills. These can be identified as hard and soft living skills (Hahn, 1994). The hard skills refer to the basic living skills such as finding employment, housing, and home and financial management. The soft skills focus on the individual's development of self esteem, self confidence and other personal abilities. As noted above, the expectation of adequate possession of hard skills is premature (Martin, 1998). The literature cited earlier with respect to identity and emotional and behavioural development would suggest that acquisition of the soft skills might also be problematic.

A somewhat different measure of the successfulness of an adolescent's transition into adulthood is the presence of social support networks. The ability to form and maintain a supportive family and social relationship enables development of moral and ethical values, and the overall knowledge needed to function in society (Maccoby and Martin, 1983). This ability is also an indicator of a person's general maturity, functioning and integration into the community (McDonald, Allen, Westerfeld and Piliavin, 1996). Cook (1992) found that former foster children tended to have less intimate relationships with their parents and they scored significantly higher on levels of social isolation. Quinton, Rutter and Liddle (1986) surveyed British women who were foster children and compared them to women who were not. They found that the former foster care residents were less likely to be in a stable cohabiting living

arrangement. Also, they tended to have substantial difficulties in sexual and love relationships. These women were more likely to be pregnant and experienced the most serious parenting problems. Wolkind (1977) interviewed first time pregnant women who had been separated from their families for at least three months before they were sixteen years old. These women were less likely to marry and had a history of housing or social problems. Some young people have turned to the street culture for support and a sense of 'family' (Kufeldt & Burrows, 1994; Shane 1991). There the youth are at risk of being drawn into a deviant value system (Kufeldt & Nimmo, 1987; Martin & Palmer, 1997; Martin, 1998).

The Casey Family Program in the United States has been dedicated to providing family homes to youth traditionally considered hard to serve. An evaluation of their program (Fanshel, Finch & Grundy, 1990) highlighted the complexity of understanding outcomes in substitute family care. This complexity is related to the variety of damaging early experiences suffered by children who receive care. A more recent study of the perceptions of their alumni (Wedeven et al., 1997) identified that they had provided a generally positive experience. Nevertheless the transitions from foster care did provide serious challenges.

In general, these findings suggest that foster care can provide an alternative home to meet the needs of young people neglected or abused within their own family. However the transition to independence carries with it unrealistic expectations. Much more is expected from young graduates of the child welfare system than their more fortunate peers who have 'good enough', responsible parents. There is a need to examine the degree to which the state, when assuming guardianship, has obligations to provide continuing access and support to its adult 'children', as well as the degree to which it meets their needs for good parenting during their childhood and adolescence.

## **Concluding Comments**

This review of empirical studies reinforces our assumption that there needs to be a significant shift in child welfare practice. To protect children from abuse and neglect is not sufficient intervention if we do not then attend to their developmental needs. It has confirmed for us the relevance and importance of attending to each of the developmental dimensions identified by Parker et al. (1991). It also highlights the interrelationship between them, that is, if even one dimension is not taken care of, then the impact is pervasive across the entire spectrum of the children's development. This reinforces for us the necessity to build partnerships between professionals when looking after children in care.

## **Chapter 4: The Legal Context To Child Welfare In Canada**

### **Introduction**

This chapter shifts from considerations of child development to examining the legal context. In Canada each province and territory enacts its own legislation. There are different definitions of age of entitlement to care and protection and indeed what those entitlements might be. Nevertheless there are similarities in philosophy. What follows is an examination of the ability of the state to protect children. This examination is pursued through a critical analysis of the degree to which legislation allows the state to intervene, and also of the impact of the Charter of Rights and Freedoms. A key question is the degree to which children's citizenship rights may be suborned by those of their parents. The final section of this chapter looks at the value of *Looking After Children* within this legislative framework.

The *Looking After Children Project*, as has been noted, has been piloted in six provinces. The *Looking After Children* materials are a vehicle for change and show what can be done in enhancing the well-being of children in, for example, tracking, giving continuity and in identifying needs. Though each province has its own legislation, policies and priorities, in the application of the *Looking After Children* materials their flexibility allows each province to do this and to bring about change. Radical reform of child welfare legislation is quite another matter.

### **Preamble**

In Canada, matters relating to child welfare are within the legislative jurisdiction of each province and territory.<sup>4</sup> The exercise of "sovereignty" in this sphere is subject only to the tenets of the Charter of Rights and Freedoms.<sup>5</sup>

---

<sup>1</sup> *Constitution Act* (formerly the *British North America Act*) (1867) 30 & 31 Vic. C3, Section 92. The statute has no reference to children. The provinces assume jurisdiction on the basis that child welfare matters are included within the assignment of "Property and Civil Rights in the Province".

<sup>2</sup> *Canada Act* 1982 incorporating the *Constitution Act*, 1982.

Before the enactment of the Charter, the Task Force on the Child as Citizen (*Admittance Restricted: The Child as Citizen in Canada*, 1978), drew a depressing picture of the design of child welfare legislation and policy in Canada. Writing of the Task Force Report, Kufeldt said:

The pervasive message in *Admittance Restricted* is that protective legislation is generally written in negative terms, i.e., what should not be done to children rather than in terms of the rights of children to be able to live without fear of abuse and neglect. The ability to ensure such rights is compounded by the fact that the legislative focus tends to be on parental fault rather than the actual condition of the child. Even where children are accorded state protection they may be at continued risk because of what is termed “governmental neglect”. Poor case management, inadequate tracking, lack of attention to the needs for continuity and affection were all identified. After-care and support following termination of wardship were, and are, as rare as providing concrete services that might prevent the need for care in the first place. (1995, p. 9).

Has anything changed since 1978? Certainly, from a legal perspective, the basic scheme of legislation has not. Indeed, as will be demonstrated, the Charter has been utilised by parents to enhance their rights.

### **The Legislative Backdrop**

Uniformly, the provinces of Canada have adopted the least intrusive model of child protection legislation. The presumption standing behind this type of legislation is that whenever possible, the welfare of the child is best served by being reared with parents in the parents’ home. The focus of the legislation, therefore, in terms of ‘protecting’ children is to delineate what should *not* be done to children. If such prohibited conduct is found to exist after trial, then the child is in need of protective services. The legislation then goes on to provide various options for the court on disposition. Typically, the child may be returned to the parent, with the state acquiring the ability to ‘supervise’ the situation. Alternatively, in a situation where a more intrusive methodology is found necessary, the child is ordered to be in the temporary care of the state while the parent seeks assistance. At the apex of the intrusive pyramid is permanent care or wardship to the Minister to the exclusion of parental rights. The legislation, thus, is descriptive

of an after the fact process which seeks to curtail the rights of parents found to be at fault. Very little focus is given to preventive work. Constitutionally, an agency cannot intervene in the life of a family until a finding has been made that a child is in need of protective services. Generally this means that a child must experience quite serious harm before help is provided.

Should children have the right in our society to the security of living without the fear of abuse or neglect by parent, guardian or indeed a government department? How could a system be put in place to enshrine such rights? The *Charter of Rights and Freedoms* has been heralded as the font of the rights that underpin our society. Yet has it been employed to enhance or delineate the rights of children? The answer is no.

The Supreme Court of Canada has not been called upon to determine the status of children in the family on a large number of occasions. Significantly, the cases clearly show a distinction in treatment of children's rights where private family disputes arise, as opposed to those where the state intrudes. In the Supreme Court of Canada cases of *Young v. Young*<sup>6</sup> and *D.P. v. C.S.*,<sup>7</sup> access parents sought to invoke the Charter to protect their freedom of religion and freedom of association. In both cases, fathers who were of the Jehovah Witness faith wished to have the ability to expose their children, in varying degrees, to the tenets and practices of the faith. In both cases, the Supreme Court of Canada held that the best interests of the child were paramount to the exclusion of the Charter.

When, however, one examines cases involving the state protection of children, a very different picture emerges. In *R.B. v. C.A.S. of Metropolitan Toronto*,<sup>8</sup> La Forest J. said:

...The right to nurture a child, to care for its development, and to make decisions for it in fundamental matters such as medical care, are part of the liberty interest of a parent.... The common law has long recognized that parents are in the best

---

<sup>3</sup> [1993] 4 S.C.R. 3 (S.C.C.).

<sup>4</sup> [1993] 4 S.C.R. 141 (S.C.C.).

<sup>5</sup> [1995] 1 S.C.R. 315 (S.C.C.) At pp. 370-373.

position to take care of their children and make all the decisions necessary to ensure their well being.

. . .

Although the philosophy underlying state intervention has changed over time, most contemporary statutes, and in particular the Ontario Act, while focusing on the best interests of the child, favour minimal intervention.

. . .

The state can properly intervene in situations where parental conduct falls below the socially acceptable threshold, but in doing so it is limiting the constitutional rights of parents rather than vindicating the constitutional rights of children.

La Forest J's approach was endorsed recently by the Supreme Court of Canada in *New Brunswick (Minister of Health and Community Services) v. G.(J.)*.<sup>9</sup> This case involved the right of a parent to secure legal aid after a child had been apprehended. The Supreme Court held that Section 7 of the Charter<sup>10</sup> guaranteed every parent the right to a fair hearing when the state sought to obtain the custody of their children. In this, the Court adopted the reasoning of La Forest J. in *R.B. v. C.A.S. of Metropolitan Toronto*. In her judgement L'Heureux-Dubé cites and approves the following passage from La Forest's judgement:<sup>11</sup>

(The parental) role translates into a protected sphere of parental decision-making which is rooted in the presumption that parents should make important decisions affecting their children both because parents are more likely to appreciate the best interest of their children and because the state is ill-equipped to make such decisions itself. Moreover, individuals have a deep personal interest as parents in fostering the growth of their own children. This is not to say that the state cannot intervene when it considers it necessary to safeguard the child's autonomy or health. But such intervention must be justified. *In other words, parent decision-making must receive the protection of the Charter in order for state interference to be properly monitored by the courts, and be permitted only when it conforms to the values underlying the Charter.* (Emphasis added.)

Wardship proceedings, in my view, implicate these fundamental liberty interests of parent. The result of the proceeding may be that the parent is deprived of the

---

<sup>9</sup> [1999] 3 S.C.R. 46 (S.C.C.).

<sup>10</sup> Section 7 states: Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

<sup>11</sup> *Supra*, note 8 at pp. 102-103

right to make decisions on behalf of children and guide their upbringing, which is protected by s.7. Though the state may intervene when necessary, liberty interests are engaged of which the parent can only be deprived in accordance with the principles of fundamental justice. Interpreting the interests here as protected under s. 7 also reflects the equality values set out above.

In the *New Brunswick* case, the Court also found that Section 7 also guaranteed the security of the person and the state's taking custody constituted a serious interference with the psychological integrity of the parent.

The result of these decisions is that the Supreme Court of Canada has endorsed the scheme of our legislation. The least intrusive model is here to stay. Legislative draftspersons must now be mindful of these decisions in making any amendment. Derogation from the norms set out by La Forest J. can be met with a constitutional challenge by parents.

### **Effects of the Legislation**

In private family litigation regarding children, the key factors which are looked at by the courts in determining the best interests of the child are safety, consistency and stability. A private family dispute is any dispute regarding a child's parenting where the child is *not* in need of protective services. Such disputes include:

- (a) questions arising between parents and/or between a parent and another person before or after separation or divorce;
- (b) questions arising where a child has been placed with a non-parent but placement is not made as a result of abuse or neglect.

It is fair to say that most jurisdictions, in private family litigation, have moved away from the goal of maintaining the blood tie to a more general best interests test where the notion of bonding carries great weight. Certainly, this laudable notion to ensure safety, consistency and stability has been heartily approved by the Supreme Court of Canada. Similarly, courts in private family litigation have adopted child development literature which postulates that moving a child after

bonding has taken place, will be harmful to a child. Thus in *C.A.C. v. F.D.R. and S.J.R.*<sup>12</sup> the Nova Scotia Court of Appeal cited with approval Weiler and Berman:<sup>13</sup>

...In a consideration of the needs of a child, the parent is the person understood by the child to be fulfilling the parental role, irrespective of biological relationship. The effect on a child of separation from the person to whom such an attachment has been formed is no less catastrophic than the removal of any child from his intact family.

If we consider with due seriousness the settlement of custody disputes in the best interests of the child, then we must give lower priority to the blood tie. It is unwarranted to promote the fallacy that the biological parent will be better than a foster parent or an adoptive parent.

Similarly, it also approved Yarrow (1968):

The effects on a child of separation from the person taking the parental role depend on the child's phase of development. Ignoring the considerable range of variability between individuals, we may generalize that infants under 3 months of age show no measurable adverse effects from a change of parent; that children aged 3 to 6 months show appreciable distress following a change, but when tested at 5 years of age do not have measurable residual adverse effects; and that children aged 6 to 12 months not only show marked distress following a change, but also have measurable changes at 5-year follow-up.

A truly different picture emerges when one examines the results of child welfare legislation. Once a child is found in need of protective services, gradual intrusion may take various forms but there is a general trend. In a disposition hearing, a court may simply place the child with the parent under the 'friendly supervision' of an agency. Such supervision may take various forms. There can also be placement with a relative to provide family and cultural continuity, again under the supervision of an agency. This placement, while intended to be temporary may become more permanent in nature depending on the birth parent's situation. A more intrusive

---

<sup>9</sup> (1977) 21 N.S.R. (2d) 631 (N.S.C.A.).

<sup>10</sup> Weiler K. and Berman M.B., *Re Moores and Feldstein - A Case Comment and Discussion of Custody Principles* (1974) 12 R.F.L. 294 at 305.

step is to grant temporary care and custody to the agency with periodic reviews as required by statute. For example, under the Nova Scotia legislation there must be a review every three months for children under three, with a permanent care order being possible after twelve months. In the case of children three to five reviews are at six month intervals with wardship mandated at twelve months if the birth parent is not available to parent effectively. In the case of children six to eleven, review is after six months with such temporary care and control being available only for eighteen months. Lastly, the most intrusive alternative is permanent care and control, or wardship, being given to an agency which is given the bundle of rights consonant with custody.

The picture that emerges in practice is that here is a much flawed system, if one agrees that the needs of the child are safety, consistency and stability.

A child may be temporarily placed in foster care for short or long periods. A child may be returned from care to a parent and placed yet again, due to a parent's inabilities, often with a different caregiver. The system, thus, has the potential for multiple placements with many changes of carers. Some children might be in and out of care over lengthy periods of time before a wardship order is made. It must also be remembered that an appeal may be taken from any disposition made by a court, thereby lengthening the time periods. While legislation stipulates specific time periods within which a protection hearing and a disposition hearing must be held, after apprehension, this is not always done due to factors affecting agency or court practice.

In short, the legislation does not provide for an early permanent solution, no permanent plan can be made for the child until all phases have been explored.

The least intrusive model of child welfare legislation has been followed in a large number of jurisdictions outside North America. Interestingly, the much heralded *Children Act 1989* of England and Wales, is basically the same model. Research from the U.K., Europe and North America paint the same picture, more or less.

A Canadian study by Macdonald (1972) shows that in the case of 364 children in care for two years or more, the average number of moves was 9.9. Anderson's study in 1974 cites one placement who had experienced 26 moves. In England, the study by Rowe in 1989 showed that in a period of twelve to twenty-three months, 26 percent of children in care had one move, nine percent had two moves, eight percent had three or more while two percent had five or more moves.

The Interim Report of the *Looking After Children in Canada Project* (Kufeldt, Baker, Bennett and Tite, 1998), indicated that the mean number of placements in the children studied was 4.13 and, at the extreme, one youth had 31 placements.

Any canvas of research will show that there are overwhelming multiplier problems arising from multiple placements. Our review of the literature demonstrates that these affect every dimension of child well-being. Children are being damaged by not having a permanent place for their well-

being put in place at an early stage. The "liberty interest"<sup>14</sup> of the parent appears to subsume the basic needs of children. There is a lack of continuity in schooling, or at the very least, inadequate contact between caregiver and school. Multiple behavioural problems are endemic - rejection is an overwhelming factor.<sup>15</sup>

### **A Crumbling System?**

As presently constituted and administered, our child welfare legislation has led to unthought of domino effects in child caring arrangements. One of the largest effects is that children are staying in the system longer and, due to multiple placements, are damaged. This has an

---

<sup>14</sup> Delineated in Section 7 of the Charter of Rights and Freedoms *supra* note 9.

<sup>15</sup> The Task Force on the Child as Citizen, in its 1978 Report, found that as a result of multiple placements, 46.9% of its sample showed emotional problems requiring extra attention and 35.9% of children were assessed as having multiple problems.

impact on agency practice and foster care. Brogan's study (1991) finds that foster carers prefer to foster infants and pre-schoolers. The relative training for foster carers does not equip many to deal with the problems of older children. Similarly, agencies in scrambling to place children are often accused of mismatching child and foster carer. There is evidence that people are leaving foster care as a result. Brogan suggests that the average time a carer stays in foster care is seven to eight years. The study demonstrates a need to re-evaluate the roles of worker and foster carer so that the latter is treated as a professional and not as a mere 'volunteer' (see also Kufeldt and Allison, 1990, for expansion of this point). Lastly, multiple placements take a hefty toll on ethnic minorities. In Canada, there is a shortage of carers from some ethnic groups. Cross-racial placements have led to some poor results leading to even more placements for these children.

### **Future Legislative Frameworks**

It is truly unfortunate that the Supreme Court of Canada has given a ringing endorsement to the least intrusive model of child welfare legislation without considering whether it meets the needs of the child. While provinces are seeking to review their child welfare options, all thinking must be tempered by the Charter rights of parents. Philosophically, much is to be said for the emphasis placed by the *Children Act* of England on "parental responsibility" rather than on "parental rights"<sup>16</sup>. In Scotland, such a 'responsibility' must be maintained even if a child is not living with a parent. The following definition is found in Scottish legislation:<sup>17</sup>

- A parent has in relation to his child the responsibility-
- (a) to safeguard and promote the child's health, development and welfare,
  - (b) to provide, in a manner appropriate to the stage of development of the child
    - (i) direction
    - (ii) guidance to the child;
  - (c) if the child is not living with the parent to maintain personal relations and direct contact with the child on a regular basis; and

---

<sup>13</sup> *Children Act* (England) 1989, Secs 2, 3 and 4.

<sup>14</sup> *The Children (Scotland) Act* 1995, Sec 1(1).

(d) to act as the child's legal representative, but only in so far as compliance with this section is practicable and in the interests of the child.

To facilitate this kind of philosophy, the *Children Act* places a general duty on local authorities to provide services to all children in need and their families.<sup>18</sup> There is a further duty on local authorities to identify children in need and to publish information about services and to bring information about these services to the attention of those who might benefit from services.<sup>19</sup> The *Act* extensively details the services to be provided. Parental responsibility continues despite the fact that a child has been taken into care. The *Children Act* dictates that the care of the child be a partnership between the parent, the agency and any other interested party whether the child be at home or away from home in the child protection process.<sup>20</sup> An integral feature of 'partnership' is that the *Act* also dictates contact between parent and child at all levels.<sup>21</sup> Both 'partnership' and 'contact' are relative terms, by definition. Both serve the purpose of continuing the involvement of the parent consonant with the best interests of the child in a particular case.

Parental responsibility correctly focuses on providing for the needs of the child. It is the preferred legislative underpinning.

Despite these laudable legislative measures, the *Children Act* still provides a least intrusive scheme. Multiple placements still occur. Abundant research demonstrates problems with contact and partnership at government and practice levels (Aldgate, 1991; Cleaver, 1994; HMSO, 1995; Ryburn, 1991; Thoburn, 1991). Yet, the vision of the British government in its "Quality Protects" (1999) initiative for the future of children's social services includes not only the support of families but also, *inter alia*;

- Ensuring more stability for children in the care of local councils

---

<sup>15</sup> *Supra* note 21, Part III.

<sup>16</sup> *Children Act* (England) 1989, Part III and Schedule 2 Part 1, Sec 1(1).

<sup>17</sup> *Ibid.* Secs 22(4), (5); 33 (3) (4); Schedule 2, para. 15; APCR Regs. (1991).

<sup>18</sup> *Ibid.* Sec. 34 (1); Schedule 2, para. 15; Review Regs. (1991).

- Helping children who need them find secure homes with adoptive parents
- Making sure that where adoption is the right thing, children in care are adopted as quickly as possible
- Making sure that, where long term fostering is the right thing, children in care are placed in long term foster care as quickly as possible.

This clearly demonstrates a commitment to early permanency planning. How is this to be achieved in light of the legislative backdrop? The hope is that better family assessment will provide information making permanency planning acceptable. The total underpinning of this philosophy is the provision of family support services on a global basis. The notion of social inclusion is the basis of such support services - that *all* families needing help from social services be provided with quality assistance so as to improve children's developmental outcomes and life chances.

### ***Looking After Children***

In the interim (that is while we wait for improved social supports backed by appropriate legislation), the *Looking After Children* instruments do provide a way of helping to remedy some of the legislative deficits. Their value cannot be underestimated in light of the Canadian experience. The measure of consistency that our legislative system provides for children in care, the caseload and budgetary burdens carried by agencies, the difficulties encountered by foster carers, all can mean discontinuity in the development of the child. The *Looking After Children* initiative provides a mechanism for each province to evaluate and monitor the progress of a child in care despite several different placements and regardless of court delays. It assists caregivers in enhancing the well-being of a child in care and provides much needed continuity should the child move between provinces. Importantly, experience has shown that, with little modification, the instrument can be used in any province or territory and by any group or culture which is part of the Canadian mosaic. Interestingly, a new risk assessment framework has been developed for use in England building on the same child dimensions as the *Looking After Children* instrument. Similarly, in Canada, it is suggested that the *Looking After Children*

materials would be much more valuable to children in the community at risk than present assessment tools. Those presently used focus on risk whereas the *Looking After Children* instruments focus on need. Expanded use, thus, has the potential to address the criticisms posed for the 1979 Year of the Child by *Admittance Restricted*. They address what should be done rather than what ought not to be done to a child. They are progressive and proactive in locating children's interests at the forefront of activity.

## **PART II: METHODOLOGY**

### ***Chapter 5: Design and Methods***

#### **Introduction**

This chapter first summarizes the goals and objectives of the project. The key objective is then broken down into a series of tasks, with a description of how each was accomplished. The sampling design, process elements and data collection are covered next. Methods of data analysis and a discussion of ethical issues complete this coverage of the approaches taken in the study.

#### **Goals and Objectives**

As stated in chapter 1 the overall goals of the *Looking After Children in Canada* project are to enhance the quality of care for children and to influence practice in a child-centred, positive direction. The first step in this endeavour, and therefore the major objective is

*testing out in Canada of a promising approach to assessment and outcomes that has been developed in the United Kingdom, the Looking After Children initiative.*

In order to meet this objective, several tasks were identified as key.

#### **Tasks:**

- Develop, pretest and implement a Canadian version of *Looking After Children* (LAC).
- Test of appropriateness of LAC measures with a comparison group of children with no child welfare experience.
- Explore whether LAC materials can be applied at critical service delivery points.
- Evaluate the feasibility of the LAC approach.

- Promote extensive collaboration and cooperation amongst participants.
- Build consensus with respect to standards of care for children in Canada who are subject to Child Welfare intervention.
- *Develop, pretest and implement a Canadian version of Looking After Children (LAC).*

The actual pilot implementation was conducted in collaboration with agencies in the six most eastern provinces in Canada. The first step however was to adapt British materials for Canadian use. Raymond Lemay, Dr. Bob Flynn and Chantal Biro through the Evaluating Child Welfare Outcomes Project had produced an Ontario version of the Assessment and Action Record. This same team collaborated with the National project (Kufeldt, Philpott, Simard and Vachon) to develop a 'generic' version, i.e., one that could be used in any province or territory. Subsequently the French version was independently translated back into English to validate the comparability of the French and English versions. Except for the use of an occasional synonym the two versions proved to be identical. The resulting materials were then pre-tested on one family from each participating jurisdiction.<sup>22</sup> Cooperation of provincial foster parent associations was enlisted to test the instruments on children not in care. Recommendations from the pretest were considered when the instruments were finalized.

Originally, the *Looking After Children* materials were to be administered to 300 children in five eastern provinces who had been in care six months or longer. This sample was to be equally divided along gender lines and include 50 young people whose language was French. One hundred and fifty of the children were to each be in the age groups 10-14 and 15+ years. These 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 which the instrument had been designed. Second, the six-month period should have

---

<sup>22</sup> Prince Edward Island did not participate in the pre-test as they were a late addition to the pilot project.

been sufficient for carers to develop a plan for the child's care. The Assessment and Action Record was to be administered a second time to the same children, nine months after the first assessment. This follow up assessment was to enable 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.

- *Test of appropriateness of LAC measures with a comparison group of children with no child welfare experience.*

The *Looking After Children* materials were also applied to a comparison group of 45 children not in care. This sample included 21 children whose principal language was French. The comparison group was selected by sampling that matched the children for age and gender and covered a range of socioeconomic status. Results were compared to the children in care.

- *Explore whether LAC materials can be applied at critical service delivery points*

Information provided by NWG National Welfare Grants (now HRDC), mentions several critical service delivery points. It was considered that six months into care is an appropriate critical point because by this time a case plan should be sufficiently developed and the child should be settled into placement. Assessment nine months later will monitor the effect of the action component as well as the appropriateness of current placement (whether back at home or still in care) in meeting the child's needs. Also, the focus on older age groups provides insight into how well the child is being prepared for the critical point of leaving care and becoming independent. Some workers in the project asked for, and received permission to use the AAR prior to the critical point of receiving the child into care. Results are promising.

#### *Evaluate the feasibility of the LAC approach*

A questionnaire was administered to social workers, foster parents, and children/youth

participants. This questionnaire was used to survey their attitudes towards and experience in the use of the materials. Also debriefing sessions were held with a sampling of project participants. The objective was to reach consensus on the effectiveness and efficiency of the instruments, determine any modification required, and discuss future planning for policy, practice and research.

- *Promote extensive collaboration and cooperation amongst participants*

In addition to meeting with participants at the beginning, middle and end of the project, researchers

also conducted periodic teleconferences for coordinators/trainers to discuss their experiences and concerns. Our British consultants joined us for the collective meetings at mid point and towards the end of the project. This enabled participants to receive the benefit of discussion with representatives of all aspects of the original *Looking After Children* team. Child welfare agencies were offered the opportunity to send delegates if they wished. International meetings with respect to LAC were also held. It was useful to have Canadian participants attend these meetings.

- *Build consensus with respect to standards of care for children in Canada who are subject to Child Welfare intervention.*

A policy, practice and research symposium was held at the end of the project. At that time, participants and other interested parties came together to share and discuss findings in order to build consensus. This event, and its results are described in Chapter 12.

## **Sampling Design**

The sampling design of the *Looking After Children in Canada Project* was purposive in nature. Therefore no claims of representativeness can be made. Originally it was planned to follow 300 young people from five eastern provinces (Newfoundland, Nova Scotia, New Brunswick,

Québec and Ontario). The Provincial Directors of Child Welfare in the Atlantic provinces agreed to participate in the study. Although not included in the original proposal, the province of Prince Edward Island asked to be included in the pilot project. Given their small size and geographic position in relation to the other participating provinces, they were also included. In the province of Ontario there is no central authority for the administration of child welfare services. Child welfare is administered by independent Children's Aid societies. Four C.A.S. in Ontario were recruited to participate and in Québec, three Centres de Jeunesse.

As noted previously, the *Looking After Children* approach represents a radical shift in child welfare philosophy. Taking into consideration organizational and change theory, as well as experiences in the U.K., the project followed three guiding principles:

1. Participation should not be mandatory: participants were encouraged to take ownership of change.
2. Participants should be well versed in the theory and rationale of the approach. Thus training was key.
3. Empowerment and support were to be integral to the project.

Volunteers were recruited from the provinces and agencies to participate in the pilot project. It should be noted however that some agencies after volunteering to participate did mandate workers to become involved. Recruitment of youth and care giver participants was left up to the agencies and involved social workers. It should also be noted that the decision to skew the sample towards permanent wards was a deliberate one on the part of certain agencies.

As no claims of representativeness are being made about the foster child/youth sample, the comparison group cannot be considered a true control group. This group was a convenience sample. Approximately half the participants were recruited from the province of Québec, to ensure a group of French speakers. Project co-ordinators in that province used personal contacts to secure volunteers. The remaining English participants were recruited from the province of Newfoundland. These youth were recruited in a variety of ways. Some were personal contacts of the interviewers, some were recruited from local schools, some from an

advertising campaign, and some were introduced to us by a community worker in a low cost housing complex.

## **Instruments**

Based on materials developed in the U.K., four separate instruments were used to collect data for the project, namely: an Essential Information Record (EIR),<sup>23</sup> the Assessment and Action Record (AAR), the project evaluation form and the symposium evaluation form (samples of these forms can be found in Appendix 5).

The EIR was used to collect demographic information on the youth in care. It asked questions about the number of entries to care, the number of placements and length of time in care as well as the reasons for entry to care. This form also collected information about family of origin (e.g., parent's occupation, employment status, income and education levels). Additionally, information about the family composition and the care status of other family members (i.e., siblings) was gathered.

The AAR was the instrument used to collect the developmental data on the youth. These data included the seven dimensions of health, education, identity, family and social relationships, social presentation skills, emotional and behavioural development as well as self-care skills. The information gathered from this instrument was used as aggregate data to develop a picture of the overall needs of the sampled children in care. Individually, this instrument was used as a case tool to monitor the development and intervene where necessary in the lives of particular children. The Assessment and Action Record was the instrument that was used for the two intervals of data gathering.

---

<sup>23</sup> This should not be confused with the UK LAC EIR which is more comprehensive in scope. The EIR used collected the minimum amount of data needed for useful analysis of the variables.

The project evaluation form was distributed to all provincial and agency coordinators. In turn, the coordinators distributed the form to all participants in the project. This included the youth, their care givers and social workers. It also included community professionals (e.g., school teachers, health practitioners, etc.) where they were involved. Some child welfare supervisors and managers also provided feedback and in some cases birth parents completed an evaluation. These evaluations collected information from the participants on their insights and experiences with the project and its materials. On a concrete level they were asked for information such as the length of time it took to complete and the number of sessions required. On a more abstract level, participants were asked to provide commentary on such things as the program's value and appeal.

The symposium evaluation form was devised to determine the extent to which consensus building had occurred. Individuals were presented with information and recommendations developed at the symposium and were asked to comment on them, as well as rate their importance relative to each other. Additionally, this form also collected collateral data on the extent to which the organization and the logistics of the symposium met the needs of the participants.

## **Process**

1. Early in the project a 'train the trainer' session was held in Ottawa. Each jurisdiction was asked to identify and send two trainers who would coordinate the training and piloting in their jurisdiction. Training took place over three and a half days and was conducted by Dr. Harriet Ward and Helen Jones.
2. Trainers provided training and orientation to worker participants. They were also asked to recruit local advisory committees which were to include youth and foster parent representatives.
3. A coordinators committee was formed to allow for trouble shooting and mutual support.
4. A National steering committee (Appendix 2) met periodically by teleconference to monitor the progress of the project. Our HRDC consultant was present at all meetings.

## **Data Collection**

The *Looking After Children in Canada* project had a target sample of 300 foster children. Two hundred and sixty-five Assessment and Action Records (AAR) were completed and returned for the first application. Of that number, 263 surveys were used in the data analysis.

### **The Provinces**

Six provinces participated in the study, New Brunswick, Newfoundland, Nova Scotia, Ontario, Prince Edward Island and Québec. These provinces provided a good mix for the study in that Ontario has the largest population base in the country as well as being ethnically diverse, and Québec is primarily a French speaking province. The four remaining Atlantic provinces provide a mix of rural and urban populations, French and English speakers, aboriginal people and agencies with vastly different resources to deliver programming and services. In the four Atlantic provinces, negotiations to undertake the study were carried out with the provincial child welfare services through the Directors of Child Welfare. In Ontario, there was direct negotiation with the four participating Children's Aid Societies, CAS of Metro-Toronto, Catholic CAS of Metro-Toronto, Brant CAS in Brantford and the CAS of Grey County and Owen Sound. In Québec, co-investigators Simard and Vachon of Laval University negotiated directly with agencies which participated.

Based on population size, the majority of the sample, 50 percent, came from the province of Ontario (n= 150). Québec contributed approximately 13 percent (n = 40). The Atlantic Provinces of New Brunswick, Nova Scotia and Newfoundland agreed to recruit 30 participants, each accounting for 10 percent of the sample and approximately seven percent (n= 20) were to come from Prince Edward Island.

### **The Coordinators**

As indicated above, provincial coordinators were recruited from each participating

province/agency and trained in the use of the *Looking After Children* materials. They in turn ensured that the participating social workers were trained in the use of the materials. The primary responsibility for each coordinator was to ensure the AAR's were used properly, to provide support to the participants and to ensure that the data were sent to the project team for analysis.

## **The Youth**

The two oldest age bands (10-14 and 15+) were chosen for the study. It was anticipated that these two groups would be able to participate in the completion of the records as well as articulate their thoughts and feelings regarding the content, style and usage of the materials. The sample requested from each jurisdiction was evenly divided between the two age groups and genders.

## **Data Applications**

It was decided that the materials would be tested with foster children and youth, their social workers and care givers at two intervals, nine months apart. Once a youth was recruited for the project, the social worker or other agency personnel was asked to complete the EIR based on the case information. The youth, social worker and care giver were then to complete the first application of the AAR. The first application would be used to assess the current strengths and care needs of the young people. Based on the information gathered, action plans were to be developed to address any difficulties noted. The second application would be used to determine if the strengths had been maximized and/or the deficits addressed.

## **Data Analysis**

Once the coordinators had collected the data, they were to keep a copy for their own/agency purposes and an additional copy was to be sent to the project team. As the questions on the *Looking After Children* assessment forms are easily quantified, the research team was able

to code the data and enter it on a SPSS data base. Since the sampling method was purposive, results generated would not be representative of all children in care. Nonetheless, data was to be aggregated, affording a glimpse of standards of care currently being provided across all dimensions and for all jurisdictions.

The quantitative data was generally nominal/ordinal, therefore results to be generated would be primarily descriptive in nature. Given the magnitude of data which could be gathered, a variety of interesting analyses could then be performed between variables. Non-parametric statistical tests were to be conducted with data as a means of measuring the difference between certain variables and groups (e.g., change between the time 1 and time 2 applications and differences between the overall time one sample and the comparison group). Qualitative data were also expected from open ended questions that sought further clarification on particular issues, and other sections of the document (e.g., action plans, general observations). Where possible, it was anticipated that these data would also be analyzed and presented.

The two final types of data to be analyzed were the program evaluation forms. The first evaluation form was directed at project experiences using the LAC approach. These forms were to be distributed through the provincial/agency coordinators to project participants. After completing the survey, the participants were to send it directly to the project team. The second program evaluation form focused on the deliberations of the final project symposium. Again participants received an evaluation form, which was to be completed and returned to the project team.

### **Scope and Limitations**

The *Looking After Children* approach shows a great deal of promise in its potential to improve outcomes for children and youth in the care of child welfare authorities. Despite this potential, the current work does have its limitations. Each Assessment and Action record to be completed, ideally involved at least three people (i.e., youth, social worker, care giver). Potentially, three different people could participate in the completion of each of the 300 first

round records. Discounting any change of worker or care giver between the first and second rounds, there could be up to 900 individuals, with different priorities, interpretations and levels of *Looking After Children* training, collecting data. This certainly creates difficulties with respect to data consistency. A second limitation is the method by which the data would be gathered. Part of the *Looking After Children* approach is to build relationships between participants. This means that the forms are to be completed face to face through discussion. Some of the questions concern issues such as sexuality, substance use, etc. Any or all of the participants may have been uncomfortable discussing this information. Thus all the responses may not be accurate. In short, reliability cannot be guaranteed. From a more global perspective, the lack of representativeness previously mentioned, means that the results of the study cannot be generalized to the larger population of children and youth who are in care. Despite these limitations, the data should be able to provide the reader with clues regarding how the population of children and youth in care are faring. The results will also be able to provide a snapshot of the young people who did participate and as such will give the responsible agencies a beginning picture of the degree to which they are meeting developmental needs and producing good outcomes for some of their children.

### **Ethical Considerations**

The project applied conventional ethical standards pertaining to research involving human subjects. The purpose of the study was explained to all prospective participants. It was also clearly explained that participation in the study was to be strictly voluntary. Informed consent was obtained from all participants and from the parent/guardian before any child became involved in the study. Anyone who had questions regarding the project was able to contact the principal investigator, co-investigators and or provincial/agency coordinators in accordance with language of preference. Confidentiality was rigorously upheld. Agencies were asked to remove any identifying material from the records before forwarding to the research team. Results are presented in aggregate form only. Data for a particular jurisdiction remain confidential; they were not divulged to any other jurisdiction. They are available to each

jurisdiction on request. Comparisons between jurisdictions would be spurious and were not made. A certificate of ethical approval was granted by Memorial University.

We must once again emphasize that this is not a representative sample, although there was no indication that any jurisdiction chose to select its best or its least well functioning youth.

In general, ethical risks associated with this project were seen to be minimal and the potential for contribution to ethical practice was considered high. What has been questionable in the past has been the ethics of intervening in the lives of families, knowing that such intervention carried with it certain inherent risks and little factual information about the effects on the children concerned.

## **Chapter 6: Sources of Information**

The *Looking After Children in Canada* project used diverse sources of information for analysis and to inform the work. This chapter provides a description of each in order to provide a background and context for the findings.

### **Data Sources**

#### **Primary Data**

The primary data were provided by the youth, social workers and care givers. In the latter part of 1997, 300 children and youth aged 10-18 who were in the care of child welfare agencies, from each of the participating provinces (New Brunswick, Newfoundland, Nova Scotia, Prince Edward Island, Québec and Ontario), were selected by their social workers to participate in this National study. They were given an initial Action and Assessment Record (AAR) to complete along with their care giver(s), social worker and other professionals (e.g., health care provider, school personnel etc.). The total number of records received for time 1 was 265. Two of these records were discarded. One was unusable as only one section was addressed and the answers were incomplete. In the other case, an older U.K. version of the Assessment and Action Record was used and too many of the questions were not comparable.

An Essential Information Record was expected to be sent with the initial AAR. Of the 263, 258 were received. Nine months to a year later, a second record was to be completed with the same youth, care giver(s) and social worker to see what improvements or action had taken place over the period of time. For time 2, we received and used 185 records. In summary 263 records were available at time 1, but five had missing essential information. At time 2, 185 records were completed, giving us matched data for 70 percent of our sample. The quantitative data presented throughout this report represent the data retrieved from these records.

## Comparison Data

We were interested in looking at how these children and youth in our sample fared against the children who were not in the care of child welfare authorities. Fortunately there is developing in Canada a wealth of information on Canadian children, namely the National Longitudinal Survey of Children and Youth (NLSCY). This survey is the first of its kind in the world and is a joint venture between HRDC and Statistics Canada. The survey looks at the progression of children as they grow from infancy to adulthood and examines important areas of development like health, education, activities, parent and child interaction, etc. It looks at child development from a longitudinal perspective, with the ability to examine factors that can affect the healthy development of a child. Data from this study were received in 2 parts; the Cycle 2 self-completed questionnaires which were filled out by the youth themselves (10-13 year olds), and the Primary file for Cycle 2 which consisted of information about parents and their responses to some questions about the child in the survey. Information was also collected from the teacher's questionnaire that was filled out by the youths' teachers.

In order to ascertain how the children and youth in the study fared in comparison with children who were not in the care of child welfare authorities, we were able to use the following approaches:

1. Where data collected by the *Looking After Children* protocols matched or were comparable to data collected by the NLSCY, comparisons were made.
2. The second method to check the *Looking After Children* sample's development against children in the general community was through a comparison group. A convenience sample of 45 children (and their families) was compiled from the provinces of Québec and Newfoundland. These individuals also completed an AAR with a researcher. The information gathered from this comparison group is also noted in this report.

3. Other national surveys were used to inform data analysis when available and where appropriate. These are noted in the text.

## **Collateral Sources of Information**

### **Literature Review**

In accordance with accepted academic standards, a literature review was conducted to inform the research. This review covered each of the seven developmental dimensions as well as some information on outcomes measures. This review can be found in Chapter three.

### **Working Groups and Steering Committees**

The project also benefitted greatly from the participation of Provincial Steering Committees, a National Steering Committee and a Provincial/agency coordinator's group. The former met within each participating jurisdiction to circulate information regarding the project's progress. The two latter groups met primarily via teleconferences. The National committee met two to three times annually. They provided feedback from constituent groups on the project's progress and offered advice and commentary regarding future directions. The coordinator's group met approximately, bi-monthly. This forum was used to discuss practical issues arising out of the program's application and to plan for future refinements (Appendix 1 lists the coordinators and Appendix 2 lists the membership of the National committee).

### **Debriefing Sessions**

In each of the participating jurisdictions, debriefing sessions were held with selected participants. Youth, social workers, care givers, supervisors, managers as well as other interested parties met with the principal and/or co-investigators to discuss their experiences, thoughts and feelings regarding the project. This was a rich and rewarding source of soft data as all participants were able to discuss the impact of the approach on their own life or practice.

## **Transatlantic Collaboration**

As previously stated, the *Looking After Children* approach was developed in the United Kingdom. Since its inception, it has been piloted in several countries, including Canada. Bi-annually, individuals involved with *Looking After Children* globally, come together to share findings. This has provided *Looking After Children in Canada* with information regarding the experiences in other countries. In addition, it is another element of support that has been generated by the U.K. consultants. Since the beginning of the Canadian project, these individuals, Ward and Jones, have been available to provide support, direction and mentorship based on their own experiences.

## **Conferences and Symposia**

The international gatherings gave some of the Canadian participants an opportunity to come together to share experiences. In addition there were three national events in Canada.

### *Training the Trainers*

Trainers for each jurisdiction were assembled in Ottawa for three and one half days of intensive training in March, 1997. This was provided by Dr. Harriet Ward and Helen Jones. In addition trainers were provided with the comprehensive U.K. training kit. This prepared them to return to their own agencies and to train participants in their region. An additional value was the opportunity for coordinators to meet the research team, the British consultants, our HRDC consultant, Evariste Thériault, as well as one another. Dr. Flynn and his Ontario team were also invited to this and other meetings.

Not only did this event provide knowledge and training, it also helped to establish the atmosphere of collaboration, inclusion and teamwork. This atmosphere was necessary in order for the interprovincial collaboration which exists between Directors, to also operate at the grass

roots level. The initial coming together also paved the way for future meetings being held by teleconference.

### *National mid-point meeting*

This meeting was held in conjunction with The National Foster Families Association conference held in St. John's, Newfoundland in May 1998. An intensive half day was spent with coordinators, research team, and our consultants at the beginning of the conference. A full day Symposium on *Looking After Children* was held at the end of the conference with the afternoon open to any interested participants. Findings from the time 1 data collection were shared as well as future project plans. A highlight of this event was the enthusiastic and positive input from youth delegates from participating jurisdictions. This occasion also provided opportunity for the principal investigator to meet with the National Foster Families executive to provide information and answer questions.

### *National Policy, Practice and Research Symposium*

At the end of the data collection period, participants and other interested stakeholders were brought together to discuss the project experience, and the implications of the findings for policy, practice and future research. Based on the discussions, the group was charged with the task of addressing the final objective of the project, that of consensus building with respect to standards of care for children in Canada. This pivotal event will be discussed in more detail in Chapter 12.

## **Project Evaluation**

Two different types of evaluation were conducted during the course of the project. The first was a project evaluation. The provincial/agency coordinators were provided with surveys to be distributed to all individuals who were involved in the project. These non-identifying surveys asked for information regarding the project's logistics (e.g., time to complete, number of

sessions, etc.). It also probed participants about the perceived value of the approach (e.g., was it worthwhile, did you learn anything new, etc.). Finally, it requested feedback on possible refinements (e.g., what should be added/deleted). The second evaluation occurred in relation to the Policy, Practice and Research Symposium. Participants were sent a survey which requested information on the conference organization (e.g., adequate location, food, etc.), conference content, and a list of recommendations which had been generated at the symposium. The intent was to provide everybody with ample opportunity to express their thoughts about the recommendations, and to prioritize them. Both evaluations were sent out with stamped return envelopes to encourage as many responses as possible.

## **Chapter 7: Roles and Responsibilities**

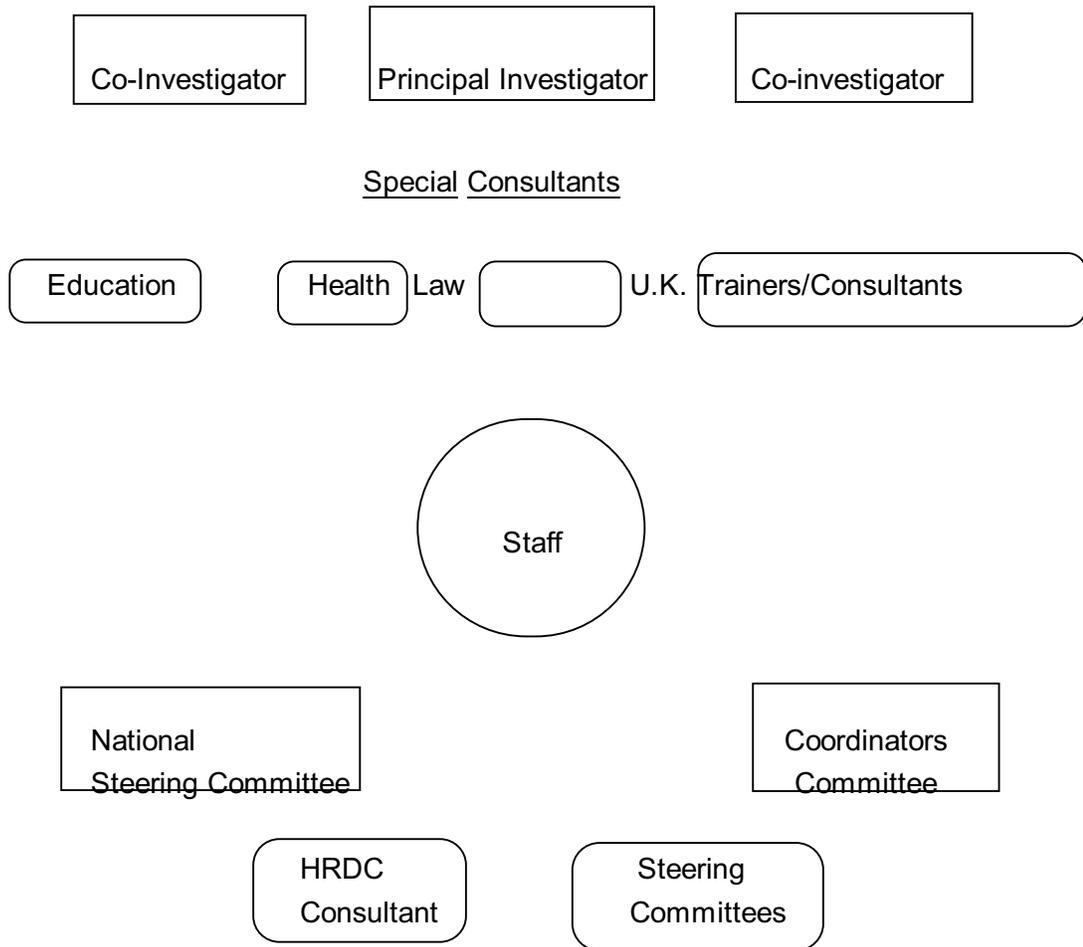
### **Introduction**

This chapter has been included since the organizational structure of the project and allocation of roles and responsibilities were not only an integral part of the design, but also contributed to the overall success. The objectives of the project included promoting extensive collaboration and cooperation amongst all participants with a view to reaching consensus at the end. It was therefore important to model ways of achieving these ends. The structure was intended to be non-hierarchical. All participants, including staff members, were considered to have expertise that could contribute to the overall success. The organization of all the committees and groups 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 benefitted from a truly national network of information, expertise and support. The remainder of the chapter provides an elaboration of the roles, responsibilities and functions of the various committees and individual players.

### **Structure and committees**

A major challenge in the project 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 three investigators to develop a structure that would maintain that autonomy, but at the same time allow for ease of communication. On the next page a non-traditional organizational chart is displayed to provide a quick overview of the positions of all the various players to help illuminate this narrative description.

Figure 1: Organizational Chart



## **Principal and Co-Investigators**

The principal investigator is Dr. Kathleen Kufeldt, Adjunct Professor, Muriel McQueen Fergusson Centre for Family Violence Research, University of New Brunswick. In this capacity, she was licensed by the Department of Health and Her Majesty's Stationery Office in the United Kingdom to adapt and use the *Looking After Children* protocols in this national study. Her role is to provide leadership and maintain overall responsibility for the *Looking After Children in Canada* project: its design, implementation, data analysis and budget management. Dr. Kufeldt held primary responsibility for securing the license, obtaining funding and negotiating with the participating provinces and agencies through the Provincial Directors of Child Welfare and individual Children's Aid Societies.

The co-investigators for the project are Drs. Marie Simard and Jacques Vachon, both of Laval University. In their capacity as co-investigators, Drs. Simard and Vachon work in conjunction with Dr. Kufeldt on all issues related to the design and implementation of the research project as well as the data analysis. In addition, Drs. Simard and Vachon ensure that translations, project materials and findings are reflective of the bilingual nature of the country. Drs. Simard and Vachon also took primary responsibility for activities in Québec, including the negotiations with participating agencies in that province.

## **Specialist consultants**

Given the broad scope of the investigation and the fact that children's developmental needs cross a number of professional disciplines it was deemed important to bring other professionals into the team. From the United Kingdom we were fortunate to secure the commitment of two major players in that country's initiative. Dr. Harriet Ward, now at Loughborough University, was a member of the original Working Group that conceived *Looking After Children*, and is senior researcher to the ongoing project. Helen Jones of the Department of Health's Inspectorate has carried major responsibility for that Department in promotion and implementation. Dr. Rosonna Tite and Professor Lorna Bennett, both of Memorial University of Newfoundland, have provided their considerable expertise in education and health respectively. Last, but by no means

least, Professor Paul Thomas has enriched our understanding of the law as it pertains to, and affects children.

### **The Research Team**

The team of experts was augmented by an excellent group of support staff. The primary team was located in St. John's, Newfoundland. It included the project coordinator, Eleanor Philpott, the senior research assistant Joanmary Baker, and research assistant, Traci-Lyee Andrews. This group provided coordination, administration and technical support for the project. Dr. Kufeldt monitored all aspects of the research practices and data analysis and prepared periodic reports for Human Resources Development Canada. Eleanor Philpott managed all the administrative aspects of the project. She was the liaison between the committees and the research team and was able to direct enquiries from the field to whomever was the appropriate member of the team. She coordinated project activities and organized all training sessions, meetings and teleconferences. Joanmary Baker under the direction of Dr. Kufeldt was primarily responsible for the data management of the project, the construction of the data base, handling of data and preliminary data analyses. Traci-Lyee Andrews was also responsible for data management. A particular responsibility that she assumed was as contact person with Statistics Canada and developing comparisons with NLSCY data. In addition she provided invaluable support in the creation of the project materials and coordination of project activities. In Québec, France Nadeau was research assistant to Drs. Simard and Vachon and coordinator of activities there. France and Joanmary also had primary responsibility for conducting interviews with the comparison group.

### **The National Steering Committee**

The National Steering Committee (listed in Appendix 2) was made up of the principal and co-investigators as well as the consultants, representatives of non-governmental agencies and representatives of the Provincial Directors of child welfare<sup>24</sup>. This committee met 2-3 times annually. The role of the committee was to provide overall consultation and guidance for the research project. They helped define the scope and

---

<sup>24</sup> In addition the principal investigator and HRDC consultant met annually with the Directors.

aims of the project on a national front. They provided feedback on how the project proceeded and was accepted by the various constituent groups. They also provided a valuable conduit of knowledge and information about the project back to their own constituent groups. When preliminary findings became available, this group offered observations with respect to interpretation and implications of the findings based on their own perspectives and areas of expertise. As a national body, they also advised the project with respect to the manner the research and findings would be interpreted and accepted across the country.

### **The Provincial Coordinators Committee**

The provincial coordinators committee (Appendix 2) was made up of the research team and the coordinators representing the provinces/agencies involved. Also invited, in the interests of collaboration and consensus, were the coordinator of the Evaluating Child Welfare Outcomes project in Ontario<sup>25</sup>, and the British Columbia coordinator. The role of this group was to ensure that there was communication between the field and the research team. The group met approximately bi-monthly. They advised the research team regarding problems or issues that arose for the agencies in the process of carrying out the research. They also noted any tensions arising for the participants in relation to the project's dual focus as a method for conducting research and as a tool to enhance practice. In return the team was able to help with trouble-shooting and support. Given the wealth of data collected by the research project, the coordinators were used as a sounding board to determine research priorities. The research team provided the coordinators with preliminary findings derived from the data. The coordinators interpreted this information from the perspective of their agencies and regions and used this interpretation to guide the research.

The coordinators had initially met each other at the intensive training session conducted by our U.K. Consultants. This was helpful for subsequent teleconference meetings. The coordinators and team quickly became a collaborative and cohesive group. Thus they added considerably to the quality of the project.

---

<sup>2</sup> This person was Sandy Moshenko of the Ontario Association of Children's Aid Societies. The principal investigator for the Ontario project, Dr. Bob Flynn, was on the National Steering Committee.

## **Provincial Steering Committees**

In addition to the national committees each coordinator was responsible for setting up a local steering committee. The composition of these steering committees as well as their meeting schedules was at the discretion of the coordinators. They included representatives of participant groups. Normally it was expected that this would include youth in care, foster parents, social workers, agency supervisors and managers. Representation from child health, education and youth in care groups were included in some cases. The purpose of these groups was to discuss with and advise the coordinators regarding the actual process of participation. This would include feedback from the participants regarding whether or not the project aims were being met at the grass roots level. The representatives from groups outside of the direct participants provided feedback on the discussions based on their own areas of expertise. The principal investigator met with many of these committees at on-site debriefing sessions.

## **Human Resources Development Consultant**

Our consultant from HRDC, Evariste Thériault, by no means exercised a nominal role. He was an ad-hoc member of all committees and exercised a very active role throughout. The project was enriched by his wise counsel and his thoughtful analysis of issues that arose. We had particular reason to be grateful for his support at a time when it seemed clear to us that the pacing of the project needed to be slowed down to accommodate the demands on workers' time as well as the various learning curves that were developing. We were encouraged by him to 'go with where the workers were' and were able to extend the project accordingly. The principal and co-investigators were particularly appreciative of his support and encouragement at times when we felt we "had bitten off more than we could chew"!

## **Concluding comments**

As noted at the beginning of this chapter the organizational design was appropriate to the project. The acceptance of the principle of a child-centered approach gave us a shared vision and mission. The principles of local autonomy and empowerment allowed coordinators and agency staff to tailor the demands of the project to local conditions. As importantly it respected their ownership of their own activities. What was rewarding to note was the degree to which coordinators became comfortable calling one another

so that there was constant fertilization of ideas across provincial boundaries. As we move into the second phase of *Looking After Children in Canada* it will be important to continue to respect these principles and the value of a grass roots approach in bringing about organizational change.

## PART III - FINDINGS

### *Chapter 8: Description of sample*

Note: Information in this chapter is generally based on the final sample size of 263. Where there are missing variables the actual n used is indicated in the Table.

#### **The Children**

A purposive sample of 300 children and youth was requested from the six participating provinces. Two hundred and sixty-five participants were recruited providing 263 Assessment and Action Records that were adequate for data analysis. The provincial breakdown of the sample was as follows:

**Table D1: Provincial Breakdown of Participants**

Provinces	%	(n)
Newfoundland	9	(24)
Nova Scotia	10	(27)
New Brunswick	15	(40)
Prince Edward Island	5	(13)
Québec	11	(29)
Ontario	49	(130)
Total % (n)	99	(263)

There were slightly more males than females in the sample, (~51 percent and ~49 percent respectively at both assessment times). Table D2 shows the age breakdown of the participating youth.

**Table D2: Actual age of participants by assessment time**

Actual Age	Time 1 %	Time 2 %
10	5	1
11	8	4
12	12	7
13	12	15
14	12	13
15	15	14
16	17	14
17	9	17
18	6	9
19	2	5
20	1	1
TOTAL % (n)	99 (250)	100 (184)

At time one, the average age of children in the sample was 14 years (15 at time two). The most common, or modal age at time 1 was 16 years (17 years at time 2). This indicates that selection of participants for the 15+ sample was skewed towards the younger members of this group. This is not surprising as youth over 16 are starting to 'age out' of care to varying degrees (depending on the legislation of the province of residence). In fact, at time 1, 16 percent of the 15+ age group were in extended care arrangements indicating that they were already older than their province's legal definition of childhood. At time 2, 23 percent were in extended care. Some of the "missing" youth at Time 2 had aged out of the system. Only rarely did workers take this opportunity to find out what had happened to their former charges. Clearly, there are time constraints and pressures of current caseloads, which inhibit workers from such follow-up. Nevertheless it does indicate a systemic issue that is worthy of pursuit. In the 10-14 group, the ages were more evenly distributed, though as the table indicates, in this age group there was a tendency to choose the older young people (i.e., 12-14).

The ethnicity of the sample is difficult to categorize comprehensively. Some people responded to this question by indicating race, (e.g., Caucasian, Asian), some indicated nationality, (e.g., Canadian, Haitian), others responded by religion (e.g., Protestant,

Jewish) or language (e.g., French, English) and yet another group responded with nonspecific parentage (e.g., mixed parentage). The diversity of these responses is in part attributable to the open-ended format of the question. This question will need revision to obtain useful information in future use of *Looking After Children*. For current purposes, in order to obtain a manageable coding categorization for data analysis, certain assumptions were made (e.g., that those designated as *Canadian* or *Protestant* were categorized as belonging to mainstream society). Assignment to the group designated ‘other’ assumes that the included young people are members of a visible minority. Nonetheless, as some of the raw data was inconclusive at best, ‘other’ could conceivably include children who should more properly be in the ‘mainstream’ group. Given these challenges to the data analysis, the quantification of this variable is somewhat crude and more subjective than others.

**Table D3: Ethnic background of sample**

Ethnic Background	%
Mainstream	79
Aboriginal	6
Mixed parentage	5
Other	10
TOTAL % (n)	100 (257)

### Family Demographics

In discussing child welfare themes, Lovell and Thompson (1995) point out that child welfare services are often the domain of socially isolated, single mothers who live in poverty. This perspective is reinforced in our study. Prior to coming into care, the most common living arrangement for the young people was with a single mother. More than half of the sample came into care from single mothers or mothers with a partner other than birth father (57 percent). In the NLSCY data, these same categories accounted for only 17 percent of the population. Our data also showed that the majority of known

responses (80 percent)<sup>26</sup> regarding family income indicate an income which is fixed (e.g., social assistance, disability pension, etc. and therefore likely to be a low income). When fixed income is combined with those who earn less than \$20,000, low income accounts for 94 percent of the known income responses. In addition, only 27 percent of the mothers were identified as employed and 38 percent had no occupational identity or were identified as homemakers/students.

Income is generally understood to be linked to educational attainment. If so, prospects for mothers in our sample are limited. Nearly 2/3 of the sample (64 percent) had not completed High School.

With respect to fathers, much less is known. Social workers indicated that they did not know the father's education level in 58 percent of the cases. Nearly 40 percent did not know, or left blank, father's occupation. This is in addition to three percent where it was stated that the father's identity was unknown.

## **Placement Information**

Different provinces use various terminology with respect to the care status of foster children. Table D4 shows the care status by province, according to whether the child is in care permanently<sup>27</sup>, temporarily, or in extended care. It should be noted that parental rights are rarely terminated in the Province of Québec. For purpose of comparability, the cases from Québec have been categorized according to information from the case plan.

---

<sup>1</sup> Documentation of family demographics is generally a weak area in child welfare files. Information with respect to mothers was missing for over 40 percent of the sample and for nearly 60 percent of fathers.

<sup>2</sup> For permanent care parents' rights are terminated by court order or voluntarily; temporary care can also be by court order or voluntary agreement, but parental rights are not terminated. Extended care is for a former permanent ward who has reached the age of majority/emancipation but who is still receiving agency support/supervision. Voluntary agreements are negotiated with the parents or youth without resorting to courts.

**Table D4: Breakdown of care status by Province (n = 257)**

Care Status	NF %	NS %	NB %	PEI %	QUE %	ONT %	TI % (n)
Permanent	50	93	97	77	66	82	81 (208)
Temporary	25	0	3	8	24	2	7 ( 17)
Extended	25	0	0	0	4	12	8 ( 21)
Other	0	7	0	15	7	4	4 ( 11)
TL % (n)	100(20)	100(27)	100(38)	100(13)	101(29)	100(130)	100 (257)

It should be noted that the decision to skew the sample towards those in permanent care was a deliberate one on the part of most provinces. Those categorized as 'other' are youth in voluntary care, but where the intended length of stay is not clear.

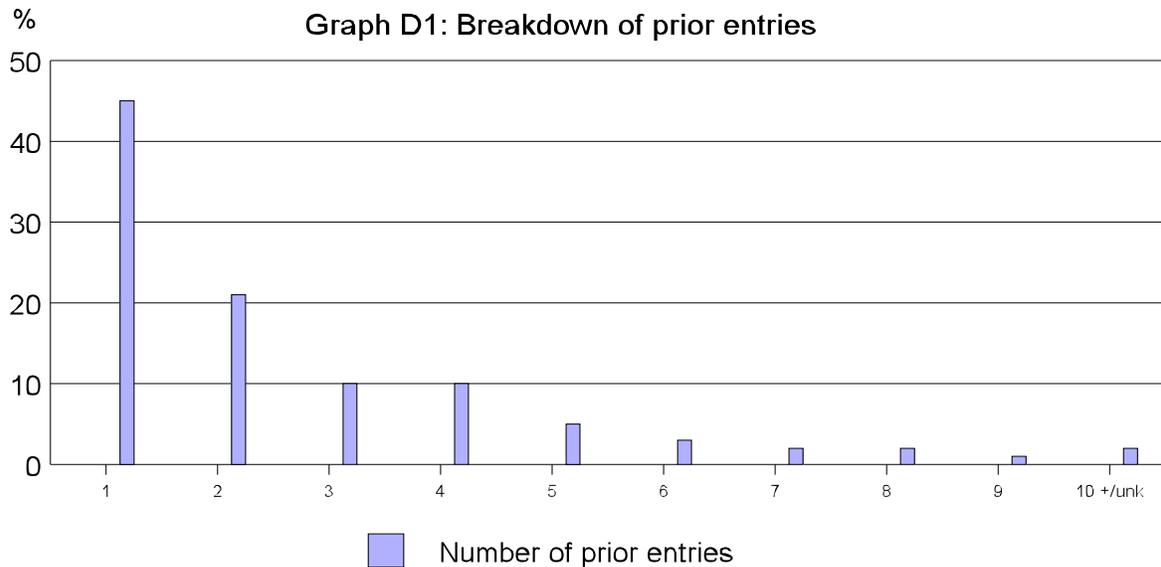
During the completion of the AAR, the majority of the sample were living in foster homes (75 percent at time one, 65 percent at time two). Current child welfare philosophy is leaning towards placement with family members whenever possible. Despite this, very few of these children were with biological family:

- with their parents, one percent at time 1 and two percent at time 2
- with grandparents, point four percent at time 1 and one percent at time 2
- with aunt/uncle, two percent at time 1, two percent at time 2.

Data showed that discontinuity is affected not only by placement changes but also by periodic attempts at family reunifications. More than half of the sample (56 percent) had been in care more than once.<sup>28</sup> Graphs D1 and D2 show the number of prior entries and placements, respectively.

---

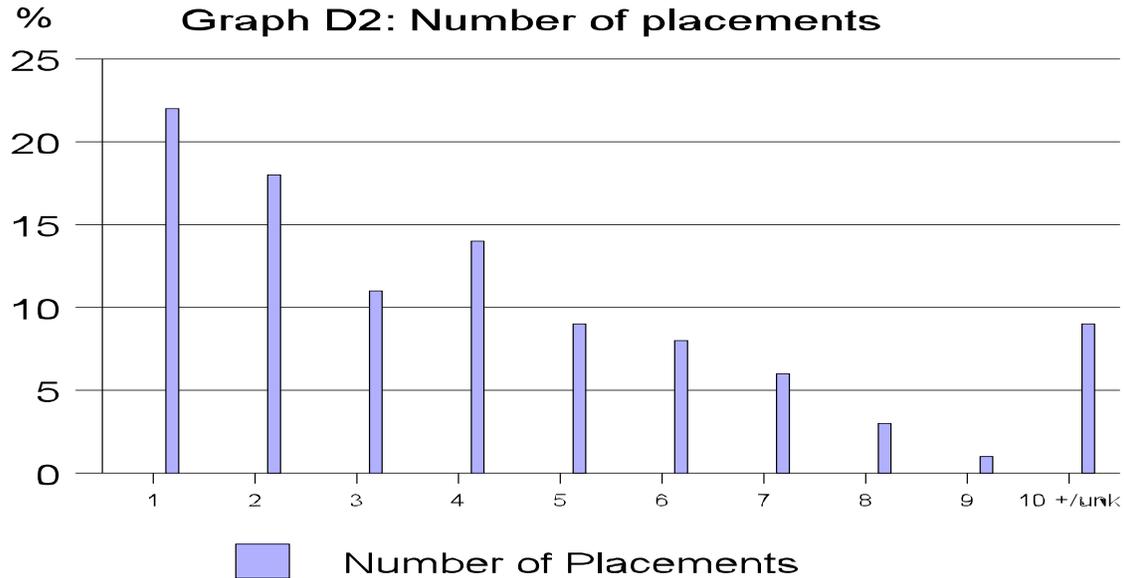
<sup>3</sup> The percentages noted in the text and the table are not interchangeable as they come from two different questions, 'is this your first entry to care?' and 'how many prior entries?'. Differences in percentages are caused by different response rates.



The average number of prior entries was 2.5 and the number of entries is unknown for two young people. Even though this accounts for only one percent of the sample, it is a disturbing finding that agencies do not possess this information for a given child. It is also disturbing to note that more than half the sample has entered care three or more times. As Steinhauer (1991) notes,

The child who has had multiple placements will have been exposed to multiple separations and parental figures. With each such separation, the child's sense of lovability, security and stability will have been further undermined... Since these children egocentrically assume that each such breakdown is their fault, it is not hard to see how their conviction of their inadequacy and unacceptability could be reinforced (pp. 66-67)

Graph D2 indicates similar findings regarding the number of placements each child experienced. The mean number of placements was 4. At the extreme, 1 youth had 31 placements and for 3 young people, the number of placements was unknown, most likely indicating that there were too many to remember.



The average length of time in care for the sample was 76.6 months or just over 6 years. This, in and of itself means nothing. As the majority of the young people in the sample are permanently in care, we were interested to know whether the placements are long standing indicating a sense of permanency to placements, or conversely, if length of time in care is highly correlated with discontinuity. Table D5 provides a breakdown of length of time in care by average number of placements.

**Table D5: Mean, range and mode by length of time in care**

Length of time in care	Mean number of placements	Range	Mode	Total %	(n)
0-60 months	4.15	1-19	2	45	(109)
61-120 months	4.09	1-21	1	37	( 88)
121 months or more	5.12	1-31	4	18	( 44)
				100	(241)

As table D5 shows, those in care 5 years or less had a lower number of placements, (range 1-19) than those in care for more than 10 years (range 1-31). Surprisingly, those in care between five and ten years had the lowest mean number of placements

(range 1-21). In the first category, the mode was two placements, accounting for 28 percent of that group. In the second category, the mode was one placement accounting for 22 percent. In the third category, the mode was 4 (21 percent). When all groups are combined the mode is also one. Although the most common number of placements was one, it only accounts for approximately 22 percent of the population. Thus, over three quarters of the sample have had at least two placements. Particularly disturbing is the high percentage who have experienced five or more placements.

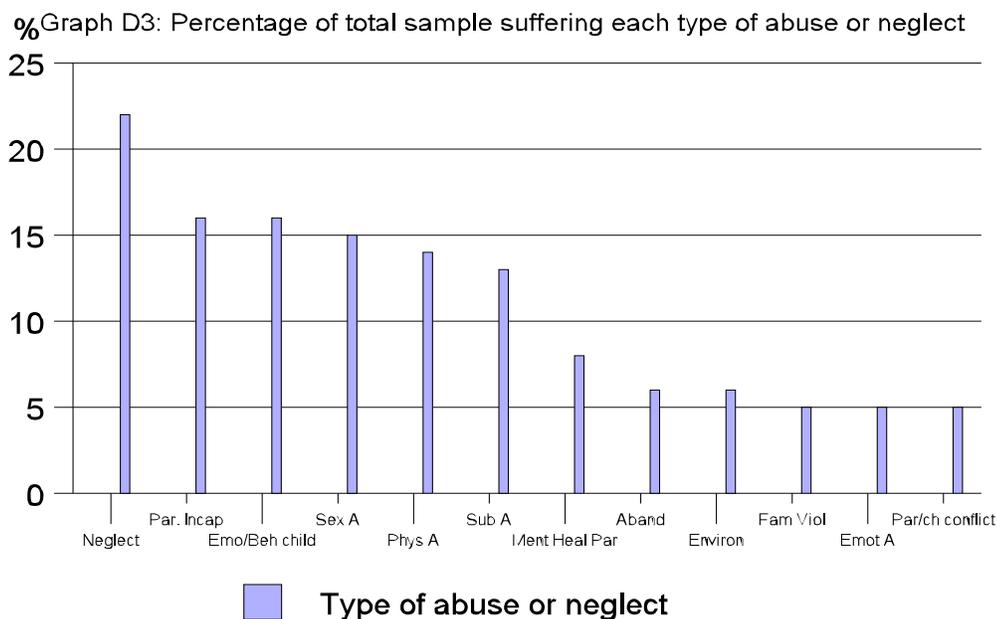
The information available in the Essential Information Record and the AAR does not allow us to definitively address this issue. Thus, it would be an important dimension to explore in future research.

### **Reason for Care**

Recently, several researchers exploring health issues in the foster care field have noted that the reasons why children come into care are becoming more complex, (Berkowitz, Halfon & Klee, 1992; Chernoff, Combs-Orme, Risley-Curtiss, & Heisler, 1994; Simms & Halfon, 1994). They note that socio-economic, environmental, situational and behavioural factors all overlap to create complex needs in the foster child population. Data from the Essential Information Records (EIR's) noted that 36 percent of this sample cited multiple issues as the impetus to care. Neglect was the most commonly cited reason, (individually and in combination with other reasons). The next highest reason was parental incapacity. This was followed by emotional/behavioural problems in the child, sexual abuse, physical abuse and substance abuse, in that order. Graph D3 provides percentage of sample who suffered each type of neglect or abuse. Because of the incidence of multiple reasons in some cases it should be noted that the total percentages exceed over 100<sup>29</sup>.

---

<sup>4</sup> Note: the categories of inadequate supervision, special needs, parents deceased, rejection, adoption breakdown, parent(s) incarcerated, prostitution, attachment issues and child's request all noted a frequency of three percent or less.



## Family Contact

A current trend in the field of child welfare is the focus on family preservation. In general, this is understood to mean that children should be removed from their families only as a measure of last resort and that family rehabilitation should be the plan of choice. It should also mean that children be provided with every opportunity to maintain family ties. Many studies have shown how children lose contact with their families once they come into care, (Bullock, Little and Millham, 1993; Cleaver, 1994; McAuley, 1996; McKenzie, 1993; Millham, Bullock, Hosie and Haak, 1988; Palmer, 1995). Further research has reinforced the value of maintaining contact (inclusive care), (Kufeldt, 1991, 1995; Millham et al., 1986; Palmer, 1995; Steinhauer, 1991). These same studies highlight how the loss of contact is detrimental to the young people with respect to their identity development and their ability to maintain support systems after they leave care. Nearly half of our sample have only little contact with their mothers and even less with their fathers.

One indicator of support of family contact and hence preservation might be derived from the distance that a child/family member would have to travel in order to visit. These data become more illuminating if one considers the amount of effort required to plan a visit

that may only require public transportation or a short car or cab ride (0-30 km), a circumstance which applies to a little over half the sample (53 percent), as opposed to a visit requiring an overnight stay (more than 200 km). When combined, the categories of more than 200 km, distance unknown and 'N/A' would account for 21 percent of the population. This may affect the amount of time youth can spend with their families. According to current child welfare philosophy, it is important to try and keep siblings together when they are in care. Information derived from table D6 indicates that 59 percent of the sample have siblings who are also in care. Of this group of 147 young people, 32 percent are not placed with their siblings.

**Table D6: Siblings placed together**

<b>Siblings placed together</b>	<b>%</b>	<b>(n)</b>
Placed with all siblings	24	
Placed with some siblings	16	
Placed separately	19	
No other siblings in care	34	
N/A	8	
<b>Total % (n)</b>	<b>101</b>	<b>(252)</b>

### **Concluding comments**

In summary the majority of the children and youth in our sample came from deprived circumstances and are now permanently in care. Despite the permanent status and the fact that the average time spent in care has been six years, there is little evidence that permanence in placement has been achieved. Fully one third have been what Bullock, Little and Millham describe as “*oscillators* or ‘yo-yo’ children”, children who move in and out of care (1993, p. 6). In addition, multiple placements have been experienced by too many of them. The extent of discontinuity is not mitigated by maintenance of family ties. The following chapter will explore the degree to which their experiences have impacted on their developmental status, and how their progress compares to young people in the general population.

## **Chapter 9: Developmental Dimensions**

### **Introduction**

This chapter provides the main results of the data analysis with respect to the seven dimensions of development assessed in the AARs. These findings have been organized around key questions that should be considered with respect to looked after children. For ease of reference the key questions have been highlighted in a box at the beginning of each developmental dimension.

The intention is to give the reader a sense of how the participating children and youth are progressing overall. Three criteria were used to decide which findings would be presented. The first was the relative importance of the data (e.g., the overall health status). The second criterion was deviation from the norm (e.g., are foster children progressing better or worse than the general population). The final consideration was general interest or intriguing findings (e.g., females and older youth having less positive educational experiences). Obviously, these criteria have dictated some selection in presentation of findings. Those interested can contact the authors of this report for further information.

Prior to presenting the material, some clarification is required regarding the sources from which the material was derived and the subsequent terminology used.

\* Total sample: This includes all the children/youth for whom there is a completed first round Assessment and Action Record. It is based on a sample size of 263. This provides a cross-sectional overview of the developmental status of all the children and youth who participated in the study;

\* Matched time 1 and time 2 sample: This is a summary comparison of the results at the time 1 and time 2 applications of the Assessment and Action

Records. This will include only the children and youth for whom there is a completed first and second round Assessment and Action Record (n = 185);

\* Comparative data: Where applicable and/or appropriate a comparison of the status of the *Looking After Children* sample is compared to a non-random sample of members of the general population.

\* The 10-13 year age group in the LAC<sup>30</sup> sample is compared to the general population, using data from the National Longitudinal Survey of Children and Youth (NLSCY).<sup>31</sup> This restricted age group is used, as comparative data for the older age group are not yet available. This will include all children and youth, in the appropriate age group, for whom there is a completed first round Assessment and Action Record<sup>32</sup>. It should be noted that the NLSCY did not provide comparisons for all variables. We selected questions the same as or comparable to ones in the AARs;

\* In addition to the sample of 263 foster children and youth, the *Looking After Children* protocols were used with 45 young people who were not clients of child welfare services and agencies. The findings for these children and youth are referred to as the comparison group.

\* Where other studies with relevant data were available, their findings were compared to the overall time 1 sample. When these studies are used, that fact is noted in the text.

---

<sup>1</sup> For convenience, in this chapter we use the abbreviated LAC for the looked after sample. Normally we stay away from this acronym in deference to the expressed opinion of the youth. They do not like being referred to by acronyms, and as some said, 'LAC' (or lack) indicates the opposite of what *Looking After Children* is about.

<sup>2</sup> The NLSCY is a longitudinal study conducted by Statistics Canada and Human Resources Development Canada which looks at the development of Canadian children as they grow from infancy to adulthood. The NLSCY is a combination of self-administered questionnaires and telephone interviews which occur every two years.

<sup>3</sup> Information from the NLSCY data with respect to youth responses is based on their sample size of 4498 youth (10-13 years). The comparative overall time 1 LAC sample of the 10-13 age range is 95. When the care giver responses from the NLSCY are noted, a larger sample is used (n = 20,025). This larger sample is based on an age range of 0-13, as a breakdown by age is not yet available. Extreme caution should therefore be exercised with respect to comparing care giver responses. The NLSCY teacher questionnaire had a sample size of 6761.

## Health

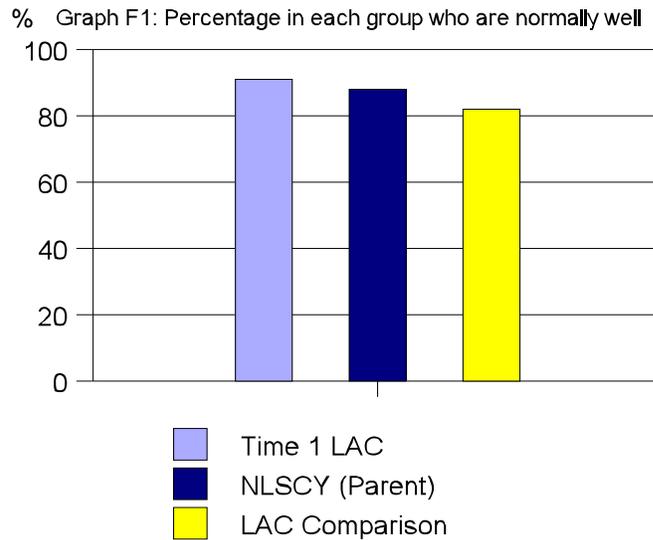
*Keeping their children physically healthy . . . could be seen as the basic parental task. . . . An informed attitude to health care, prevention and promotion is related to high standards of self-care and competence (Parker et al., 1991, p. 84, 87).*

- \* are the children in our sample normally well?**
- \* to what extent do they have special health needs which must be met?**
- \* are they exposed to a balanced and healthy diet?**
- \* do they get regular exercise?**
- \* are they (particularly the older youth) aware of risks associated with addictive substances?**
- \* are needs for information with respect to sexuality being met?**
- \* did the use of the AARs make a difference?**

*Are the children in the foster care sample normally well?*

Children and youth in the *Looking After Children* sample appear to enjoy good overall health. This perception is reinforced by comparison to the National data and the comparison group.

In the total time 1 sample 91 percent were described as normally well. This compares favourably to the NLSCY sample and to the comparison group.



Percentages of good health status for youth in the LAC sample appear higher than that of the national population. For example, in the LAC sample, care givers responded that 93 percent of the youth are normally well. In the NLSCY, 88 percent of parents reported that their children's health is excellent or very good. Additionally, the LAC comparison group indicated that 82 percent of participants were normally well. As the *Looking After Children* sample appeared to enjoy the benefits of relatively good health, large changes between the two applications were not anticipated. Those youth in the matched data set indicating that they were normally well, remained constant across both applications (93 percent each time).

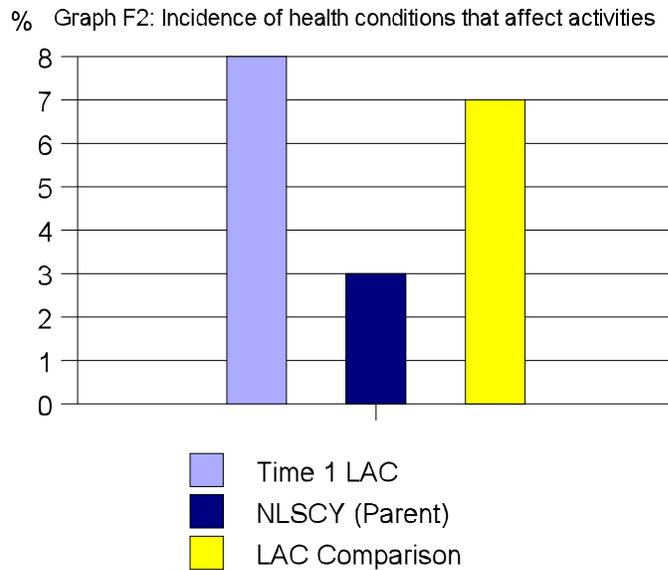
*To what extent do they have special health needs which must be met?*

The protocols also asked about on-going health conditions. For the total sample, 32 percent indicated that they had on-going health conditions. This appears to fit with the literature that shows a high incidence of chronic health problems in foster-children (Mather et al., 1997). However, there may be some difficulty with the question itself. When this question was posed to the comparison group, the percentage who indicated long-term health conditions (38 percent) was higher than all those derived from the LAC data. The decision to include allergies as examples of chronic conditions may have

affected our results. In the matched data set, 28 percent of the looked after youth indicated that they had ongoing health conditions at time one. This decreased to 24 percent at time 2.

The question asked by the NLSCY was not the same. In that study parents were asked if the children had any long-term conditions which affected ability to go to school, play, etc. Only three percent of parents reported that their children had such a long-term health condition. We therefore compared the two groups based on a later question in the AAR: conditions affecting ability to exercise.

The *Looking After Children* protocols asked who was advising the child if they had a medical condition that affected ability to exercise. In the overall sample, 92 percent indicated that the question was not applicable as they had no such medical condition. Deductively, eight percent had such a condition. The comparison data also indicated 93 percent not applicable, thus seven percent had a condition. These questions are not directly comparable so definitive statements cannot be made. Nonetheless, the incidence of chronic health problems in this in care sample does not appear to be substantially greater than the general population.



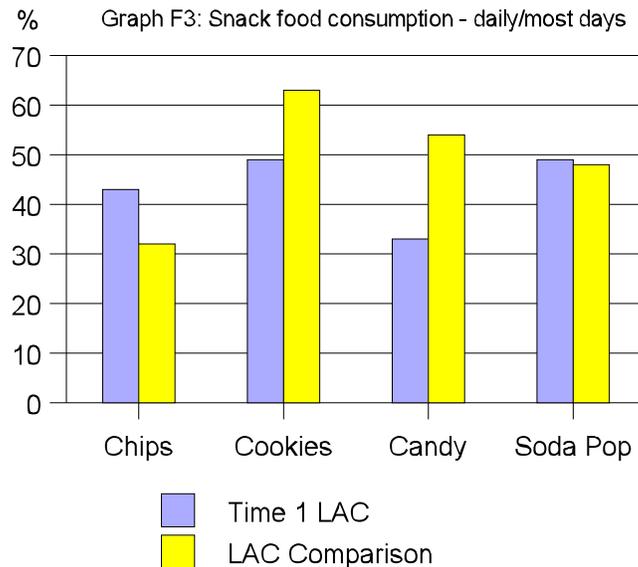
In the matched data set, 91 percent at time one had no need for advice about such medical conditions, this increased to 93 percent at time two.

*Are they exposed to a balanced and healthy diet?*

In the total time one sample, most made healthy food choices. For example, 82 percent ate vegetables and salads every day or most days. Over 90 percent included milk in their diet. Not surprisingly, both age groups ate snack foods, especially soft drinks and potato chips. Almost half of the group, 49 percent, drank soft drinks every day or most days. The 15+ group were more likely to use snack foods than the 10-14 group. Even though their food choices were generally good, it is not clear whether they meet minimum daily requirements without knowing the number of servings per day for particular food groups.

In relation to the LAC comparison group, the time one sample fared well. Consumption of fruit, vegetables, milk and bread, everyday or most days was high for both groups (84 to 95 percent for both groups). Meat was the primary source of protein for both groups (LAC Time 1, 87 percent, LAC comparison 80 percent). Snack food consumption

showed some significant differences.



Forty-three percent of the time one sample ate chips everyday or most days versus 32 percent in the comparison group. Only nine percent of the LAC time one group never ate chips versus 22 percent of the comparison group ( $p < .047$ ).<sup>33</sup> For cookies, 49 percent of the time one group versus 63 percent of the comparison group ate them daily or most days ( $p < .021$ ). The comparison group also had more daily/most days consumption of candy than the time one sample (54 and 33 percent respectively,  $p < .04$ ). Even though daily/most days consumption of soda pop was comparable (49 percent-time one, 48 percent LAC comparison), the differences were still significant ( $p < .000$ ). This is likely due to the fact that seven percent of the LAC time one sample stated they never drank pop compared to 27 percent in the comparison group.

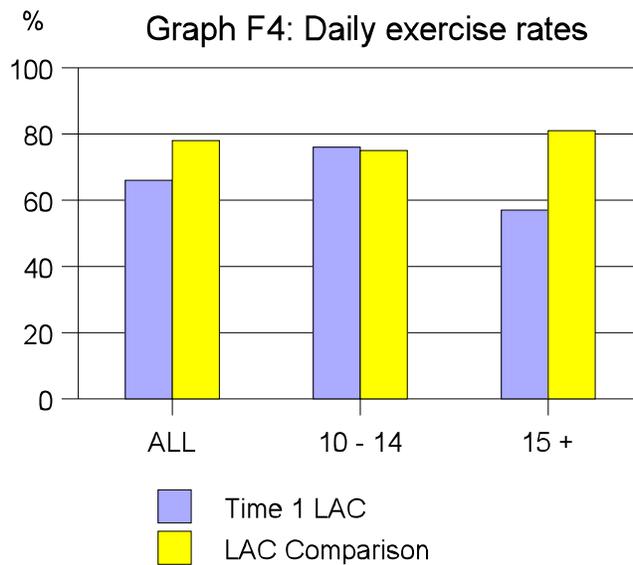
*Do they get regular exercise?*

Activity levels for the time one sample were minimally satisfactory but no worse than

---

<sup>4</sup> Where p values are indicated, they are based on chi-square cross-tabulations.

their contemporaries. Only 2/3 of the youth in the time one sample exercised (walk or play outside) daily versus 78 percent of the comparison group. In the time one sample, the 10-14 age group exercised more frequently than the 15+ group - 76 percent and 57 percent respectively. Conversely, the situation is reversed in the comparison group. For these youth the 15+ youth exercise more than the younger cohort (81 vs. 75 percent). Consequently, the 10-14 youth in both groups exercise at comparable levels but the 15+ in the comparison group exercise a great deal more than the in care group.



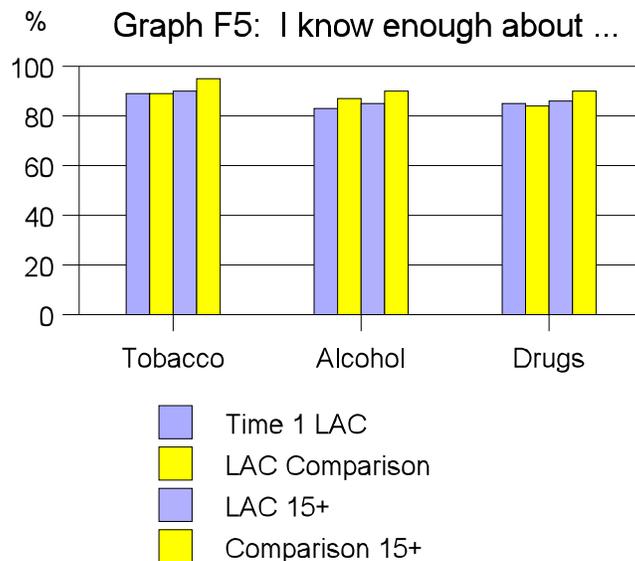
In the matched data, approximately two thirds of the sample stated at both applications that they exercised at least once a day. About five percent indicated at both applications that they exercised less than once per week. With respect to age groups, the younger cohort had a higher response rate for daily exercise (~ 75 percent both applications), than the older group. Conversely, the older group improved their rate of daily exercise by six percent (from 54 percent to 60 percent).

The NLSCY results indicate that by international standards Canadian youth are fairly

active (Canadian Council on Social Development, 1997).<sup>34</sup> The Canadian Fitness and Lifestyle Research Institute (1995) is cited which indicated that only 1/3 of Canada's children meet the requirements for optimal development.

*Are they aware of risks associated with addictive substances?*

*Looking After Children* protocols asked a series of questions regarding tobacco, alcohol and drug usage. Within these questions youth were asked if they had enough information on these subjects.



As the graph shows, there was very little difference in the amount of knowledge held between the total time one group and the comparison group as well as for their respective 15+ cohorts. In the category of tobacco approximately 90 percent of all respondents stated they knew enough. The only exception was that 95 percent of 15+ youth in the comparison group responded that they knew enough. In the alcohol

---

<sup>5</sup> The Canadian Council on Social Development (CCSD) reports are derived from the NLSCY data.

category, the time one sample had enough information in 83 percent of cases, 87 percent for the comparison group. In the 15+ sub groups, 85 percent of the time one sample and 90 percent of the comparison sample responded the same. The drug category had similar findings in that the total time one sample and its 15+ subgroup as well as the overall comparison group had a response rate of approximately 85 percent. The 15 + group of the comparison group had a response rate of 90 percent.

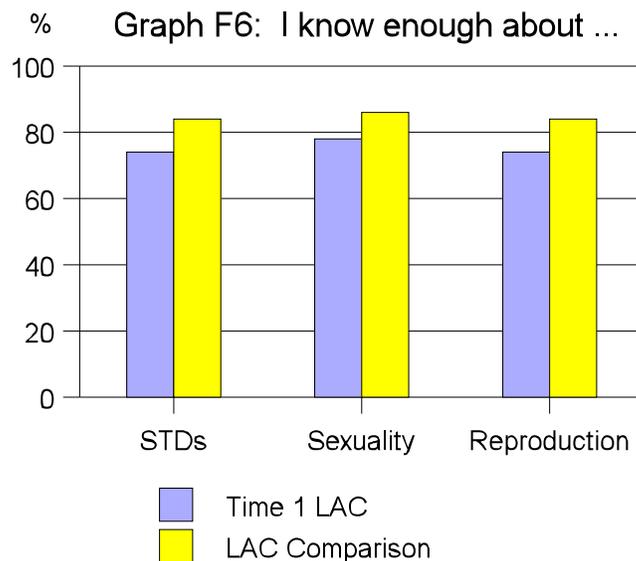
However, awareness does not necessarily translate into prudent behaviour. A fairly high proportion of youth use addictive substances and we found this to be significantly related to the number of school changes. Frequent school changes may mean that youth are missing some important pieces of information in this area. It may also indicate that the stress induced by the disruption of schooling is handled by resorting to substance use.

In the matched data set information about the effects of tobacco increased between applications from 89 percent to 97 percent ( $p < .027$ ). While the changes for the 15+ group were not statistically significant, these young people also improved their knowledge base substantially (90 percent to 98 percent). Similar patterns were seen in information regarding alcohol. The matched data set showed an increase in having information from 83 to 91 percent. The 15+ showed significant change from 86 to 97 percent ( $p < .025$ ). The changes in information on drugs also showed improvement, but not to the extent noted for alcohol and tobacco. The matched data set increased their knowledge base from 85 to 89 percent while the 15+ cohort increased from 86 to 94 percent.

*Are needs for information with respect to sexuality being met?*

Like the questions on substance use, the series of sexuality questions also asked if the youth had enough information on this topic. These were broken into three areas, namely: sexually transmitted diseases (STDs), sexuality/sexual orientation and

reproduction/birth control.



As the graph shows the youth in the time one sample were not as well informed as their counterparts in the comparison group. On the subject of sexually transmitted diseases, the time one group had enough information in 74 percent of the responses while the comparison group noted 84 percent. With respect to sexuality/sexual orientation, 78 percent of the time one group and 86 percent of the comparison group stated that they knew enough. Again with reproductive/birth control knowledge, the comparison group knew more (84 percent as compared to 74 percent). None of these differences were significant. According to Bibby and Posterski (1992), approximately 85 percent of Canadian youth (15 -19 years of age) have taken sexual education courses and approximately 90 percent are knowledgeable about birth control. While the LAC comparison group closely mirrors the statistics noted by the authors, the looked after sample lag behind.

Sexuality information for the time one looked after sample lagged behind the comparison group and statistics noted in the literature. The situation was improved for the matched data set across the applications. Having enough information regarding STD's increased from 76 percent to 86 percent. This change was significant at the .02 level. Having knowledge about sexuality and sexual orientation improved from 77 percent to 84 percent and knowledge on birth

control increased from 70 to 80 percent. By time two, the youth in the matched data set more closely approximated the level of information noted by the comparison group and the literature. *Did the use of the AARs make a difference?*

The *Looking After Children* sample appeared to enjoy better health than the literature would lead us to believe. In relation to the specific questions noted above, the looked after sample were relatively on par with the comparison group and the applicable national samples. In addition, they showed general improvement across the two applications of the assessment and action records, particularly with respect to information on sexuality. Overall, the health dimension seems to be well served.

## **Education**

*There are strong arguments for social workers to give a far higher priority to the educational dimension in their work with children in care (Parker et al., 1991, p. 91).*

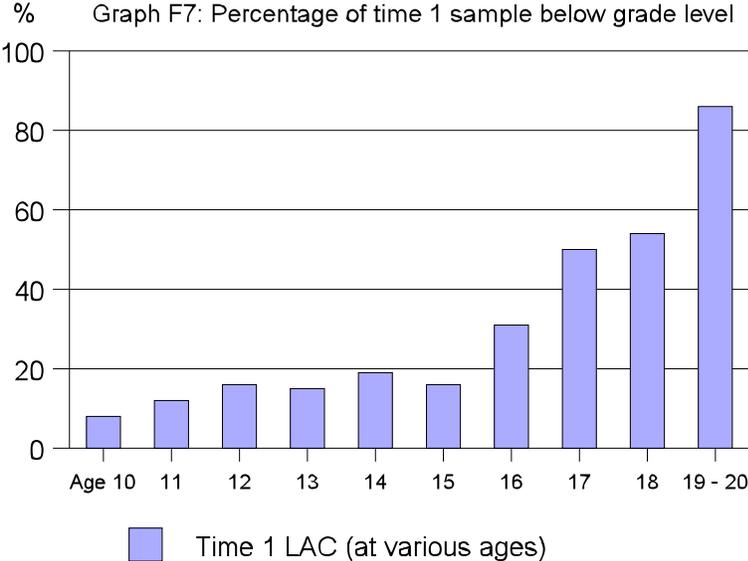
- \* what is the general picture with regard to educational attainment?**
- \*to what extent can we determine the quality of care in terms of educational needs (this would include meeting special educational needs, guarding against school disruption, home supports for schooling, ability to pursue special interests)?**
- \* what are the literacy skills of the looked after children and youth?**
- \* is adequate planning taking place with respect to long term (career) educational needs?**
- \* did the use of the AARs make a difference?**

*What is the general picture with regard to educational attainment?*

The data derived from the *Looking After Children* project with regards to education was not promising. It appeared that the in care sample who participated in the study were not doing well in comparison to National samples and the LAC comparison group. For example, over 50 percent of the time one LAC participants were tested for learning difficulties. This is

approximately twice the national average for psycho-educational assessments. This is also confirmed by the rate of testing in the LAC comparison group which stands at 23 percent (differences between time one group and comparison group were significant,  $p < .000$ ). In the matched data set, testing for learning difficulties increased between the two applications, from 53 percent to 57 percent at time two.

The LAC sample also lagged behind in grade level attainment. In the time one sample 25 percent of the youth were below grade level compared to only five percent in the comparison group. As time one youth aged, the percentage falling below grade level increased. This is demonstrated dramatically in the following graph.

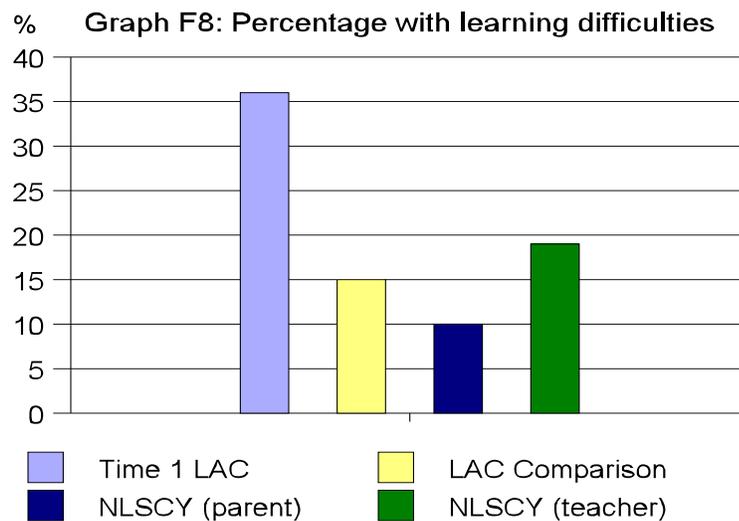


As the graph shows, eight percent of 10 year olds fell below grade level. For the 18 year olds in the sample, 54 percent were below grade level. For those youth 19 and 20, a startling 86 percent are below grade level. No such pattern was seen in the comparison group. In fact only two ages showed any youth falling below grade level in the comparison group, one each at age 13 and age 17. Perhaps the most telling fact was that only one youth out of the 263, in the LAC time one sample was ahead of grade level. Nineteen percent of the matched data set were below grade level at time one, but by time two, 26 percent were below grade level.

To what extent can we determine the quality of care in terms of educational needs?

### Meeting Special Educational Needs

As noted above, youth in care were assessed for learning difficulties at a high rate. They also had a high rate of learning difficulties.

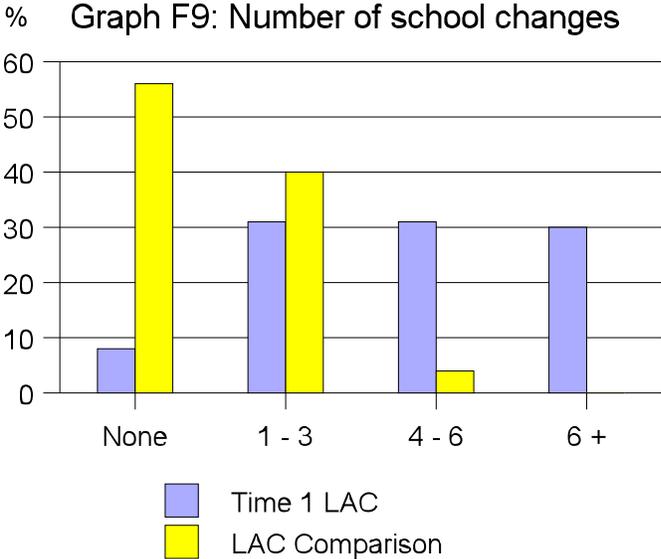


A full 1/3 of all children sampled (time 1) responded 'yes' to the question: Do you have a learning difficulty (approximately 40 percent for the 10-14 group and 27 percent of the 15+). It is worth noting that the proportion of children in the sample indicating that they had a learning difficulty (36 percent) is more than three times the national average which has been estimated at about 10 percent by the NLSCY. The NLSCY reported from their teacher questionnaire that 19 percent of students were receiving extra help because they were weak in certain subjects or skills (this does not necessarily fit into the category of having a learning difficulty). Approximately 30 percent of the looked after children were receiving special help. The comparison group noted learning difficulties between the two NLSCY figures (15 percent) but the difference between the comparison group and the time one sample was significant ( $p < .006$ ).

For those who indicated that they had a learning difficulty in the time one sample, 91 percent were receiving help. Thus nine percent were not receiving any extra help. In the comparison group, all affected youth were receiving extra assistance to address their learning difficulties. In the matched data set, by time two, three more youth had been identified as actually having a learning difficulty. Ninety-five percent of those with difficulties were receiving help at time one, 94 percent at time two. The need for specialized learning materials/equipment had decreased by eight percent at time two. Given that it is unclear whether or not the youths' educational needs have been adequately recognized, it is equally unclear how these slight changes should be interpreted.

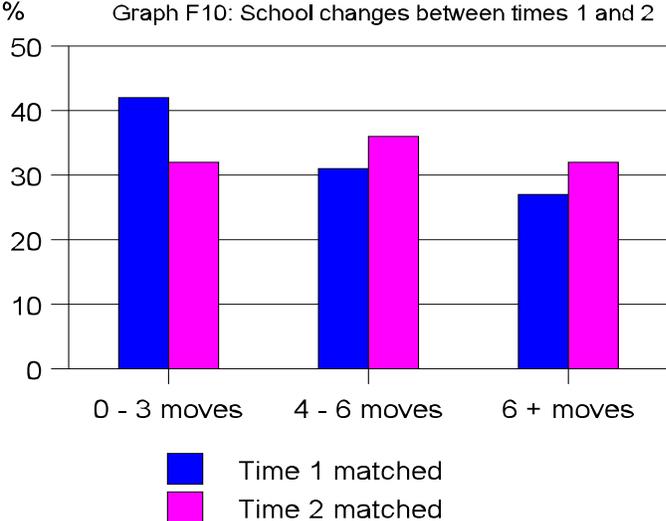
*Guarding Against School Disruption*

School disruption for our purposes here is defined by the question: How many times have you had an unscheduled change of school since you were five? These are unplanned changes, not the usual changes that everyone may experience, such as the change from elementary to junior high.



As the chart shows, the difference between the LAC time one sample and the comparison group is significant ( $p < .000$ ). Only eight percent of the LAC sample had no school changes

whereas 56 percent of the comparison group responded that they had no school changes. At the opposite extreme, 30 percent of the LAC sample had more than six changes (or number unknown) while no youth in the comparison group reported the same. School disruption did not improve between the two applications.



As the graph shows, at time one, 42 percent had three or less moves, by time two this had decreased to 32 percent. Between 4 and 6 moves increased by five percent (31 to 36 percent) and more than six moves increased from 27 to 32 percent.

*Home Supports for Schooling*

In this category we include things such as an appropriate place to complete homework. It also includes individuals (normally in the household) who provide support/encouragement for completing school work, as well as those who liaise with the school on the young person’s behalf.

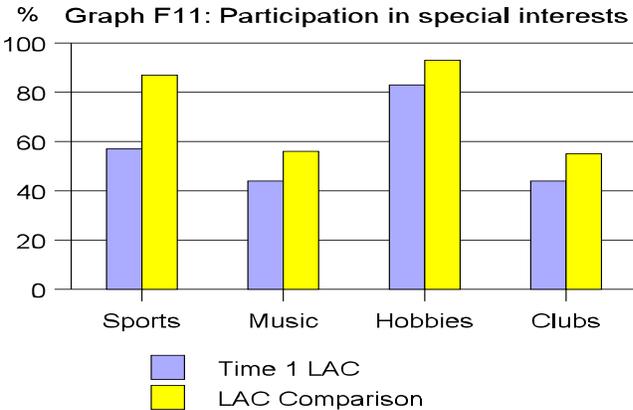
These questions generated a high level of positive responses. In the time one sample, 99 percent indicated that they had an appropriate place to do their homework (98 percent in comparison group, 89 percent NLSCY). Ninety-one percent stated that they had someone

(other than themselves) to support and encourage them in the completion of school work (84 percent in comparison group) and 92 percent stated that they had someone who would attend progress meetings and otherwise liaise with the school on education matters (98 percent in comparison group).

In the matched data home supports for schooling were high in both assessments. Ninety nine percent of the youth had an appropriate place to do homework at time one. At time two, this figure was 98 percent. Nine percent of the youth did not identify anyone who provided support for homework and assignments at time one. This increased slightly to 11 percent at time two. Included in these percentages were those youth who responded that they provided that support for themselves (eight and 10 percent respectively). When asked who goes to your school to discuss progress with teachers, etc., only seven percent of the time one youth did not supply the name of an individual, although two of that seven percent indicated that they were responsible themselves. At time two, only four percent could not supply a name and no youth indicated personal responsibility for this task.

*Ability to Pursue Special Interests*

Special interests include activities such as playing sports, playing a musical instrument or being involved in a choir, having hobbies, and/or belonging to clubs or organizations.



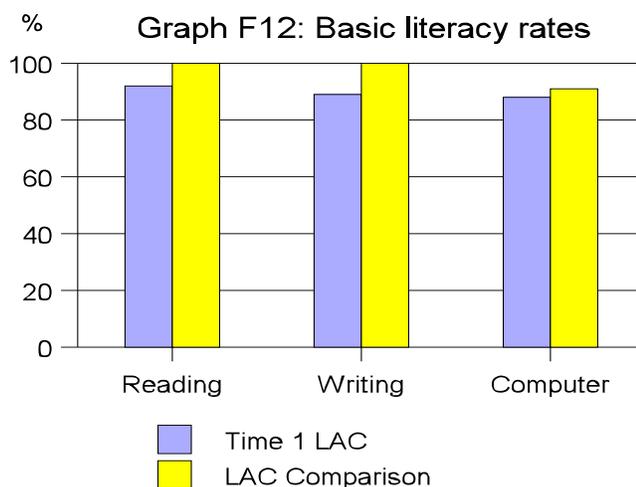
As the chart shows, the time one sample had lower but relatively close rates of participation with the comparison group in music (44 percent vs. 56 percent), hobbies (83 percent vs. 93 percent) and belonging to clubs and organizations (44 vs. 55 percent). In the area of sports, the time one sample had a 57 percent participation rate as compared to the 87 percent participation rate of the comparison group ( $p < .000$ ). Perhaps the difference on the sports participation is related to the high cost of sports equipment and membership fees. These may be out of reach for some foster families.

The NLSCY asked about participation in these types of activities. In general, the rates of response appear comparable, but they have subdivided their questions and asked them in different combinations. Consequently, direct comparisons are not appropriate.

In the matched data set, special interests showed only minimal changes between the two applications.

#### *What are the literacy skills of looked after children and youth?*

Basic literacy skills include the ability to read and write. Increasingly they also include the ability to use a computer. These abilities were all addressed in the *Looking After Children* protocols. The first two areas were addressed with the 15+ group only but computer literacy was applied to all young people in the sample.



### *Reading*

In the time one LAC sample 92 percent of the youth indicated that they could read well enough to understand and enjoy a newspaper or magazine. This compares to a 100 percent response rate in the comparison group.

### *Writing*

Like reading, the comparison group indicated that 100 percent could write well enough to fill out a job application. Only 89 percent of the LAC time one sample indicated the same.

Reading and writing abilities dropped between the applications. At time one 93 percent of the matched data set indicated that they could read well enough to enjoy a newspaper or magazine. By time two, this percentage decreased to 90 percent. At time one, 88 percent indicated that they could write well enough to complete a job application. By time two, this percentage had dropped to 85. It may well be that this is not a factual drop in ability. It may reflect that with greater maturity the youth are more aware of their ability and lack thereof.

### *Computers*

Eighty-eight percent of the time one LAC sample stated that they knew how to use a computer with an additional six percent indicating that they were learning. In the comparison group, 91 percent stated 'yes' and an additional seven percent stated that they were learning. This left six percent of the time one sample versus two percent of the comparison group not able to use a computer. In the matched data set, this ability stayed relatively the same across both applications (89 to 90 percent).

The differences between the groups were not large (nor significant). In addition, the differences are not notably different from the national norms. The Canadian Council on Social Development noted that poor literacy in Canadian youth runs at a rate of about 10

percent (1998, p. 47). Nevertheless it is important to remember that these are basic literacy skills which should be held by all young people. Without them, opportunity for future academic/occupational success is limited.

*Is adequate planning taking place with respect to long-term (career) educational needs?*

The *Looking After Children* protocols investigate whether or not a young person has received advice regarding educational and occupational plans for the future. These questions were age group specific. The 10-14 cohort was asked if they had discussed future educational/occupational plans. The older cohort was asked to identify if they had received enough information.

In the 10-14 group there was little distinction between the time one sample and the comparison group. In the looked after sample, 58 percent indicated that they had not discussed it yet (67 percent comparison group). Consequently, 42 percent of the time one sample and 33 percent of the comparison group had sought out information/advice regarding future occupational plans. In the matched data, 46 percent indicated that they had been given advice at time one. At time two, this percent had increased to 54 percent.

In the 15+ group, there was practically no difference. In both groups 48 percent indicated that they had discussed future plans and did not require further information. Thirty four percent of the time one sample and 33 percent of the comparison group indicated that they had discussed plans but wanted more information. The remaining youth had not discussed future plans. In the matched data set, there was an 11 percent increase in those who indicated that they had enough information (47 to 58 percent).

*Did the use of the AARs make a difference?*

How are we to account for these findings? The pre care and in care experiences of foster children and youth may have affected their emotional and behavioural state to the extent that

they are difficult to serve in a school setting. This is attested to by the over testing for psycho-educational difficulties and lower levels of educational attainment. If indeed this is the case, then it would be anticipated that extra effort would be directed into educational initiatives for these children and youth. Unfortunately, there seems to be an acceptance by those who participated in the completion of the AARs, that the disadvantaged educational status of the looked after youth is acceptable.

Negative findings were apparent throughout the entire educational dimension. In addition there was some evidence to suggest that these poor educational findings were worse for youth in the 15+ age group and for the young women. This is certainly a call for more attention to be paid to educational needs and planning. It is also a call for child welfare and educational personnel to come together and collaborate more closely with respect to serving this population.

## **Identity**

*Workers have become increasingly aware of how essential a secure sense of identity is to children's well-being. . . . 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. 97, 99).*

- \* do the young people have sufficient knowledge of their family of origin?**
- \* what attention is being paid to the importance of life books and background information?**
- \* do they have sufficient understanding of their current situation?**
- \* are they comfortable in explaining it to others?**
- \* is care received sensitive to their cultural and ethnic roots (including language)?**
- \* do these young people have a generally positive view of themselves?**
- \* is this reinforced by their care givers?**
- \* is there a sense of optimism about the future?**
- \* did the use of the AARs make a difference?**

*Do young people have sufficient knowledge of their family of origin?*

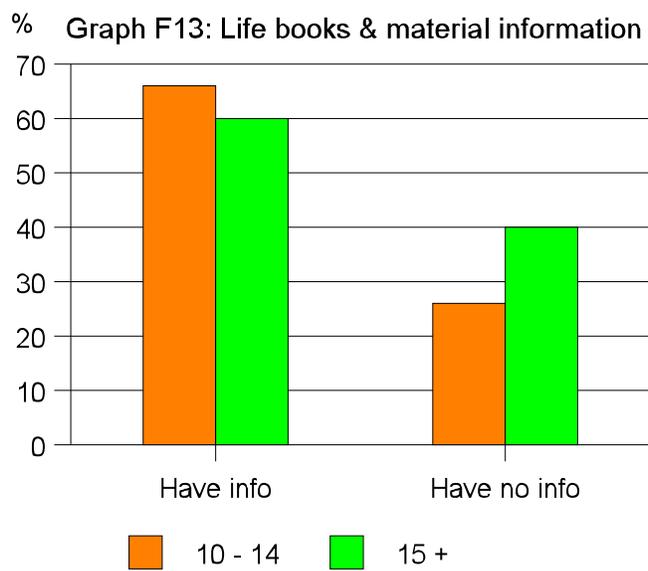
A key aspect of identity is knowing one's history and background and being rooted in a sense of family. Children growing up with biological families have a sense of their cultural background and are often in touch with family members. For children in care, this unfortunately does not always happen. The majority of participating children and youth in the total time one sample stated that they could name 'all or most' of their family members (55 percent). A very small percentage indicated that they knew no members of their birth family (~ three percent). This contrasts sharply with the responses of the comparison group. These youth responded that they could name all or most of their family in 96 percent of cases. This was significantly different from the total time one sample at the .000 level.

In the matched data, knowledge of birth family improved slightly between the two applications. At time one, 53 percent could name all or most of their family members. This increased to 56 percent at time two. The very small percentage who indicated that they knew no members of their birth family decreased slightly between the two applications from three percent to two percent. The youth were also asked if they needed more information about their birth families. The data showed that the young people seemed uncertain about their

need for family information. The young people who indicated that they knew enough decreased slightly from time 1 to time 2 (55 to 54 percent). The increase in wanting more information but at a later date (eight to 10 percent) as well the increase in saying they could do it on their own (five to 15 percent), may be indicative of a reluctance or ambivalence to address issues of family. The more optimistic view is again with respect to awareness raising. Informal debriefing with participants indicated that young people were able to express the need to be reconnected to members of extended family. If this occurred they would then have access to such personal sources of information, rather than being dependent on their social worker. Nonetheless, one should not lose sight of the fact that 32 percent of youth at time one and 21 percent of youth at time two stated that they would like help obtaining information on their birth families. This is a statistically significant improvement ( $p < .005$ ). However action is required for the one fifth who still need help.

*What attention is being paid to the importance of life books and background information?*

Because of the potential amount of moving and discontinuity in their lives, it is important that children in care be assisted in maintaining a life-book, including photographic records. To assess the extent to which this type of activity is occurring, the youth were also asked a question concerning material information they had relating to their past (e.g., photo albums, life books, report cards, etc.). The question had a slightly different wording for each age group.



In the total time one sample, two-thirds of the 10-14 year old age group were receiving help with a personal album and 60 percent of the 15+ had sufficient photographs and information. However a sizeable number were not as fortunate. Twenty-six percent of the 10 -14s and 40 percent of the 15+ had nothing.

The 10-14 year old age group in the matched data also showed that two-thirds were receiving help with a personal album. This increased to 74 percent at time 2. For the 15 and over group, at both assessment times 57 percent responded that they had enough material. Conversely, at time 2, 20 percent of the 10 -14s were receiving no help, and 43 percent of the 15+ did not have sufficient information. Given the higher percentage of affirmative responses for the 10-14 group, 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.

*Do they have sufficient understanding of their current situation?*

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 youth were asked if they could explain why they were in care. Also explored was their sensitivity when asked personal questions about their life circumstances (e.g., why are you in care, why are you living away from your parents, etc.).

In the total time one sample, 84 percent of the youth participants indicated that they could explain why they were in care. Eight percent indicated that they could not explain why and a further eight percent were unsure. Consequently, it would be expected that those not needing to discuss this subject should be relatively high. However 30 percent indicated that they did need to discuss this further, despite the claim of some of them that they could explain the facts.

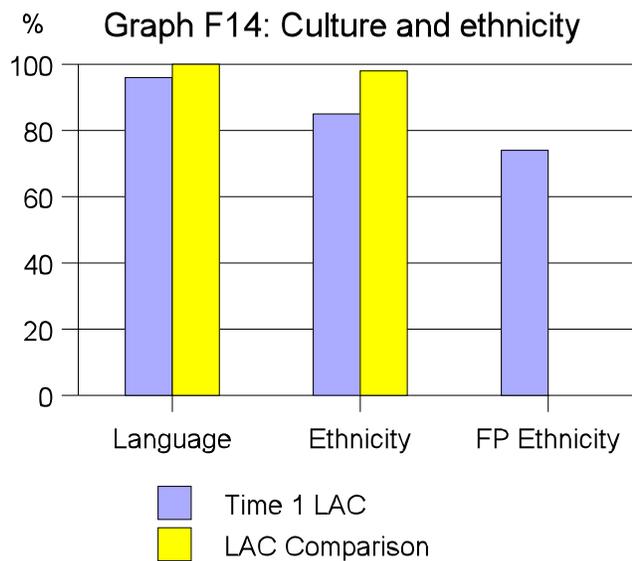
In the matched data, youth participants indicated that they could explain why they were in care in 82 percent of the time one responses. By time two an additional six percent could provide explanation. This increase appears to have come from the don't know category which disappeared at time two, while those responding no stayed the same.

*Are the youth comfortable in explaining their current situations to others?*

Knowledge of their circumstance and being able to explain it, did not necessarily translate into these young people feeling comfortable about explaining it. When asked, 'Do you ever have to answer questions that make you feel awkward or uncomfortable' a sizeable proportion of the sample reported difficulty in this area. In the total time one sample, 43 percent indicated that this was the case. In the time one sample of the matched data, 43 percent also indicated that this was the case. By time two the percentage dropped to 39 percent. This is still relatively high.

*Is the care received sensitive to their cultural and ethnic roots (including language)?*

Looked after youth, by virtue of their in care status are sometimes removed from the elements that make up their cultural and ethnic heritage. It behooves those responsible for the care of these youth to ensure that every opportunity is taken to allow them to explore this aspect of their identity.



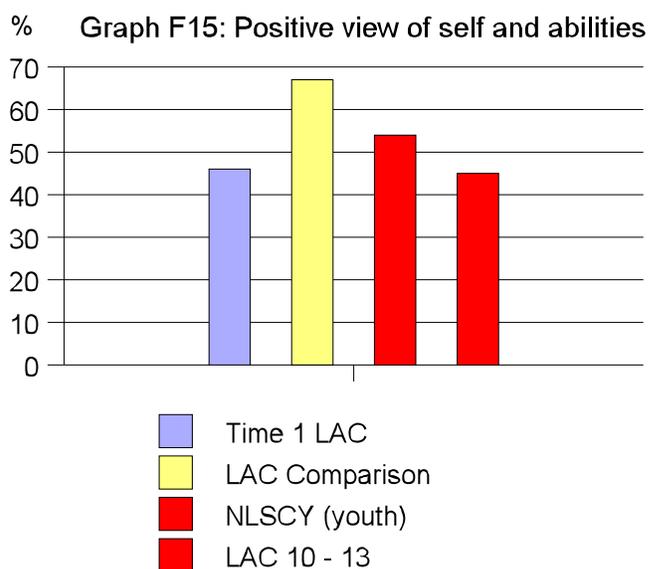
As the graph shows, young people having enough opportunities to speak their own language was not as high in the looked after group as in the comparison group (96 vs. 100 percent). The same can be said for knowing their ethnicity. The time one LAC sample knew their ethnic grouping in 85 percent of the cases, whereas 98 percent of the comparison group responded the same. With respect to foster parent ethnicity, in 26 percent of the cases, the youth was placed with foster parents 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 high immigrant population.

The situation improved slightly between the two applications. At time one, 97 percent of the

matched data set indicated they had enough opportunities to speak their own language. At time two, 98 percent responded the same. A similar finding was noted for knowing ethnicity. At time one 86 percent indicated they knew ethnicity rising to 87 percent at time two. Having a foster parent of the same ethnic group lost some ground between applications. At time one 73 percent indicated that their foster parent was of the same ethnic background dropping to 71 percent at time two.

*Do these young people have a generally positive view of themselves?*

High self-esteem and a positive self-image are important identity markers. As the following chart shows, the *Looking After Children* 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.



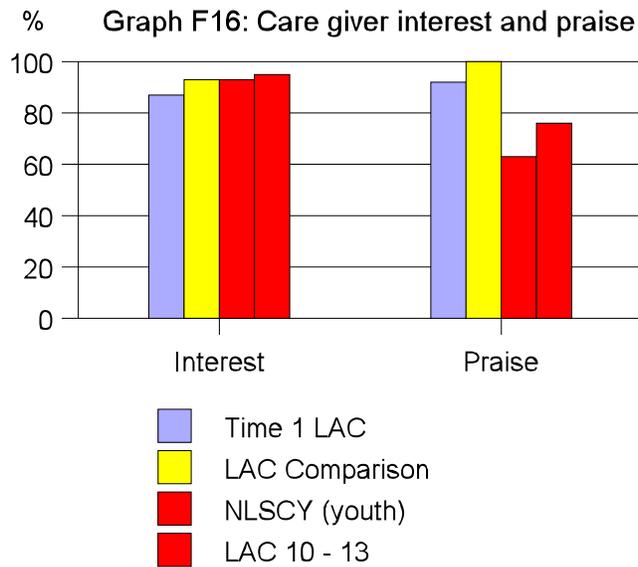
Forty-six percent of youth in the time one sample indicated that they viewed themselves and their abilities as 'usually positive'. The LAC comparison group had a significantly higher percentage on the same response (67 percent,  $p < .047$ ). In the NLSCY sample, youth were also asked to respond to the statement, 'a lot of things about me are good'. The response choices for this question were different, so we chose the response that indicated the best possible view of self in order to make a rough comparison. In this case, 54 percent of youth in the NLSCY responded 'true' to the statement. In the comparable age group in the LAC sample (10-13) 45 percent of the youth responded usually positive. The matched data showed a significant increase in youth responding 'usually positive' from 46 to 59 percent ( $p < .05$ ).

*Is a positive view of self reinforced by care givers?*

Care givers play a vital role in how young people see themselves. If adults hold a young person in high regard, this can be conveyed to the youth through actions taken. The *Looking After Children* protocols attempt to ascertain this aspect of development by asking the youth if their care givers are interested in the things they do and if their care givers praise them. Generally the results are positive.

*Do your care givers seem interested in the things you do?*

In the total time one sample, 87 percent of youth reported that their care givers are always or sometimes interested. In the comparison group, 93 percent responded the same in relation to their own parents. While not directly comparable, the NLSCY asked youth how often their parents listen to their ideas and opinions. Since they used different response choices, we combined their 'always', 'often', and 'sometimes' responses to give a percentage of 93 percent. In the 10-13 LAC group, 95 percent of care givers responded 'always' and 'sometimes'.



*Do your care givers praise you when you have done something well?*

The amount of praise youth received from their care givers in the *Looking After Children* sample was very good. Ninety-two percent of the total time one sample indicated that their foster parents ‘often’ or ‘sometimes’ praised them. In the LAC comparison group, 100 percent reported the same. In relation to the national data, the NLSCY showed 63 percent of youth as saying they ‘always’ or ‘often’ receive praise from their parents whereas 76 percent of the 10-13 year olds in the LAC sample report that their care givers praise them ‘often’.

In the matched data, foster parent interest and praise were fairly consistent across applications. For the interest question, 91 percent at both applications indicated that their care givers were ‘always or sometimes’ interested. The combined categories of ‘often and sometimes’ on the praise question accounted for 97 percent at time one and 96 percent at time two.

*Do the youth have a sense of optimism about the future?*

The youth were asked if they had plans for three years in the future. These plans were subdivided into personal plans (e.g., where you will be living, who you will be living with), and educational/occupational plans (will you be in school, working, etc.).

With respect to personal plans the time one sample noted plans in 87 percent of the cases, while the comparison group noted plans in 93 percent of the cases. It is worth noting that the comparison group by and large planned to be living in the family home. The time one sample had more diverse responses (e.g., with family, foster family, college dorm, etc.). Educationally/occupationally, the time one sample gave a response in 93 percent of the cases while the comparison group had plans in 98 percent of the cases.

Having personal plans for the future improved in the matched data. Those without any plans decreased between the two applications. At time one 11 percent indicated that they had no plans, this decreased to seven percent at time two. Educational/occupational plans worsened between the two applications. At time one 96 percent of the matched sample indicated that they had a plan. At time two, planning decreased significantly to 89 percent ( $p < .025$ ). This decrease was more pronounced for the 10-14 cohort and the young men.

*Did the use of the AARs make a difference?*

The data derived from the identity section has both high and low points. When compared to youth who do not reside in care, the looked after sample have a number of relatively large deficits. In other cases such as language, the looked after sample appeared to do quite well. In addition, the foster sample appeared to enjoy general improvement between the application times. The improvement was beneficial, but larger scale improvement is required. This seems to be the case for the older youth especially.

## Family and social relationships

*The maintenance or creation of a supportive, affectionate and reliable network of relationships is an important outcome in child care (Parker et al., 1991, p. 95).*

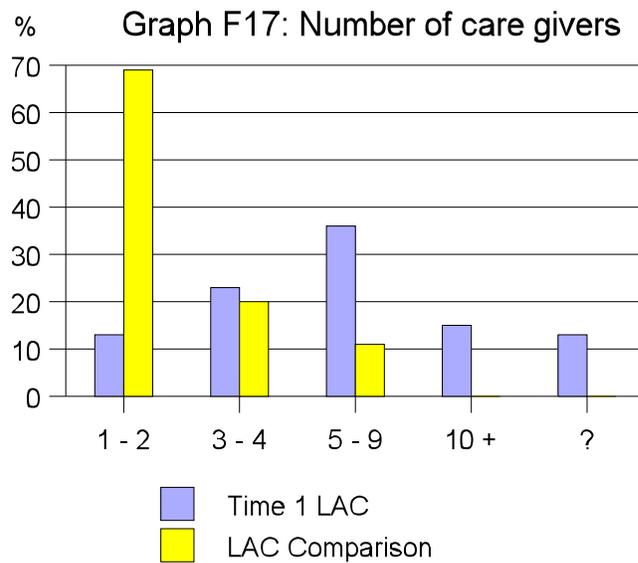
- \* **how well has the need for continuity of care been met?**
- \* **are there continuing contacts with family members?**
- \* **are the young person's needs for affection being met, including having a definite attachment to at least one foster parent?**
- \* **is there someone to whom the young person can turn in times of need?**
- \* **does the young person have a home base where there will always be a welcome?**
- \* **did the use of the AARs make a difference?**

*How well has the need for continuity of care been met?*

The *Looking After Children* protocols measure continuity of care in two ways. In the first instance, the young people were asked how many people had acted as their main care giver since birth. In the second instance, they were asked about any changes in placement in the last year.

### *Main care givers*

There appeared to be some discrepancy among participants about how the number of main care givers was to be calculated. It is believed that some young people counted parents/foster parents as two main care givers while others counted parents as just one (e.g., mother). This issue is being addressed in revisions to the AAR. Bearing in mind the possible discrepancies in this data, the following chart shows the differences between the overall time one sample and the comparison group.



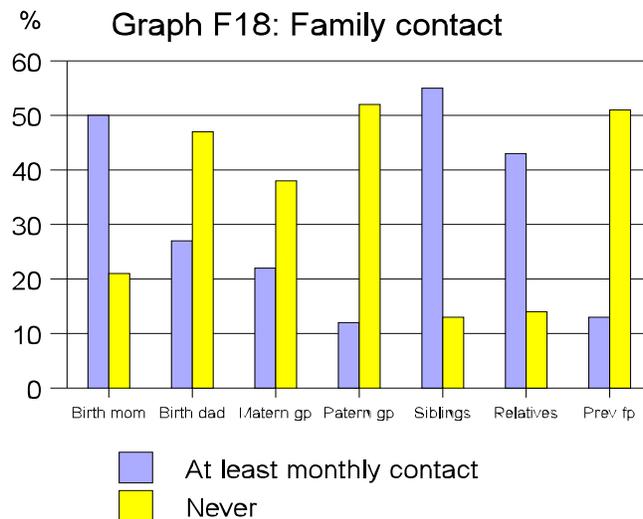
The difference between the time one group and the comparison group are striking as well as significant ( $p < .000$ ). Having two or less care givers accounted for 13 percent in the looked after group while it accounted for 69 percent in the comparison group. Three to four care givers was comparable for both groups of youth. The time one sample indicated this category in 23 percent of cases while the comparison group indicated the same in 20 percent of the responses. Thirty-six percent of the time one sample had between five and nine care givers (11 percent in the comparison group). The comparison group had no responses in the last two categories but the time one sample indicated 10 or more care givers in 15 percent of responses and an unknown number of care givers in 13 percent of the cases.

As previously noted, determining continuity of care with respect to number of care givers had some difficulties inherent in the wording of the question. For example, 22 percent of the matched data set indicated that they had experienced less care givers at time two than they had at time one! Four percent indicated a number at time one but unknown at time two. An additional five percent indicated unknown at time one but gave a number at time two. Of the remaining sample of 128 youth, 63 percent had no change in number of care givers but 37 percent noted more care givers between the applications.

### Placement disruption in the last year

As was to be expected, there was a significant difference between the time one sample and comparison group with regard to the continuity of their care in the previous year ( $p < .000$ ). One hundred percent of the comparison group had no changes in care givers/residence in the past year. In the time one sample 69 percent of the youth had no changes. Twenty-two percent had some disruption (i.e., one change in the last year) and 10 percent had their care seriously disrupted (i.e., two or more changes in the past year)<sup>35</sup>. The amount of placement disruption did not change very much between applications. The minimal changes that did occur suggested deterioration (from 27 to 29 percent experiencing some or serious disruption over the time period).

*Are there continuing contacts with family members?*



<sup>35</sup> Percentage equals more than 100 due to rounding.

The preceding graph shows that contact at a minimum of monthly was relatively low. Birth mothers and siblings enjoyed the highest rate of contact at 50 and 55 percent respectively. Other relatives (e.g., aunts, uncles, cousins) followed at 43 percent, birth fathers at 27 percent, maternal grandparents 22 percent, previous foster parents at 13 percent and paternal grandparents at only 12 percent. Never having contact was highest for paternal grandparents and previous foster parents (52 and 51 percent respectively). In descending order, never having contact accounted for 47 percent of birth fathers, 38 percent of maternal grandparents, 21 percent of birth mothers, 14 percent of other relatives, and 13 percent of siblings. Thus, contact with family members and significant others was not outstanding. Nevertheless, this question did have a positive effect in that some 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 across the two applications.

'At least monthly' contact with mothers and siblings increased. Surprisingly, 'never' also increased for birth mothers and siblings. 'At least monthly' contact stayed the same for birth fathers and previous foster parents but it decreased for paternal grandparents. But these groups did enjoy a decrease in the 'never' category. The winners in this question were the other relatives (e.g., aunts, uncles, cousins) who experienced both an increase in at least monthly contact and a decrease in never. The maternal grandparents were the overall losers as they had a decrease in monthly contact and an increase in never.

*Are the young person's needs for affection being met, including having a definite attachment to at least one foster parent?*

Giving and receiving of physical affection is an important component of relationship building. The youth in the sample were asked if the adults they lived with showed them physical affection. When the responses of the time one sample and the comparison group were examined together, significant differences were found ( $p < .04$ ). Youth in the comparison group indicated receiving physical affection 'often' and 'sometimes' to a greater degree than the time one LAC sample (98 percent versus 83 percent). Ground was lost on the question

of physical affection between times one and two. Eight-five percent indicated that their care givers showed them affection 'often/sometimes' at time one. This had dipped slightly to 84 percent at time two. 'Rarely' increased by two percentage points (14 to 16 percent). On a positive note, never which accounted for one percent at time one, disappeared at time two.

The need for affection also includes the issue of attachment. One of the objectives in the family and social relationships section asked if the young person was definitely attached to at least one care giver. Again the differences between the looked after sample and the comparison group were significant ( $p < .002$ ). Seventy-one percent of the looked after sample were definitely attached compared to 98 percent in the comparison group. Seven percent of the time one sample had little or no attachment versus two percent in the comparison group. Again there was little change in the perception of attachment experiences between the two applications. The percentage for definitely attached changed from 72 to 69 percent between the two applications.

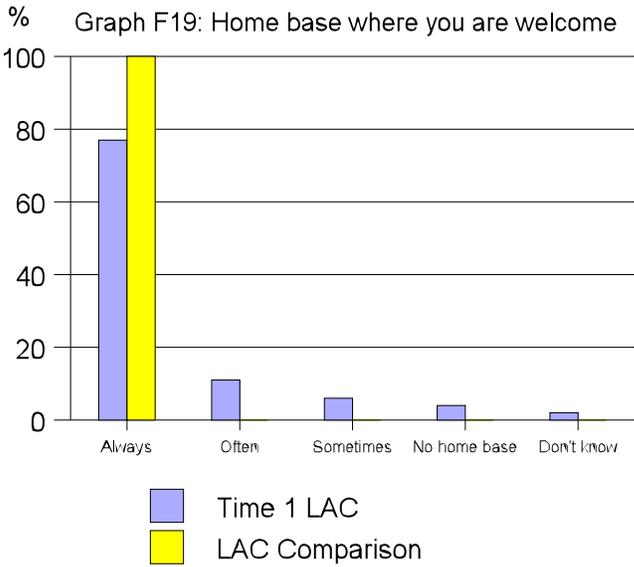
*Is there someone to whom the young person can turn in times of need?*

Whether or not there are positive family, or other contacts, all young people need to know that there is someone in their lives to whom they could turn in a time of crisis or need. In order to address this issue, the *Looking After Children* protocols asked the young people if there was an adult like this in their life (aside from parents and foster parents). One hundred percent of the comparison group indicated 'yes' but 13 percent in the time one sample had nobody ( $p < .004$ ). Fortunately, there was improvement on this question between the application times. While 87 percent of the time one sample stated 'yes' this increased to 93 percent of the time two sample.

*Does the young person have a home base where they will always be a welcome?*

Just as much as youth need a support person, they also need to be assured that they will be able to meet other material and emotional needs. In the *Looking After Children* protocols, this

concept was referred to as a 'home base'. This refers to a place the youth can go to in times of need or to celebrate/commiserate over normal life events. As this would be a more pressing issue for young people approaching the age of emancipation from care, this area was explored with the older cohort. The majority of youth seemed to be well served in this respect.



Seventy-seven percent stated that they had a home base where they are always welcome. This compares to a not unexpected 100 percent in the comparison group. An additional 11 percent of looked after youth indicated that they 'often' had a home base, six percent, stated 'sometimes', four percent had no home base and two percent did not know. In the matched data, 'always welcome' increased from time 1 to time 2 (77 to 85 percent). 'No home base' or 'don't know' decreased from seven percent to four percent.

*Did the use of the AARs make a difference?*

The *Looking After Children* sample appear to be making some progress in aspects of family and social relationships (e.g., having a support person or having a home base). In other areas (e.g., family contact and number of care givers) serious deficits exist.

Interpretations of these findings are not always easy to determine. For example, the apparent deterioration in the continuity (i.e., placement disruption) and attachment questions may not always be indicative of a change of youth status. It is equally plausible that they may indicate that the use of these protocols is sensitizing social workers to issues that might not have been considered in previous case work. Despite any areas of uncertainty, these findings indicate that a great deal of work needs to be completed in this area.

### **Social presentation**

*There is an overwhelming body of evidence from social psychology that those who are considered to be physically attractive have many advantages in life . . . Studies of children leaving the care system suggest that insufficient attention is given to self-presentation and social skills . . yet ordinary parents do concern themselves with how their children are seen by others (Parker et al., 1991, p. 100).*

- \* do they and their foster parents think they look as though they take care of themselves properly?**
- \* do they have suitable clothing?**
- \* is their appearance and behaviour acceptable to other young people and to adults?**
- \* can they communicate easily with others?**
- \* did the use of the AARs make a difference?**

*Do the youth and their foster parents think they (the youth) look as though they take care of themselves properly?*

For the most part the young people in the total time one sample did not have problems with their appearance. The youth were asked if they and their foster parents thought that they looked after themselves properly, 93 percent of the youth responded affirmatively. This is equal to the percent responding the same in the comparison group. Eighty-one percent responded that their foster parents would agree. This was lower than the comparison group which indicated that 89 percent of parents would agree. Nine percent (n = 24, evenly divided between the two age groups) thought their foster parents disagreed (as opposed to four percent in the comparison group). Eleven young people, (eight of which were in the 10-14 age group) or four percent of the sample, did not think that they looked as though they took care of themselves properly, while only two percent of the comparison group indicated the same.

As the youth in our total time one sample scored well overall on the perception that they looked after themselves, major changes in the matched data were not anticipated. Nevertheless we did see some minor slippage at time two. It was interesting to note that, while the youth themselves were comfortable with their appearance, not all of them assumed that their foster parents were equally happy (a not uncommon phenomenon in any teenage household!). In the matched data, 93 percent at time one and 91 percent of the youth at time two thought they looked after their appearance. For foster parents the percentage slipped minimally from 81 to 80 percent. The youth who indicated that they did not think they looked after their appearance increased from four to seven percent.

#### *Do the youth have suitable clothing?*

In the total time one sample, the looked after youth reported having suitable clothing. The differences between the time one sample and the comparison group were small. Ninety-one percent of the time one sample reported having suitable clothes for school as compared to 100 percent in the comparison group. Having clothes to wear while out with friends accounted for 92 percent of the time one group and 100 percent of the comparison group. In the last two categories, the groups were even closer. Ninety five percent of the looked

after group and 98 percent of the comparison group reported having suitable clothes for home. Eighty-six percent of the time one group and 86 percent of the comparison group reported having suitable clothes for special occasions.

In the matched data, always having suitable clothes for home and important occasions was relatively unchanged. In the former case, 96 percent of youth stated always at time one and 95 percent stated always at time two. In the latter case, always accounted for 88 percent at time one and 87 percent at time two. Having suitable clothes for school and with friends improved across the applications. At time one, 91 percent of youth indicated that they always had suitable school clothes. By time two, this rate had increased to 96 percent. In relation to being out with friends, 90 percent of time one youth indicated always having suitable clothes. At time two this had increased to 97 percent ( $p < .045$ ).

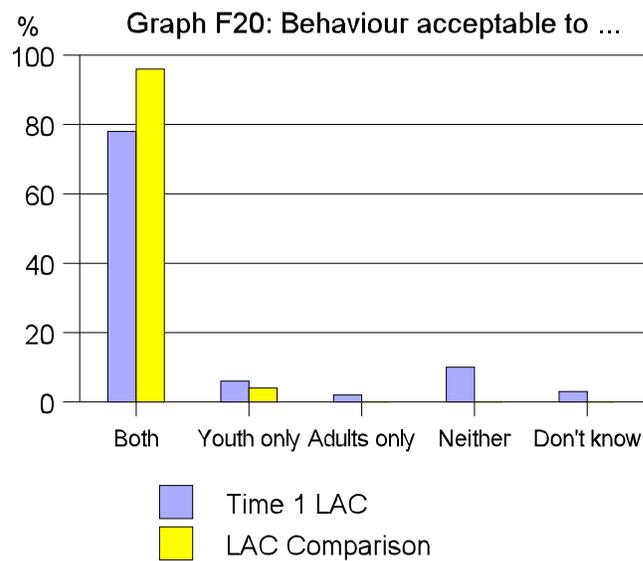
*Is the youth's appearance and behaviour acceptable to other young people and to adults?*

### *Appearance*

The *Looking After Children* protocols asked if the young persons's appearance is acceptable to young people and adults. The youth in the time one sample had a high rate of positive responses. Ninety-five percent indicated that their appearance was acceptable to both youth and adults. This compares with 98 percent responding the same in the comparison group. In the matched data, 96 percent of the time one group indicated that appearance was acceptable to youth and adults. This slipped slightly at the second application to 94 percent.

### *Behaviour*

Similarly to the question on appearance, the youth were asked if their behaviour was acceptable to youth and adults.

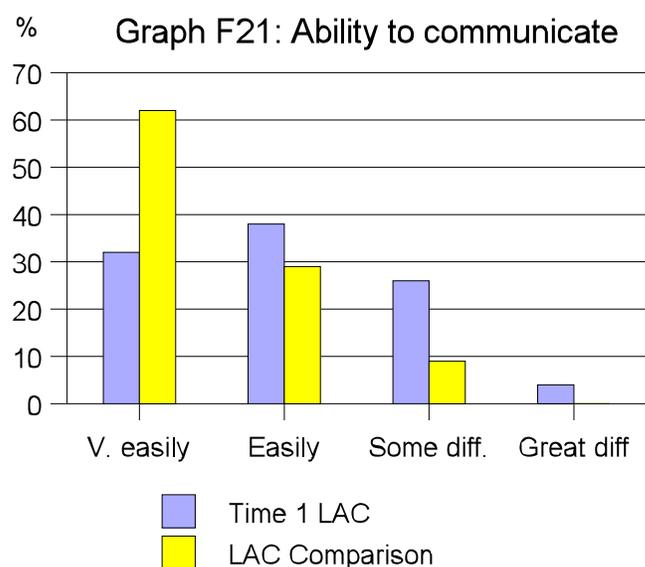


While the majority of youth in the time one sample exhibited behaviour that was acceptable to both adults and other youth (78 percent), this was substantially lower than the percentage noted by the comparison group (96 percent). Only four percent of the comparison group exhibited behaviour that was acceptable to youth only (as opposed to six percent in the looked after sample).

The question of the acceptability of the youth's behaviour was not as positive as the findings on appearance in the matched data. Nonetheless, improvements were noted. At time one 78 percent of youth exhibited behaviour acceptable to adults and youth. By time two, the percentage had risen to 82 percent.

#### *Can the youth communicate easily with others?*

Ability to communicate plays a large role in the self we present to others. The youth in care appeared to have a deficit in this area.



Thirty-two percent of the time one group indicated that they could communicate very easily as compared to 62 percent in the comparison group. Thirty-eight percent stated 'easily' in the looked after sample (29 percent in the comparison group). Where difficulty was identified, 26 percent of the time one group stated some difficulties and four percent stated great difficulty. In the comparison group, nine percent stated some difficulty and no youth indicated great difficulty. These differences were significant at the .001 level.

At time one in the matched data 72 percent of the youth indicated that they could communicate 'easily' or 'very easily'. By time two, this had improved substantially as 83 percent of the youth now fell into the same two categories.

*Did the use of the AARs make a difference?*

The social presentation data showed that the looked after children fell below the comparison group by and large, in all areas. Unlike the other dimensions, the social presentation lags were not large. Additionally, where the deficits appeared more serious (e.g., ability to communicate, acceptable behaviour), overall improvement was made between the two

applications. These data appeared to reinforce the perception that the sample of looked after youth are doing relatively well with respect to social presentation.

### **Emotional and Behavioural Development**

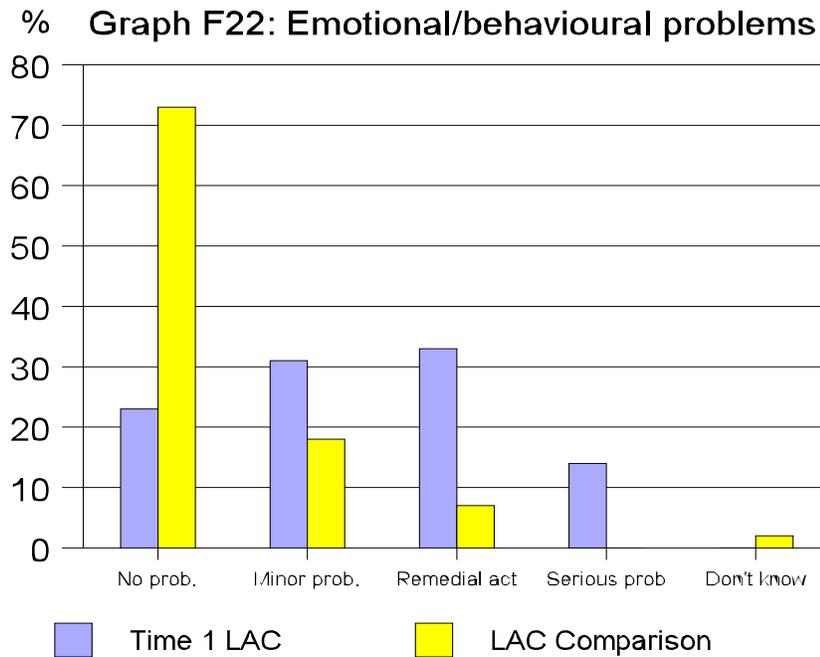
*Emotional and behavioural problems arising from threatening life events, unless sensitively treated, can become established and persist long after the original situation has receded into the past (Parker et al. 1991, p. 91).*

Given the risk factors identified in Chapter three's literature review, this is a particularly vulnerable developmental dimension for children in care.

- \* to what degree are these young people free of serious emotional and behavioural problems?**
- \* can they relate well to adults?**
- \* can they relate well to their peers?**
- \* are there specific behavioural problems?**
- \* do they suffer from internalized problems (worry, anxiety etc.)?**
- \* do they feel protected (safe from harm)?**
- \* is treatment being provided for any persistent problems?**
- \* did the use of the AARs make a difference?**

*To what degree are these young people free of serious emotional and behavioural problems?*

The *Looking After Children* protocols asked the extent to which the young people were affected by emotional and behavioural problems. As expected, the looked after youth had poorer results than those outside of the care population.

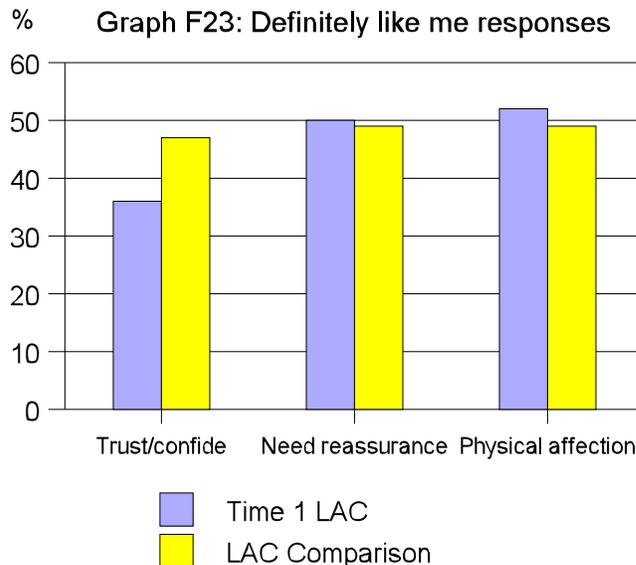


As the graph shows, 73 percent of the comparison group (as opposed to 23 percent of the time one group) indicated that they had no emotional/behavioural problems. Thirty one percent of the looked after group and 18 percent of the comparison group indicated minor problems. Thirty-three percent of the time one sample as opposed to seven percent of the comparison group stated that problems exist which require remedial action. The chief concern of serious problems requiring specialized services accounted for 14 percent of the in care sample while no youth in the comparison group fell into this category.

With respect to the degree that young people were free of serious emotional and behavioural problems, improvements were made across applications. In the matched data, 22 percent of the time one youth indicated that they had no emotional/behavioural problems. By time two, this had increased to 27 percent. Incidence of minor problems increased from 30 percent to 34 percent. The remaining two categories of problems requiring action (remedial or specialized) decreased. At time one, the combined percent of these responses was 48 percent. By time two, this had decreased to 38 percent.

*Do the young people relate well to adults?*

Indicators of this ability are the youth 'feel able to trust and confide in adults', 'go to foster parents when they need reassurance' and 'like their foster parents to show them physical affection'. In all cases, the modal or most common response was definitely like me.



As the graph shows, the comparison group and the looked after group were similar in the percentage of definitely like me responses. The largest gap was on ability to trust and confide in adults. Thirty-six percent of the time one sample as opposed to 47 percent of the comparison group indicated that this was definitely like him/her. Being able to go to parents/foster parents for reassurance and liking physical affection elicited more convergent responses. With respect to reassurance, 50 percent of the looked after sample and 49 percent of the comparison sample indicated definitely. In the latter question 52 percent of the time one sample and 49 percent of the comparison group responded definitely.

In the matched data, the majority of youth demonstrated good ability to relate to their adult care givers, with only marginal changes between time one and time two. Of interest for the

three positive indicators (i.e., feel able to trust/confide, go to foster parents when they need reassurance and liking foster parents to show physical affection), the changes all showed a worsening of conditions. In all cases the definitely responses decreased (between five and eight percent) and the not at all responses stayed the same or increased (between zero and four percent).

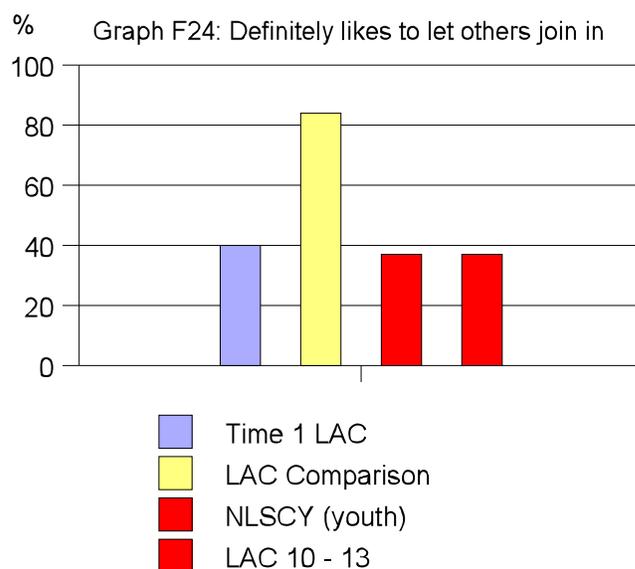
The one negative indicator of the youths' ability to relate to adult care givers was 'get demanding and impatient with foster parents'. Interestingly, this indicator showed a less positive picture than did the others as a higher proportion of youth gave negative ratings (i.e., that this was definitely like the youth). Conversely, this was the only indicator of ability to relate to care givers which showed improvement across the applications. At time one, 19 percent indicated that being demanding or impatient with foster parents was definitely like them. By time two, the percent decreased to 11 percent.

#### *Do the young people relate well to their peers?*

Indicators of the quality of peer relationships are 'whether the young people are popular with other youth', 'find it easy to make and keep close friendships' and 'like to let others join in their activities'. A negative indicator is 'find it hard to mix with others or are shy'. The young people in the *Looking After Children* sample appear to have relatively good relationship skills with respect to peers. In the first three questions (positive orientation), the mode was definitely like me. The last question with the negative orientation had a mode of not at all like me.

The two questions of popularity with other youth and finding it hard to mix with others/shy elicited similar results for the looked after youth and the comparison group. On the popularity question, 34 percent of the time 1 group and 31 percent of the comparison group indicated 'definitely'. On the shyness question 44 percent of the time 1 group and 50 percent of the comparison group responded 'not at all'.

The ability to make/keep close friendships was significantly different between the time 1 and the comparison group ( $p < .027$ ). Forty percent of the looked after sample stated that they 'definitely' found it easy to make/keep close friends as opposed to 58 percent in the comparison group. The differences on the question of letting others join in were larger.



As the table shows, 40 percent of the time one group indicated definitely as opposed to 84 percent of the comparison group ( $p < .000$ ). Conversely a similar question asked of the NLSCY group (i.e., letting others participate- often/very true) revealed a response rate of 37 percent which is equal to the response rate of the 10-13 sub-group of looked after children. Clearly, more questions need to be asked in order to get a closer approximation of the actual situation.

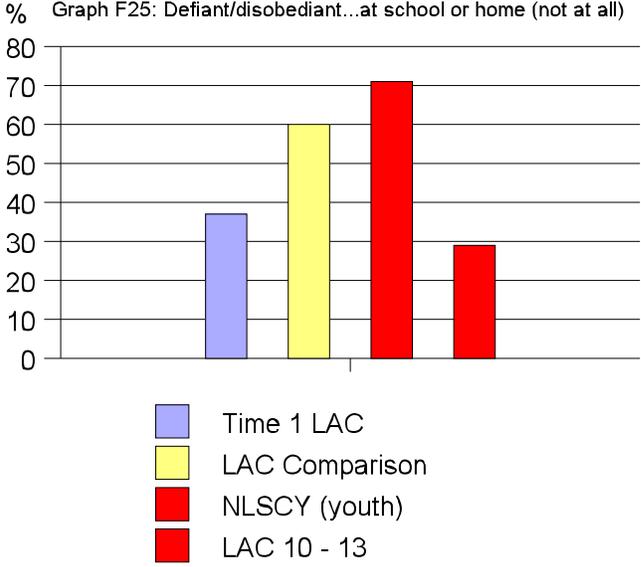
In this sphere of peer relationships, the youth also noted declines across applications. On the positive indicators (i.e., are popular with other youth, find it easy to make/keep close friends and like to let others join in activities), the youth noted a decrease in the 'definitely like me' percentages between the applications. The largest decline was in letting others join in their activities (six percent). This question still had the highest overall percentage of 'definitely' responses at both times. The only negative indicator (find it hard to mix with others or are shy)

remained constant for the youth with 41 percent indicating that it was not at all like them at time one and two.

*Do the youth have specific behavioural problems?*

Achenbach (1982) classifies child behaviour as being external or internal in nature. The *Looking After Children* behavioural indicators are not directly comparable to those of Achenbach but the classification is a useful one. The four external indicators presented here are those that are more usually termed acting out behaviours. They 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’.

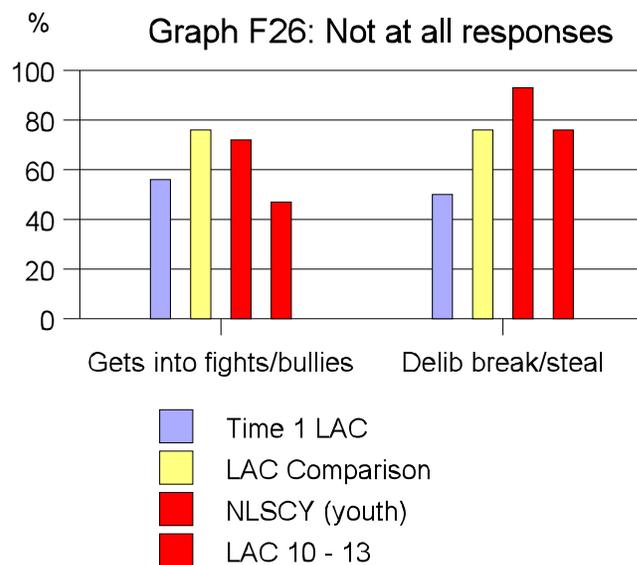
With respect to these external negative behaviours the looked after sample do not fare well in comparison to the NLSCY sample or the comparison group.<sup>36</sup> The differences are striking enough to warrant separate graphs.



<sup>7</sup> 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.

As the graph shows, the *Looking After Children* sample have a vastly lower percentage of not at all responses than their peers. In the time one sample 37 percent 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 percent (differences significant at the .023 level). The question asked in the NLSCY related to difficulties at school only. In this data, 71 percent indicated that this was never true for them. For the LAC 10-13 sub group, the response rate stood at 29 percent.

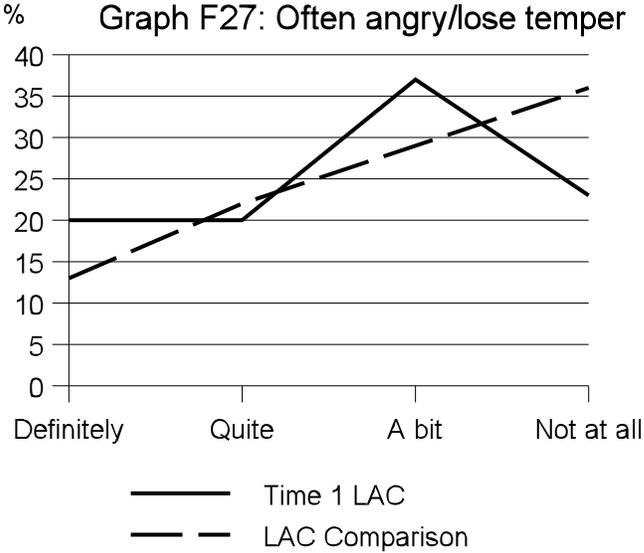
Whether or not the youth get into fight or bully others and deliberately break or steal things revealed similar patterns.



As the graph shows, the percentages of not at all responses for both questions were lowest for the LAC sample. Fifty-six percent of the LAC sample indicated not at all to the question of getting into fights and bullying others as opposed to 76 percent of the comparison group. In the NLSCY, 72 percent indicated never/not true when asked about fighting. In the 10-13 LAC

sub-group, the rate was 47 percent. Ninety three percent of the comparison group indicated not at all to when asked if they deliberately break or steal things. In the time one sample the same response was at a rate of 76 percent. The NLSCY sample was asked two questions. The first dealt with stealing behaviour and the second addressed destruction of others's property. Ninety-two and 93 percent respectively responded 'never/not true'. In the 10-13 LAC sub-group the not at all response rate was lower at 76 percent.

The final question in this set of indicators was, 'often show they are angry and lose their temper'. There was no comparable question in the NLSCY data, so the comparison is between the time one sample and the comparison group only. In the previous questions, the most common answer for both the looked after and the comparison group was not at all. In this question, the most common answer for the time one sample was 'a bit' (37 percent). The most common answer for the comparison group was 'not at all' (36 percent).



As the graph shows, the lowest rates of response for the comparison group appeared in the most problematic response category. The responses increased in frequency as the responses became more positive. In the LAC sample, the two poorest response choices and the best

response choice were very common (between 20 and 23 percent) while the highest rate of response was a middle category (a bit).

More positive gains were made in the area of acting out behaviour in the matched data. On all four indicators the incidence of youth reporting 'definitely like me' decreased between the applications (between one and five percentage points). Additionally, those youth indicating 'not at all like me' increased between applications (between one and five percentage points).

*Do the young people suffer from internalized problems (worry, anxiety etc.)?*

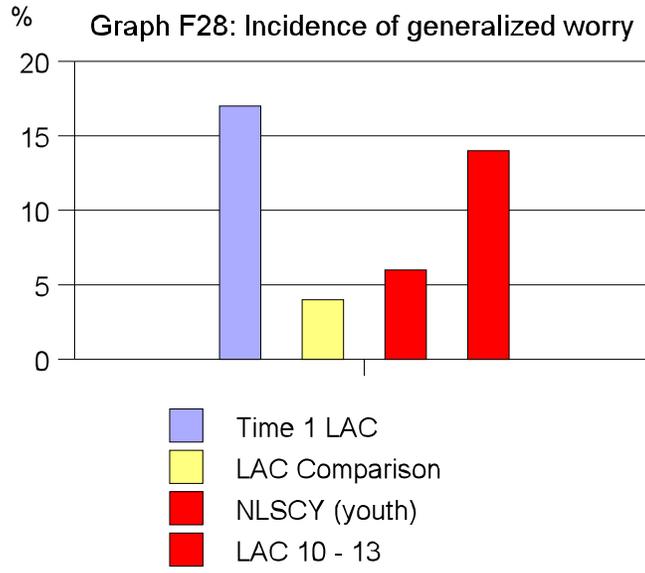
Nine indicators in the behavioural and emotional development section have been classified as internalized. They are the following: 'have a poor eating pattern or are very concerned about dieting', 'worry a lot', 'often get aches and pains', 'have difficulty sleeping because of worry or anxiety', 'sometimes wet the bed', 'have strong feelings of sadness', 'are frightened of particular things or situations', 'deliberately injure themselves' and 'worry a lot about what the future will bring'.

On some of the indicators the looked after youth appeared to function well, on their own or in comparison to other samples. For example on the question of having a poor eating pattern or being very concerned about dieting, 71 percent of the time 1 sample stated 'not at all'. For the comparison group the rate was 69 percent. Although the time 1 sample had a higher rate of definitely responses (seven percent versus four percent) the differences were small. Similar patterns were noted for bed wetting (not at all: time 1 sample 90 percent, comparison group 100 percent), being afraid of particular things or situations (not at all; time 1 sample and comparison group, 58 percent each), and deliberately injuring themselves (not at all: time 1 sample 85 percent, comparison group 98 percent). Although it should be noted that the time one youth in general had lower rates of not at all responses and higher rates of definitely responses than the comparison group.

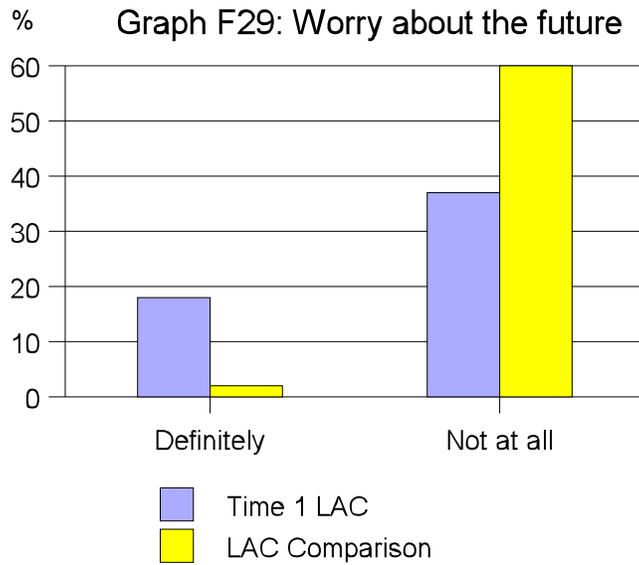
The question on difficulty sleeping because of worry and anxiety provided another level of comparison (i.e., NLSCY). The not at all responses for the time 1 sample were at a rate of 62 percent. In the comparison group the rate was 69 percent. The NLSCY asked a slightly different question on general sleeping difficulties. In this study 41 percent indicated that the statement was not true. The comparable age group in the *Looking After Children* sample (10–13) responded not at all like me at a rate of 85 percent.

There were other questions that showed the looked after group lagging behind their peers. Having strong feelings of sadness was one example. In the time one sample, 34 percent indicated that this was not at all like them as opposed to 51 percent in the comparison group ( $p < .046$ ). Fifty-one percent of the NLSCY sample indicated 'not true' to the statement I am often unhappy, sad or depressed compared to 36 percent 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 2/3 of the looked after sample.

Most children have some worries. They worry about friends, school, do they fit in and day to day concerns. From this perspective, youth in care fall behind their non-cared for peers. When asked about general worries, the time one sample indicated 'definitely' in 17 percent of the cases. The comparison group responded the same in only four percent of cases ( $p < .003$ ). The comparable question in the NLSCY had six percent of youth responding often/very true and the matched LAC age group had 14 percent responding 'definitely'.



Stronger differences were found when the question of worries moved from generalized concerns to worries about the future.



The time one sample indicated 'not at all' to the question of worrying a lot about what the future may bring in 37 percent of the cases. The response rate in the comparison group was 60 percent. Conversely, 18 percent of the looked after sample responded 'definitely', as opposed to two percent of the comparison group. These differences were significant at the .002 level.

If children are unable to express their worries or concerns they can become internalized. Internalized worries can be manifested as psychosomatic complaints such as aches and pains. This analysis is reflective of the findings in the data. Eleven percent of the time one sample indicated that they definitely have aches and pains. No children in the comparison group responded the same. While 37 percent of the looked after group stated that having aches and pains was not at all like them, the comparison group did much better at 51 percent.

These questions regarding internalized problems/behaviours showed general improvement across the applications. Excepting the questions regarding worry about the future and often getting aches and pains, all the questions showed a decrease in the 'definitely like me' responses (between one and six percent). In addition, the largest percentage changes across the applications were increases in the 'not at all' or 'a bit' like me responses. With respect to the other two questions, getting aches and pains had a one percent increase in 'definitely' responses (11 to 12 percent) but also showed a five percent increase in the not at all responses (39 to 44 percent). The most problematic question was 'worrying about the future'. For this question definitely responses increased from 15 to 16 percent while not at all responses decreased from 39 to 36 percent. In total, all the questions in this section except worrying about the future showed some improvement.

We know that foster care is a status with no sense of permanency. No adults have claimed a young person as their 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 etc. Consequently, the young people in the sample have a lot to worry about.

*Do the young people feel protected?*

For a child who has been abused or neglected, coming into care should provide a sanctuary from maltreatment or fear of maltreatment. Consequently, the *Looking After Children* protocols asked children about their abuse/fear of abuse experiences in the past and present.

In the total time one sample, 44 percent said yes to the question “Have you ever been harmed or frightened that you would be harmed by another youth or adult?” In the comparison group, the yes responses stood at 22 percent ( $p < .013$ ). Sixty percent (60 percent) of the total LAC sample indicated that they had been abused in the past and four percent claimed to still be abused. Given that sexual and physical abuse are often the reasons why children are removed from their homes, this is not surprising, yet, nonetheless disturbing, particularly if children are still being abused after coming into care. In the comparison group, it was intriguing to note that five percent of that sample also indicated that abuse was currently occurring. This highlights a problem with the wording of the question. Instead of asking if the young person has been abused, the question asks about fear of harm, connoting abuse. This makes the information being sought much more ambiguous. This question will be revised for future use.

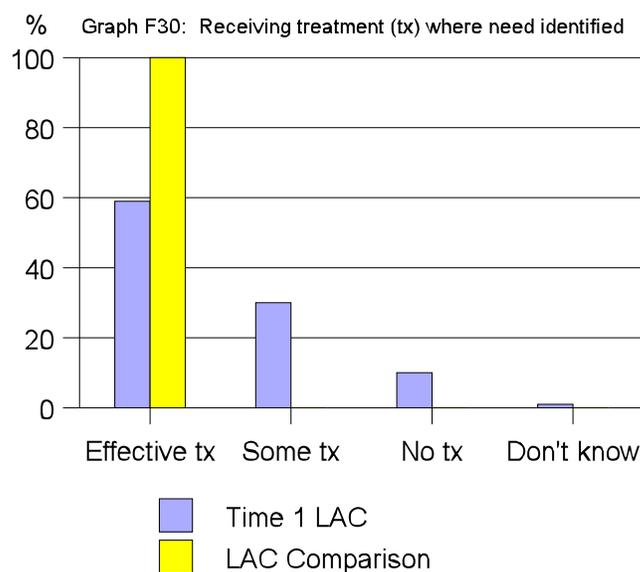
The noted ambiguity is also apparent in the matched data. At time one 44 percent of the matched sample indicated that (at some point in time) they had been frightened that they would be harmed or abused. By time two, this percentage had decreased to 39 percent. As the information being sought was cumulative, it is not logical that a five percent decrease would occur. This data may also be affected by comfort level. In the question which asks ‘has this ever happened to you?’, six percent stated yes and still is at both application times. Even though these data remained stable, the ‘yes in the past’ responses increased by three percent from 58 to 61 percent. This may indicate that young people may have been unwilling to reveal the extent of their abuse experiences at time one but are more comfortable at time two.

For the six percent who indicated that they were currently being abused, it is important to check the need for action. At time 1, 11 youth were in this category of response. In the further action

question, one response was left blank (i.e., missing). Three indicated that no further action was required and seven indicated that action would be taken. By time two, this number had dropped to ten. In two cases, the further action question was left blank. In 5 cases, it was stated that no further action was required. In the remaining three cases, it was noted that further action would be taken. This is not acceptable. If a care giver or social worker participated in the completion of these records where no further action was reported, their responses were inadequate at best. If no care giver or social worker participated with the youth in the completion of the record, it shows us why such participation is essential.

*Is treatment being provided for any persistent problems?*

The Assessment and Action Records include the question, ‘The child is receiving effective treatment for all persistent problems’. In the time one sample, 35 percent of youth responded ‘not applicable’, indicating that treatment was not required. In the comparison group, the figure stands at 89 percent. For the remaining youth who need treatment, the breakdown was as follows:



As the graph shows all of the comparison group requiring treatment were receiving effective treatment. In the time one group, 59 percent of those requiring treatment were receiving effective treatment, 30 percent were receiving some treatment, 10 percent were not receiving effective treatment and one percent was unknown.

At time one, in the matched data 33 percent indicated that this question was not applicable (i.e., did not require treatment). By time two, this had increased slightly to 38 percent. For those who indicated that the question was applicable, there were virtually no changes over time. At both applications, 62 percent indicated that they were receiving effective treatment. Twenty-eight percent at times one and two indicated that they were receiving some treatment and 10 percent at both times indicated that effective treatment was not being received.

*Did the use of the AARs make a difference?*

By virtue of their care status, youth residing in state care have had experiences (e.g., maltreatment, separation and loss) which can precipitate the development of mental health difficulties. Thus differences between looked after youth and the comparison group as well as the national population were expected. The key issue for this dimension then becomes the extent to which they differ from these peer groups and the extent to which these differences are addressed. The matched data clearly show improvements on the questions asked (excepting relationships to care givers and peers). This may be indicative of efforts being made to redress emotional and behavioural difficulties, while at the same time neglecting to take action to encourage meaningful connections with care giving, social or support networks, or to deal with the precipitators of problems (e.g., action where abuse occurred or working to reduce worry about the future).

## Self-care skills

*Youngsters in care need exceptional skills in order to cope with everyday living, not to mention the special adversities which they are likely to face. That is why self-care and competence are relevant at all ages (Parker et al. 1991, p. 97).*

- \* can these young people function independently at a level appropriate to their age and ability?**
- \* are they being helped to develop practical skills and knowledge essential to independence?**
- \* are they clear about future plans?**
- \* for the older youth, are their plans for independence realistic?**
- \* do they have someone to call if they run into difficulties?**
- \* did the use of the AARs make a difference?**

*Can these young people function independently at a level appropriate to their age and ability?*

The question asked in the AAR was slightly different for the 10-14 and 15+ age groups, reflective of their developmental abilities. The younger cohort was asked if they were competent to care for themselves with resources and support while the older group was asked about ability to care for themselves independently. In the 10-14 group, 47 percent of the time one sample indicated that they were competent with resources and support as opposed to 75 percent of the comparison group. Fifty percent of the time one sample as compared to 25 percent of the comparison group were learning and three percent of the looked after group were identified as not learning. These differences were significant ( $p < .04$ ).

In the matched data, there was a slight decrease in ability across the application times. At time one, 50 percent of the 10-14 group were noted to be competent to care for themselves with resources and support. By time two, this had decreased to 47 percent.

In the older age group, significant differences were also noted ( $p < .012$ ). Thirty-five percent of the time one sample were identified as competent to care for self independently as opposed to 71 percent of the comparison group. Learning to care for self independently accounted for

50 percent of the time one sample and 29 percent of the comparison group. There were no youth in the comparison group deemed to be incompetent or where their competency was unknown. For the looked after group, 14 percent were incompetent and a little over one percent fell into the unknown category.

The matched data for the 15+ group showed decreases for this objective. Competency slipped from 40 percent to 35 percent. Learning to care for self independently increased marginally from 48 to 49 percent, while incompetency ratings jumped from 11 to 16 percent.

Analysis of these findings is elusive. On 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 youth 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. As well, the decreases in the matched data may be a reflection that social workers and care givers are becoming more sensitized to these differential standards.

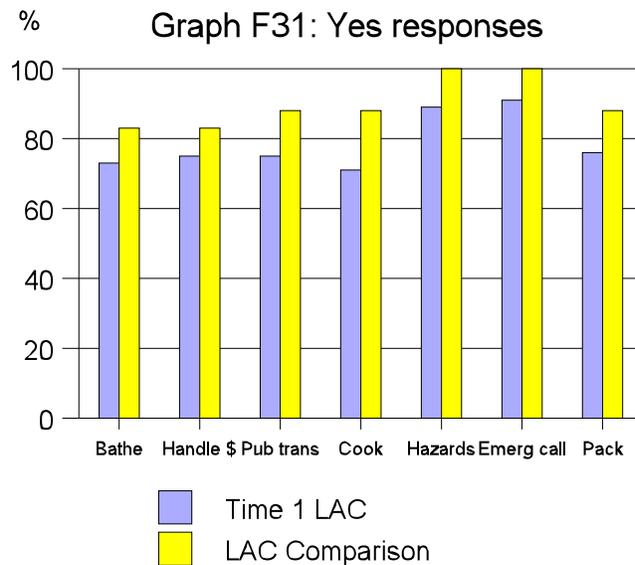
*Are the young people being helped to develop practical skills and knowledge essential to independence?*

#### *Personal and home maintenance skills*

As stated previously, the *Looking After Children* protocols are developmental in their approach. Subsequently, the acquisition of self-care skills is seen to be a function of age/stage development. Thus, certain skill sets are tied to the corresponding age band. This discussion will follow the same format.

### 10-14 age group

The younger cohort in the time one sample did very well.

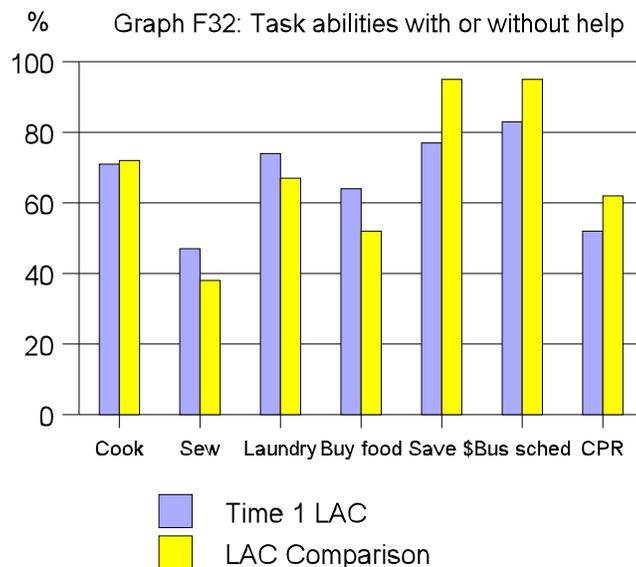


Overall, the comparison group outscored the LAC group on yes responses. On the surface, these percentages seem large but given that the 10-14 cohort in the comparison group is comprised of 24 young people, the percentages are open to wide variation. Consequently, statistical significance is a better indicator of deficits. From this perspective, only one question showed the looked after sample as being significantly below the comparison group; going to shops and hairdresser alone (49 percent vs. 88 percent,  $p < .001$ ). Additionally, making a bed showed a significant difference ( $p < .02$ ) favoring the LAC sample (78 percent vs. 54 percent). The NLSCY data also requested information on making beds. The LAC sample sub-group (i.e., age 10-13) indicated a higher level of ability/participation than the national sample (79 percent compared to 67 percent).

For the 10-14 group the majority of questions showed a growth in skill acquisition between the two applications. The only exceptions were in making a bed or an emergency phone call (both remained constant across applications) and ability to avoid common hazards that showed a three percent decline (92 to 89 percent). Of note, ability to go to shops alone showed a significant increase (50 to 63 percent,  $p < .04$ ).

### 15+ age group

The older cohort are less independent in their ability to complete specific tasks. When 'yes' responses are combined with the 'yes with help' responses the picture changes slightly. This may be indicative of an appropriate learning/teaching relationship between the young people and their care givers.

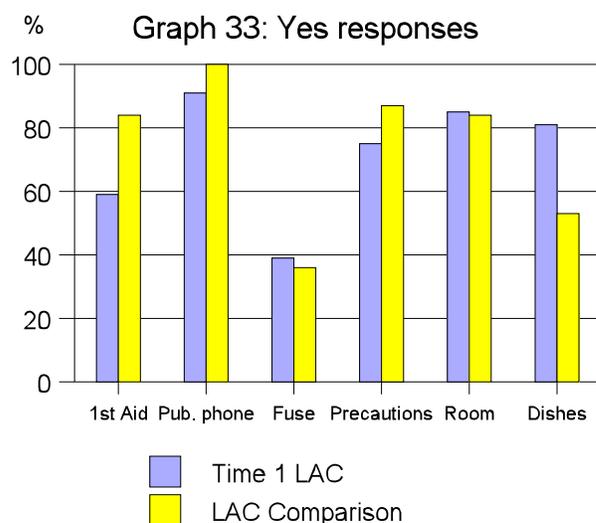


There were no discernable patterns between the time one group and the comparison group in this area of self-care skills. The comparison group had higher skill levels for saving money, reading a bus/train schedule and doing CPR. Their skills were higher independently (yes responses only) and with help (yes and yes with help responses combined). The comparison group also had better independent skills for cooking a meal and doing laundry. When these scores are combined with the helped responses, the comparison group loses its advantage. In the combined category, equal percentages of youth from the looked after sample and the comparison group can regularly cook a meal (71 percent). In addition more youth in the LAC group regularly do laundry than in the comparison group (74 vs. 67 percent). The two final questions regarding mending clothes and shopping for food showed the looked after sample as being more able than the comparison group independently and in combination with help. Despite these apparent differential skill levels, no statistical significance was found between the groups.

The matched data also showed overall improvement for the young people in the 15+ age group. Excepting ability to read a bus or train schedule that showed a decline across the two applications (77 to 70 percent), all questions showed increased skill ability. At the low end, ability to do CPR increased by four percent while at the high end regularly cooking a meal increased by 24 percent ( $p < .001$ ).

### All ages

In the questions that applied to both age groups, the overall responses were good.

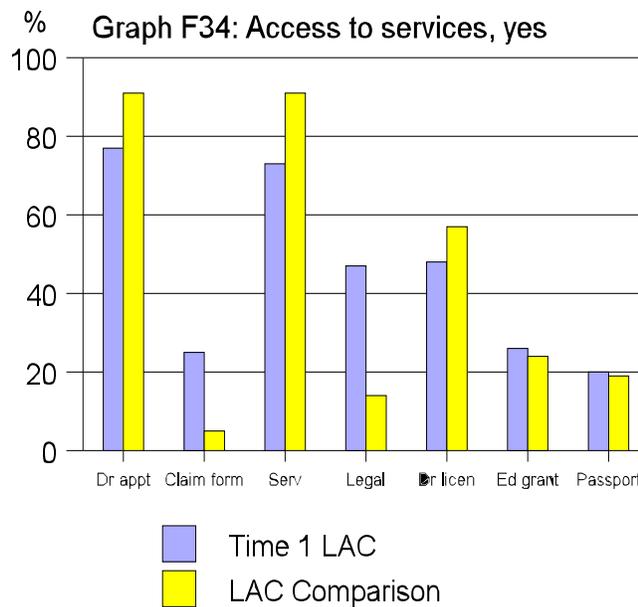


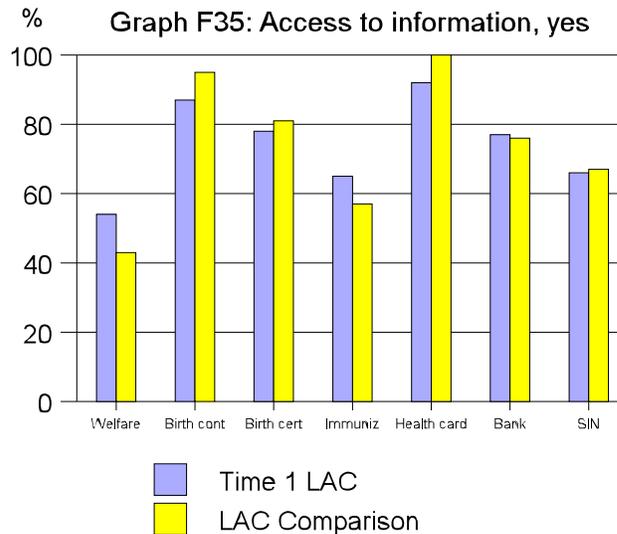
The only question that showed less than majority 'yes' responses was the ability to change a fuse/reset a breaker. When 'yes' was combined with 'yes with help', the percentage increased to 60 percent. In relation to the comparison group, the findings are again diverse. The comparison group showed a greater degree of ability in taking precautions against attack, using a public telephone and undertaking simple first aid. Of these questions, only undertaking simple first aid was significantly different ( $p < .008$ ). The LAC sample showed greater ability in cleaning their rooms, doing dishes and changing a fuse/resetting a breaker. Significant differences were noted for doing dishes ( $p < .000$ ). As well the difference on cleaning rooms was minimal (LAC 85 percent, comparison group 84 percent).

The questions relating to both age groups also showed overall improvement in the matched data. On the low end, taking precautions against attack and using a public telephone increased by two percentage points (79 to 81 percent and 91 to 93 percent respectively). Regularly doing dishes increased from 83 to 88 percent. Changing a fuse/resetting a breaker increased from 39 to 46 percent. Undertaking simple first-aid improved by nine percent (60 to 69 percent) and at the high end regularly cleaning room increased by 21 percent from 68 to 89 percent.

### *Accessing services and information*

By and large, youth who participated in the *Looking After Children Project* had adequate skills in the area of accessing services and information.





As the charts show, the youth have diverse skill levels with respect to access to services and information. Overall, access to information and services has been well covered for the youth in care. Additionally, their ability does not differ significantly from the youth in the comparison group. On a small number of questions, less than half of the total time one sample knew how to fill in a claim form, obtain legal advice, apply for a driver's license, an education grant or a passport. From an age perspective, this does not appear to be a cause for concern. Excepting the question on applying for a driver's license, the comparison group had a lower rate of yes responses than the LAC cohort. In fact obtaining legal advice was significantly lower (47 vs. 14 percent,  $p < .001$ ). From another perspective, these low yes responses are very troubling. Unlike the comparison group, the LAC youth will be reaching the age of emancipation in very short order. Not having the above noted skills may greatly impede their ability to survive in an adult world.

The matched data for this section showed overall improvement between times one and two in having access to services and information. Although these gains have been noted, the yes responses that were low at time one were still relatively low at time two. By way of example, knowing how to fill out a claim form accounted for 24 percent of the time one matched sample. At time two, it accounted for 25 percent. Likewise, knowing how to apply for an education grant

accounted for 22 percent at time one and 27 percent at time two. In addition, there were some cases where an actual decline occurred (e.g., knowing how to access your immunization record, 73 to 71 percent or knowing where your birth certificate is kept, 92 to 90 percent).

*Are they clear about future plans?*

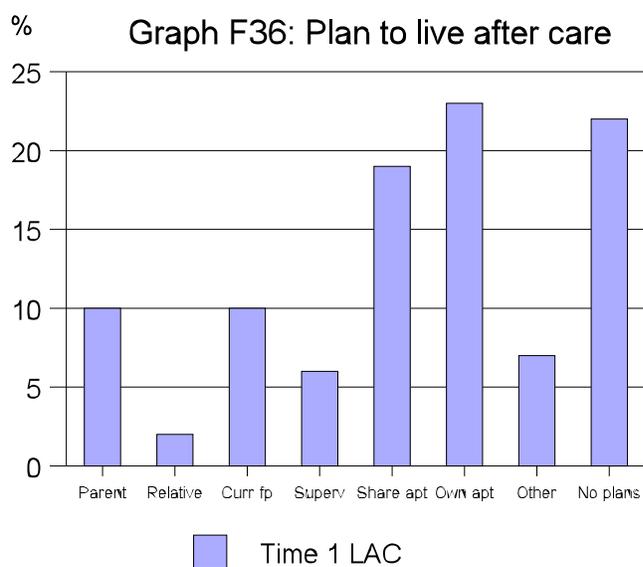
### *Financial Plans*

Information on financial needs was inadequate for the total time one sample. Excepting the amount needed for rent, from 1/4 to just over 1/3 of the sample indicated that they possessed such information. The comparison group did not have as high a knowledge base as the youth in care in this area, but they do not need to have this knowledge. Between 29 and 35 percent of the comparison group indicated that these questions were not applicable to them. Conversely, three percent of the LAC sample indicated that the question was not applicable. The vast differences in the 'n/a' responses affected the statistical significance that was noted for the differences on all questions.

With respect to the matched data set, improvements were noted on all questions related to financial needs. Despite improvements on all questions, at time two the level of knowledge held was less than 50 percent on all questions except knowing how much money would be required/available to spend on rent (time two, 55 percent). The responses in this series of questions showed that not enough information was held by the youth. Consequently, an increase in 'action will be taken' responses was anticipated. Disappointingly, the 'further action will be taken' responses decreased (55 to 45 percent). It is a disturbing commentary that the lack of information held by the young people does not translate in to a need for further action. Knowledge is power. Adequate knowledge of their post care finances will certainly help them survive in the adult world.

### *Living arrangements*

Another important aspect of post-care planning is having a place to live. Accordingly, the youth were asked where they planned to live when they left care.



As the chart shows, the modal response was 'in own apartment' at 23 percent. This was followed by 'no plans yet' at 21 percent and sharing an apartment with other youth at 19 percent. When questioned about back up plans, if original plans did not come to fruition, 49 percent of the looked after group indicated they had a back up plan. Forty-seven percent indicated that they had no back up plan. As expected, the responses for the comparison group were quite different. Given that there is no expectation that they leave their family home at a specified age, there is no priority to make plans. As such, 30 percent had not made plans yet, 65 percent planned to share an apartment with other youth and five percent indicated other. Also telling, 56 percent of the comparison group felt that having a back up plan was not applicable to them.

In relation to where the youth planned to live after leaving care, there were no majority responses at either application time. This is not surprising as the youth had eight possible response choices. At time one, the modal response was 'in an unsupervised apartment with other youth' (22 percent). At time two, the modal response changed to 'in an unsupervised

apartment, on my own' (25 percent). A relatively large proportion of the youth indicated that they had not yet made plans (21 percent, dropping slightly to 19 percent at time 2). It appears, on the face of it, that little effort had been applied to helping youth with future planning between time 1 and 2.

The youth were also asked what they would do if the identified housing plans did not come to pass. There were only two categories of responses; 'no other plans' or 'has other plans'. At time 2, the percentage of those who had formulated alternative plans rose from 56 to 64 percent. Given the level of uncertainty expressed within the responses to this set of questions we would like to have seen evidence of a high incidence of further action being taken. The responses were disappointing. Rather than an increased incidence of action being taken there was a decrease.

*Are their plans for independence realistic?*

The looked after group were asked if their social workers felt that their plans for the future were realistic. Sixty-six percent of the youth indicated that their social workers thought their plans were appropriate, four percent did not. Twenty-two percent did not know what their social workers thought of their plans. Between times one and two, social work support dropped overall from 74 percent to 62 percent. This may be a reflection of heightened social worker concern as the youth move closer to independence from the system. It may also be an indication that the higher proportions of youth planning to live on their own or with other youth were being discouraged. In fact when social worker perceptions of plans being realistic were compared to where the youth planned to live, it showed that the social worker perception declined for both categories of 'in an unsupervised apartment on my own' and 'in unsupervised apartment with other youth'.

*Do the young people have someone to call if they run into difficulties?*

Youth preparing for emancipation from the care system are often referred to as preparing for independent living. This term is misleading. Individuals, regardless of their background do not live independently of others. Consequently, having access to other individuals/support networks is important. Ninety-two percent of youth in the time one sample stated that they had a support person in their lives. Not surprisingly, 100 percent of the comparison group responded the same.

Youth leaving care have very special needs and are likely to be particularly vulnerable as they face the challenges of their early move to independence. Unlike most young people in the community, former youth in care may have no family to whom they can turn. Consequently, it becomes very important that a youth leaving the foster care system has an individual(s) in his/her life to call on for support. As noted previously, a high percentage of the youth indicated that they had such a person in their life. Even with this high percentage being noted in the total time one sample, the matched data noted improvement. Having a support person increased by five percentage points between times one and two (93 to 98 percent). It is encouraging that such a high percentage, increasing at time 2, did know a support person to whom they could turn.

*Did the use of the AARs make a difference?*

The self care data presented an interesting picture of the youth who participated in the project. The looked after sample appeared to be doing well with respect to skill acquisition. In some areas they lagged behind their peers who do not reside in care and in other ways they were more able. Of interest, the skills where the looked after youth appeared to have the advantage were related to basic concerns (e.g., laundry, cooking, cleaning, etc.). The youth who live with their families had better life skills in more esoteric areas. These youth were better able to apply for driver's licenses, passports, being able to read bus and train schedules, etc. The message in these findings appears to conform to Maslow's hierarchy of needs. The youth in care are

working to make sure their basic needs are met. The youth who live with their families have their basic needs met for them. Subsequently, the latter group has more time to pursue higher order skill levels.

The pattern of improvement in this section is also of interest. Areas under the purview of care givers (i.e., daily living skills) showed vast improvement across the two applications. Conversely, areas more traditionally seen as social work concerns (i.e., post care plans) had poorer findings overall. Social workers have demanding, time consuming positions, where it is often impossible to address all the duties which need to be completed. Perhaps care givers, who have closer contact with the youth, could become a valuable resource in addressing these needs.

In total, these results are somewhat alarming, though not entirely surprising. It confirms 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.

### **General conclusions**

Summarizing the highlights of a vast number of findings is not an easy task. As the data showed, there were high points (e.g., improved monthly contact with mothers) and low points (e.g., incidence of possible continued abuse), areas where the youth in care did well in comparison to their peers (e.g., health) and areas where they did poorly (e.g., education). While the matched data showed general improvements over time, the improvements tended to be small. Realistically, these small changes are a positive sign. Given that the participating youth were all over 10 years of age, their pre-care and in-care experiences have had time to become firmly entrenched into their life experiences. Small changes over a nine month period are extremely optimistic. These could doubtlessly be enhanced if workers were helped in the task of formulating action plans. It should also be noted that our sample were all over 10 years of age. As the youth so often remind us, “you should start doing this earlier.” Imagination will

allow us to envision what changes could occur over a lifetime, particularly with early identification and remediation.

## **Chapter 10: Emerging Themes**

The implementation of this project has had a profound effect on those associated with it. Listening to participants, reviewing the literature and examining the findings give rise to a reexamination of traditional approaches to child welfare practice. This chapter provides the reader with some sense of the project's impact by identifying some of the themes that have emerged from these three major sources of information. They range from taking a fresh approach to outcomes evaluation, through to issues directly affecting key stakeholders, most notably the children, finishing up with systemic issues and social policy.

### **Rethinking outcomes evaluation**

In child welfare outcomes evaluation, preoccupation with service delivery traditionally has preempted attention to the task of protective agencies. For example, outcome measures commonly pertain to the process of service delivery rather than focusing on outcomes for the child. The Looking After Children materials on the other hand, are based on an important and central question; "Is the child receiving care that would be reasonable to expect of a parent?" Looking After Children instruments focus on child centred outcomes by evaluating the child's day-to-day experiences across all dimensions of developmental tasks and needs, and prescribing remedial action. Their conceptual foundation is the link between good parenting, healthy development and opportunity, and life course outcomes. This aspect of the project, by focusing on the developmental needs of the children as individuals, has the potential to inform child welfare practice and to provide baseline information on the in-care experience. The data generated to date have furthered our understanding of the effects of the childhood experiences. This understanding has confirmed for us that the emphasis in outcomes evaluation should first and foremost be focussed on the children. Such an approach will in turn provide much more useful information on service delivery processes than do the current approaches which put the focus on what Parker et al. (1991) refer to as agency outcomes.

## **Can agencies and workers make the philosophical shift?**

Looking After Children is not a check-list approach. The use of the AARs should promote dialogue, sharing of information, and formulation of action plans, with all parties involved in the care of the child, including the children and youth themselves. It thus constitutes a quite profound cultural and philosophical shift in child welfare services. It expands our thinking from the somewhat narrow, reactive, crisis driven, protection focus to that of a proactive child development and child well-being, planned approach. For example if we find out that a child has attachment difficulties, we can assist the care givers to address them in order to make the placement work for all involved. In the absence of this kind of knowledge the care givers may become overwhelmed with the child's constant need for attention or conversely, the child's inability to form a connection with them. This proactive approach includes conscious attention to all aspects of the child's experiences and the fact that child welfare intervention has an impact, for good or ill, on the long term outcomes for children and youth growing up in care. This has constituted a major challenge for workers, more particularly for those with long years of service, attuned to the old way of doing things. It is perhaps the most demanding aspect of Looking After Children. On the other hand it is also potentially the most rewarding.

## **The disadvantaged childhood of children in care**

The hard data presented some provocative findings. An examination of these findings in conjunction with national data (NLSCY primarily) and the project comparison group, did not produce overly optimistic results. In general, the development of the youth in the Looking After Children sample lagged well behind their peers who do not reside in care. On an optimistic note there was general overall improvement between the two applications of the Assessment and Action Record. This indicates not only the value of the Looking After Children approach, it also reminds us that it is possible for social workers and their caregiving partners to alter the developmental trajectory of the children and youth in a more positive direction.

## **Hints of age and gender biases**

Other themes that emerged from the hard data were indications of age and gender biases. For example, with respect to the education dimension, between the first and second application of the AARs, young women had greater decreases in regular school attendance and in full time school attendance, as well as larger increases in school being 'not applicable'. Both females and the older youth showed larger decreases in being involved in hobbies and having other skills. Yet, action plans did not reflect the apparent need for intervention. In records where these age and gender distinctions were noted, identification of the need for further action actually decreased for the females and the 15+ group. Despite these facts, the objectives at the end of the education section indicated a perception that these youth had improved in their educational experiences and development between time one and time two. This apparent contradiction warrants further examination of current practice and attitudes towards the needs of young women and indeed of all those approaching care-leaving age.

## **The challenge of linking developmental outcomes to action plans**

In addition to the actual data generated by the project protocols, other 'soft' findings made themselves apparent throughout the course of the project. These findings were derived from debriefing sessions and project conferences, written comments provided to the research team as well as personal conversations with participants. They were reinforced by direct observation of the AARs. One particular theme is the difficulty that many workers had with linking developmental outcomes to action plans. Overall, the quality of the formulation of action plans was disappointing. This finding is not confined to Canada. A recent audit in the United Kingdom had similar findings (Scott, 2000). On the face of it, it seemed that the workers were not adept at identifying specific or broad goals and developing a series of manageable steps to meet them. In discussions that took place a number of possible explanations were put forward:

- some workers responded that they did not want to commit to plans when they knew that the necessary time or resources were not going to be available;
- some felt that this would be a reflection on their work rather than a reflection of current policy and procedural limitations;
- it also became apparent that workers who were addressing the day to day needs of a difficult case were often unable to stand back to see the larger themes (particularly within an existing culture of reactive crisis management);
- some workers believed that they were too busy to complete the documentation because of time constraints.

Interestingly other workers refuted this last argument. While acknowledging that the initial use of the forms is a long process due to the time commitment and adapting to the change in philosophy, they argued that the process is progressively easier over time. Rather than waiting for a crisis to occur, the issues are explored and intervention becomes planned. Thus time and energy is not constantly being expended on resolving crisis situations. Some of our coordinators observed that new workers were often quicker to adopt the approach and liked to use the materials. The resistance because of time constraints was more likely to come from workers who had been acculturated into a crisis driven mode of working. Some of these seasoned workers were honest in declaring that there was a sense of safety in crisis driven work; whereas the Looking After Children approach carries with it built in accountability.

### **Enhancement of relationship building**

There were also more positive themes expressed regarding the value of the Looking After Children approach. The first of these was its contribution to improved relationships:

- use of the approach allowed workers to develop better working relationships with young people and care givers;

- the approach also helped working relationships with natural families - by shifting the focus to the needs of the child, partnership was enhanced and traditional antagonisms between agencies and families reduced;
- foster parents found that the use of the approach provided them with a forum to discuss with social workers the progress of the youth in their care.

### **Generation of information**

Workers valued the richness of the information gathered as well as the new focus. In fact, one particular worker indicated that she would rather quit her profession than go back to the reactive type of case work. Another senior social worker indicated that the experience of using the approach was humbling. She stated that she had been working with a permanent ward for several years. This young person was seen to be doing well, socially and academically and to be flourishing in a stable, loving placement. Surprisingly to both, the focus of the project allowed them to identify and address issues which had lain beneath the surface for years. These discoveries changed the direction of case work to the extent that the young person was able to reestablish contact with a parent who had been absent for several years.

Foster parents also benefitted from the improved level of information. When the pilot project started, many agency staff were worried that foster parents would perceive the use of the materials as an evaluation of their work and skills. They feared that foster parents would not be supportive and may in fact be threatened by the new approach. This did not prove to be the case. The feedback received from foster parents was uniformly positive. The use of the AARs not only improved communication and collaboration with social workers; improved knowledge enabled them to provide more appropriate care. It also provided direction regarding the types of things they should be providing and supporting for the youth in care. One foster father, commenting on the practical skills listed in the self care section, said that they gave him ideas about how he could contribute in a positive way to the care of their children "before it had always seemed mostly my wife's job". Foster parents also indicated that the use of the materials validated the good work which was already occurring in their homes.

## **Intrinsic value for the youth**

The Looking After Children approach was clearly beneficial to the children and youth involved in the pilot project. The following comments are a sampling of some of the direct quotes from the youth themselves.

"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 its 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!"

The major issue for the youth is whether expanded implementation will maintain the same quality of service that they were offered in the pilot phase. They would like this approach to their care to continue and also support the extension of Looking After Children to the younger age groups.

## **Systemic themes and considerations**

The change in philosophy, as well as the hard and soft data findings are interesting in and of themselves. Nonetheless, they also indicate that the Looking After Children approach will have implications for the systems and agencies that provide child welfare services, if they decide to adopt the approach as their own. Themes related to systemic issues have been organized here as they relate to the various levels of the system, namely managers, supervisors, social workers and policy makers.

### **Contribution to planning at the management level**

Management planning can be informed through the valuable data derived from the Looking After Children records. For example, the first round of data showed how fathers are lost/excluded in the child welfare system, the extent to which social workers changed in less than a year, lack of visiting opportunities for grandparents, how particular regions/cultures have specific issues (such as higher incidence of placements which are not ethnically matched in large urban areas etc.). They also highlighted the degree to which essential information is not collected and stored. These data can be used to shape policy and procedures as well as help managers target initiatives for the children and youth in their care. For example, when the degree to which social worker change was explored, it was discovered that this often occurred because of organizational arrangements (e.g., children may have an intake social worker, a foster care worker for each different placement and yet another worker if there is a status change). Social worker turnover has negative effects on the children. Thus there is a need to examine agency policies for ways to reduce such discontinuity.

Management implies leadership. If management wishes to have front line workers commit to the process, it will help to provide concrete examples of how the data and information generated are used for positive change. Thus, it will be important that management conveys to staff what the aggregate results show and how they are being used to shape subsequent changes. For instance, the data might be used to institute a policy change so that a social

worker would work with a given child/family until the case has been resolved. Interestingly this was the standard practice in a First Nations community with which we worked.

### **Need for delegated leadership**

For the purposes of the pilot project, participating provinces and agencies assigned one or two coordinators to manage Looking After Children for the jurisdiction. In some jurisdictions, the project was coordinated through a half time position. In others, coordination was added to existing duties of a current position. It has been our experience that the coordinators who have been given the half time/full time position had the most success. These coordinators had the most positive training experiences with the participants. They had the time and energy to follow up with workers, foster parents and young people involved. Importantly, they had time to review the records prior to sending them to the research team. This allowed them the opportunity to gauge how the project was going overall and they knew where the gaps were with the workers. They also were able to follow up with supervisors when it became apparent that case work with young people and foster parents had been problematic. The coordinators who had the project added on to their existing duties either suffered from being over-burdened or were not able to maintain as good a grasp on the issues at play. Bearing in mind that the pilot project occurred with the participation of a minimal number of workers, children and foster parents, in jurisdictions moving to expanded implementation trainer/coordinators will need adequate release time to provide the leadership and support needed.

In closing this discussion of planning at the management level, the implementation of the Looking After Children program can address the current public call for accountability in services to children/youth and families in the following ways:

- the material quite clearly points out what we do and why we do it;
- it provides a vehicle to enhance casework (i.e., we identify the issues and then act on them), leading to better outcomes for the clientele;
- aggregated data can provide valuable outcome information.

## **Pivotal role of supervisors**

A cogent theme in the pilot project was the crucial and pivotal role that supervisors can play. When setting up the project, priority was given to recruiting voluntary participation at the front line. While supervisors were included in these discussions, they were not the primary focus. Consequently, supervisors as a group had a different exposure to the project. Some were very supportive while others were not very knowledgeable. Those jurisdictions that are moving successfully towards expanded implementation have included orientation and education of middle management and the supervisory level in their strategies. This ground work is key. Supervisors can support their workers in a number of ways:

- if supervisors are knowledgeable, and convinced of the program's value, they will support the programme's time requirements;
- through their support and enthusiasm they can inspire their workers;
- the Looking After Children materials provide an exceptional tool by which supervisors can catch oversights when the worker has missed a vital issue in case planning and decision making. Through the pilot project it became clear that at times workers are too close to a client's individual needs to objectively identify the larger issues at play in a child's life.
- since the AARs provide a comprehensive record of a child's developmental needs and issues, a quick read of the records can highlight the larger issues at play. This information can be used by the supervisors the case supervision process to shape intervention.

## **Changing the face of front line practice**

Looking After Children has the potential to significantly alter the way we conduct front line child welfare practice. It is proactive. It comprehensively identifies and records the issues of the children involved. How often have social workers said "I thought the placement was going well,

"I don't know what happened", when a placement breaks down. We may eventually learn that the child has an attachment disorder, hasn't seen the father in two years, etc. By using the program materials, these issues are not left below the surface to eventually surprise us. They are identified through the completion of the assessment and action records and are addressed in the action plans. This is proactive, non-crisis driven case work.

The Looking After Children approach changes social work practice, not so much in what we are attempting to accomplish, as much as in the methods that we use. The identification of key developmental issues occurs through conversation and discussion allowing social workers the opportunity to know their clients in a deep and meaningful way. Using a strength building approach as opposed to a problem focus facilitates rapport development with children and youth, foster parents and natural parents. The materials are designed to get to know the child in all aspects of their lives and allows social workers to show their interest in the young persons' activities, plans, values and beliefs. It gives social workers an opportunity to help foster parents plan and organize their work with the young people. This also fosters the development of a teamwork approach between workers and foster parents, and where appropriate, the children's own families.

It is known that children in care have unreasonably high numbers of social workers due to several factors including the turnover rate in the child welfare field. Obviously, the ultimate goal is to minimize the amount of turnover. Although not a complete solution, the program materials can ease some difficulties created by the high turnover rate. The organized nature of the records provides a vehicle for workers to quickly learn the details of a new case. They also highlight issues which social workers can use to create opportunities to get to know the children and youth for whom they are responsible (e.g., I hear that you are interested in joining the armed forces).

## **Shaping Social Policy**

The direct benefits of the Looking After Children approach to programming and practice are matched by indirect benefits to the social policy environment which governs child welfare. In Canada, there is no comprehensive national legislation and thus no uniform standard for child welfare. Further, one theme common to the various Provincial statutes is "legislation expresses minimum standards of care for children in a negative and inverted manner" (Task force on the Child as Citizen, 1978, p.82). No intervention can take place without demonstrable harm having taken place; children must experience hurt before they can be helped. The likelihood of protection taking place is affected not only by geographical location but by the resource base of the jurisdiction and by the circumstances of the parent(s) (Federal Provincial Working Group on Child and Family Services Information, 1994; Scarth, 1993; Simard and Vachon, 1987; Wharf, 1993).

In the United Kingdom legislation emanating from central government governs the activities of 109 different local authorities responsible for direct service delivery. The Looking After Children initiative, reinforced by the requirements of the 1989 Children Act, has influenced the development of cooperative relationships amongst policy makers, practitioners, researchers and central government funders. In Canada, the formation of a similar alliance was given impetus through a series of meetings sponsored by the then, National Welfare Grants, including the Research and Policy Symposium on Child Welfare held in Kananaskis in 1994 (Hudson & Galaway, 1995). The Looking After Children In Canada Project built on the networks established. Bringing together key players at the beginning, during, and at the end of the project allowed participants to directly voice their opinions regarding the policy implications of the study and to make recommendations for policy change. A federally mandated 'top down' approach to providing better care for the nation's children, by virtue of the thirteen separate jurisdictions involved, is not possible. The optimistic hope is that the project can influence a 'bottom up' approach to policy and organizational change.

## **Concluding comments**

We return to the opening sentences in this chapter to reiterate the profound effect that the implementation of this project has had on the research team and coordinators. The breadth and depth of the themes that have emerged from the work of the past three years have provided much food for thought. Most of us engaged in the field suffer anxiety, frustration and a sense at times of helplessness in the face of the enormous task and the formidable risks that exist for the children who need our care. Examination of these themes provides us with the sense that there is a different and better way of doing things and that we can improve outcomes for the children and youth. We now leave the findings for a while in order to visit the experiences of those who participated in the project.

## **PART IV: THE PROJECT EXPERIENCE**

### **Chapter 11: Experience of Participants**

#### **Introduction**

The overall goal of the project was to enhance the quality of care for children who are brought to the attention of child welfare services. At the same time a major rationale was also to develop adequate outcome measures for children who come under the aegis of Provincial and Territorial child welfare services. From the beginning the Looking After Children model was deemed to be the approach of choice for a number of reasons:

- it focuses on child-centered outcomes
- it has the ability to affect short term and long term outcomes for individual children
- when data are aggregated they can provide measures of agency wide outcomes
- it is based on research and appears to be theoretically sound.

However, since the 'proof of the pudding is in the eating', this theoretical construct needed to be practical as well as useful. The quality of the AARs completed, as well as of the data generated gave us some measure. A further standard used to evaluate its feasibility and practicality was the opinions of participants. No matter how good the program, if it is not considered appropriate by the users, it will lose its quality and value in the process. Consequently the experiences and the reactions of the participants were sought out regularly. They were asked about the materials, (e.g., were the right questions asked, were they too long, were they easily understood, etc.). They were asked about their experiences (e.g., did you learn anything new, was the experience beneficial, etc.). They were asked to share their thoughts, feelings, and beliefs about how the project had been carried out and if and how it should continue. This information was gathered in several ways. Regular teleconference meetings of our trainer/coordinators took place. Each year of the project, on-site debriefing sessions took place. All participants of the project, youth, parents, foster parents, social workers, etc., were invited to complete an evaluation that focused on the overall experience of

using the AAR. Respondents were also invited to forward any other comments or suggestions they might wish to convey. We were able to gather additional information at the May 1999, Policy, Practice and Research Symposium since most of the discussion generated related to the project experience.

Information with respect to feasibility came primarily from the perspective of the youth, foster parents and provincial coordinators. We also received feedback from some front line social workers. This chapter will provide the reader with an overview of people's impressions, and what they had to say in relation to their use of the Looking After Children approach and materials.

### **Evaluation Forms**

Return rates of evaluation forms were disappointingly low. Part of the problem can be attributed to methodological problems. Evaluations were originally requested after the first application of the AARs. Unbeknownst to the national project some agencies (comprising half of the sample) had received a similar request from a parallel project. Accordingly our request had to be withdrawn and we tried again at the end of the project. Return rates may well have been affected by the earlier problems and because those outside of Ontario were approached twice. On this second occasion evaluation forms were distributed to project participants through the provincial/agency coordinators. They were sent with a stamped self-addressed return envelope to encourage participation. In all we received only 158 evaluation forms. It should also be noted that one jurisdiction completed the evaluation form while completing the AAR. Consequently, this jurisdiction is over represented with respect to the total number of evaluations returned. In addition, their responses were generally more favorable than the responses from the other jurisdictions combined.

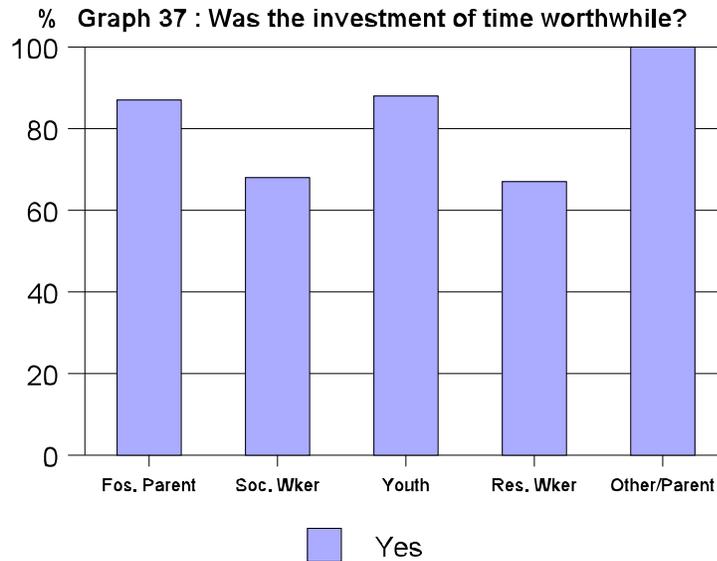
Social worker response accounted for just over one third of the forms that were received (37 percent), followed by youth at 26 percent, foster parents at 25 percent, parents at nine percent

and residential workers and the 'other' category accounting for two percent each. 'Other' was made up of individuals such as agency managers and social work supervisors.

Bearing in mind the possibility that actual respondents were likely to be the most committed to the project, we were nevertheless pleased that no participant indicated that the experience was negative. The majority (75 percent) rated their overall experience of using the Looking After Children materials as positive. Within this group 44 percent indicated 'positive' and 30 percent indicated 'somewhat positive'. When the percentages were broken down by categories of respondents however the perspectives shifted slightly. For instance, 87 percent of foster parents saw the experience of using the tool as positive/somewhat positive, and only 13 percent indicated that they had mixed reactions. Social workers reported positive/somewhat positive in 74 percent of the responses (mixed reaction 26 percent). There was no majority response for the youth. Forty-four percent saw the experience as positive, 27 percent saw it as somewhat positive while 29 percent had mixed reactions.

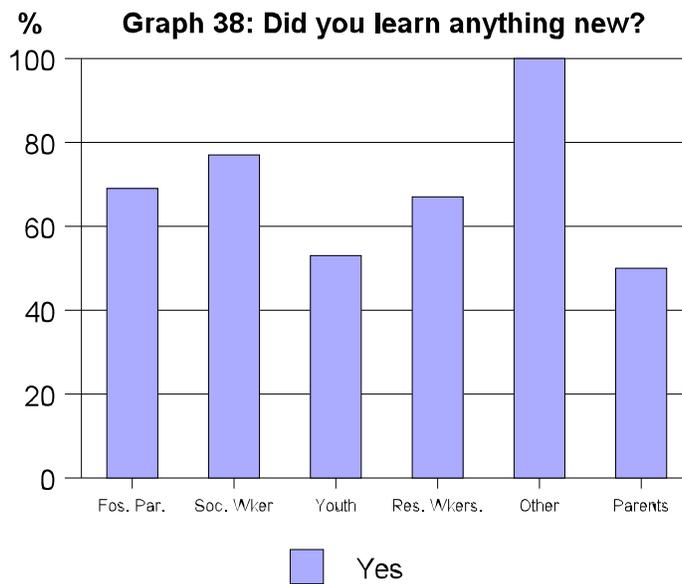
Although we did not plan to attempt to match responses, occasionally we had 'matched sets' come in together. That is, youth and social worker responses arrived by the same post, from the same place. Where this occurred, it was striking to note that the ratings matched very closely. If the social workers were positive, then so were the youth.

With regard to whether or not the investment of time was worthwhile, the majority of respondents (81percent) indicated that they did find it worthwhile. Fifteen percent said they were not sure while four percent stated the time spent was not worthwhile (n=6; three social workers, two foster parents and one youth).



When responses were broken down according to various participant groups, we again saw that the majority reported the time spent as worthwhile. For instance, the above chart shows that 87 percent of foster parents, 68 percent of social workers, 88 percent of youth 67 percent of residential workers and all those in the 'other' and in the parent's category, said they found the investment of time worthwhile.

Participants were also asked whether or not they had learned anything new. Overall, 66 percent of them responded yes they did, 27 percent said no and six percent stated that they were not sure. When we again break down responses by individual groups, similar results were found in that the majority of each group indicated learning something new. The following chart illustrates that 77 percent of social workers responded yes they learned something new, 69 percent of foster parents, one hundred percent of respondents in the 'other' category and 67 percent of residential workers responded the same. In the youth category, the 'yes' response rate was 53 percent. It was 50 percent for parents. Twenty seven percent of youth and 50 percent of parents responded no and a further six percent of youth were unsure as to whether or not they had learned anything new. The different breakdown of youth and parent responses is not surprising since the 'new' knowledge for the most part pertained to adults learning more about the youth in their care.



In summary then, most responding to the evaluation survey described their experience in using the Looking After Children materials as generally positive. Most indicated that they saw the investment of time as being worthwhile, and most indications were that people had learned something new. Perhaps the only group who responded differently was the youth. As noted above, many reported having mixed reactions to the experience of using the Looking After Children materials, and they indicated lower percentages of having learned anything new. Nonetheless, the youth strongly indicated that the investment of time was worthwhile. The general sense gleaned from youth responses was the expression of some confusion in how they felt about using the Looking After Children tool. This ambivalence may reflect some of the comments heard in debriefing sessions. Some youth (and foster parents who had talked to youth) indicated that they were glad questions were being asked (e.g., where will you live when you leave care) but these questions could potentially raise intense anxiety. This may be indicative of the need for those responsible for the well-being of youth in care to proactively allow time for exploration of such issues. This would be very different from the current tendency reported to us to respond reactively only at times of crisis.

## Reactions expressed at the 1999 Symposium and at debriefing sessions

### Provincial/Agency Coordinators

On the whole, provincial coordinators were enthusiastic about their experiences using the Looking After Children protocols. They had been asked to organize their thoughts around three themes: the instrument itself, the philosophy informing its design, and barriers to usage. They were also invited to submit vignettes that might illustrate their experiences.

With respect to the instrument itself, the coordinators approved of the overall design. They liked the fact that the design of the AAR incorporated all major developmental dimensions such as health, education, emotional and behavioral development, etc., and thus there was less of a chance of missing anything that ought to be addressed. Several issues that could be difficult to broach for some youth (and adults) like sexuality, use of alcohol and drugs, are found within the records. Coordinators saw this as another benefit of the Looking After Children tool as it provided an opportunity for raising and discussing such issues in a sensitive manner. Coordinators also conveyed that they liked the action plans found for each developmental dimension. These were seen as incredibly helpful in the planning and setting of clear goals for and with the young person. An added benefit was the fact that the action plans asked for concrete steps to fulfil the goals as well as the identification of the person(s) responsible for seeing that the actions were taken. The coordinators also stated that the AAR is an excellent way to collect data on children in care and thus can provide valuable information for agency programming as well as information for policy makers.

Philosophically, one of the major strengths of the approach is its emphasis on teamwork. It allowed for and encouraged the involvement of all key players in a young person's life. All, youth included, came together to make decisions affecting the young person. Teamwork with foster families was improved. Though it could, and should, include teachers, birth family, community volunteers, etc. this did not happen as often as desirable in this pilot phase. A further philosophical strength underpinning the AARs is the fact that they encourage workers

to shift from looking back to looking forward. In other words, social workers concentrate not on what they have done in the past, but on what needs to be done now to enhance the future healthy development of the young person. A spin-off benefit of this 'future' orientation is the elimination of the traditional crisis driven approach of social work to a proactive stance focusing on the young person's development. Lastly, and very importantly they spoke of the importance of the Looking After Children approach as a method of empowering children and youth. Through their participation in the approach, young people are given a voice and a right to express their opinions on all matters that concern them.

Coordinators also shared openly the barriers they experienced while using the tool. These can be summarized as follows:

1. Failing to have all key players 'buy into' the philosophy of the Looking After Children approach: across the board understanding and acceptance of this shift in thinking is absolutely necessary to make it work. Child welfare work is often crisis driven, whereas Looking After Children requires a different mind set of participants. In particular, the support of managers and supervisors is needed if the front line workers are to commit to the process.
2. Minimizing the importance of training: adequate training was seen as a major issue which, if not attended to, could impede progress of the Looking After Children approach. Many coordinators indicated that training needs to be an ongoing process, especially given the high turnover rate of social workers in the field of child welfare. As workers move on, new ones replacing them need to be trained in the use of the tool. Nevertheless, new workers seemed to have less difficulty in being inducted into this way of doing things. Coordinators indicated that new graduates spoke positively about how the AARs enabled them to engage quickly with the young people involved.
3. The time taken to complete the AARs was also identified as a potential barrier. It is time consuming to complete. Nevertheless individuals were unable to suggest elimination of any of the questions. All were deemed to be important and in fact, some additions were recommended!

## **Foster Parents**

Particular highlights at the Symposium were the youth and foster parent panels. As the end use consumers of the project, they were in an excellent position to inform practitioners, researchers and policy makers in attendance. Foster parents on the panel indicated that use of the Looking After Children instrument validated the work they do and gave them a voice in the care of children who reside with them. The day-to-day expectations as set out by the approach encompass the work that dedicated foster parents have been doing in their homes. It also set out clear parameters of what other work was expected of them in their capacity as care givers. The collaborative approach allowed them to become knowledgeable about issues of concern for the young people and afforded them the opportunity to contribute to planning and decision making in conjunction with the social workers and the young people themselves. It was acknowledged that for some foster parents the first reaction to the instrument was trepidation. Some thought that information collected by the protocols would be used primarily as an evaluation of their work. Once they became familiar with the underlying philosophy they realized that the approach was a guide for their work now and in the future rather than a reflection of the past. Overall, the foster parents were enthusiastic about using the AAR and stated that it had great potential to strengthen their relationship with the youth in their care.

## **Youth**

Youth in care are the center of the Looking After Children approach. It is designed to improve outcomes for them: their comfort with the material and their approval is vital. With one exception, the youth who participated at the symposium were firm in their endorsement, as were youth met at debriefing sessions and those who assisted with pretesting. The one youth who had a negative experience described what was the antithesis of the project's intention. Her social worker had simply sent her the AAR and asked her to fill it out. What had been designed as a vehicle for useful dialogue, appeared to her a formidable and intrusive check list. Her input was extremely useful in that it highlighted for all what should not be done with the material. Of particular note, in contrast to that young woman's experience, was the

endorsement of others of what they termed 'quality time'. They stated that they were pleased that the project allowed them to spend enjoyable time with their social workers as opposed to meeting only when problems arose or other rare and brief occasions. In many cases, the youth believed that use of the instrument improved their relationships with their care giver(s) and family members. For example, several youth credited the use of the instrument in allowing them the opportunity to re-establish contact with their natural families. One youth was quite poignant in relaying the discomfort he felt during telephone conversations with his grandmother. Instead of enjoying these conversations he was on edge and guarded lest he reveal his present circumstances. His mother had never told his grandparents about his placement in care because of her own embarrassment. The youth did not know how to rectify this situation and had not told anyone about the impact of this loss. The use of the AAR enabled him to bring this problem to the surface. Then, together with his mother and social worker they were able to formulate a plan for informing his grandmother. The end result was improved relations for all and support for his mother in her difficulties.

The youth also indicated that the detail/specificity of the questions contained in the AAR allowed and encouraged them to explore their own family histories, culture and plans for the future. In this manner, they believed that they were able to learn more about themselves: who they are and who they are becoming. With respect to agency practices concerning case files, the youth were very pleased with changes brought about by the use of the Looking After Children instrument. Youth believed that the traditional method of compiling case information never allowed them to have input. In addition, they believed that their files only contained information arising out of problem situations - as one said "this is the first time there was anything good on my file". Their participation in the Looking After Children project allowed them some measure of control over the data collected and contained positive information as well. The self-care skills section was useful for the older youth, particularly since it provided some ground for discussion and knowledge building in the unfamiliar areas of independent life.

The youth indicated two potential problems with the instrument; questions about sensitive issues (e.g., substance usage and sexuality) and the length of the document. Some of the

youth indicated that many young people would not be truthful in discussing information regarding sensitive issues. After discussing this situation in open forum at the symposium, the consensus was to leave the questions intact. One youth noted that the answers given may not be truthful but the discussion sent a message to young people to question their own practices. As well, it indicated to the young people that it was acceptable to discuss these issues if the need arises (as long as the adults involved indicated that they were comfortable discussing the issues). One young man caused considerable amusement when he said that it was his social worker who had discomfort with questions about safe sex. However he said “she settled down!” With respect to the length of the document, like their coordinator counterparts they were asked to suggest what information could be excluded. Also like the coordinators, they were unable to identify any of the information as being unimportant. In fact they could think of questions to be added! Thus, they came to the conclusion that the document should be left intact.

A story shared by a provincial coordinator at the Symposium is appropriate to include here as a concluding comment. It highlights people's general experience in using the Looking After Children instrument and shows the power of the approach to improve outcomes for youth in care. While going through the AAR, a young boy in foster care was asked the question by his social worker, “how many books do you own”? This led to a discussion of which of his books was his favourite book. The boy quickly pulled down an old, tattered book from the shelf and showed it to his worker saying this was his favourite. When asked why, he replied that it was the one his mother read to him when he was little. He then quietly asked “Do you think I could see her again?” This young boy and his brother did not have contact with their mother as she had severe mental health issues. Based on the boy’s disclosure, the issue of contact was opened up for potential change. As the worker had said, when relating this to her co-ordinator “you never know which question will lead you into which issue.” They are all important. In this particular case, the young boy was given an opportunity to express his wishes through one seemingly unrelated question.

Throughout the course of the project, examples such as this have come up. Prompted by the use of the Looking After Children instrument, young people have been able to express hidden or troubling thoughts, wishes and feelings. As we have seen over and over again, the use of the instrument provided them with a framework which enabled care givers to address their concerns and needs.

## **Chapter 12: The Final Symposium**

### **Objective**

In May of 1999, the Looking After Children in Canada Project held its Policy, Practice and Research Symposium. The main goal of this invitational event was to address the final objective of the project: to build consensus with respect to standards of care for children in Canada who are subject to Child Welfare intervention. In this context, the consensus on the standards of care relate to the Looking After Children project.

### **Process**

Operationally, the final objective was to be achieved through meeting two criteria. The first criterion was information about current and desired standards. Information was provided through the experiences and knowledge held by the provincial, national and international participants of Looking After Children. The second criterion was consensus building. Consensus building in this instance required two particular elements: broad representation from all parts of Canada and ample opportunity for these representatives to be informed and have opportunity for discussion. To ensure good representation, invitations were sent to Ministers and to their Directors of Child Welfare and to other key stakeholders: youth, foster parents and researchers. Essential players in the process were the entire research team including our trainer/coordinators and representation from the First Nations community that had been involved. Conditional on attendance was the ability to participate in the whole process. These delegates representing the key players involved in the field of Child Welfare gathered together to discuss the issues and share ideas. With representation from both official languages, the delegates included a Provincial Director of Child Welfare, Children's Advocates and a member of the B.C. Children's Commission. There were several individuals representing various Federal and all Provincial and Territorial government ministries, Children's Aid Societies, and Centres de Jeunesse. There was also strong representation from academic research, community based organizations, the Canadian Foster Families Association, the

National Youth in Care Network, and the Child Welfare League of Canada. Most importantly, delegates also included those individuals who were impacted directly by the project, social workers, foster parents and youth who were involved in the pilot project. The second element of consensus building was providing the delegates with opportunity to discuss and explore the information provided. This exploration would allow them to determine the approach's capability to inform and improve Child Welfare standards now and in the future. This element was facilitated by providing the delegates with frequent opportunities throughout the symposium to process the information provided. Consequently, the participants engaged in several small group discussions culminating with generation of a list of recommendations at the end. To facilitate ease of communication simultaneous translation was funded by Heritage Canada.

## **Design**

The symposium was held over 4 days at Val-des-Neiges, Mont Ste. Anne, Québec. The location was chosen to reduce distraction for delegates and to provide a pleasant, relatively isolated setting to enhance group cohesion. The program was designed with a fairly tight time frame as a great deal of information needed to be shared and discussed throughout the event. The following presents a general overview of the schedule of the symposium (the actual program is located in Appendix 3), followed by a more in-depth presentation of the content generated at the symposium.

On the first evening an informal reception was held. This allowed delegates the opportunity to unwind from their travel and meet other participants from around the country. The first full day began with a keynote address by the Honourable Landon Pearson who has devoted a great deal of her time and energy in the Canadian Senate to children's issues. Thus we were honored that she agreed to open our program. The keynote was followed by presentations from each of the provincial/agency coordinators. The coordinators' presentations provided the delegates with a progress report on Looking After Children from the different regions in the country with particular emphasis on their own experiences with the project. Next were two consumer reaction panels made up of foster parents and youth who were involved with the

project. This was a highlight for many of the delegates as it gave them the opportunity to hear directly from the consumers about their experiences generated from using the approach.

The second day, Sunday, began with a free morning to allow participants an opportunity to explore the area or attend religious services. The afternoon was devoted to the presentation of research findings. The findings presented came from the Canadian project as well as the British research, past and present. After the presentations, small group discussions were held in order to address the implications of findings.

Monday began with a presentation on implementation issues as experienced in the U.K. This was followed by a response panel and small group discussion on the implementation issues. In the afternoon, two areas of special interest were presented. The first was the legal and organizational context of Looking After Children addressed by Paul Thomas. The second presentation given by Joan Glode of the Mi'kmaw, Family and Children's Services, Nova Scotia, concerned the implications of Looking After Children for the First Nations Community. To close out the afternoon, participants moved into focus groups to identify issues which need to be considered if implementation of Looking After Children was to proceed. The findings of the focus groups were then reported back to the main group. The day finished with a keynote address at dinner by Dr. Carolyn Davies of the U.K. entitled 'The Looking After Children Initiative - Has it Been Worth it'?

The final day was devoted to fulfilling the objective of the event, consensus building. Each of the symposium facilitators summarized the information, thoughts and ideas generated by the small/focus group discussions. Based on this information, the delegates were able to generate a list of recommendations regarding the future of the Looking After Children Project.

## **Content**

### **Data Findings**

## **The Canadian Project - presented by Bennett, Kufeldt, Simard and Vachon**

To provide participants with an idea of the kind of information that can be generated from the protocols, preliminary results were presented on several areas. As findings are summarized elsewhere in this report, they will not be presented here. Suffice to say, delegates were given a sense of the kind of information that could be generated, what the data analysis showed, and how this information could be used to inform policy and practice.

## **The British Experience - presented by Davies, Jones and Ward**

The British consultants spoke of positive Child Welfare changes in the U.K., attributable to the implementation of Looking After Children. They noted that there have been positive changes in the way Local Authorities think about outcomes as reflected in a new emphasis on needs, based on knowledge of child development. They also related that Looking After Children has given life to new national objectives in the U.K. They spoke of a new initiative called Quality Protects that puts new money into services for children and families on condition that social work agencies deliver results. The objectives for this initiative are:

- to ensure that children are securely attached to carers who are capable of providing safe and effective care for the duration of childhood - this applies to all children;
- to ensure that children are protected from emotional, physical, sexual harm and neglect;
- to ensure that children in need of services have access to the educational opportunities, health and social care that maximize their life chances. Government is particularly concerned that young people leaving care are able to participate in society on a social and economic basis and are not socially isolated;
- to ensure that children with specific social needs arising from disabilities or other health conditions are living in families or other appropriate settings in the community where their needs are adequately acknowledged and met;
- to ensure that the referral and assessment process can effectively discriminate between the different types and levels of need and subsequently produce a timely response.

They also addressed issues highlighted by adoption of the Looking After Children approach. For example they noted a renewed emphasis on maintaining placement stability. While it has always been known that for most children, it is better to stay in the same placement, LAC has brought to the forefront how changing placements impacts on meeting other needs (e.g., health care from the same provider, disruption of schooling, etc.). In order to reduce placement moves, the most vulnerable children need to be identified. This has led to the identification of several research questions.

- finding unmet needs and vulnerability. This requires trying to discern if there is a relationship between child vulnerability and difficulties they have with remaining in the same placement. For example, are those with a learning difficulty more likely to move?
- are there protective factors which promote stability of care? In other words, are there factors that might enable 'difficult to place' children to stay in the same place and to develop satisfactorily. For example, do children with extensive disabilities get adequate health care? If they do not, does that put an extra burden on foster parents to the extent that placement is less likely to succeed? If they do receive adequate health care, is the placement more likely to succeed?
- identification of risk factors. This refers to things/situations that interfere with a child developing a degree of stability but are under the control of the agency, for example placing a long-term ward with short-term carers.
- tracking the reasons that children leave placements. This requires paying conscious attention to a child's placement history. For example, has the child had a whole series of placements that have broken down? Has the child had experiences that make him/her think that s/he will not be anywhere for very long and how does this impact on the child's ability to invest in placement options? How does the placement meet the young person's needs?

Discussion of the new research initiatives identified that the main purpose was the discovery of tools needed by managers of social welfare agencies in order to plan, monitor and assess the effectiveness of their services at a strategic level. Included in this purpose is an

examination of whether or not the Looking After Children materials are helpful in providing this information. The first step was asking local authorities to identify the core/key variables in the LAC protocols and additionally asking what other key pieces of information managers need to be able to ascertain whether or not their services are effective. Those include for example, variables such as age, gender, progress at school etc.

The messages coming out of the data indicate that it is important to make a proper assessment before a child is looked after; agencies need better information about what children's needs are; they need to know the children's status with respect to health, education, behavior etc.; they need to know what support services carers require in order to provide a nurturing environment for children; they need to plan services around children's needs; and there is a need to have a proper history and target children who are likely to have grown up with instability as a way of life.

### **Implementation Issues**

This was a panel presentation presented by the British and Canadian research groups. From Canada, several issues important for the implementation of Looking After Children were identified. To name a few:

- a major cultural and philosophical shift has to take place; one that is not easy for workers who maybe under a great deal of work-related stress (time, high caseloads, etc.). Due to this shift and because the Looking After Children protocols are not universally familiar to workers (it is not a checklist nor is it a quick fix), there is a need for comprehensive training for all those involved to understand what their responsibilities are vis à vis action plans
- training cannot be a one shot deal; it takes leadership and vision within jurisdictions that care for children
- there is value in working toward consistent Canadian standards.
- timing and pacing of implementation is important

- there is a need to maintain a quality standard; can we have one common version of the AAR?

Implementation issues that emerged from the UK are:

- we need to think about the implementation of Looking After Children as a whole series of connected activities over a long period of time
- it involves a major piece of organizational change
- those using Looking After Children need access to local support networks; being able to meet people with similar experiences and also being able to share the creativity which comes from using this tool supportively
- training - simply, people in the child welfare field change positions often. Thus, trying to keep new staff trained in the approach is a daunting task.
- using Looking After Children raised the wider issue of how we assess children and families in need of child welfare services. The child development approach of Looking After Children also raises questions regarding the standards used by agencies to assess children.

## **Response Panel**

Peter Dudding - CWLC

As the need for active support was discussed by the response panel, Dudding stated that from a National perspective, the Looking After Children project is making good strides in moving the National Children's Agenda forward. Many of the principles on which the National Children's Agenda are based (e.g., child development approach) are consistent with the Looking After Children framework and model. The challenge over the next few months is ensuring that we have a National set of standards, yet at the same time being aware of and respecting local (e.g., provincial, agency) differences.

Michel Thibault - Centre de Jeunesse de L'Estrie, Sherbrooke, Québec

Thibault noted that Québec is still at the promotional stage with the Looking After Children approach. In order to promote implementation in Québec, some key issues must be considered.

1. Energy must be expended in showing that Looking After Children is needed - presently, no one is asking how children are doing in foster families. Four levels of identified need are:
  - a. There is need for the development of youth, social worker and foster parent relationships.
  - b. Stakeholders need a tool that will target/focus their intervention on the youth's needs and not on the current crisis.
  - c. Managers/supervisors need to express clearly their expectations of stakeholders.
  - d. Decision makers need strategic data.

Promoting these four needs is a priority at all levels - Looking After Children is a win - win situation incorporating all of these.

2. Stakeholders must recognize that there is real competition for the use of different tools (e.g., risk assessment, parental capacity, etc.) within practice.
3. Looking After Children will have to be integrated into computerized systems in such a way that workers have access to it in the same way as other tools that support their clinical practice. Studies need to continue in order to find the elements of feasibility and the stages of realization.
4. Provincial support must be actively generated through the dissemination of research and ongoing training. Continuity must be maintained or the gains made will be dismantled slowly.

Claude Daigle - Department of Health and Community Services, New Brunswick

Daigle stated that implementation is proceeding in New Brunswick. Regional directors are 'on board' and large scale training is scheduled to start in September 1999. Speaking from the New Brunswick experience to this point, he advocated that the philosophical shift required by Looking After Children needs to be promoted. Children's needs have to be placed at the top of the agenda and those advocating for this approach need to be persistent. Efforts must be made to ensure that potential stakeholders are made aware of the approach (e.g., presentations being made to management) and that they are knowledgeable about its benefits.

#### Joanmary Baker

Baker stated that Looking After Children is a fundamental shift in child welfare philosophy. Currently, child welfare is reactive and crisis driven. The Looking After Children approach does not allow us to act in that manner. It forces us to plan and make careful decisions and involve ourselves in the lives of the young people with whom we are working. For example, reaction to a phone call at 4:00 in the afternoon may mean having the social worker jump, focusing on the need for a bed for this child. Too often the worker does not think about previous placements, support networks, or what school the child will be going to in the morning. Looking After Children reminds us that these issues are vital to the child's well-being and longer term outcomes.

As senior research assistant for the project, who processed all of the AARs, she noted that it was easy to see which workers understood the philosophy of the approach and which saw it as just another checklist to fill out. The latter are those without action plans. Children's needs are apparent within the records but nobody identifies them or tries to work them out. These are likely the same people who on their evaluation forms say it's too long and that they would prefer to have an assessment tool. The Looking After Children protocols are an assessment tool but its value lies only in the skill with which it is used. It does not replace good social work judgement.

Social workers who liked the tool said that it clarifies issues they knew were there, but could never put a finger on. Supervisors said that this tool helps the case supervision process. Young people said that it gave them a chance to express things that they were afraid to do previously. The foster parents said that it validates what they do on a daily basis and gives them clear direction that they sometimes do not get from social workers.

It is a tool that does not replace good practice, but when used with good practice, it has so much potential to improve the lives of children in care. It cannot be thrown out, it needs to be supported.

### **Legal Background of Looking After Children- Paul Thomas**

#### **Can Looking After Children take account of the diversity in legislation in each province?**

What are the major philosophical features of child welfare legislation in each province?

1. The common denominator is to provide for the best interest of the child. The legislation tries to put forth what it thinks to be good for the child.
2. Philosophically we state that we are interested in the best interest of the child, but practically we try to keep children in their families. This leads us to intervene with the least intrusive alternative.

Looking After Children provides some measure whereby we can address some of the imbalances arising out of the application of legislation in this country.

Another source of law when looking at the best interest of the child is the Charter of Rights and Freedoms, specifically the Liberty Interest section which talks about "...life, liberty and security of the person...". Since 1982, only one family, in a Jehovah Witness blood transfusion case, has used this section (7) "...the right to nurture a child, to care for its development and to make decisions for it in fundamental matters such as medical care, are part of the liberty interests

of a parent.” The common law has long recognized that parents are in the best position to take care of their children and to make all the decisions necessary to ensure their well-being.

Most acts, while focusing on the best interests of the child, favor minimal intervention. The state can properly intervene when parental conduct falls below the socially acceptable threshold, but in doing so, it is limiting constitutional rights of parents rather than vindicating constitutional rights of children. Where are constitutional rights of the children? In the case outlined above, there are two important points to look at in the decision:

1. it endorses the least intrusive alternative type of legislation
2. however, in terms of Looking After Children, this case recognizes that there is a basic standard of care that a child is entitled to

Another case on the best interest of the child concerns an Aboriginal from British Columbia. Melissa and her sister were adopted in 1980 by a white Connecticut family. Melissa had a baby in 1995 and took it to her aboriginal father in British Columbia at eight months of age. Who should have custody of the baby? The Grandfather in British Columbia, or the white Connecticut couple? Arguments presented in Court were:

- a. the baby bonded with both families
- b. the court should take into account the aboriginal and Afro-American heritage of the baby
- c. Melissa's wishes (which were to go live with her father in British Columbia)
- d. the child had been with Grandfather for 2 years
- e. the court should evaluate who could provide the best parenting and family environment for the child

The court awarded custody to the couple in Connecticut. What then does this case tell us?

1. We are influenced by what trial judges say about 'best parenting' and family environment factors

2. What does it tell us about diversity? Can Looking After Children cross the country? Cross boundaries? Can it provide a basic standard of care and still take care of the Canadian mosaic?

Are Looking After Children instruments based on white middle class norms? This has been debated already by the Looking After Children team. It was found on both sides of the Atlantic that almost all parents from all walks of life thought it important to provide their children with the opportunities recommended by the records and although some were unable to meet all standards, none thought them irrelevant.

Thomas summarized three conclusions:

1. Legislation may mean long or short-term care for the child but Looking After Children can be used in either case.
2. Diversity between provinces - the revised materials provide the basis for a basic standard of care. There is sufficient flexibility to allow provinces within their legislative constructs to build in their own vision of appropriate parenting.
3. The Supreme Court of Canada recognizes the need for a basic standard of care and recognizes the need to strive for better parenting and parenting environments.

The law is flexible enough to recognize that each child is an individual and may require particular parenting; the Looking After Children instrument also recognizes that paramount fact.

### **First Nations- Joan Glode Mi'kmaw Family and Children's Services, Nova Scotia**

#### **The beginning of child welfare in Nova Scotia**

In 1963 when the Residential school closed in Shubenacadie, Indian Affairs entered into bilateral agreements with provinces requesting they take over jurisdiction on reserves for child welfare needs of Aboriginal children. Indian Affairs however was to remain responsible for cost. When white middle class social workers moved into Indian country and saw the appalling

conditions, their thought was to 'save the children' so they began to move out children in droves. Children were consequently placed in white foster homes. The younger ones and infants were adopted and older ones entered into long-term care. Eventually they returned asking 'who am I?'; 'where did I come from?'; 'why was I abandoned to care'? The children found themselves going to the Native Women's Association for help. As concern grew within the Association, they conducted a study in the late 1970's and found that there needed to be a First Nations Mi'Kmaq organization that would take responsibility for children. They also needed people who were trained in research.

It is difficult to develop a culturally sensitive system, but a good start came about a year ago when Jane Stewart, Minister of Aboriginal Affairs, announced a healing fund and the commencement of a discussion to set out the terms of jurisdictional issues. The first step in First Nations child welfare is to take back its children. The debate centers on whether or not we should wait until there is First Nations legislation. In Nova Scotia, it was decided that the First Nations would accept working under provincial legislation, but for a limited time and purpose.

First Nations are slowly reclaiming their culture and language with help from the many sociologists, anthropologists, and linguists who have come from all over the world to study them. As a result, their stories, traditions and songs are preserved in museums, and on tape. They currently are working towards First Nation jurisdiction, governance and government. Glode sits on a study panel with the Law Commission of Canada regarding Residential school survivors. Recently it commissioned three studies that dealt with Aboriginal laws violated by the school experience. Child welfare is very similar and also very different. Nonetheless, their goal is to move out of the provincial system and into their own self-government model.

In specific relation to Looking After Children, one concern expressed was some things in the AAR's were not appropriate for First Nation's children because of issues like poverty (e.g., some children do not have books at home). However, the feeling of Aboriginal parents was they were finally being treated the same as everyone else. Parents generally do want the best

for their children even though they may not always have the resources. One question then was, does the AAR need to be adapted for use in the First Nation communities?

The response came by way of reporting one worker's comments of her experience in Nova Scotia. Initially she had nothing positive to say about using the approach. After using it, she began to see its value. A lot of knowledge was gained. As well, there are a number of non-aboriginal workers in the community, so the tool was a good way to get to know the community, the issues and the kids.

All cultures have one thing in common - they are holistic in nature (i.e., all address the physical, spiritual, emotional, cognitive, mental aspects of people's lives). The spiritual piece however, meaning your sense of connection, not just religion, was not thought to be addressed in the AAR.

In closing, Glode said that her community sufficiently liked their non-Native worker and they liked Looking After Children.

Comment from participant...

One delegate from Saskatchewan commented that 58 percent of the in care population in that province are First Nations. Consequently, advocating for Looking After Children in the First Nations context is less important than advocating for the community to have jurisdiction, governance and government. Ultimately this means decisions around First Nations children will be made by First Nations. How can we be more pro-active as non-aboriginal people? And how can we as non-aboriginals assist with the funding formula?

Response...

This was addressed by noting that the Royal Commission on Aboriginal Peoples state the first thing communities need to do is to develop capacity - they need structure and funding in place and they need trained staff. They operate on the principle of best practice and they consider Looking After Children best practice. There are many things that can be learned from it and

these elements should be more thoroughly incorporated into the system. Some pieces didn't quite fit, but the major unanticipated thing that happened was the empowerment of the foster parents and their desire for more training and involvement.

**Carolyn Davies - Senior Principal Research Officer, Dept. of Health, London, England**

### **Has Looking After Children Been Worthwhile?**

Carolyn began by stating that she has a great interest in seeing research being used and she thinks of her job as being a bridge between research and policy and practice. In England, there is a lot of local autonomy where agencies are quite independent, but yet they do have a National legislative framework where services are supplied. Looking After Children accompanied her career in research management and started in 1986. After 3 years, the commissioned Working Party produced a book and draft set of forms, then began piloting them and had field trials. After that, in 1991-1992, they decided to go for larger National implementation.

In 1997, there was a change in government. The new administration wanted to bring about change in the social services. Government had certain guiding principles about greater consistency, concern about social exclusion, joining up existing services, improvement of life chances and early intervention and prevention. In the new administration, civil servants were required to make a case for money. They managed to get additional money for social care but government wanted to see improvements. What they were asking themselves was 'Is the current system meeting children's needs?' 'Are they getting joined up services?' and 'Do services offer value for money?' They found it difficult to answer these questions, but they did believe they had a system that would provide the answers to the government's questions. As a result a White Paper was produced which uses a child development model as the core of all training; training for carers, post-qualifying training and a curriculum for new workers.

The messages the Looking After Children system carries within it, are first, that funding of child welfare is to promote child development and secondly, that the purpose of child care provision

is to promote conditions for optimal child development. Towards this end, government has a good idea of what needs to be done. Most parents agree with the objectives. The system articulates at a basic level, what any parent would expect. It crosses cultural boundaries. It makes a basic standard of parenting a requirement for state care as well as for any ordinary parent. Looking After Children brings together workers from different agencies and offers a means by which joined up services can work together. It is child-centered record keeping that forms the basis of measurement of good service performance. It provides a bridge to ordinary children because child development principles apply to all children regardless of background and provides unifying training to meet these basic needs at all levels.

Implementation of Looking After Children has drawn attention to the deficient management and supervision of social welfare in England and the fact there is a lack of communication between different tiers of service management. Certain questions still need to be reviewed e.g., resistance by social workers to using the AARs. Nonetheless, the conclusion is Looking After Children has been worthwhile. Some key messages are: one has to have a long-term perspective when looking at this approach. Also, you have to make use of information at an individual level and group level. The importance of senior managers is paramount and changes have to take place within the organization. Forms alone do not create good practice, but in the hands of practitioners they promote good practice. Finally, Looking After Children empowers all the key players involved - foster parents, social workers and the youth themselves.

## **Outcomes**

Overall, the symposium was successful in fulfilling its desired objective - building consensus with respect to standards of care for children in Canada who come to the attention of Child Welfare authorities (as it relates to the Looking After Children approach). As one delegate said, "it may not necessarily be the perfect tool, but it is the best we have right now, so let's go with it!" At the end of the symposium, five recommendations, agreed upon by the majority of participants, were compiled (these will be presented later in this chapter and in the final chapter). In the process of reaching these recommendations, several themes emerged from

the focus and the large group discussion. These themes include the impact of the Looking After Children approach, regional versus national considerations, training and implementation issues, implications for a Canadian data base, the need for a marketing strategy and First Nation's applicability. These will be discussed in turn.

### **Impact of Looking After Children**

- The Looking After Children approach was seen to be empowering for young people, social workers, foster parents and supervisors. Part of the empowerment comes from the comprehensive child development focus of the materials. Being holistic it includes all elements of the young person's life not just those related to the crisis that brought on the intervention in the first place. Not being based on a problem centered reality, it normalizes the experiences of young people and foster carers.
- Through use of the protocols, the young person in care becomes better known to those responsible for his/her care. This increased knowledge helps to clarify the work to be done as well as the expectations placed on the individuals who are in the young person's care community. Working collaboratively, all are involved in the decision making process and, to maximize potential benefits, each is responsible to the young person and the group as a whole.
- Looking After Children clarifies the process of setting goals and monitors partnerships essential to meeting those goals. It improves relationships between young people, their carers and social workers. It supports partnerships among the care community and it favours and supports good, holistic practice and ongoing thorough communication.
- The focus on child-centred goals empowers individuals to pursue these goals while, at the same time, making all individuals involved accountable for their achievement.

- The LAC approach renders visible movement over time and recognizes the capacity to strive for long-term goals (e.g., where you started and where you are going).
- Looking After Children connects practice and research. It is factually based and shares a language common to all involved in the child welfare field.

### **Regional vs National Considerations**

The debate regarding regional versus national considerations provided a great deal of information on the need to maintain National (or even international) standards while accepting the autonomy and differential priorities of individual provinces/regions. Participants indicated that a national licensed version would be an important means to ensure quality control over the protocols. For example, the core variables identified by the UK need to be kept and used in a standardized fashion, regardless of regional variations. Conversely, it must also be recognized that there will be a need for variation across regions to address particular priorities. Disallowing any variation was seen to be a potential barrier to implementation.

The consensus appeared to be that the process of implementation needs to be slow, to give all the provinces an opportunity to buy into the approach. A national presence can be encouraged and maintained at the same time. For example, the Child Welfare League of Canada website could provide a forum whereby individuals interested in the Looking After Children approach could stay connected with each other and any advances across the country.

### **Training Issues**

The participants were aware that a training package had already been developed in the UK and this had been adapted for use in Canada. They acknowledged that quality control of training can best be maintained through centralized training. They wondered if there was some method by which trainers could be accredited for the sake of credibility. Another method to improve opportunities for training would be to encourage post-secondary programs (e.g., social work,

child and youth care) to adopt the approach and/or materials as part of their curriculum. In conjunction with these formalized training opportunities, training could also occur more informally. Flexible learning opportunities such as videotapes, websites, and televised instruction could be done more frequently and in more places than formal training sessions. Additionally, organizations like the National Youth in Care Network and the Canadian Foster Families Association could encourage their members to take up the materials. In turn these members would then be in a position to advocate for usage and training on a broader plain.

Other training issues that need to be considered include the need to document training. This will help ensure that the training received is comprehensive and adequate. In addition, training needs to occur on an ongoing basis given high turn over rates in child welfare as well as the need for periodic refresher sessions. Training needs to be given to care givers as well as agency personnel.

### **Implementation Issues**

In order to support and encourage implementation, participants offered the following suggestions.

- Focus on the need for Looking After Children instruments to improve practice. If no need is recognized, then usage will not be adopted.
- Develop marketing tools and strategies.
- Find a way for frontline social workers to become familiar and comfortable with the Looking After Children instruments. One possible method to accomplish this would be to present Looking After Children protocols as a clinical support instrument.
- Pursue more pilot projects. The results of the pilot projects provide compelling evidence of the value of the approach. Financial and agency support may be more easy to access after a successful pilot.
- Set up a network/mechanism between provinces by which support and information can be exchanged.

- There is a need for strong provincial and national leadership to advocate for use of the approach.
- The National Research team should be maintained to provide support, guidance and expertise.

### **Canadian Data Base**

Participants recognized the value of a Canadian data base on children in care. Currently, information held is piece meal according to the priorities of the day. Looking After Children on the other hand offers a common terminology which would allow child welfare authorities the opportunity to compile consistent, comparable data. Despite the value, they also recognized that there would be obstacles (e.g., jurisdictional issues) to creating such an information system

If the creation of the data base is to become a reality, then certain activities need to or should occur.

- Beyond management needs for data, the information should also be accessible to the end users: young people, foster parents and social workers.
- There will need to be a central coordinating body to handle this information. This implies that the research team should continue to stay involved but in a broader capacity. The research team should continue to offer leadership as an expanded project team.
- Attaching this data gathering to the National Children's Agenda would expand its impact.
- Child welfare authorities may need to be reminded that this type of information is necessary to advocate for services required to meet children's needs. As well outcomes are a growing priority for child welfare. These data can be an important step in measuring accountability.
- There is a need to create a positive and supportive climate. More trust will have to be built between the various systems if we are going to gather and use these data properly.

## **Marketing Strategy**

These discussions led to the group engaging with questions regarding the development of a marketing strategy. Participants were quick to point out that there is a need to harness the energy and enthusiasm created in a forum like the symposium. Participants were encouraged to bring the information back to their constituent groups so that they could lobby government agencies. It was also suggested that the project needs to be marketed to a larger population than child welfare agencies. There are private and corporate agencies and foundations who have shown initiative in the area of children's issues which might be approached. They have resources which could be used to further the Looking After Children approach and philosophy. One suggestion was to find ways for people's natural enthusiasm for the project to be expressed to a broader audience. For example, a video could be developed. Opportunities also need to be created for youth, foster parents and social workers to sell others on the programme's value. Another comment was that the best marketing we can do is to use it with our own children and to tell others.

## **First Nations Usage**

One participant from a province with a large population of aboriginal youth in care asked if the Looking After Children protocols are suitable for this population. In response the U.K. experience was highlighted. They noted that regardless of cultural, racial, etc. status, all parents in the U.K. project agreed that achieving the objectives in the records were appropriate and desirable for their children. Also, the tool is flexible enough to cross from the UK, into six Canadian provinces, and several other countries. This gives some indication of its ability to adapt to different cultural needs.

## **Other Points**

Dr. Carolyn Davies made a comment relating to the opening remarks by Senator Pearson. She stated that Looking After Children follows a children's rights perspective. Children do have the right to expect a standard of planning and care and the right to have a full record with them when they move from place to place. This record should be shared by all participants involved. In response, a participant commented that the fundamental shift is embedded in the recognition that a crisis driven system has failed Canada's children severely. Adding, there is a greater accountability being sought both in the courts and public opinion over tragedies that have happened; in legislation and regulations proper planning has to happen for youth and it has not happened. Looking After Children says that if it is not happening currently, then here is a tool that works. It's a matter of saying we need to be held accountable and it certainly holds accountable everyone involved and right now there is not a better tool to do it than this one!

## **Symposium Evaluations**

Despite the fact that evaluation forms were sent to participants with return addressed stamped envelopes, we did not have a good response (just under 50% were received). However, of those received, the responses were generally positive regarding the event.

Participants were asked to rate various aspects of the symposium on a scale of 1-5 ranging from 1, indicating not very well/poor, and 5, indicating very well. The modal response for the symposium being informative, clear in its presentation, helpful in understanding Looking After Children, and the program, is 4.00. The location, rooms and transportation all had a mode of 5.00. On the question of being informative 84 percent indicated a score of 4 or above. With respect to clarity 71 percent indicated a score of 4 or above. Eighty-four percent indicated a score of 4 or above on helpfulness.

## **Assorted comments**

In the design of the program, some participants stated that too many different participants were involved whose knowledge and interests in the project were varied. Yet, others commented that it was helpful to hear from such a wide spectrum of participants. For example, many comments were made in regard to the benefit of the having both youth and foster parents present in that it enhanced discussion.

The design of the focus groups was left fairly loose as the research team did not want to direct or bias, in any way, their deliberations. Some people liked this approach, they enjoyed the small focus groups and found them beneficial. Others would have preferred more structure and definition of desired output. Because of diversity of the participants, discussion became difficult as the history/background etc., had to be explained to them in these groups. On the whole however, the design was appropriate, evaluations were positive and goals were met.

## **Symposium Recommendations**

At the core of the proceedings, the following recommendations were generated by the participants.

1. That the pilot projects continue to be expanded at the pace of the local community.
2. That resources be made available to implement recommendation
  - How? HRDC continue to give support and money.
  - That resources be available to expand the team into a project team to provide the support and leadership for continued implementation.
3. That a marketing strategy be developed to educate all stakeholders about Looking After Children.
4. That the developmental needs of children and youth living in care be a priority on the National Children's Agenda.
5. That one of the Centres of Excellence be dedicated to child welfare issues and that the voices of young people in care be a priority.



## **PART V: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS**

### ***Chapter 13: Discussion of Findings***

#### **Introduction**

Prior to discussing the findings brought to light by the experiences of the Looking After Children in Canada project, a word of caution is warranted. The bulk of the findings are based on the analysis of data collected from the youth in foster care. As stated previously in this report, this study used a purposive sample. Consequently, the sample was not random and thus the findings are not generalizable to the larger population of children and youth in care in this country. These findings present a snapshot of the lives of the youth who participated over the period of a year. The value of this picture is it does inform the agencies involved about the developmental status of some of their children. It also allows us to formulate questions and answers regarding how dynamic factors in a young person's life affect their long-term life chances or outcomes.

Throughout the report differences between the foster youth sample and the comparison group (also a convenience sample) have been noted. As well differences between the foster youth at the beginning of the study and at the end have been stated. In certain cases, the differences were statistically significant based on a chi-square calculation. Strictly speaking, this test is not applicable to non-random samples. Again, in this report, use of this procedure is meant to provide further clues to inform questions and answers. It also provides agencies and workers information about the potential interaction between events and outcomes.

The responses of the looked after youth are also compared to responses gathered in the NLSCY data. The wording of the questions in both of the studies was not always the same. Consequently, in many cases, the responses are not directly comparable. As the AAR's are revised it is anticipated that some of the questions will be more closely matched for future comparisons.

Despite these words of caution, the data generated throughout the course of this project has provided a wealth of information on a sample of youth in care, how they are progressing developmentally and how they compare to their peers in the general population. It is this information and its inferences that are addressed in the remainder of this chapter.

## **Developmental Dimensions**

### **Health**

The health of the youth in the looked after sample is much better than the literature would lead us to believe. The in care sample was on par, or minimally below the norms presented by the comparison group and the NLSCY data. Additionally, the health of the looked after sample improved generally over the course of the project. This is not a surprising finding. By and large the literature reviewed was American in origin. The health care system in the U.S. is vastly different than the Canadian system. Consequently, the principles of universal health care in existence in Canada may provide better access and services for youth in care in this country, as opposed to their American counterparts.

Despite these positive findings a word of caution is warranted. The literature points out that the pre-care experiences of foster youth (e.g., abuse, neglect, maltreatment, poverty, violence, etc.) may cause them to be more susceptible to ill health now and in later life. It is also purported that there may be some connection between these experiences and factors that may inhibit young people from taking a proactive and preventative stance in relation to issues such as substance usage and sexual behaviours. Additionally, the literature points out that frequent changes of social workers and placements added to the dearth of health information gathered from birth families often means that youth in care have little continuity of health care providers. It may also mean that vital health information can get lost between workers and placements.

## **Education**

The literature on the educational experiences of youth in care is not extensive. The information that is available indicates that this group of young people does not enjoy the benefits of a good education. Unlike the health data, the experiences of young people in the looked after sample conforms to the expectations as outlined in the literature. The effects of pre-care experiences as well as attachment and separation issues too often make it difficult for them to fit into the regular school system. Teachers need knowledge and understanding in order to provide them with support.

Beyond pre-existing conditions the connection between the school and child welfare systems is fractured as evidenced by the low number of educational personnel who participated in the completion of the AARs (six of 263 at time one, 16 out of 185 at time two). Stronger partnerships need to be forged between these two systems if educational outcomes for youth in care are to be improved. This need is further evidenced by the data that showed the perception that the youth were doing adequately on the educational dimension even though their aggregated experiences were worsening over time.

A further note of concern is the impact of school changes. When a child changes a foster placement it is common to also change schools. As the literature points out, the child who has frequent school changes is often preoccupied with trying to fit in with new classmates, figuring out the rules of the educational environment as well as establishing relationships with new teachers. In this light, it is not difficult to understand how the young person would have limited energy to devote to learning.

## **Identity**

Identity can be difficult for the youth in care. Difficult experiences in early childhood may leave a young person with a view of self that is negative. Children and youth in care must also find a way to incorporate their lack of a formal familial identity into their concept of personal identity.

The literature in this area has suggestions on how to improve this aspect of looked after children's lives. Included in the suggestions are maintaining contact with family, accurate information about personal and family history (e.g., life books), a sense of being valued as well as having cultural and other differences acknowledged and respected.

Identity development for young people in the care of the state had high and low points. Information on birth families and material information about the past (e.g., life books) was relatively poor. While the young people felt confident in their knowledge about why they were in care, they were not comfortable in explaining it. On a more positive note, their cultural and ethnic backgrounds appeared to be well addressed and they had relatively positive views of themselves and their abilities as well as the regard given them by their care givers. In general there were improvements on all aspects of identity over the life of the project. Nonetheless, the areas that had poor findings at time one still had poor findings at time two, despite the improvements. From this perspective more work is required.

### **Family and Social Relationships**

By virtue of the fact that they are living in state care, foster children and youth have had their family relationships disrupted. The loss of contact with the family of origin has a negative impact on children. The negative impact often takes the form of attachment problems and the emotional impact of separation and loss, exacerbated by the loss of the familiar and all that that entails. Added to this there is little evidence to indicate that foster families can entirely fill this gap. The literature reviewed notes that regardless of length, stability and quality of placement, looked after youth often feel peripheral to the families that care for them.

The data on this dimension showed mixed results. It goes without saying that the family experiences of the youth in care were vastly different from the general population of young people. Additionally, levels of contact with family members did not improve much across the two application times. At another level of analysis, there is room for optimism. There were improvements across the applications in the young people having support people in their lives

as well as having a home base where they always felt welcome. As well, youth who participated in the closing symposium as well as those who participated in debriefing sessions stated that the *Looking After Children* protocols provided a vehicle for discussion of the sensitive subject of family. Youth indicated that they were able to explore reasons why family contact had diminished and in some cases strategize about ways to re-establish contact.

Optimism is also warranted in this dimension from the perspective of social workers. Those who work in the field of child welfare are aware of the importance of attachment and the need for continuity in a young person's life. Despite this knowledge the demands of day-to-day social work practice in child welfare often mean that these principles are not at the forefront of the decision making process. Their inclusion in the protocols and the subsequent opportunity for exploration by the young people have enabled workers to pay closer attention to these vital developmental needs.

The literature reviewed also addressed the importance of fathers in young people's lives. This piece was included as it was noted in the demographic and the developmental data that fathers appeared to be absent from the lives of the looked after sample. This absence occurred with respect to contact and also to the extent child welfare agencies had not obtained information about fathers. Fathers need to be more fully considered in the child welfare field.

## **Social Presentation**

Social presentation is not a discrete subject in the literature. It concerns itself with the physical aspects of appearance (e.g., clothing, grooming, cosmetics, etc.). It also concerns the manner that personality is conveyed to others (e.g., communication, behaviour, social skills, etc.). As such it draws primarily from the fields of social psychology and social anthropology but can also include areas as diverse as linguistics and health promotion. Beyond the personal level, social presentation is also informed by fields such as sociology. This takes the form of social constructs such as the media that have a role to play in shaping perceptions of appropriate and acceptable forms of presentation. Despite the fact that this dimension is informed by many

schools of thought, the common theme is the role close personal contacts have in influencing how individuals present themselves to the outside world. These contacts would include family and peers.

The looked after sample of youth were marginally less skilled than their counterparts outside the care system on this dimension. Given the importance of close contacts in influencing social presentation, credit for the high skill levels should be given to the care givers. They are in a position to have the most daily influence on the youth's outward appearance.

Another consideration in the literature is the extent to which judgments about individual ability and competence are derived from personal appearance. Consequently, life chances, opportunities and outcomes will all be impacted if youth in care do not have adequate financial resources to ensure that their appearance is acceptable. This is not meant to advocate for rampant consumerism. It is meant to merely state that youth in care need a basic level of funding from child welfare agencies to ensure that their appearance meets social norms.

## **Emotional and Behavioural Development**

The emotional and behavioural development of foster children is well researched in the literature indicating that the prevalence of difficulties in this area is relatively high. This is not surprising given the experiences youth have prior to coming into care. Unfortunately, the experiences youth have while in care can also have a detrimental impact on their mental health (e.g., multiple placements, impermanence, etc.). Consequently large differences were expected and found between the looked after sample and children not in the care of the state.

With respect to changes over time, progress was made by the young people. The incidence of internalized and externalized mental health concerns diminished. Additionally, treatment where concerns existed appeared to be appropriately utilized and effective. The only areas where the emotional and behavioural development of the youth was not well served was in relationships; with both adult care givers and with peers. For these relationships, the changes

between the applications were not large but they did indicate a worsening of conditions. Perhaps this is indicative of attention being paid to outward concerns without paying attention to the context. Healthy relationships provide the context for good mental health. It is well and good to resolve difficulties but the resolution will be short lived if we do not invest time and energy into creating interpersonal networks for these young people.

## **Self Care Skills**

The literature on the self care skills of looked after youth often points out the poor results for children who age out of the in care system. They have diminished educational qualifications and thus poorer employment options. They are more likely to be homeless, and to have poorer interpersonal relations, and there is some evidence to indicate that they are more likely to be institutionalized through justice or mental health systems. The research on how to redress these difficulties is broad. Some authors advocate the development of support networks, others focus on the acquisition of life skills and others focus on the need to ensure emotional functioning as a means to ensure optimal adult independence.

The *Looking After Children* protocols address all of these issues. They are found throughout the entirety of the approach and the materials. The self care section of the program is more concerned with the practicalities of day-to-day life. The findings in this section were quite intriguing. The looked after sample was more adept than their counterparts outside the care system in ability to meet their daily needs (e.g., shopping and preparing food, maintaining their clothes and managing their physical surroundings). The youth not in state care were better able to apply for driver's licenses, more in possession of first aid and CPR skills and more able to read a bus/train schedule. These findings imply that children in care are more preoccupied with basic survival skills. The youth who are living in their family homes seem to have the opportunity to develop into more well-rounded individuals with a diversity of skills.

The most problematic aspect of self care for the looked after youth was post-care planning (e.g., finances, living arrangements, etc.). Generally, there was a low level of knowledge held

by the youth in care in relation to these topics. While skills increased between the two applications, the gains need to be larger.

It is interesting to note that the youth in care were judged to be less competent in their ability to care for themselves than the youth who lived with their families. Perhaps this is an unfair comparison. The standard applied to youth who will leave the care of adults based on reaching the age of emancipation must be higher than that applied to young people who will live with their families indefinitely. Thus, a straight comparison may not be informative. Additionally, social workers generally declined in their perceptions of the youth's ability over time. As the skill levels and knowledge actually increased, this finding is intriguing. Perhaps, paying attention to these concerns has made social workers and care givers more aware of the multitude of skills and abilities to be learned as well as the plans to be made. In this light, those responsible for the care of looked after youth may be developing a more accurate picture of the work required. Hopefully, this is the case and the difficulties and discrepancies noted in the literature can be diminished over time.

### **The Experiences of Participants**

The formal evaluations of the project were favourable in their response to the *Looking After Children* approach, philosophy, materials and the actual experience of participating in the project. Beyond the formal reporting mechanisms, comments conveyed to the research team at conferences, symposia and during debriefing sessions were also highly favourable. The content of this information bears discussion in relation to the value of the approach.

It has been noted previously in this document that *Looking After Children* represents a fundamental shift in the way child welfare work is conceived, carried out and interpreted. Youth especially valued this shift. They liked the fact that they had a degree of ownership and input into the material that was collected about them. They indicated that their case files now held positive information about their lives. While the exploration prompted by the AARs could and did cause emotional and practical discomfort for youth (e.g., questions such as 'where will you

live when you leave care?’ as well as the length of time required to complete the records), they still saw it as necessary. In fact, the best endorsement of the project was their reflection that this material and approach should have been used when they first came into care as opposed to late in their care tenure. Consequently they advocated that the materials be used with children of a much younger age. From the perspective of the research team, the youth appeared to be empowered by their experience. Young people who were reticent about expressing their ideas and desires at the outset of the project had found their voice by the end. These youth were comfortable and confident in expressing their needs and opinions and were willing to share their experiences in diverse settings.

Care givers were also positively influenced by their involvement with the project. For this group, it validated the good care they were already providing adding to their sense of competency. As well, the protocols go beyond the minimum standards of care for children and youth. They address the needs of young people at a level that provides ‘good enough parenting’. For care givers, this clearly delineates expectations about the quality of care and the methods required to provide it. Additionally, the care givers indicated that their participation helped them understand the particular issues affecting the young people in their care. It helped to develop better working relationships with social workers and provided them a forum by which they could participate in the planning and implementation of activities to improve outcomes for young people.

The social work reaction to the *Looking After Children* approach was dependent on whether or not the workers in question could make the cultural shift. Social workers who valued the approach were very complimentary. They indicated that it informed their casework, planning and decision making. It illuminated issues of concern that lay beneath the surface and helped in the development of relationships. New workers in particular appreciated the approach. Given the demands of child welfare casework, new social workers can oftentimes feel extremely overwhelmed. The *Looking After Children* approach gave them a framework to organize and ground their own practice.

Some social workers who had been in the field for several years indicated that the shift in philosophy was difficult to make. The critical issue was the amount of time required to shift into this new approach while trying to stay up to date on existing cases. For the workers who made the shift, the benefits far outweighed the costs in the long run. They believed that their casework was improved and the benefits to the young people were apparent. Some workers were unable to make the shift. When completed assessment and action records were returned, it was not difficult to determine into which category workers fell. They treated the AAR as a checklist, not as a vehicle for dialogue and relationship building. This confirms common wisdom in the field of child welfare that any assessment tool is only as good as the skill level with which it is applied. *Looking After Children* does not in and of itself create better casework, it is a tool by which better casework can occur. Perhaps the relevance of the project experiences was best illuminated at the closing Symposium. At this event people with varying levels of experience and knowledge regarding the approach came together to determine if and how the programme should proceed in this country. The differing perspectives provided healthy debate over the project's value, applicability and content. Nonetheless, participants were able to come together with a list of recommendations outlining a course of action for the future. As this endorsement came from end users, practitioners, academics, community leaders, governmental agencies and non-governmental bodies, the plan to proceed has inherent value.

## **Conclusion**

As the preceding discussion highlights, the sample of youth in care who participated in this project had differential relationships with the individual developmental dimensions. In some cases they did quite well on their own, in comparison to the general population of youth and in measuring their progress over time (e.g., health). In other cases, the findings were poor regardless of the manner by which they were examined (e.g., education).

The literature on all dimensions is fairly consistent in its appreciation of the detrimental impact of pre-care experiences on all dimensions under consideration. Unfortunately, nothing can be

done to change those experiences. Additionally, the literature is also fairly consistent in stating that poor care experiences (e.g., frequent changes of social worker, multiple placements, etc.) can also cause further harm to the youth in care. This highlights the importance of systemic considerations such as the way child welfare agencies organize their work and the way policies can impact at the level of the individual. This work on outcomes points out that more effort needs to be focused on this vital area of youth care.

It is important to note that great improvements were made, and high levels of skill reached, in areas that are typically seen as being under the direction of care givers, such as self-care and social presentation (e.g., daily maintenance and household/life skill acquisition). Perhaps these individuals are an underutilized resource. Part of the importance of the *Looking After Children* philosophy is to try and gather the intimate information on children and youth normally held by parents. While that level of intimacy is difficult to replicate when a young person resides in state care, the day-to-day care giver is the person who can most closely approximate that level of contact.

A final note is the need for collaboration. It was quite disheartening to see how few teachers were invited to participate in the completion of the AARs, especially when the educational experiences of the looked after sample were so poor. The inclusion of other individuals involved in the young person's life can only improve outcomes. In reference to the inclusion of others the importance of children's own parents and relatives (including grandparents) should not be forgotten.

While the project noted broad scale, albeit small changes over the course of the year, the endorsement of the participants and other interested parties indicates the value of the approach. If these small improvements could be made over a year, imagination is the only limit to the improvements that could be made over the lifetime of children, if introduced to this beneficial programme as soon as they come into care. In this manner outcomes can and will be improved for those young people who grow up in the care of the child welfare authorities.

## **Chapter 14: Conclusions and Recommendations**

### **Introduction**

The discussion in the previous chapter provides a comprehensive summary of what has been learnt from the project. It contains within it implicit direction for the kind of changes that need to take place in child welfare systems to improve outcomes for children and youth. It is clear that implementation of the *Looking After Children* model is a positive step. In helping the children it has also enhanced the professionalism of social workers and foster parents. Those who have embraced the new philosophical approach have themselves benefitted from it. What has also become apparent is that the *Looking After Children* approach not only has the potential to improve outcomes it can also help measure outcomes. The rest of this chapter will make recommendations more explicit and will organize them according to the levels of the system wherein change needs to take place.

### **Legislation**

The United Kingdom's Children Act of 1989 was a landmark in that country. A core element was the emphasis on parental duties and responsibilities, whether exercised by parents or by the State. In other words it has moved towards defining what ought to be done for children as well as what should not be done. In Canada too there have been encouraging trends in changes to child welfare legislation during the past few years. Some jurisdictions have re-emphasized the paramountcy of children's best interests; some have spelled out the obligations of the State to provide the same quality of care that a good parent provides; there is a growing trend to set firm time limits on temporary care. Chapter 4 reminds us however of the constant risk to children of their rights being subjugated to those of their parents.

#### *Recommendation 1*

*That those responsible for drafting legislation, both federally and provincially, be thoughtful about its ramifications for children's rights as citizens of this country.*

## *Recommendation 2*

*That existing child welfare legislation and proposed new child welfare legislation be based on a child development perspective, and that all of its provisions should support that principle.*

### **Systemic/Management issues**

Legislation in and of itself cannot ensure good outcomes for children if not sustained by adherence to the same principles. As stated by Justice Hale in a discussion and critique of the Children Act of 1989, "The Act achieved far more than even its promoters, myself among them, had ever dared to hope. ... On the other hand, we also have a better idea of what the legal system cannot do" (White, Carr & Lowe, 1995). It is essential that good legislation be supported by good policies. The task of making legislation work lies in the hands of those who organize and manage the various systems that serve children. For instance, the good intentions behind time limits on temporary care orders are too often subverted by delays, either because of appeals, or because of lack of clarity in agency decision making and documentation.

Another example of a systemic issue is the degree to which worker turnover experienced by children is organizationally driven. One young person reported several worker changes in her first month of involvement as she was shifted from one programme to another, and experienced status changes.

Another issue is the tendency of efficiency goals to displace child centred goals. An example emerged in a recent symposium held in England to discuss the future of the AARs. Some participants recommended dropping the AARs since Assessment tools and care plans focused on children's developmental needs and workers now knew "how to do it". This activated a lively debate, with interestingly, Canadian practitioners being most vociferous in reminding the group that the AARs were the core of the system and the place where the young people themselves had a voice. At this same event we received further information about the *Quality Protects*

initiative that was introduced to us by Helen Jones at the Québec Symposium. It provides a comprehensive listing of the key imperatives that should guide the care of children.

*Recommendation 3*

*That all child welfare policies be guided by child-centred, child development principles.*

*Recommendation 4*

*That strategies be developed to reduce time lags and discontinuities in decision making and care of children.*

*Recommendation 5*

*That efforts be expended to integrate Looking After Children with other management information systems.*

*Recommendation 6*

*That Child Welfare jurisdictions and agencies study the aims and principles of the new British Quality Protects initiative when reevaluating their policies.*

## **Social Work Practice**

Chapter 9 and chapter 13 amply demonstrate the need for social workers to be much more aware of the full gamut of children's developmental needs. Some of the key issues as they relate to each dimension are:

- \* Health: the need for good health records and continuity of health care,
- \* Education: implications of the high number of school changes, the importance of partnership between teachers, foster parents, and social workers, the need for further study of the incidence and remediation of learning difficulties,
- \* Identity: the importance of continuity of care and maintenance of life books, the need for improved documentation of family background, recognition of the importance of fathers, grandparents and other extended family members. We also heard from the youth that some

of their peer relations are negatively affected: freedom to engage in 'sleep-overs' at friends' houses are inhibited when the host family has to be subjected to a police check.

\*Family and social relationships: clearly sensitivity of the child welfare system to continuity of care and relationships is a key issue. Inclusive care is important and should include other relatives, especially grandparents. Young people wish to be consulted on the degree to which contacts should be maintained: "*please ask us what we want*". A further issue is the need for social work training to place emphasis on the understanding of attachments and attachment needs.

\* Social presentation: young people in care have to work harder to fit in with their peers; they need to be supported materially with respect to clothing and extra-curricula activities.

\* Emotional and behavioural development: Young people needing care are exposed to greater risks prior to, while in care, and post-care. Consequently they need exposure to greater opportunities and a more pro-active approach from their various carers (social workers, teachers and foster parents), to overcome the odds. As one young man stated "why didn't they find out what was wrong with me at the start instead of moving me around all the time?" (he had been eventually diagnosed with ADD and learning disabilities).

\* Self care: the differences in types of skill acquisition between the youth in care and those in the community suggest that at the practical level those in care are being pushed prematurely towards independence, at the emotional level it highlights the fact that these most vulnerable of youth are expected to manage 'independence' without the familial and social support that other young people can take for granted.

While the AARs provided a wealth of information to the social workers as well as to the research team, they also indicated the degree to which social workers have not been well trained in the art of identifying developmental needs, and translating them into action plans. It may well be that they have not even been encouraged to do so because of the current crisis driven approach to the work.

*Recommendation 7*

*That social work education place greater emphasis on understanding child development with special emphasis on attachment and the importance of family connections.*

*Recommendation 8*

*That the use of the Looking After Children Assessment and Action records be adopted more widely.*

*Recommendation 9*

*That Looking After Children training provide special attention to, and practice of, the formulation of action plans.*

*Recommendation 10*

*That reaching the legislated age of majority should not signal the end of child welfare involvement.*

*Young adults should be provided with continued support as and when they need it.*

*Recommendation 11*

*That there be an interview with young people leaving care to elicit their evaluation of the care they have received and what their future needs may be.*

**Supervision**

As indicated earlier, insufficient attention was paid to the crucial role of the supervisor in assisting workers to be proactive and child development focused in their planning. It was also noted that supervisors can provide leadership in early decision making and in the promotion of early permanency planning.

Supervisors can also play a part in examining what the demands on social workers are, and the degree to which some of these demands may interfere with good case management and

casework. The major complaint from social workers was the time element in using the AARs. Yet, based on the time estimates that they provided to us, using the AARs with 40 children and youth in one year would occupy only 15 percent of their time. If this is too much time, then there must exist an imbalance somewhere in social worker activities.

*Recommendation 12*

*That all supervisors be well trained in the Looking After Children model.*

*Recommendation 13*

*That supervisors use the AARs as a supervisory tool and assist their workers in the formulation of action plans and identifying early the need for permanency planning.*

*Recommendation 14*

*That supervisors encourage their protection workers to use the AARs with 'at risk families' to identify more accurately the children's needs, and to engage families from the start in the resolution of risk factors.*

## **Foster Parents**

It was very clear from the analysis of the data that those matters within the purview of the foster parents were well looked after. The young people were properly clothed, exposed to a healthy diet, received expressions of affection, as well as support and encouragement in school work. It may well be that foster parents could attend to many other aspects of the child's developmental needs if information and authority were shared. Other studies have shown also that they have a very good capacity to work with, and engage natural families in the care of their children. Clearly the heavy demands on social workers could be reduced if there were more sharing of the tasks, greater collegiality and more acknowledgment of foster parents' abilities. It was interesting to the team that at time 2 some of the youth chose to have their foster parent as the key administrator of the tool.

### *Recommendation 15*

*That foster parents be admitted into full partnership with social workers, and that through the formulation of action plans they can be empowered to take on a more professionalized role.*

## **Youth**

Clearly the youth benefitted from being involved in this pilot project. The AARs not only identified many deficits in the quality of care they were receiving, they were also able to identify the youths' good qualities. The young people in our sample appreciated the individual attention they received and what they termed 'quality time' with their workers. This in itself is an endorsement of the approach and a good enough reason to continue with it.

### *Recommendation 16*

*That the principle of involving children and youth in the planning and decision making that affects their lives be honoured in all child protection and child care work.*

## **Future Research**

It was not intended that this project focus on issues of prevention and family support. These were attended to in the HRDC *Family Wellness* project. However during the course of the *Looking After Children* project some workers asked to use the AARs with protection families (those 'at risk' families living in the community). The AARs enabled them to identify needs and deficiencies and to educate parents, in a non-intrusive way, about the developmental needs of their children. It is the intention of the research team to explore this in future research.

As we have cautioned throughout, the results produced here are not definitive. They can be generalized only to the sample, not to the general population of children in care. As larger samples become available we can begin to extrapolate with more certainty. It will also be possible to undertake multivariate analysis to disentangle the interaction effect of different variables and to discern indicators of positive outcomes. The high incidence of testing for

learning difficulties warrants closer examination: are the difficulties cause or effect? Are we over-testing and under treating? Are we missing causative factors? We need to look more broadly for instance at interactions between educational issues, breakdown rates, emotional problems, background context and adolescent behaviour. Our knowledge of this complex field is still relatively unsophisticated.

*Recommendation 17*

*That pilot studies test and evaluate the use of the AARs with respect to the protection of children living with their own families.*

*Recommendation 18*

*That agencies be encouraged to continue to support researchers' efforts in order to expand the comparison to the NLSCY and other appropriate data bases.*

Researchers are interested in working with child welfare agencies to improve the quality of care and have it meet the same standards as that provided by responsible ('good enough') parents. This can be achieved through close collaboration between all parties.

### **Symposium recommendations**

Finally we return to the recommendations that were generated at the Symposium. They are listed below with an update on what has happened to them.

1. *That the pilot projects continue to be expanded at the pace of the local community.*

All jurisdictions in Canada are now committed to either piloting, or expanding implementation of *Looking After Children*.

2. *That resources be made available to implement recommendation 1. How? That HRDC continue to give support and money. That resources be available to expand the team into a project team to provide the support and leadership for continued implementation.*

HRDC has now funded a new partnership between the original research team and the Child Welfare League of Canada. The initial term of the contract is for three years. The major function of the project team is to provide technical assistance to the provinces and child welfare agencies in implementing *Looking After Children* in Canada. The mandate will include promotion of the underlying philosophy, the focus on child development, the development of standards in training, tools and practice while at all times respecting the autonomy of the provinces, territories and agencies.

3. *That a marketing strategy be developed to educate everybody about Looking After Children.*

This recommendation will be implemented through the resources given to *Looking After Children in Canada: Phase 2*.

4. *That the developmental needs of children and youth living in care be a priority on the National Children's Agenda.*

This is something that all of us who care about children at risk and in care must promote.

5. *That one of the Centres for Excellence be dedicated to child welfare issues and that the voices of young people in care are a priority.*

A proposal for such a Centre of Excellence has been submitted and is currently under consideration. It is under the aegis of the Bell Canada Child Welfare Research Centre at the University of Toronto (Director, Dr. Nico Trocmé). The *Looking After Children* team is part of the large consortium that has been brought together.

## **Implications for the future of *Looking After Children in Canada***

As identified in the *Looking After Children in Canada Project* proposal, the long-term implications of the project were purported to be:

- \* promotion of accountability in child welfare services through monitoring;
- \* improvement of direct practice in child welfare;
- \* promotion of interprovincial cooperation and collaboration amongst child welfare decision makers and workers;
- \* consensus building with respect to the adoption of an outcome monitoring system;
- \* informing the development of a universal monitoring system for children in care; and
- \* development of baseline standards for the care of children in Canada regardless of jurisdiction.

It is our contention that these proposed contextual benefits are well on their way to becoming a reality. The experiences of the pilot project, from the outset to the Policy, Practice and Research symposium at the end, were geared towards creating an environment where these benefits could be fostered. Consequently, the continuation and further implementation of the *Looking After Children* approach will go a long way to ensuring that these benefits are fully realized. As well, the experiences of the pilot project have led to the identification of other practical implications which need to be addressed if continuation and further implementation are to proceed effectively. They relate to implementation, training, and the importance of the team approach.

### **Implementation**

Observations of experiences on both sides of the Atlantic suggest that a move towards full implementation should proceed gradually (probably somewhat slowly). There is one line of thought that suggests that full implementation could be started on a specific date and workers would be expected to come on line immediately. The argument is that everyone will have to do it, so it is best just to get it done. British experience, and indeed change theory itself, would

advise more caution. The risk with the top down approach is that workers may not have time to take ownership of a new method, and indeed a change in the whole culture of child welfare work. When workers feel coerced, the philosophy gets lost and a quality project and full compliance are jeopardized. Our preferred approach would be to set a date for the implementation process to begin. Prior to that date, workers, supervisors and foster parents would receive orientation and training in this approach, as well as in the correct methods to fill out and use the forms. When the implementation date occurs, targeted groups could be designated and others (all remaining existing cases) gradually be brought on line. This could occur by having workers complete one new file per month until existing caseloads are on line. Another alternative would be to start using *Looking After Children* materials at logical points in the case management process (e.g., when a case review is required, when preparing information for court, transferring child to an adoption caseload, etc.).

## **Training**

The pilot project originally trained provincial and agency personnel to be trainers for their regions. In some cases, these people have moved to new positions and duties. When situations such as these have arisen, subsequent participant training has been done by individuals who were not part of the original training group. In other cases, the people trained originally have not had much involvement with the project other than running sporadic training sessions. From what we have observed, participants who were trained under less than ideal circumstances have had difficulty with the materials. This has had a detrimental impact on the quality of the data as well as on the practice implications. On the data side, incomplete questionnaires, or those where the questions have been misunderstood and improperly answered, has meant that the information derived for management purposes (policy implications, procedural changes, etc.) is incomplete. From the practice side, incomplete forms have meant that the issues of the children and youth have not been fully explored. As well, missing, incomplete and improperly completed action plans have meant that the purpose of the materials (improving the care of children and youth) can not be fulfilled. Based on these problems, it is imperative that some measure of quality control is exerted over training. Well

trained coordinators who are enabled to dedicate specific time to their role also enhance the likelihood of success.

### **Team approach**

Everyone needs to be on board. If the *Looking After Children* project is to be used to its maximum advantage, then social workers, supervisors and managers need to accept the value of the project and be committed to its use. In addition, acknowledgment and inclusion of other partners is of paramount importance. By sharing of information and respecting each party's area of expertise, risks can be reduced and opportunities enhanced for the young people being looked after.

### **Closing comments**

The project has been about enhancing the quality of care for children in Canada. It has been a privilege for the team to have had the opportunity to work together, and with so many others from across Canada, towards that end. The pilot study is just the start of an endeavour that may well take years before we can say that the goal has truly been accomplished. The United Kingdom has been working at this for 11 years and still does not claim to have reached it. We have only just begun. However, in closing, we would like to paraphrase the sentiments expressed by one of our regional coordinators recently "we planted some good seeds, they are just beginning to grow and to take root. Now we have the opportunity to nurture them and to ensure that they flourish".

This task will be both challenge and opportunity to the project team and all of our colleagues and associates as we move into Phase 2. We are looking forward to it!

## Bibliography

- Achenbach, T. (1981). *Child behavior checklist for ages 4-16*. Burlington, Vt.: University of Associates in Psychiatry.
- Ainsworth, M. D. (1973). The development of infant-mother attachment. In *Review of Child Development Research*, Vol. 3, B.M. Caldwell and H.N. Riciutti (Eds.). Chicago: University of Chicago Press. 1-94.
- Aldgate, J. (1991). Partnership with parents: Fantasy or reality? *Adoption and Fostering*. 15(2): 15.
- Aldgate, J. (1994). Graduating from care - A missed opportunity for encouraging successful citizenship. *Children and Youth Services Review*. 16(3-4): 255-72.
- Aldgate, J., Heath, A. and Colton, M. (1992). *The educational progress of children in foster care*. ESRC Report.
- Aldgate, J., Heath, A., Colton, M., and Simm, M. (1993). Social work and the education of children in foster care. *Adoption and Fostering*. 17: 25-34.
- Aldgate, J., Maluccio, A., and Reeves, C. (1989). *Adolescents in foster families*. Chicago, IL. : Lyceum Books Inc.
- Allison, J., and Johnson, J. (Eds.) (1981). *Say hi to Julie: A commentary from children in care in Alberta*. Calgary, Alberta: Who Cares? Alberta: A Society for Young People in Care.
- Altshuler, S. J. (1997). A reveille for school social workers: Children in foster care need our help! *Social Work in Education*. 19(2): 121-27.
- Amato, P. R. (1986). Father involvement and the self-esteem of children and adolescents. *Australian Journal of Sex, Marriage, and Family*. 7: 6-16.

- Anderson, J. (1974). *Foster home study*. Unpublished study. Halifax: Nova Scotia Department of Social Services.
- Anderson, S. and Cramer-Benjamin, D. (1999). The impact of couple violence on parenting and children: An overview and clinical implications. *American Journal of Family Therapy*. 27(1): 1-19.
- Angel, R. J. and Angel, J. L. (1993). *Painful inheritance: Health and the new generation of fatherless families*. Madison, WI: University of Wisconsin Press.
- Ayasse, R. (1995). Addressing the needs of foster children: The foster youth services program, *Social Work in Education*. 17: 207-16.
- Bao, W., Whitbeck, L., Hoyt, D. and Conger, R. (1999). Perceived parental acceptance as a moderator of religious transmission among adolescent boys and girls. *Journal of Marriage and Family*. 61: 362-74.
- Barnes, E. (1980). The black community as the source of positive self-concept for black children: A theoretical perspective. In R. Jones (Ed.). *Black psychology*. New York: Harper and Row. 106-30.
- Barth, R. P. (1990). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work Journal*. 7(5): 419-40.
- Barth, R., Fein, E., Kluger, M., Maluccio, A. and Meezan, W. (1988). Current issues in foster home care: Presentation at 65<sup>th</sup>. *Annual Meeting of the American Orthopsychiatric Association, San Francisco*. March 27-31.
- Bauer, A. (1993). Children and youth in foster care. *Intervention in School and Clinic*. 28(3):134-42

- Bentovim, A. (1991). Clinical work with families in which sexual abuse has occurred. In C. R. Hollin and K. Howell (Eds.). *Clinical approaches to sex offenders and their victims*. Chichester U.K.: John Wiley. 3-29.
- Berger, A. (1992). *Reading matter: Multidisciplinary perspectives on material culture*. New Brunswick, N.J.: Transaction Publishers.
- Berkowitz, L. and Frodi, A. (1979). Reactions to a child's mistakes as affected by her/his looks and speech. *Social Psychology Quarterly*. 42(4): 420-25.
- Berkowitz, G., Halfon, N., and Klee, L. (1992). Improving access to health care: Case management for vulnerable children. *Social Work in Health Care*. 17(1): 101-23.
- Berridge, D. and Cleaver, H. (1987). *Foster home breakdown*. Oxford: Basil Blackwell Ltd.
- Bibby, R. and Posterski, D. (1992). *Teen trends: A nation in motion*. Toronto: Stoddart Publishing.
- Birt, J. and Wolfe, V. V. (1996). *Relationship between type of abuse, attributions and copying, and negative sequelae in sexually abused children*. Paper presented to the 11<sup>th</sup> International Congress on child abuse and neglect. Dublin, Ireland.
- Bisnaire, L., Firestone, P. and Rynard, D. (1990). Factors associated with academic achievement in children following parental separation. *American Journal of Orthopsychiatry*. 60: 67-76.
- Blatt, S. D., Saletsky, R. D., Meguid, V., Critz Church, C., O'Hara, M.T., Haller-Peck, S.M. and Anderson, J.M. (1997). A comprehensive, multidisciplinary approach to providing health care for children in out-of-home care. *Child Welfare*. 76(2): 331-47.
- Bowlby, J. (1971). *Attachment and loss, vol. 1*. Harmondsworth, Middlesex: Penguin Books.
- Bowlby, J. (1979). *The making and breaking of affectional bonds*. London: Tavistock publications.

- Bowlby, J. (1988). *A secure base*. New York: Basic Books.
- Brantsford, L. A., Baca, L., and Lane, K. (Eds.) (1974). *Cultural diversity and the exceptional child*. Reston, Va.: Council for Exceptional Children.
- Brogan, L. (1991). *Foster care: A critique of the present system and future directions*. Unpublished MSW Thesis. Halifax: Maritime School of Social Work, Dalhousie.
- Bullock, R., Little, M., and Millham, S. (1993). *Going home: The return of children separated from their families*. Aldershot, England: Dartmouth.
- Butler, I., and Payne, H. (1997). The health of children looked after by the local authority. *Adoption and Fostering*. 21(2): 28-35.
- Cain, C. E., and Barth, R. P. (1990). Health beliefs and practices of foster parents. *Social Work in Health Care*. 15(2): 49 -61.
- Canadian Council on Children and Youth. (1978). *Admittance restricted: The child as citizen in Canada*.
- Canadian Council on Social Development. (1997). *The progress of Canada's children 1997*.
- Canadian Council on Social Development. (1998). *The progress of Canada's children 1998: Focus on youth*.
- Canadian Fitness and Lifestyle Research Institute. (1996). *Physical activity in children*. Bulletin No. 8.
- Carlson, K. L. (1996). Providing health care for children in foster care: A role for advanced practice nurses. *Pediatric Nursing*. 22(5): 418-22.

- Chernoff, R., Combs-Orme, T., Risley-Curtiss, C., and Heisler, A. (1994). Assessing the health status of children entering foster care. *Pediatrics*. 93(4): 594-601.
- Cheung, S. Y. and Heath, A. (1994). After care: The education and occupation of adults who have been in care. *Oxford Review of Education*. 20(3): 361-76.
- Child Welfare League of America. (1988). *The health care of children in out-of-home care: A white paper summary of a colloquium on the health care of children in foster family care*. Washington: CWLA and American Academy of Pediatrics.
- Cleaver, H. (1994). *Contact between foster children and their families: Preliminary findings*. Leicester, U.K.: University of Leicester.
- Cleaver, H. (1994). An evaluation of the frequency and effects of foster home breakdown. In B. McKenzie (Ed.). *Current perspectives on foster family care for children and youth*. Toronto: Wall and Emerson. 132-44.
- Cohn, A. H. (1979). Effective treatment of child abuse and neglect. *Social Work*. 24(6): 513-20.
- Colon, F. (1978). Family ties and child placement. *Family Process*. 17: 289-328.
- Colton, M. and Heath, A. (1994). Attainment and behaviour of children in care and at home. *Oxford Review of Education*. 20(3): 317-27.
- Committee on Early Childhood, Adoption and Dependent Care. (1993). Developmental issues in foster care for children. *Pediatrics*. 91(5): 1007-1009.
- Cook, S. (1992). *Long-term consequences of foster care for adult well-being*. Dissertation abstracts. International: The Humanities and Social Sciences. 53(4): 1278-A.

- Cook, R., Fleishman, E., and Grimes, V. (1991). *A national evaluation of Title IV-E foster care independent living programs for youth: Phase 2, final report* (vol. 1). Unpublished report. Rockville, MD: Westat, Inc.
- Creekmore, A. M. (1974). *Clothing related to body satisfaction and perceived peer self*. Research Report 239, Michigan: Technical Bulletin, Michigan State University, Agricultural Experiment Station.
- Crittenden, P. (1988). Family and dyadic patterns of functioning in maltreating families. In K. Browne, C. Davies and P. Stratton (Eds.). *Early prediction and prevention of child abuse*. New York: Wiley. 161-89.
- Crowell, J., Fraley, R. C., and Shaver, P. (1999). Measurement of individual differences in adolescent and adult attachment. In J. Cassidy and P. Shaver (Eds.). *Handbook of attachment: Theory, research and clinical applications*. New York: The Guilford Press. 434-65.
- Cruickshank, D. (1975). *Children's rights in a protection framework*. A speech to the Annual Conference of the Alberta Department of Health and Social Development.
- Cummings, E. M. and Davies, P. T. (1994). *Children and marital conflict: The impact of family dispute and resolution*. New York: Guilford.
- Cummings, E. M., Ballard, M. and El-Sheikh, M. (1991). Resolution and children's responses to interadult anger. *Developmental Psychology*. 27: 462-70.
- Danesi, M. (1994). *Cool: The signs and meanings of adolescence*. Toronto: University of Toronto Press.
- Davies, P. T. and Cummings, E. M. (1994). Marital conflict and child adjustment: An emotional security hypothesis. *Psychological Bulletin*. 116(3): 387-411.

- Dawson, D. A. (1991). Family structure and children's health and well being: Data from the National Health Interview Survey on Child Health. *Journal of Marriage and the Family*. 53(3): 573-84.
- DeHaan, L. and MacDermid, S. (1996). *Identity and poverty: Defining a sense of self among urban adolescents*. New York: Garland Publishing Inc.
- Department of Health. (1995). *The challenge of partnership in child protection: Practice guide*. London, U.K.: HMSO.
- Department of Health. (1999). *Quality protects: Transforming children's services: The government's objectives for children's services*. London, U.K.: Department of Health.
- Dion, K. K. (1972). Physical attractiveness and evaluations of children's transgressions. *Journal of Personality and Social Psychology*. 24: 207-13.
- Dion, K. (1974). Children's physical attractiveness and sex as determinants of adult punitiveness. *Developmental Psychology*. 10(5): 772-46.
- Dubowitz, H., Feigelman, S., Harrington, D., Starr, Jr., R. and Zuravin, S. (1994). Children in kinship care: How do they fare? *Children and Youth Services Review*. 16(1-2): 85-106.
- English, D. J., Kouidou-Giles, S., and Plocke, M. (1994). Readiness for independence: A study of youth in foster care. *Children and Youth Services Review*. 16(3-4): 147-58.
- Evans, B. (1997). *Youth in foster care: The shortcomings of child protection services*. New York: Garland Publishing Inc.
- Fahlberg, V. (1991). *A child's journey through placement*. Indianapolis: Perspective Press.
- Fanshel, D. (1975). Parental visiting of children in foster care: Key to discharge? *Social Service Review*. 49(4): 493-514.

- Fanshel, D. (1982). *On the road to permanency: An expanded data base for service to children in foster care*. New York: Child Welfare League of America, Inc.
- Fanshel, D. and Shinn, E. B. (1978). *Children in foster care: A longitudinal investigation*. New York: Columbia University Press.
- Fanshel, D., Finch, S., and Grundy, J. (1989). Foster children in life-course perspective: The Casey Family Program experience. *Child Welfare*. 68(5): 467-78.
- Fanshel, D., Finch, S., and Grundy, J. (1990). *Foster children in a life course perspective*. New York: Columbia University Press.
- Federal Provincial Working Group on Child and Family Services Information. (1994). *Child welfare in Canada: The role of provincial and territorial authorities in cases of child abuse*. Ottawa: National Clearing House on Family Violence.
- Feiring, C., Taska, L., and Lewis, M. (1999). Age and gender differences in children's and adolescents adaptation to sexual abuse. *Child Abuse and Neglect*. 23(2): 115-28.
- Feldman, S. S. and Wentzel, K. R. (1990). Relations among family interaction patterns, classroom self-restraint and academic achievement in preadolescent boys. *Journal of Educational Psychology*. 82: 813-19.
- Festinger, T. (1983). *No one ever asked us: A postscript to foster care*. New York: Columbia University Press.
- Flaherty, E. G. and Weiss, H. (1990). Medical evaluation of abused and neglected children. *American Journal of Diseases of Children*. 114: 330-34.
- Fletcher-Campbell, F. and Hall, C. (1990). The education of children in care. *Education Research*. 32(3): 186-92

- Forsyth, P. W. (1989). Family preservation in foster care: Fact or fiction? In J. Hudson and B. Galaway (Eds) *Specialist foster family care: A normalizing experience*. New York: The Haworth Press. 63-73.
- Francis, J. (2000). Investing in children's futures: Enhancing the educational arrangements of 'looked after' children and young people. *Child and Family Social Work*. 5(1): 23-33.
- Frankenburg, W. K. (1994). Preventing developmental delays: Is developmental screening sufficient? *Pediatrics*. 93(4): 586-93.
- Fujiwara, Y. (1986). Clothing interest in relation to self-concept and self-esteem of university women. *Journal of Home Economics of Japan*. 37: 493.
- Gardner, H. (1982). *Development and psychology*, (2<sup>nd</sup> ed). Boston: Little Brown and Company.
- Gardner, H. (1996). The concept of family: Perceptions of children in family foster care. *Child Welfare*. 75(2): 161-82.
- Garrett, P. M. (1999). A critical response to the LAC system. *British Journal of Social Work*. 29: 27-47.
- Glodich, A. (1998). Traumatic exposure to violence: A comprehensive review of the child and adolescent literature. *Smith College Studies in Social Work*. 68(3): 321-45.
- Goerge, R. M., Voorhis, J. V., Grant, S., Casey, K. and Robinson, M. (1992). Special-education experiences of foster children: an empirical study. *Child Welfare*. 71(5): 419-37.
- Goldstein, H. S. (1982) Father's absence and cognitive development of 12- to 17- year olds. *Psychological Reports*. 51: 843-48.
- Goldstein, J., Freud, A., and Solnit, A. (1979). *Before the best interests of the child*. New York: Macmillan Publishing.

- Gordy, Levine, K. (1988). The placed child examines the quality of parental care. *Child Welfare*. 68(4): 301-10.
- Gottfried, A. E., Gottfried, A. W., and Bathurst, K. (1988). Maternal employment, family environment and children's development: Infancy through the school years. In A. E. Gottfried and A. W. Gottfried (Eds.). *Maternal employment and children's development: Longitudinal research*. New York: Plenum.
- Gustavsson, N. S. and Segal, E. A. (1994). *Critical issues in child welfare*. Thousand Oaks, Cal.: Sage Publications Inc.
- Hahn, A. (1994). The use of assessment procedures in foster care to evaluate readiness for independent living. *Children and Youth Services Review*. 16(3-4): 171-79.
- Halfon, N. and Klee, L. (1987). Health services for California's foster children: Current practices and policy recommendations. *Pediatrics*. 80(2): 183-191.
- Halfon, N., and Klee, L. (1991). Health and development services for children with multiple needs: The child in foster care. *Yale Law and Policy Review*. 9(1): 71-96.
- Halfon, N., Mendonca, A., and Berkowitz, G. (1995). Health status of children in foster care: The experience of the Center for the Vulnerable Child. *Arch Pediatric Adolescent Medicine*. 149: 386-92.
- Harter, S. (1987). The determinants and mediational role of global self-worth in children. In N. Eisenberg (Ed.). *Contemporary topics in developmental psychology*. New York: Wiley Interscience.
- Heath, A. F., Colton, M. J. and Aldgate, J. (1994). Failure to escape: A longitudinal study of foster children's educational attainment. *British Journal of Social Work*. 24: 241-60.

- Hochstadt, N., Jaudes, P., Zimo, D., and Schachter, J. (1987). The medical and psychological need of children entering foster care. *Child Abuse and Neglect*. 11(2): 53-62.
- Holman, R. (1975). The place of fostering in social work. *British Journal of Social Work*. 5(1): 3-29.
- Hornick, J., Phillips, D., and Kerr, N. (1989). Gender differences in behavioral problems of foster children: Implications for special foster care. *Community Alternatives: International Journal of Family Care*. 1(1): 35-52.
- Hudson, J. and Galaway, B. (1995). *Child Welfare in Canada: Research and policy implications*. Toronto: Thompson Educational Publishing.
- Hunter, E. (1998). Adolescent attraction to cults. *Adolescence*. 33(121): 709-14.
- Jackson, S. (1994). Educating children in residential and foster care. *Oxford Review of Education*. 20(3): 267-79.
- Jenkins, S. and Norman, E. (1975). *Beyond placement: Mothers view foster care*. New York: Columbia University Press.
- Jessor, R., Donovan, J., and Costa, F. (1996). Personality, perceived life chances and adolescent behavior. In K. Hurrelmann and S. Hamilton (Eds.). *Social problems and social contexts in adolescence*. New York: Aldine De Gruyter. 219-33.
- Joe, R. (1996). *Song of Rita Joe: Autobiography of a Mi'kmaq poet*. Charlottetown, PEI: Ragweed Press.
- Jones, H. and Ward, H. (1997). Verbal communication at the Canadian training session in Ottawa.

- Jouriles, E. N., Norwood, W. D., McDonald, R., Vincent, J. P., and Mahoney, A. (1996). Physical violence and other forms of martial aggression: Links with children's behavior problems. *Journal of Family Psychology*. 10: 223-34.
- Kaiser, S. B. (1997). *The social psychology of clothing: Symbolic appearances in context*. (2<sup>nd</sup> ed). New York: Fairchild Publications.
- Kahan, B. (Ed.) (1989). *Child care research, policy and practice*. London: Hodder and Stoughton.
- Kavaler, F. and Swire, M. (1983). *Foster-child health care*. Lexington, Mass: D.C. Health and Co.
- Kendrick, M. (1990). *Nobody's children: The foster care crisis in Canada*. Toronto: MacMillan.
- Kilpatrick, K., Litt, M., and Williams, L. (1997). Post-traumatic stress disorder in child witnesses to domestic violence. *American Journal of Orthopsychiatry*. 67(4): 639-44.
- Kilroe, S. (1996) Social presentation. In S. Jackson and S. Kilroe (Eds.). *Looking after children, good parenting, good outcomes: Reader*. London, U.K.: HMSO. 47-50.
- Klee, L., Soman, L.A., and Halfon, N. (1992). Implementing critical health services for children in foster care. *Child Welfare*. 71(2): 99-111.
- Kochanska, G. and Thompson, R. A. (1997). The emergence and development of conscience in toddlerhood and early childhood. In J.E. Grusec and L. Kuczynski (Eds.). *Parenting and children's internationalization of values*. New York: Wiley.
- Kufeldt, K. (1979). Temporary foster care. *British Journal of Social Work*. 9(1): 49-66.
- Kufeldt, K. (1984). Listening to children - who cares? *British Journal of Social Work*. 14(3): 257-64.

- Kufeldt, K. (1991). Foster care: A reconceptualization. *Community Alternatives: International Journal of Family Care*. 3(1): 9-17.
- Kufeldt, K. (1993). Inclusive foster care: Implementation of the model. In B. McKenzie (Ed.). *Current perspectives on foster family care*. Toronto: Wall and Emerson. 84-100.
- Kufeldt, K. (1995). Inclusive care, separation management and role clarity in foster care: The development of theoretical constructs. In J. Hudson and B. Galaway (Eds.). *Canadian Child Welfare: Research and Policy Implications*. Toronto: Thompson Educational Publishing. 337-50.
- Kufeldt, K. (1995). *Brief presented to the Select Committee on Children's Interests*. St. John's, NF: Chair in Child Protection, School of Social Work, Memorial University of Newfoundland.
- Kufeldt, K. (1999). *Guardianship evaluation progress report*. (Unpublished). Fredericton: Government of New Brunswick.
- Kufeldt, K., and Allison, J. (1990). Fostering children - fostering families. *Community Alternatives: International Journal of Family Care*. 1-17.
- Kufeldt, K., and Burrows, B. (1994). *Issues affecting public policies and services for homeless youth: Final report*. Calgary: University of Calgary.
- Kufeldt, K. and Nimmo, M. (1987). Youth on the street: Abuse and neglect in the eighties. *Child Abuse and Neglect*. 11: 531-43.
- Kufeldt, K. and Thériault, E. (1995). Child welfare experiences and outcomes: Themes, policy implications and research agenda. In J. Hudson and B. Galaway (Eds.). *Child welfare in Canada: Research and policy implications*. Toronto: Thompson Educational Publishing. 358-66.

- Kufeldt, K., Armstrong, J. and Dorosh, M. (1989). In care, in contact? In J. Hudson and B. Galaway (Eds.). *The state as parent*. Dordrecht: Kluwer Academic Publishers. 355-68.
- Kufeldt, K., Armstrong, J. and Dorosh, M. (1995). How children in care view their own and their foster families: A research study. *Child Welfare*. (74) 3: 695-715.
- Kufeldt, K., Armstrong, J. and Dorosh, M. (1996). Connection and continuity in foster care. *Adoption and Fostering*. 20(2): 14-20.
- Kufeldt, K., Baker, J., Bennett, L., and Tite, R. (1998). *Looking after children in Canada: Interim report*. St. John's, NF.: Looking After Children in Canada Project.
- Laird, J., and Hartman, A. (1985). *A Handbook of Child Welfare: context, knowledge and practice*. New York: Free Press.
- Lamb, M. E. (1997). Fathers and child development: An introductory overview and guide. In M. E. Lamb (Ed.). *The role of the father in child development* (3<sup>rd</sup> Ed.). New York: John Wiley and Sons, Inc. 1-18.
- Lamphear, V. (1985). The impact of maltreatment on children's psychosocial adjustment: A review of the research. *Child Abuse and Neglect*. 9(2): 251-63.
- Lessing, E. E., Zagorin S. W. and Nelson D. (1970). WISC subtest and IQ correlates of father absence. *Journal of Genetic Psychology*. 67: 181-95.
- Littner, N. (1960). The child's need to repeat his past: Some implications for placement. *Social Service Review*. 34(2): 128-48.
- Littner, N. (1974). The challenge to make fuller use of our knowledge about children. *Child Welfare*. 53(5): 287-94.
- Littner, N. (1976). *Some traumatic effects of separation and placement*. New York: CWLA.

- Littrell, M. A. and Berger, E. A. (1986). Perceiver's occupation and clients grooming: Influence on person perception. *Clothing and Textiles Research Journal*. 4(2): 48-55.
- Lovell, M. L., and Thompson, A. H. (1995). Improving the organization and delivery of child welfare services: Themes, policy implications and research agenda. In J. Hudson and B. Galway (Eds.). *Child welfare in Canada: Research and policy implications*. Toronto: Thompson Educational Publishing. 91-98.
- Maas, H. S. and Engler, R. E. (1959). *Children in need of parents*. New York: Columbia University Press.
- Macdonald, A. (1972). *Brief recommending the establishment of a permanent foster care programme for the province of Nova Scotia*. Unpublished study. Halifax: Maritime School of Social Work.
- Maccoby, E. E. and Martin, J. (1983). Socialization in the context of the family: Parent-child interaction. In P. Mussen (Ed.). *Handbook of child psychology*. New York: John Wiley and Sons. 1-102.
- Maluccio, A., Fein, E. and Olmstead, K. (1986). *Permanency planning for children: Concepts and methods*. New York: Tavistock Publications.
- March, K. (1995). *The stranger who bore me: Adoptee-birthmother relationships*. Toronto: University of Toronto Press.
- Marcus, R. F. (1990-1991). The attachments of children in foster care. *Genetic, social, and general psychology monographs*. 116-117: 367-94.
- Markus, H. R., Mullally, P. R., and Kitayama, S. (1997). Selfways: Diversity in modes of cultural participation. In U. Neisser and D. Jopling (Eds.). *The conceptual self in context: Culture, experience, self-understanding*. New York: Cambridge University Press.

- Marris, P. (1975). *Loss and change*. Garden City, New York: Anchor Books.
- Martin, F. (1998). Tales of transition: Self-narrative and direct scribing in exploring care-leaving. *Child and Family Social Work*. 3(1): 1-12.
- Martin, F. and Palmer, T. (1997). Transitions to adulthood: A child welfare youth perspective. *Community Alternatives: International Journal of Family Care*. 9(2): 29-60.
- Marwit, S. J. (1982). Students' race, physical attractiveness and teachers judgements of transgressions: Follow-up and clarification. *Psychological Reports*. 50: 242.
- Mather, M., Humphrey, J. and Robson, J. (1997). The statutory medical and health needs of looked after children: Time for a radical review? *Adoption and Fostering*. 21(2): 36-40.
- McAdams, D. P. (1996). *The stories we live by: Personal myths and the making of self*. New York: The Guildford Press.
- McAuley, C. (1996). *Children in long-term foster care*. Aldershot, U.K. :Avebury
- McDonald, T. P., Allen, R. I., Westerfelt, A. and Piliavin, I. (1996). *Assessing the long-term effects of foster care*. Washington: CWLA Press.
- McGowan, B. and Meezan, W. (1983). *Child Welfare*. Itasca, Ill.: F. E. Peacock.
- McLanahan, S. and Sandefur, G. (1994). *Growing up with a single parent: What hurts, what helps*. Cambridge, Mass.: Harvard University Press.
- McKenzie, B. (Ed.) (1993). *Current perspectives on foster family care for children and youth*. Toronto: Wall and Emerson.

- Mech, E. V., Ludy-Dobson, C., and Hulseman, F. S. (1994). Life skills knowledge among foster adolescents in three placement settings. *Children and Youth Services Review*. 16(3-4): 181-200.
- Meeus, W. (1989). Parental and peer support in adolescence. In K. Hurrelmann and U. Engel (Eds.). *The social world of adolescents: International perspectives*. Berlin: Walter de Gruyter and Co. 167-83.
- Millham, S., Bullock, R., Hosie, K., and Haak, M. (1988). *Lost in care*. Aldershot, Hants: Gower.
- Millham, S., Bullock, R., Hosie, K., and Little, M. (1989). *Access disputes in child-care*. Aldershot, Hants: Gower.
- National U.S. Black Child Development Institute Inc. (1989). *Who will care when parents can't? A study of black children in foster care*. Washington, D.C.: NBCDI.
- Noble, L. S. (1997). The face of foster care. *Educational Leadership*. 54(7): 26-28.
- Packman, J. and Hall, C. (1995). *Draft report on the implementation of s.20 of the Children Act 1989*. Totnes: Dartington Social Research Unit.
- Paek, S. L. (1986). Effects of garment style on the perception of personal traits. *Clothing and Textile Research Journal*. 5(1): 10-16.
- Palmer, S. (1971). The decision to separate children from their natural parents. *The Social Worker*. 39(2): 82-87.
- Palmer, S. E. (1992). Including birth families in foster care: A Canadian-British comparison. *Children and Youth Services Review*. 14: 407-25.
- Palmer, S. E. (1995). *Maintaining family ties: Inclusive practice in foster care*. Washington, DC: Child Welfare League of America.

- Palmer, S. E. (1996). Placement stability and inclusive practice in foster care: An empirical study. *Children and Youth Services Review*. 18(7): 589-601.
- Parke, R. D. (1996). *Fatherhood*. Cambridge, Mass: Harvard University Press.
- Parker, R. A. (1980). *Caring for separated children*. London: Macmillan Press.
- Parker, R., Ward, C., Jackson, S., Aldgate, J., and Wedge, P. (Eds.) (1991). *Looking after children: Assessing outcomes in child care*. London: HMSO.
- Parker, S. (1989). *The transition from foster care to independent living*. MSW Thesis. Calgary: University of Calgary.
- Patzer, G. L (1985). *The physical attractiveness phenomena*. New York: Plenum Press.
- Plumer, E. (1992). *When you place a child*. Springfield, Ill.: Charles C. Thomas Publisher.
- Polnay, L., Glaser, A., and Rao, V. (1996). Better health for children in resident care. *Archives of Disease in Childhood*. 75: 263-65.
- Poole, M. E. (1989). Adolescent transitions: A life-course perspective. In K. Hurrelmann and U. Engel (Eds.). *The social world of adolescents: International perspectives*. Berlin: Walter de Gruyter and Co. 65-85.
- Popenoe, D. (1996). *Life without father*. New York, NY: The Free Press.
- Quinton, D., Rutter, M., and Liddle, C. (1986). Institutional rearing, parenting difficulties and marital support. *Psychological Medicine*. 14: 107-24.
- Radin, N. (1986). The influence of fathers upon sons and daughters and implications for social work in the school. *Social Work in Education*. 8: 77-91.

- Radin, N., Williams, E. and Coggins, K. (1994). Paternal involvement in childrearing and the school performance of Native American Children: An exploratory study. *Family Perspectives*. 27: 375-91.
- Rosen, S. L. (1998). Working with children in foster care. In A. Wolbert Burgess (Ed.). *Advanced practice psychiatric nursing*. Stamford, Connecticut: Appleton and Lange. 371-96.
- Rowe, J., Hundleby, M. and Garnett, L. (1989). *Child care now: A survey of placement patterns*. London: British Agencies for Adoption and Fostering.
- Rowe, J., Cain, H., Hundleby, M. and Keane, A. (1984). *Long term foster care*. London: Batsford.
- Ruble, D. (1987). The acquisition of self-knowledge: A self-socialization perspective. In N. Eisenberg (Ed.). *Contemporary topics in developmental psychology*. New York: Wiley Interscience.
- Ruptier, N. M. (1997). Ensuring health care for foster children through Medicaid's EPSDT program. *American Journal of Public Health*. 87(2): 290-91.
- Ryburn, M. (1991). The Children Act - power and empowerment. *Adoption and Fostering*. 15(3): 10.
- Sault, N. (Ed.) (1997). *Many mirrors: Body image and social representation*. New Brunswick, New Jersey: Rutgers University Press.
- Sawyer, R. J. and Dubowitz, H. (1994). School performance of children in kinship care. *Child Abuse and Neglect*. 18(7): 587-97.
- Scarth, S. (1993). Child welfare at the crossroads. *Perceptions*. 17(3): 5-8.
- Scheibe, K. E. (1995). *Self studies: The psychology of self and identity*. Westport, Ct.: Praeger.

- Schneiderman, M., Connors, M., Fribourg, A., Gries, L. and Gonzales, M. (1998). Mental health services for children in out-of-home-care. *Child Welfare*. 77(1): 29-40.
- Schor, D. P., and Abel, C. (1985). Back to basics in health care for foster children. *Children Today*. 14(3): 13-16.
- Scott, J. (2000). Verbal communication at Department of Health Seminar held at Cumberland Lodge, Windsor, U.K.
- Seifert, K. L. and Hoffnung, R. J. (1991). *Child and Adolescent Development, (2<sup>nd</sup> Ed.)*. Boston: Houghton Mifflin Company.
- Shane, P. G. (1991). A sample of homeless and runaway youth in New Jersey and their health status. *Journal of Health and Social Policy*. 2(4): 73-82.
- Simard, M. et Vachon, J. (1987). *La politique de placement d'enfants: étude d'implantation dans deux régions du Québec*. (Rapport de recherche présenté à la Commission d'enquête sur les services de santé et les services sociaux, ou Commission Rochon). Québec: Les Publications du Québec.
- Simard, M. et Vachon, J. (1996). L'autre famille. Étude comparative des familles d'accueil au Québec, dans *Comprendre la famille: actes du 3e symposium québécois de recherche sur la famille/* sous la direction de J. Alary et L. Éthier. Saint-Foy: Presses de l'Université du Québec. 311-331.
- Simard, M., Vachon, J. et Bérubé, S. (1998). *Les familles d'accueil pour jeunes au difficultés aux Québec*. Centre de recherche sur les services communautaires: Université Laval.
- Simard, M., Vachon, J. et Moisan, M. (1993). Les difficultés de la réinsertion familiale des enfants placés. *Apprentissage et Socialisation*. 16(3): 241-252.

- Simms, M. (1991). Foster children and the foster care system-part II: Impact on the child. *Current Problems in Pediatrics*. 21(8): 345-70.
- Simms, M. D. and Halfon, N. (1994). The health care needs of children in foster care: A research agenda. *Child Welfare*. 73(5): 505-24.
- Skinner, H. (1987). Self-report instruments for family assessment. In T. Jacob (Ed.). *Family interaction and psychopathology*. New York: Plenum Publishing Corporation.
- Skinner, H. (1991). *FAM administration and interpretation guide*. Toronto: Multi-Health Systems, Inc.
- Skuse, D. and Bentovim, A. (1994). Physical and emotional maltreatment. In M. Rutter, E. Taylor and L. Hersor (Eds.). *Child and adolescent psychiatry: Models of approaches (3<sup>rd</sup> Ed.)*. Oxford UK: Blackwell Scientific. 213-16.
- Slonim, M. B. (1991). *Children, culture and ethnicity: Evaluation and understanding the impact*. New York: Garland Publishing Inc.
- Solnit, A. J., Nordhaus, B. F. and Lord, R. (1992). *When home is no haven*. New Haven, Ct.: Yale University Press.
- Stein, E. (1997). Teachers' assessments of children in foster care. *Developmental Disabilities Bulletin*. 25(2): 1-15.
- Stein, M. (1994). Leaving care, education and care trajectories. *Oxford Review of Education*. 20(3): 349-60.
- Steinhauer, P. (1983). Issues of attachment and separation: Foster care and adoption. In P. Stein and Rae-Grand (Eds.). *Psychological problems of the child in the family*. New York: Basic Books. 69-101.

- Steinhauer, P. (1991). *The least detrimental alternative: A systematic guide to case planning and decision making for children in care*. Toronto: University of Toronto Press.
- Steinhauer, P.D., Santa-Barbara, J. and Skinner, H. (1984). The process model of family functioning. *Canadian Journal of Psychiatry*. 29(2): 77-88.
- Stuft, D. (1989). Kids in limbo: dealing with foster care children. *Principal*. 68(4): 34-38.
- Sullivan, R. T. (1994). Obstacles to effective child welfare service with gay and lesbian youths. *Child Welfare*. 73(4): 291-304.
- Swift, K. J. (1995). *Manufacturing 'bad mothers': A critical perspective on child neglect*. Toronto: University of Toronto Press.
- Takayama, J. I., Bergman, A. B. and Connell, F. A. (1994). Children in foster care in the state of Washington: Health care utilization and expenditures. *JAMA*. 271(23): 1850-55.
- Terr, L. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry*. 48: 10-20.
- Thoburn, J. (1991). Permanent family placement and the Children Act 1989: Implications for foster carers and social workers. *Adoption and Fostering*. 15(3): 15.
- Thoburn, J. (1994). *Child placement: Principles and practice (2<sup>nd</sup> Ed.)*. Aldershot, U.K.: Ashgate Publishing Ltd.
- Thomlison, B. (1990). Continuity of care: Family, developmental and attachment needs of children in long-term foster care. In B. Galaway, D. Maglajlic, J. Hudson, P. Harmon and J. McLagan (Eds.). *International perspectives on specialist foster family care*. St. Paul, Minnesota: Human Service Associates. 131-60.

- Thompson, A. E. and Kaplan, C. A. (1999). Emotionally abused children presenting to child psychiatry clinics. *Child Abuse and Neglect*. 23(2) 191-96.
- Thompson, R. A. (1999). Early attachment and later development. In J. Cassidy and P. Shaver (Eds.). *Handbook of attachment: Theory, research and clinical applications*. New York: The Guilford Press. 265-86.
- Thorpe, R. (1973). Consumers' viewpoint. *Social Work Today*. 4(3): 159-234.
- Thorpe, R. (1974). Mum and Mrs. so and so. *Social Work Today*. 4(22): 691-97.
- Thorpe, R. (1980). The experience of children and adults living apart: Implications and guidelines for practice. In J. Triseliotos (Ed.). *New developments in foster care and adoption*. London: Routledge and Kegan Paul. 85-100.
- Timberlake, E. and Hamlin, E. R. (1982). The sibling group: A neglected dimension of placement. *Child Welfare*. 61(8): 545-52.
- Tite, R. (1993). How teachers define and respond to child abuse: The distinction between theoretical and reportable cases. *Child Abuse and Neglect*. 17(5): 591-603.
- Tite, R. (1994a). Muddling through: The procedural marginalization of child abuse. *Interchange*. 25(1): 87-108.
- Tite, R. (1994b). Detecting child abuse: Classroom complications. *Canadian Journal of Education*. 19(1): 1-15.
- Triseliotis, J. (1984). Identity and security in adoption and long-term fostering. *Early Child Development and Care*. 15: 149-70.
- Triseliotis, J., Sellick, C. and Short, R., (1995). *Foster care: Theory and practice*. London, U.K.: B.T. Batsford Ltd.

- Trocmé, N., Nutter, B., MacLaurin, B. and Fallon, B. (1999). *Child welfare outcome indicator matrix*. October Bulletin. Toronto: Bell Canada Child Welfare Research Unit.
- Tyrchniewicz, M. E. and Gonzales, C. A. (1978). The relationship between specific clothing variables and self-concept of adult women. *Canadian Home Economics Journal*. 28(3): 189-96.
- U.S. General Accounting Office. (1994). Foster care: Parental drug abuse has alarming impact on young children. 04/04/1994. GAO/HEHS-94-89.
- Vachon, J. (1982). *Enfants en soins d'accueil: 5 ans après leur placement*. Laboratoire de recherche, École de service social: Université Laval.
- Vachon, J., Nadeau, F., Simard, M., and Kufeldt, K. (2000). Looking after children in Quebec. *Canada's children*. Child Welfare League of Canada. 7(1): 7-10.
- Verduyn, C., and Calam, R. (1999). Cognitive behavioural interventions with maltreated children and adolescents. *Child Abuse and Neglect*. 23(2): 197-207.
- Vernon, J. and Fruin, D. (1985). *In care: A study of social work decision making*. London: National Children's Bureau.
- Wallinga, J. F. (1966). Foster placement and separation trauma. *Public Welfare*. 24(4).
- Wedeven, T., Pecora, P.J., Hurwitz, M., Howell, R., and Newell, D. (1997). Examining the perceptions of alumni of long-term family foster care: A follow up study. *Community Alternatives*. 9(1): 88-106.
- Weinstein, E. (1960). *Self image of the foster child*. New York: Russell Sage Foundation.
- Wharf, B. (1993). *Rethinking child welfare in Canada*. Toronto: McLelland and Stewart Inc.

- Wheeler, S. (1995). Child abuse: The health perspective. In Kingston and Penhale (Eds.). *Family violence and the caring professions*. London: MacMillan. 50-76.
- White, R., Carr, P. and Lowe, N. (1995). *The Children Act in practice*. London, U.K.: Butterworths.
- Wilkes, J. R. (1992). Children in limbo: Working for the best outcome when children are taken into care. *Canada's Mental Health*. June: 2-6.
- Wolfe, V., Birt, J. and Novak, P. (1996). Assessing PTSD with sexually abused children: The children's impact of traumatic events scale and the CBCL-PTSD scale.
- Wolkind, S. N. (1977). A child's relationship after admission to residential care. *Child Care, Health and Development*. 3: 357-62.
- Wolkind, S., and Rushton, A. (1994). Residential and foster family care. In Rutter, Taylor and Hersoll (Eds.). *Child and adolescent psychiatry*. London: Blackwell. 252-63.
- Yancey, A. K. (1998). Building positive self-image in adolescents in foster care: The use of role models in an interactive group approach. *Adolescence*. 33(130): 253-67.
- Yarrow, L. (1968). *The crucial years of early experience, environmental influences*. Davis C. Glass (Ed.). N.Y.: Rockefeller University Press and the Russell Sage Foundation.
- Youniss, J. and Yates, M. (1997). *Community service and social responsibility in youth*. Chicago: University of Chicago Press.
- Zill, N. and Schoenborn, C. A. (1990). Developmental, learning and emotional problems: Health of our nation's children, United States, 1988. *Advance Data*, National Center for Health Statistics, no. 120, p.9.

## **APPENDIX 1**

### **Looking After Children Team**

#### **Investigators**

Principle Investigator: Kathleen Kufeldt Ph.D.

Adjunct Professor, Muriel McQueen Fergusson Centre, University of New Brunswick

Co-investigators:

Marie Simard Ph.D., Université Laval

Jacques Vachon Ph.D., Université Laval

#### **Research Consultants**

Education: Rosanna Tite Ph.D.

Associate Professor, Faculty of Education, Coordinator of Women's Studies Programme

Memorial University of Newfoundland

Health: Lorna Bennett

School of Nursing, Memorial University of Newfoundland

Legal: Paul Thomas

Faculty of Law, Dalhousie University

Human Resource Development Canada: Evariste Thériault

#### **Project Staff:**

Eleanor Philpott, National Coordinator

Joanmary Baker, Senior Research Assistant

Traci-Lyee Andrews, Research Assistant

France Nadeau, Research Assistant

## **Project Coordinators**

Newfoundland & Labrador:

Ethel Dempsey, Social Work Program Coordinator

Nova Scotia:

Jill Wilson-Kingston, Provincial Coordinator for Foster Care & Sandy Darymple, Child in Care  
Social Worker

New Brunswick:

Lucy McGilligan, Supervisor Children in Care and Residential Resources; Norbert Savoie,  
Supervisor Children in Care and Residential Resources & Claude Daigle, Acting  
Director, Access and Assessment, Protection and Post-Adoption

Prince Edward Island:

Carol Ann Newson, Child Welfare Program Consultant

Quebec:

France Nadeau, Équipe JEFET, Université Laval

Ontario:

Janet MacDonald, Manager Looking After Children Project, Metro Toronto Children's Aid  
Society

Ann Westlake, Manager Long-term Care & Pat Szego, Service Development Coordinator,  
Catholic Children's Aid Society of Metro Toronto

Marg Barr, Director of Services, Children's Aid Society of Brant County

Daniel Moore, Executive Director & Marjorie Snyder, Children's Services Worker, Children's  
Aid Society of Owen Sound and the County of Grey

### **Coordinator for the ECWO Project:**

Sandy Moshenko, Ontario Association of Children's Aid Societies

## **APPENDIX 2**

National Steering Committee

Kathleen Kufeldt- Principal Investigator

Jacques Vachon- Co-Investigator, Province of Quebec

Marie Simard- Co Investigator, Province of Quebec

Eleanor Philpott- Project Coordinator

Lorna Bennet- Health Consultant

Rosonna Tite- Education Consultant

Paul Thomas- Legal Consultant

Evariste Thériaut- HRDC Consultant

Robert Flynn- Trillium Project

Sandra Scarth and Peter Dudding- Child Welfare League of Canada

Martha Kirby and Linda Manser- National Youth in Care Network

Fritz Wortman and Anita Klochko- Canadian Foster Families Association

Elizabeth Crawford- Province of Newfoundland and Labrador

George Savory and Don Totten- Province of Nova Scotia

Claude Daigle- Province of New Brunswick

Ron Stanley- Province of Prince Edward Island

Nicole LaFreniere-Davis, Suzanne Hamilton, and Patricia Swerhone- Province of Ontario

## APPENDIX 3

### Looking After Children in Canada Project - Symposium Agenda

#### Friday, May 14

##### Delegates arrive

7:00-9:00 p.m. Informal reception

#### Saturday, May 15

##### Introductions

9:00-10:15 a.m. Introductions and Keynote speech, Senator Landon Pearson  
Introduced by Kathleen, thanked by Ralvena, President NF&L YIC

10:15-10:45 REFRESHMENT BREAK

##### **Project experiences - *hearing from regional representatives***

Moderator: Joanmary Baker

10:45-11:15 Newfoundland and Prince Edward Island

11:15-11:45 Nova Scotia and New Brunswick

11:45-12:00 Quebec

12:00-1:30 LUNCH BREAK

1:30-2:00 Ontario

2:00-2:15 British Columbia

##### **Consumer reactions**

2:15-3:00 Foster parent panel

Moderator: Anita Klochko, President, NFFA

3:00-3:30 REFRESHMENT BREAK

3:30-4:15 Youth panel

Moderator: Gretchen Skye, President, NYIC

4:15-5:00 Reactions from participants

Moderators: Kathleen, Marie and Jacques

6:30 p.m. DINNER

#### Sunday, May 16

##### **Morning: free time**

##### **Research findings**

2:00-3:00 p.m. Canada: project team

3:00-3:30 REFRESHMENT BREAK

3:30-4:30 United Kingdom, Carolyn Davies, Helen Jones and Harriet Ward

4:30-5:15 Small group discussions: implications of findings

7:00 DINNER

## Monday, May 17

	<b>Implementation issues</b>
9:00-9:30	Panel discussion: Carolyn, Helen and Kathleen
9:30-10:00	Response panel: Peter Dudding (CWLC), Michel Thibault, Centre Jeunesse de L'Estrie, Claude Daigle, Dept. of Community Services, NB, and Joanmary Baker
10:00-11:15	REFRESHMENT BREAK and move into small group discussions
11:15-12:00	Report back session
12:15-1:30	LUNCH BREAK
1:30-2:00	Legal and organizational context: Paul Thomas
2:00-2:30	Implication of <i>Looking After Children</i> for First Nations: Joan Glode
2:30-4:00	<b>Focus group discussions</b>
4:00-5:15	Report back and identification of issues Moderators: Kathleen, Marie and Jacques
6:30	DINNER with keynote speech by Dr. Carolyn Davies: <i>The Looking After Children Initiative - Has it Been Worth it</i> Introduced by Marie Simard, thanked by Gretchen, President NYIC

## Tuesday, May 18

	<b>Consensus building</b>
	Moderators: Kathleen, Marie and Jacques
9:00-9:30	Summary of discussions to date presented by the facilitators
9:30-10:30	Development of consensus regarding the way ahead
10:30-11:00	REFRESHMENT BREAK
11:00-12:15	Generation of recommendations
12:30	Lunch and departure

## APPENDIX 4

### List of Participants

Randy Acker, Executive Director, Family and Children's Services of Lunenburg, Nova Scotia

Laura Alcock, Alberta Family and Social Services, Edmonton, Alberta

Traci-Lyee Andrews, Research Assistant, Looking After Children in Canada project

Jim Anglin, School of Child and Youth Care, University of Victoria, British Columbia

Joanmary Baker, Senior Research Assistant, Looking After Children in Canada Project

Marg Barr, Director of Services, Children's Aid Society of Brant, Brantford, Ontario

Marcia Bartley, President, Saskatchewan Foster Family Association, Saskatoon, SK

Michael Batrie, Child Welfare Review Unit, Ministry of Community and Social Services,  
Ontario

Lorna Bennett, Professor, School of Nursing, Memorial University of Newfoundland

Linda Blackmore, Foster parent, New Brunswick

Suzanne Boivin, 2nd. Vice-President, Canadian Foster Family Association, foster parent,  
Quebec

Angela Boutilier, Youth, Nova Scotia

Ken Cameron, Senior Program Consultant, Saskatchewan Social Services, Regina, SK

Matthew Cameron, Social Worker, Family and Children's Services of King's County, Nova  
Scotia

Elske Canam, Legislation Implementation Coordinator, Dept. of Health & Community  
Services, NWT

Ralvena Coffey, Youth, Newfoundland

Shirley Cole, Dept. of Health and Community Services, Prince Edward Island

Libby Crawford, Director of Community Relations, Dept. of Health and Community Services,  
NF

Claude Daigle, Dept. of Health and Community Services, New Brunswick

Sandy Dalrymple, Social Worker, Dept. of Community Services, New Brunswick

Carolyn Davies, Senior Principal Research Officer, Dept. of Health, London, England

Ethel Dempsey, Dept. of Health and Community Services, Newfoundland

Brenda Dion-Walchuk, Dept. of Family and Children Services, Yukon

Peter Dudding, Executive Director, Child Welfare League of Canada, Ottawa

Michael Egilson, Program Manager, Children's Commission, Ministry of Attorney General,  
BC

Christine Gaudet, Youth, Children's Advocate Office, Saskatoon, Saskatchewan

Kathryn Gillis, Social Worker, Children's Aid Society of Brant, Brantford, Ontario

Joan Glode, Mi'kmaw Family and Children's Services, Nova Scotia

Phil Goodman, Executive Director, Child and Family Support, Dept. of Family Services,  
Manitoba

Pam Gosse-MacDonald, Casework Supervisor, Family and Children's Services of  
Lunenburg, NS

Jean-Luc Gosselin, Centre Jeunesse de L'Estrie, Sherbrooke, Quebec

Shelley Holroyd, Quantitative and Information Analysis, Human Resources Development  
Canada

Helen Jones, Social Services Inspectorate, Department of Health, London, England

Anita Klochko, President, Canadian Foster Family Association

Kathleen Kufeldt, Muriel McQueen Fergusson Centre, University of New Brunswick

Karen Lawley, Casework Supervisor, Dept. of Community Services, Nova Scotia

Cecilia Long, Youth, Ontario

Josette Losier, Dept. of Health and Social Services, Prince Edward Island

Sarah MacDonald, Youth, Prince Edward Island

Laverne MacFadden, Deputy Advocate, Office of Child, Youth and Family Advocate, BC

Fay Martin, Executive Director, Family Services of Haliburton County, Ontario

Jonathan McAdam, Youth, New Brunswick

Janet McDonald, Children's Aid Society of Metro Toronto, Ontario

Madelyn McDonald, Woods Homes, Calgary, Alberta

Lucy McGilligan, Dept. of Health and Community Services, New Brunswick

Bruce McLaurin, Bell Canada Child Welfare Research Unit, Faculty of Social Work, U of  
Toronto

Billy Moulton, Youth, Newfoundland

France Nadeau, Research Assistant, Université Laval, Quebec

Carol-Ann Newson, Dept. of Health and Social Services, Prince Edward Island

Kim Papsoki, Foster parent, Saskatchewan

Deborah Parker-Loewen, Children's Advocate, Saskatchewan

Jason Paul, Foster parent, New Brunswick

Senator Landon Pearson, Ottawa

Gordon Phaneuf, Chief, Child Maltreatment Division, Health Canada

Catherine Praamsma, Assistant Deputy Minister, Dept. of Health and Social Services, NWT

Dustin Rioux, Youth, Nova Scotia

Norbert Savoie, Dept. of Health and Community Services, New Brunswick

Ron Scott, Policy Analyst, Dept. of Family Services, Manitoba

Gretchen Skye, President, National Youth in Care Network, Ottawa

Marie Simard, Professor, École de service sociale, Université Laval, Quebec

Marjorie Snyder, Children's Aid Society of Owen Sound and Grey County, Ontario

Debbie Stillemunke, Foster parent, Ontario

Patricia Swerhone, Ministry of Community and Social Services, Ontario

Evariste Thériault, Social Development Partnerships, Human Resources Development  
Canada  
Michel Thibault, Centre Jeunesse de L'Estrie, Sherbrooke, Quebec  
Paul Thomas, Professor, Dalhousie University Law School, Nova Scotia  
Robert Twigg, Professor, School of Social Work, University of Regina, Saskatchewan  
Jacques Vachon, Professor, École de service sociale, Université Laval, Quebec  
Harriet Ward, Professor, University of Leicester, England  
Dorthea Warren, Dept. of Social Services, Regina, Saskatchewan  
Marilyn Wentzell, Foster parent, Nova Scotia  
Ann Westlake, Catholic Children's Aid Society of Toronto, Ontario  
Leanne Westlake, Ontario Association of Children's Aid Societies, Toronto  
Crystal Whelan, Youth, Newfoundland  
Shirley White, Child, Youth & Family Intervention Div., Dept. Health and Community  
Services, NF  
Jill Wilson-Kingston, Provincial Coordinator of Foster Care, Dept. of Community Services,  
NS  
Brenda Wolfe, Foster parent, Nova Scotia

## **APPENDIX 5**

### **Project Instruments used**

Looking After Children Assessment and Action Records (AARs)

Essential Information Form

Project Evaluation Form

Symposium Evaluation