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Successful Implementation of Looking After Children in Ontario:
Three Studies of Key Stakeholder Groups

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Successful implementation of Looking After Children in Ontario: Three studies of key
stakeholder groups.

Sarah Pantin

A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF REQUIREMENTS

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Abstract

Introduction

For over two decades there has been growing concern over poor outcomes achieved by many foster care alumni (Courtney, Pilivan, Grogan-Kaylor, & Nesmith, 2001; Heath, Colton, & Aldgate, 1994). This series of studies investigates the implementation of the Looking After Children (LAC) (Parker, Ward, Jackson, Aldgate, & Wedge, 1991; Ward, 1995) approach with foster children in Ontario (the OnLAC study). Studies 1 and 2 investigated perceived usefulness of the AAR by child welfare workers and foster carers. The third study fell into two parts. The first investigated the factor structure of a measure of team implementation (TS-Y3). The second part investigated whether greater success in implementing LAC (as judged by the team) was associated with higher quality relationships with significant people in the foster child's life and higher levels of placement satisfaction.

Methodology

For the first two studies we invited child welfare workers ($n = 126$) and foster parents ($n = 93$) who participated in Year 2 of the OnLAC study to respond to a questionnaire. For the third study we used data collected through the annual administration of the AAR in Ontario ($n = 403$).

Results

In Studies 1 and 2 we found better quality training was a significant predictor of perceived usefulness of the AAR. In Study 3 we investigated the factor structure and validity of the TS-Y3, identifying two principle factors, LAC-PHIL measuring the degree to which the team felt that they had achieved the priorities and goals of LAC and

LAC-POC which measured administrative functions. We also found that higher levels of success were associated with better quality relationships with the female caregiver and child welfare worker but not with the foster father. Higher levels of success in implementing LAC also predicted higher levels of foster youth placement satisfaction.

Discussion

The results of the first two studies suggest that child welfare workers and foster parents do find the AAR useful, particularly when they have received high quality training. The third study provides some support for the hypothesis that the LAC approach may facilitate resilient outcomes in youth. Implications of these findings are discussed.

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INTRODUCTION

Even a cursory glance at press headlines over the past few years may persuade the observer that child abuse and maltreatment have reached almost epidemic proportions in our society, and that the child welfare system is struggling to cope (Appleby, 2006; B.C. Association of Social Workers, 2006; Craig, 2006; Mick, 2006). Interestingly, this perception does not appear to be restricted to Canada, as similar levels of media concern can be seen in the United Kingdom (UK) and in Australia (Parton, 2004). This perception reflects a growing trend in reported incidents (OACAS, 2001; Farris-Manning & Zandstra, 2003; Whitehead, Chiodo, Leschied & Hurley, 2004). Although there is some debate over possible reasons for this increase in substantiated cases (Flynn and Bouchard, 2005; Whitehead et al, 2004), there is no doubt that the increased numbers have had a considerable effect on agency staff, with a corresponding increase in perceived “accountability expectations, potential liability and public scrutiny” (OACAS, 2001, p.4.) and workload (OACAS, 2001).

Over the past two decades there has also been increasing documentation of the multiple problems associated with children currently living away from their family of origin under the auspices of the state (corporate parenting). These problems appear to fall into two related areas: poor outcomes for foster children and youth compared to their peer group in the general population (Flynn & Biro, 1998; Heath, Colton, & Aldgate, 1989; 1994; Jackson, 1988/89; Jackson, 1994; Pecora, et al., 2005), and lack of quantitative monitoring data such that the child or youth’s progress cannot be tracked over time. Both areas have been highlighted by a series of high profile child abuse scandals that make clear the failure of particular agencies to prevent

harm to children in their protection, either in the family of origin or in a foster family or residential home setting (Law Commission of Canada, 2000; Parton, 2004; Stanley, 2004).

This document will first review briefly the problem areas described above. The paper will then introduce the Looking After Children (LAC) approach and describe how the approach addresses these issues at the individual and systemic levels. As the approach is more empirically than theoretically based, we will draw upon the resilience and attachment literature to provide additional theoretical support for the LAC system. The next section will review the studies that have looked at implementation of the LAC approach in the UK, Australia, and Canada, and identify some of the common barriers to implementation highlighted by those studies. Finally, the paper will discuss some of the pertinent issues relating to the choice of appropriate monitoring instruments and provide the context and rationale for the current studies within the development of foster care research.

Problems Facing Children and Youth in Corporate Care

Poor Outcomes for Children in Corporate Care Compared to the General Population

In 1985, Maluccio and Fein published a review of foster care outcome studies. Although they commented upon the methodological difficulties and limitations of many of the studies, they concluded that, in general, there did not appear to be any adverse effects for children spending time in care. As Maluccio and Fein point out, however, there were methodological problems relating to the samples studied. The foster youth that took part in these studies had spent considerable time in a stable placement (Maluccio & Fein, 1985, p. 130). They were obviously still in contact with either the child care agency or their foster parents, as that was how

recruitment to the studies took place. Thus, youth who were disenchanted with the system would clearly not be included in the samples. In the 20 years since that review, the evidence of poor outcomes for children growing up in corporate care has increased substantially (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Heath, Colton, & Aldgate, 1994; Jackson, 1988/89; Jackson, 1994; Pecora et al., 2005). Many practitioners and researchers now believe that, for some, corporate care does not provide outcomes that are significantly better than remaining in the family of origin. As Rutter comments, “society has to recognize that many of its remedies (in the form of alternative care) fail to provide what is needed and may actually make things worse” (Rutter, 2000, p. 692).

Researchers have found that children in corporate care tend to have significantly higher levels of negative psychosocial behaviors (Rutter, 2000) and to have poorer outcomes in areas such as education (Blome, 1997; Flynn & Biro, 1998; Flynn, Ghazal, Legault, Vandermeulen and Petrick, 2004; Heath, Colton, & Aldgate, 1994; Jackson, 1988/89; Jackson, 1994) compared to the general population, probably due, in part, to the deleterious effects of multiple school changes (Mehana & Reynolds, 2004). It appears that these deficits continue on into adulthood, and that graduates from the care system are poorly equipped for the move into independent living (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001).

Pecora et al. (2005), in a study of northwestern US foster care graduates, found that rates of drug dependence were 7 times that in the general population and alcohol dependence was twice as high as in the general population. The study also found elevated rates of panic disorder and bulimia. Perhaps unsurprisingly, rates of Post Traumatic Stress Disorder (PTSD) were five times higher than in the general population, but were also higher than those of American war veterans. Alumni from the study were earning 26% less per annum than the general population,

which is likely to be explained in part by relatively poor mental health functioning and limited access to higher education. The study found that predictors of adult success included completing high school while in foster care, having access to higher education, receiving educational support where necessary, and reduced levels of placement disruption.

It is difficult to speculate why there appears to have been a decline in outcomes. More detailed analysis of outcomes suggests that the situation may be more complex than it first appears. There may well be two distinct groups of foster graduates, with children admitted at an early age to a stable placement faring better than those admitted in later childhood or adolescence (Minty, 1999); more recent studies may have included relatively more of the latter group. Part of the reason may also be increasing methodological sophistication: there has now been a decade in which standardized instruments have been used with foster youth (Barber & Delfabbro, 2000; Flynn & Biro, 1998), and studies have also emerged comparing outcomes for foster youth with quantitative data for national samples (Flynn & Biro, 1998; Pecora et al., 2005). Another likely reason is that larger studies, particularly those conducted in the US (see Pecora et al., 2005, for example) are having a much higher response rate such that a higher proportion of those with a lower functioning level have been included as ongoing efforts have been made to improve the quality of data collection (see Waldfogel, 2000, for a description of these efforts in the US).

Lack of Monitoring Data

A further problem is caused by the lack of monitoring and tracking data *whilst* the child or youth is in care. Some of the more dramatic examples of the failure to track a particular child effectively have been a series of high-profile and closely documented child abuse scandals, both

in the UK and Canada, involving both the maltreatment of single children (Appleby, 2006; Laming, 2003 cited in Parton, 2004; Law Commission of Canada, 2000; Parton, 2004; Stanley, 2004) and the systemic abuse of larger groups in residential care (Department of Health, 2000). The conclusions reached by the enquiries that followed these incidents all commented on the remarkable similarities between these cases and the difficulties that are caused for child protection workers when there is no effective way of tracking and monitoring children in care (Parton, 2004).

Lord Laming (2003), in his judgment following the Victoria Climbié enquiry in the UK, pointed out that such a system was even more important in the 21st century, with the increased level of family mobility and cultural complexity. He went on to comment that “the accurate and efficient recording of information cannot be left to the individual diligence of the doctors and nurses concerned. They must be supported by a clear system that minimizes the risk of mistakes and provides a mechanism for recognizing mistakes when they occur” (Laming, 2003, cited in Parton, 2004, p. 87). Even though this incident took place after the introduction of the Children Act 1989, and the subsequent development of a number of monitoring tools (including the Looking After Children approach to be discussed in detail later in this paper), it still serves to highlight the importance of an effective monitoring system that can accurately record when, and where, a particular child receives services. The assumption behind many of these findings is that such a monitoring system, when implemented fully by all the workers involved in providing care to the child, would greatly reduce the risk of abuse cases falling through the bureaucratic cracks.

Some of the problems relating to effective monitoring data have centered around a traditional dislike by many social workers for quantitative methods (see Garrett, 1999, 2002, 2003; Scott, 2002). This has made it very difficult for authorities in the UK and in other

jurisdictions to use psychometrically robust scales to monitor progress over time (Huxley, 1994; Knight & Caveney, 1998; Quinton, 1996). Other difficulties have focused on a failure to distinguish between outputs and individual child outcomes. Although some jurisdictions within the US have welcomed the use of standardized instruments for assessment, this has often been for organizational accountability reasons (measuring outputs) rather than a focus on the well-being of an individual child (see Altshuler & Gleeson, 1999; Barth & Jonson-Reid, 2000; Poertner, McDonald & Murray, 2000).

This lack of effective outcome data also presents problems within the Canadian child care system. First, at the level of the individual child or youth, it is difficult to follow progress and to focus on building and tracking the development of change within the young person's life (Cheers & Morwitzer, 2006) without an organized system. This is especially important given the turnover of social workers (Layton, 2003; cited in Gilbertson & Barber, 2004; Parton, 2004), which requires a much higher level of informational organization. Second, the absence of aggregated data for children over years means that the system cannot recognize commonalities across children within their care, leading to service gaps and inefficiency.

The Looking After Children Approach

Development of the Looking After Children Approach

The Looking After Children (LAC) approach was originally developed in the UK in an attempt to remedy some of the deficits described above (Parker, Ward, Jackson, Aldgate, & Wedge, 1991). The approach was designed to provide an effective way of monitoring the progress of children and youth in care and, more broadly, to encourage social workers to adopt a structured approach to the gathering and monitoring of data on children and youth in their care.

LAC was developed by a working committee of developmental researchers based upon the state of the current empirical literature. Their work stated in 1987 and the final report prepared by the committee recommended that the government adopt a system of substitute parenting that monitored and addressed seven central developmental domains in the child/youth's life (Parker et al., 1991): health, education, identity, family and social relationships, social presentation, emotional and behavioral development, and self-care skills. These domains are monitored in detail by means of the Assessment and Action Record, the core LAC document. The overall approach attempts to move away from a care policy reflecting a primary concern with immediate health and safety risks, and toward the development of a long-term care strategy that would develop and enhance the skills necessary for a smooth and successful transition to adult life. LAC also recognizes that child development is multi-faceted and that the corporate parent needs to be cognizant of functioning levels across all 7 domains.

In 1987, when it began its work, the LAC committee recognized that to date there had been no attempt to implement a specific theoretical approach in relation to state-based care. The purpose of the LAC approach was, therefore, to provide a conceptual framework for the provision of better parenting by foster and other carers that, in turn, would lead to increased levels of accountability by the corporate parent. The system would also provide evidence for documenting a theoretical link between short-term outcomes, such as the removal of the child from a dangerous situation, and more long-term outcomes, such as achievement of developmental outcomes in a timely fashion. The approach was based upon the empirical findings of best parenting practice and was intended to provide a system for increasing the possibility of an optimal child outcome. Although the basis of the approach was described in practical detail, no specific over-arching theoretical model was ever generated by the LAC

developers. Similarly, the developers never prepared a program logic model for the intervention. To address this, I prepared the general model shown in Figure 1 as a preliminary step toward developing a more detailed program logic model.

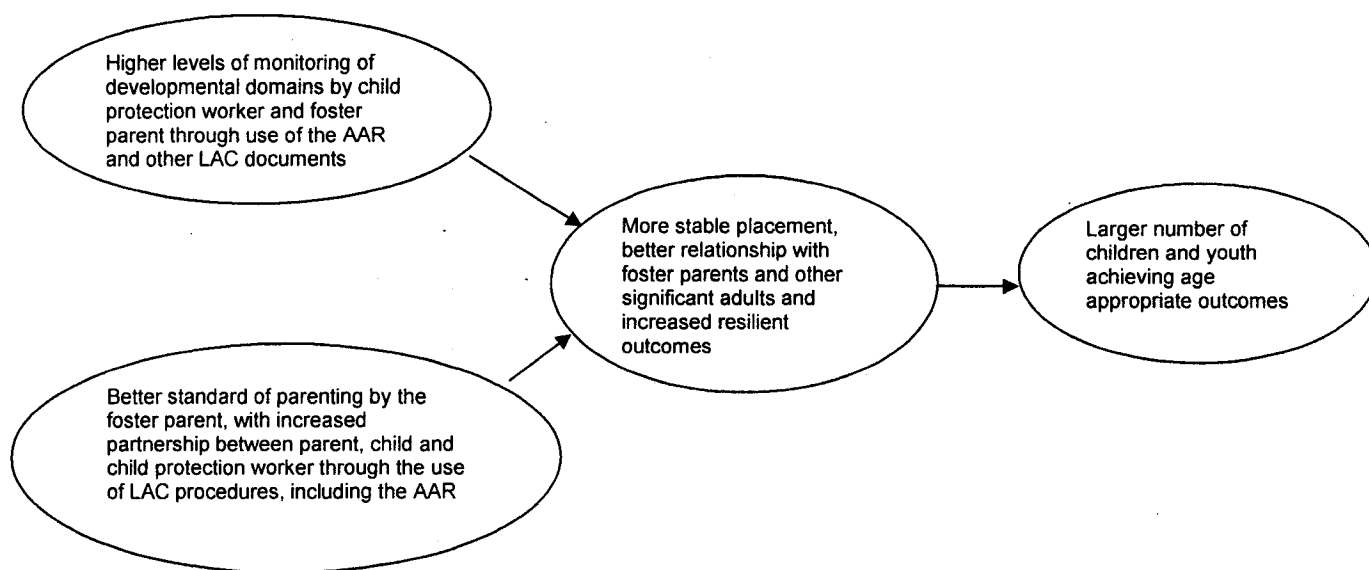


Figure 1. General description of the assumptions behind the Looking After Children approach.

*Looking After Children: An Organized System for Promoting Resilience in Children in
Corporate Care*

The LAC approach was intended to work at a number of levels. First, it would operate at the individual level to monitor and track the individual child or youth, so that the worker could find out with relative ease how the child was doing over time and use this information to develop appropriate goals and priorities for the future. This would also make it easier for information to be transferred in the event that the child did have a change of worker or placement setting and also facilitate more effective and targeted supervision. Second, the information could be aggregated across children within a particular agency. Such a system has several potential advantages. A worker or supervisor can then compare the outcomes for a particular child with those for other children in their care and develop alternative plans of care. It also allows the agency to make a judgment about the efficacy of certain services (e.g. educational tutoring support), and to identify possible gaps in their services. Third, at a provincial or state level, it permits policy makers to compare outcomes of children in the corporate care system with those in a normative population based comparison group, such as the National Longitudinal Survey of Children and Youth (NLSCY, 1995) in Canada.

The LAC approach, as originally conceptualized and implemented in the UK, consists of an introductory booklet describing the approach and the models underpinning the assessment theory, two Essential Information Records, two prototype Placement Agreements, a Care Plan, Review Forms, and the Assessment and Action Record. For the purposes of the current study, we will refer only to the Looking After Children reader (Ward, 1995), the Assessment and Action Record (AAR C-2, Flynn, Ghazal, Moshenko, & Westlake, 2001; Flynn, Ghazal, & Legault,

2004 see Appendix 1) and the Plan of Care, as the other documents are not used in a Canadian setting.

Although the system has been criticized as potentially “an exercise in form filling” (Knight & Caveney, 1998), this type of regular monitoring appears essential in an environment where there is a rapid turnover of foster parents and social workers (Parton, 2004). It is also essential to provide some more systematic way of including the child or young person’s point of view within the plan of care (Delfabro, Barber, & Bentham, 2002). It is certainly true that the exercise of completing the LAC documentation, and in particular the AAR, could be reduced to form filling; however, the system is intended to be used as a conversation between the child or youth, if old enough (i.e. aged 10 or over), and other important people in his or her life (Flynn, Ghazal, Moshenko, & Westlake, 2001; Klein, Kufeldt & Rideout, 2006).

Looking After Children Reader

The LAC Reader (Ward, 1995) formed the basis of the training materials used in Ontario. The Reader is intended for use by educators and trainers and also by child welfare workers and their managers. Although it forms the basis of the training system for child welfare workers and foster parents, it is intended to supplement, rather than stand in lieu of, that training. The Reader describes the basic philosophy behind the approach, namely that the child is necessarily part of the environment in which s/he lives. The assessment is designed to operate from an ecological perspective, taking account of the dynamic and multi-systemic world within which the child lives. Assessors are encouraged to see the child’s direct relations with home, school, and neighbourhood (meso-system) within the broader context of the foster or birth parent’s

relationships with other adults, and in the workplace (exo-system), and within the context of societal expectations and forces (see also Barber, 2006, for further comment).

The Reader takes the central issues addressed by the Looking After Children approach, such as identity, provides further background and information on those areas, and links these aims and priorities to the practicalities of the assessment process. It also highlights a number of issues that may lead to the stagnation of cases and discusses the importance of making a distinction between a judgment and the subsequent decision by the worker to decide on a certain course of action.

The Assessment and Action Record (Second Canadian Adaptation) (AAR-C2)

The AAR-C2 is the core document by which the Looking After Children approach is operationalized in Canada. A sample AAR-C2 for 10–14 year-olds is shown in Appendix 1. The purpose of the document is to monitor the progress of young people while they are in corporate care. It is designed to be filled out by the child welfare worker, foster parent, and the young person in consultation every twelve months. It is intended that the process of completing the AAR-C2 will open up a conversation or dialogue between the three participants that will have a clinical benefit beyond monitoring the progress that the child is making and will strengthen the relationships between participants (Klein, Kufeldt & Rideout, 2006). The document consists of a number of items covering the seven developmental domains prioritized by the Looking After Children approach and is intended to identify and prioritize problem areas. The document requires the participants to develop an action plan to deal with these problems so that the plan is made collaboratively and there is a clear division of responsibility for subsequent actions. The

document used in the current study took an average of three hours to complete, although many participants, particularly those with learning disabilities, took longer.

Resilience and Looking After Children

In this section, we will briefly describe resilience theory and focus on factors that are associated with resilient outcomes. Finally, we will describe how the LAC approach operates to promote resilient outcomes at both an individual and a systems level.

Resilience Defined

Over the past two decades, there has been an increasing interest in the concept of resilience (Luthar & Cicchetti, 2000; Masten, 2006; Masten & Powell, 2003; Masten & Reed, 2002; Rutter, 1999; Rutter, 2000). The theory has great popular appeal as it concentrates not just on pathology, but also on building an integrated model that takes account of both the risk and protective factors within the child's life (Masten, 2006). Such an approach clearly has important implications for the targeting and development of interventions (Luthar & Cicchetti, 2000), both at the individual and systems level (Masten, 2006), although LAC represents one of the first attempts to develop a resilient child welfare system.

The term resilience, not surprisingly, has a wide number of definitions (Luthar & Cicchetti, 2000), with some authors describing the child as being "resilient" and therefore suggesting that resilience is an internal attribute of the child, and with other authors deliberately referring to it as a more dynamic and long-term process involving an interaction of the child with a wide number of environmental factors (Klein, Kufeldt, & Rideout, 2006; Masten & Reed,

2002). Luthar and Cicchetti suggest that the most elegant explanation is that of children acting on their environment to bring about adaptive change (Luthar & Cicchetti, 2000).

Research has suggested that there are many possible models for resilience processes. There is substantial evidence that risk or protective factors can act in an additive way (Rutter, 1999). However, not surprisingly the picture appears rather more complex. There is evidence that these factors may also interact (Rutter, 2000), so that a protective factor (such as participation in extracurricular activities), has the greatest effect for children at low, rather than high risk (Flynn, Beaulac, & Vinograd, 2006). There is also evidence that protective factors can act as either a mediator or a moderator of the effects of risk factors upon the child (for example, the effect of IQ; see Masten & Reed, 2002). What is clear is that a particular child or youth outcome will depend upon the specific combination of assets and risks, which, in turn, are a result of a complex interaction between individual characteristics of that child and the environment. In these circumstances it is therefore essential that the child or youth live within an adaptive *environment* that can constantly monitor outcomes and attempt to increase protective factors and reduce risk factors for that individual child *on an ongoing basis*.

What is Resilience?

For a child to be deemed resilient, two judgments must occur (Masten & Powell, 2003). First, the child or youth must be exposed to an adverse event. Traditionally, researchers selected groups of children who had been exposed to acute adversity (e.g., by being in a war zone or living in an orphanage); however, there has now been a recognition that many of the experiences of everyday North American life, such as separation and divorce, poverty, and physical and emotional violence, can also be experienced by children as adverse events (Masten & Powell,

2003; Masten & Reed, 2002; Rutter, 1999). Second, for the child's response to be deemed resilient, the child must have a "track record of success meeting age-related standards of behavior" (Masten & Reed, 2002, p. 75). Thus, if the child is meeting developmental milestones but has not experienced an adverse event, then s/he would be described as "competent/unchallenged". This model is particularly useful in identifying those who have low levels of competence but also low levels of risk (e.g., those who are likely to respond poorly in the unlikely event that an adverse event occurs) versus those who have high levels of risk and low levels of adaptation (who are currently at high risk for maladaptive behavior) (Masten & Reed, 2002, p. 80). Such a conceptualization is clearly central to providing a child welfare system that responds appropriately to a child's needs.

In line with Masten, we envisage childhood as a series of sensitive periods in which children and youth tackle, with differing levels of success, age-related developmental tasks (Masten & Reed, 2002, p. 75; Masten, 2006). Relationships form one central facet of these developmental milestones. The first developmental task for the newborn infant is to form a secure attachment to a parent or caregiver. Later developmental tasks then include effective and reciprocal relationships with peers and other adults in the child's life, such as teachers and extended family members.

A close relationship with a caring and competent adult has been identified as one of the most significant predictors of a resilient response in the face of adversity (Masten, 2006). Masten and Reed (2002) concur with this: "Relationship bonds to other competent and involved adults and also to prosocial peers are widely reported correlates and predictors of resilience" (Masten & Reed, 2002, p. 82). It is also increasingly clear from the literature that many children and youth in care feel lonely and isolated (Gilligan, 2006) without a natural support network, so it is

particularly important for those involved in the child's life to promote close relationships both in the home and with peers.

Resilience Interventions

Masten and Powell (2003) describe several different resilience-based intervention strategies, one of which concentrates on "*process-oriented programs*" that "attempt to mobilize the most powerful adaptational systems for children, including key relationships Such programs might aim to enhance attachment relationships with primary caregivers." (Masten & Powell, 2003, p. 20). Process-oriented programs can be designed to intervene at the individual level (for example, support given to pregnant teenage youth) or at a systems level (providing child care at high-schools so that young parents can continue their education.

Summary

It is clear from the preceding literature that the formation of a safe and secure relationship with the foster carer is likely to be central to a successful fostering intervention. It is also clear that although there have been a number of studies that have looked at factors that are associated with resilient outcomes, relatively fewer studies have looked at resilience interventions. Thus, there is a paucity of literature describing how an intervention of this type works. This leads us to the focus of this thesis; namely, the evaluation of the promotion of an attachment relationship through the use of the LAC approach.

The LAC approach is an example of a process-oriented intervention that is intended to work at several levels. At the individual level, the completion of the AAR serves two purposes: First, the conversation between team members is intended to provide an opportunity for the child

or youth to feel that his/her opinions are valued and respected (Klein, Kufeldt, & Rideout, 2006), and second, the monitoring of the child's or youth's progress allows for the identification of individual risk and protective factors so that the likelihood of a resilient outcome can be improved. At the organizational level, the supervisor can provide information to the agency so that greater resources can be placed in areas that are likely to improve resilient outcomes (Masten & Powell, 2003).

The Role of Relationships in Promoting Resilience: Attachment Theory

In this section, we will briefly describe attachment theory and review pertinent studies that have identified an association between insecure attachments and poor outcomes. Next, we will review the benefits of a secure attachment and consider whether it is possible to recreate a secure primary attachment at a later date. Finally, we will review a series of studies that describe the development of a relationship between the foster child/youth and the primary foster carer.

The most popular relational theory in recent years has been attachment theory, originally developed by John Bowlby in the 1940s and 50s (Bowlby, 1998). Attachment theory is now being used by researchers to describe and explain levels of psychopathology in children and youth in a variety of care settings (Howe & Fearnley, 2003). The theory was first popularized as a result of the work of Mary Ainsworth (Ainsworth, Blehar, Waters, & Wall, 1978). Her work with young infants exposed to a "strange situation," where the infant and mother were briefly separated and then reunited, suggested that there were three primary forms of attachment. The majority of infants were defined as "securely attached" and sought comfort from the mother upon her return. In the other two types of attachment, the infant either ignored the returning parent or behaved in an ambivalent manner, alternating between seeking contact and rejecting

the parent. A further category, “disorganized attachment,” has been developed to describe children who alternate between maladaptive attachment styles so that when exposed to a stressful situation, they are likely to engage in confused avoidance-approach behaviors or engage in some type of self-harm to regulate their internal state (Howe and Fearnley, 2003). Howe and Fearnley go on to comment that “Disorganized attachments are commonly observed in children whose carers are physically and/or sexually abusive, severely neglectful, heavy abusers of alcohol and/or drugs, chronically depressed, disturbed by unresolved feelings of loss and/trauma, the victims of domestic violence or any combination of these” (Howe & Fearnley, p. 373).

It therefore seems likely that many of the children and youth arriving in care are likely to have severely disrupted attachment styles (Stoval-McClough & Dozier, 2004). These styles can be relatively stable over time (Thompson, Lamb, & Estes, 1982) if the environment remains stable. Research suggests, however, that there are windows of opportunity (namely, when there are significant changes in the environment), for there to be a change in the child’s or youth’s attachment style (Dozier, Albus, Fisher, & Sepulveda, 2002; Schofield, 2002; Schofield & Beek, 2005). There is also some evidence that children who come into foster care are able to show signs of positive attachments, especially when this change occurs relatively early in their lives, and/or experience autonomous foster parenting (Ackerman & Dozier, 2005; Stovall-McClough & Dozier, 2004).

The predicted outcomes for an insecurely attached child will vary greatly, depending both upon the nature of the attachment insult and the stance of the attachment theorist. For some, the early years of life are seen as a sensitive period for attachment development (Dozier, Albus, Fisher, & Sepulveda, 2002), with secure attachment becoming increasingly difficult as the child gets older. In support, Dozier et al. (2002) cite evidence from a number of primate and human

studies that infants who experience prolonged absences from their care giver, or who find the actions of the caregiver frightening or confusing, will have changes in physiological functioning; these longitudinal studies, however, do not describe whether these changes persist over time. Dozier et al. (2002) suggest that any subsequent intervention is likely to repair only partially the earlier damage caused by the early attachment disruption.

In contrast to Dozier et al., Rutter (1999), citing the same evidence, concludes in more neutral terms, that “the experience of stress leads to physiological changes that reflect adaptation” (Rutter, 1999, p.125), suggesting that physiological change may be a necessary part of a resilient response to the stress of adversity. He appears much more optimistic in his interpretation, suggesting that this change may in fact be a sign of healthy adaptation, rather than of automatic pathology. His response also reflects his belief that resilience is a multi-faceted phenomenon of which significant attachments form only one part. It is also in line with other researchers who have conceptualized attachment as a dynamic, rather than a static, process (Cummings, Davies, & Campbell, 2000). In line with resilience findings we have chosen to adopt the view taken by Rutter, namely that the attachment insult may be associated with positive adaptation and that physiological changes are not necessarily related to cognitive restructuring (Rutter, 1995).

What are the Developmental Benefits of Such a Relationship?

Attachment theory suggests that there are several important functions that the child can learn from a secure attachment: basic trust and reciprocity, which serve as a model for future interpersonal relationships; the ability to explore the environment from a safe emotional base, allowing the child to become increasingly independent; the development of a sense of personal

identity separate from the caregiver; and the development of a positive belief system about the aims and objectives of those around the child, to enable him/her to accurately interpret others' intentions (Levy & Orlans, 2000). A secure attachment also appears to give the child some defense against trauma and stress, making him/her more likely to generate adaptive, rather than maladaptive, responses to difficult situations. It is also associated with the development of prosocial behavior, and empathy within the child (Levy & Orlans, 2000).

Evidence of a strong relationship between attachment style and later relationships, however, is mixed. Rutter refers to "the repeated finding that the quality of a child's relationship with one person is only weakly related to the quality of relationships with other people" (Rutter, 1995, p. 554). With this in mind, he makes a useful distinction between "domain-specific" models that suggest that the quality of the attachment is directly related to intimate relationships (i.e., in relationships with partners and in the child's or youth's future relationship with their own children), and a more general model that suggests a pervasive effect of attachment across almost all domains. The third model that Rutter cites, and which seems the most probable, suggests that the attachment relationship has an influence on other domains of the child's development, but only through intermediate variables. This third model receives some support from Thompson (2000), who suggests that there is a confluence of effects and that "the legacy of early attachments intersects with the legacy of other relational influences that have developmental origins concurrent with those of a secure or insecure attachment" (p. 151). In line with the previously cited work on resilience, we have conceptualized the role of attachment as a protective factor for the foster child or youth that should operate to mediate or moderate the effects of risk factors in his/her life.

The Attachment Process.

Theoretically, it is proposed that infants and children who are not securely attached develop negative scripts, or schema, for the relationships with their parents and other individuals that they interact with (Levy & Orlans, 2000; also see Rutter, 1995). These scripts then influence the way in which the infant perceives the world and his/her interpersonal behavior. A secure attachment relationship allows the child to learn emotional regulation so that s/he is able to moderate overwhelming feelings of anger or distress. It is hypothesized that regulation of affect occurs by the parent being able to recognize and respond to affect in the child and reflect the likely psychological state of the other so that the child has practice in labeling his/her own mental states and those of others (Howe & Fearnely, 2003; Schofield, 2002; Schofield & Beek, 2005). In contrast, children who have experienced frequent attachment disruption during the first years of life, or who have been cared for by an adult who is emotionally unavailable as a result of their own mental illness or stress, are unlikely to have learned these skills or may be unable to use them effectively (Levy & Orlans, 2000).

Children with disordered attachments are therefore more likely to show negative psychosocial behaviors, particularly high levels of internalizing and externalizing behaviors, together with low levels of prosocial behavior. As they find emotional intimacy highly threatening, they are likely to have developed a number of very controlling behaviors in order to rebuff any friendly advances from other adults or peers (Howe & Fearnley, 2003). They are also likely to have developed a negative self-view as well as a negative schema of others, which in turn appears to be associated with attention and learning problems (Levy & Orlans, 2000).

Within this model, for children whose attachment style is less compromised, parenting by a warm and nurturing foster parent with the capacity to form a safe and secure bond with a foster

child should give the foster child/youth the opportunity to develop a more secure attachment to the foster parent and facilitate a change in the negative schema that s/he holds about interpersonal relationships. It follows that an approach to corporate care that encourages authoritative parenting (Steinberg, Mounts, Lambourne, & Dornbusch, 1991), with high levels of warmth and nurturance combined with high levels of consistency and appropriate boundary-setting, should facilitate the development of a more secure attachment response (Levy & Orlans, 2000).

Although attachment is not specifically addressed by the Looking After Children approach, the program logic model shown in Figure 1 hypothesizes that exposure to the LAC approach will lead to an improved relationship with primary caregivers through the increased awareness and monitoring of the child/youth's needs. More specifically, we hypothesize that the use of the LAC tools, including the AAR-C2, will lead to more collaborative interactions between the foster parent, child welfare worker, and the child/youth, which will in turn serve to strengthen the relationship that the foster child/youth has with those individuals.

Attachment Oriented Interventions for Foster Children and Youth

Some researchers in this area have now started to examine the importance of a secure base and a meaningful attachment for foster children and youth (Pilowsky & Kates, 1996; Schofield, 2002, Schofield & Beek, 2005) and to describe the process by which children and youth with disordered attachments develop a significant relationship with their substitute carer. Schofield (2002) carried out a study of 40 adults aged between 18 and 30 who had spent at least three years in foster care and had entered the care system at less than 12 years old. It was clear from the response of these foster care alumni that the experience of fostering was, in the main, a

very positive one for them. The responses indicated that many of these youth had developed a deep and significant attachment to their foster mother, as evidenced by the desire to contact her whenever life became hard or stressful and by the ability to be comforted by that contact. One respondent explained that her foster mother was “the first person I would turn to” (Schofield, 2002, p. 265), and another explained “she comforts you when you’re upset. She helps you” (p. 266). They also described the importance of belonging to a loving family and having someone who came to significant life events, such as graduation, even after they had left the foster home. Significantly, one of the respondents had retained a strong bond with her foster mother even though the placement had broken down and she had been moved to another foster home. However, this encouraging picture should be tempered with a note of caution. These responses are clearly associated with successful placements – recruitment was through foster carers, social workers, and foster care organizations – so the researchers had selected individuals who had remained in contact with significant people in their lives.

Schofield and Beek (2005) also looked at the provision of foster care from the foster parent’s perspective. The sample comprised 52 children currently in foster care, almost all having come from high-risk backgrounds. At placement, 93% of the children had behavioral or emotional difficulties, and 64% of them had a diagnosis of “abnormal or borderline.” Schofield and Beek found that “carers described themselves as feeling central to each child’s well being – they were acutely aware that the child was dependent on them for physical and emotional health” (p. 10). They go on to describe the important role that foster parents play in developing theories to explain past events, to enable the foster child to integrate those events into their current life, and to help to regulate the overwhelming affect that many foster children feel.

Sam now has a theory about why he gets like that sometimes and his theory for that one is that it all builds up and if he doesn't let it out or doesn't say anything then it builds up and he really loses it and so what he's got to do is tell people when they've upset him. (p. 14)

Schofield also described the slow process that many of the children and youth moved through before they were able to express affection to their foster parents. Initially, it was very important to the foster child to feel that the foster parent was thinking about him/her, and the parents had developed a number of ways of offering physical intimacy to the child in non-threatening circumstances. One parent described her foster child's experiencing strong feelings of frustration when unable to complete a task and taking the time to guide him so that he could have the satisfaction of completing the task himself. Another foster child commented, "They'd never, if you were stuck or something, for instance if you got a puncture on your push bike they wouldn't say, oh fair enough I'll go outside and fix it for you, they'd take you outside and then you'd fix it while they sat there and watched you . . . that's why I am so confident" (Schofield, 2002, p. 264).

Although we have cautioned against generalization from the two studies cited above owing to the probable selection bias, other researchers have described how attachment theory can be used effectively in a treatment setting (Howe & Fearnley, 2003). Howe and Fearnley (2003) suggest that treatment of this type is becoming increasingly necessary as greater numbers of children and youth are now experiencing substantial placement difficulties as they approach early adolescence. Treatment centers aim to reduce the amount of relational disruption between foster child and parent, as this is the most likely cause of the placement breaking down, and to guide the child through a process of normal psychological needs, distinguishing between wants

and needs and between feelings and behaviors (Howe & Fearnley, 2003). To some extent, this merely makes explicit the process experienced by the foster parents in Schofield's studies. These successful parents had intuitively recognized that their foster children were emotionally immature and had made sure that they were able to offer them opportunities to talk through the difficulties of making and sustaining relationships, or, initially, had offered them reassuring physical contact when required. One of the parents described the growing ability of their foster children to compromise and to recognize another person's point of view: "He came next day and said 'Sorry about last night'. He knows how to say sorry" (Schofield & Beek, 2005, p. 19).

Summary

The preceding literature provides some evidence of the legacy of insecure attachment whilst the youth is in foster care. Further support for the attachment hypothesis comes from the findings of Milan and Pinderhughes (2000). These researchers looked at a sample of 32 children aged between 9 and 13 who were admitted into care. They found a significant relationship between the child's representations of the mother and the self and also found that the child's representation of the biological mother was a significant predictor of the child's representation of the foster mother.

For youth who do not develop a secure attachment to a significant caregiver, however, the situation is compounded by the fact that many foster care alumni experience the transition out of foster care, or indeed an unplanned placement disruption, as a highly stressful experience that reactivates many of their earlier attachment issues. Penzerro and Lein (1995), in a qualitative study looking at four boys, two to five years after leaving care, found that for all four the transition from the residential home where they were living was exceptionally difficult. As the

theory would suggest, all of the youth, when faced with the stress of leaving the treatment centre, behaved in such a way as to violate the treatment centre rules, making it impossible for the workers there to continue having contact with them. This meant that they had no secure base from which to make the transition to adulthood and provided further evidence to them that the adults around them could not be trusted.

Looking After Children: An Organized System for Promoting Resilience in Children in Corporate Care

In this section we will review the LAC approach as a resilience-promoting intervention. We will then go on to describe in a more detailed program logic model the process by which the approach is intended to operate.

Although not originally conceptualized as a resilience-building intervention, the LAC approach reflects and promotes many of the findings of resilience theorists as it draws upon similar empirical literature (Masten, 2006). LAC, as a system, is designed to “ensure that a child welfare system operates like a fundamental human adaptive system, so that taking a child into care would improve the odds for resilience, rather than increase a child’s risk” (Masten, 2006, p. 12). The intention is to provide an integrated system that no longer concentrates merely on preventing pathology, but provides a systematic and ongoing assessment of potential risk and protective factors, whilst also attempting to boost the pre-existing abilities that the child has for healthy adaptation. The multi-domain approach is also in line with a general recognition that risk factors are likely to co-exist and that interventions that target only one risk factor, rather than several, or that ignore the interaction with protective factors, are likely to be ineffective (Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999).

At the child level, the Looking After Children approach seeks to facilitate the development of a secure attachment with the foster caregiver by promoting authoritative parenting practices with high levels of warmth and acceptance, combined with appropriate boundary setting. These specific parenting practices have been found to be associated with secure attachment in the general population (Cummings, Davies, & Campbell, 2000). The use of an effective monitoring system is intended to result in a prompt and accurate identification of the child/youth's needs. It is hypothesized that appropriate use of the AAR will result in an improved dialogue between the child/youth, the child welfare worker, and the foster parent, and that this will lead to an enhanced relationship between the team members. As Klein, Kufeldt and Rideout (2006) comment,

The process of completing the AAR explicitly involves young people and thereby empowers them in their own care. The AAR is completed in a personal meeting of the social worker, youth and foster carers Youth have the opportunity to express their opinions and feel that their voices are being heard, and they have a sense of control over decisions affecting their lives. The process also develops deeper and stronger relationships between all involved. (Klein, Kufeldt and Rideout, 2006, p. 43)

Figure 2 shows a program logic model that represents the theoretical links based on the literature between the use of the AAR, the development of better attachments to some of the significant adults in the child/youth's life, and more distal outcomes. It should be stressed that the logic model has been developed for the current study and is not part of the original Looking After Children materials.

The model starts from the assumption that the following primary needs have been identified for children in corporate care: monitoring of child and youth outcomes whilst in care

and child and youth outcomes that are comparable to those in the general Canadian population. The model goes on to propose that the use of the Looking After Children approach in general, and specifically the collaborative dialogue created by the AAR, will lead to a better quality relationship with the foster parents and child welfare worker. The approach also assumes that these short-term benefits will lead to longer-term benefits including higher levels of placement stability, an ongoing relationship with the foster parent, and a smoother transition to independent living. These longer-term benefits do not form part of the current study; implementation of the approach is still in its infancy and evaluation of more distal outcomes would be premature.

Needs of foster parents and foster children/youth	Inputs (Resources)	Activities (Interventions)	Outputs (Units of service)	Shorter-term outcomes (client benefits)	Longer-term outcomes (client benefits)
Research into the provision of foster care has identified a need for: (1) Better monitoring and tracking of child and youth outcomes whilst in care (2) Foster child and youth outcomes that are comparable to those in the general population	Use of the Looking After Children approach Use of the Assessment and Action Record (AAR) on an annual basis to identify goals and priorities	1. Child welfare worker and foster parents receive training in the use of the Looking After Children approach and the AAR 2. Child welfare worker, foster parents, and the foster child/youth (the triad) use the AAR on an annual basis. 3. Child welfare worker and foster parents work collaboratively with the child/youth 4. Child welfare worker and foster parents monitor the child/youth's progress	Child welfare worker, foster parents, and foster youth use the AAR to implement LAC and successfully achieve its key tasks and priorities.	The use of the AAR will lead to: 1. Better quality of relationship between the foster child, foster parents, and child welfare worker. 2. Higher levels of placement satisfaction	Continued use of the AAR will lead to: 1. Higher levels of placement stability 2. Ongoing support from the foster family over time, even after the youth has moved to another placement 3. More foster children and youth will have outcomes that are comparable to the general population.

Figure 2. A logic model for using the Assessment and Action Record as part of the Looking After Children approach.

Implementation of Looking After Children

In this next section we will briefly review some pertinent implementation literature to provide context. We will then review previous attempts to implement the LAC approach in the United Kingdom, Australia, and Canada and identify variables associated with higher levels of implementation. We will then comment upon the relevance of the literature to the current study.

Treatment Integrity

Over the past decades there has been an increasing awareness of the ways in which a community based intervention varies from a randomized clinical trial. With this awareness, program designers have acknowledged the importance of investigating implementation levels and practice before reporting that a particular intervention was associated with a particular change. This is clearly of great importance in the foster care field, where some improvement in a proportion of the sample is likely in any event once they have been removed from adverse circumstances (see Barber, 2004). Program evaluators have identified that the innovation development process passes through a number of stages: identification of the need or problem, research on that problem, development of a solution, diffusion and adaptation of the approach, and consequences (Rogers, 1995). Failure of an innovation can occur as a result of the failure of any constituent part of the process.

The study of evaluation has developed to analyze this process systematically and to isolate the point or points at which failure occurs. The “black box” approach to program implementation, where nothing is known about the fidelity or extent of implementation, is no longer acceptable (Harachi, Abbott, Catalano, Haggerty, & Fleming, 1999). It is now viewed as

essential for any project to have both a process evaluation, to ensure that the implementation conforms to the design, and an outcome evaluation, to investigate whether the intended outcomes have occurred. The process evaluation will be able to answer whether, in the absence of any effect, the program was not properly implemented or the implementation was not effective for some or all subjects (McKinlay, 1996). It will address the possibility of a Type III error, where a change is found but in fact the program has not been appropriately implemented (Graham & Birchmore-Timney, 1989).

Evaluation is of particular importance in an area of social intervention as the approach requires changes at a minimum of two levels: the system and the individual (Farmer, 2000). Initially, there has to be a change at the agency level in the manner in which services are provided. To be effective, these changes then need to translate into improved outcomes for the child at an individual level. Farmer highlights the problem that although there have been a number of initiatives in the US during the past decade that have attempted to change the manner in which services are provided, there is “a lack of consistent literature that these changes have made life or treatment better for children or families” (p. 628). This highlights the importance of linking outcomes very directly to the interventions concerned to maximize the chance that any change at the individual level will be detected and replicable (Graham & Birchmore-Timney, 1989).

Social interventions provide evaluators with specific difficulties. These types of interventions frequently occur as a result of a change in government policy and, for political reasons, those funding the program are interested in discernable results at a very early stage. This can frequently result in the wish to evaluate immature programs (McCoy & Reynolds, 1998). Programs should be in place for long enough to be fully implemented and to have reached

maturity, before their impacts are evaluated (McKinlay, 1996). Although extensive planning prior to implementation can help this, it does not remove the need for a period during which the program gets up to full implementation. This period can vary greatly depending on the nature of the intervention, but it may be necessary to give as much as 5 years (McKinlay, 1996) for some types of programs (for example, case management interventions) to mature.

Service delivery for social programs can occur in a number of ways. The agent of change can be primary, for example, where change is hypothesized to occur as a result of changes in the level of access to a case manager, or can involve both a primary and a secondary agent, for example, where the duty of the province to provide corporate parenting is delegated to a foster parent. It becomes even more important to ensure that these secondary agents of change, selected and monitored by the social worker, are actually implementing the social program as designed (Graham & Birchmore-Timney, 1989). By way of example, an early study into the provision of foster services to juvenile offenders found that there were such substantial variations in the level of care given in foster homes that half of the foster homes were not providing the type of environment desired by the program. It was therefore not surprising that the program was unsuccessful (Patton, Guthrie, Gray, Hearle, Wiseman, & Yount, 1977).

The Process of Implementation

Any study of social program implementation is therefore likely to be complicated. As Fixsen and colleagues comment,

There is broad agreement that implementation is a decidedly complex endeavor, more complex than the policies, programs, procedures, techniques or technologies that are the subject of the implementation efforts. Every aspect of implementation is fraught with difficulty from system transformation to changing service provider behavior and restructuring organizational contexts. (Fixsen, Naoam, Blasé, Friedman, & Wallace, 2005, p. 3)

They go on to suggest that any implementation project will necessarily pass through the following stages: exploration and adoption (identifying a need and locating a suitable program to meet that need), program installation (preparing the paperwork, printing the manuals), initial implementation (the start of implementation, may be on a pilot basis), full operation (the program is now being used with all eligible clients), innovation (change and development of the program), and sustainability (here the objective is to maintain the program over the next five to ten years) (Fixsen et al, 2005).

If we consider the Looking After Children initiative in terms of the stages described by Fixsen et al. (2005), the studies reviewed in the next section represent a range of differing implementation levels. For some sites, such as that reviewed by Wheelagahn and colleagues in Scotland (Wheelaghan, Hill, Borland, Lambert, & Triseliotis, 1999), implementation was primarily on a pilot basis and would therefore fall into the category of program installation/initial implementation. This can be contrasted with the study by Wise in Australia (Wise, 1999; 2003), where the approach was nearing full operation. It is noteworthy, however, that many of the Looking After Children implementation studies, often taking place within two to three years of first implementing the program, are likely to be evaluating an immature program (McKinlay, 1996) and certainly one that has barely reached full operation.

Previous Looking After Children Implementation Studies

Implementation in the United Kingdom

Studies of the Looking After Children approach have found varying levels of implementation. Moyers (1998) carried out an audit of Looking After Children forms in twelve local authorities, selected as a representative sample taken from the first group of authorities to start using the approach. She found a wide variation in compliance with completion rates of the Essential Information Record, varying from “39 per cent in one local authority to 91 per cent in another” (p. 238). There were also clear variations depending upon the types of forms. Although the overall rates of use for the Essential Information Records were relatively high, completion rates for the placement plan (Moyers, 1998) and the Assessment and Action Record were only around 40 per cent (Department of Health, 2001). Of greater concern was the infrequency of administration of the Assessment and Action Record – in a longitudinal sample, only 13 per cent had more than one complete document. This was clearly a problem, as one of the purposes of the record was to monitor children and youth over time.

A detailed study of the process of implementation of the Looking After Children approach was undertaken by the Centre for The Child and Society in Scotland (Wheelaghan, Hill, Borland, Lambert, & Triseliotis, 1999). The Scottish study carried out an external evaluation of six local authorities, part of a cohort of 11 local authorities that had decided to use the Looking After Children approach on a pilot or long-term basis. The research had three main elements: interviews with key staff, carers and young people, a questionnaire survey of workers who had used the approach, and an audit of 24 cases.

The interviews with staff were very enlightening. Only a few of the foster carers or administrative staff had attended the training, so they had little idea what the approach was about. The interviewees identified four main factors that influenced initial uptake: staffing, with support from higher level managers described as “crucial”; time constraints, including the amount of time taken to attend training and to complete the records, (some of the residential carers could not attend training because of lack of staff and over work); management attitudes and support; and relationship to existing records. The level of organizational support was particularly important to levels of uptake. In order to take on such an initially time-consuming task, interviewees needed the support of administrative staff to dovetail old and new recording requirements. The study identified a vast range of record completion and quality of the AARs. The responses in some were minimal, whereas others were fully completed and showed evidence of participation. Overall, the study identified broad support for the approach. The authors concluded that, “LAC is not a panacea, but in many instances it can improve record keeping and communication. Its introduction often highlights existing problems, as in relation to workloads, information systems, case supervision and inter-agency communication” (Wheelaghan, Hill, Borland, Lambert, & Triseliotis, 1999, p. v).

Participants were also asked to comment on the training that they had received. The project used a “train the trainer” model. Initial training was provided for the project managers and consisted of a two-day training program that employed the original resource training pack developed in England and Wales. The staff who attended this training then went on to develop their own training materials. The fidelity of the training provided to individual agency members was not investigated in the Scottish study. Training was given mainly to social work staff and foster carers, although a large number of foster carers did not attend owing to time pressures.

Most of the agencies gave training for the foster carers with agency staff – many of the foster carers interviewed found this to be highly beneficial, as it provided a large amount of context for the project. However, the authors of the study found that the foster carers had a much poorer grasp of the fundamentals behind the approach. Participants also felt that it was beneficial to have booster sessions once they had had an opportunity to use the instruments.

Although these findings are helpful the researchers only obtained limited feedback from four young people in foster care. A more detailed examination of the use of the LAC instruments with Scottish foster youth was carried out by Francis (2002). The data were collected by a representative from Who Cares? Scotland, an advocacy group for young people in care, from a group of approximately 20 foster youths. Although the feedback in relation to most of the documents was positive, it was the Assessment and Action records that caused most concern. Youth reported that they were very concerned about confidentiality: some felt that the questions were too invasive, and this raised broader issues of confidentiality and information sharing between professionals. “Many of the young people said that they were not prepared to answer questions relating to, for example, alcohol or drug use, pregnancy and terminations” (Francis, 2002, p. 457). Some youth also commented that they would feel awkward filling out the AAR with their worker and that they would need to have a good relationship with the worker before they felt comfortable enough to do so. Francis (2002) highlighted the need for effective training in communication with youth about such sensitive issues.

Despite this feedback, however, the majority of the young people applauded the general intention behind the AAR. Francis concluded that “the development of a more structured, coherent system of care planning and review for looked after children is a welcome step towards better quality services” (Francis, 2002, p. 458). He went on to stress the importance of balancing

the needs of the individual youth and the need for data that are capable of being aggregated for outcome monitoring and planning purposes. He stressed that “our priority must be to engage young people in a meaningful way and to address the particular needs of individual children” (Francis, 2002, p. 458).

More recently, Jones (2006) provided an excellent summary of what has been learnt over the past decade of development and refinement of the LAC instruments. Two main themes emerged. The first was the importance of achieving full implementation. To date, most published studies found that full implementation was difficult to achieve. The second theme was the need to have instruments that were streamlined for the situation in which they were being used. The conclusion in the UK was that these needs were best met by introducing a system called the Integrated Children’s System (ICS), which is intended to make it easier for all stakeholders to have prompt access to feedback about a particular child. It is also intended to integrate the information systems for children still living with the family with those for children in out-of-home care, thereby plugging some of the information gaps identified by previous judicial inquiries (Parton, 2004). The system is also designed to provide instant feedback on how a particular child is doing in relation to a normative peer group. The system has been made as accessible as possible to increase the speed and accuracy of information recording. As Jones comments, “a key feature of a resilient system is that it minimizes repetition of processes and supports the use of common information in as many fields as possible” (Jones, 2006, p. 413).

Implementation in Australia

Countries that have adopted the LAC approach outside the UK have tended to adapt the assessment tools to reflect differences both in child welfare legislation and in cultural norms.

There has been widespread interest in LAC in several Australian territories and, as in the UK and Canada, the development and refinement of the instruments has taken place as part of a partnership between the child protection provider and local researchers (Wise, 1999, 2003).

There have been several studies that have looked at implementation of LAC from a systems perspective. Champion and Burke (2006), describing their collective experiences in implementing LAC in the state of Victoria, concluded that successful implementation is facilitated by the following: a commitment from the whole organization, led by management who are champions of LAC (also see Lemay, Byrne, & Ghazal, 2006, with reference to Canada); implementation across the whole state or province, so that duplication of recording requirements can be reduced to a minimum; appropriate education of all staff, so that workers can clearly appreciate the benefits of the new system; and the provision of high quality training following an established curriculum. Their findings suggested that in these circumstances, especially where training has been of a high quality, implementation of the approach is likely to be good. As in the UK, Victoria is now adopting an electronic version of this system to address the question of integrating systemic issues, such as service evaluation, with caseworker requirements for individual data (Cheers & Morwitzer, 2006).

Evaluation of LAC in Australia.

As part of the collaborative tradition between researchers and practitioners, there have been several recent attempts to make a more systematic analysis of the link between using the Looking After Children approach and specific developmental outcomes. In the first of these studies, Wise (1999, 2003), documented the implementation of the approach with a sample of 51 children and young people in Victoria, Australia. The young people were aged from newborn to

17 years and were selected as being likely to remain in out-of-home care for the 12 month duration of the pilot scheme. The children and youth were not new entrants to the system: over 50% had been in out-of-home care for more than two years and only two of the children had spent less than a year in care.

The evaluation, conducted by the Australian Institute of Family Studies, was designed to answer three questions (Wise, 1999, p. 31):

Will use of the (Looking After Children) records improve the health and well-being of children in care in Victoria?

Will use of the records enhance the involvement of families and other stakeholders in caring for children?

What are the perceptions of the records by care providers and children?

Implementation was measured by an audit of training attendance and by checking the information contained on LAC records. The young person's well being was evaluated using data collected over the telephone with the young person's care provider and a face to face interview with young people of sufficient maturity. Psychosocial functioning for older youth was measured using a number of instruments, including the Adolescent Interview Problem Behavior Score (AIPS, child respondent), the Parent Interview Problem Behavior Score (PIPS, caregiver respondent), the Adapted Rutter Problem Behavior Questionnaire (ARPBQ, caregiver), and the Coopersmith Self-Esteem Inventory (CSEI, child). Data were collected at the beginning of the implementation (Time 1) and then again 9 months later (Time 2). Scores at Time 2 were lower for both the PIPS and the AIPS. Scores on the PIPS showed a reduction in the group mean score from 19.5 at Time 1 ($SD = 7.1$) to 16.6 at Time 2 ($SD = 6.9$). Scores on the Adolescent Interview Problem Behavior Score (AIPS) ($n = 11$) showed a reduction on the group mean score from 17

($SD = 8.3$) at Time 1 to 11.2 ($SD = 4.8$) at Time 2. The sample was too small, however, to carry out any further analyses.

The responses to the records were qualitative in nature. Caregivers suggested that the records had been important for

Improving the quality and amount of information available about the children they were responsible for, facilitating information sharing, promoting accountability in service provision, promoting continuity in interventions provided to children, promoting the involvement of children and young people in decision-making and case-planning and extending the range of purposes for which a service might be provided. (Wise, 1999, p. 43)

However, interestingly, many of the respondents suggested that the records were only necessary if the child or young person had a large number of placements. Many of the participants felt that the information was superfluous and insufficiently detailed if the child had been with the same caregiver for a long time. Residential workers in particular felt that the records merely made explicit requirements that they were fulfilling in any event. Workers and carers also cited the difficulty of persuading young people to become engaged in the process of completing the Assessment and Action Records. Some of the qualitative responses suggested that the social workers in this study lacked experience in this area. Carers also cited problems in creating and maintaining a partnership while filling out the instrument. One carer commented, "I was disappointed at the control that the workers took in the process and the fact that I was not given a copy of the booklet" (Wise, 2003, p. 11), and another stated, "workers have difficulty in coming to terms with the assessments and recommendations of the carers. Workers have trouble seeing carers as professionals" (Wise, 2003, p. 11).

The second question raised by Wise (1999) related to the level and effectiveness of implementation. Wise investigated implementation levels by examining 25 completed records (the report does not state whether these were Assessment and Action Records) to examine how many assessments were made, the recommendations following from those assessments, and the remedial action taken. The results provided a general picture of plans for remedial action, but it was not possible to establish the proportion of remedial actions that had been recommended but not implemented. Although the author does not address this directly, presumably this information was unavailable because the implementation audit took place at a single time-point rather than at two time-points. Training was provided to all levels of agency staff and to care providers. The study does not report whether information about the project was given to children and youth in care. Fifty-six percent of participants rated the three training sessions as “very useful.”

Taken together, this study provides an extremely valuable description of some of the problems associated with the implementation of Looking After Children. The nature of this study made it very difficult to link levels of implementation of the approach to specific child outcomes in any systematic manner, as the data were largely qualitative in nature. It would be desirable in any future study to develop a detailed scale of perceived or actual implementation to see if higher levels of implementation were predictive of better child outcomes and to discriminate between children and youth who had recently been admitted to the system and those who had already been in care for twelve months or more. This is particularly true as other studies have found an improvement in psychosocial and behavioral indicators between admission and 12 months (Barber, 2004), so it is necessary to distinguish between the effects of being in foster care compared to the specific effects of the LAC approach.

The perceptions of foster carers and workers concerning the usefulness of the LAC records were also instructive. Based upon the comments of the foster carers, it appears reasonable to speculate that higher levels of training in the use of the instrument, and consequently more skilled administration, should lead in turn to the belief that the instrument is more useful. Unfortunately, the study was weakened by a low participation rate, which made it impossible to carry out any statistical analyses and, more significantly, makes it very difficult to generalize from these findings to a larger sample either within Australia or elsewhere.

More recently, Fernandez (2006) reported an ambitious project that aimed, *inter alia*, to monitor the adjustment of a cohort of Australian children and young people ($n = 59$) receiving services from Barnardos Australia, an organization that was using the Looking After Children approach. Interviews were carried out at two time points: four months after entry into care, and then 18 to 24 months later. The larger study reported data from the first two time points and included interviews from 112 children and young people aged between 8 and 16 years, 136 case workers, 111 foster carers, and 13 parents. The study used a mixed method design. The quantitative data included the AAR subscale completed as part of the annual administration of the AAR, the Child Behavior Checklist (CBCL), the Hare Self Esteem Scale and the Interpersonal Parent and Peer Attachment scale (both completed by the young person), and the Foster Care Alliance Scale (completed by both the young person and the carer).

The research sample comprised fifty-nine children, with an average age of 11.1 years. The average number of placements was 4.3. The average length of time in care was not reported, but, not surprisingly, time in care was significantly related to placements ($r = .58$, $p = .000$). The CBCL was administered at both Time 1 and Time 2. The total scores on the CBCL were compared to a national Australian sample ($n = 3870$) and to a sample of 362 taken from the

Casey Family Program (a private foster care agency providing services in Washington State). The proportion of children and young people falling within the clinical range for internalizing and externalizing behaviors was slightly higher than in the national Australian sample and was similar to levels at intake in the Casey Program. The number of children and youth judged to be in the clinical range for internalizing problems dropped from 30.2% at Time 1 to 18.2% at Time 2. Clinical levels of internalizing problems dropped from 15.1% to 10.9%, although levels of externalizing problems increased marginally from 15.1% to 16.4%. It is important to note that these differences may well be very different if analyzed by gender and age. This was not done in this sample, presumably because of the relatively small sample size.

The caseworker ratings of “excellent adjustment” increased from 17.5% at Time 1 to 58.5% at Time 2. Over this same period, “mixed or poor adjustment” decreased from 42.5% to nil (Fernandez, 2006). Fernandez then compared the scores of caseworkers and the young person’s self-assessment on six sub-scales measuring psychosocial functioning taken from the AAR. Compared to the young person’s self-evaluation, case workers rated the young person as having lower levels of emotional problems, lower levels of prosocial behavior, more problems with making and maintaining friendships, and poorer relationships with carers. Fernandez does not report whether these differences were statistically significant nor does she report the change between the score at Time 1 and Time 2. The child’s perception of cohesion was significantly related to the number of placements that the child had: children who described themselves as “getting on very well” with the other children in the foster family in their current placement had had significantly fewer placements since entering the child care system ($p = .02$). Overall responses to the Foster Care Alliance Scale indicated that 90% of the participants got on either “very well” or “quite well” with their foster mother. When caseworkers were asked to rate the

nature of the alliance, 87% of the participants were described as getting on “very well” or “quite well” with their foster mother. It therefore appears that there is a high level of correspondence between the judgment of the caseworker and that of the child in this case.

The predictive nature of the child’s relationship with the foster mother and father was also interesting. When levels of cohesion between the foster mother and child were relatively high at Time 1 or Time 2, the foster child was likely to have better relationships with other family members. Fernandez (2006) also found that the nature of the relationship with the foster father was predictive of relationship skills at Time 2. Unfortunately, these findings were not reported in greater detail. Not surprisingly she found that the relationship with the father deteriorated with age; however, this does not appear to be the case for the foster mother (Fernandez, 2006).

This study provides an important first step toward linking implementation of the Looking After Children approach to specific developmental and psychosocial outcomes. The findings suggest that there is a reduction in the number of young people reported to be showing clinical levels of internalizing behavior and total problems after 18 to 24 months exposure to the LAC. Fernandez (2006) also reported an interesting negative association between the level of parent-child cohesion, as reported by the child, and the number of placements that the child had had: children with more placements had less stable and nurturing relationships with the primary foster care giver.

This study raises some intriguing questions. First, there is a lack of implementation data in the study. For the variables on which Fernandez (2006) did not find change between Time 1 and Time 2, (e.g. externalizing behavior, as measured by the CBCL), it is impossible to say whether this outcome was due to an implementation failure or theory failure. Research is thus

needed to develop an adequate measure of agency and individual level implementation and to investigate the association between implementation levels and outcomes. Second, there is a further problem with the type of analyses undertaken by Fernandez, whose analyses were presumably limited by the small sample size. Unfortunately, although the statistics reported by Fernandez describe levels of clinical range behaviors within the sample, there was no analysis of whether there had been a statistically significant change in individual scores between Time 1 and Time 2. Third, as with the studies by Wise (1999, 2003), the sample included both neophyte and veteran foster children. As we already know, there is generally an improvement in the functioning of foster children over the first twelve months (Barber, 2004), so it is unclear whether these changes are associated with particular LAC interventions or are changes that would have occurred in any event over time.

Implementation Experiences in Canada

Kufeldt, Vachon, and Simard (2000) reported the results of a three-year project in which LAC was implemented on a pilot basis in six Canadian provinces (Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador). (It should be noted that this pilot project was unrelated to the current OnLAC project). Kufeldt et al. identified a number of issues that affected implementation. These included managers' showing workers that AAR data could be aggregated and used to plan positive changes; allowing project coordinators sufficient time to provide training and consultation; changing from a crisis-driven to a strengths-oriented approach to practice; and supervisors' using the information in the AAR to discuss clinical issues with direct-service workers, to improve decision-making, and to guide interventions.

Implementation in Ontario.

The introduction of child welfare reforms in Ontario grew from concerns similar to those in the UK, namely, a growing concern over the quality and responsiveness of corporate care (Law Commission of Canada, 2000; Parton, 2004; Stanley, 2004). The main statutory vehicle to bring about change was a number of amendments to the Child and Family Services Act, adopted in May 1999, which aimed to support CASs in earlier intervention and to increase the protection and safety of children (Ontario Association of Children's Aid Societies [OACAS], 1999). The Foster Care Revitalization Strategy formed part of these reforms. The strategy included a variety of components, including rate increases for foster parents who provide respite care to regular foster parents and changes in payment rates to reflect competence and additional areas of expertise (OACAS, 1999).

As part of its revitalization strategy, the Ministry of Community and Social Services announced in 1999 that it intended to require all CASs in Ontario to use the LAC approach (Vandermeulen, Wekerle, & Ylagan, 2005). In readiness for this, OACAS organized quarterly lead hands meetings to further develop champions for the approach within each individual CAS (S. Petrick, personal communication, December 13, 2004). By 2003, however, LAC had still not been mandated across the province, although there was increasing interest in the project from practitioners and advocates in the field (Lewis, 2002). The Child Welfare Reform Program evaluation carried out by Lucille Roch recommended the implementation of LAC across the province. At this point, LAC supporters increased their advocacy efforts both with the Ministry of Child and Youth Services (MCYS) and with executive directors at individual CASs. The

advocacy with CAS representatives was successful and, at the end of 2003, the group of directors voted to implement LAC across Ontario and to set up the OnLAC council to guide the implementation process across Ontario. The OnLAC council subsequently prepared a number of implementation aids, including an OnLAC website, a detailed implementation guide, and quarterly newsletters.

Studies of Implementation in Ontario.

There have been several studies looking at implementation levels in Ontario as part of the OnLAC initiative. Drolet and Sauve-Kobylecki (2006) investigated implementation levels in two Ontario CASs. Interviews were carried out with 14 child welfare workers, 13 of whom had been working with the agencies for less than 10 years. When asked about the benefits of using the AAR, they reported that it helped them to develop more detailed plans of care, to develop objectives that were “tailored to children’s specific needs and resilience” (Drolet & Sauve-Kobylecki, 2006, p. 306), and to be more child-oriented by recognizing and emphasizing even small amounts of progress. Workers also referred to the benefits of using a “shared language,” which promoted shared beliefs among stakeholders.

Some of the child welfare workers, however, felt that the AAR duplicated things that they were doing already. They also felt that the tool did not deal well with special needs (echoing the findings of Jones, 2006), and that annual administration of the AAR-C2 was unnecessary for children and youth in a stable placement. These workers also noted that, for many children, the AAR identified a need for services that could not be offered. At the individual level, these workers could not see any point in identifying needs that could not be addressed by the agency

and felt that it was misleading to raise these expectations. Again these findings have been echoed by foster parents and workers in other settings (Wise, 2003).

At the organizational level, Lemay, Byrne, and Ghazal (2006) describe the experience of implementing LAC in a medium-sized Ontario agency. They highlight the inevitable tension between the benefits of more detailed outcome monitoring and the time that it takes out of an already overcrowded work day. As Lemay et al. comment, “At the outset it was decided that the methods of outcome monitoring and measurement of program effectiveness could not be so costly as to reduce direct service time to clients” (Lemay, Byrne, and Ghazal, 2006, p. 318). The authors also highlighted another necessary ingredient for change: there has to be a relatively high level of dissatisfaction with the current system. If workers continue to believe that the old system is providing good outcomes, and the new system appears to involve more work, then it is not surprising that implementation is difficult. This would correspond to Fixsen et al.’s first stage of exploration and adoption (Fixsen, Naoam, Blasé, Friedman, & Wallace, 2005).

What has been learnt from Looking After Children Implementation Studies to Date?

This review of implementation studies around the world reveals a large number of consistent findings about the optimal way to implement the LAC system. First, *training* is crucial, as this is likely to increase the level of fidelity to the original model. Findings from Wheelaghan, Hill, Borland, Lambert and Triseliotis (1999) suggest that it is important to offer high quality training to as many stakeholders as possible including foster parents and young people to produce adequate understanding of the need for, and benefits from, change (Champion & Burke, 2006; Francis, 2002; Lemay, Byrne, & Ghazal, 2006). It is also clear that training needs to include advice on how to use the tool effectively, particularly with older youth who may

be less willing to communicate openly (Francis, 2002; Wise, 1999). Second, all users of the AAR, but particularly the child welfare worker, need to be aware of the instrument's *usefulness* and relevance in the performance of their jobs. Third, the findings from the implementation studies in Victoria, Australia, suggest that *implementation across the whole province or state* is likely to produce better results, as it decreases the chance for duplicate recording systems (Champion & Burke, 2006). Fourth, *implementation needs to be integrated across all levels of the agency, including the supervisory system*, so that child welfare workers can see more clearly the value of the approach (Kufeldt, Vachon, and Simard, 2000; Lemay, Byrne, & Ghazal, 2006; Wheelaghan, Hill, Borland, Lambert and Triseliotis, 1999).

The effective use of the LAC approach involves implementation at a number of levels, but, most importantly, at the level of the foster triad (i.e., the young person, foster carer, and child welfare worker). Attempts to assess implementation to date have tended to concentrate on outputs, namely figures on use of the AAR within a particular organization (e.g., on the number of AARs completed). These studies have therefore looked at completion of the instrument rather than on other aspects of fidelity to the LAC approach or at the realization of LAC goals by team members. The present thesis goes beyond these previous studies of LAC implementation by evaluating the degree to which triad members believe they have been successful in achieving the key tasks and priorities of LAC, an important mediating variable that we hypothesize to be positively related to the young person's perception of high-quality relationships with his/her foster parents and child welfare worker and with his/her placement satisfaction.

The Current Studies

Implementation in the Current Study –The OnLAC project

As described earlier, the implementation process has been led by OACAS, which has employed an implementation coordinator since 2000 to provide introductory documentation, and guidance, and to arrange for training for CASs in the LAC approach. Following the verbal endorsement of the LAC approach by the Ontario government policy reforms, the Social Science and Humanities Research Council (SSHRC) provided funding for a study designed to address the levels of implementation of the LAC approach within Ontario (Flynn, Angus, Aubry, & Drolet, 1999). The research team was responsible for adapting the LAC materials to address many of the issues that had been raised following implementation in the UK: namely, that the items in the AAR were too qualitative in nature and lacked any reference to a normative sample (Huxley, 1994), and that there was a poor level of uptake of the AAR. The revised version of the AAR (Flynn & Ghazal, 2001) included a wide range of psychometrically robust items and scales to measure child outcomes taken from the National Longitudinal Survey of Children and Youth (NLSCY) (National Longitudinal Survey of Children and Youth, 1995a, National Longitudinal Survey of Children and Youth, 1995b), rather than the predominantly single-items used in the original UK document. Flynn, Ghazal, and Pantin (2001) also developed two measures designed to assess the degree of successful LAC implementation as perceived by members of the foster triad as well as the degree to which use of the AAR is associated with an enhanced relationship between the child, foster parent, and social worker.

Initially, OACAS approached all CASs in Ontario, inviting them to take part in the funded study. During the first five years of use of the AAR-C2, a total of 23 local CASs decided

to take part. (As of February 2007, all 53 CASs have been mandated by the Ontario Ministry of Children and Youth Service to participate).

Training in the LAC Initiative – The “Train the Trainer” Model

All training during 2000-2005 was coordinated by the OnLAC implementation coordinator. In order to maximize the fidelity of training, the OnLAC project required that there be at least one fully-trained trainer at each CAS that chose to participate. The local CAS trainer was also in most cases the “lead hand” (i.e., the staff person who took part in quarterly lead hand meetings in Toronto). These meetings were (and remain) an essential part of the implementation process, as they provide a forum for lead hands to discuss implementation and to share any problems or new initiatives that they have developed in their local CASs. The lead hands are able to fulfill the role of “purveyors,” that is “an individual or group of individuals representing a program or practice who actively work to implement that practice or program with fidelity and good effect” (Fixsen, Naoam, Blase, Friedman, & Wallace, 2005, p. 13). The meetings were also attended by the OnLAC implementation coordinator, the senior OACAS staff person (Director) responsible for OnLAC, the project principal investigator, and the OnLAC research coordinator, to maintain close ties to the field and to monitor the complex process of implementation.

Participating CASs then sent one or more individuals (who usually included the local lead hand) to 2 two-day “train-the-trainer” sessions organized and developed by the developers of the LAC training curriculum in Ontario. The selected individual optimally had some previous training or presentation experience. Two sessions were given each year (more were given if there was sufficient demand) and were lead by two trainers taken from a pool of fully trained trainers. Larger training sessions were provided in Ottawa or Toronto, but sessions were also provided for

some more isolated CASs, particularly in Northern Ontario. (Since 2005, LAC training has been considerably more frequent and more uniform and probably of higher quality because it has now been fully integrated into OACAS training)

The purpose of the training sessions has always been to acquaint trainees with the LAC philosophy and to provide specific training on the use of the AAR-C2 with eligible children/youth in foster care. The training followed the “Ontario Looking after Children Curriculum Guide #1,” a copy of which is shown in Appendix 2. The curriculum began with a description of resilience, placed within a developmental model. The trainers then provided a description of the Ontario project to date and stories about resilient youth. Delegates were then shown the Assessment and Action Record and given detailed instructions on how to use it. Trainees were provided with a comprehensive training module for use in the training sessions that they would subsequently use in training staff at their local CAS. The training material described the learning objectives, learning activities, materials required, and suggested target audience for each training module and provided an indication of how long the module should take.

The training was designed to maximize the level of fidelity with which LAC training and implementation would take place in each local CAS. On returning to their own CAS, the trainers arranged for in-house training to be provided to child welfare workers (CWWs) and other individuals such as foster parents. Subsequent self-report data collected by the OnLAC implementation and research coordinators confirmed that all the in-house trainers, except for one, had attended the train-the-trainer sessions. The OnLAC coordinators also found that 16 of the 23 agencies (65%) had held their first in-house training session for CWWs and/or carers by June, 2001 (Table 1). Of the agencies that had provided training, all had provided sessions for

child welfare workers, foster parents, and supervisors. Only one agency, however, had provided training for foster youth.

Table 1

Description of training given to CAS staff, foster parents and children/youth (Ghazal, 2001; 2002)

Agency name	When was the 2 day Lac training delivered	# LAC training sessions	# CWWs received training to date?	# supervisors	# foster parents	# children/ Youth	Trainer in the train the trainer?
Algoma	Lead person does all LAC interviews		45	3	45		Yes
Brant							
Dufferin	March 01	1	5	2	21	0	Yes
Durham	May 01	1	7	1	20-25	0	Yes
Frontenac	June/July 01	2	16	3	2+	0 – Informal dissemination by care worker	Yes
Grey	May/June 01	5 in past 5 years	14	3	40	Done on individual basis	
Halton	None	0	0	0	0	0	No
Hamilton	May 01	1	5	1	6	0	Yes
Hastings	March 01	4	15	4	0	0	Yes
Jewish	May 01	1	5	1	5	0	Only 1 of 2
Kawartha	April 01	1	18	2	12	0	Yes
- Haliburton							
Kitchener	April 01	2	34	3	15	0	Yes
Lanark	May 01	1	10	2	12	0	Yes
Niagara	Sept 01	3	32	12	30	0	Yes
Nipissing							
Northumberland	Sess 1 April 01	2	15	3	32	0	Yes

	Sess 2 Oct 01						
Prescott- Russell Simcoe Temiskam ing Timmins Toronto	June 00	2	40	10	5	3	Yes
	Feb 01	1	9	2	10	0	Yes
	Oct 01	1	100%	75%	100%	0	Yes
	July 01	1	20	2	0	0	Yes
Windsor	June 01	3	34	7	15	0	Yes
	Dec 01						
York	May 02						

Implementation Levels – Year 1 (2001-2002)

As described earlier, the information contained in the AAR can be used at a number of levels. At the *individual* level, based upon self-report data gathered during the first year of data collection, 2001/2002 (Ghazal, 2001; 2002; Table 2), 56.5% of the agencies reported that they had used LAC to develop plans of care to monitor the progress of the child/youth in care. Thirteen percent of the agencies indicated that they had not yet done this, but planned to in the future. The AAR-C2 can also be used at a *managerial* level to encourage more focused supervision. Forty-four percent of the agencies that responded to the survey indicated that they now used LAC for supervision purposes. At the *agency* level, only 30.4% said that they used LAC to monitor progress and outcomes for groups and individuals and for program-related decisions, and 13% indicated that the AAR was being used to report outcomes within their own agency.

These figures are not dissimilar to those identified by Moyers (1998), who also found a wide variation in completion rates in the UK. Although it is helpful as a self-report snap-shot of implementation levels within participating agencies, these should be treated with a certain amount of caution. First, this was a self-report exercise, not an audit, so there was no independent verification of implementation levels. Second, it is a measure of outputs and, as such, could be “just an exercise in form-filling” (Knight & Caveney, 1998). These data did not measure the degree to which the team members were using the AAR-C2 to operationalize the goals and priorities of the LAC approach.

Table 2

Levels of reported use of LAC in participating CASs (Ghazal, 2001; 2002)

	No %	Yes/sometimes %	Not Yet /Plan to %	No Info %
Is LAC being used to develop plans of care	8.7	56.5	13	21.8
Is LAC being used in supervision	17.4	43.5	26	13
Is LAC being used for program related decisions	30.4	30.4	26	13
Is LAC being used to monitor progress/outcomes	21.7	30.4	26	21.9
Is LAC being used to report outcomes	47.8	13	26.1	13.1

Rationale for the Current Studies

Foster care is widely recognized as having a high level of importance to society in general, but has, to date, been relatively under-researched. Berridge (1997), in an international review of the foster care literature, commented that “researchers have demonstrated insufficient interest in foster care over the past 20 years” (Berridge, 1997, p. 80). He suggested that many studies had more “breadth than depth” and that “there had been relatively little work . . . in which the foster carers’ perspectives have been explored” (Berridge, 1997, p. 81). He also went on to highlight the relative absence of theoretically driven research in this area (Berridge, 1997; Courtney, 2000), a criticism that is also valid, at least in part, in the case of the Looking After Children approach.

Courtney (2000) came to similar conclusions about the state of North American child welfare research. He also highlighted the need for theoretically driven research, with an emphasis upon program evaluation. Of particular interest to the present three studies is his reference to the importance of research into the manner in which child welfare decisions are made by front-line workers. We have already referred to the debate amongst some practitioners about the use of empirically based methods and assessment processes (Knight & Caveney, 1998; Garrett, 1999, 2002; Graybeal, 2001), but there has been relatively little research concerning the application and usefulness of structured information-gathering tools with child welfare practitioners and the different ways in which outcome monitoring can potentially be used (Ward, 1998a).

To date, studies of the LAC project have tended to fall into one of two categories (Penglase & Yeatman, 2004): advocacy from researchers involved in the development and

piloting of the instrument (i.e., Wise, 1999, 2003), or ideological critiques by those who are deeply distrustful of many of the “middle-class normative values” and outcome monitoring that the approach seeks to promote (Knight & Caveney, 1998; Garrett, 1999, 2002, 2003). There have been no studies, to our knowledge, that have attempted to evaluate implementation and also link it to outcomes.

The current studies sought to address some of these gaps in the literature. Overall, I wished to develop and test several hypotheses based upon the program logic model shown in Figure 2. The purpose of the first two studies was to investigate the association of certain implementation-process variables with the level of perceived usefulness of the AAR (itself an important component of the implementation chain). It will be recalled that our review of the international implementation literature identified four important factors that influence LAC implementation: *training*, *perceived usefulness*, *implementation levels within the agency* (Kufeldt, Vachon, and Simard, 2000; Lemay, Byrne, & Ghazal, 2006; Wheelaghan, Hill, Borland, Lambert and Triseliotis, 1999), and *implementation across the whole province* (Champion & Burke, 2006). Previous studies have either not measured the frequency, length or quality of training (Wise, 1999, 2003; Fernandez, 2006) or have found very low rates of training (Wheelaghan et al., 1999) in concluding that for some child welfare workers and foster parents, the AAR was not particularly useful. In the first two studies, we were interested in investigating the degree to which child welfare workers or foster parents perceived the AAR-C2 as useful in carrying out their jobs, as a function of key training-related (and thus modifiable) variables. The reason for assessing and attempting to account for the perceived usefulness of the AAR-C2 for child welfare workers is obvious, as they are responsible for administering and using it to prepare the young person’s plan of care.

We were also interested in investigating the levels of perceived usefulness of the AAR-C2 for foster parents. Several researchers have investigated the factors that predicted foster parents' intent to continue to foster and their motivation to leave (Denby, Rindfleisch & Bean, 1999; Jones & Morissette, 1999; Triseliotis, Borland, & Hill, 1998). These factors have included overall satisfaction with the job of being a foster parent (Denby, Rindfleisch & Bean, 1999), which is likely to be affected by the foster parent's perception of the LAC approach and, in particular, the usefulness of the AAR-C2. Both should lead the foster parent to see herself/himself as part of a team (Triseliotis, Borland, & Hill, 1998). Jones and Morissette (1999) identified a number of factors that were central to foster parent stress, one of which was "the general sense of being excluded from children's treatment plans" (Jones & Morissette, 1999, p. 23). It would seem then that the perceived usefulness of the AAR-C2 (the main LAC instrument) will probably be linked to foster parent retention and the reduction of foster parent stress.

The third study had two important functions. The first purpose was to design and validate a measure of successful LAC implementation by the foster triad (foster parent, foster child, and child welfare worker). The second purpose of the study was designed to investigate our research hypotheses: namely, that there would be an association between higher levels of implementing LAC, as judged by the foster triad, and (a) better quality relationships with significant adults in the foster child or youth's life and (b) greater placement satisfaction. It will be recalled that one of the claims made for the LAC system is that it "was designed to ensure that a child welfare system operates like a fundamental human adaptive system, so that taking a child into care would improve the odds for resilience, rather than increase a child's risk" (Masten, 2006, p. 13). The literature reviewed on resilience and attachment suggests that the quality of the young person's

relationship with those individuals close to him or her is likely to have a positive link with his or her resilient outcomes. Other researchers have found that fostering interventions can improve attachment quality over time, but these studies have tended to be qualitative in nature and to have limited sample sizes (Schofield & Beek, 2005). Our third study, therefore, tested the assumption made in the detailed program logic model shown in Figure 2 (p. 30) that successful implementation of the AAR-C2 and achievement of the tasks and priorities of LAC would be associated with the short term outcomes of relationship improvement and placement satisfaction.

Thesis Contribution

This series of studies is important for a number of reasons. The first two studies represent the initial attempt to investigate the perceived utility of the AAR (and thus to a significant extent, of the OnLAC approach itself) among a relatively large sample of child welfare workers and foster parents who have received training in the Looking After Children approach. Although some earlier research has examined this issue with foster parents (Wheelaghan et al, 1999), it involved a very small sample ($n = 10$), less than half of which had not received any LAC training. Also, the first two studies were designed to investigate which training-related (and manipulable) variables were related to higher levels of perceived utility, such that a specific protocol could be developed for future LAC implementation projects.

On a broader level, the review of the extant literature also highlighted the problem that foster care research has tended to be driven by practical issues, such as the need for foster parent retention, and has been predominantly atheoretical (Berridge, 1997). A number of current policies, such as the promotion of stable placements, have therefore been developed with very little theoretical underpinning. This is also true for the LAC approach itself to some extent. That

is, the approach is based on empirical findings rather than on a strong theory; although there is some evidence that using LAC may be associated with an improvement in some behavioral outcomes (Fernandez, 2006), the lack of a well-articulated theory makes it difficult to understand why this change has occurred. The current study has thus tried to enrich the theoretical basis of LAC by interpreting and testing it in terms of attachment theory. The use here of attachment theory with foster children expands earlier qualitative work (Beek, 2002; Howe & Fearnely, 2003; Schofield & Beek, 2005) to include relationships with other members of the immediate foster family and the child welfare worker and satisfaction with the young person's current placement. These findings will be important in guiding further research in this area and will also have implications for the LAC training curriculum. Dissemination of the results of these studies in both peer-reviewed and practitioner journals will allow stakeholders to identify some specific factors that appear to promote some of the benefits of LAC, so that these areas can receive further attention from foster parents and child welfare workers.

Study Objectives and Hypotheses

Overview

The research falls into three parts. The first two studies investigate the attitude of clinical team members, namely the child welfare worker and the foster parent, towards the perceived utility of the Assessment and Action Record (AAR-C2). The first part of the third study describes the development and validation of an instrument (Team Scale –Year 3) to measure the degree to which members of the triad (young person, foster carer, and child welfare worker) believe that they are achieving the key tasks and priorities of Looking After Children. The second part of the third study then looks at whether higher levels of self-rated implementation

are associated with higher scores on conceptually congruent outcome variables (i.e., relationships and placement satisfaction).

Although it would be tempting to carry out a more comprehensive test of the processes involved in implementing the Looking After Children approach, including links with longer term outcomes, this would be premature at this stage. One of the architects of the approach, Ward (1995), commented after the pilot scheme in the UK: “The concept fits well with . . . the idea of focusing on *intermediate* rather than final outcomes in designing any evaluation” (Ward, 1995, p. 10)” (emphasis added). The current studies are best seen as part of the “first generation” of research into the Looking After Children approach. Although there have been several qualitative and descriptive studies on some aspects of implementation (Wheelaghan et al., 1999; Wise, 1999), our research, on the other hand, builds upon theoretical roots and is quantitative in nature, examining hypothesized links between successful implementation of LAC and specific outcome variables.

Research Model and Hypotheses

Study 1

Research Question 1: What are some of the Variables Associated with Higher Levels of Perceived Usefulness of the AAR as Rated by Child Welfare Workers and Supervisors?

Study 1 will investigate the child welfare workers’ and supervisors’ perception of the AAR-C2. From the review of the literature, we conclude that a crucial component of the LAC implementation process, namely, child welfare workers and supervisors’ evaluation of the AAR as clinically useful in their work with young people in care and their caregivers, is likely to be related to the training that they receive, the level of experience that they have with the instrument, and the level of integration of the instrument into agency infrastructure. We have

therefore selected four implementation-process variables: namely, the amount of LAC training received by workers and supervisors, their assessment of the quality of this training, the amount of experience they had in using the AAR, and the frequency with which they discussed the information in the AAR in supervision.

We hypothesize that child welfare workers and supervisors will perceive the AAR as more clinically useful if they have more rather than less LAC training, have perceived their training as being of higher rather than lower quality, have more rather than less experience in using the AAR, and have discussed the information in the AAR more rather than less frequently in supervision.

Study 2

Research Question 2: What are some of the Variables Associated with Higher Levels of Perceived Usefulness of the AAR as Rated by the Foster Parent?

Study 2 will investigate the attitude of foster parents toward the AAR. We hypothesize that, as with the child welfare workers and supervisors, the evaluation of the AAR as clinically useful is related to three implementation-process variables: namely, the amount of LAC training received, their assessment of the quality of this training, and the amount of experience they have had in using the AAR. Obviously, the foster parents do not receive supervision so this variable does not exist for the foster parents.

We hypothesize that foster parents will perceive the AAR as more clinically useful if they have more rather than less LAC training, have perceived their training as being of higher rather than lower quality, and have had more rather than less experience in using the AAR.

Study 3

The current study fell into two sub-studies, the first methodological and the second substantive in nature.

Measurement Study: Research Questions

There were three research questions (Research Questions 3 to 5) associated with the first sub-study:

- (3) What is the factor structure of the Team Scale - Year 3 (TS-Y3)?
- (4) Were there significant differences on the TS-Y3 dimensions between youth who have previously used the TS-Y3 with their child welfare worker and those who were using it for the first time?
- (5) Is there evidence that scores on the TS-Y3 taken from the administration of the AAR-C2 are significantly correlated with selected items taken from the same scale and administered in separate surveys of child welfare workers and foster parents?

In the first sub-study, we investigated the psychometric properties and validity of the Team Scale Year 3 (TS-Y3), (Measurement Study), developed to measure the degree to which the team members jointly believed that they had successfully achieved the goals and priorities of Looking After Children (Flynn, Ghazal, Moshenko & Westlake, 2001) in their work together. The initial study was intended to identify the factor structure of the TIS and then to test the measure for acceptable levels of validity. Discriminant validity was tested by examining whether there are significant differences between youth who have previously used the AAR and those who have not on the LAC dimensions. Predictive validity was measured by correlating scores

taken from the TS-Y3 with scores on the same items taken up to 12 months later and completed by the team members individually.

Substantive study: Research Questions 6 to 8. Is greater success in implementing the LAC approach as rated by the team (i.e., the foster child or youth, child welfare worker, and foster carer), associated with relationships of higher quality (as perceived by the foster child/youth) of the young person with his/her female and male foster caregivers, with his or her child welfare worker, and with greater satisfaction with the placement (again as perceived by the foster youth)?

One of the central themes of the LAC approach is to promote resilient developmental processes and outcomes experienced by the child or youth. The approach is designed to provide a high standard of responsive parenting and to encourage an atmosphere of collaboration to strengthen the relationship between foster team members. The completion of the AAR by the foster team is intended to better identify and meet the ongoing needs of the foster youth and, through that dialogue, to promote the relationship between foster team members. We therefore hypothesized that more successful implementation of the LAC approach, as judged by foster team members, would be associated with better relationships between the young person in care and his or her foster parents and child welfare worker and with greater placement satisfaction.

Second, we tested the hypothesis that greater success in implementing the LAC approach as rated by the team (i.e., the foster child or youth, child welfare worker, and foster carer), would be associated with relationships of higher quality (as perceived by the foster child/youth) of the young person with his/her female and male foster caregiver and child welfare worker and with greater satisfaction with the placement (again as perceived by the foster youth).

Study 1

Introduction

Looking After Children (LAC) has been an important initiative internationally in child welfare over the last decade because of its central focus on improving substitute parenting and developmental outcomes for young people in care (Parker, Ward, Jackson, Aldgate, & Wedge, 1991; Ward, 1995). LAC has also been a key vehicle for promoting resilience, with its emphasis on maximizing young people's competence and setting outcome targets on the same level as those for young people in the general population.

Within the LAC theoretical framework, the Assessment and Action Record (AAR) is the main instrument used for assessing the needs of young people in care and monitoring their developmental outcomes (Parker et al., 1991; Ward, 1995). The AAR operationalizes the LAC approach on three interrelated levels, each corresponding to a major AAR function. First, on the level of the *individual child or youth*, the AAR has the *clinical function* of assisting child welfare staff and caregivers to assess the young person's strengths and needs comprehensively, prepare a high-quality, updated plan of care for the coming year, and monitor the young person's ongoing progress (Flynn, Ghazal, Moshenko, & Westlake, 2001). Second, on the level of the local *child welfare organization*, the AAR has the *managerial function* of enabling managers and board members to monitor the progress of a group of children or youth, compare actual developmental outcomes with those targeted, and make evidence-based decisions to improve service relevance and young people's lives (Flynn, Lemay, Ghazal, & Hébert, 2003). Third, at the level of a provincial or national *child welfare system*, the AAR has the *policy function* of encouraging decision-makers to monitor young people's outcomes on a system-wide basis, evaluate these outcomes in light of expected progress, and formulate improved policies and practices.

The successful implementation of any social innovation is likely to depend on many factors, such as the size of the organization, the voluntary versus mandatory nature of the new approach, the support of senior management, and a culture that encourages participation in decision-making by supervisory and direct-service personnel. To date, there have been a number of studies that have looked at levels of implementation of LAC (see Jones, Clark, Kufeldt & Norman, 1998; Kufeldt, Vachon, & Simard 2000; Moyers, 1998; Ward, 1996; Wheelaghan, Hill, Borland, Lambert & Triseliotis, 1999; Wise, 1999), investigating implementation at the level of the individual by assessing the perceived usefulness of the approach for foster carers, workers, and foster youth (Wheelaghan, Hill, Borland, Lambert & Triseliotis, 1999; Wise, 1999) and carrying out audits of levels of use of LAC documentation (Moyers, 1998).

Taken together, these studies have now identified a number of process variables that appear to influence the success of implementation (Donovan & Ayres, 1998; Wheelaghan, Hill, Borland, Lambert & Triseliotis, 1999). In an especially informative study, Wheelaghan and colleagues (1999) evaluated the implementation of LAC in six local authorities in Scotland. They found that the initial uptake of LAC was influenced by staffing levels, support from managers and supervisors, the ability to integrate LAC into pre-existing recording procedures, and the quality of training. According to Wheelaghan et al. (1999), trainees felt that the LAC philosophy was well covered in their training, but that certain more practical aspects, such as the completion of the LAC forms, were less adequately handled. Moreover, when practitioners had to use the new approach with some cases but maintain the old procedures with other cases, they complained of redundancy and duplication. Finally, the use of LAC in supervision was seen as crucial, so that direct-service workers would perceive it as useful for practice.

In Canada, Kufeldt, Vachon, and Simard (2000) reported the results of a three-year project in which LAC was implemented on a pilot basis in six Canadian provinces (Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador). Kufeldt et al. (2000) made a number of suggestions for improving implementation that, based on their experience in the Canadian project, they thought would be helpful for virtually any jurisdiction wishing to implement LAC. These suggestions included managers' showing workers that AAR data could be aggregated and used to plan positive changes, allowing project coordinators sufficient time to provide training and consultation, changing from a crisis-driven to a strengths-oriented approach to practice, and ensuring that supervisors discuss the information in the AAR on a regular basis with direct-service workers to improve decision-making and guide interventions. Wise (1999), reporting on a pilot project in Australia, also highlighted the need for all care providers and workers to have a commitment and understanding of the LAC approach so that they could appreciate the necessity for adopting the new system.

The present research was part of a larger OnLAC project, the goal of which was to evaluate the implementation of LAC in the province of Ontario as a policy-reform initiative aimed at improving service practices and young people's developmental outcomes in the 53 local Children's Aid Societies (CASs) in the province (Flynn, Angus, Aubry, & Drolet, 1999). The purpose of the present study was to investigate the relationship between several modifiable process variables and an important LAC *impact* (i.e., an intermediate objective essential to achieving individual-level outcomes; Steckler & Linnan, 2002). The impact, itself an important component of LAC implementation, was the degree to which child welfare workers and supervisors view the AAR as useful in their supervisory work. The process variables that we saw as possible influences on the impact were, in order, the amount of LAC training that child

welfare personnel receive, the quality of their LAC training, the amount of experience they gain in using the AAR in practice, and the frequency with which they discuss information from the AAR in supervision.

Like many service-reform initiatives, the OnLAC project took training as its basic point of entry into the system-change process (Kirkpatrick, 1998). LAC training was seen as a feasible means of affecting many other aspects of implementation, such as motivating CAS staff to participate fully in the OnLAC project, adhere faithfully to its key principles and values, and, ultimately, help improve young people's outcomes. We thus viewed the quantity and quality of training, post-training experience, and supervisory encouragement as probably important influences on the degree to which practitioners would acceptance LAC and the AAR as innovations and succeed in integrating them into their daily practice. Finally, our thinking was shaped by a central assumption in Azjen's (1991) theory of planned behaviour, namely, that more favorable attitudes towards innovations such as LAC and the AAR, combined with a climate that is supportive of the innovation, are likely to result in higher levels of use of the LAC approach by workers and foster carers.

To summarize, based on the general theoretical perspectives of Kirkpatrick (1998) and Azjen (1991) and the specific LAC research of Wheelaghan et al. (1999) and Kufeldt et al. (2000), we assumed that the overall process of LAC implementation would be strengthened to the extent that, all other things being equal, child welfare workers and supervisors saw the main LAC needs-assessment and outcome-monitoring tool, the AAR, as useful in their work with young people in care, foster parents, or other caregivers. Our specific hypothesis was that a more favorable evaluation by child welfare personnel of the utility of the AAR would be positively related to higher levels of four modifiable process variables: namely, the amount of LAC training

obtained, the quality of such training, the amount of experience accumulated in using the AAR, and the frequency with which information from the AAR was discussed in supervision.

Method

Participants

As is described in greater detail in the section on data collection, we invited the following CAS personnel to participate in a survey in 2004: all child welfare workers and supervisors who had been involved in the OnLAC project during its second year (July 2002 to June 2003) and who had completed or used in supervision, during that year, the second Canadian adaptation of the Assessment and Action Record (AAR-C2; Flynn, Ghazal, & Legault, 2004). Of the 229 child welfare workers and supervisors invited to participate, 146 provided usable survey responses, for an effective response rate of 64%. We excluded from the present study, however, 10 respondents who said that they had never used the AAR and another 10 who reported that they had never received any LAC training. Thus, the research sample was composed of the 126 respondents who had used the AAR and had also received some LAC training, such that they were in a position to evaluate the quality of LAC training and the utility of the AAR.

Of the study sample of 126 respondents, 93 (74%) were currently child welfare workers, 30 (24%) were supervisors, and 3 (2%) had assumed other positions (e.g., coordinator of training) within their local agencies. Overall, the participants were relatively experienced, 52% having worked in child welfare for more than 10 years, 18% for 6-10 years, 29% for 2-5 years, and only 1% for less than 2 years. Most had been employed for a substantial amount of time at the local CAS where they were working at the time of the survey in 2004: 48% had been at their local CAS for more than 10 years, 18% for 6-10 years, 33% for 2-5 years, and only 2% for less than 2 years. The size of the active caseload ranged from zero (in the case of 20% of the

participants who occupied exclusively supervisory or other non-direct-service roles), through 1-10 young people in care (9% of the participants), 11-15 (10%), 16-20 (22%), 21-25 (26%), and more than 25 (13%).

Instruments

The four-page survey form requested that the child welfare workers and supervisors indicate for how many young people in care they had ever completed the AAR or used it in supervision. For most respondents, the AAR in question was the AAR-C2 (Flynn & Ghazal, 2001), which has been the only version of the AAR used in the OnLAC project since early 2001. Besides the background questions already mentioned (i.e., the amount of work experience in child welfare and at the local CAS, and the size of the active caseload), the survey form also asked for the following information: the length of time respondents had been using the AAR; the amount of LAC training they had ever received; the length of time since their last LAC training; the frequency with which they discussed the information in the AAR in supervision; whether they had ever presented LAC training to others; and their evaluation of two implementation-related matters: how well their training had covered key LAC issues and how useful the AAR was in their work as child welfare workers or supervisors. On the last page of the survey form, respondents were invited to add open-ended comments about LAC and the AAR. A copy of the survey and consent form are shown in Appendices 3 and 4.

Measures Used in the Present Study

Amount of LAC training. This was measured by a single item that asked respondents how many days of training they had ever received in the LAC approach. The response options ranged from “never received training” to “three days or more.” (As noted earlier, the 10 respondents reporting that they had never received any LAC training were excluded from the study sample.)

Quality of LAC training. On this three-item measure, the respondents indicated how well, in their opinion, their LAC training had covered three core issues, all reflecting fidelity to the overall LAC approach: the key values and principles of LAC; the adequacy with which the training had prepared them to complete the AAR or use it in supervision; and the adequacy with which the training had prepared them to construct or approve plans of care. The three response options for each item were “Very well,” “Well,” and “Poorly.” The total score could range from 3 to 9, with a higher score indicating higher-quality LAC training. The internal consistency of the three-item scale was good (Cronbach’s $\alpha = .74$).

Amount of experience in using the AAR. A single item asked respondents to report the total number of young people in care for whom they had completed the AAR or used it in supervision. The response options ran from “1” to “more than 20.” (Also, as noted previously, the 10 respondents who said they had never completed the AAR or used it in supervision were excluded from the study sample.)

Frequency of discussion in supervision of the information in the AAR. On a single item, the child welfare workers and supervisors indicated how frequently they discussed the information in the AAR in supervision. The three response options were “rarely or never,” “from time to time,” and “often or always.”

Utility of the Assessment and Action Record. This seven-item scale asked the respondents to indicate how useful they found the AAR in their work as child welfare workers or supervisors (e.g., in helping them to understand their foster youths’ needs better or to become more aware of their youths’ progress). The response options were “Very useful,” “Useful,” and “Not very useful.” The total score could range from 7 to 21, with a higher score signifying greater AAR utility. The internal consistency of the scale was very high (Cronbach’s $\alpha = .95$).

Data Collection Procedure

We used a modified version of Dillman's (1978) Total Design Method. A package of individually addressed envelopes was mailed in 2004 to the LAC coordinator ("lead hand") in each of the CASs that had taken part in the OnLAC project during its second year, 2002-2003. The lead hand was asked to distribute an envelope containing a survey questionnaire, accompanying recruitment script, two copies of an informed consent form (see Appendix 4), and a stamped, self-addressed return envelope, to the CAS worker or supervisor whose name appeared on the envelope. A total of 229 CAS staff members received an envelope. The letter explained that the respondent's responses would be seen only by members of the research team. The respondent was invited to complete the questionnaire, sign both copies of the consent form and keep one, and return the questionnaire and the other copy of the consent form in the return envelope, which was to be placed in the out-mail box at the local CAS. A second letter was sent approximately a week later, thanking those who had already mailed back their questionnaires and inviting the others to do so. About two months later, a new package of individually addressed envelopes was sent to the LAC lead hands, for distribution to all non-respondents. Because we did not wish to over-burden CAS staff who had not responded, we decided not to send out the fourth wave called for by Dillman (1978). After three waves, we received a total of 126 usable responses from the pool of 229 potential participants, for an effective response rate of 64%.

Data Analysis

The rate of missing data in the returned questionnaires was very low (less than 3%) for virtually all the items. To impute missing values in the items composing the scales assessing the quality of LAC training and the utility of the AAR, we used the EM (Expectation-Maximization)

procedure (Schafer & Graham, 2002) that is an option in the Missing Values Analysis routine in SPSS. In analyzing the data, we proceeded as follows. First, we screened for normality at the multivariate level through the regression residuals (Tabachnick and Fidell, 1996, p. 77). Then we carried out descriptive analyses on the predictor variables (i.e., the amount of LAC training, quality of LAC training, amount of experience in using the AAR, and frequency of discussion of the information in the AAR in supervision) and on the criterion variable (utility of the AAR). Third, to test the study hypothesis, we carried out a four-step hierarchical regression, to evaluate, for each of the four predictors, the sign and magnitude of its beta coefficient and the size of the increment that it added to the variance accounted for in the criterion variable. In order, the predictors were the amount of LAC training, the quality of LAC training, the amount of experience in using the AAR, and the frequency of discussion of AAR information in supervision. Fourth, we carried out exploratory analyses to examine the possible mediating role (Baron & Kenny, 1986) of the variables introduced in steps 2 to 4 of the hierarchical regression and to investigate in greater detail the relationship between the strongest predictor (the frequency of discussion in supervision of AAR information) and the utility of the AAR.

Results

Descriptive Results

Amount of LAC training received. Ten percent of the 126 core respondents said they had received less than one day of LAC training, 29% had had one day, 34% two days, and 27% 3 or more days of training.

Quality of LAC training received. On this three-item measure, which could run from a low of 3 to a high of 9, the mean score was 6.54 ($SD = 1.46$, $Mdn = 6$). The proportion of the study sample rating the training as having handled each of the three key LAC fidelity-related

issues either “Very well” or “well” was as follows: 98%, for coverage of the key values and principles of LAC; 88%, for preparing trainees to complete the AAR; and 79%; for preparing trainees to construct (or contribute through supervision to) more useful plans of care.

Amount of experience in using the AAR. Seven percent of the study sample had completed the AAR or used it in supervision with only one young person in care, while 11% had used it with 2 young people, 14% with 3, 16% with 4 or 5, 16% with 6-9, 20% with 10-15, 2% with 16-20, and 15% with more than 20 young people in care.

Frequency of discussion in supervision of information in the AAR. Of the 93 child welfare workers, only 8% reported that they discussed the information in the AAR in supervision “often or always,” whereas 46% did so “from time to time” and 46% “rarely or never.” The 30 supervisors, on the other hand, were considerably more likely to discuss AAR information in supervision: 23% said they did so “often or always,” 70% “from time to time,” and only 7% “rarely or never” ($\chi^2(2) = 17.15$, phi coefficient = .35, $p < .001$).

Utility of the AAR. On this seven-item measure, which could range from a low of 7 to a high of 21, the mean score was 13.34 ($SD = 4.21$, $Mdn = 14$). Overall, between three-quarters and two-thirds of the study sample said that completing the AAR, or (for supervisors) using it in supervision, was either “very useful” or “useful” in helping them carry out a range of important tasks. The percentage of respondents rating the AAR as “very useful” or “useful” in the accomplishment of these tasks was as follows: 77%, in helping them better understand the needs of the young person in care; 73%, in helping them collaborate more effectively (directly or through supervision) with the foster parent or other caregiver in implementing the young person’s plan of care; 70%, in helping them prepare (or contribute through supervision to) more useful plans of care; 70%, in helping them assist the young person in planning his or her future;

66%, in helping them to do their direct-service or supervisory work more effectively; 64%, in helping them have more targeted discussions with the young person in care; and 64%, in helping them become more aware of the young person's progress.

Hypothesis Test

Intercorrelations. Table 3 shows the correlations among the study variables. The sample size was 125 rather than 126 because an initial regression screening run had revealed that one of the 126 cases had a standardized residual outside the recommended limits of ± 3.3 (Tabachnick & Fidell, 1996). We removed this outlier from the correlational and hierarchical regression analyses. From Table 3, it can be seen that all four predictors were positively and significantly related to the utility of the AAR. The frequency of discussion of AAR information in supervision had the strongest association with the utility of the AAR ($r = .57$).

Hierarchical regression. As Table 4 shows, the beta coefficient for each of the predictors was positively and significantly related to the criterion variable, the utility of the AAR, at the step at which the predictor entered the model. Moreover, as the note to Table 4 indicates, each predictor, when added to the regression model, produced a statistically significant increment in the amount of variance accounted for in the criterion. The largest increments, in order, were due to the quality of LAC training (13% of the variance), the frequency of discussion of AAR information in supervision (also 13%), the amount of LAC training received (11%), and the amount of experience gained in using the AAR (4%). The model as a whole accounted for 40% of the variance in the criterion.

Table 3

Correlations Among Study Variables for Child Welfare Workers (N = 125)

Variable	1	2	3	4	5
1. Amount of LAC training received	---				
2. Quality of LAC training received	.36***	---			
3. Amount of experience in using AAR	.27**	.21*	---		
4. Frequency of discussion in supervision of information in AAR	.31***	.38***	.43***	---	
5. Utility of the AAR	.33***	.45***	.33***	.57***	---
Mean	3.77	6.52	5.62	1.74	13.39
SD	0.96	1.45	2.09	0.63	4.19

Note. LAC = Looking After Children; AAR = Assessment and Action Record.

* $p < .05$ (two-tailed)

** $p < .01$ (two-tailed)

*** $p < .001$ (two-tailed)

Table 4

Summary of Hierarchical Regression Analyses for Variables Predicting Scores on the Utility of the Assessment and Action Record Scale for Child Welfare Workers (N = 125)

Step & Variables	β
Step 1	
Amount of LAC training received	.33***
Step 2	
Amount of LAC training received	.19*
Quality of LAC training received	.39***
Step 3	
Amount of LAC training received	.14
Quality of LAC training received	.36***
Amount of experience in using AAR	.21**
Step 4	
Amount of LAC training received	.09
Quality of LAC training received	.25**
Amount of experience is using AAR	.07
Frequency of discussion of information in AAR in supervision	.42***
R^2	.40***
R^2 (adj.)	.38

Note. LAC = Looking After Children; AAR = Assessment and Action Record.

$R^2 = .11$ for Step 1 ($p < .001$); $\Delta R^2 = .13$ for Step 2 ($p < .001$); $\Delta R^2 = .04$ for Step 3 ($p < .01$); $\Delta R^2 = .13$ for Step 4 ($p < .001$).

* $p < .05$ (two-tailed)

** $p < .01$ (two-tailed)

*** $p < .001$ (two-tailed)

Exploratory Analyses

Mediation analyses. Preacher and Leonardelli (2005) define mediation as follows:

“A variable may be considered a *mediator* to the extent to which it carries the influence of a given independent variable (IV) to a given dependent variable (DV)” (p. 1).

Generally speaking, mediation can be said to occur when (1) the IV significantly affects the mediator, (2) the IV significantly affects the DV in the absence of the mediator, (3) the mediator has a significant unique effect on the DV, and (4) the effect of the IV on the DV shrinks upon the addition of the mediator to the model. As previously noted, the beta coefficient for each of the predictors was significantly different from zero at the step in which the predictor entered the regression model. Thus, the fact that at later steps these betas were either no longer significantly different from zero, or else were reduced in size, indicated that mediation was occurring among the predictors. To explore this issue, we used Preacher and Leonardelli’s (2005) Internet-based interactive tool to calculate Sobel’s (1982) test for mediation. Using the causal order of the predictors implied by the hierarchical regression model, we carried out the 6 possible mediation tests (i.e., 1 at step 2, 2 at step 3, and 3 at step 4). Five of the six mediation tests were significant ($ps < .05$ to $.001$). In the case of the sole exception, the amount of the participant’s experience in using the AAR was found not to mediate ($p > .05$) the effect of the quality of LAC training on participants’ evaluation of the utility of the AAR.

These analyses suggested that the frequency with which participants discussed information from the AAR in supervision mediated the three other predictors, carrying their effects to the dependent variable: the utility of the AAR. In addition, both the quality of LAC training and the amount of experience gained in using the AAR mediated

the effect of the amount of LAC training on participants' assessment of the usefulness of the AAR in their work.

Role of frequency of discussion in supervision of information in the AAR. Given that this variable had emerged as the best predictor of the utility of the AAR and also mediated the influence of the other predictors, we explored its role in greater detail. In a univariate ANOVA, the three levels of the frequency with which respondents discussed AAR information in supervision served as the independent variable, the utility of the AAR as the dependent variable, and the three other variables as covariates. The frequency with which participants discussed AAR information in supervision was strongly related to participants' evaluation of the usefulness of the AAR ($F [2, 119] = 13.05$, partial eta squared = .18, $p < .001$), even after the means had been adjusted for the three covariates. Tukey tests were used to carry out the three pair-wise comparisons among means, with a Bonferroni correction applied (Tabachnick & Fidell, 1996) to keep the overall alpha level at the .05 level in the pair-wise comparisons. The respondents who frequently ("often or always") discussed AAR information in supervision ($M = 17.47$) evaluated the utility of the AAR significantly more favorably than those who did so only occasionally ("from time to time"; $M = 13.86$, $p < .01$) or virtually never ("rarely or never"; $M = 11.52$, $p < .001$). Also, those who discussed AAR information in supervision occasionally rated the utility of the AAR more highly than those who rarely or never did so ($p < .01$).

Discussion

The results of the hierarchical regression provided strong support for our hypothesis that each of the four implementation-process variables—the amount and

quality of LAC training, amount of experience in using the AAR, and frequency of discussion of AAR-derived information in supervision—would be positively and significantly related to a more favorable evaluation of the AAR. Each of the process variables had a positive beta coefficient upon entering the regression model and together they accounted for fully 40% of the variance in the criterion. In particular, more frequent discussion of AAR information emerged as an especially important predictor, both in its own right and as a mediator of the other process variables.

Our findings are consistent with but also extend those of Wheelaghan et al. (1999) and Kufeldt et al. (2000). Most of our respondents rated the AAR as useful in their work. However, the data they provided also point to several concrete ways in which the utility of the AAR, and thereby the implementation of LAC, can be enhanced. First, child welfare workers and supervisors must receive a sufficient amount of LAC training in order to make optimal use of the AAR. In our sample, however, only 61% had received what is currently considered the minimally adequate amount of LAC training; namely, two full days. Our results suggest that had all the participants received at least this minimum, their overall assessment of the utility of the AAR would have been even more favorable. Second, the fidelity and overall quality of LAC training should be increased. Although virtually all the participants rated the coverage of the basic LAC philosophy very highly, their responses indicated that LAC training should place more emphasis on using the AAR in practice and on constructing plans of care. Moreover, our findings suggest that a new module on how to optimize the usefulness of the AAR through discussion in supervision should be added to the basic LAC training curriculum. Third, the fact that greater experience in using the AAR contributed to a more favorable

evaluation of its utility is important, both for LAC training and AAR users. In our sample, however, almost half (48%) of the participants had used the AAR with five or fewer young people. A more experienced sample of AAR users would presumably assess it even more positively. Fourth, the moderately large beta coefficient, sizable incremental effect, and important mediational role of the frequency of discussion of AAR information in supervision all suggest that maximizing the impact of this variable is most crucial of all for enhancing the utility of the AAR and LAC implementation. Because LAC training to date has not realized the importance of this factor and given it due coverage, it is not surprising that participants in our sample made far less use of the AAR in supervision than would be optimal. Of the child welfare workers, almost half (46%) said that they almost never discussed the AAR in supervision; another 46% said they did so only occasionally; and a mere 8% reported doing so on a frequent basis. The situation was somewhat better among the supervisors, perhaps because the AAR provided them with information that, in the absence of first-hand contact with the young person in care, they would otherwise have lacked. Nevertheless, even here there was considerable room for improvement. Only 23% of the supervisors discussed information from the AAR on a frequent basis in supervision, while 70% did so occasionally and 7% virtually never. It appears that regular use of the AAR in supervision would be likely to lead to an even more positive view of its usefulness and improved LAC implementation.

The present study had two important limitations. First, our cross-sectional data do not allow us to make causal inferences, although the temporal and causal ordering that we assumed among our predictors in structuring the hierarchical regression renders such inferences more plausible. We suspect, in fact, that many of the associations noted (e.g.,

between the utility of the AAR and the frequency with which it was discussed in supervision) were actually reciprocal in nature, with higher levels of one variable leading to higher levels of the other, and vice versa. Second, despite a response rate of 64%, which is similar to those reported elsewhere in the literature (Dillman, 1991), a third of our potential respondents did not participate in the survey. Their views and use of the AAR may have been somewhat different than those of the individuals who chose to take part in the study.

Despite these limitations, the present research has made several contributions to the literature on LAC implementation. It proposed and predictively validated a model consisting of a chain of process variables that was able to explain an appreciable amount (40%) of the variance in an important facet of LAC implementation: namely, the opinion held by child welfare workers and supervisors of the utility of the AAR for their work. Our study also employed a hypothesis-testing and quantitative methodology that complements the descriptive studies of LAC implementation conducted previously. Both types of approaches are necessary to build the knowledge base required for the effective and efficient implementation of a social innovation as complex as LAC.

Two final points are worth noting. Since year 2 of the OnLAC project (2002-2003), we have continued to revise the AAR-C2, in response to ongoing feedback from the field. Although similar to the version evaluated in the present study, the most recent version of the AAR-C2 is somewhat shorter, takes less time to administer, and assesses an even wider range of strengths and assets of young people in care. The initial reactions from users have been encouraging, such that evaluations of the utility of the AAR based

on this newest version would probably be even more positive than the favorable assessments found in the present study.

Using the promising results of the OnLAC project to date as a springboard, the Ontario Association of Children's Aid Societies, in collaboration with its member agencies and the Ontario Ministry of Children and Youth Services, is now engaged in implementing LAC and the AAR in all 53 local CASs, with a target of full implementation across the province by April 1, 2007. This initiative has generated many new actual or planned activities, including the creation of an Ontario LAC Council to oversee the process of implementation; formal plans to implement LAC in a growing number of CASs; more frequent LAC training sessions for child welfare personnel, foster parents, and other caregivers; new LAC training modules for supervisors and senior managers; increased attention to informing young people in care about LAC; project-management training for LAC coordinators in local CASs; computerization of the AAR, plan of care, and other recording procedures; data-analysis training for local CASs to encourage the use of AAR data for evidence-based decision making and service planning; and local and province-wide outcome monitoring, with systematic feedback of results to local CASs and provincial policy-makers. In this exciting new context, the demand for solid knowledge of how best to implement LAC and the AAR is growing rapidly. Rigorous and informative applied research on the process of implementation, and rapid dissemination of the new knowledge gained, must become a sustained priority in the knowledge-intensive field that is child welfare.

Study 2

Introduction

Over the past decade, Looking After Children (LAC) has established itself as one of the leading approaches to organize and provide theoretical underpinning for the provision of care to children and youth looked after away from home (Parker, Ward, Jackson, Aldgate, & Wedge, 1991; Ward, 1995). The approach has aimed to systematically raise the standard of corporate parenting for children in substitute care and to monitor the progress that they make on an annual basis. Based upon the empirical findings of best parenting practice, LAC was designed to provide “a linked series of outcomes representing stages toward some more general and long-term goal” (Parker et al., 1991). The approach supports the use of authoritative parenting practices that combine a high level of warmth, nurturance, and support with consistent setting of limits (Steinberg, Mounts, Lambourne, & Dornbusch, 1991), coupled with a stable and nurturing relationship in the child’s life. It highlights seven key developmental areas for the child: health, education, identity, family and social relationships, social presentation, emotional and behavioral development, and self-care skills, progress in which was needed for a successful transition to young adulthood. One of the reasons for the popularity of the approach is that it moves away from a culture of harm prevention and places emphasis on maximizing young people’s competencies (Maluccio, Ainsworth, & Thoburn, 2000) and setting outcome targets on the same level as those for young people of the same age in the general population.

Central to the LAC approach is the Assessment and Action Record (AAR), which provides an annual assessment of the progress made by the child in the seven

developmental areas (Parker, Ward, Jackson, Aldgate, & Wedge, 1991; Ward, 1995) and sets appropriate goals for action to be taken in the future. The AAR operationalizes LAC through the performance of key clinical, managerial, and systemic functions. At the individual level, the AAR has the *clinical* function of assisting the foster parent who is involved with the child welfare worker and the child in assessing the progress made over the previous 12 months and in making concrete plans for the achievement of further progress in the next year (Flynn, Ghazal, Moshenko, & Westlake, 2001). The AAR also has important functions on a *managerial* level so that the agency can monitor progress of a particular group of youth. On the *system* level, the AAR can provide aggregated information for policy and practice improvement for an entire jurisdiction.

As noted, a key aim of the LAC approach is to provide a higher standard of corporate parenting. In order to achieve this objective, foster parents clearly play a pivotal role. For implementation to take place, foster parents must appreciate the need for the approach and be guided by its developmental emphasis. The response of foster parents to LAC is likely to be influenced by a number of contextual factors, including the amount of training that foster parents receive, how useful they find the approach, and the level of organizational support that they encounter, whether from the agency or from foster parent support groups.

To date, there have been relatively few studies looking at LAC implementation issues and even fewer have studied the response of foster carers and residential workers to the approach. Wheelaghan, Hill, Borland, Lambert and Triseliotis (1999) evaluated the implementation of LAC in six local authorities in Scotland and carried out interviews with ten foster carers. They found that fewer than half of this group had received training

in the approach and that “only three [of the foster parents] showed some awareness of the LAC materials and the reasons why the authority had decided to use them. The others referred to the training only in terms of looking at the LAC forms and discussing issues around completing them” (Wheelaghan et al, p. 48). The responses from foster carers were wide ranging: one carer said that s/he didn’t really understand it, whereas another was very enthusiastic, commenting that the LAC forms were very valuable if properly used. These responses should obviously be treated with some caution, owing to the small sample size.

In Australia, Wise (1999) also conducted a survey of care providers who had started using LAC. Many of the carers believed that using the records would bring about better outcomes for children who were in short term placements but did not think that the records were necessary where the child was in a longer term placement. “LAC is good for kids who get moved around a lot and are in shorter term placements. It’s not so important for children in permanent care, although it was good to get the information” (Wise, 2003, p. 13). It appears that many of the foster carers saw the approach as a predominantly historical information-gathering system and, therefore, to be of less use when the child has been in the placement for longer, rather than as an opportunity to assess the information and make fresh priorities and goals for the future. Their theoretical knowledge of the approach appeared to be limited, possibly because many of the parents had not been adequately trained.

More recently, there has been substantial development and refinement of the original LAC instruments in an attempt to extend the principles behind the LAC approach and to provide a more integrated service to children and youth receiving local authority

support (Jones, 2006). Jones (2006) identified two main themes in the literature that had driven these changes: the difficulty in achieving full implementation and the need to have instruments that were streamlined for the situation in which they were being used.

Although the content of many of the LAC instruments has been refined, the foster parent still remains central to any implementation strategy. The current research was part of a larger evaluation of the implementation of LAC in the province of Ontario as a policy-reform initiative intended to improve practices and outcomes in the 53 local Children's Aid Societies (CAS) in Ontario (Flynn, Angus, Aubry, & Drolet, 1999). In the current studies, we were interested in investigating further the relationship between training, experience in using LAC, and the perceived utility of the AAR for child welfare workers and foster parents. We used training as the initial starting point for behavioral change, working on the assumption that better quality training as rated by the participant is likely to lead to higher levels of implementation of the LAC approach in the child welfare worker or foster carer's work. In our first study, we carried out a survey of 228 child welfare workers who were using the AAR in Ontario. The survey consisted of a number of items asking about the perceived quality of training, how much they had used the AAR, and whether they used the AAR in supervision (see Pantin, Flynn, & Runnells, 2006 for study details). Interestingly, we found, as hypothesized, that the amount and quality of LAC training, amount of experience in using the AAR, and frequency of discussion of AAR-derived information in supervision were all positively and significantly related to a more favorable evaluation of the AAR.

We were therefore interested in investigating further whether these findings would also generalize to foster parents. Specifically, we hypothesized that foster parents

would perceive the AAR as more clinically useful if they had had more rather than less LAC training, had perceived their training as being of higher rather than lower quality, and had had more rather than less experience in using the AAR. Unfortunately, there is no suitable analogue for supervision with foster parents, so we were unable to investigate this finding further.

Method

Participants

For the second study, the pool of potential participants included the foster parents and kin-care providers for all children and youth aged 10 and over who were currently living in a foster home in Ontario and had completed an Assessment and Action Record in Years 1 and 2 of the study. The initials and addresses of the foster parents were available as part of the Assessment and Action Record, and we provided each CAS with a copy of the questionnaire and notified them prior to contacting the foster parents. Owing to the small numbers of foster parents participating at some agencies, we agreed not to request demographic information to preserve anonymity. We did not send the survey to any group homes.

The total number of valid responses was 93. There were a total of 228 foster children in this sample, but only 196 foster parents, as some of the foster parents provided care to more than one foster child. Of the 196 foster parents in the sample, 13 of the letters were returned marked "not known at this address." This gave a total possible sample of 183 foster parents, of whom 110 returned usable questionnaires. Ten respondents had never received training in the Looking after Children approach and were

therefore omitted from further analyses. Of this sample, 93 foster parents had used the AAR and had also received training and therefore formed the research sample. This gave an effective response rate of 60%.

Measures used in the Present Study.

The four-page survey form began by explaining that the term “foster parent” included, for the purposes of this study, all substitute caregivers including relatives. The survey initially asked for some background information: the number of children and young people with whom the foster parent had used the AAR-C2 (The AAR-C2 is the revised Canadian version of the AAR. [For details see Flynn, Ghazal, Moshenko, & Westlake, 2001.] The AAR-C2 is hereafter referred to as the AAR.) and for how long they had been using the AAR. The next section asked about the extent and quality of training that the foster parent had received in the LAC approach. Finally, the survey asked how useful the foster parent found the exercise of filling out the AAR in helping them to perform their duties as a foster parent. There were two further sections in the survey that are not part of the current study. A copy of the consent form and survey are shown in Appendices 5 and 6.

Amount of LAC training received. This was measured by a single item asking respondents how many days training they had ever received in the LAC approach. Response options ran from “less than 1 day” to “3 days or more.” There was also a further option, “no training ever received.” As described earlier, respondents endorsing this option were omitted from the study.

Training quality. The training scale consisted of a three-item scale designed to measure the quality of training that the foster parents had received. The items asked the foster parents how well they believed the training covered the key values and principles of LAC, how well they felt that the training had prepared them to complete the AAR in collaboration with the worker and the young person, and how well they felt that it had prepared them to implement the young person's plan of care. Responses were on a three-point scale "very well," "well," and "poorly." Internal consistency for this sample was .91.

Amount of experience in using the AAR. This was measured by a single item asking with how many foster children the respondent had ever used the AAR. There was an initial filter question asking whether or not the respondent had ever used the AAR. If the respondent had used the AAR, the response options ran from "one young person in my care" to "five or more young people."

Usefulness of the Assessment and Action Record. Perceived usefulness of the AAR was measured using an eight-item scale developed by the authors for this study. The scale was designed to measure the degree to which the foster parents believed that the AAR helped them in their daily work as foster parents. The items referred to the perceived usefulness of the AAR in helping the foster parent achieve more effective collaboration with the worker, more effective parenting, and greater awareness of the progress made by the young person. Responses were on a three-point scale: "very useful," "useful," and "not very useful." Internal consistency for this sample was .95.

Data Collection Procedure

We used the Dillman (1978) Total Design Method to collect the data. The survey package was mailed to each of the foster parents in their preferred language of correspondence. The package contained a survey questionnaire, an accompanying letter introducing the researchers and explaining the nature of the study, two copies of a consent form, and a stamped, self-addressed return envelope. The letter explained that the respondent's responses would be seen only by members of the research team. The respondent was invited to complete the questionnaire, sign both copies of the consent form, keep one, and return the questionnaire using the pre-paid envelope. A second letter was sent approximately a week later, thanking those who had already mailed back their questionnaires and inviting the others to do so. About one month later, a new package of individually addressed envelopes was sent to all foster parents who had not responded. Finally, after a further four weeks, a registered mail letter was sent with copies of all documents. This method gave an overall response rate of 60%, which was within the range seen as acceptable by Dillman (Dillman, 1991) and was in line with response rates achieved in other foster parent studies (Jones & Morrisette, 1999).

Data Analysis

The rate of missing data in the returned questionnaires was very low (less than 3%) for virtually all the items. To impute missing values, we used the EM (Expectation-Maximization) procedure (Schafer & Graham, 2002) that is an option in the Missing Values Analysis routine in SPSS. In analyzing the data, we proceeded as follows. First, we screened for normality at the multivariate level through the regression residuals (Tabachnick and Fidell, 1996, p. 77). No outliers were identified. Second, we carried out

descriptive analyses on the predictor variables (i.e., the amount of LAC training, quality of LAC training, and amount of experience in using the AAR) and on the criterion variable (perceived utility of the AAR). Third, to test the study hypothesis, we carried out a three-step hierarchical regression to evaluate, for each of the three predictors, the sign and magnitude of its beta coefficient and the size of the increment that it added to the variance accounted for in the criterion variable. In order, the predictors were the amount of LAC training, the quality of LAC training, and the amount of experience in using the AAR.

Results

Descriptive Results

Amount of LAC training received. Of the 93 participants who had used the AAR and had received training, 31% ($n = 29$) had received one day or less of training and 69% ($n = 64$) had received two days or more.

Quality of LAC training received. On this three-item measure, which could run from a low of 3 to a high of 9, the mean score was 7.06 ($SD = 1.40$). The proportion of the research sample rating the training as having handled each of the three key LAC fidelity-related issues either “very well” or “well” was as follows: 98%, for coverage of the key values and principles of LAC; 96%, for preparing foster parents to play their part in the preparation of the AAR; and 91%, for preparing foster parents to play their part in implementing the plan of care.

Amount of experience in using the AAR. Twenty-eight percent of the study sample had completed the AAR with only one young person in care, while 26% had used it with 2 young people, 13% with 3, 14% with 4, and 19% with 5 or more young people in care.

Utility of the AAR. On this eight-item measure, which could range from a low of 7 to a high of 24, the mean score was 16.14 ($SD = 4.55$). The percentage of respondents rating the AAR as “very useful” or “useful” in the accomplishment of foster parent tasks was as follows: 84%, in helping them to make more useful suggestions about the young person’s plan of care; 80%, in helping the foster parents to have more targeted discussions with the young person in care; 79%, in helping them better understand the needs of the young person in care; 79%, in helping them to be more aware of the progress made by the young person; 79%, in helping them to collaborate more effectively with the young person’s child welfare worker; 79%, in helping them to parent the young person more effectively; 77%, in helping to assist the youth in planning for his/her future and 73%, in helping to clarify foster parent responsibility.

Hypothesis Test

Intercorrelations. Table 5 shows the correlations among the study variables. From Table 5, it can be seen that two of the predictors, amount of LAC training and quality of LAC training, were positively and significantly related to the utility of the AAR. Quality of LAC training received had the strongest association with the perceived utility of the AAR ($r = .58$).

Hierarchical regression. As Table 6 shows, the beta coefficient for the amount of LAC training was initially significant and remained significant once amount of experience had been entered into the equation. When quality of training was added to the model, amount of training was no longer significant ($p = .10$). The model as a whole accounted for 35% of the variance in the criterion, with quality of training accounting for 31% of that total variance.

Table 5

Correlations Among Study Variables for foster parents (N = 93)

Variable	1	2	3	4
1. Amount of LAC training received	---			
2. Quality of LAC training received	.12	---		
3. Amount of experience in using AAR	.14	.10	---	
4. Utility of the AAR	.21*	.57**	.10	---
Mean	3.83	7.06	3.71	16.14
SD	1.05	1.40	1.49	4.55

Note. LAC = Looking After Children; AAR = Assessment and Action Record.

* $p < .05$ (two-tailed)

** $p < .001$ (two-tailed)

Table 6

Summary of Hierarchical Regression Analyses for Variables Predicting Scores on the Utility of the Assessment and Action Record Scale for Foster Parents (N =93)

Step & Variables	β
Step 1	
Amount of LAC training received	.21*
Step 2	
Amount of LAC training received	.14
Quality of LAC training received	.56**
Step 3	
Amount of LAC training received	.15
Quality of LAC training received	.56**
Amount of experience in using AAR	-.02
	R .35
	R^2 (adj.) .33

Note.

LAC = Looking After Children; AAR = Assessment and Action Record.

$R^2 = .04$ for Step 1 ($p < .05$); $\Delta R^2 = .31$ for Step 2 ($p < .001$); $\Delta R^2 = .00$ for Step 3 (*n.s.*);

* $p < .05$ (two-tailed)

** $p < .001$ (two-tailed)

Discussion

The results of the hierarchical regression provide support for our hypothesis that quality of LAC training would be positively and significantly related to more positive perceptions of the utility of the Assessment and Action Record. However, contrary to our original hypothesis, the amount of training or experience was not significantly related to the criterion variable in the full model, although amount of training did approach significance. Taken together, the full model accounted for 33% of the variance in the criterion, with quality of training as a highly important predictor.

These findings extend considerably those of Wheelaghan, Hill, Borland, Lambert and Triseliotis (1999). In that study, the researchers had used interviews to collect data and had necessarily involved a much smaller sample than the current study ($n=12$). Another major difference is the level of respondents' training. In Wheelaghan's study, less than 50% had attended a LAC training session (Wheelaghan et al., p. 48), whereas in the current study all respondents included in the analysis had received training. This clearly had important implications for expectations and understanding about the approach. In the interviews, foster parents indicated that they "don't really understand [the LAC approach]" and saw the approach as a way of collecting information rather than seeing LAC within a developmental context (Wheelaghan et al., p. 49). This lack of information can be contrasted with the current study where over 90% of the sample felt that the training had prepared them "well" or "very well" to complete the AAR and to play their part in implementing the young person's plan of care. Respondents also believed that the training had provided good coverage of the key values and principles of LAC. This study suggests that attendance at training, and the quality of that training, are

central to the effective use of the AAR by foster parents and, therefore, to full implementation of the approach. It is also interesting to note that there was no significant relationship between use of the AAR and perceived utility, suggesting that experience alone is not sufficient to persuade foster carers of the utility of the AAR.

The findings in relation to training have important implications for practice. First, it is clear that not all foster parents are receiving an adequate level of training. The LAC curriculum in Ontario requires a minimum of two days training. Thirty-one percent of foster parents in the research sample had received one day's training or less, and 12% of the respondents had not received any training. The amount of training was a significant zero-order predictor of utility. It is also reasonable to infer that for training to be of high quality, it should cover all the materials in the curriculum and should therefore last two days as required by the curriculum. This study suggests that the first step toward maximizing the perceived utility levels is to provide high quality training to all potential stakeholders, including foster carers and support staff. Agencies should be mindful of the potential barriers to attending training, and appropriate arrangements should be made to compensate child-care and travel expenses, arrange training at a convenient time, and, if necessary, develop appropriate incentives to encourage maximum levels of attendance.

Secondly, it appears that the role of experience in using the AAR is different for foster parents compared to child welfare workers. In the companion study with child welfare workers (Pantin, Flynn, & Runnels, 2006), we found experience to be a significant predictor of perceived utility, such that the more the child welfare worker used the instrument, the more useful they found it. This was not the case with foster parents. One possible explanation for this counterintuitive finding is different levels of experience

in the two studies: only 19% of foster parents indicated that they had used the AAR with five or more children, whereas 53% of the workers had used the AAR with 6 or more children. So, although the “experienced” foster parents were experienced relative to their peers, they did not have as much experience as child welfare workers. The AAR is a long and detailed document, and it may be necessary for foster parents to use it over a considerable time before they see the document as relatively useful to them.

A second possible explanation for the difference in results is that the experience of using the document did not match the expectations created in training. In the study by Wise (1999), one of the foster parents felt that the records (including the AAR) did not match the expectations raised in the training sessions. “The training package tried to paint a picture that it did not fulfill. It has either failed to do what it set out to do or it was sold as something that it clearly wasn’t” (Wise 1999, p. 44). Although these criticisms are of the Australian version of the LAC documents, this comment does suggest that the training program should emphasize the importance of the AAR within the broader context of the LAC approach and create realistic expectations about how the approach will work for a particular foster parent.

A third possible explanation reflects the belief expressed by some foster carers that as the foster carer gets to know the child more, they feel that the AAR is less revelatory and therefore perceive it to be less useful. As one parent commented, “You don’t need an AAR to really know your child in care”, and another added, “If you have great communication and relationship with your child, then these AARs are redundant”. This view is consistent with the parent cited by Wise (1999) who commented that the AAR was only necessary for children who had recently come to the foster parents. One

foster parent, however, suggested that the real value of the AAR was in charting change over time, suggesting that s/he still found the tool relevant even though the child/youth had been with the family for some time. These comments highlight the need to explain that one of the primary benefits of the AAR is to provide an objective measure of change over time so that more foster carers appreciate the need for ongoing monitoring of the child/youth to facilitate timely interventions.

The present study had three important limitations. First, the data are cross-sectional, which means that no causal inferences can be made. It is possible that the relationship between utility and training is rather more complex than suggested here. That is, some of the foster carers may have taken part in booster training sessions once they had had an opportunity to use the AAR. Their previous experience of the AAR might mean that the training was more pertinent to them and they therefore rated it more highly. The second area of concern is the response rate (60%). Although this is in line with response rates cited by Dillman (1991), foster carers who did not respond may have held very different views from those who took part in the study. The third potential area of concern is possible response bias from foster carers who were keen to show themselves in the best possible light. This view is supported by the negatively skewed distribution and high mean for the group, particularly on variables relating to foster parent performance, suggesting that there may be a ceiling effect in operation.

Despite these limitations, the current study has added to the literature on the relationship between foster parent training and the perceived utility of the AAR, which is so central to the implementation of LAC. To date, there has not been a study of foster parents who were currently using the AAR and had all received training in the approach.

Thus, we have expanded upon the earlier work of Wheelaghan, Hill, Borland, Lambert and Triseliotis (1999) in this area. The findings from this study have implications for child protection agencies that want to maximize the likelihood of effective uptake of the LAC approach by foster carers. To achieve higher levels of perceived utility of the AAR, which in turn is likely to be associated with higher levels of use, agency managers need to provide high-quality training covering the entire curriculum in a timely fashion that is accessible to all foster carers. Although individual barriers to attendance at training sessions will vary, agencies can endeavor to maximize likely attendance by removing likely barriers, such as child care needs, and providing appropriate compensation for attendance.

One of the central issues to emerge from the companion study of the perceived utility of the AAR among child welfare workers is that use of the AAR in supervision was strongly associated with higher levels of perceived utility by the child welfare worker (Pantin, Flynn, & Runnels, 2006). This suggests that foster carers are likely to find the approach more useful when the AAR is meaningfully and consistently used in the foster carers' contact with the agency. Although the plan of care will remain the central document used to guide daily care to the foster child/youth, it is important to stress to foster carers that the quality of the plan of care depends upon the information from the AAR so that foster carers do not see the AAR as redundant. Thus, the AAR is essential to preparing a plan of care in which the views of all members of the foster care team are represented.

Study 3

Introduction

In the past two decades, evidence of poor outcomes for children growing up in foster care has increased substantially (Heath, Colton, & Aldgate, 1994; Jackson, 1994; Jackson & Martin, 1998; Parker, Ward, Jackson, Aldgate, & Wedge, 1991; Pecora et al., 2005). Studies such as these have found that many children and youth who have spent time in foster care are likely to be at a severe disadvantage compared to their peers in the general population, both during childhood and in the transition to adulthood. It is notable, however, that not all children and youth experience these negative outcomes, with some continuing to achieve, and even exceed, their developmental milestones in a timely fashion (Flynn, Ghazal, Legault, Vandermeulen, & Petrick, 2004; Masten, 2001).

Many researchers have turned to resilience theory to describe and explain some of the wide variation in outcomes both in the general population and specifically with foster children and youth. The theory has great popular appeal, as it concentrates not on pathology, but rather on building an integrated model that takes account of both the risk and protective factors within the child's life (Luthar & Cicchetti, 2000; Masten, 2006; Masten & Powell, 2003; Masten & Reed, 2002; Rutter, 1999; Rutter, 2000). For a child to be deemed resilient, two judgments must occur (Masten & Powell, 2003): first, that the child has been exposed to an adverse event (Masten & Powell, 2003, Masten & Reed, 2002; Rutter, 1999), and second, that the child continues to have a "track record of success meeting age-related standards of behavior" (Masten & Reed, 2002, p. 75). In line with Masten, we envisage childhood as a series of periods in which children and youth

tackle, with differing levels of success, age-related developmental tasks (Masten & Reed, 2002; Masten, 2006).

Relationships form one central facet of these developmental milestones. The first developmental task for the newborn infant is to form a secure attachment to a parent or caregiver (Masten & Coatsworth, 1998). Later developmental tasks include effective and reciprocal relationships with peers and other adults in the child's life, such as teachers and extended family members (Masten & Coatsworth, 1998). A close relationship with a caring and competent adult has been identified as one of the most significant predictors of a resilient outcome in the face of adversity (Masten, 2006). Masten and Reed (2002) put it this way: "Relationship bonds to other competent and involved adults and also to prosocial peers are widely reported correlates and predictors of resilience" (Masten & Reed, 2002, p. 82).

Legault and Moffat (2006) investigated positive life experiences in a sample of 641 young people aged 10 and over who were in foster care in Canada. They found that 23% of responses cited a relationship as a significant positive experience in the previous year, and 18% of responses referred to characteristics of the placement, or being admitted to care. Although some of the responses (11%) in the relationship category referred to relationships with the biological family, it can be seen that the relationship with the foster family and the level of satisfaction with the placement are also likely to have a significant impact on the youth's positive life experiences.

Although the importance of a caring adult within the youth's life has been widely acknowledged in the literature, there have been fewer attempts to describe and analyze the role of this attachment in a foster youth's life. A number of wide-ranging claims have

been made for the benefits of a secure attachment, both in later childhood and adulthood, for children in the general population, and there is some evidence that a secure attachment can give a child a defence against trauma and stress, enabling them to respond more adaptively in stressful situations (Levy & Orlans, 2000).

Of particular interest is the work by some researchers who have used attachment theory to describe and explain the psychosocial and behavioral difficulties experienced by many foster children and youth (Thompson, 2000) and to describe possible therapeutic interventions aimed at building attachments to new caregivers (Howe and Fearnley, 2003; Schofield & Beek, 2005). Within attachment theory, these significant relationships should then form a base for the youth to develop other social, emotional, and cognitive competencies.

The Looking After Children Approach: Promoting Resilient Outcomes

The Looking After Children (LAC) approach was developed in the UK in the 1990s (Parker, Ward, Jackson, Aldgate, & Wedge, 1991; Ward, 1995), where in revised form it is now part of the Integrated Children's System (Jones, 2006). LAC has also been adapted for use internationally and has been used in about 10 countries, including Australia, Sweden, and Canada. The approach has been used in Ontario, Canada, since 1996 in several experimental projects (Flynn, Angus, Aubry, & Drolet, 1999). LAC is now being implemented in all 53 Children's Aid Societies (CAS) in the province, as mandated by the Ontario Ministry of Children and Youth Services.

LAC aims to provide a standard of corporate parenting equal to that of a parent in the general population with adequate resources. It intends that children in care can and

should achieve their full potential in 7 developmental domains (health, education, identity, family and social relationships, social presentation, emotional and behavioral development, and self-care skills). The emphasis is on meeting developmental tasks in key areas so that the youth will be adequately prepared for a smooth transition into independent living. Child welfare workers and caregivers (e.g., foster parents) receive training in the LAC approach, which emphasizes the importance of providing high quality and responsive parenting to the child and creating a bond of nurturance and trust. The approach is therefore designed to create a genuine partnership between all members of the foster care team (the foster child/youth, foster parent, and child welfare worker) and to respond promptly and effectively to the youth's needs. LAC is also designed to promote resilience by supporting the development of factors associated with better child outcomes. "In essence, the LAC approach was designed to ensure that a child welfare system operates like a fundamental human adaptive system, so that taking a child into care would improve the odds for resilience, rather than increase a child's risk" (Masten, 2006, p. 12).

Central to the operationalization of the LAC approach is the Assessment and Action Record (AAR) that is completed annually by the child welfare worker and the foster parent, together with the active participation of the foster youth if s/he is aged 10 or over, which can be used as a tool for promoting and monitoring resilient outcomes (Klein, Kufeldt, & Rideout, 2006). The AAR is designed to be completed during a conversational interview, in which team members explore the youth's needs, goals, and priorities for the coming year across the seven developmental domains mentioned previously (Flynn, Ghazal, Moshenko, & Westlake, 2001). "Youth have the opportunity

to express their opinions and feel that their voices are being heard, and they have a sense of control over the decisions affecting their lives. The process also develops deeper and stronger relationships between all involved” (Klein et al., 2006, p. 43). If all team members participate in the completion of the AAR and work collaboratively on the implementation of the priorities and goals identified during the conversational interview, we may expect that the quality of the young person’s relationships within the foster family and with the child welfare worker will be improved, as will the level of placement satisfaction.

The Current Study

One of the central themes of the LAC approach is to promote resilient developmental processes and outcomes experienced by the child or youth. The approach is designed to provide a high standard of responsive parenting and to encourage an atmosphere of collaboration to strengthen the relationship between foster team members. The completion of the AAR by the foster team is intended to better identify and meet the ongoing needs of the foster youth and, through that dialogue, to promote the relationship between foster team members. We therefore hypothesized that more successful implementation of the LAC approach, as judged by foster team members, would be associated with better relationships between the young person in care and his or her foster parents and child welfare worker, and greater placement satisfaction.

The current study fell into two sub-studies, the first methodological and the second substantive in nature. In the first sub-study, we investigated the psychometric properties and validity of the Team Scale Year 3 (TS-Y3) (Measurement Study), developed to measure the degree to which the team members jointly believed that they

had successfully achieved the goals and priorities of LAC (Flynn, Ghazal, Moshenko & Westlake, 2001) in their work together. The scale comprised 21 items that had been drawn directly from a list of LAC values and priorities in the LAC approach (Smith, 2000). The TS-Y3 scale was a component of the year 3 version (used in 2003-2004) of the AAR-C2, the second Canadian adaptation of the Assessment and Action Record (Flynn, Ghazal, & Legault, 2004; Flynn, Ghazal, Moshenko, & Westlake, 2001). In the second sub-study, we tested the hypothesis that greater success in implementing the LAC approach as rated by the team (i.e., the foster child or youth, child welfare worker, and foster carer) would be associated with relationships of higher quality (as perceived by the foster child/youth) of the young person with his/her female foster caregiver and child welfare worker and with greater satisfaction with the placement (again as perceived by the foster youth).

Sub-Study 1: Factor Structure and Validity of the TS-Y3 Scale

Method

Participants

Demographic characteristics. The participants consisted of male and female foster children between the ages of 10 and 20 years, the foster parent who completed the AAR, and the child welfare worker who participated in Year 3 (July 2003 to June 2004) of the OnLAC pilot project. Participating youth consisted of 226 boys (56.1%) and 177 girls (43.9%), with an average age of 13.42 years ($SD = 2.13$). The mean age of first entry into out of home care was 7.52 years ($SD = 3.70$). The sample is more fully described in Appendices 7 to 14.

Training in Looking After Children. Eighty-five percent of the child welfare workers had had at least one day of training in the Looking After Children approach, but only fifty-four percent had received two days or more as recommended in the Looking After Children training curriculum. Eight percent reported that they had received no training at all in the approach. Sixty-six percent of participating foster parents had received some training in the LAC approach, with forty-three percent of parents receiving two or more days training.

Instruments and measures

All items were completed as part of the AAR administration unless otherwise stated.

Team Scale Year 3 (TS-Y3). This 21 item scale asked all the respondents to the AAR-C2 (i.e. the foster parent, the child welfare worker and the youth if old enough and present) to arrive at a consensus about the degree to which as a team they had met the goals and priorities of implementing Looking After Children in relation to the plan of care. The scale was administered as part of the AAR. The substance for the questions was taken from a list of goals and priorities contained in the LAC reader (Smith, 2000). The response options ranged from “Fully put into practice” to “Not yet put into practice (work has just begun)”. The total score could range from 21 to 84, with a higher score signifying that the team believed they had been relatively successful in putting the objectives fully into practice. The content of the questions covered both the philosophy of the LAC approach and administration.

Previous exposure to the AAR. This variable was measured by a single item which asked whether the child welfare worker had ever used the AAR with this child or youth before. The response categories were “yes” or “no”.

Foster Parent Team Scale (FP-TS). Perceived success in achieving the priorities and tasks of Looking after Children was measured using 6 items taken from the TS-Y3. These particular items were selected based upon their psychometric properties. The FP-TS asks the respondent to rate the degree to which s/he believes that s/he has been successful in completing various goals and priorities of the Looking after Children approach. The items ask about a number of domains, including the degree to which the foster parent believes that s/he has been successful in meeting the individualized needs of the child, the degree to which s/he believes that it is possible to bring about positive change in the young person's life, and the degree to which s/he focuses on the success of the child rather than on failures. Responses are on a 5-point scale ranging from "definitely true" to "definitely false". The midpoint is labeled "uncertain". The total score could range from 6 to 30 with a higher score indicating a higher level of perceived implementation. Internal consistency for the current sample was high ($\alpha = .95$).

CWW Team Scale (CWW-TS). The scale administered to child welfare workers was identical to that administered to foster parents and described above. Again the scale had excellent internal consistency in the current sample ($\alpha = .94$).

Data Collection Procedure

The Assessment and Action Record (AAR-C2) was administered on an annual basis by the child welfare worker assigned to each foster child or youth participating in the OnLAC project. The child welfare worker arranged to meet with the foster child and the foster parent, generally at the foster home. The AAR-C2 is designed to be completed by the child welfare worker, the foster parent, and the youth in the form of a

conversational interview. Further details of the administration of the AAR are described in Appendix 14.

Statistical Analysis

In the first sub-study we investigated the psychometric properties and validity of the Team Scale Year 3 (TS-Y3) (Measurement Study). Specifically, we addressed the following questions:

- (1) *Hypothesis Test 3*: What is the factor structure of the TS-Y3?
- (2) *Hypothesis Test 4*: Were there significant differences on the TS-Y3 dimensions between youth who have previously used the TS-Y3 with their child welfare worker and those who were using it for the first time?
- (3) *Hypothesis Test 5*: Is there evidence that scores on the TS-Y3 taken from the administration of the AAR-C2 are significantly correlated with selected items taken from the same scale and administered in separate surveys of child welfare workers and foster parents?

Results

Hypothesis Test 3.

To identify the factor structure of the TS-Y3 scale a principal components extraction with oblimin rotation was performed using the SPSS-12 factor analysis program on the 21 items of the TS-Y3. As can be seen from Table 7, sixteen of the items loaded at .63 and above on Component 1 and four items loaded at .55 and above on Component 2. The exception was Item 10 which did not load at above .50 on either component. Component 1 accounted for 56.8% of the variance and Component 2

accounted for a further 6.8%. The two components together accounted for 63.6% of the total variance.

Table 7.

Factor Loadings for TS-Y3Items

TS-Y3 Item	Item #	Component 1	Component 2
Focus on everyday goals of parenting	19	.92	-.11
Focus on successes not just problems	20	.91	-.15
Promote positive outcomes for children in care rather than simply prevent harm	16	.89	.01
Treating each other as full partners	5	.88	-.08
Believe that our work together can bring about positive change even in less than ideal situations	18	.86	.01
Keeping the needs of the child ahead of those of the foster parent and social worker	13	.84	-.02
Focus on everyday experiences and actions needed by the child now to succeed later	11	.81	-.00
Providing a quality of parenting equal to that of other parents with adequate resources	4	.81	-.00
Taking the child's point of view into account	7	.80	.03
Help child to develop to his/her maximum potential not just a minimum level	15	.79	.07
Reaching out and cooperating with others who are involved in the child's life	21	.75	.01
Improving the child's health status	6	.75	.04
Set goals for child in care at same level as similar children in the general population	12	.68	.10
Improve the child's educational status	14	.67	.06
Planning according to the individualized needs of the child	8	.65	.20
Providing opportunities to the child to stay in touch with birth family	9	.63	.07

Provide opportunities to the child to stay in touch with cultural traditions of birth family	10	.32	.31
Identifying clearly the needs of the child in the Plan of Care	2	-.03	.91
Implementing the objectives identified in the Plan of Care	3	-.03	.85
Filling out the AAR as carefully and completely as possible	1	.02	.77
Make clear in our action plans who is responsible for doing what and when	17	.27	.55
Eigen values for components		11.92	1.42

On examination, the first component appeared to reflect the philosophy of the Looking After Children approach, embodying more aspirational items such as “Helping this child to develop his/her potential to a maximum rather than a minimum” (LAC philosophy -LACPHIL), and the second component referred to items dealing specifically with the plan of care (LAC plan of care - LACPOC). Item 10 did not appear to fit with either of these categories and was therefore discarded. Item 9 was also discarded, as many of the participants were crown wards and were frequently unable to have contact with their biological family. We also reviewed Item 1, which appeared to add very little to the content validity of the second factor, so it was also discarded. Based upon the eigenvalues and scree test, we concluded that the TS-Y3 had a two factor structure, one factor measuring the degree to which the respondents judged that they had met the goals and priorities of LAC and the second factor measuring the degree to which the respondents believed that they had used the plan of care to carry out certain administrative tasks.

We next evaluated the discriminant and convergent validity of the two dimensions of the TS-Y3 scale by asking (1) whether children or youths previously assessed with the AAR-C2 in years 1 (2001-2002) and 2 (2002-2003) had scores that were significantly different from those of children and youth assessed with the AAR-C2 for the first time in year 3 (2002-2003), and (2) whether the scores of the children or youths on the two dimensions were significantly correlated with brief measures of perceived success in achieving the main goals and priorities of LAC, as rated independently by the young people’s child welfare workers and foster carers.

Hypothesis Test 4. Were there significant differences on the TS-Y3 dimensions between youth who have previously used the TS-Y3 with their child welfare worker and those who were using it for the first time? To test this hypothesis, we carried out independent-samples *t*-tests, each at the $p < .025$ level because of a Bonferroni correction ($\alpha/2 = .025$), as the variances for the two groups were significantly different in the case of each variable (Box's $M = 110$, $p < .0001$; Levine *F*-tests for LAC-PHIL-12 and LAC-POC3, respectively = 13.35, $p < .0001$, and 23.03, $p < .0001$, respectively).

For each variable, there was a significant difference between the scores of child welfare workers who had used the AAR previously with the target young people in question compared to those who had not. Specifically, in the case of LAC-PHIL 12, workers who had previously used the AAR with the target child had a mean score of 3.81 ($SD = .30$), compared with a mean of 3.68 ($SD = .62$) for those who had not ($t [335] = 3.77$, $p < .025$; Cohen's $d = .26$). In the case of LAC-POC 3, workers who had previously used the AAR with the target child had a mean score of 3.71 ($SD = .50$), compared with a mean of 3.47 ($SD = .77$) for those who had not ($t [282] = 2.61$, $p < .025$; Cohen's $d = .38$).

Hypothesis Test 5: Is there evidence that scores on the TS-Y3 taken from the administration of the AAR-C2 are significantly correlated with selected items taken from the same scale and administered in separate surveys of child welfare workers and foster parents? To answer this question we correlated scores on the foster parent team scale (FP-TS) and the child welfare worker team scale (CWW-TS) (administered separately by

mail; for further details see Pantin, Flynn & Runnels, 2006) with scores on the LAC-POC 3 and LAC-PHIL 12. The correlation matrix is shown in Table 8. Interestingly, the only significant positive correlation was between LAC-PHIL 12 and the CWW-TS ($r = .21$, $p < .05$). Thus, the hypothesis that the LAC sub-scales will correlate with data from independent sources is only partially supported. This suggests that the child welfare worker may have a greater influence on the team decision than the other two team members.

Table 8.
Intercorrelations Among Team Scale variables

Variable	1	2	3	4
1. LAC-POC 3	---			
2. LAC-PHIL 12	.63** (N=403)	---		
3. FP-TS	.10 (N=56)	.08 (N = 56)	---	
4. CWW-TS	.13 (N=99)	.21* (N = 99)	-.27 (N = 29)	---
Mean	3.59	3.75	24.68	25.37
SD	.66	.48	5.76	3.59

Note to Table 2: LAC-POC 3 - Looking After Children Plan of Care
 LAC-PHIL 12 - Looking After Children Philosophy

* $p < .05$ (two-tailed) ** $p < .01$ (two-tailed)

*Sub-Study 2: Association Between Success in Implementing LAC and Relationship
Quality and Placement Satisfaction of Foster Youth*

It will be recalled that the purpose of Sub-Study 2 was to test the hypothesis that greater success in implementing the LAC approach as rated by the team (i.e., the foster child or youth, child welfare worker, and foster carer) would be associated with relationships of higher quality (as perceived by the foster child/youth) of the young person with his/her female foster caregiver and child welfare worker and with greater satisfaction with the placement (again as perceived by him or her).

Method

Participants

Demographic characteristics. Participants were the same as described in Sub-Study 1. It will be noted that the majority of youth participating in the study had been in the same placement in the previous year (84.2%) and had had the same child welfare worker (70.6%). Further details concerning the participant characteristics and administration of the AAR are shown at Appendices 7 to 14.

Instruments and Measures

All items were completed as part of the annual administration of the AAR-C2 in year 3 (2003-2004).

Looking After Children – Plan of Care 3 (LAC-POC 3) - This three-item scale asked all the respondents to the AAR-C2 (i.e. the foster parent, the child welfare worker, and the youth if old enough and present) to arrive at a consensus about the degree to which as a team they had met the goals and priorities of implementing Looking After Children in relation to the plan of care. The scale was administered as part of the AAR.

The three items in the scale asked whether the team had been able to identify clearly the needs of the child in the plan of care, whether the team had implemented the objectives identified in the plan of care, and whether the team had made clear in the plan of care who was responsible for doing what and by when. The substance for the questions was taken from a list of goals and priorities contained in the LAC reader (Ward, 1995). The response options ranged from “Fully put into practice” to “Not yet put into practice (work has just begun)”. The total score could range from 4 to 12, with a higher score signifying that the team believed they had been relatively successful in putting the objectives fully into practice. However, the internal consistency of the scale for this sample was good (Cronbach’s $\alpha = .80$).

Looking After Children – Philosophy 12 (LAC-PHIL 12) – This scale consisted of 12 items designed to measure the degree to which the respondents to the AAR believed that they were implementing the goals and priorities implied in the general LAC approach or philosophy. Sample items include whether the team believed they were planning according to the individualized needs of the child, whether they were providing opportunities for the child to stay in touch with people who are significant to him or her, whether they were providing a quality of parenting equal to that of other parents with adequate resources and whether the team took the child’s view into account. As with LAC-POC 3, the response options ranged from “Fully put into practice” to “Not yet put into practice (work has just begun)”. The total score could range from 12 to 48, with a higher score signifying that the team believed they had come closer to putting the LAC philosophy fully into practice. As with LAC-POC 3, the scale had not been used before,

so no psychometric details were available from other studies. However, the internal consistency of the scale for this sample was high (Cronbach's $\alpha = .95$).

Previous exposure to the AAR. This variable was measured by a single item that asked whether the child welfare worker had ever used the AAR with this child or youth before (i.e., before year 3 of the OnLAC project in 2003-2004). The response categories were "yes" or "no."

Relationship with foster mother. This four-item scale asked the youth to think about his/her foster mother and indicate how well the youth believed that she understood him or her, how fair she was, how much affection she gave, and how close he or she felt to her. The response options for the first three questions ranged from "A great deal" to "Very little," for the fourth question, from "very close" to "not very close." The total score could range from 0 to 8, with a higher score signifying that the youth perceived that s/he had a higher quality relationship with the female caregiver. The scale had previously demonstrated good internal consistency (.80) (Flynn, Beaulac, & Vinograd, 2006).

Relationship with child welfare worker. This four-item scale asked the youth to think about his/her child welfare worker and respond to the same items described for the foster mother. Once again, the response options for the first three questions ranged from "A great deal" to "Very little," and for the fourth question from "very close" to "not very close." The total score could range from 0 to 8, with a higher score signifying that the youth perceived himself or herself as having a higher quality relationship with the female caregiver. The scale has not yet been used in a published research study; however, it showed good internal consistency in the current sample (Cronbach's $\alpha = .80$).

Placement satisfaction. This 9-item scale asked the youth to think about his/her current living situation. The items asked whether the youth liked living in the placement; whether the foster parents or other caregivers were interested in their activities; whether they would be pleased to live there for a long time, were satisfied with the amount of privacy they had, felt relaxed around the people they were living with, and had a good relationship with the people with whom they were living; whether the situation met their needs; and whether, overall, they were satisfied with their current living situation. The response options ranged from “A great deal” to “Very little.” The total score could range from 0 to 18, with a higher score signifying greater levels of satisfaction with the placement. Research using the scale has demonstrated good internal consistency (.90) (Flynn, Robitaille, & Ghazal, 2006).

Data Collection Procedure

The data collection procedure is described in the first part of the study.

Data Preparation

The data were examined initially to establish the rate and patterns of missing data. A total of 579 participants had completed an AAR in year 3 of the study. However, 44 participants had used an earlier version of the AAR-C2 that included a substantially different version of the TS-Y3. This gave a potential sample of 535. Of that sample, 34 participants had not responded to any item in the TS-Y3 even though they had completed the AAR, and a further 12 participants had more than 50% missing data. Their data were therefore omitted. From this sample of 489, we then selected only those individuals who were in a foster home and whose foster mother and child welfare worker had been

present at the interview and had provided information on their relationship with the foster child. This gave a final sample of 403 (the research sample).

Missing Data.

Rates of missing data within the research sample were found to be very low, varying from 1 to 3%, and did not follow any pattern. We were therefore able to use the EM (Expectation-Maximization) procedure (Schafer & Graham, 2002), which is an option in the Missing Values Analysis routine in SPSS. This procedure estimates the means, covariance matrix, and the correlation of quantitative variables with missing values, using an iterative process.

Results

Scale Properties

Descriptive information on all measurement scales used in the study, including means, standard deviations, and inter-rater reliability coefficients are shown in Table 9. Values for Cronbach's alpha varied from .80 to .95, demonstrating very good to excellent levels of internal reliability. Skewness and kurtosis values for all scales deviated from normality. Standardized values for skewness ran from -31.07 to -10.33, and for kurtosis from 71.1 to 5.14. LAC-PHIL 12 showed the most significant deviation from normality. Although these scores obviously indicate that the distributions are highly kurtotic, Tabachnick and Fidell suggest that "underestimates of variance associated with negative kurtosis disappear with samples of 100 or more cases; with positive kurtosis underestimation of variance disappears with sample of 200 or more" (1996, p.73). We carried out a log transformation of the variables, but this did little to reduce the problem

and also raised the inherent difficulty of subsequent interpretation. We therefore decided to screen for normality at the multivariate level through the regression residuals (Tabachnick and Fidell, 1996, p. 77) rather than identifying outliers at the variable level where many of the variables were showing non-normal distributions.

Table 9

Descriptive information on Measurement Subscales used in the Analyses (N=403)

Scale	Number of Items	Potential Range of Scores	Obtained range of scores	<u>M</u>	<i>SD</i>	Cronbach's Alpha
LAC-PHIL 12	12	0-4	1-4	3.74	.48	.95
LAC-POC 3	3	0-4	1-4	3.59	.66	.80
Relationship with female caregiver (as rated by child in care)	4	0-8	1-8	6.61	1.75	.81
Relationship with male caregiver (as rated by the child in care)	4	0-8				
Relationship with CWW (as rated by the child in care)	4	0-8	0-8	6.37	1.71	.80
Placement satisfaction	8	0-18	2-18	15.81	3.35	.90

Implementation and Significant Relationships in the Foster Family

The second study was designed to establish the degree to which success in meeting the goals and priorities of LAC was associated with higher levels of conceptually congruent outcomes, namely, higher-quality relationships and greater placement satisfaction. Looking After Children places a strong emphasis upon the development and maintenance of the youth's relationships, which is why we selected these outcomes as likely to covary with success in implementing LAC. The change in these relationships should also theoretically be associated with better outcomes in other areas, such as education, over time, but measurement of these more distal outcomes is premature in the current analysis.

Initial inspection of the bivariate correlation matrix for the variables in the second sub-study (see Table 10) showed significant positive relationships ($p < .01$) between one of the two LAC subscales, LAC-PHIL 12, and two of the variables; namely, placement satisfaction and relationship with child welfare worker. No significant correlation was found between LAC-PHIL 12 and relationship with female caregiver. Also, no significant correlations were identified between LAC-POC 3 and any of the three variables. Finally, there was a strong correlation between two of the independent variables, LAC-POC 3 and LAC-PHIL 12. Because of its strong correlation with LAC-PHIL 12 and lack of correlation with the outcomes, we anticipated that, in regression equations predicting the outcomes, LAC-POC 3 would function as a suppressor variable (see Tabachnick & Fidell, 1996)

Table 10

Intercorrelations Between Variables in Study 2 (N = 403)

Variable	1	2	3	4	5
1. LAC-POC 3	---				
2. LAC-PHIL 12	.63**	---			
3. Relationship with female caregiver	.01	.09	---		
4. Relationship with CWW	.03	.13**	.40**	---	
5. Placement satisfaction	.03	.17**	.65**	.35**	---

*p<.05 (two-tailed) **p<.01(two-tailed)

Hypothesis Test 6. Is greater success in implementing Looking After Children (as judged by the team) associated with a significantly higher quality relationship between the youth and his/her female care-giver and child welfare worker (after controlling for age, gender, and length of time in his/her current placement)? As the note to Table 11 indicates, LAC-POC 3 and LAC-PHIL 12, when added to the regression model after the control variables, did not add significantly ($p = .06$) to the amount of variance accounted for in the criterion, although it does indicate a trend. The model as a whole accounted for 6% of the variance in the criterion. Concerning the individual regression coefficients, LAC-PHIL 12 had a significant positive relationship with the criterion ($\beta = .15, p < .001$), whereas LAC-POC 3 had a non-significant relationship, with a negative sign. This suggested that LAC-POC 3 was acting as a suppressor variable, that is, a variable that “suppresses variance that is irrelevant to the prediction of the DV” (Tabachnick & Fidell, 1996, p. 165). Regarding suppression, Cohen and Cohen (1975) state that “In spite of its zero order correlation with Y, X_2 increases the variance accounted for in Y by suppressing some of the variance in X_1 that is irrelevant to Y” (p. 87). Tabachnick and Fidell suggest that, once identified, a suppressor variable should be interpreted as a variable that enhances interpretation of the relationship, but that the substantive relationship between the suppressor variable and the criterion be interpreted with caution.

Table 11

Summary of Hierarchical Regression Analysis of Variables predicting Relationship with Female caregiver

Variable	Relationship with female caregiver (as evaluated by young person) (N = 402) β
Step 1	
Control variables	
Years in placement	.17***
Current age	-.12**
Gender	-.07
Step 2	
Years in placement	.18***
Current age	-.12**
Gender	-.07
LAC-PHIL12	.15*
LAC-POC3	-.10
Total R^2 =	.06
R^2 (adj.)=	.05

Note: R^2 = .05 for Step 1 ($p < .0001$); ΔR^2 = .01 for Step 2 ($p = .06$.)

* $p < .05$, ** $p < .01$, *** $p < .001$ (two-tailed)

Table 12 shows the regression equation for the prediction of the quality of the young person's relationship with his/her child welfare workers. LAC-POC 3 and LAC-PHIL 12, when added to the regression model after the control variables, added a significant increment ($p = .01$) to the amount of variance accounted for in the criterion. The model as a whole accounted for 4% of the variance in the criterion. Again, LAC-POC 3 appeared to be acting as a suppressor variable. LAC-PHIL 12 had a significant positive relationship with the criterion ($\beta = .19, p < .01$), whereas LAC-POC 3 continued to have a non-significant relationship with a negative sign.

Our hypothesis was, therefore, partially supported. Higher levels of successful implementation of the LAC philosophy, as indicated by the score on LAC-PHIL 12, were associated with a higher quality relationship between the young person and his/her female caregiver and child welfare worker. LAC-POC 3 was not significantly associated with either criterion variable.

Table 12

Summary of Hierarchical Regression Analysis of Variables predicting Relationship with Child Welfare Worker

Variable	Relationship with Child Welfare Worker (N = 401) β
Step 1	
Control variables	
Years in placement	.04
Current age	-.13*
Gender	-.003
Step 2	
Years in placement	.05
Current age	-.12*
Gender	-.01
LAC-PHIL 12	.19*
LAC-POC 3	-.11
Total R^2 =	.04
R^2 (adj.)=	.03

Note to Table 2: LAC-POC 3 - Looking After Children Plan of Care
LAC-PHIL 12 - Looking After Children Philosophy

R^2 = .02 for Step 1 (*n.s.*); ΔR^2 = .02 for Step 2 (p = .01)

* p < .01 (two-tailed)

Hypothesis Test 7. Is greater success in implementing Looking After Children associated with significantly higher levels of satisfaction with the current placement (controlling for age, gender, and length of time in current placement)? When the regression equation was first run, the program identified 11 respondents who had residuals scores with a z-score exceeding 3.33 (Tabachnick & Fidell, 1996, p. 76). These individuals were removed, and the analysis was rerun. Table 13 shows the regression equation predicting the young person's placement satisfaction. LAC-POC 3 and LAC-PHIL 12, when added to the regression model after the control variables, added a significant increment ($p = .001$) to the amount of variance accounted for in the criterion. The model as a whole accounted for 7% of the variance in the criterion, whose relationship with LAC-POC 3 and LAC-PHIL 12 now appeared more complex. LAC-PHIL 12 had a significant positive relationship with the criterion ($\beta = .27, p < .001$) whereas LAC-POC 3 now had a significant negative relationship with the criterion variable ($\beta = -.20, p = < .01$). Although LAC-POC 3 now had a significant relationship with the criterion variable, it would be more appropriate to interpret this result as indicating suppression rather than interpreting it in a substantive way (Tabachnick & Fidell, 1996).

Again, therefore, our hypothesis was partially supported. Higher levels of success in implementing the LAC philosophy, as indicated by the score on LAC-PHIL 12, were associated with higher levels of placement satisfaction. However, LAC-POC 3, measuring the degree to which the triad believed that the aims and objectives of LAC had been translated into the plan of care, was significantly but negatively associated with the criterion variables – a result that we interpreted as evidence of suppression.

Table 13

Summary of Hierarchical Regression Analysis of Variables predicting Placement Satisfaction

Variable	Placement Satisfaction (N = 392) β
Step 1	
Control variables	
Years in placement	.12*
Current age	-.07
Gender	-.06
Step 2	
Years in placement	.14**
Current age	-.07
Gender	-.06
LAC-PHIL12	.27***
LAC-POC3	-.20**
Total R^2 =	.07
R^2 (adj.)=	.06

R^2 = .02 for Step 1 ($p = .01$); $\Delta R^2 = .04$ for Step 2 ($p < .001$).

* $p < .05$, ** $p < .01$, *** $p < .001$ (two-tailed)

Hypothesis Test 8. Is greater success in implementing Looking After Children associated with significantly higher levels of liking by the youth for his/her male caregiver (after controlling for age, gender, and length of time in current placement). LAC-PHIL 12 and LAC-POC 3 did not add a significant amount of variance in the prediction of the criterion variable, nor was the beta coefficient for either predictor statistically significant. Our hypothesis was, therefore, not supported.

Discussion

In the first methodological sub-study, we initially carried out a factor analysis on the TS-Y3 and identified two components: LAC-PHIL 12, which assessed the team's consensus about its success in implementing the philosophy of the approach, and LAC-POC 3, which incorporated items specifically dealing with perceived success in implementing the plan of care. Initial analysis of the psychometric properties found that the distribution was negatively skewed and kurtotic, although this was of less concern because of the large sample size (Tabachnick & Fidell, 1996). We also found, however, that the instrument showed good discriminant validity: teams who had used the AAR previously had significantly higher scores than those teams who were using the instrument for the first time. Finally, we tested the concurrent validity of the instrument by correlating it with items taken from the same scale and administered to the same sample of foster parents and child welfare workers. A significant relationship was identified between LAC-PHIL 12 and the child welfare worker's individual responses, but there was no significant relationship with the foster parent survey, suggesting that the

child welfare worker may have had more influence over the team decision than other team members.

In the second substantive study we found that the degree to which the team as a whole believed that they (i.e., the young person, foster parent, and child welfare worker) had successfully implemented the LAC philosophy was significantly associated with better relationships with the foster mother and the child welfare worker and higher levels of placement satisfaction, after controlling for age, gender, and length of time in placement. No significant association was found between the scores on either LAC scale and the relationship with the foster father.

It is encouraging to find that more successful implementation of the LAC philosophy appeared to be associated with higher quality relationships amongst those close to the youth and to higher levels of placement satisfaction. This is particularly notable as it is the first time that this conceptually congruent finding has been reported in the literature. However, it is interesting to note that these improved relationships did not yet appear to have generalized to other members of the immediate family, such as the foster father. Although the mean length of time in the current placement for these youth was three and a half years, there was a considerable range, and some of the youth had spent only a few months at the current placement.

Schofield and Beek (2005) highlight the slow progress that many of these youth make in forming a significant attachment to members of their foster family. Although there is now considerable evidence that children can form attachments with several people, there will still be a hierarchy in those relationships (Rutter, 1995). The initial attachment is likely to be with the most significant person in the child's life – either the

foster parent, if the child has spent a considerable amount of time in the placement, or a long-term child welfare worker – and then generalize to other family members. It is also important to recall that these participants are in early adolescence and beyond. They are, therefore, likely to have spent longer in a disruptive home than their younger counterparts, and to have developed more entrenched behaviors in an attempt to control the unpredictable world around them (Howe & Fearnley, 2003), and to find entry into foster care particularly difficult at this time (Jonson-Reid, 2002). Therefore, although it was disappointing not to find an association between higher levels of LAC implementation and a closer relationship with the foster father, this was not totally surprising.

When interpreting this finding, however, it is also necessary to recall that attachment, as originally conceptualized rather than as measured by the strange situation, is a continuum rather than a categorical construct. As Rutter (1995) points out,

There is a tendency to refer to relationships as if they did, or did not, reflect attachment, and as if each relationship had to be one thing or another. It is clear from the evidence that this is nonsense. To begin with, as already noted, most people have several relationships involving a strong attachment. They differ in the importance and strength of the attachment but it is a quantitative variation and not a categorical distinction. (Rutter, 1995, p. 557)

He goes on to highlight the difficulties inherent with a classification of an individual as inherently securely or insecurely attached. Presumably, that attachment does not exist in a vacuum, and the child or youth may have a number of relationships that have some attachment qualities, with some being qualitatively stronger than others. Set against this

backdrop, the lack of a significant association between higher levels of LAC implementation and the relationship with the foster father is not so concerning, as it is clear that the majority of youth still have a good relationship with the foster father even though they do not judge it to be as close as to the foster mother.

Limitations of the current study

The first limitation is the cross-sectional nature of the study. Although an association has been identified between levels of LAC implementation and better relationships with significant others, this does not imply causality. In a cross-sectional study of this type, it is not possible to distinguish between a selection and a program effect (Rossi, Freeman, & Lipsey, 1999). It is possible that these youth were selected at the agency level because the child welfare worker had a better relationship with them and thought that they would be more likely to complete the AAR without complaint. Another intriguing possibility is that the LAC approach is easier to implement with some types of youth than others; for example, youth who find it easier to create and maintain interpersonal relationships. Clearly, these hypotheses will need to be tested longitudinally.

A second potential problem is the demand characteristics of the LAC conversational interview. When the youth is asked to make a judgment about the relationship with the child welfare worker and the foster parent, it is probable in many cases that both were present in the room. Although there is anecdotal evidence that some child welfare workers administer more sensitive parts of the AAR to the youth alone, there is no way that the researchers could identify when this was done. It is, therefore, reasonable to assume that some demand characteristics were present. However, although

both the child welfare worker and foster mother variables were negatively skewed, the obtained range of scores indicated that some children and youth were openly expressing their dissatisfaction with their foster care setting. Also, as we were using a quasi-experimental design, the same methodological issues would have affected both groups, providing further evidence that the findings represent a program effect rather than a methodological artifact. Although for research purposes it would clearly be more desirable if the scale were administered to each participant separately, overall, the AAR is administered as a clinical rather than a research tool, and this would not be practicable. It is also notable that the scores obtained here are in line with scores obtained by other researchers looking at placement satisfaction where the instrument is administered to the youth alone (Fernandez, 2006).

A third limitation is the absence of a significant association between the LAC-POC 3 and LAC-PHIL 12 and the scores obtained from foster parents on the separately administered survey. It will be recalled that for the present study we addressed the potential problem of response bias by administering a separate survey including the items taken from the LAC-PHIL 12. As stated previously, there was a significant relationship between the independent survey administered to the child welfare workers and the LAC-PHIL 12 scores. However, there was no significant relationship for the foster parents. This suggests that the team decision on the LAC-PHIL 12 may well reflect the views of the child welfare worker more than those of the foster parents. This explanation also receives some support from the findings by Wise (1999, 2003) in an Australian setting, where a carer stated that she was disappointed at the lack of input that she had into the AAR and that she “was disappointed at the control that the workers took in the process

and the fact that I was not given a copy of the booklet” (Wise, 2003, p11). Taken together, these findings suggests that the score on LAC-PHIL 12 and LAC-POC 3 may be primarily a measure of the child welfare worker’s perception of team success in implementing LAC, with only limited input from other team members.

The third potential limitation, briefly mentioned above, is the possibility that these children and youth had been selected by the child welfare worker to use the LAC approach precisely because the worker already had a better relationship with the child, who was therefore more likely to be compliant in filling in the AAR. As we have already stated, we had no control over the children and youth who were selected by each CAS to form part of the project, so it is possible that the personality or other characteristics of the child influenced this decision. Obviously, longitudinal data would help to investigate this relationship further, but it seems likely that the association between implementation and relationships is reciprocal: that is, as the relationship improves with all the triad members, then the level of implementation of LAC is also likely to increase as it grows more rewarding.

Conclusion

The Looking After Children approach was developed to address the shortfalls identified by many researchers in the provision of corporate or substitute care (Parker, Ward, Jackson, Aldgate, & Wedge, 1991). At the centre of the approach is the desire to provide a standard of parenting that can maximize the potential of all children and youth living in substitute care. In the current study, we identified a significant association between higher levels of team-reported implementation and better quality relationships with significant substitute caregivers as judged by the youth. Within attachment theory,

these significant relationships should then form a base for the youth to develop other social, emotional, and cognitive competencies. Although the current study is necessarily concerned with relatively short term outcomes, it is reasonable to hope that the youth in this study will use this safe base to acquire further competencies to enable them to realize their full potential.

There is already some evidence that the use of the LAC approach does lead to better child outcomes (Wise, 1999, 2003; Fernandez, 2006). Fernandez (2006) found that there was a significant decrease in internalizing behaviors after 24 months of using the LAC approach. Although these initial findings are of great interest, unfortunately the analyses do not include any breakdown by age and gender, possibly due to the restricted sample size. Future studies will, therefore, need to test the current findings in a longitudinal setting and to develop conceptually congruent psychosocial, emotional, and educational outcomes that can be rigorously tested. The testing of these more distal outcomes needs to be combined with appropriate measurement of implementation levels.

The findings from the current study suggest that there are several difficulties with using a self-administered measure of implementation levels with a team. First, there appears to have been a halo effect, with team members keen to show themselves in a good light. Although there was some variance in response, the skewed distribution and high mean pointed to a ceiling effect. The second difficulty in the current sample was that the child welfare worker appeared to have a disproportionate influence on the team decision, suggesting that the decision may not reflect all the parties' opinions. Although there is evidence that the TS-Y3 performed a useful clinical function in encouraging the whole team to reflect on what had been achieved in the past year, it is probably more

accurate to treat this information as reflecting primarily the judgment of the child welfare worker, with input from other team members, rather than as an equally shared consensus.

Resilience findings have shown that there is a wide range of responses to a significant event in a child's life, such as entry into the substitute care system, and that this response will depend upon the match between the child's own characteristics and the opportunities offered by the environment. Previous research has done much to identify the factors that, in general, are associated with better child outcomes. With the further development of the LAC approach, the benefits of research can be combined with the child welfare workers' professional expertise to increase the chances that every looked after child will maximize his or her potential and make a productive transition to adult life.

GENERAL DISCUSSION

In this section we will consider the contribution made by the series of studies to the literature in this area for child welfare workers, foster parents and in terms of the resilience literature. Then we will consider the limitations of the current studies. Finally, we will consider the implications for practice and policy and consider whether the current OnLAC project has addressed some of the broader concerns relating to the provision of corporate care.

Thesis Contribution

Studies 1 and 2: Foster Parents and Child Welfare Workers

On a broad level, the rationale for this of studies was two-fold. First, given the debate over the use of evidence-based decision making in social work and child welfare, and specifically the relevance of the LAC approach (Garrett, 1999; Knight & Caveney, 1998), we wanted to investigate whether child welfare workers and foster parents found the LAC approach, and more specifically the AAR, useful and what variables influenced their perceptions of utility. Our review of the literature highlighted the paucity of theoretically driven research into the views of foster carers (Berridge 1997), and we were mindful that the LAC approach could be perceived as a piece of bureaucratic red tape that contributes to foster parent stress (Jones & Morrisette, 1999). It was therefore of particular importance to find out the views of the team members who were using the LAC approach and identify the variables that were likely to be associated with higher levels of implementation.

In response to the first question, we were able to identify in more detail levels of perceived usefulness of the AAR and how these stakeholders used the instrument,

representing a significant contribution to the international literature in this area. The Australian study by Wise (1999) had already identified a number of benefits to caregivers of using the LAC records more generally. Studies 1 and 2 suggested that these benefits were also considered important by Canadian stakeholders in using the AAR. These results were particularly important because the sample size for the present studies was larger and the study looked specifically at how stakeholders were using the AAR.

The findings for Study 1 and 2 also go some way to dispel the arguments made by Knight & Caveney (1998) and Garrett (1999, 2002, 2003). It will be recalled that these U.K. commentators were concerned that the values of the LAC approach, and specifically the AAR, would be of little relevance to foster parents and child welfare workers. This does not appear to be an issue for the Canadian version of the AAR (AAR-C2), which was designed to have higher levels of cultural relevance for a multi-ethnic and socio-economically diverse Canadian population. Between three-quarters and two-thirds of child welfare workers said that completing the AAR was either “very useful” or “useful” to them. Endorsement of the AAR by foster parents was even more enthusiastic, with three-quarters of all foster parents indicating that the AAR was “very useful” or “useful” in completing all but one of a variety of foster parenting tasks. These results suggest that the values of Looking After Children do indeed reflect those held by the majority of child welfare workers and foster parents which represents a significant contribution to the literature in this area. It is also possible to speculate that the use of the AAR with foster team members may be associated with a higher level of foster parent retention but this would need to be explored in further research.

The second purpose of the first two studies was to identify the variables that were likely to be associated with higher levels of implementation. The contribution of this study was to take variables identified as important in other international implementation studies and investigate whether these variables were significantly associated with higher levels of perceived usefulness by foster parents and child welfare workers. We found that for child welfare workers amount and quality of training, amount of experience in using the AAR and frequency of discussion of the AAR in supervision were all positively associated with a more favourable evaluation of the AAR by child welfare workers, with use in supervision being the most significant predictor. By contrast, in the second study, quality of training was the only significant predictor of utility of the AAR for foster parents. Amount of LAC training and experience with the tool were not significant predictors. The advantage of carrying out parallel studies of this type was that we could then compare the responses and consider possible implications for training and policy of both stakeholder groups, which had not been done in other studies. We found that experience was not a significant predictor of a more favourable evaluation for foster parents, leading us to consider how the experience of using the AAR differed for the foster parent compared to the social worker.

Study 3: Development and Testing of Looking After Children theory

The second area of focus concerned the development and testing of more theoretically based interventions in the child welfare field. It will be recalled that several researchers have highlighted the relative absence of theoretically driven research and the need for implementation studies in this area (Berridge, 1997; Courtney, 2000). The third

study represents the first attempt to link a measure of implementation of LAC with an identified proximal outcome. To date, the implementation and outcome literatures for LAC have been separate. The majority of the work on implementation has been carried out in England and Wales (Moyers, 1998, Ward, 1998) and, while there has been some promising outcome research carried out in Australia (Wise, 1999; 2003; Fernandez, 2006), it has not been linked to any measure of implementation.

The focus of the third study was therefore to use the program logic model to identify a proximal outcome which should theoretically be linked to higher implementation levels. In the present case, as we were focusing on LAC as a resilience promoting intervention, we decided to investigate whether higher levels of implementation as measured by the team (i.e. the young person, foster parent and child welfare worker) were associated with a more satisfactory relationship between the child or youth and significant caregivers and higher levels of placement satisfaction. To date, none of the published studies have attempted to link levels of perceived implementation with any outcome.

Integration of Findings of Study 3 within Attachment and Resilience Literature

It will be recalled that resilience theory suggests that one of the variables associated with better outcomes is a close relationship with a significant adult in the youth's life. Researchers have suggested that LAC operates to promote resilient outcomes in part by monitoring child and youth outcomes (Masten, 2006) and by promoting activities that are intended to increase the number of assets in the youth's life and reduce the number of risks. This study does indeed provide some support for the contention that the LAC approach may operate, in part, by promoting significant relationships. It is also

notable that higher levels of implementation are associated with higher levels of placement satisfaction which, in turn, are likely to be associated with a more stable placement (Howe & Fearnley, 2003).

Although the attachment literature is helpful in describing the phenomenon observed during the foster care experience, it is also important to bear in mind the complexity of the attachment relationship and also to acknowledge that the nature of the attachment relationship is almost certainly reciprocal and depends in large part upon other characteristics of the child/youth interacting with their environment. As Rutter (1995) pointed out, it is important not to overestimate the outcomes attributable directly to an attachment relationship. Perhaps the most helpful way to view attachment in the resilience process is as a desirable precursor to achieving better outcomes in broader developmental domains. Further studies should therefore aim to document more precisely the characteristics of the successful fostering *environment* which is created when there is a strong attachment with significant adults in the foster child's life and to look at the relationship between this attachment and more long term outcomes.

Study Limitations

There are, however, several methodological limitations to this set of studies. First, all the studies were cross-sectional and it is therefore important not to label as causal what is almost certainly a reciprocal relationship. Second, although we know that all the individuals in studies 1 and 2 received training, and that the quality of that training was judged as being high to very high by the majority of participants, we did not carry out any evaluation of the training that was given. During this period, in Years 1 to 3 of the study,

the training program was not certified and may not have followed the full curriculum.

Given the relationship that we identified for both foster parents and child welfare workers between quality of training and perceived usefulness, it is reasonable to hypothesize that levels of perceived usefulness are higher now (2007) that training is provided by certified trainers. The third methodological concern for studies 1 and 2 is method variance, which can inflate the relationship between variables as a result of data coming from a single source. For this reason, single source self-report data should always be interpreted with a certain amount of caution and replicated where possible. Method variance is less of a concern in study 3 where data points were taken from two sources: the child/youth and a collective decision made by the team members. The final methodological concern in relation to the first two studies is that we did not examine what foster children and youth thought about the LAC approach generally and the AAR in particular. This study was going to be undertaken by a youth in care advocacy group but, to date, these data are not available.

There are also some limitations specifically in relation to the third study. First, as we have already noted, although we found in the third study that higher levels of implementation were associated with better relationships with some significant individuals in the foster child/youth's life, other researchers have found that the move into foster care alone, presumably out of a bad home situation, is also associated with better outcomes after 12 months (Barber, 2004). Although the third study compared children and youth who had received the AAR only once with those who had received it two or three times, there may still have been uncontrolled variables which are associated

with the observed improvement and relate to the admission to foster care per se rather than the specific use of the LAC approach.

Second, there are several potential response biases. First, there is the temptation of the team to overestimate their performance as measured by the LACPOC3 and LACPHIL 12. The levels of skewness and kurtosis suggest that this may be a problem but a closer examination of the scores indicates that there is a range of scores and that some participants are disclosing more negative ratings.

Another potential response bias comes from the clinical setting in which the measure is administered. This means that all three team members are likely to be present when the youth responds to the relationship scales and it is possible that the child or youth might feel pressure to respond in a certain way. This issue has been discussed at length by researchers, particularly in relation to placement satisfaction issues (see Ward, Skuse & Munro, 2005) and it is clear that the youth's response will frequently vary depending upon the setting in which the question is asked. However, there are two factors that mitigate the effect of this methodological issue in the current study. First, data were collected in the same way for all children and youth. As study 3 compared two groups, those who had received the AAR only once and those who had received it two or three times, it is reasonable to suppose that the response bias would be equal for both groups. Second, the mean scores obtained, although high, are similar to data collected by other researchers where the child or youth was alone with the researcher (see Fernandez, 2006).

The Future: Implications for Practice and Policy

Implementing the AAR in Ontario: An Example of Social Program Implementation

Earlier we reviewed some of the pertinent literature relating to social program implementation. This literature described some of the problems relating to social program implementation, namely the difficulty in describing explicitly the program intervention, the involvement of more than one “agent of change”, and the frequent involvement of political issues.

In large scale social programs, it is often difficult to concisely and accurately describe the multi-level intervention. Although the program logic model shown at Figure 2 goes some way to describing the link between activities and outputs, there are still a number of variables that are not accounted for by the model. Future program logic models would need to reflect multiple stakeholder interests in order to better describe the program and track implementation.

Second, as we acknowledged earlier, social interventions of this type inevitably involve change at the level of the agency and the individual (Graham & Birchmore-Timney, 1989). In the current study, we asked for a consensus from the team as to implementation levels. In future studies, this should be supplemented by information from other data sources, including supervisors and managers, together with a detailed inspection of agency charts and program documentation to effect the involvement of multiple stakeholders. Ideally, the study should also include data collection taken from each team member individually, including the child.

The third area relates to the political nature of social program implementation. In the current case, the provincial government, although verbally providing support to the program, failed to make use of the AAR mandatory until 2006. This resulted in lower rates of participation by some agencies that were waiting for official government sanction before proceeding and also meant that the program varied in maturity level across agencies. This phenomenon does not appear to be unusual in LAC implementation projects (see Jones, Clark, Kufeldt, & Norman, 1998; Wise, 2003) but does mean that project uptake by agencies is likely to be more piecemeal.

Implications for Practice: Implementing the AAR

Many of the problems experienced in the implementation of the AAR are consistent with problems identified in the broader evaluation literature. Our specific findings, however, do have several major implications for LAC implementation, namely the importance of training, the creation of “expert teams”, and the use of the AAR in supervision. There are also important implications for the practice of child welfare more generally as the field moves towards more evidence-based practice.

Importance of Training

The proposed logic model postulates that training is the essential first step toward implementation of the approach. Once an agency has a cadre of workers who have received appropriate training, then experience with the AAR and its use in supervision appear to enhance or at least predict the perceived utility of the instrument for child welfare workers.

Creation of "Expert" Teams

These findings lend support to the idea that it is best to implement the AAR with a specialist team who deal exclusively with Looking After Children cases. It appeared from the literature that the most onerous form of implementation was in agencies with "mixed" case loads, that is, agencies which required workers to serve one or two children with the Looking After Children approach and then continue with the remainder of their caseload under the previous system. This probably involved substantial duplication and was likely to decrease the benefit of experience with the AAR as the worker would complete relatively few AARs each year. More experienced workers in the sample did confirm that the AAR could be used to promote an informal dialogue among all three parties but only when the workers knew the document so well that they did not need to keep referring to it. Moves have now been made in both Australia and the UK to introduce an automated recording system to reduce the measurement burden on workers, but again this is likely to work best where there is a dedicated team of LAC specialists to make the best use of the system.

Use of the AAR in Supervision

The importance of use in supervision is conceptually congruent with predictions following from Kirkpatrick (1998). He suggests that an important predictor of the level of performance of a new behaviour in the work place is the degree to which that behaviour is supported and modeled by supervisors and managers within the workplace. This finding, therefore, stresses the importance of training managers in the LAC philosophy so that they can reinforce and reflect the new value system (Donovan & Ayres, 1998). Although levels of managerial training were not specifically measured in the current

study, a detailed account of implementation of Looking After Children at one of the pilot agencies in the current study stressed the importance of creating a working group which included as many stakeholders as possible – including high-level agency managers (Lemay, Byrne, & Ghazal, 2006).

Implications for Changes to Child Welfare Provision: The AAR as an Example of Outcome Monitoring

There is no doubt that the next two decades will see substantial changes in the provision of care to children looked after away from home. The central issue in child welfare policy continues to be the development of a system whereby the highest quality of care can be given to all children who are in need of it. Rapidly increasing child welfare costs (OACAS, 2001) mean that this system must be run as efficiently as possible, with clear priorities and goals for each looked after child. There is no longer any room for the argument that outcomes are irrelevant (for further discussion see Garrett, 1999, 2002, 2003). That is, even if outcomes are perceived as a political tool, the current socio-political climate means that there has to be an effective way of assessing both how an individual child is doing compared to a year previously but also how s/he is doing compared to other children and youth looked after away from home and those in the general population.

It is also clear that the job of a child welfare worker is in the process of changing (OACAS, 2001). Systems such as the LAC approach are intended to guide the collection of data and to provide a more reflective forum for decision-making. Ruscio (1998) proposes that a more structured approach to clinical decision-making would not only

result in more reliable decisions but would also mean that “workers spend their time performing functions for which they are well-suited, such as providing services to children and families, performing investigations and collecting information (Ruscio, 1998, p. 154). Policy makers need to remember that new approaches such as LAC place a value on clinical skills, such as forming a close and supportive attachment with the child, and that it is these skills that form part of the process towards better outcomes, as suggested by the current study. Such a recognition should then allow child welfare workers to use structured tools where necessary and to use their clinical skills to better benefit the youth in their care (Trotter, 2002).

Implications for Policy

In Ontario the original pressure to use Looking After Children came primarily from individual agencies, with the provincial government doing relatively little to assist until late in the process when it mandated the use of LAC. In 1998, the previous provincial government verbally confirmed that use of the LAC approach would be mandated “shortly”. In 2006, some 8 years later, use of LAC was finally mandated for all Ontario CASs by 2007. There have been a number of problems with this lengthy and often uncertain governmental approach; many agencies interpreted the delay to mean that LAC would never be implemented and therefore did not fully endorse the approach and did not contribute to the development and refinement of the AAR-C2.

This “bottom up” approach can be contrasted with the introduction in England and Wales where there was a very clear pilot period (1991-1995) and then a move toward full implementation, with over 90% of local authorities deciding to participate (Jones,

Clark, Kufeldt & Norman, 1998). This was achieved by “inviting English local authorities to implement the complete package, offering them a comprehensive programme of support” (Ward, 1998; p. 153). Although coverage for the approach was very good, it will be recalled that subsequent implementation audits found relatively low levels of penetration for some documents, especially the AAR (Moyers, 1998).

Taken together, these experiences suggest that coverage is likely to be highest where there is a high level of perceived governmental support – both ideological and financial – for the program. However, the Ontario experience makes it clear that high levels of local agency support, and the presence of champions of the approach within local agencies, are likely to be associated with a higher level of penetration. At the same time, this “grass-roots” method of change has meant that many agencies remained skeptical for a long time that the approach would be adopted at higher levels of government. This suggests that to achieve high levels of coverage and penetration, a carefully designed policy would be optimal whereby grass-roots support for Looking After Children would be cultivated first and then swiftly followed by mandated change, supported by adequate resources.

Has the LAC Approach Addressed Some of the Concerns Regarding the Provision of Corporate Care?

It will be recalled that the Looking After Children approach grew out of a dissatisfaction with the lack of monitoring data whilst children and youth are in care, a desire for better outcomes and the wish to prevent the circumstances that gave rise to a number of abuse-related scandals in the UK (Department of Health, 2000) and Canada.

The approach is described as offering a first step toward a system designed to encourage and support evidence-based clinical decision making and standards of best practice. With regard to the first aim, there is no doubt that the use of the LAC system has resulted in monitoring data now being available for participating youth in Ontario. But monitoring alone is insufficient to bring about change. The success of the OnLAC system will depend in large part on the willingness of individual workers to integrate these data into the plan of care so that they form the basis of the youth's care. It also depends upon the responsiveness of local agencies to integrate this information into their decision-making, both at the level of the individual child and at the organizational level. We have already seen the importance of using LAC information regularly in supervision. For LAC to operate as a resilience-promoting child welfare system (Masten, 2006), the CAS must integrate data-based outcomes into all levels of managerial decision-making so that choices about precious resources are data-driven rather than politically driven. It is also very important to develop a system that can provide some degree of accountability among stakeholders. Full implementation and systematic use of individual child data by supervisors, managers, and agency directors is, therefore, essential, as it increases the level of monitoring for each child.

Future Research.

These studies, together with work in the United Kingdom and Australia, represent some of the first attempts to investigate outcomes in the Looking After Children approach. We have found preliminary support for the view that implementation of the LAC approach is associated with higher-quality relationships with significant adults in

the child or youth's life. Further work needs to concentrate on two areas. First, a more detailed analysis of implementation levels would be useful. In the current study, we made the decision to investigate perceived implementation as judged by the triad (child/youth, worker, and caregiver). Future research should use a mixed-methods design to assess implementation at all levels within the child protection agency. Second, this project was necessarily concerned with proximal outcomes, such as satisfaction with placement. Further research will need to investigate the link between proximal outcomes identified in the third study and meaningful distal outcomes, such as improved educational standards or a smoother transition into independent living, both important to the success of foster care alumni. It is also necessary to test these links within a theoretical framework so that there is conceptual congruency between proximal and distal child outcomes (Courtney, 2000). Finally, it would be important to refine these hypotheses and to test them in a longitudinal sample with multiple data points so that tentative inferences about causality can be made.

Any approach is only as good as the people who implement and use the system. Earlier we referred to the article by Francis (2004) entitled, *"Implementing the 'Looking after Children in Scotland' materials: Panacea or stepping stone?"*. This title seems in many ways to capture the current state of child welfare in Canada. The introduction of the LAC system was never intended as a panacea. Instead, it was designed as a stepping stone. Although preliminary findings are encouraging, only further research on outcomes will identify whether it does indeed operate to promote resilient outcomes as intended and what further changes and developments to the approach are necessary to maximise the opportunity for resilient child outcomes.

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LOOKING AFTER CHILDREN:

Good parenting, good outcomes

Assessment and Action Record (Second Canadian Adaptation) Ages 10 to 14 years

Note to young people:

- * *What has happened in the last year?*
- * *Have you had the care, guidance and opportunities you need to give you a good start in adult life?*
- * *What else needs to be done?*

This form is meant to help you, your child welfare worker and caregivers to answer these questions. By now you will want to take a major part in making decisions about your life. We strongly encourage you to fill out this form with your worker and/or one of your caregiver so that together you may make future plans and decide who is going to carry them out.

The Assessment and Action Record is **confidential** once completed. Only authorized persons are allowed access to the document.

Child/youth's
photo
- optional -

If photo is included, please
DO NOT photocopy, to
safeguard confidentiality.

Evaluation approved by:

Initials of first and last name of supervisor:

--	--	--	--	--	--	--	--

Date signed:

		/			/				
Day			Month in letters			Year			

Date begun:

		/			/				
Day			Month in letters			Year			

Date completed:

		/			/				
Day			Month in letters			Year			

Legend for months: January (JA); February (FB); March (MR); April (AL); May (MA); June (JN);
July (JL); August (AU); September (SE); October (OC); November (NO); December (DE).



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Looking After Children
Assessment and Action Record
Second Canadian Adaptation

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Child/youth's name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Note: After photocopying this document, please **white out only** the child/youth's name before sending the photocopy to Hayat Ghazal or Louise Legault at the Centre for Research on Community Services, University of Ottawa, 34 Stewart St., Ottawa, Ontario, K1N 6N5. For more information, please contact us at ghazha@hawk.igs.net or louisel@uottawa.ca.)



Note to the child welfare worker: Please completely fill out the questions on this page. This information is necessary to help us link this AAR interview with last year's AAR interview (if there was one). The linking of AARs from one year to the next will allow us to follow the developmental progress of children and youths while respecting the confidentiality of all those taking part in the AAR interview.

Child/youth's initials of first and last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child/youth's official agency file number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child/youth's gender:

☐

Male

☐

Female

Child/youth's
date of birth:

--	--	--

Day

--	--	--

Month
(in letters)

--	--	--	--	--	--

Year

This assessment was coordinated by:

Child welfare worker's initials of first and last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Position:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Agency or organization:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Province or territory of child/youth's placement:

- | | | |
|--|--|---|
| ☐ Alberta | ☐ Northwest Territories | ☐ Prince Edward Island |
| ☐ British Columbia | ☐ Nova Scotia | ☐ Québec |
| ☐ Manitoba | ☐ Nunavut | ☐ Saskatchewan |
| ☐ New Brunswick | ☐ Ontario | ☐ Yukon |
| ☐ Newfoundland and Labrador | | |

Province or territory with legal guardianship of the child/youth (if different from province or territory of child/youth's placement):

- | | | |
|--|--|---|
| ☐ Alberta | ☐ Northwest Territories | ☐ Prince Edward Island |
| ☐ British Columbia | ☐ Nova Scotia | ☐ Québec |
| ☐ Manitoba | ☐ Nunavut | ☐ Saskatchewan |
| ☐ New Brunswick | ☐ Ontario | ☐ Yukon |
| ☐ Newfoundland and Labrador | | |



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BACKGROUND INFORMATION

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The purpose of this background information section is to gather basic socio-demographic information on three key persons in the Looking After Children approach: the young person in care, the child welfare worker responsible for the young person, and the foster parent or group-home worker (or other adult caregiver) who knows the young person best.

Notes to the child welfare worker:

- > In many cases, much of this background information section can probably be completed by you before the interview with the child/youth in care and his/her foster parent or group home worker (or other adult caregiver).
- > For each item, please put only an X (or, as required, a **number or letter**) in the appropriate box or boxes, so that the computer will be able to scan the questionnaire properly. Please do not put a check mark or any mark other than an X (or a number or letter) in the boxes.
- > The symbol of three dots in a row [...] always refers to the child/youth on whom the AAR is being completed.
- > At the beginning of the interview, please give an AAR binder to the child/youth and another one to his/her foster parent or group home worker (or other adult caregiver). This will allow them to follow along easily and permit the interview to proceed smoothly and quickly. Only your copy of the AAR is to be filled out.

The present section is to be answered by the **CHILD WELFARE WORKER**, with assistance, as needed, from the child/youth in care and his/her foster parent or group home worker (or other adult caregiver).

1. BACKGROUND INFORMATION ON THE CHILD/YOUTH IN CARE ON WHOM THE AAR IS TO BE COMPLETED

BG1: What is ...'s (e.g., the child/youth in care) current age?

		Years			Months
--	--	--------------	--	--	---------------

BG2: What is ...'s current status as a client of the local child welfare agency or organization? (Mark one only.)

- ☐ Voluntary, temporary care agreement ☐ Court-ordered, temporary care agreement
☐ Voluntary, permanent care agreement ☐ Court-ordered, permanent care agreement
☐ Other Specify:

BG3: How old was ... when he/she was placed in out-of-home care for the very first time (at this or another child welfare agency)?

		Years			Months
--	--	--------------	--	--	---------------

BG4: PRIMARY REASON FOR CURRENT ADMISSION TO SERVICE: Which of the following categories describes the **primary** reason why ... came into care on the most recent occasion? **(Mark one only.)**

- ☐ **Physical/sexual harm by commission**(i.e., the child/youth has been or is at risk of being physically or sexually harmed as a result of an act or action by a caregiver)
- ☐ **Harm by omission**(i.e., the child/youth has been or is at risk of being harmed as a result of the caregiver's failure to provide adequate care for him/her)
- ☐ **Emotional harm**(i.e., the child/youth has been or is at risk of being emotionally harmed as a result of specific behaviours of the caregiver towards him/her)
- ☐ **Abandonment/separation** (i.e., the child/youth has been abandoned or is at risk of being separated from the family as a result of intentional or unintentional actions of the caregiver)
- ☐ **Caregiver capacity** (i.e., although no harm has yet come to the child/youth, the caregiver's characteristics indicate that without intervention, the child/youth would be at risk in one of the previous categories)
- ☐ Other Specify:



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BG5: Does this child/youth have a developmental disability?

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☐ Yes ☐ Uncertain ☐ No

BG6: CURRENT PLACEMENT: Which of the following best describes ...'s current placement? (Mark one only.)

- | | |
|---|--|
| ☐ Kinship care | ☐ Psychiatric facility |
| ☐ Foster home operated by child welfare organization | ☐ With birth parent(s) |
| ☐ Group home operated by child welfare organization | ☐ Adoption/probation |
| ☐ Foster home - outside purchased care | ☐ With relatives (not in foster care) |
| ☐ Group home - outside purchased care | ☐ Other |
| ☐ Children's mental health residential facility | |
| ☐ Regular hospital (short-term) | |

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Specify

BG6A: NOTE: IF you answered in question BG6 that the child/youth's current placement is a FOSTER HOME, THEN please indicate what TYPE of foster home this is: (Mark one only.)

- ☐ Provisional foster care (used for a specific child/youth in care; usually the home of a relative, friend or neighbour; may or may not evolve into a regular foster home)
- ☐ Regular foster care
- ☐ Specialized foster care (mainly for a child/youth with special needs)
- ☐ Treatment foster care (therapeutic; for a child/youth with especially challenging needs and/or behaviours)
- ☐ Other Specify:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BG7: If ... is in a foster home, for how many years in total have the foster parents been providing foster care to children or youths (i.e. including but not limited to ...)?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Years

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Months

BG8: What is the type of dwelling that best describes ...'s current placement? (Mark one only.)

- | | |
|---|---|
| ☐ Single detached house | ☐ Institution |
| ☐ Semi-detached or double (side-by-side) | ☐ Low-rise apartment (less than 5 stories) |
| ☐ Mobile home | ☐ High-rise apartment (5 or more stories) |
| ☐ Garden house, town-house or row house | ☐ Other |
| ☐ Duplex (one above the other) | |

BG9: What is the size of the area of residence in which this dwelling is situated?

- | | |
|---|---|
| ☐ Urban, population 500,000 or over | ☐ Urban, population < 30,000 |
| ☐ Urban, population 100,000 to 499,000 | ☐ Rural area |
| ☐ Urban, population 30,000 to 99,999 | |

BG10: How would you rate the general condition of most of the buildings on the block or within 100 yards of the foster parent's (or other adult caregiver's) house or the group home?

- ☐ Well kept, with good repair and exterior surface
- ☐ Fair condition
- ☐ Poor condition, with peeling paint and need of repair
- ☐ Badly deteriorated



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BG11: Is this dwelling owned by a member of this household (even if it is being paid for)?

☐ Yes ☐ No ☐ Not applicable (e.g. group home)

BG12: How many bedrooms are there in this dwelling?

Number of bedrooms

BG13: Does ... have his/her own bedroom?

☐ Yes ☐ No

2. BACKGROUND INFORMATION ON THE CHILD/YOUTH'S CHILD WELFARE WORKER

Note to the child welfare worker: The following information is necessary to help us link this AAR interview with last year's AAR interview (if there was one). The linking of AARs from one year to the next will allow us to follow the developmental progress of children and youths while respecting the confidentiality of all those taking part in the AAR interview.

BG14: Child welfare worker's project ID number (assigned for record-keeping purposes only; please leave blank):

BG15: Child welfare worker's gender:

☐ Male ☐ Female

BG16: Child welfare worker's day and month of birth:

Day

Month

BG17: Child welfare worker's current age category:

☐ 20-29 years ☐ 30-39 years ☐ 40-49 years ☐ 50-59 years ☐ 60 years or olderBG18: Total length of time child welfare worker has worked with this child/youth, not counting interruptions:

Years

Months

BG19: Total length of time child welfare worker has worked in child welfare:

Years

Months

BG20: Total length of time child welfare worker has worked for this child welfare agency or organization:

Years

Months

BG21: Is the child welfare worker's team:

☐ A generic team (i.e., composed of mixed cases, including intakes, protection/ongoing, children-in-care, permanent wards, adoption, etc.)☐ A specialized team (i.e., composed of one type of cases, that is exclusively intake or protection/ongoing or children-in-care or permanent wards or adoption, etc.)

BG22: How much formal training has the child welfare worker had in the Looking After Children (LAC) program?

☐ No formal training☐ 1-1.5 days☐ 3-3.5 days☐ Less than 1 full day☐ 2-2.5 days☐ 4 days or more

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BG23: Has the child welfare worker ever used the old or new AAR with this child/youth before?

☐ No (Go to question BG30)☐ Yes (If yes, the child welfare worker is asked to answer questions BG24 to BG29 to indicate how often s/he has used the AAR in various ways with this child/youth during the past 12 months)

▶ During the past 12 months, have you (the child welfare worker) used the information contained in the AAR:

BG24: To produce or revise this child/youth's plan of care?

☐ Never ☐ Once ☐ Twice ☐ Three times ☐ More than three times

BG25: To work directly with this child/youth (e.g., on meeting his/her needs, solving problems, managing crises)?

☐ Never ☐ Once ☐ Twice ☐ Three times ☐ More than three times

BG26: To collaborate with this child/youth's foster parent(s), group home worker(s) or other adult caregiver(s)?

☐ Never ☐ Once ☐ Twice ☐ Three times ☐ More than three times

BG27: To discuss this child/youth's needs or situation with your supervisor?

☐ Never ☐ Once ☐ Twice ☐ Three times ☐ More than three times

BG28: To monitor this child/youth's progress?

☐ Never ☐ Once ☐ Twice ☐ Three times ☐ More than three times

BG29: To report on this child/youth's progress to a third party (e.g., a judge, lawyer, teacher, health professional)?

☐ Never ☐ Once ☐ Twice ☐ Three times ☐ More than three timesBG30: HIGHEST LEVEL OF EDUCATION: Highest degree, certificate, or diploma the child welfare worker has ever attained in any field:☐ Highschool diploma☐ Trades certificate - Vocational school - Apprenticeship training☐ Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.☐ University certificate or diploma below bachelor's level☐ Bachelor's degree☐ University certificate or diploma above bachelor's level☐ Master's degree☐ Doctoral degreeBG31: HIGHEST LEVEL OF EDUCATION IN SOCIAL WORK OR CHILD & YOUTH CARE: Was the child welfare worker's highest degree, certificate, or diploma (i.e., the one identified in BG30) in the specific field of: (Mark one only)☐ Social work?☐ Psychoeducation?☐ Child & youth care?☐ Other?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Specify

BG32: CURRENT EDUCATIONAL ENROLMENT: Is the child welfare worker currently enrolled in:

☐ Community college or CEGEP in social services☐ MSW program☐ Community college or CEGEP (other than social services)☐ PhD program (other than in social work)☐ Bachelor's program (other than BSW)☐ DSW or PhD program in social work☐ BSW program☐ None☐ Master's program (other than MSW)☐ Other

BG33: LANGUAGE: Language(s) in which the child welfare worker can conduct a conversation: (Mark all that apply.)

☐ English☐ French☐ First Nations language☐ Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Specify



BG34: ETHNICITY: To which ethnic or cultural group(s) did the child welfare worker's ancestors belong? (For example: French, British, Chinese) **(Mark all that apply.)**

- | | | |
|--|--|--|
| ☐ Canadian | ☐ Italian | ☐ Latin American |
| ☐ French | ☐ Jewish | ☐ Portugese |
| ☐ English | ☐ Ukranian | ☐ African (e.g., Somalian, South African) |
| ☐ First Nations | ☐ Dutch (Netherlands) | ☐ Caribbean (e.g., Haitian, Jamaican) |
| ☐ Inuit | ☐ Chinese | ☐ South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan) |
| ☐ Métis | ☐ Filipino | ☐ South East Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese) |
| ☐ German | ☐ Japanese | ☐ Arab/West Asian (e.g., Armenian, Egyptian, Lebanese, Moroccan) |
| ☐ Irish | ☐ Korean | ☐ Other |
| ☐ Scottish | ☐ Polish | |

Specify

BG35: If you answered In question BG34 "First Nations", then please further indicate to which band, community or nation the child welfare worker's ancestors belong?

Specify:

3. BACKGROUND INFORMATION ON THE CHILD/YOUTH'S FOSTER PARENT OR GROUP HOME
WORKER (or other adult caregiver).

Note to the main respondent (i.e., foster parent, group home worker or other adult caregiver): The following information is necessary to help us link this AAR interview with last year's AAR interview (if there was one). The linking of AARs from one year to the next will allow us to follow the developmental progress of children and youths while respecting the confidentiality of all those taking part in the AAR interview.

BG36: Project ID number of main respondent (Assigned for record-keeping purposes only. Please leave blank.):

--	--	--	--	--	--	--	--	--

BG37: Initials of first and last name of main respondent

--	--	--	--	--	--

BG38: Main respondent's day and month of birth:

--	--

Day

--	--

Month

BG39: Main respondent's gender:

- ☐
- Male
- ☐
- Female

BG40: If current placement is foster home or kinship care, how long has the foster parent (or kinship parent) lived at his/her current address?

--	--

Years

--	--

Months

BG41: LANGUAGE. What language(s) are spoken most often in the foster parent's (or other adult caregiver's) home or in the group home? (Mark all that apply.)

- ☐ English ☐ French ☐ First Nations language ☐ Other

Specify:

[illegible]



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BG42: ETHNICITY: To which ethnic or cultural group(s) did the foster parent's or group home worker's (or other adult caregiver's) ancestors belong? (For example: French, British, Chinese) **(Mark all that apply.)**

- | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ☐ Canadian | ☐ Italian | ☐ Latin American | | | | | | | | | | | | | |
| ☐ French | ☐ Jewish | ☐ Portugese | | | | | | | | | | | | | |
| ☐ English | ☐ Ukranian | ☐ African (e.g., Somalian, South African) | | | | | | | | | | | | | |
| ☐ First Nations | ☐ Dutch (Netherlands) | ☐ Caribbean (e.g., Haitian, Jamaican) | | | | | | | | | | | | | |
| ☐ Inuit | ☐ Chinese | ☐ South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan) | | | | | | | | | | | | | |
| ☐ Métis | ☐ Filipino | ☐ South East Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese) | | | | | | | | | | | | | |
| ☐ German | ☐ Japanese | ☐ Arab/West Asian (e.g., Armenian, Egyptian, Lebanese, Moroccan) | | | | | | | | | | | | | |
| ☐ Irish | ☐ Korean | ☐ Other | | | | | | | | | | | | | |
| ☐ Scottish | ☐ Polish | <table border="1" style="display: inline-table; vertical-align: top;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Specify | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

BG43: If you answered in question BG42 "First Nations", then please further indicate to which band, community or nation the foster parent's or group home worker's (or other adult caregiver's) ancestors belong?

Specify

BG44: RELIGION(S) / SPIRITUAL AFFILIATIONS: What, if any, is the foster parent's, group home worker's or other adult caregiver's religion or spiritual affiliation(s)? (Mark no more than two.)

- | | | |
|--|--|---|
| ☐ No religion | ☐ Hindu | ☐ Mormon |
| ☐ Anglican | ☐ Islam (Muslim) | ☐ Pentecostal |
| ☐ Baptist | ☐ Jehovah's Witnesses | ☐ Presbyterian |
| ☐ Buddhist | ☐ Jewish | ☐ Roman Catholic |
| ☐ Eastern Orthodox | ☐ Lutheran | ☐ United Church |
| ☐ First Nations | ☐ Mennonite | ☐ Sikh |
| ☐ Other Specify _____ | | |

BG45: Other than on special occasions (such as weddings or funerals), how often did the foster parent, group home worker or other adult caregiver attend religious services or meetings in the past 12 months?

- ☐ At least once a week ☐ At least once a year
☐ At least once a month ☐ Not at all
☐ At least 3 or 4 times a year

BG46: HEALTH: In general, would the foster parent, group home worker or other adult caregiver say that his/her own health is:

- ☐ Excellent? ☐ Very good? ☐ Good? ☐ Fair? ☐ Poor?

BG47: DISABILITY: Because of a long-term physical or mental condition (lasting or expected to last 6 months or more) or a health problem, is the foster parent, group home worker or other adult caregiver limited in the kind or amount of activity he/she can do at home, in caring for children or youths, or in leisure activities?

- ☐ Yes ☐ No

BG48: SMOKING: At present, does anyone in the household smoke cigarettes inside the foster home or inside the group home?

- ☐
- Daily.
- ☐
- Occasionally
- ☐
- Not at all



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BG49: How much formal training has the foster parent or group home worker (or other adult caregiver) had in the Looking After Children (LAC) program?

- ☐ No formal training ☐ 1-1.5 days ☐ 3-3.5 days
☐ Less than 1 full day ☐ 2-2.5 days ☐ 4 days or more

BG50: Has the foster parent or group home worker (or other adult caregiver) attended a formal foster parent training program?

- ☐ Yes ☐ No (Go to question BG53)

BG51: If the foster parent or group home worker has attended a formal foster parent training program (other than Looking After Children), what program was attended? (Mark as many as apply.)

- ☐ Parenting Resources for Information, Development & Education (PRIDE) program
☐ Institute for Human Services program
☐ Agency specific program
☐ Other program Specify:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BG52: If the formal program attended was the Parent Resource for Information, Development and Education (PRIDE), what was the extent of training received by the foster parent or group home worker (or other adult caregiver)?

- ☐ No formal training in PRIDE program
☐ PRIDE orientation workshop only
☐ Some or all of Foster PRIDE/Adopt PRIDE pre-service
☐ Some or all of the Foster PRIDE Core

▶ The following section applies only to children/youths residing in group homes and is to be answered by the **CHILD WELFARE WORKER** with assistance, if needed, from the group home worker(s). (If not a group home, go to question BG57)

BG53: What is the gender of the children/youths residing in the group home where the child/youth in care is currently living?

- ☐ Males only ☐ Females only ☐ Both genders

BG54: What is the model of the group home?

- ☐ Parent model (i.e., presence of 1 or 2 main caregivers who define this dwelling as their own primary residence)
☐ Staff model (i.e., presence of several caregivers who define other dwellings as their own primary residence)
☐ Other Specify:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BG55: If the group home is based on the staff model, who is mainly responsible for the child/youth?

- ☐ A team of group home workers ☐ A key group home worker ☐ Not a staff model

BG56: What is the designation of the group home?

- ☐ Treatment care (i.e., therapeutic, for children/youths with especially challenging needs and/or behaviours)
☐ Regular group home



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The following section applies only to children/youths in foster home care, kinship care, living with birth parent(s) or relatives, and is to be answered by the **CHILD WELFARE WORKER**, with assistance if needed, by the foster parent (or other adult caregiver) and the young person.

BG57: PEOPLE WHO USUALLY LIVE IN THIS DWELLING (besides the child/youth in care): The child welfare worker is to ask the foster parent (or other adult caregiver) for the information needed to complete the following table. Please include up to 5 adults (defined here as persons aged 18 or older), including the foster parent (or other adult caregiver) himself/herself, and up to 5 children/youths (defined here as persons aged 17 or younger), besides the child/youth in care. Do not include the child/youth in care or write in people's names. In filling each of the boxes in the last 4 columns, please select the appropriate number from the categories listed on this page and the following page. Thus, for **HIGHEST LEVEL OF EDUCATION EVER ATTAINED**, for example, write in "01" for "Grade school", "02" for "Some high school", etc.)

People usually living in dwelling	Sex	Age	(A) Highest level of education ever attained	(B) Occupation	(C) Relationship to foster parent or other adult caregiver	(D) Relationship to child in care
Main caregiver (18+)	☐ M ☐ F	Years			Not Applicable	
Adult 2 (18+)	☐ M ☐ F	Years				
Adult 3 (18+)	☐ M ☐ F	Years				
Adult 4 (18+)	☐ M ☐ F	Years				
Adult 5 (18+)	☐ M ☐ F	Years				
Child 1 (17-)	☐ M ☐ F	Years				
Child 2 (17-)	☐ M ☐ F	Years				
Child 3 (17-)	☐ M ☐ F	Years				
Child 4 (17-)	☐ M ☐ F	Years				
Child 5 (17-)	☐ M ☐ F	Years				

(A) HIGHEST LEVEL OF EDUCATION EVER ATTAINED: 01 Grade school; 02 Some high school; 03 High school graduation; 04 Some trade, technical or vocational school or business college; 05 Some community college, CEGEP or nursing school; 06 Some university; 07 Diploma or certificate from trade, technical or vocational school or business college; 08 Diploma or certificate from community college, CEGEP, nursing school or university; 09 Bachelor or undergraduate degree or teacher's college (e.g., BA, BSc, Bed, BSW); 10 Master's (e.g., MA, Msc, Med, MSW); 11 Degree in medicine (MD), dentistry (DDS, DMD), Veterinary medicine (DVM), Optometry (OD), or law (LLB); 12 Earned doctorate (e.g., PhD, DSc, DEd, DSW); 13 Other



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(B) **OCCUPATION:** Main current activity: **01** Caring for family, including foster child/youth; **02** Working for pay or profit; **03** Caring for family, including foster child/youth, and working for pay or profit; **04** Going to school; **05** Recovering from illness or being on disability; **06** Looking for work; **07** Retired; **08** Other; **09** Not applicable

(C) **RELATIONSHIP TO FOSTER PARENT(or other adult caregiver):**

For adults: **01** Husband or wife; **02** Common-law partner; **03** Same-sex partner; **04** Mother or father; **05** Sister or brother; **06** Other related; **07** Unrelated;

For children: **08** Birth child; **09** Step child; **10** Adopted child; **11** Other; **12** Foster child

(D) **RELATIONSHIP TO YOUTH IN CARE:**

For adults: **01** Foster father or mother **02** Grandfather or grandmother **03** Uncle or aunt **04** Other related adult **05** Unrelated adult

For children: **06** Biological brother or sister **07** Step brother or sister **08** Adopted brother or sister **09** Foster brother or sister **10** Other

► **This section applies to ALL children/youths in care (whether in foster homes or group homes) and is to be answered by the CHILD WELFARE WORKER.**

BG58: Total number of adults (aged 18 or older) who usually live in this dwelling:

Total number of adults

BG59: Total number of these adults who are actively involved in caring for child/youth in care:

Total number of adults

BG60: Total number of children or youths (aged 17 or younger) who usually live in this dwelling, including child/youth in care:

Total number of children or youths, including child/youth in care

BG61: Total number of other children or youths in care besides child/youth in care who usually live in this dwelling:

Total number of children or youths in care besides child/youth in care

BG62: Total number of siblings of child/youth in care who usually live in this dwelling with him/her:

Total number of siblings

► **4. INFORMATION ON LAST YEAR'S ASSESSMENT (IF APPLICABLE) OF THIS CHILD/YOUTH WITH THIS REVISED VERSION OF THE ASSESSMENT AND ACTION RECORD (AAR).**

BG63: Was the child/youth assessed with this revised AAR a year or so ago?

☐ No (If no, please go to next page.)

☐ Yes (If yes, the **child welfare worker** is to answer questions BG64 to BG67.)

BG64: Was the child/youth residing in the same placement last year as he/she is in this year?

☐ Yes

☐ No

BG65: Did the child/youth have the same child welfare worker last year as he/she has this year?

☐ Yes

☐ No

BG66: Did the child/youth have the same foster parent or group home worker (or other adult caregiver) last year as he/she has this year?

☐ Yes

☐ No

BG67: Is it the same foster parent or group home worker (or other adult caregiver) who was the main respondent in last year's and this year's AAR interviews?

☐ Yes

☐ No

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The right-hand pages are designed to allow the child welfare worker to prepare a first draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible).



These prompts are meant to help the young person, the child welfare worker, and the foster parent or group home worker (or other adult caregiver) to answer the various questions posed during the AAR interview.

The Assessment and Action Record developmental dimensions:

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

Q1

☐

Q2

☐

Q3

☐

Q4

☐

Q5

☐

Q6

☐



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DEVELOPMENTAL DIMENSION 1: HEALTH

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This dimension is about the health of the child/youth in care and the help he/she is getting to be and remain well. The questions in this section are designed to make sure that the child/youth is getting all necessary preventive medical care, including immunizations, that any health problems or disabilities are being properly treated, and that he/she is learning to keep in shape. This section also asks questions about things that affect the child/youth's health, such as diet, alcohol, drugs and sex education.



Note to the child welfare worker: Please mark an "X" in the box in the left-hand column of the right-hand page for each item on which you judge that further action needs to be taken during the coming year. For each such item, note the action to be taken, the person responsible, and the target date, for inclusion in the updated individualized Plan of Care.



This next section is to be answered by the **CHILD/YOUTH IN CARE**, with assistance, as needed, from the foster parent or group home worker (or other adult caregiver) and the child welfare worker.

H1: GENERAL HEALTH: In general, would you say your health is:

☐ Excellent? ☐ Very good? ☐ Good? ☐ Fair? ☐ Poor?

H2: Over the past few months, how often have you been in good health?

☐ Almost all the time ☐ Often ☐ About half of the time ☐ Sometimes ☐ Almost never

H3: HEIGHT: What is your height in feet and inches or in metres and centimetres (without shoes on)?

Feet and Inches OR Metres and Centimetres

H4: WEIGHT: What is your weight in pounds or kilograms?

Pounds OR Kilograms

H5: PHYSICAL ACTIVITY LEVEL: In your opinion, how physically active are you compared to other children or youths of the same age and sex?

☐ Much more ☐ Moderately more ☐ Equally ☐ Moderately less ☐ Much less

H5A: Are you receiving all the help and resources required to be physically active?

☐ Yes ☐ No

H6: MEDICAL EXAM: When did you last have a medical exam?

☐ Less than a year ago ☐ More than a year ago ☐ Never had one

H7: Has everything the doctor recommended been done?

☐ Yes ☐ Uncertain ☐ No ☐ No recommendations

H8: DENTAL EXAM: When did you last visit a dentist?

☐ Less than a year ago ☐ More than a year ago ☐ Never

H9: Have all treatments the dentist recommended been carried out?

☐ Yes ☐ Uncertain ☐ No ☐ No recommendations



The next set of questions (also to be answered by the **CHILD/YOUTH IN CARE**) asks about his/her day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone.

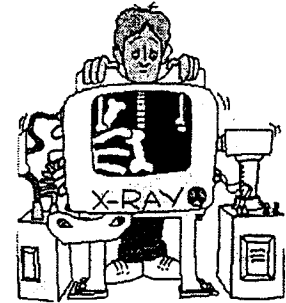
HUI-Q1: VISION: Are you usually able to see well enough to read ordinary newsprint without glasses or contact lenses?

☐ Yes (Go to HUI-Q4) ☐ No ☐ Don't know or refusal (Go to question H10 on page 5)

The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

**DIMENSION 1: HEALTH**

This dimension is about the health of the young person in care and the help he/she is getting to be and remain well.



Interest in child health has grown enormously in the last decade. Health policy makers nationally and internationally increasingly recognize the importance of young people's health and development for the future.

In Looking After Children, health is identified as a key dimension of children and youths' lives and of parental care. Health is not seen as a stand-alone dimension, but rather as intertwined with and supporting all other dimensions of young people's upbringing and development.

One key task of parents is safeguarding and promoting their young people's health. The Looking After Children approach aims to facilitate this important parental task of keeping young people healthy when their care is shared by a number of people.

H1

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H2

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H3

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H4

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H5

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H5A

☐

H6

☐

H7

☐

H8

☐

H9

☐

HUI-Q1

☐



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HUI-Q2: Are you usually able to see well enough to read ordinary newspaper with glasses or contact lenses?

☐ Yes (Go to HUI-Q4) ☐ No

HUI-Q3: Are you able to see at all?

☐ Yes ☐ No (Go to HUI-Q6) ☐ Don't know or refusal (Go to HUI-Q6)

HUI-Q4: Are you able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

☐ Yes (Go to HUI-Q6) ☐ No ☐ Don't know or refusal (Go to HUI-Q5)

HUI-Q5: Are you usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?

☐ Yes ☐ No

HUI-Q6: HEARING: Are you usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?

☐ Yes (Go to HUI-Q10) ☐ No ☐ Don't know or refusal (Go to HUI-Q10)

HUI-Q7: Are you usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid?

☐ Yes (Go to HUI-Q8) ☐ No

HUI-Q7A: Are you able to hear at all?

☐ Yes ☐ No (Go to HUI-Q10) ☐ Don't know or refusal (Go to HUI-Q10)

HUI-Q8: Are you usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?

☐ Yes (Go to HUI-Q10) ☐ No ☐ Refusal (Go to HUI-Q10)

HUI-Q9: Are you usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?

☐ Yes ☐ No

HUI-Q10: SPEECH: Are you usually able to be understood completely when speaking with strangers in your own language?

☐ Yes (Go to HUI-Q14) ☐ No ☐ Refusal (Go to HUI-Q14)

HUI-Q11: Are you able to be understood partially when speaking with strangers?

☐ Yes ☐ No

HUI-Q12: Are you able to be understood completely when speaking with those who know you well?

☐ Yes (Go to HUI-Q14) ☐ No ☐ Refusal (Go to HUI-Q14)

HUI-Q13: Are you able to be understood partially when speaking with those who know you well?

☐ Yes ☐ No

HUI-Q14: GETTING AROUND: Are you usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?

☐ Yes (Go to HUI-Q21) ☐ No ☐ Don't know or refusal (Go to HUI-Q21)

HUI-Q15: Are you able to walk at all?

☐ Yes ☐ No (Go to HUI-Q18) ☐ Don't know or refusal (Go to HUI-Q18)

HUI-Q16: Do you require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?

☐ Yes ☐ No

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

HUI-Q2

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HUI-Q3

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HUI-Q4

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HUI-Q5

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HUI-Q6

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HUI-Q7

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HUI-Q7A

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HUI-Q8

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HUI-Q9

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HUI-Q10

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HUI-Q11

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HUI-Q12

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HUI-Q13

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HUI-Q14

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HUI-Q15

☐

HUI-Q16

☐

The Health Utility Index (HUI3) is a generic measure of health-related quality of life. It was originally developed at McMaster University and is now used extensively in Canada and in 25 other countries around the world. With most children or adolescents, the HUI takes only about 2 to 4 minutes to complete.

The HUI3 provides a description of an individual's overall functional health, based on eight attributes: vision, hearing, speech, mobility (ability to get around), dexterity (use of hands and fingers), cognition (memory and thinking), emotion (feelings), pain and discomfort.



If you have difficulty reading what is written on the blackboard at school or if you get headaches when you are watching television, it is a good idea to get your eyes tested, even if you have never needed glasses.

If you do wear glasses or contact lenses, your eyes should be tested by an eye specialist every 6 to 12 months.



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HUI-Q17: Do you require the help of another person to be able to walk?

☐ Yes ☐ No

HUI-Q18: Do you require a wheelchair to get around?

☐ Yes ☐ No (Go to HUI-Q21) ☐ Don't know or refusal (Go to HUI-Q21)

HUI-Q19: How often do you use a wheelchair? (Mark one only.)

☐ Always ☐ Often ☐ Sometimes ☐ Never

HUI-Q20: Do you need the help of another person to get around in the wheelchair?

☐ Yes ☐ No

HUI-Q21: **HANDS AND FINGERS:** Are you usually able to grasp and handle small objects such as a pencil or scissors?

☐ Yes (Go to HUI-Q25) ☐ No ☐ Don't know or refusal (Go to HUI-Q25)

HUI-Q22: Do you require the help of another person because of limitations in the use of hands or fingers?

☐ Yes ☐ No (Go to HUI-Q25) ☐ Don't know or refusal (Go to HUI-Q25)

HUI-Q23: Do you require the help of another person with: (Mark one only.)

☐ Some tasks? ☐ Most tasks? ☐ Almost all tasks? ☐ All tasks?

HUI-Q24: Do you require special equipment, for example, devices to assist in dressing, because of limitations in the use of hands or fingers?

☐ Yes ☐ No

HUI-Q25: **FEELINGS:** Would you describe yourself as being usually: (Mark one only.)

☐ Happy and interested in life? ☐ Unhappy with little interest in life?
☐ Somewhat happy? ☐ So unhappy that life is not worthwhile?
☐ Somewhat unhappy?

HUI-Q26: **MEMORY:** How would you describe your usual ability to remember things? (Mark one only.)

☐ Able to remember most things? ☐ Very forgetful?
☐ Somewhat forgetful? ☐ Unable to remember anything at all?

HUI-Q27: **THINKING:** How would you describe your usual ability to think and solve day-to-day problems? (Mark one only.)

☐ Able to think clearly and solve problems ☐ Having a great deal of difficulty
☐ Having a little difficulty ☐ Unable to think or solve problems
☐ Having some difficulty

HUI-Q28: **PAIN AND DISCOMFORT:** Are you usually free of pain or discomfort?

☐ Yes (Go to question H10, p. 5) ☐ No ☐ Don't know or refusal (Go to H10, p. 5)

HUI-Q29: How would you describe the usual intensity of your pain or discomfort? (Mark one only.)

☐ Mild ☐ Moderate ☐ Severe

HUI-Q30: How many activities does your pain or discomfort prevent? (Mark one only.)

☐ None ☐ A few ☐ Some ☐ Most



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HUI-Q17

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HUI-Q18

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HUI-Q19

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HUI-Q20

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HUI-Q21

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HUI-Q22

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HUI-Q23

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HUI-Q24

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HUI-Q25

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HUI-Q26

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HUI-Q27

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HUI-Q28

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HUI-Q29

☐

HUI-Q30

☐

The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



One of the innovative features of Looking After Children is the close interaction between research and practice. The Assessment and Action Records, which form the core of the system, provides a means of assessing outcomes. In practice it provides data to inform policy makers as to possible means of improving the quality and relevance of services provided to children and youths.



Young people's rights: You can use this as an opportunity to talk about any health problems which may have been worrying you and which you may not have had a chance to discuss before. You can choose whether you want to see a male or female doctor.



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The next section is to be answered by the **FOSTER PARENT OR GROUP HOME WORKER**¹⁹³ (or other adult caregiver), with assistance, as needed, from the child/youth in care or the child welfare worker.

H10: LONG-TERM CONDITIONS: In the following questions, long-term conditions refer to conditions that have lasted or are expected to last 6 months or more and have been diagnosed by a health professional. Does ... have any of the following long-term conditions? (Mark all that apply.)

- | | |
|--|---|
| ☐ None | ☐ Cerebral palsy |
| ☐ Food or digestive allergies | ☐ Kidney condition or disease |
| ☐ Respiratory allergies such as hay fever | ☐ Mental handicap |
| ☐ Any other allergies | ☐ Learning disability |
| ☐ Asthma | ☐ Attention deficit disorder |
| ☐ Bronchitis | ☐ Emotional, psychological or nervous difficulties |
| ☐ Heart condition or disease | ☐ Any other long-term condition |
| ☐ Epilepsy | |
| ☐ Fetal alcohol syndrome/effect | |

Specify:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

H11: Is ... taking any prescribed psychotropic and/or behaviour altering medication(s) (e.g. Ritalin, tranquilizers, anti-convulsants, etc.)?

- ☐ Yes ☐ No (Go to question H13) ☐ Uncertain

H12: If ... is taking prescribed psychotropic and/or behaviour altering medication(s), is this being monitored by an appropriate health care professional?

- ☐ Yes ☐ No ☐ Uncertain

H13: DISABILITY: Does ... have any long-term conditions or health problems which prevent or limit his/her participation in school, at play, or in any other activity for a child/youth of his/her age?

- ☐ Yes ☐ No (Go to question H15)

H14: SPECIAL HELP OR EQUIPMENT: Does ... have all the special help or equipment he/she may need for any long-term conditions or disabilities he/she may have?

- ☐ Yes ☐ No ☐ No special help or equipment needed

H15: INJURIES: In the past 12 months, was ... injured seriously enough to require medical attention by a doctor, nurse, or dentist (e.g., a broken bone, bad cut or burn, head injury, poisoning, or a sprained ankle)?

- ☐ Yes ☐ No (Go to question H21)

H16: How many times was he/she injured? (Write in number of times.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Times

H17: For the most serious injury, what type of injury did he/she have? (Mark one only.)

- | | |
|--|---|
| ☐ Broken or fractured bones | ☐ Concussion |
| ☐ Burn or scald | ☐ Poisoning by substance or liquid |
| ☐ Dislocation | ☐ Dental injury |
| ☐ Sprain or strain | ☐ Internal injury |
| ☐ Cut, scrape or bruise | ☐ Other |
| ☐ Multiple injuries | |

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

H10

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H11

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H12

☐

H13

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H14

☐

H15

☐

H16

☐

H17

☐

Your doctor will need to know about any problems or treatments you are having. Your child welfare worker should check that illnesses, accidents, injuries, hospital stays, and operations have been noted on your Plan of Care.



Young people need to be given information and opportunities to talk about any disability they may have. Foster parents may also need advice and/or support. Literature and information about support groups both for young people and/or their caregivers can be obtained from organizations which exist to promote understanding of specific conditions (e.g., Canadian Diabetes Association). Various organizations provide opportunities for young people with medical conditions to take part in activities together. Parks and Recreation Departments may run specialized programs.



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H18: What part of ...'s body was injured? (Mark one only.)

- ☐ Eyes
- ☐ Face or scalp (excluding eyes)
- ☐ Head or neck (excluding eyes and face or scalp)
- ☐ Arms or hands
- ☐ Legs or feet
- ☐ Back or spine
- ☐ Trunk (excluding back or spine; include chest, internal organs, etc.)
- ☐ Shoulder
- ☐ Hip
- ☐ Multiple sites

H19: For the most serious injury, what happened? For example, was the injury the result of a fall, motor vehicle accident, a physical assault, etc.? (Mark one only.)

- | | |
|---|--|
| ☐ Motor vehicle collision - passenger | ☐ Scalded by hot liquids or food |
| ☐ Motor vehicle collision - pedestrian | ☐ Accidental poisoning |
| ☐ Motor vehicle collision - riding bicycle | ☐ Self-inflicted poisoning |
| ☐ Snowmobile accident | ☐ Other intentionally self-inflicted injuries |
| ☐ Other bicycle accident | ☐ Natural/environmental factors (e.g., animal bite/sting) |
| ☐ Fall (excluding bicycle or sports) | ☐ Fire/flames or resulting fumes |
| ☐ Sports (excluding bicycle) | ☐ Near drowning |
| ☐ Physical assault | ☐ Other |

Specify:

--	--	--	--	--	--	--	--	--	--

H20: Where did the injury happen (for example, at home, on the street, in a playground, at school, etc.)? (Mark one only.)

- ☐ Inside biological parent's own home/apartment
- ☐ Inside foster parent's (or other adult caregiver's) own home/apartment or inside group home
- ☐ Outside biological parent's home, apartment, including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room
- ☐ Outside foster parent's (or other adult caregiver's) home, apartment, or outside group home including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room
- ☐ In or around other private residence
- ☐ Inside school/daycare centre or on school/daycare centre grounds
- ☐ At an indoor or outdoor sports facility (other than school)
- ☐ Other building used by general public
- ☐ On sidewalk/street/highway in foster parent's (or other adult caregiver's) or group home neighbourhood
- ☐ On any other sidewalk/street/highway
- ☐ In a playground/park (other than school)
- ☐ Other

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H18

☐

The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



Corporate parenting is a term which recognizes the accountability of public agencies for carrying out responsibilities towards a child or youth in care.



The Assessment and Action Record is designed to improve the quality and effectiveness of the corporate parenting provided under the supervision of local child welfare agencies or organizations to young people. Thus, the Assessment and Action Record may assist in pinpointing children and youths' individual needs, enhance the timeliness of the services they receive, and optimize their developmental outcomes.

H19

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H20

☐



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H21: HOSPITALIZATIONS: In the past 12 months, was ... ever an overnight patient in the hospital?

☐ Yes ☐ No (Go to question H23)

H22: For what reason?

☐ Respiratory illness or disease ☐ Gastrointestinal illness or disease ☐ Injuries ☐ Other

H23: IMMUNIZATIONS: Are all ...'s immunizations up to date?

☐ Yes ☐ No

H24: DIET: Does ... have a special diet for health, weight-control, religious, or cultural reasons?

☐ Yes ☐ No

H25: DIETARY ASSISTANCE: Is ... receiving all the help he/she requires to maintain a healthy daily diet, whether special or not?

☐ Yes ☐ No

▶ The next section is to be answered by the **CHILD/YOUTH IN CARE**, with assistance, as needed, from the foster parent, the group home worker (or other adult caregiver) or the child welfare worker.



Note to the child/youth in care: The following questions will help build a picture of your health related behaviours.

H26: BREAKFAST: During school weeks, how many days a week do you normally eat breakfast?

☐ Never ☐ 1 or 2 days a week ☐ 3 to 4 days a week ☐ Every school day

H27: Overall, which of the following are you trying to do?

☐ Lose weight ☐ Gain weight ☐ Stay the same weight ☐ I'm not trying to do anything about my weight

H28: PUBERTY: Do you have any concerns related to body changes (e.g., acne, menstruation, voice, hair growth)?

☐ Yes ☐ No

H29: Are you getting all the help you need with concerns you may have related to body changes?

☐ No such concerns - no assistance required ☐ Yes ☐ No

H30: SEXUALITY: Do you have any concerns with issues related to sexuality, such as sexual relations, contraception, pregnancy, HIV and other sexually transmitted diseases, or sexual orientation? (Note what these are on the opposite right-hand page.)

☐ Yes ☐ Not sure ☐ No

H31: Are you receiving all the help you need with concerns related to sexuality, such as those just mentioned?

☐ No such concerns - no assistance required ☐ Yes ☐ No

H32: CIGARETTES: How often do you smoke cigarettes, if at all?

☐ I have never smoked	☐ About once or twice a month
☐ I only tried once or twice	☐ About once or twice a week
☐ I do not smoke now	☐ About 3-5 times a week
☐ A few times a year	☐ Every day

H33: How many of your close friends smoke cigarettes?

☐ None ☐ A few ☐ Most ☐ All

H34: Are you getting all the help you need to quit smoking?

☐ Does not smoke - no help required ☐ Yes ☐ No

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

H21

H22

H23

H24

H25

H26

H27

H28

H29

H30

H31

H32

H33

H34



Your child welfare worker should check that all immunizations have been noted on your Plan of Care. If there is no record of what you have had, it may be necessary for your doctor to check through your health records so that the information can be recorded by your child welfare agency or organization. This is important because if you change doctors, it can take a while for health records to catch up and the information may be urgently needed.



It is important that young people in care have a diet that relates to their ethnic background and culture so as to continue being familiar with the customs and daily practices of their birth family.



Accurate factual knowledge about puberty, sex and contraception, as well as discussions about the part sex plays in relationships, are important to all young people who are developing into adulthood. If you want more information in confidence you can talk to your doctor, or you can get help from Planned Parenthood. Check your local telephone book or ask your child welfare worker for the number. You can also call the "Facts of Life" line 1-800-739-7369.

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H35: ALCOHOL: If you drink alcohol, how often do you do so?

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|--|--|
| ☐ I have never had a drink of alcohol | ☐ About once or twice a month |
| ☐ I only tried once or twice | ☐ About once or twice a week |
| ☐ I do not drink alcohol anymore | ☐ About 3-5 times a week |
| ☐ A few times a year | ☐ Every day |

H36: How many of your close friends drink alcohol?

- ☐ None ☐ A few ☐ Most ☐ All

H37: Are you getting all the help you need to quit drinking alcohol?

- ☐ Does not drink alcohol - no help required ☐ Yes ☐ No

DRUGS: Which of the following best describes your experience with these drugs during the past 12 months:

H38: Marijuana and cannabis products (also known as a joint, pot, grass or hash)

- | | |
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| ☐ I have never done it | ☐ About 1-2 days a week |
| ☐ Not during the past 12 months | ☐ About 3-5 days a week |
| ☐ A few times | ☐ About 6-7 days a week |
| ☐ About once or twice a month | |

H39: Glues or solvents such as paint thinner, gasoline, etc.?

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| ☐ I have never done it | ☐ About 1-2 days a week |
| ☐ Not during the past 12 months | ☐ About 3-5 days a week |
| ☐ A few times | ☐ About 6-7 days a week |
| ☐ About once or twice a month | |

H40: Other drugs like crack, cocaine, heroin, speed or ecstasy, etc.?

- | | |
|--|--|
| ☐ I have never done it | ☐ About 1-2 days a week |
| ☐ Not during the past 12 months | ☐ About 3-5 days a week |
| ☐ A few times | ☐ About 6-7 days a week |
| ☐ About once or twice a month | |

H41: How many of your close friends have tried drugs or sniffed glue or solvents?

- ☐ None ☐ A few ☐ Most ☐ All

H42: Are you getting all the help you need to quit using drugs or sniffing glue or solvents?

- ☐ Does not use drugs or solvents - no help required ☐ Yes ☐ No

H43: HEALTH SERVICES RECEIVED BY THE CHILD/YOUTH IN CARE DURING THE LAST 12 MONTHS

This section is to be completed by the **FOSTER PARENT OR GROUP HOME WORKER** (or other adult caregiver), with assistance, as needed, from the child welfare worker and the child/youth in care.

Note to the child welfare worker and the foster parent or group home worker: Knowledge of the kind and amount of health services which the child/youth has received is very important because it provides a better clinical understanding of the relation between services received and positive developmental outcomes. In addition, this knowledge can help decision-makers improve the quality and relevance of services provided to children and youths.



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H35

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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Young people put themselves at risk by abusing nicotine, alcohol, drugs, or other substances. Young people should be encouraged to give up smoking. Staff should not supply young people with cigarettes. If you or your foster parent(s) want more information, there are two small booklets, "Do you Know" and "Take Action," both of which you can get for free by telephoning the Addiction Research Foundation Drug and Alcohol Hotline at 1-800-463-6273. The call is also free.



Child welfare agencies or organizations should arrange regular medical examinations for all young people in their care. The purpose of an examination is to pick up health problems that can be treated and often cured while the young person is in care.





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INSTRUCTIONS: For each of the service providers (or services) listed in the following table, please indicate:

- > **WHETHER THE CHILD/YOUTH HAS RECEIVED SERVICES** from such a provider during the last year
- > The **CATEGORY** of the service provider where not already indicated by an X. That is, was the provider:
 - (1) a child welfare agency or organization staff member?
 - (2) a staff member of a publicly-funded agency other than the child welfare agency or organization (e.g., a school)?
 - (3) a private service provider, reimbursed by the provincial/territorial health plan (e.g., a family physician)?
 - (4) a private service provider reimbursed by the child welfare agency or organization?
 - (5) another type of provider (e.g., an unpaid volunteer, such as a basketball coach)?
- > The **FREQUENCY** with which the service was received and the **AVERAGE DURATION** of a single session.

SERVICE PROVIDER	SERVICE received from a provider during last 12 Months?	CATEGORY of provider where NOT already indicated by an X (see above list) (1)(2)(3)(4)(5)	FREQUENCY or number of times service was received during last 12 months?	AVERAGE DURATION of a single session
Example: Pediatrician	Yes ☒ No ☐	☐ ☐ ☒ ☐ ☐ 1 2 3 4 5	0 2 Times/last yr	0 4 5 Minutes/session
1. Family physician	Yes ☐ No ☐	☐ ☐ ☒ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
2. Pediatrician	Yes ☐ No ☐	☐ ☐ ☒ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
3. Ophthalmologist	Yes ☐ No ☐	☐ ☐ ☒ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
4. Other MD	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
5. Nurse	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
6. Dentist	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
7. Orthodontist	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
8. Optometrist	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
9. Audiologist	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
10. Speech therapist	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session



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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



It is important to know the kind and amount of services received in order to be able to judge whether the young person's needs have recently been met and to decide the kind and amount of services that should be specified in the revised Plan of Care for the coming 12 months. The kind and amount of services received are also likely to be related to the young person's developmental progress, both last year and in the coming year.

The Looking After Children system provides a methodical approach to assist corporate parents in providing the necessary health education and services critical to ensure the young person's continued positive developmental progress.



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SERVICE PROVIDER	SERVICE received from a provider during last 12 Months?	CATEGORY of provider where NOT indicated by an X (see above list) (1)(2)(3)(4)(5)	FREQUENCY or number of times service was received during last 12 months?	AVERAGE DURATION or a single session
11. Physiotherapist	Yes ☐ No ☐	☐ ☐ ☐ ☒ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
12. Occupational therapist	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
13. Other health service provider:	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
Specify:				

▶ The following section is to be completed by the **CHILD WELFARE WORKER** based on the information obtained on this entire developmental dimension of health.

ATTAINMENT OF HEALTH OBJECTIVES OF THE CHILD WELFARE SYSTEM

H44: Objective 1: The child/youth is normally well.
(Note: "unwell" here means ill enough to be in bed or take some time off school)

- ☐ Normally well (i.e., unwell for 1 week or less in the last 6 months)
- ☐ Sometimes ill (i.e., unwell between 8 and 14 days in the last 6 months)
- ☐ Often ill (i.e., unwell between 15 and 28 days in the last 6 months)
- ☐ Frequently ill (i.e., unwell for more than 28 days in the last 6 months)

H45: Objective 2: The child/youth's weight is within normal limits for his/her height:

- ☐ Within normal limits ☐ Slightly overweight
- ☐ Seriously overweight ☐ Seriously underweight
- ☐ Slightly underweight

H46: Objective 3: All necessary preventive health measures, including immunizations, are being taken (also see the Table in the preceding page for services received by the child/youth during the last year)

- ☐ All ☐ Most ☐ A few ☐ None

H47: Objective 4: All ongoing health conditions and disabilities are being dealt with (also see the Table in the preceding page for services received by the child/youth during the last year):

- ☐ No health condition or disability ☐ Some being adequately dealt with
- ☐ All being adequately dealt with ☐ None being adequately dealt with

H48: Objective 5: The child/youth does not put his/her health at risk:

- ☐ No risks taken ☐ Some risks taken ☐ Considerable risks taken ☐ Health placed seriously at risk



Note to the child welfare worker: If anyone disagrees with these answers to the Health objectives, please note the details on the right hand page.

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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Young people in care are a high risk group for many kinds of health threatening behaviours, such as smoking and drinking, sexually transmitted infections including HIV/AIDS, and, for girls, pregnancy at an early age.

The importance of health education and especially, sex education, for young people in care, has not been a priority in the past. Sex education is now compulsory in secondary schools. Research has shown that it can be effective in discouraging premature sexual activity and pregnancy.

The Looking After Children research team found that young people in care often missed the relevant lessons because of frequent absences. This was one area where the use of the Assessment and Action Record has had a marked impact in raising awareness, improving the quality of information given to young people, and providing a forum for discussion about issues associated with sexuality.





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This dimension is about the child/youth's experiences at school. The questions in this section are designed to find out if the child/youth is getting the help he/she needs to make sure that he/she does as well at school as possible and that his/her education is being properly planned. The questions are also meant to find out if the child/youth has opportunities to learn special skills and to take part in a wide range of activities, both in and out of school.

- ☐ Yes ☐ No



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**DIMENSION 2: EDUCATION**

This dimension is about the young person's experience at school.



A young person has a learning difficulty if he/she finds it much harder to learn than most people of the same age or if he/she has a disability which makes it difficult to use the normal educational facilities in the area.

For example, someone may have learning difficulties caused by conditions such as Down's syndrome, a problem with sight, hearing or speech, a learning disability, emotional or behavioural problems, a medical or health problem, difficulties with reading, writing, speaking or mathematics.

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► **SCHOOL PERFORMANCE:** Based on your knowledge of ...'s school work, including his/her report cards,²⁰⁷ how is he/she doing in the following areas at school this year (or, during the last school year he/she was enrolled in school)?

E9: Reading?

☐ Very well ☐ Well ☐ Average ☐ Poorly ☐ Very poorly

E10: Mathematics?

☐ Very well ☐ Well ☐ Average ☐ Poorly ☐ Very poorly

E11: Written work such as composition?

☐ Very well ☐ Well ☐ Average ☐ Poorly ☐ Very poorly

E12: How is he/she doing overall?

☐ Very well ☐ Well ☐ Average ☐ Poorly ☐ Very poorly

► **LEVEL OF DIFFICULTY:** The next few questions concern levels of difficulty of different subjects that may be offered at the school attended by the child/youth in care. The advanced/enriched level includes courses targeting those with stronger abilities/performance in their grade and allows them to progress more rapidly. The general level includes courses targeting those with average abilities/performance and allows students to progress normally. The basic level includes courses targeting students with lower abilities/school performance and allows them to accomplish different educational or occupational plans. For each of the following subjects, please indicate the level at which the child/youth in care is enrolled:

E13: Reading?

☐ Advanced/Enriched ☐ General ☐ Basic ☐ Does not take it

E14: Mathematics?

☐ Advanced/Enriched ☐ General ☐ Basic ☐ Does not take it

E15: Written work such as composition?

☐ Advanced/Enriched ☐ General ☐ Basic ☐ Does not take it

E16: HOMEWORK AND EXAMS: Does ... have a satisfactory place to do his/her homework?

☐ Yes ☐ No ☐ No homework usually assigned (Go to question E19)

E17: On days when ... is assigned homework, how much time does he/she usually spend doing homework?

☐ 0-15 minutes	☐ 1.5 to less than 2.0 hours
☐ 16-30 minutes	☐ 2.0 to less than 3.0 hours
☐ 31 minutes to less than one hour	☐ 3.0 to less than 4.0 hours
☐ 1.0 to less than 1.5 hours	☐ 4.0 hours or more

E18: How often do you check his/her homework or provide help with homework (or other school assignments)?

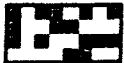
☐ Never or rarely	☐ Once a week
☐ Less than once a month	☐ A few times a week
☐ Once a month	☐ Daily
☐ A few times a month	

E19: How well does ... prepare for tests or exams?

☐ Very Well ☐ Well ☐ Average ☐ Poorly ☐ Very poorly

E20: READING: How often does ... read for pleasure?

☐ Most days	☐ About once a month
☐ A few times a week	☐ Almost never
☐ About once a week	



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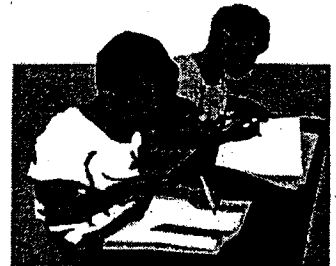
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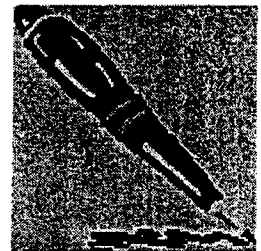
E20

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School performance is the simplest indicator of cognitive functioning for young people. It can be measured as the age to grade ratio, achievement on standardized tests (e.g., Math or English), placement in special education classes, or assessed risk of failure.



Details of all courses taken by you including, if applicable, the individual education plan, should be noted carefully in your Plan of Care. In particular, your child welfare worker should make sure that information about an individual education plan, transition plans and statements of special educational needs have all been noted on your Plan of Care or file. Details about specialized learning materials should also be recorded.



A review of your educational needs should be undertaken regularly to assess your academic progress. This is even more important for if you are experiencing some academic difficulties.



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E21: OTHER EDUCATION-RELATED MATTERS: How important is it to you that ... have good grades in school?

- ☐ Very important ☐ Important ☐ Somewhat important ☐ Not important at all

E22: How far do you hope ... will go in school?

- ☐ Primary/elementary school
☐ Secondary or high school
☐ Community college, CEGEP, or nursing school
☐ Trade, technical, vocational school, or business college
☐ University
☐ Other

E23: Approximately how many books of his/her own does ... possess?

- ☐ None ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-30 ☐ 31-50 ☐ More than 50

E24: Approximately how many of your books does ... have access to?

- | | |
|--------------------------------|--|
| ☐ None | ☐ 21-30 |
| ☐ 1-5 | ☐ 31-50 |
| ☐ 6-10 | ☐ 51-100 |
| ☐ 11-15 | ☐ More than 100 |
| ☐ 16-20 | |

E25: How often does ... borrow books from the school or public library?

- | | |
|--|---|
| ☐ Once a week | ☐ Less than once a month |
| ☐ A few times a month | ☐ Rarely or never |
| ☐ Once a month | |

E26: Does ... have access to a computer at home? (If no, go to question E28)

- ☐ Yes ☐ No

E27: Does ... have access to a large area network (e.g., Internet) at home?

- ☐ Yes ☐ No

E28: How often do you and ... talk about school work or behaviour in class?

- | | |
|--|---|
| ☐ Daily | ☐ Once a month |
| ☐ A few times a week | ☐ Less than once a month |
| ☐ Once a week | ☐ Rarely |
| ☐ A few times a month | |

E29: How often do you and ... talk about his/her school friends or activities?

- | | |
|--|---|
| ☐ Daily | ☐ Once a month |
| ☐ A few times a week | ☐ Less than once a month |
| ☐ Once a week | ☐ Rarely |
| ☐ A few times a month | |

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

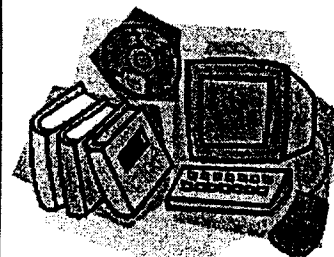


Despite the current emphasis on information technology, literacy is still the first requirement of employers. But it is also a crucial tool for independent learning and an important leisure skill.



Reading is inexpensive and does not require the co-operation of others or interfere with their activities. It can be pursued anywhere and offers recreation, instruction and vicarious experience.

Research findings have shown that the conditions necessary for children and youths to learn successfully are a ready supply of suitable reading material and the close attention of an adult. These findings underline the importance that foster homes and residential units should have reference books such as dictionaries, atlases, and encyclopedias. If they don't, you may need to ask your child welfare worker about this.





E30: How often do you and ... talk about his or her plans for the future?

- | | |
|--|---|
| ☐ Daily | ☐ Once a month |
| ☐ A few times a week | ☐ Less than once a month |
| ☐ Once a week | ☐ Rarely |
| ☐ A few times a month | |

E31: During the current or last school year, have you done any of the following? (Mark all that apply.)

- ☐ Spoken to, visited, or corresponded with child/youth's teacher
- ☐ Visited child/youth's class
- ☐ Attended a school event in which child/youth participated, for example, a play, sports competition, or science fair
- ☐ Volunteered in child/youth's class or helped with a class trip
- ☐ Helped elsewhere in the school, such as in the library or computer room
- ☐ Fund-raising
- ☐ Attended a parent-school association, home and school liaison committee
- ☐ Other activities
- ☐ No activities

E32: CHANGES IN SCHOOLS: Other than natural progression through the school system, how many times (if any) has ... changed schools? (Write in the total no. of times.)

times (00 = none, 01 = once, 02 = twice, etc.)

E33: Other than natural progression through the school system in your area, has ... changed schools in the last 12 months?

- ☐ Yes ☐ No ☐ Not applicable

E34: ABSENCES FROM SCHOOL: How many days, if any, was ... absent from school during the last 12 months?

- | | |
|------------------------------------|--|
| ☐ 0 days | ☐ 11-20 days |
| ☐ 1-3 days | ☐ More than 20 days |
| ☐ 4-6 days | ☐ Not in school during the last 12 months |
| ☐ 7-10 days | |

E35: What was the main reason for... being absent from school? (Mark one only.)

- | | |
|---|---|
| ☐ Health reasons | ☐ Visiting birth family |
| ☐ Problems with transportation | ☐ Visiting child welfare worker |
| ☐ Problems with weather | ☐ Court appearance(s) |
| ☐ Family vacation | ☐ Problem with the teacher |
| ☐ Fear of school | ☐ Problem with children/youths at school |
| ☐ Suspension(s) | ☐ Difficulty with childcare arrangements |

☐ Other Specify:

E36: SUSPENSIONS FROM SCHOOL: During the last 12 months, how many times, if any, has ... been temporarily suspended from school?

- ☐ Never ☐ Once or twice ☐ 3 or 4 times ☐ 5 times or more write in total no. of days

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



A satisfactory place for studying is essential for good learning to happen. A good working place has enough space and light and a suitable chair and table. It should not be too noisy, so that you can concentrate, and should prevent you from being interrupted by other people. More importantly, your learning experience is greatly enhanced with the presence of a caring adult, who takes an interest in your homework, makes sure that you have enough things like pens, paper and pencils, and gives you help when you need it.



Unplanned changes are other than those that everyone experiences (e.g., from elementary to high school). Your child welfare worker should check that all school changes have been noted in your file.

A change of placement may mean that you have moved away from your school. It is important to try not to change schools in the middle of a term. Your child welfare worker may be able to arrange transportation to help you stay at the same school.

If you have changed schools in the middle of a term, it may be useful to ask your teacher where you might get some extra help.



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E37: During the last 12 months, how many times, if any, has ... been permanently suspended from school?²¹³

☐ Never ☐ Once or twice ☐ 3 or 4 times ☐ 5 times or more write in total no. of days

E38: **CHANGES IN PLACE OF RESIDENCE** Aside from school changes, how many times in ...'s life has he/she moved, that is, changed his/her usual place of residence? (Write in the number of times.)

times (00 = none, 01 = once, 02 = twice, etc.)

► The following questions are to be answered by the **CHILD/YOUTH IN CARE**.



Note to child/youth in care: Please note that in the following questions, "school" includes high school and post-secondary education.

E39: **SCHOOL:** How do you feel about school?

☐ I like school very much ☐ I don't like school very much
☐ I like school quite a bit ☐ I hate school
☐ I like school a bit

E40: How do you like Math?

☐ I hate it ☐ I don't like it very much ☐ I like it a little ☐ I like it a lot ☐ I don't take it

E41: How do you like Science?

☐ I hate it ☐ I don't like it very much ☐ I like it a little ☐ I like it a lot ☐ I don't take it

E42: How do you like English?

☐ I hate it ☐ I don't like it very much ☐ I like it a little ☐ I like it a lot ☐ I don't take it

E43: How do you like French?

☐ I hate it ☐ I don't like it very much ☐ I like it a little ☐ I like it a lot ☐ I don't take it

E44: **LEVEL OF IMPORTANCE:** How important is it to you to get good grades?

☐ Very important ☐ Somewhat important ☐ Not very important ☐ Not important at all

E45: How important is it to you to participate in extra-curricular activities?

☐ Very important ☐ Somewhat important ☐ Not very important ☐ Not important at all

E46: How important is it to you to always to show up to class on time?

☐ Very important ☐ Somewhat important ☐ Not very important ☐ Not important at all

E47: How important is it to you to learn new things?

☐ Very important ☐ Somewhat important ☐ Not very important ☐ Not important at all

E48: How important is it to you to express your opinion in class?

☐ Very important ☐ Somewhat important ☐ Not very important ☐ Not important at all

E49: Have you participated in any school trips or outings in the last 12 months?

☐ Never ☐ Once or twice ☐ 3 or 4 times ☐ 5 times or more

► **ACTIVITIES OUTSIDE OF SCHOOL HOURS:** In the last 12 months, how often have you:

E50: Played sports or done physical activities without a coach or an instructor (e.g. biking, skate boarding, softball during recess, etc.)?

☐ Never ☐ Less than once a week ☐ 1 to 3 times a week ☐ 4 or more times a week

E51: Played sports with a coach or instructor, other than for gym class (e.g., swimming lessons, baseball, hockey, school teams, etc.)?

☐ Never ☐ Less than once a week ☐ 1 to 3 times a week ☐ 4 or more times a week

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E37

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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There is evidence of serious discrimination against children and youths in care in schools. Many complain of unfair treatment by teachers. In addition is the readiness of schools to suspend or expulse young people in care for relatively trivial offences, which has resulted in some being denied their right to education for long periods.

Suspensions or expulsions disrupt not only their learning but also their social relationships and other activities and puts them at higher risk of offending and of drug and alcohol misuse. The child welfare worker or the foster parent need to make arrangements to permit continued learning and participation in important activities.



Education plays a central role in determining the quality of adult life. School successes enhances self-esteem and can offer a channel of escape from disadvantage. Open and regular communications between the student, school, child welfare worker and home is an important means of supporting the yougn person's continued academic progress.

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E52: Taken part in dance, gymnastics, karate or other groups or lessons, other than in gym class?

- ☐ Never ☐ Less than once a week ☐ 1 to 3 times a week ☐ 4 or more times a week

E53: Taken part in art, drama or music groups, clubs or lessons, outside of class?

- ☐ Never ☐ Less than once a week ☐ 1 to 3 times a week ☐ 4 or more times a week

E54: Taken part in clubs or groups such as Guides or Scouts, 4-H club, community, church or other religious groups?

- ☐ Never ☐ Less than once a week ☐ 1 to 3 times a week ☐ 4 or more times a week

E55: Done a hobby or craft (drawing, model building, etc.)?

- ☐ Never ☐ Less than once a week ☐ 1 to 3 times a week ☐ 4 or more times a week

E56: How often do you read for fun (not for school)?

- ☐ Every day ☐ A few times a month
☐ A few times a week ☐ Less than once a month
☐ Once a week ☐ Almost never

E57: TEACHERS: In general, do your teachers treat you fairly?

- ☐ All the time ☐ Most of the time ☐ Some of the time ☐ Rarely ☐ Never

E58: If you need extra help, do your teachers give it to you?

- ☐ All the time ☐ Most of the time ☐ Some of the time ☐ Rarely ☐ Never

E59: HOMEWORK: When your teachers give you homework, do you do it?

- ☐ All the time ☐ Rarely
☐ Most of the time ☐ Never
☐ Some of the time ☐ No homework usually assigned (Go to question E61)

E60: How often do your foster parents or group home workers (or your other adult caregivers, if you are not in foster or group care) check your homework or provide help with homework?

- ☐ All the time ☐ Most of the time ☐ Some of the time ☐ Rarely ☐ Never

E61: If you have problems at school, are your foster parents or group home workers (or other adult caregivers) ready to help?

- ☐ All the time ☐ Rarely
☐ Most of the time ☐ Never
☐ Some of the time ☐ No problems at school

E62: EXPECTANCIES: Do your foster parents or group home workers (or other adult caregivers) encourage you to do well at school?

- ☐ All the time ☐ Most of the time ☐ Some of the time ☐ Rarely ☐ Never

E63: Do your foster parents or group home workers (or other adult caregivers) expect too much of you at school?

- ☐ All the time ☐ Most of the time ☐ Some of the time ☐ Rarely ☐ Never

E64: How far do you hope to go in school?

- ☐ Middle school/junior high ☐ Technical, trade or vocational school (above the high school level)
☐ Some high school ☐ College or CEGEP, or apprenticeship program
☐ Secondary or high school graduation ☐ A university degree
☐ I don't know ☐ More than one university degree

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



Research on high achievers who have been in care suggests that a good educational foundation is the key not only to employment but also to success in many other dimensions of adult life.



Given these long term positive outcomes, caring adults need to recognise and affirm school achievement (academic, sporting and creative) if it is to be sustained. One way to affirm the importance of academic achievement is to encourage the young person in care to set realistic yet ambitious educational goals. Significant adults also need to support and help the young person not to lose sight of his/her goals during his/her life experiences in the child welfare system.

If a child or youth in care decides that he/she wants to study at a particular university, or become a doctor or a professional tennis player, who is to say that this is inappropriate? As a good parent, the job of the child welfare worker is to explain to the young person the necessary steps along the way, do everything possible to help, and encourage and build on his/her aspirations and talents.



► **DIFFICULT SITUATIONS:** During the last 12 months, how many times did someone

E65: Say something personal about you that made you feel extremely uncomfortable?

a) While at school or on a school bus.

☐ Never ☐ Once or twice ☐ 3 or 4 times ☐ 5 times or more

b) Elsewhere (including home).

☐ Never ☐ Once or twice ☐ 3 or 4 times ☐ 5 times or more

E66: Threaten to hurt you but not actually hurt you?

a) While at school or on a school bus.

☐ Never ☐ Once or twice ☐ 3 or 4 times ☐ 5 times or more

b) Elsewhere (including home).

☐ Never ☐ Once or twice ☐ 3 or 4 times ☐ 5 times or more

E67: Physically attack or assault you?

a) While at school or on a school bus.

☐ Never ☐ Once or twice ☐ 3 or 4 times ☐ 5 times or more

b) Elsewhere (including home).

☐ Never ☐ Once or twice ☐ 3 or 4 times ☐ 5 times or more

E68: EDUCATIONAL AND RECREATIONAL SERVICES RECEIVED BY THE CHILD/YOUTH IN CARE DURING THE LAST 12 MONTHS

► This section is to be completed by the **FOSTER PARENT OR GROUP HOME WORKER** (or other adult caregiver), with assistance, as needed, from the child welfare worker and the child/youth in care.

💡 **Note to the child welfare worker and the foster parent or group home worker:** Knowledge of the kind and amount of educational services which the child/youth has received is very important because it provides a better clinical understanding of the relation between services received and positive developmental outcomes. In addition, this knowledge can help decision-makers improve the quality and relevance of services provided to children and youths.

INSTRUCTIONS: For each of the service providers (or services) listed in the following table, please indicate:

- > **WHETHER THE CHILD/YOUTH HAS RECEIVED SERVICES** from such a provider during the last year
- > **The CATEGORY** of the service provider where not already indicated by an X. That is, was the provider:
 - (1) a child welfare agency or organization staff member?
 - (2) a staff member of a publicly-funded agency other than the child welfare agency or organization (e.g., a school)?
 - (3) a private service provider, reimbursed by the provincial/territorial health plan (e.g., a family physician)?
 - (4) a private service provider reimbursed by the child welfare agency or organization?
 - (5) another type of provider (e.g., an unpaid volunteer, such as a basketball coach)?
- > **The FREQUENCY** with which the service was received and the **AVERAGE DURATION** of a single session.

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

E65

E66

E67

E68



School is a place where young people acquire social and leisure skills, making and keeping friends, negotiating agreements and relating to a variety of adults.

Sometimes difficult situations arise at school such as bullying. Bullying can be threats, teasing, taunting, social isolation and/or hitting. If you are being bullied at school talk to your teacher or child welfare worker. Some schools have a policy on anti-racism, bullying and sexual abuse. Your teacher or child welfare worker should be able to tell you about this.



Knowledge of the kind and amount of educational services received by the young person is very important to help all concerned gain a better clinical understanding of the relationship between services received and positive developmental outcomes.

This knowledge will also help the child welfare worker, the foster parents and the young person review past accomplishments and determine what other services or actions need to be taken to further promote positive schooling experiences and successes.

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SERVICE PROVIDER	SERVICE received from a provider during last 12 Months?	CATEGORY of provider where NOT already indicated by an X (see above list) (1)(2)(3)(4)(5)	FREQUENCY or number of times service was received during last 12 months?	AVERAGE DURATION of a single session.
1. Teacher (regular class)	Yes ☐ No ☐	☐ X ☐ ☐ ☐ ☐ 1 2 3 4 5	 Days/last yr	1 Day
2. Teacher (special ed.)	Yes ☐ No ☐	☐ X ☐ ☐ ☐ ☐ 1 2 3 4 5	 Days/last yr	 Minutes/day
3. Teacher's aide	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Days/last yr	 Minutes/day
4. Educational tutor	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
5. Summer camp staff	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Days/last yr	1 Day
6. Paid recreation/sports instructor or coach	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
7. Volunteer (unpaid) recreation/sports instructor or coach	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
8. Volunteer/paid driver	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
9. Other educational or recreational service provider:	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session

Specify:

The following section is to be filled out by the **CHILD WELFARE WORKER**, based on the information obtained on this entire developmental dimension of education.

ATTAINMENT OF GENERAL EDUCATION OBJECTIVES OF THE CHILD WELFARE SYSTEM

E69: Objective 1: The child/youth's educational performance matches his/her ability:

☐ Performance matches ability ☐ Performance somewhat below ability ☐ Performance seriously below ability

E70: Objective 2: The child/youth is acquiring special skills and interests:

☐ Many ☐ Some ☐ Few ☐ None

E71: Objective 3: Adequate attention is being given to planning the child/youth's education:

☐ Satisfactory planning ☐ Some planning, but not enough ☐ Little or no planning



Note to the child welfare worker: If anyone disagrees with these answers to the Education objectives, please note the details on the opposite page.

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

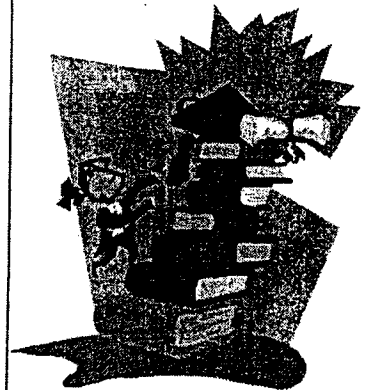
Looking After Children places a high priority on education for four reasons.

1. When a child welfare agency or organization acts as the corporate parent, the agency or organization should place a priority on education, just as any reasonable parent would.

2. School plays a central role in the experience of childhood in our society.

3. Education plays a key role in determining the quality of adult life.

4. Research suggests that in the past, child welfare have not placed a high priority on education in their Plans of Care for young people.



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DEVELOPMENTAL DIMENSION 3: IDENTITY

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This dimension is about the identity of the child/youth in care. The questions in this section are designed to make sure that the child/youth knows something about his/her birth family and their culture, understands and accepts the reasons why he/she is in care, and is being helped to feel increasingly confident about himself/herself and about the way he/she makes decisions.



The **CHILD/YOUTH IN CARE** is to answer this section, with assistance, as needed, from the foster parent or group home worker (or other adult caregiver) or child welfare worker. If you were adopted as a baby and have had no contact with your birth family since then, questions in this section apply to your adoptive family.

ID1: BIRTH FAMILY: How many members of your birth family can you name (including parents, brothers and sisters, grandparents, cousins, aunts, and uncles)?

☐ All or most ☐ Some ☐ None

ID2: Do you want to find out more about your birth family?

☐ Yes ☐ Uncertain ☐ No

ID3: BEING IN CARE: Do you understand why you are in care?

☐ Yes ☐ Uncertain ☐ No

ID4: If you feel awkward or uncomfortable when asked personal questions about your birth family, where you live, or why you are in care, are you getting all necessary assistance to deal with such questions in future?

☐ No assistance required ☐ Yes ☐ No

ID5: PAST EXPERIENCES: Do you have a personal album, containing photographs and mementos about people and events that were important to you?

☐ Yes ☐ No

ID6: RELIGION(S) / SPIRITUAL AFFILIATION(S): What, if any, is your religion or spiritual affiliation(s)? (Mark no more than two.)

☐ No religion

☐ Anglican

☐ Baptist

☐ Buddhist

☐ Eastern Orthodox

☐ First Nations

☐ Other

☐ Hindu

☐ Islam (Muslim)

☐ Jehovah's Witnesses

☐ Jewish

☐ Lutheran

☐ Mennonite

☐ Mormon

☐ Pentecostal

☐ Presbyterian

☐ Roman Catholic

☐ United Church

☐ Sikh

ID7: Do you have enough opportunities to practice your religion (including religious services, festivals and holidays, prayers, clothing, diet)?

☐ No religious affiliation ☐ Yes ☐ No

ID8: FIRST LANGUAGE: What is the language that you first learned at home in childhood and can still understand? (If you can no longer understand the first language learned, choose the second language learned.) (Mark all that apply.)

☐ English

☐ French

☐ Arabic

☐ Chinese

☐ German

☐ Greek

☐ Hungarian

☐ Italian

☐ Korean

☐ Persian (Farsi)

☐ Polish

☐ Portuguese

☐ Punjabi

☐ Spanish

☐ First Nation language

☐ Tagalog (Filipino)

☐ Ukrainian

☐ Vietnamese

☐ Other



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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



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ID2

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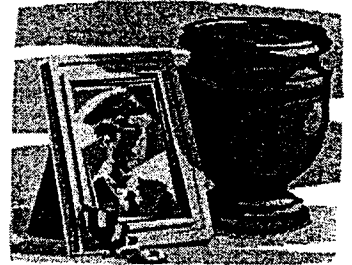
ID7

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ID8

☐**DIMENSION 3: IDENTITY**

This dimension is about the identity of the young person in care. It is designed to make sure that he/she knows about his/her birth family and culture, that he/she is being helped to understand and accept the reasons why he/she is in care, and that he/she feels increasingly confident about himself/herself.



Even if a personal album is not being kept, it is important that photographs, certificates and mementos be collected and that addresses be noted down. This is particularly valuable if there is a change of placement or child welfare worker, as it may later prove impossible to gather lost information.





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ID9: What language do you speak most often at home (i.e., in your current placement)? (Mark all that apply.)

☐ English☐ First Nations language☐ French☐ Other Specify

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ID10: Overall, do you have enough opportunities to speak your own first language (at home, at school, with friends etc.)?

☐ Yes☐ No

ID11: ETHNICITY: To which ethnic or cultural group(s) did your ancestors belong? (For example: French, British, Chinese) (Mark all that apply.)

☐ Canadian☐ Italian☐ Latin American☐ French☐ Jewish☐ Portugese☐ English☐ Ukranian☐ African (e.g., Somalian, South African)☐ First Nations☐ Dutch (Netherlands)☐ Caribbean (e.g., Haitian, Jamaican)☐ Inuit☐ Chinese☐ South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)☐ Métis☐ Filipino☐ South East Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)☐ German☐ Japanese☐ Arab/West Asian (e.g., Armenian, Egyptian, Lebanese, Moroccan)☐ Irish☐ Korean☐ Other☐ Scottish☐ Polish

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Specify

ID12: Overall, do you have enough opportunities to meet people from your own ethnic or cultural background (including, for First Nations children or youths, people from your own band or community)?

☐ Yes☐ No

ID13: Is your ethnic/cultural background and that of at least one of your foster parents or group home workers (or other adult caregivers):

☐ The same?☐ Similar?☐ Neither the same nor similar?FIRST NATIONS CHILDREN OR YOUTHS : IF you are a First Nations child or youth, THEN please answer questions ID14 to ID17. If not, go to question ID18.

ID14: If your ancestors were members of a "First Nation", to which band, community or nation did they belong?

Specify:

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ID15: Overall, do you have enough opportunities to visit your own First Nation's community?

☐ Yes☐ No

ID16: Overall, do you have enough opportunities to learn about traditional teachings, customs or ceremonies?

☐ Yes☐ No

ID17: Overall, do you have enough opportunities to participate in your own First Nation's community events, activities or ceremonies?

☐ Yes☐ No

For each of the following statements, choose the answer that best describes how you feel.

ID18: In general, I like the way I am.

☐ False☐ Mostly false☐ Sometimes false/Sometimes true☐ Mostly true☐ True

ID19: Overall I have a lot to be proud of.

☐ False☐ Mostly false☐ Sometimes false/Sometimes true☐ Mostly true☐ True

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

ID9

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"Self-esteem" refers to the positive or negative regard in which one holds oneself, either globally, in the sense of an overall judgement, or specifically, in relation to one's different identities.

Most psychological research on the self has been concerned with self-esteem, perhaps because of its great importance to overall well-being. Recently, another aspect of self-evaluation, self-efficacy, has been studied, that is, the sense that one is competent and can solve one's problems.

Self-efficacy is more likely to be weak in young people in care. Experiences of school successes, exposure to new hobbies and acquisition of self-care skills are good in themselves and are also an excellent way of building a sense of self-efficacy and of self-esteem.





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ID20: A lot of things about me are good.

☐ False ☐ Mostly false ☐ Sometimes false/Sometimes true ☐ Mostly true ☐ True

ID21: When I do something, I do it well.

☐ False ☐ Mostly false ☐ Sometimes false/Sometimes true ☐ Mostly true ☐ True

ID22: I like the way I look.

☐ False ☐ Mostly false ☐ Sometimes false/Sometimes true ☐ Mostly true ☐ True

ID23: In general, I am happy with how things are for me in my life now.

☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree

ID24: The next five years look good to me.

☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree



The **CHILD/YOUTH IN CARE** is to answer these sections, with assistance, as needed, from the foster parent or group home worker (or other adult caregiver) or child welfare worker.

QUESTIONS ABOUT YOUR GOALS: The six sentences below describe how young people think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Choose the answer that describes **YOU** the best. **There are no right or wrong answers.**

ID25: I think I am doing pretty well.

☐ None of the time ☐ A little of the time ☐ Some of the time ☐ A lot of the time ☐ Most of the time ☐ All of the time

ID26: I can think of many ways to get the things in life that are most important to me.

☐ None of the time ☐ A little of the time ☐ Some of the time ☐ A lot of the time ☐ Most of the time ☐ All of the time

ID27: I am doing just as well as other kids my age.

☐ None of the time ☐ A little of the time ☐ Some of the time ☐ A lot of the time ☐ Most of the time ☐ All of the time

ID28: When I have a problem, I can come up with lots of ways to solve it.

☐ None of the time ☐ A little of the time ☐ Some of the time ☐ A lot of the time ☐ Most of the time ☐ All of the time

ID29: I think the things I have done in the past will help me in the future.

☐ None of the time ☐ A little of the time ☐ Some of the time ☐ A lot of the time ☐ Most of the time ☐ All of the time

ID30: Even when others want to quit, I know that I can find ways to solve the problem.

☐ None of the time ☐ A little of the time ☐ Some of the time ☐ A lot of the time ☐ Most of the time ☐ All of the time



HOW YOU DEAL WITH PROBLEMS: Sometimes young people have problems or feel upset about things. When this happens, they may do different things to solve the problem or to make themselves feel better. For each item, choose the answer that best describes how often you do this to solve your problems or make yourself feel better. **There are no right or wrong answers.** Just indicate how often **YOU** do each thing.

When I have a problem:

ID31: I listen to music or watch TV to feel better.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID32: I say to myself that I can live with my problem.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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A child or youth with a positive view of self will be generally confident in new situations. He/she will take on challenges and expect to succeed. He/she will enjoy meeting new people and expect to be liked.



One important dimension of resilience is the presence of hope. Hope is an overall perception that we will be able to meet our goals. Young people who are hopeful can imagine and embrace goals associated with successes. Furthermore, young people who are hopeful envision different ways to achieve the goals they set and show remarkable determination in attaining their goals when barriers are encountered.

Hope's origin: Children learn how to find ways to achieve their goals and maintain their efforts until their goals are reached through the encouragements of significant persons in their lives (e.g., caregivers, teachers or friends). With each successful handling of barriers to their goals, hope becomes more firmly part of these children's way of thinking in a way similar to the process of immunization (Snyder et al., 1997).



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When I have a problem:

ID33: I do things to make my problem better.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID34: I tell myself that things really are not so bad.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID35: I avoid things that reminds me of my problem.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID36: I ask my foster parent or group home worker (or another adult) to help me with my problem.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID37: I imagine that my problem has gotten better.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID38: I take action to improve the situation.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID39: I do something fun to take my mind off my problem.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID40: I think about possible answers to my problem.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID41: I stay away from the things that are upsetting me.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID42: I try to understand my problem better.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID43: I talk with a friend about my problem to feel better.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID44: I think about different ways of solving my problem.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID45: I talk to a foster parent (or another adult) to feel better about my situation.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID46: I work off my worries by playing sports, such as running, swimming, or playing soccer.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID47: I avoid thinking about my problem.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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Coping is the way we manage various events that happen in our lives. These events can be positive or negative. Examples of positive events include making a new friend or getting good grades. Examples of negative events include failing an exam or having something stolen.



People respond differently to a stressful situation, often using several coping strategies. Research findings have shown that children and youths' coping efforts to diminish the effects of negative events appear to have important implications for their mental health (Ayers et al., 1996). More in-depth studies have further determined that certain coping strategies are associated with better mental well-being. While not all coping strategies yield positive outcomes, within the "good" strategies category, there is evidence that optimal coping strategies partly depend on the characteristics of the stressor.



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ID48: I leave the situation that is upsetting me.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID49: I get advice from a brother, sister, or friend about how to solve my problem.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID50: I wish that my problem would go away.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID51: I try to learn more about what is causing my problem.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

ID52: I do physical activity to feel less stressed.

☐ Never ☐ Sometimes ☐ Often ☐ Most of the time

The following section is to be filled out by the **CHILD WELFARE WORKER**, based on the information obtained on this entire developmental dimension of identity.

ATTAINMENT OF GENERAL IDENTITY OBJECTIVES OF THE CHILD WELFARE SYSTEM

ID53: Objective 1: The child/youth has knowledge of his/her family of origin and current situation:

- ☐ Clear knowledge
- ☐ Some knowledge
- ☐ Little or no knowledge

ID54: Objective 2: The child/youth identifies with and is proud of his/her racial or ethnic background:

- ☐ To a great extent
- ☐ To some extent
- ☐ To little or no extent

ID55: Objective 3: The child/youth has a good level of self-esteem:

- ☐ High self-esteem
- ☐ Moderate self-esteem
- ☐ Low self-esteem

ID56: Objective 4: The child/youth has a clear understanding of his/her current situation:

- ☐ Clear understanding
- ☐ Some understanding
- ☐ Little or no understanding



Note to the child welfare worker: If anyone disagrees with these answers to the Identity objectives, please note the details on the opposite page.

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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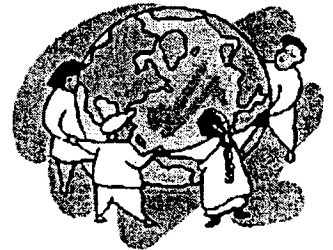
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Identity is fluid, dynamic, ridden with contradictions, and constructed from diverse experiences. Children and youths should be put in touch with a range of cultural experiences relevant to their family backgrounds and peer group. It is from these experiences that they can construct identities they feel comfortable with, bearing in mind that these may change in the course of development.





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DEVELOPMENTAL DIMENSION 4: FAMILY AND SOCIAL RELATIONSHIPS

This dimension is about the child/youth's relationship with friends, family and others. The questions in this section are meant to find out if he/she has a close relationship with a parent or someone who acts as his/her parent, if he/she has a home where he/she is welcome, and if he/she knows an adult who will help out if something goes wrong.

➤ The next section is to be answered by the **FOSTER PARENT OR GROUP HOME WORKER** (or other adult caregiver), with assistance, as needed, from the child/youth in care or the child welfare worker.

F1: At what age did ... start living with you?

years of age and months

F2: How long has ... been living with you?

years and months

F3: Is this a permanent placement for ... (i.e., until adulthood)?

☐ Yes (Go to question F5) ☐ Uncertain ☐ No

F4: Is all necessary action being taken to provide a permanent placement for ...?

☐ Yes ☐ Uncertain ☐ No

F5: How many different people have acted as ...'s main caregiver since birth? (Main caregivers consist of persons that have acted in that capacity for 1 month or more. Try and give an estimate of the number even if you are not certain.)

caregivers (write in total number)

F6: CONTACT WITH BIRTH FAMILY: What main type of contact does ... have with his/her birth mother?

- | | |
|---|--|
| ☐ Regular visiting, every week | ☐ Irregular visiting, without set pattern |
| ☐ Regular visiting, every two weeks | ☐ Telephone or letter contact only |
| ☐ Regular visiting, monthly | ☐ No contact at all |
| ☐ Irregular visiting, on holidays only | ☐ Permanent ward, with no access |

F7: What main type of contact does ... have with his/her birth father?

- | | |
|---|--|
| ☐ Regular visiting, every week | ☐ Irregular visiting, without set pattern |
| ☐ Regular visiting, every two weeks | ☐ Telephone or letter contact only |
| ☐ Regular visiting, monthly | ☐ No contact at all |
| ☐ Irregular visiting, on holidays only | ☐ Permanent ward, with no access |

F8: What main type of contact does ... have with his/her brothers or sisters?

- | | |
|--|---|
| ☐ Regular visiting, every week | ☐ Telephone or letter contact only |
| ☐ Regular visiting, every two weeks | ☐ No contact at all |
| ☐ Regular visiting, monthly | ☐ Permanent ward, with no access |
| ☐ Irregular visiting, on holidays only | ☐ Has no brothers or sisters |
| ☐ Irregular visiting, without set pattern | ☐ Lives with one or more brother(s) or sister(s) |

F9: What main type of contact does ... have with any other relatives (e.g., aunts, uncles, grandparents)?

- | | |
|---|--|
| ☐ Regular visiting, every week | ☐ Irregular visiting, without set pattern |
| ☐ Regular visiting, every two weeks | ☐ Telephone or letter contact only |
| ☐ Regular visiting, monthly | ☐ No contact at all |
| ☐ Irregular visiting, on holidays only | ☐ Lives with one or more relative(s) |



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**DIMENSION 4: FAMILY AND SOCIAL RELATIONSHIPS**

This dimension is about the young person's relationship with friends, family, and others. The questions ask about his/her relationships with foster parents, group home workers or other adult caregivers, contacts with members of his/her birth family, ability to get along well with adults or other children or youths, and whether he/she has any close friends.



The importance to preserve contacts with the birth family is underlined by recent research findings suggesting that the majority of young people eventually return home to live with parents or relatives within 2 years of leaving care. It's not surprising then to observe that continued contact with parents or the wider family is a critical determinant of outcomes for young people. In fact, research evidence exists that children and youth who remain in contact with their parents tend to do better in the short and in the long-term than those who grow apart.

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F10: Is ... receiving all necessary assistance to remain in contact with his/her birth family?

☐ Yes ☐ No ☐ Not applicableF11: **PREVIOUS FOSTER PARENTS or GROUP HOME WORKERS:** What main type of contact does ... have with his/her previous foster parents or group home workers?

- | | |
|---|--|
| ☐ Regular visiting, every week | ☐ Irregular visiting, without set pattern |
| ☐ Regular visiting, every two weeks | ☐ Telephone or letter contact only |
| ☐ Regular visiting, monthly | ☐ No contact at all |
| ☐ Irregular visiting, on holidays only | ☐ Has not had any previous foster parents or group home workers |

F12: **CURRENT FRIENDSHIPS:** About how many days a week does ... do things with friends?☐ Never ☐ 1 day a week ☐ 2-3 days a week ☐ 4-5 days a week ☐ 6-7 days a week

F13: About how many close friends does he/she have?

☐ None ☐ 1 ☐ 2 or 3 ☐ 4 or 5 ☐ 6 or more

F14: When it comes to meeting new children/youths and making new friends is he/she:

☐ Somewhat shy? ☐ About average? ☐ Very outgoing - makes friends easily?F15: **GETTING ALONG WITH OTHERS:** During the past 6 months, how well has ... gotten along with other children/youths, such as friends or classmates (excluding brothers or sisters)?

- ☐
- Very well, no problems
-
- ☐
- Quite well, hardly any problems
-
- ☐
- Pretty well, occasional problems
-
- ☐
- Not too well, frequent problems
-
- ☐
- Not well at all, constant problems

F16: During the last school year, how well has he/she gotten along with his/her teacher(s) at school?

- | | |
|---|---|
| ☐ Very well, no problems | ☐ Not too well, frequent problems |
| ☐ Quite well, hardly any problems | ☐ Not well at all, constant problems |
| ☐ Pretty well, occasional problems | ☐ Is not attending school |

F17: During the last few months, how well has he/she gotten along with his/her foster parent(s), group home worker(s) or other adult caregiver(s)?

- ☐
- Very well, no problems
-
- ☐
- Quite well, hardly any problems
-
- ☐
- Pretty well, occasional problems
-
- ☐
- Not too well, frequent problems
-
- ☐
- Not well at all, constant problems

F18: During the last few months, how well has... gotten along with his/her brother(s)/sister(s) (or other children with whom he/she has been living)?

- | | |
|---|---|
| ☐ Very well, no problems | ☐ Not too well, frequent problems |
| ☐ Quite well, hardly any problems | ☐ Not well at all, constant problems |
| ☐ Pretty well, occasional problems | ☐ Not applicable |

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



A main adult caregiver is anyone who has looked after you on more than a temporary basis.

Research indicates that the need for continuity is most likely to be met by relatives such as siblings, grandparents, aunts, and uncles or other significant people. Continuity of contact with parents or the wider family is often a critical determinant of outcomes for young people in care.





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► The next section is to be answered by the **FOSTER PARENT OR GROUP HOME WORKER** ²³⁵ (or other adult caregiver).

The next few questions have to do with the different ways foster parents or group home workers (or other adult caregivers) act towards the child/youth in their care.

I would like you to tell me how often, in general, you act in the following ways.

F19: How often do you smile at ... ?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F20: How often do you want to know exactly where ... is and what he/she is doing?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F21: How often do you soon forget a rule that you have made?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F22: How often do you praise him/her?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F23: How often do you tell him/her what time to be home when he/she goes out?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F24: How often do you nag ... about little things?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F25: How often do you listen to his/her ideas and opinions?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F26: How often do you keep rules only when it suits you?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F27: How often do you get angry and yell at him/her?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F28: How often do you make sure that ... knows that he/she is appreciated?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F29: How often do you threaten punishment more often than you use it?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F30: How often do you speak of good things that he/she does?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F31: How often do you find out about ...'s misbehaviour?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F32: How often do you enforce a rule or do not enforce a rule depending on your mood?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F33: How often do you seem proud of the things he/she does?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F34: How often do you seem too busy to spend as much time with him/her as he/she would like?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

F35: How often do you take an interest in where he/she is going and whom he/she is with?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always



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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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Parenting is a process which most parents learn as they experience the influence of their own parents and that of relatives, friends, the media, health professionals, and teachers.

Although there are wide variations in parenting practices, there are reliable research findings which show that authoritative parenting, which consists of warmth and acceptance of the young person as well as appropriate guidance and limit-setting, achieves the best results.



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The next section is also to be answered by the **FOSTER PARENT OR GROUP HOME WORKER**²³⁷ (or other adult caregiver).

People often disagree with each other. The following sentences describe disagreements. Tell me how often you and the child/youth in your care do the following things.

F36: We make up easily when we have a fight.

☐ Not at all ☐ A little ☐ Sometimes ☐ Pretty often ☐ Almost all or all of the time

F37: We disagree and fight.

☐ Not at all ☐ A little ☐ Sometimes ☐ Pretty often ☐ Almost all or all of the time

F38: We bug each other or get on each other's nerves.

☐ Not at all ☐ A little ☐ Sometimes ☐ Pretty often ☐ Almost all or all of the time

F39: We yell at each other.

☐ Not at all ☐ A little ☐ Sometimes ☐ Pretty often ☐ Almost all or all of the time

F40: When we argue, we stay angry for a very long time.

☐ Not at all ☐ A little ☐ Sometimes ☐ Pretty often ☐ Almost all or all of the time

F41: When we disagree, I refuse to talk to him/her.

☐ Not at all ☐ A little ☐ Sometimes ☐ Pretty often ☐ Almost all or all of the time

F42: When we disagree, he/she stomps out of the room, or house, or yard.

☐ Not at all ☐ A little ☐ Sometimes ☐ Pretty often ☐ Almost all or all of the time

F43: When we disagree about something, we solve the problems together.

☐ Not at all ☐ A little ☐ Sometimes ☐ Pretty often ☐ Almost all or all of the time

The next section is also to be answered by the **FOSTER PARENT OR GROUP HOME WORKER** (or other adult caregiver).

Tell me how often per week you do the following activities with the young person in care.

F44: How many days in a week do you eat together?

☐ Every day ☐ 1-2 days per week
☐ 5-6 days per week ☐ 1-2 times per month
☐ 3-4 days per week ☐ Rarely or never

F45: How many days a week do you watch television together?

☐ Every day ☐ 1-2 days per week
☐ 5-6 days per week ☐ 1-2 times per month
☐ 3-4 days per week ☐ Rarely or never

F46: How many days a week do you play sports together?

☐ Every day ☐ 1-2 days per week
☐ 5-6 days per week ☐ 1-2 times per month
☐ 3-4 days per week ☐ Rarely or never



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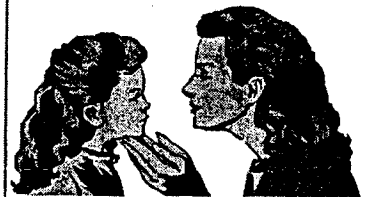
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This knowledge about parenting styles has been incorporated into the Assessment and Action Record, to emphasize the need to show physical affection towards the child or youth, to find things to praise him/her for, to guide him/her and to recognize what he/she can do well.





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F47: How many days a week do you play cards or games together?

- | | |
|--|--|
| ☐ Every day | ☐ 1-2 days per week |
| ☐ 5-6 days per week | ☐ 1-2 times per month |
| ☐ 3-4 days per week | ☐ Rarely or never |

F48: How many days a week do you have a discussion together?

- | | |
|--|--|
| ☐ Every day | ☐ 1-2 days per week |
| ☐ 5-6 days per week | ☐ 1-2 times per month |
| ☐ 3-4 days per week | ☐ Rarely or never |

F49: How many days a week do you do a family project or family chores together?

- | | |
|--|--|
| ☐ Every day | ☐ 1-2 days per week |
| ☐ 5-6 days per week | ☐ 1-2 times per month |
| ☐ 3-4 days per week | ☐ Rarely or never |

F50: How many days a week do you have a family outing/entertainment together?

- | | |
|--|--|
| ☐ Every day | ☐ 1-2 days per week |
| ☐ 5-6 days per week | ☐ 1-2 times per month |
| ☐ 3-4 days per week | ☐ Rarely or never |

F51: **TIME TOGETHER:** In an average week, about how many hours do you spend in face-to-face interaction with the young person in care?

--	--

 Hours per week

► Sometimes different situations or circumstances arise which may affect family life. The next few questions are about some of these possible situations.

F52: How often does ... see television shows or movies that have a lot of violence in them?

- | | | | |
|--------------------------------|------------------------------------|---------------------------------|--------------------------------|
| ☐ Often | ☐ Sometimes | ☐ Seldom | ☐ Never |
|--------------------------------|------------------------------------|---------------------------------|--------------------------------|

F53: How often does ... see adults or teenagers in your house physically fighting, hitting, or otherwise trying to hurt others?

- | | | | |
|--------------------------------|------------------------------------|---------------------------------|--------------------------------|
| ☐ Often | ☐ Sometimes | ☐ Seldom | ☐ Never |
|--------------------------------|------------------------------------|---------------------------------|--------------------------------|

F54: How often does ... hang around with kids you think are frequently in trouble?

- | | | | |
|--------------------------------|------------------------------------|---------------------------------|--------------------------------|
| ☐ Often | ☐ Sometimes | ☐ Seldom | ☐ Never |
|--------------------------------|------------------------------------|---------------------------------|--------------------------------|

F55: How many of ...'s close friends do you know by sight and by first and last name?

- | | | | | |
|------------------------------|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------|
| ☐ All | ☐ Most | ☐ About half | ☐ Only a few | ☐ None |
|------------------------------|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------|

► The next few sections are to be answered by the **CHILD/YOUTH IN CARE.**

This section is about your relationship with friends, family, and others. The questions ask about your relationship with your foster parent(s) or group home worker(s) [or other adult caregiver(s)], your contacts with members of your birth family, your ability to get along well with adults and other children/youths, and whether you have any close friends.

The next few questions have to do with friends. *Would you say:*

F56: I have many friends.

- | | | | | |
|--------------------------------|---------------------------------------|---|--------------------------------------|-------------------------------|
| ☐ False | ☐ Mostly false | ☐ Sometimes true/Sometimes false | ☐ Mostly true | ☐ True |
|--------------------------------|---------------------------------------|---|--------------------------------------|-------------------------------|

F57: I get along easily with others my age.

- | | | | | |
|--------------------------------|---------------------------------------|---|--------------------------------------|-------------------------------|
| ☐ False | ☐ Mostly false | ☐ Sometimes true/Sometimes false | ☐ Mostly true | ☐ True |
|--------------------------------|---------------------------------------|---|--------------------------------------|-------------------------------|

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Family activities: If young people feel settled, their educational chances are enhanced and this, in turn, will boost employment opportunities later. With a sound social network and good family relationships, the development of a secure identity is more likely, with an associated reduction in health problems. In other words, paying attention to the Family and Social Relationships section of the Assessment and Action Records will help with progress on the six other dimensions.





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Concerning friends, would you say:

F58: Others my age want me to be their friend.

☐ False ☐ Mostly false ☐ Sometimes true/Sometimes false ☐ Mostly true ☐ True

F59: Most others my age like me

☐ False ☐ Mostly false ☐ Sometimes true/Sometimes false ☐ Mostly true ☐ True

► In this next section, by "close friends", we mean the people that you trust and confide in. They are friends that you see or hang out with at school or outside of school.

F60: I feel that my close friends really know who I am

☐ False ☐ Mostly false ☐ Sometimes true/Sometimes false ☐ Mostly true ☐ True

F61: About how many days a week do you do things with close friends outside of school hours?

☐ Never ☐ 2 or 3 days a week
☐ Less than once a week ☐ 4 or 5 days a week
☐ 1 day a week ☐ 6 or 7 days a week

F62: How often do you share your secrets and private feelings with your close friends?

☐ All the time ☐ Most of the time ☐ Some of the time ☐ Rarely

F63: Other than your close friends, do you have anyone else in particular you can talk to about yourself or your problems?

☐ Yes ☐ No (Go to question F65)

F64: If you have someone else or other people you can talk to, what is their relationship to you? (Mark every person that you feel you can talk to about yourself or your problems.)

☐ Foster mother	☐ Grandparents	☐ Teacher
☐ Foster father	☐ Other relative	☐ Child welfare worker
☐ Birth mother	☐ Parent's boyfriend/girlfriend	☐ Sitter or baby-sitter
☐ Birth father	☐ A friend of the family or a friend's parent	☐ Other (e.g., family doctor)
☐ Brother	☐ Boyfriend or girlfriend	
☐ Sister	☐ Coach or leader (e.g., Scout, Guide or church leader)	

F65: If you don't have anyone like this, would you like to be put in touch with someone who could give you support when you need it?

☐ Yes ☐ Not sure ☐ No

F66: During the past 6 months, how well have you gotten along with other young people such as friends or classmates?

☐ Very well, no problems
☐ Quite well, hardly any problems
☐ Pretty well, occasional problems
☐ Not too well, frequent problems
☐ Not well at all, constant problems



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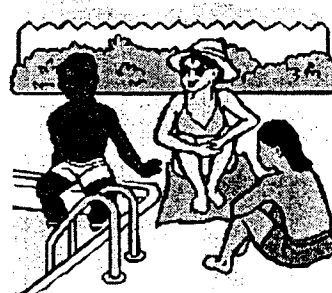
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Friends: While there are some exceptions, children and youths who remain in touch with relatives and enjoy a stable social network, usually fare better than those who drift apart from home and neighbourhood.





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F67: During the past 6 months, how well have you gotten along with your foster mother, or female group worker (or other female caregiver)?

- ☐ Very well, no problems
☐ Quite well, hardly any problems
☐ Pretty well, occasional problems
☐ Not too well, frequent problems
☐ Not well at all, constant problems

F68: During the past 6 months, how well have you gotten along with your foster father or male group home worker (or other male caregiver)?

- ☐ Very well, no problems
☐ Quite well, hardly any problems
☐ Pretty well, occasional problems
☐ Not too well, frequent problems
☐ Not well at all, constant problems

F69: During the past 6 months, how well have you gotten along with your brothers and sisters or foster brothers and sisters living in the same house?

- ☐ Very well, no problems
☐ Quite well, hardly any problems
☐ Pretty well, occasional problems
☐ Not too well, frequent problems
☐ Not well at all, constant problems
☐ Not applicable - No other children/youths living in the same house

▶ **Thinking of your foster mother or your female group home worker (or other female caregiver):**

F70: How well do you feel that your foster mother or female group home worker (or other female caregiver) understands you?

- ☐ A great deal ☐ Some ☐ Very little

F71: How much fairness do you receive from your foster mother or female group home worker (or other female caregiver)?

- ☐ A great deal ☐ Some ☐ Very little

F72: How much affection do you receive from your foster mother or female group home worker (or other female caregiver)?

- ☐ A great deal ☐ Some ☐ Very little

F73: Overall, how would you describe your relationship with your foster mother or female group home worker (or other female caregiver)?

- ☐ Very close ☐ Somewhat close ☐ Not very close

▶ **Thinking of your foster father or your male group home worker (or other male caregiver):**

F74: How well do you feel that your foster father or male group home worker (or other male caregiver) understands you?

- ☐ A great deal ☐ Some ☐ Very little

F75: How much fairness do you receive from your foster father or male group home worker (or other male caregiver)?

- ☐ A great deal ☐ Some ☐ Very little

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Getting along with your foster parents: Research in the 1970s raised questions about the state's ability to parent and highlighted drift and instability for young people away from home. Given the significant risk within substitute care of placement change or disruption (and associated negative consequences which can last well into adulthood) all sources of potential continuity - parents, relatives, schools and friends - need to be nurtured wherever possible.



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**Thinking of your foster father or your male group home worker (or other male caregiver):**

F76: How much affection do you receive from your foster father or male group home worker (or other male caregiver)?

☐ A great deal ☐ Some ☐ Very little

F77: Overall, how would you describe your relationship with your foster father or male group home worker (or other male caregiver)?

☐ Very close ☐ Somewhat close ☐ Not very close

Thinking of your child welfare worker:

F78: How well do you feel that your child welfare worker understands you?

☐ A great deal ☐ Some ☐ Very little

F79: How much fairness do you receive from your child welfare worker?

☐ A great deal ☐ Some ☐ Very little

F80: How much do you feel that your child welfare worker cares for you?

☐ A great deal ☐ Some ☐ Very little

F81: Overall, how would you describe your relationship with your child welfare worker?

☐ Very close ☐ Somewhat close ☐ Not very close

CURRENT PLACEMENT: The next few questions have to do with your current living situation. Would you say that:

F82: You like living here?

☐ A great deal ☐ Some ☐ Very little

F83: You feel safe living in this home?

☐ A great deal ☐ Some ☐ Very little

F84: Your foster parents, group home workers (or other adult caregivers) are interested in your activities and interests?

☐ A great deal ☐ Some ☐ Very little

F85: You would be pleased if you were to live here for a long time?

☐ A great deal ☐ Some ☐ Very little

F86: You are satisfied with the amount of privacy you have here?

☐ A great deal ☐ Some ☐ Very little

F87: You feel relaxed around the people with whom you are living?

☐ A great deal ☐ Some ☐ Very little

F88: You have a good relationship with other people with whom you are living?

☐ A great deal ☐ Some ☐ Very little

F89: Your current living situation meets your needs?

☐ A great deal ☐ Some ☐ Very little

F90: Overall, you are satisfied with your current living situation here?

☐ A great deal ☐ Some ☐ Very little



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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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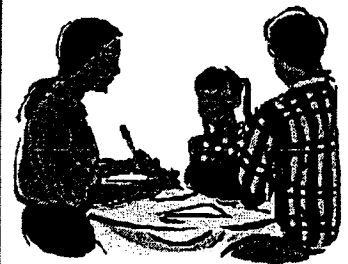
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A limited number of studies have explored whether young people in care like where they are living, feel their needs are being met, and enjoy a good relationship with those with whom they are living. The few studies that have examined young people's satisfaction with their out-of-home placements found that generally children/youths report being satisfied with their current placement. However, these same children/youths have gone on to make numerous valid suggestions for improvement.



The Looking After Children approach and its tool, the Assessment and Action Record, was designed to provide young people with an opportunity to voice their recommendations about foster care within a hopefully safe forum. Young people placed in out-of-home care need to be aware that their feelings and suggestions are being taken into account and that steps can be taken to make their current home care placement a positive experience. It is through a shared dialogue between the young person and the adults responsible for his/her care that placement breakdowns may be prevented.



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F90A: What improvements, if any, in your current living situation would you like to see happen in the coming year?

Specify:

F91: PLACEMENT SETTING(S) IN WHICH THE CHILD/YOUTH IN CARE HAS LIVED DURING THE LAST 12 MONTHS

► This section is to be completed by the **CHILD WELFARE WORKER**, with assistance, as needed, from the foster parent, group home worker or other adult caregiver and the child/youth in care.



Note to the child welfare worker: Knowledge of the kind and number of placement settings in which the child/youth has lived is very important because it provides a better clinical understanding of the relation between settings, changes in settings and positive developmental outcomes. In addition, this knowledge can help decision-makers improve the quality and relevance of services provided to children and youths.

INSTRUCTIONS: For each of the placement settings listed in the following table, please indicate:

- > **WHETHER THE CHILD/YOUTH HAS LIVED IN** such a placement setting during the last year
- > The **CATEGORY** of the setting where not already indicate by an X. That is, was the setting operated by:
 - (1) a child welfare agency or organization?
 - (2) a public agency other than a child welfare agency or organization (e.g., a provincial/ territorial hospital or correctional agency)?
 - (3) a private agency reimbursed by a child welfare agency or organization?
- > The **NUMBER OF DAYS** with which the service was received and the **AVERAGE DURATION** of a stay.

PLACEMENT SETTINGS	SETTING(S) lived in during last 12 Months?	CATEGORY of the setting where NOT already indicated by an X (see above list) (1) (2) (3)	NUMBER OF DAYS lived in setting during last 12 months?	AVERAGE DURATION of stay
1. Foster care	Yes ☐ No ☐	► ☐ ☐ ☐ 1 2 3	 Days/last yr	1 Day
2. Group home	Yes ☐ No ☐	► ☐ ☐ ☐ 1 2 3	 Days/last yr	1 Day
3. Residential treatment	Yes ☐ No ☐	► ☐ ☐ ☐ 1 2 3	 Days/last yr	1 Day
4. Independent living	Yes ☐ No ☐	☐ ☐ ☒ 1 2 3	 Days/last yr	1 Day
5. Respite/relief home (child/youth leaves foster home)	Yes ☐ No ☐	► ☐ ☐ ☐ 1 2 3	 Days/last yr	1 Day



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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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Young people who find continuity of placement and attachments while in care are more likely to achieve stability in adulthood and experience improved educational chances, which in turn boosts employment prospects and the likelihood of later success in life.



In view of the above findings, knowledge of the type and number of placements in which the young person has lived while in care is very important to gain a better clinical understanding of the implications resulting from maintaining versus disrupting a placement.

This knowledge could inform decision-makers (e.g., the child welfare worker, the foster parents, the agency, etc.) as to what placement option is most likely to maximize the benefits for the young person while minimizing upsets.

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PLACEMENT SETTINGS	SETTING(S) lived in during last 12 Months?	CATEGORY of the setting where NOT already indicated by an X (see above list) (1) (2) (3)	NUMBER OF DAYS lived in setting during last 12 months?	AVERAGE DURATION of stay
6. In-patient hospitalization	Yes ☐ No ☐	☐ 1 ☒ 2 ☐ 3	 Days/last yr	1 Day
7. Custody/detention facility	Yes ☐ No ☐	☐ 1 ☒ 2 ☐ 3	 Days/last yr	1 Day
8. Other residential placement setting	Yes ☐ No ☐	☐ 1 ☐ 2 ☐ 3	 Days/last yr	1 Day
Specify:				

F92: CHILD WELFARE SERVICES RECEIVED BY THE CHILD/YOUTH IN CARE DURING THE LAST 12 MONTHS

Note to the child welfare worker: Knowledge of the kind and amount of child welfare services which the child/youth receives is very important because it provides a better clinical understanding of the relation between services received and positive developmental outcomes. In addition, this knowledge can help decision-makers improve the quality and relevance of services provided to children and youths.

INSTRUCTIONS: For each of the service providers (or services) listed in the following table, please indicate:

- > **WHETHER THE YOUTH HAS RECEIVED SERVICES** from such a provider during the last year
- > **The CATEGORY** of the service provider where not already indicated by an X. That is, was the provider:
 - (1) a child welfare agency or organization staff member?
 - (2) a staff member of a publicly-funded agency other than the child welfare agency or organization (e.g., a school)?
 - (3) a private service provider, reimbursed by the provincial/territorial health plan (e.g., a family physician)?
 - (4) a private service provider reimbursed by the child welfare agency or organization?
 - (5) another type of provider (e.g., an unpaid volunteer, such as a basketball coach)?
- > **The FREQUENCY** with which the service was received and the **AVERAGE DURATION** of a single session.

SERVICE PROVIDER	SERVICE received from a provider during last 12 Months?	CATEGORY of provider where NOT already indicated by an X (see above list) (1) (2) (3) (4) (5)	FREQUENCY or number of times service was received during last 12 months?	AVERAGE DURATION of a single session, or unit.
1. Child welfare worker	Yes ☐ No ☐	☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	 Times/last yr	 Minutes/session
2. Social worker (not from child welfare agency or organization)	Yes ☐ No ☐	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	 Times/last yr	 Minutes/session
3. Child & youth care worker	Yes ☐ No ☐	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	 Times/last yr	 Minutes/session
4. Family worker	Yes ☐ No ☐	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	 Times/last yr	 Minutes/session

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



Acquiring further knowledge of the kind and amount of child welfare services received by the child/youth while in care is also important for us to deepen our understanding of the relation between services received and positive developmental outcomes.



Just as importantly, this knowledge may inform decision-makers as to the best means of improving the quality and the relevance of services provided to young people. The urgency of acquiring this knowledge is further underlined by the hard reality of limited monetary resources in the face of increasing demands being placed on child welfare agencies and organizations.

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SERVICE PROVIDER	SERVICE received from a provider during last 12 Months?	CATEGORY of provider where NOT already indicated by an X (see above list) (1)(2)(3)(4)(5)	FREQUENCY or number of times service was received during last 12 months?	AVERAGE DURATION of a single session or unit
5. Respite worker (person comes into home)	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Days/last yr	 1 Day
6. Lawyer	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
7. Police officer	Yes ☐ No ☐	☐ ☒ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
8. Other child welfare service provider	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
Specify				

The following section is to be filled out by the **CHILD WELFARE WORKER**, based on the information obtained on this entire developmental dimension of family and social relationships.

ATTAINMENT OF GENERAL SOCIAL AND FAMILY RELATIONSHIP OBJECTIVES OF THE CHILD WELFARE SYSTEM

F93: Objective 1: The child/youth has had continuity of care:

- ☐ Much continuity of care (i.e., no change of placement in the last 12 months)
- ☐ Some disruptions (i.e., one change of placement in the last 12 months)
- ☐ Serious disruptions (i.e., two or more changes of placement in the last 12 months)

F94: Objective 2: The child/youth is definitely attached to at least one foster parent or group home worker (or other adult caregiver):

- ☐ Definitely attached ☐ Some attachment ☐ Little or no attachment

F95: Objective 3: The child/youth's contact with his/her birth family strengthens his/her relationship with them:

- ☐ Most contacts are helpful
- ☐ Some contacts are unhelpful
- ☐ Most contacts are unhelpful
- ☐ No contacts

F96: Objective 4: The child/youth has had a stable relationship with at least one adult over a number of years:

- ☐ Stable relationship throughout life
- ☐ Fairly long-term relationship (i.e., more than 3 years)
- ☐ Short-term relationship (i.e., 1-3 years)
- ☐ No stable relationship



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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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Young people may need help in arranging contacts with a supportive adult. This adult could be a birth parent, aunt, uncle, grandparent, a former foster parent or, for First Nations' children and youths, an adult from their own band or community. To facilitate contact, all names, addresses and phone numbers of adults who may not be close relatives but who are significant to the young person, should be noted on the Plan of Care.





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F97: Objective 5: The child/youth has a relationship with a person who is prepared to help him/her in times of need:

- ☐ A good relationship with someone he/she can call on regularly
- ☐ A fairly good relationship with someone he/she can call on in times of crisis
- ☐ No support of this kind

F98: Objective 6: The child/youth is able to make friendships with others of the same age:

- ☐ Several friends
- ☐ Some friends
- ☐ Few friends
- ☐ No friends

F99: Objective 7: The child/youth is receiving foster parenting (or other substitute parenting) of high quality:

- ☐ Definitely yes
- ☐ Yes
- ☐ No
- ☐ Definitely not

F100: Objective 8: All feasible action is being taken to create or maintain a permanent placement for him/her:

- ☐ Yes ☐ No



Note to the child welfare worker: If anyone disagrees with these answers to the Family and Social Relationships objectives, please note the details on the opposite page.

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



Research evidence in social support clearly indicates a strong relationship between positive adjustment and the presence of having at least one person who provides consistent long-term support.





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DEVELOPMENTAL DIMENSION 5: SOCIAL PRESENTATION

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This dimension is about making sure that the child/youth in care is being helped to understand what sort of impression he/she makes on other people and how he/she needs to adapt to different situations.

► The **FOSTER PARENT OR GROUP HOME WORKER** (or other adult caregiver) is to answer this section.

P1: Does ... keep himself/herself clean (i.e., body, hair, teeth)?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

P2: Does ... take adequate care of his/her skin?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

P3: Overall, does ...'s personal appearance give people the impression that he/she takes care of himself/herself properly?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

P4: Does ... wear suitable clothes (e.g., at school, home, or parties, etc.)?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

P5: Can people understand what he/she is saying?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

P6: Does ... adjust his/her behaviour and conversation appropriately to different situations (e.g., at home, work, school, with friends and teachers)?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

► **FOSTER PARENTS (or other adult caregivers) sometimes have to make some adjustments to their everyday lives to accommodate children or youths in their care. The next few questions are about some of these possible situations.**

🔑 **Note to group home workers:** Group home workers please go to question P10.

P7: When you became foster parents, did you and/or your spouse/partner (if applicable) reduce the number of hours per month spent doing unpaid volunteer work?

☐ No

☐ Yes, we reduced our hours of volunteer work by a total of hours per month

P8: When you became foster parents, did you and/or your spouse/partner (if applicable) experience a decrease in the net monthly household income (after taxes) obtained from **outside** paid work?

☐ No

☐ Yes, our net household income from outside paid work decreased by dollars per month

P9: During the last year, approximately how much money per month was spent on the young person in care but was NOT reimbursed by the agency or covered by the agency's monthly allowances or per diem? These monthly expenditures could be for medication, food, clothing, entertainment, help or equipment for special needs, transportation, gifts, etc.

a) The foster parents spent approximately: dollars per month on the young person in care

b) The birth parents, relatives, friends, or others spent approximately: dollars per month

a) The youth spent approximately: dollars per month on himself/herself



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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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☐**DIMENSION 5: SOCIAL PRESENTATION**

This dimension is about making sure that the young person in care is being helped to understand what sort of impression he/she makes on other people and how he/she needs to adapt to different situations.



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The next section is to be answered by the **CHILD/YOUTH IN CARE**.

P10: I am good looking

☐ False ☐ Mostly false ☐ Sometimes false/Sometimes true ☐ Mostly true ☐ True

P11: I have a pleasant looking face.

☐ False ☐ Mostly false ☐ Sometimes false/Sometimes true ☐ Mostly true ☐ True

P12: Other kids think that I am good looking

☐ False ☐ Mostly false ☐ Sometimes false/Sometimes true ☐ Mostly true ☐ True

P13: I have a good looking body.

☐ False ☐ Mostly false ☐ Sometimes false/Sometimes true ☐ Mostly true ☐ True

The following section is to be filled out by the **CHILD WELFARE WORKER**, based on the information obtained on this entire developmental dimension of social presentation.

ATTAINMENT OF SOCIAL PRESENTATION OBJECTIVES OF THE CHILD WELFARE SYSTEM:

P14: **Objective 1:** The child/youth's appearance is acceptable to young people and adults:

- ☐ Usually acceptable to young people and adults
- ☐ Usually acceptable to young people only
- ☐ Usually acceptable to adults only
- ☐ Usually not acceptable to either young people or adults

P15: **Objective 2:** The child/youth's behaviour is acceptable to young people and adults:

- ☐ Usually acceptable to young people and adults
- ☐ Usually acceptable to young people only
- ☐ Usually acceptable to adults only
- ☐ Usually not acceptable to either young people or adults

P16: **Objective 3:** The child/youth can communicate easily with others:

- ☐ Very easily ☐ Easily ☐ With some difficulty ☐ With great difficulty

 **Note to the child welfare worker:** If anyone disagrees with these answers to the Social Presentation objectives, please note the details on the opposite page.



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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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Social presentation can be viewed as a combination of self-presentation and social skills which are learned throughout childhood.



A reasonable corporate parent will be as concerned about social presentation as about every other aspect of a young person's development.

Physical appearance affects how young people, especially adolescents, feel about themselves. They may also be stigmatized because of unattractive appearance, unlikeable personal habits, or inappropriate social behaviours.



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DEVELOPMENTAL DIMENSION 6: EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

This dimension is designed to assess how the child/youth in care has been feeling and how this may have affected the way he/she behaves.

► This section is to be answered by the **CHILD/YOUTH IN CARE.**

For each of the following statements, choose the answer that best describes you:

B1: I show sympathy to (I feel sorry for) someone who has made a mistake

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B2: I can't sit still, I am restless.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B3: I destroy my own things.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B4: I try to help someone who has been hurt.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B5: I steal at home.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B6: I am unhappy, sad or depressed.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B7: I get into many fights.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B8: I offer to help clear up a mess someone else has made.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B9: I am easily distracted, I have trouble sticking to any activity.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B10: When I'm mad at someone, I try to get others to dislike him/her.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B11: I am not as happy as other people my age.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B12: I destroy things belonging to my family or other young people.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B13: If there is an argument, I try to stop it.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B14: I fidget.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B15: I can't concentrate, I can't pay attention.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



DIMENSION 6: EMOTIONAL AND BEHAVIOURAL DEVELOPMENT.

This dimension is designed to draw attention to how the young person in care has been feeling and how this has affected the way he/she behaves.



Emotional and behavioural problems in adolescence are quite common, but only a small number of young people will need the help of a specialist. However, young people in care are somewhat more likely than others to have some problems of this kind because they have often had more stressful life experiences. It is important to consider whether the feelings or behaviours that trouble young people or their foster parents would benefit from specialized assessment and help. Certain types of disorders (e.g., post traumatic stress disorder, anorexia nervosa, bulimia, obsessive compulsive disorders, depression or suicide attempts) need specific types of help. Any self-harm should always be treated seriously and appropriate help sought.

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B9

B10

B11

B12

B13

B14

B15



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For each of the following statements, choose the answer that best describes you:

B16: I am too fearful or anxious.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B17: When I'm mad at someone, I become friends with another as revenge.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B18: I am impulsive, I act without thinking.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B19: I tell lies or cheat.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B20: I offer to help young people (friend, brother or sister) who are having difficulty with a task.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B21: I worry a lot.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B22: I have difficulty waiting for my turn in games or group activities.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B23: When another young person accidentally hurts me, I assume that he/she meant to do it, and I react with anger and fighting.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B24: When I am mad at someone, I say bad things behind his/her back.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B25: I physically attack people.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B26: I comfort another young person (friend, brother or sister) who is crying or upset.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B27: I cry a lot.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B28: I vandalize.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B29: I threaten people.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B30: I help to pick up things which another young person has dropped.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B31: I cannot settle to anything for more than a few moments.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B32: I feel miserable, unhappy, tearful, or distressed.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true



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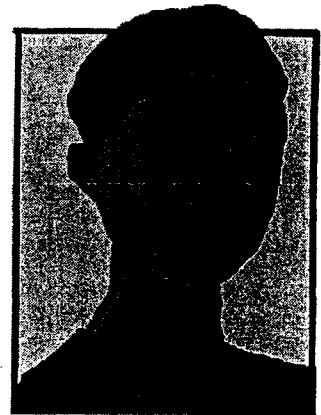
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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



Sometimes people who have been physically or sexually harmed by others respond by hurting other people. If you are frightened you might do this, tell someone you trust, as it is possible to arrange some help for you.

You can get further confidential advice from Kids Help Phone at 1-800-668-6868.



For each of the following statements, choose the answer that best describes you:

B33: I am cruel, I bully or I am mean to others:

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B34: When I'm mad at someone, I say to others: let's not be with him/her.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B35: I am nervous, highstrung or tense.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B36: I kick, bite, hit other people my age.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B37: When I'm playing with others, I invite bystanders to join in a game.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B38: I steal outside my home.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B39: I am inattentive, I have difficulty paying attention to someone.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B40: I have trouble enjoying myself.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B41: I help other people my age (friends, brother or sister) who are feeling sick.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B42: When I am mad at someone, I tell that person's secrets to a third person.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

B43: I encourage other people my age who cannot do things as well as I can.

☐ Never or not true ☐ Sometimes or somewhat true ☐ Often or very true

► Now, we have a few questions to ask you (i.e., the **CHILD/YOUTH IN CARE**) about suicide. Some of them might be hard for you to answer, but please answer them as well as you can. If you feel you need support, please talk to your foster parent or group home worker (or other adult caregiver), your child welfare worker, or your family doctor.

B44: Has anyone in your school committed suicide?

☐ Yes, within the last year ☐ Yes, more than a year ago ☐ No, never ☐ I don't know

B45: Has anyone that you know personally committed suicide?

☐ Yes, within the last year ☐ Yes, more than a year ago ☐ No, never ☐ I don't know

B46: During the past 12 months, did you seriously consider attempting suicide?

☐ Yes ☐ No

B47: During the past 12 months, how many times did you attempt suicide?

☐ Never/none ☐ Once ☐ More than once

B48: If you attempted suicide during the past 12 months, did you have to be treated by a doctor, nurse, or other health professional (for a physical injury or counseling)?

☐ I did not attempt suicide within the past 12 months ☐ Yes ☐ No

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This next section is to be answered by the **FOSTER PARENT OR GROUP HOME WORKER** (or other adult caregiver).

The child/youth has just told us how he/she usually feels and behaves. In addition, we would also like to have your perspective, as his/her foster parent or group home worker (or other adult caregiver), on how he/she has recently felt and behaved. Please describe the child/youth's feelings and behaviour during the past week, including today, based on your personal observations and knowledge.

B49: ... (i.e., the child/youth in care) has headaches or feels dizzy.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B50: ... doesn't participate in activities that used to be fun.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B51: ... argues or speaks rudely to others.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B52: ... has a hard time finishing his/her assignments or does them carelessly.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B53: ...'s emotions are strong and change quickly.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B54: ... has physical fights (hitting, kicking, biting, or scratching) with his/her family or others his/her age.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B55: ... worries and can't get thoughts out of his/her mind.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B56: ... steals or lies.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B57: ... has a hard time sitting still (or has too much energy).

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B58: ... uses alcohol or drugs.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B59: ... is tense and easily startled (jumpy).

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B60: ... is sad or unhappy.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B61: ... has a hard time trusting friends, family members, or other adults.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B62: ... thinks that others are trying to hurt him/her even when they are not.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B63: ... has threatened to or has run away from home.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

B64: ... physically fights with adults.

☐ Never or almost never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost always or always

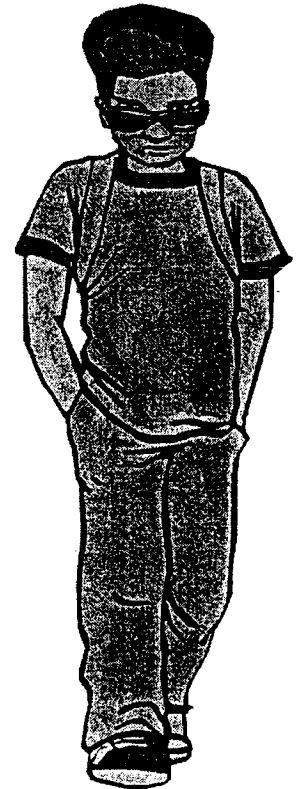


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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



The Assessment and Action Record from the Looking After Children approach is a particularly promising vehicle for improving child protection practice because it assesses needs, suggests resilience-focused interventions and processes, and measures developmental outcomes in seven major dimensions of human development.



B49

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B50

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B51

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B52

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B53

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B62

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B63

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B64

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B65: ...'s stomach hurts or feels sick more than others his/her age.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B66: ... does not have friends or does not keep friends for long.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B67: ... thinks about suicide or feels he/she would be better off dead.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B68: ... has nightmares, has trouble getting to sleep, oversleeps, or wakes up too early.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B69: ... complains about or questions rules, expectations, or responsibilities.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B70: ... breaks rules, laws, or does not meet others' expectations on purpose.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B71: ... feels irritated.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B72: ... gets angry enough to threaten others.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B73: ... gets into trouble when he/she is bored.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B74: ... destroys property on purpose.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B75: ... has a hard time concentrating, thinking clearly, or sticking to tasks.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B76: ... withdraws from family and friends.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B77: ... acts without thinking and does not worry about what will happen.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

B78: ... feels as though he/she does not have any friends or that no one likes him/her.

☐ Never or almost never
 ☐ Rarely
 ☐ Sometimes
 ☐ Frequently
 ☐ Almost always or always

The following sections (B79 and B80) are to be answered jointly by the **CHILD/YOUTH, FOSTER PARENT OR GROUP HOME WORKER** (or other adult caregiver) and the **CHILD WELFARE WORKER**

B79: ADVERSE LIFE EVENTS: Which of the following adverse life events has ... experienced to the best of your knowledge: (a) in the last 12 months, and/or (b) since birth but more than 12 months ago? (Mark all of which you are quite certain.)

Death of birth parent

☐ Last 12 months☐ Since birth but more than 12 months ago

Death of brother or sister

☐ Last 12 months☐ Since birth but more than 12 months ago

Death of relative or close friend

☐ Last 12 months☐ Since birth but more than 12 months ago



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B65

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B66

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B74

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B75

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B76

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B77

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B78

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B79

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The space below allows the child welfare worker to prepare a draft of the Plan of Care²⁶⁷ (goals/objectives, work required, target date, and persons responsible for taking further action).





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ADVERSE LIFE EVENTS CONTINUED:

Divorce or separation of birth parents	☐ Last 12 months	☐ Since birth but more than 12 months ago
Serious physical illness of birth mother	☐ Last 12 months	☐ Since birth but more than 12 months ago
Serious physical illness of birth father	☐ Last 12 months	☐ Since birth but more than 12 months ago
Serious psychiatric disturbance of birth mother	☐ Last 12 months	☐ Since birth but more than 12 months ago
Serious psychiatric disturbance of birth father	☐ Last 12 months	☐ Since birth but more than 12 months ago
Birth mother's abuse of drugs or alcohol	☐ Last 12 months	☐ Since birth but more than 12 months ago
Birth father's abuse of drugs or alcohol	☐ Last 12 months	☐ Since birth but more than 12 months ago
Violence between birth parents	☐ Last 12 months	☐ Since birth but more than 12 months ago
Birth mother spent time in jail	☐ Last 12 months	☐ Since birth but more than 12 months ago
Birth father spent time in jail	☐ Last 12 months	☐ Since birth but more than 12 months ago
Severe poverty	☐ Last 12 months	☐ Since birth but more than 12 months ago
Physical abuse	☐ Last 12 months	☐ Since birth but more than 12 months ago
Sexual abuse	☐ Last 12 months	☐ Since birth but more than 12 months ago
Emotional abuse	☐ Last 12 months	☐ Since birth but more than 12 months ago
Neglect	☐ Last 12 months	☐ Since birth but more than 12 months ago

Other adverse life event(s):**(a) adverse life event(s) in last 12 months? Specify:**

(b) adverse life event(s) since birth but more than 12 months ago? Specify:



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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



Resilience is about successful adaptation, positive functioning and competence development in the face of adversity or risk.



Resiliency is a positive approach which identifies an individual's strengths in regards to his experiences and builds positive life events for children and youths in care while empowering them.

Practitioners must pay close attention to these positive events in order to improve planning and promote positive development. These positive experiences have the potential of raising self-esteem, exposing young people to new opportunities for positive growth, as well as favoring a chain of protective thinking.



B80: POSITIVE LIFE EVENTS: What, to the best of the knowledge and in the joint opinion of the child/youth, the foster parent or group home worker, and the child welfare worker, is/are the most positive life event(s) that the youth has experienced in terms of promoting his/her positive development?

(a) most positive life event(s) in the last 12 months? Specify:

(b) most positive life event(s) since birth but more than 12 months ago? Specify:

► **B81: MENTAL HEALTH SERVICES RECEIVED BY THE CHILD/YOUTH IN CARE DURING THE LAST 12 MONTHS**

This section is to be completed by the **CHILD WELFARE WORKER**, with assistance, as needed, from the foster parent, group home worker or other adult caregiver and the child/youth in care.



***Note to the child welfare worker:** Knowledge of the kind and amount of mental health services which the child/youth receives is very important because it provides a better clinical understanding of the relation between services received and positive developmental outcomes. In addition, this knowledge can help decision-makers improve the quality and relevance of services provided to children and youths.*

INSTRUCTIONS: For each of the service providers (or services) listed in the following table, please indicate:

- > **WHETHER THE CHILD/YOUTH HAS RECEIVED SERVICES** from such a provider during the last year
- > The **CATEGORY** of the service provider where not already indicated by an X. That is, was the provider:
 - (1) a child welfare agency or organization staff member?
 - (2) a staff member of a publicly-funded agency other than the child welfare agency or organization (e.g., a school)?
 - (3) a private service provider, reimbursed by the provincial/territorial health plan (e.g., a family physician)?
 - (4) a private service provider reimbursed by the child welfare agency or organization?
 - (5) another type of provider (e.g., an unpaid volunteer, such as a basketball coach)?
- > The **FREQUENCY** with which the service was received and the **AVERAGE DURATION** of a single session.



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B80

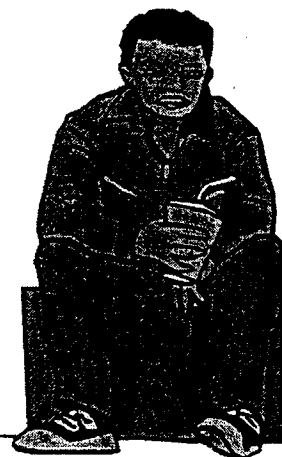


The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).

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A single positive experience such as the impact of a sports coach, foster parent, or teacher can redirect a child or youth towards positive development. This can also be referred to as turning points in development.



B81



Knowledge of the kind and amount of mental health services received by the young person is very important at a clinical level. Consideration of the services received allows the young person, child welfare worker, and the foster parent(s) to determine what progress has been achieved until now and the course of action necessary to ensure continued progress towards positive emotional and behavioural growth and development.

SERVICE PROVIDER	SERVICE received from a provider during last 12 Months?	CATEGORY of provider where NOT indicated by a X (see above list) (1)(2)(3)(4)(5)	FREQUENCY or number of times service was received during last 12 months?	AVERAGE DURATION of a single session or unit
1. Psychiatrist	Yes ☐ No ☐	☐ ☐ ☒ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
2. Psychologist/ psychological associate	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
3. Other mental health service provider	Yes ☐ No ☐	☐ ☐ ☐ ☐ ☐ 1 2 3 4 5	 Times/last yr	 Minutes/session
Specify:				

The following section is to be filled out by the **CHILD WELFARE WORKER**, based on the information obtained on this entire developmental dimension of emotional and behavioural development.

ATTAINMENT OF EMOTIONAL AND BEHAVIOURAL DEVELOPMENT OBJECTIVES OF CHILD WELFARE SYSTEM:

B82: Objective 1: The child/youth is free of serious emotional and behavioural problems:

- ☐ No problems
- ☐ Minor problems
- ☐ Problems exist that need remedial action
- ☐ Serious problems exist which need specialized assistance

B83: Objective 2: The child/youth is receiving effective treatment for all persistent problems:

- ☐ Does not need treatment
- ☐ Is receiving effective treatment
- ☐ Is receiving some treatment
- ☐ Is not receiving effective treatment

Note to the child welfare worker: If anyone disagrees with these answers to the Emotional and Behavioural Development objectives, please note the details on the opposite page.

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The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



The most striking conclusion arising from the research on resilience is that the extraordinary recovery power of children and youths comes from basic human protective systems. These systems include attachment, spirituality, motivation to learn and develop new skills, community and family.

Resilience does not come from rare and special qualities of a select group of children and youths. Resilience comes from ordinary personal resources including the presence of (1) a strong bond to a competent and caring adult, (2) opportunities to develop talents and experience successes helping build a sense of self-efficacy and self-confidence and (3) good programs designed to stimulate brain development, attention, thinking and learning. (Masten, 2000)



**DEVELOPMENTAL DIMENSION 7: SELF-CARE SKILLS**

The questions in this dimension are designed to find out if the child/youth in care is learning to care for himself/herself at a level appropriate to his/her age and ability when given the necessary resources and support.

The questions in the section are to be answered by the **FOSTER PARENT OR GROUP HOME WORKER** (or other adult caregiver).

Now, I would like to ask you some questions about ...'s self-care's responsibilities. How often does ... :

S1: Make his/her bed?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S2: Clean his/her own room?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S3: Pick up after himself/herself?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S4: Help keep shared living areas clean and straight?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S5: Do routine chores such as mow the lawn, help with dinner, wash dishes, etc.?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S6: Help manage his/her own time (get up on time, be ready for school, etc.)?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S7: Brush his/her teeth without being told?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S8: Comb his/her hair?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S9: Use the vacuum cleaner?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S10: Use the washer and the dryer?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S11: Avoid common hazards related to poisons, tools, electricity, fire, etc.?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S12: Undertake simple first aid?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S13: Use a public telephone?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S14: Save money for things he/she wants to buy?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

S15: Use a library card?

☐ Often ☐ Sometimes ☐ Seldom ☐ Never

The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



DIMENSION 7: SELF-CARE SKILLS:

The questions in this dimension are designed to find out if the young person in care is learning to care for himself/herself at a level appropriate to his/her age and ability, when given the necessary resources and support.



If some of the life skills enumerated on the left page have yet to be learned, it is important that the young person be given the opportunity to practice and acquire these skills.



S1

☐

S2

☐

S3

☐

S4

☐

S5

☐

S6

☐

S7

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S8

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S9

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S10

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S11

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S12

☐

S13

☐

S14

☐

S15

☐



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S16: DAILY LIVING PROGRAMS: Is ... following a formal daily living program that teaches independent living skills?

☐ Yes ☐ No

S17: Is ... receiving all necessary assistance to learn independent living skills that are appropriate for his/her age?

☐ Yes ☐ No

▶ The following section is to be filled out by the **CHILD WELFARE WORKER**, based on the information obtained on this entire developmental dimension of self-care skills.

ATTAINMENT OF SELF-CARE OBJECTIVES OF THE CHILD WELFARE SYSTEM:

S18: Objective 1: The child/youth is learning to care for himself/herself at a level appropriate to his/her age and ability when given the necessary resources and support.

☐ Already competent ☐ Learning to care for himself/herself ☐ Not learning to care for himself/herself



—————▶
Note to the child welfare worker: If anyone disagrees with these answers to the Self-Care Skills objectives, please note the details on the opposite page.

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S16



S17



S18



The space below allows the child welfare worker to prepare a draft of the Plan of Care (goals/objectives, work required, target date, and persons responsible for taking further action).



Daily living programs are specifically designed for youth with disabilities. They cover areas such as independent living skills, mobility skills, personal care skills, and continence management.



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WORKING TOGETHER IN PARTNERSHIP TO IMPLEMENT LOOKING AFTER CHILDREN

The whole purpose of implementing Looking After Children is to improve the present and future lives of children and young people in care. In your work together as partners (i.e., the foster parent or other adult caregiver and the child welfare worker), to what extent have you been able, to date, to put into practice the following principles of the Looking After Children approach? For each item, please mark the answer that best describes your shared opinion. There are no right or wrong answers. We would like your honest shared opinion.

To what extent have you been able, in your work together, to put into practice the following:

T1: Filling out the Assessment and Action Record as carefully and completely as possible.

- | | |
|--|--|
| ☐ Fully put into practice | ☐ Some progress made, but much more needed |
| ☐ A lot of progress made, but more needed | ☐ Not yet put into practice (work has just begun) |

T2: Identifying clearly the needs of the child in the Plan of Care.

- | | |
|--|--|
| ☐ Fully put into practice | ☐ Some progress made, but much more needed |
| ☐ A lot of progress made, but more needed | ☐ Not yet put into practice (work has just begun) |

T3: Implementing the objectives identified in the Plan of Care.

- | | |
|--|--|
| ☐ Fully put into practice | ☐ Some progress made, but much more needed |
| ☐ A lot of progress made, but more needed | ☐ Not yet put into practice (work has just begun) |

T4: Providing a quality of parenting equal to that of other parents who have adequate resources.

- | | |
|--|--|
| ☐ Fully put into practice | ☐ Some progress made, but much more needed |
| ☐ A lot of progress made, but more needed | ☐ Not yet put into practice (work has just begun) |

T5: Treating each other as full partners.

- | | |
|--|--|
| ☐ Fully put into practice | ☐ Some progress made, but much more needed |
| ☐ A lot of progress made, but more needed | ☐ Not yet put into practice (work has just begun) |

T6: Improving the child's health status.

- | | |
|--|--|
| ☐ Fully put into practice | ☐ Some progress made, but much more needed |
| ☐ A lot of progress made, but more needed | ☐ Not yet put into practice (work has just begun) |

T7: Taking the child's point of view into account.

- | | |
|--|--|
| ☐ Fully put into practice | ☐ Some progress made, but much more needed |
| ☐ A lot of progress made, but more needed | ☐ Not yet put into practice (work has just begun) |

T8: Planning according to the individualized needs of the child.

- | | |
|--|--|
| ☐ Fully put into practice | ☐ Some progress made, but much more needed |
| ☐ A lot of progress made, but more needed | ☐ Not yet put into practice (work has just begun) |

T9: Providing opportunities (unless precluded) for the child to stay in touch with persons who are significant to him/her (e.g., birth parent, siblings, extended family, previous caregivers, etc.).

- | | |
|--|--|
| ☐ Fully put into practice | ☐ Some progress made, but much more needed |
| ☐ A lot of progress made, but more needed | ☐ Not yet put into practice (work has just begun) |

T10: Providing opportunities to the child to stay in touch with the traditions of his/her ethnic or cultural group.

- | | |
|--|--|
| ☐ Fully put into practice | ☐ Some progress made, but much more needed |
| ☐ A lot of progress made, but more needed | ☐ Not yet put into practice (work has just begun) |

T11: Focusing on the everyday experiences and actions needed today by the child to succeed later in adult life.

- | | |
|--|--|
| ☐ Fully put into practice | ☐ Some progress made, but much more needed |
| ☐ A lot of progress made, but more needed | ☐ Not yet put into practice (work has just begun) |

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T12: Setting goals for the child in care at the same level as for children of the same age in the general population, even while recognizing that children in care may have needs that are more difficult to meet.

- ☐ Fully put into practice
 ☐ Some progress made, but much more needed
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☐ A lot of progress made, but more needed
 ☐ Not yet put into practice (work has just begun)

T13: Keeping the needs of the child ahead of the needs or priorities of the caregiver, the child welfare worker and the child welfare organization.

- ☐ Fully put into practice
 ☐ Some progress made, but much more needed
☐ A lot of progress made, but more needed
 ☐ Not yet put into practice (work has just begun)

T14: Improving the child's educational status.

- ☐ Fully put into practice
 ☐ Some progress made, but much more needed
☐ A lot of progress made, but more needed
 ☐ Not yet put into practice (work has just begun)

T15: Helping this child develop his/her potential to a maximum rather than a minimum level.

- ☐ Fully put into practice
 ☐ Some progress made, but much more needed
☐ A lot of progress made, but more needed
 ☐ Not yet put into practice (work has just begun)

T16: Promoting positive outcomes for the child in care, rather than just preventing harm.

- ☐ Fully put into practice
 ☐ Some progress made, but much more needed
☐ A lot of progress made, but more needed
 ☐ Not yet put into practice (work has just begun)

T17: Making clear in the plan of care who is responsible for doing what and by when.

- ☐ Fully put into practice
 ☐ Some progress made, but much more needed
☐ A lot of progress made, but more needed
 ☐ Not yet put into practice (work has just begun)

T18: Working together to bring about positive changes for the child, even in less than ideal situations.

- ☐ Fully put into practice
 ☐ Some progress made, but much more needed
☐ A lot of progress made, but more needed
 ☐ Not yet put into practice (work has just begun)

T19: Focusing on the everyday goals of parenting.

- ☐ Fully put into practice
 ☐ Some progress made, but much more needed
☐ A lot of progress made, but more needed
 ☐ Not yet put into practice (work has just begun)

T20: Focusing on the child's successes, not just on problems.

- ☐ Fully put into practice
 ☐ Some progress made, but much more needed
☐ A lot of progress made, but more needed
 ☐ Not yet put into practice (work has just begun)

T21: Working in partnership with other service providers involved in the child's life (e.g., teacher, physician, sport coach, etc.).

- ☐ Fully put into practice
 ☐ Some progress made, but much more needed
☐ A lot of progress made, but more needed
 ☐ Not yet put into practice (work has just begun)

Thank you for your participation!

Q6. How many interview/sessions did it take to complete this AAR (including the Background Information Section)?

- ☐ 1 session
 ☐ 2 sessions
 ☐ 3 sessions
 ☐ 4 or more sessions

Q7. How long did it take to complete this AAR (including the Background Information section)?

hours and
 minutes

5

Assessment and Action Records

Time	30 minutes
Learning Objectives	• participants will become familiar with the key principles and values within LAC • participants will be able to identify the seven development dimensions that are at the core of Looking After Children and the Assessment and Action Record • participants will become familiar with the content and the items included in the Assessment and Action record.
Learning Activities   	Presentation Lecturette, overheads Small group discussion, handout Large group discussion, flipchart

A First Look at the Assessment and Action Record

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Section 5 - Overhead #1

THE ASSESSMENT AND ACTION RECORD SHOULD TELL US
• Who is the child or youth? • What kind of parenting is he or she receiving? • What are their expected outcomes?

The Assessment and Action Records are designed to enable the "Corporate Parent to:

- assess children's needs and strengths
- plan work required to identify areas for improvement
- assess the standard of care they receive
- assess outcomes by aggregates
- measure children's progress

This approach is based on the following two principles:

- That agencies caring for children separated from their families are accountable for the manner in which they discharge

AND

- That good results are dependent upon children receiving a range of experiences that will enable them to fulfill their potential.

Why Introduce Formal Measure of Assessment?

The AAR sets out explicitly what "reasonable parental care" might mean in practice.

The importance of planning and assessing cannot be overemphasized - all parents do this for their children, but when the child is in care and a number of people share the responsibility for parenting it becomes even more critical that planning be formalized. The AAR's provides a system and a tool to accomplish this planning

Parents constantly monitor their children's progress in an informal manner and are pleased if their children are doing well. Most of us want our children to be well educated, confident, popular and healthy. Parents feel that they have some power to influence what happens and try to give their children the kinds of experiences that will help them to achieve. If the children are failing, parents take remedial action.

As "corporate parents" we also need to set out goals and make formal plans for children for whom we hold responsibility. A formal process may be seen to set children in care further away from their contemporaries and reinforce a stigma of being involved with a Children's Aid Society. However, the British researchers have found that care monitoring and documentation of this kind is essential to the provision of high quality care.

Children in care can frequently move from place to place and vital information can get lost along the way. New caregivers may not have all the information they need to respond adequately to the child's needs for health care, behavioural management, school success or family and social contact etc.

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When children are in care, all those who share the parental responsibility need to know how different tasks have been allocated. Collaboration and cooperation are essential and must be organized, i.e., planned. Differences need to be resolved effectively and in a timely manner.

Section 5 - Handout #1



Handout #1 - "Assessment and Action Record - Key Principles and Values"

Distribute handout and discuss:

- Why are these critical?
- Are they comprehensive?

The AAR

Each dimension begins by specifying the aims of a "reasonable" parent for a child within that area of development

The material then asks whether children are being provided with opportunities that research and common sense would suggest are necessary to the achievement of these aims.

If the answers show that children and youth are not being offered experiences likely to contribute to achieving the objective, the need for further plans is highlighted - a remedial plan must be formulated, identifying who will do what, and by when.

An explanation is required for lack of information or for a decision to take no remedial action when it appears to be warranted.

The AAR's are designed to assess children's progress from birth to adulthood by means of a series of questions, which seek objective answers to produce a comprehensive picture of a child's day to day experiences across seven developmental dimensions. There are specific records for six different age ranges:

- under 1 year
- 1 and 2 years
- 3 and 4 years
- 5 - 9 years
- 10 - 14 years
- 15 and older

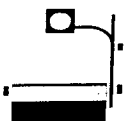
Trainer's Notes

Prepare and post a flip chart listing these age groups. Ask participants why they think these age ranges may have been chosen.

The age ranges are of varying lengths because they have been chosen to cover different stages of development rather than specific numbers of years. In the 10 - 14 age range, one or two extra questions are asked of youth reaching 13 or more years. The basic structure of the AAR, however, remains the same. 287

Some sections of the record for young people aged 15 and older were designed with preparation for independence in mind, which will assist in measuring young people's readiness for independent living.

Note that on the 10 - 14 years and 15 plus ranges questions are to be directed to the youth.

Section 5 - Overhead #2	
	
THE ASSESSMENT AND ACTION RECORD - PURPOSE	
The Assessment and Action Record (AAR) identifies objectives across seven developmental dimensions that, if achieved, will ensure better outcomes for children in care.	

Trainer's Notes	Refer back to flip chart listing developmental dimensions that was posted earlier. • Health • Education • Identity • Family and social relationships • Social presentation • Emotional and behavioural development • Self-care skills
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Exercise



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Divide large group into seven small groups. If there are insufficient participants to form seven groups of two or more persons assign dimensions as follows to five groups:

1. Health
2. Education
3. Identity
4. Family and Social Relationships and Social Presentation
5. Emotional and Behavioural Development and Self Care Skills

Distribute flip chart paper and markers to each group. Instruct groups to use their LAC materials as reference for this exercise.

Ask each group to prepare a pictorial representation of the objectives for each dimension and to be prepared to present their picture on a flip chart(s) to the large group. They are to ask the large group to identify as many objectives as possible from the flip chart drawing. Leave the flip charts posted in the training room.

Each small group should then be prepared to quickly review with the large group the types of questions and key variables associated with their assigned dimension(s).

Allow 10 minutes for preparation of 5 - 10 minute presentations.

Trainer's Notes

The information below is provided for easy trainer reference as the small groups present their information.

Trainer may wish to share "Research to Practice" information with participants to highlight the importance of addressing each specific dimension.

Health

The questions in this section are designed to make sure that the child is getting all the preventive medical care he/she needs, including immunizations; that if the child is having any health problems or disabilities, they are being properly treated; that the child is learning to keep in shape; and that, as far as possible, child is generally well.

Questions are asked about things that affect health such as diet, alcohol, drugs and sex education.

Health - Key Variables

- medical history and care from birth to 4 years
- last full medical exam
- up-to-date eye and dental appointments
- last full physical appointment
- up-to-date immunizations, height and weight
- communication skills and abilities
- illnesses, injuries and accidents
- dietary habits
- physical activity and exercise
- personal security
- information about healthy sexual relationships
- information about the effects of smoking, alcohol and drugs

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Research to Practice

- Research suggests that a higher proportion of children in care smoke than children from the general population of the same age
- Children in care are also more vulnerable to drug and alcohol misuse and to sexually-transmitted infections
- For children in care special attention needs to be given to the key parental task of safeguarding and promoting their health

Health - Objectives

- the child/young person is normally well
- the child/young person's weight is within normal limits for his/her height
- all preventive health measures are being taken, including appropriate immunizations
- all on-going health conditions and disabilities are being treated
- the child/young person does not put his/her health at risk
- the child/young person is developing well
- the child/young person is reasonably protected against common accidents

Education

The questions in this section are designed to find out if the child is getting the help he/she needs to make sure that they do as well in school as they are able to and that their education is being properly planned.

They are also meant to find out about opportunities to learn special skills and to take part in a wide range of activities, both in and out of school. Reference to the most recent school report is helpful when completing this section.

Education - Key Variables

- overall development and stimulation provided to children under the age of 2 (toys, books, drawing, favourite stories)
- physical development
- communication skills
- daycare and school
- intellectual development/concentration and curiosity
- learning difficulties

- activities and favourite subjects in school
- activities and subjects that are disliked in school
- progress, success and difficulties
- interests, leisure time outside of school activities
- homework, course selection
- equipment/devices required

Research to Practice

- Reading is the foundation of educational achievement. Children who become fluent readers at an early age have a flying start at school
- Reading is also a crucial tool for independent learning and an important leisure skill. Reading is inexpensive and does not require the cooperation of others or interfere with their activities
- There is evidence of serious discrimination against children in care and other young people in schools. There are many complaints of unfair treatment by teachers. Exclusion not only disrupts their learning but social relationships, other activities as well and puts them at higher risk of offending and of drug and alcohol misuse
- School success enhances self-esteem and can offer a channel of escape from disadvantage
- School is also the place where children acquire social and leisure skills, such as making and keeping friends, negotiating agreements and relating to a variety of adults
- Children in care face great difficulties in continuing their education beyond compulsory school age, but it may be only at this stage that they reach a state of emotional equilibrium and are able to start learning effectively. No assumption should be made about the educational potential of young people whose childhood has been disrupted by abuse, neglect and instability
- There is a shift to more technical, professional and managerial work, and fewer manual skill jobs. Leaving school with our qualifications can lead to a downward spiral. Adults who were "in-care" as children often suffer increasing occupational disadvantage as they get older. Many also lack the social and community contacts by which many of lower-level jobs are allocated

Education - Objectives

- the child's/young person's educational performance matches his/her ability.
- the child/young person has acquired special skills and interests
- the child/young person is participating in a wide range of activities
- adequate attention is being given to planning the child's/young person's education
- the young person has some educational qualifications
- the young person has developed skills useful for employment
- the young person has a range of leisure interests
- the child/young person is happy in school

Identity

The questions in this section are designed to make sure that the child knows something about their birth family and culture, and that they feel increasingly self-confident.

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Identity is important to everyone, whether young or old, male or female, in care, disabled, or of a different culture or religion from the people with whom they are living.

Culture is about all sorts of different things: language, food, skin colour, accent, family customs or religious beliefs. Someone with an English background can feel very different about themselves if they live in a francophone community, as can someone whose family has come to live in Canada from somewhere such as Greece, Africa or Asia.

These differences can be positive. Friends may tease you affectionately about your accent or enjoy trying the food your family eats, but differences can cause problems too.

Identity - Key Variables

- overall knowledge of biological family
- bond and contact with biological family
- personal belongings (photos, souvenirs and albums)
- "differences" that make him/her get noticed
- first language
- race and ethnic group
- compliments received from foster parents to boost self-esteem
- strengths and competencies
- knowledge about the reason for placement
- education/job/career

Research to Practice

- Most psychological research on the self has been concerned with self esteem, perhaps because of its great importance to overall well-being
- Another aspect of self-evaluation, self-efficacy, has been studied, that is the sense that one is competent, and can solve one's problems
- Identity is fluid, dynamic, ridden with contradictions, and constructed from diverse experiences. Children and young people who are in care should be exposed to a range of cultural experiences relevant to their family backgrounds and peer group so that they can construct identities that they feel comfortable with, bearing in mind that these may change in the course of development

Identity - Objectives

- the child/young person has a positive view of him/herself and his/her abilities
- the child/young person has an understanding of his/her current situation
- the child/young person has knowledge of his/her family or origin
- the child/young person can relate to his/her racial or ethnic background

Family and Social Relationships

The questions in this section are meant to find out if the child is being encouraged to build a close relationship with a parent or someone who acts as a parent and if the child knows an adult who will help them if needed.

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They also ask about enjoying contacts with children/young people, and if the child has any close friends.

Family and Social Relationships - Key Variables

- one set of main caregivers since birth
- relationships with people living in the same house
- spending time away from foster parents
- physical affection received from foster parents
- contacts with family
- personal possessions
- relationship with family and friends
- relationship with other children
- sense of belonging to the family
- adults to turn to in times of crisis
- intimate relationships

Research to Practice

- Access, contact and a wider sense of belonging are important to children because there is now a considerable body of research evidence which suggests that most children function better, are less prone to crises and are more competent, socially and educationally, when family continuities are maintained

Family and Social Relationships - Objectives

- the child/young person has had continuity of care
- the child/young person is definitely attached to at least one foster parent
- the child's young person's contact with his/her birth family strengthens his/her relationships with them
- the child/young person has had a stable relationship with at least one adult over a number of years
- the child/young person is liked by adults and other children/young people
- the child/young person is able to develop friendships with others of the same age

Social Presentation

The questions in this section are designed to make sure that the child is being helped to understand the impression they make on other people.

Social Presentation - Key Variables

- body and personal hygiene
- clothing
- communication skills
- skin and hair
- physical appearance
- behaviour in society
- behavioural adjustment according to different situations

Research to Practice

- Physical appearance affects how adolescents feel about themselves and how adults and peers respond to them. Preoccupation with one's body image is strong throughout adolescence, but is especially acute during puberty, a time when young people are more dissatisfied with their bodies than in later adolescence
- Those who are considered to be physically attractive have many advantages in life. Teachers, for example, are strongly influenced by physical appearance and tend to put attractive children in higher streams. Friendships, in their turn, make a significant contribution to self esteem. Children are liable to be stigmatised because of unattractive appearance, unlikeable personal habits or inappropriate social behaviour

Social Presentation - Objectives

- the young person's appearance is acceptable to young people and adults
- the young person's behaviour is acceptable to young people and adults
- the young person can communicate easily with others

Emotional and Behavioural Development

The questions in this section are designed to help the child talk and think about those things they feel good about, those things they worry about and as well about how they deal with these feelings.

Emotional and Behavioural Development - Key Variables

- relationships with others
- emotional and behavioural difficulties
- concentration and behaviour
- anxieties and worries
- rules in the household
- trouble with the law
- level of resourcefulness when help is needed

Research to Practice

- The emotional and behavioural development sections of the Assessment and Action Records serve several purposes. They provide the opportunity for carers and young people to record strengths and difficulties, and therefore assess needs; they allow social workers and administrators to better assess the type and severity of difficulties shown by the children for whom they have responsibility, and thus to allocate resources efficiently.

Emotional and Behavioural Development - Objectives

- the child/young person is free of serious emotional and behavioural problems
- the child/young person receives effective treatment for all personal problems

Self-Care Skills

The questions in this section are designed to find out if the young person is learning to care for themselves at a level appropriate to their age and ability, when given the necessary resources and support.

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Child welfare agencies have the duty to prepare all children and young people in care for eventual independence. Social workers and foster parents also need to be aware that self-care skills are vital to children with disabilities, many of whom will be able to lead independent adult lives if given sufficient encouragement and support.

Self-care Skills - Key Variables

- ability to take care of self according to age and abilities
- level of autonomy - activities achieved alone
- regular activities
- plans or goals after leaving foster care
- budgeting abilities
- adults to turn to for advice

Research to Practice

- The complex nature of self-care skills becomes particularly apparent at points of transition in children's lives. It is then that strengths and weaknesses are exposed to a judgemental audience, peers and adults.
- The developmental of self-care skills is essential to achieving adult status in our society. For children in care, as for all young people, the process should be gradual, supported, participatory and holistic

Self-care Skills - Objectives

- the young person can function independently at a level appropriate to his/her age and ability

Exercise - A Reflection on What Was Learned



Direct the group to take a few moments to reflect on what has been covered so far.

Ask the group if there are any questions about the material covered.

Have them highlight, underline or note in some way the key points that stand out for them in this section.

Encourage the use of the "Idea Catcher" and "Action Plan."

QUESTIONNAIRE FOR CHILD WELFARE WORKERS OR SUPERVISORS

1. Purpose: The purpose of this questionnaire is to obtain your opinion of the Looking After Children approach, including the Assessment and Action Record (AAR). (As you are no doubt aware, the AAR is completed jointly each year by the child welfare worker and the foster parent or other caregiver, as well as by the young person in care if he or she is old enough, to assess the young person's needs and progress and to help in the preparation of the plan of care.)

2. Who should fill out this questionnaire: It is very important that this questionnaire be filled out by the child welfare worker or supervisor whose name or initials appear on the accompanying cover letter. The completed questionnaire and one copy of the consent form should then be placed in the enclosed self-addressed envelope, which is then to be put into the "out mail" box at your agency. (In the unlikely event that you should receive two copies of this questionnaire, please complete only **one** copy and then return **both** copies to us, for our records, in the self-addressed envelope.)

3. For each item, please mark the response that best reflects your opinion or experience.

(Note: Si vous préférez obtenir la version française de ce questionnaire, veuillez communiquer avec la coordinatrice du projet, Mme. Hayat Ghazal, au () 2.)

SECTION 1: BACKGROUND INFORMATION:

1. What is your main service role within your Children's Aid Society?
☐ Child welfare worker (direct service) ☐ Case supervisor ☐ Other
2. How long have you been working in the field of child welfare?
☐ Less than 2 years ☐ 2-5 years ☐ 6-10 years ☐ More than 10 years
3. How long have you been working for your Children's Aid Society?
☐ Less than 2 years ☐ 2-5 years ☐ 6-10 years ☐ More than 10 years
4. How many young people in care, if any, do you *currently* have in your *total active case load*?
☐ None (no current active case load) ☐ Less than 10 ☐ 11-15 ☐ 16-20 ☐ 21-25 ☐ More than 25

SECTION 2: LOOKING AFTER CHILDREN, INCLUDING THE ASSESSMENT AND ACTION RECORD (AAR)

5. For approximately how many young people in care have you *ever* completed the Assessment and Action Record (AAR) from Looking After Children, or used it in supervision? (**Please note: If you have NEVER completed the AAR with any young persons or used it in supervision, please stop here. Check the item immediately below, "I have never completed the AAR or used it in supervision", and then place the questionnaire in the enclosed self-addressed envelope and put it into the "out mail" box at your agency.**)

☐ I have never completed the AAR or used it in supervision; **OR,**

I have completed the AAR or used it in supervision with the following number of young people in care:

☐ 1 ☐ 2 ☐ 3 ☐ 4-5 ☐ 6-9 ☐ 10-15 ☐ 16-20 ☐ More than 20

6. How long have you been using (or supervising with) the AAR with young people in care?

- ☐ Less than 1 yr ☐ 1 yr ☐ 2 yrs ☐ 3 yrs or more

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7. If you use or supervise with the AAR, how often do you discuss the information in the AAR in supervision?

- ☐ Rarely or never ☐ From time to time ☐ Often or always

SECTION 3: TRAINING IN THE LOOKING AFTER CHILDREN APPROACH

8. How many days of training have you *ever* received in the Looking After Children approach?

- ☐ No training ever received ☐ Less than 1 day ☐ 1 day ☐ 2 days ☐ 3 days or more

9. How long has it been since you *last* received training in the Looking After Children approach ?

- ☐ No training ever received ☐ Less than 6 months ago ☐ 6 - 12 months ago
☐ 13 – 24 months ago ☐ More than 24 months ago

10. In your opinion, how well did this training cover the key values and principles of the Looking After Children approach?

- ☐ No training ever received ☐ Very well ☐ Well ☐ Poorly

11. In your opinion, how well did this training prepare you to complete the AAR or use it in supervision?

- ☐ No training ever received ☐ Very well ☐ Well ☐ Poorly

12. In your opinion, how well did this training help you to prepare (or approve) young people's plans of care?

- ☐ No training ever received ☐ Very well ☐ Well ☐ Poorly

13. How many time, if any, have you ever *given* training in the Looking After Children approach (e.g., to agency staff, foster parents or other caregivers, or young people in care)?

- ☐ I have never given LAC training ☐ Once ☐ Twice ☐ Three or more times

SECTION 4: USING THE LOOKING AFTER CHILDREN APPROACH (INCLUDING AAR)

14. How useful do you find the AAR, including the process of completing it or using it in supervision, in helping you carry out your work?

a) The AAR helps me to better understand the needs of the young person in care.

- ☐ Very useful ☐ Useful ☐ Not very useful

b) The AAR provides information that helps me to have more targeted discussions with or about the young person in care.

- ☐ Very useful ☐ Useful ☐ Not very useful

- c) The AAR helps me to become more aware of the progress made by the young person in care.
- ☐ Very useful ☐ Useful ☐ Not very useful
- d) The AAR helps me to prepare (or contribute through supervision to) more useful plans of care.
- ☐ Very useful ☐ Useful ☐ Not very useful
- e) The AAR helps me to assist the young person in care, directly or through supervision, to better plan his or her future.
- ☐ Very useful ☐ Useful ☐ Not very useful
- f) The AAR helps me to collaborate more effectively with the foster parent or other caregiver, directly or through supervision, in implementing the young person's plan of care.
- ☐ Very useful ☐ Useful ☐ Not very useful
- g) Overall, the AAR helps me to do my direct service or supervisory work more effectively.
- ☐ Very useful ☐ Useful ☐ Not very useful

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SECTION 5: THIS SECTION ASKS YOU TO THINK ABOUT YOUR WORK WITH YOUNG PEOPLE IN CARE, FOSTER PARENTS, OR OTHER CAREGIVERS

15. In your work together as a team (made up of the child welfare worker, supervisor, foster parents or other caregivers, and young people for whom the AAR has been completed), how successful have you been in accomplishing the following priorities and tasks from Looking After Children? *(Please rate each item.)*
- a) Helping the young people in care to develop their potential to a maximum rather than a minimum level.
- ☐ Definitely true ☐ Mostly true ☐ Uncertain ☐ Mostly false ☐ Definitely false
- b) Focusing on the successes of young people in care, not just on their problems.
- ☐ Definitely true ☐ Mostly true ☐ Uncertain ☐ Mostly false ☐ Definitely false
- c) Taking account of the perspectives of all those involved, paying particular attention to the wishes and feelings of young people in care.
- ☐ Definitely true ☐ Mostly true ☐ Uncertain ☐ Mostly false ☐ Definitely false
- d) Planning according to the individualized needs of young people in care.
- ☐ Definitely true ☐ Mostly true ☐ Uncertain ☐ Mostly false ☐ Definitely false
- e) Believing your work together can bring about positive change, even in less than ideal situations.
- ☐ Definitely true ☐ Mostly true ☐ Uncertain ☐ Mostly false ☐ Definitely false

- f) Collaborating on ambitious but achievable objectives in all areas of young people's development.

☐ Definitely true ☐ Mostly true ☐ Uncertain ☐ Mostly false ☐ Definitely false²⁹⁹

SECTION 6: COMMENTS AND SUGGESTIONS

Thank you for your participation. We really value your expertise and would be very interested in any open-ended comments or suggestions that you may have about Looking After Children, including the Assessment and Action Record.

Thanks again for taking the time to participate!

A summary of the pooled, anonymous results of this survey will be made available in a project fact sheet.

CONSENT FORM FOR CHILD WELFARE WORKERS OR SUPERVISORS

I, (name of child welfare worker or supervisor) _____, wish to participate in this study, which forms part of the Looking After Children in Ontario (ONLAC) project. The study is being carried out in collaboration with the Ontario Association of Children's Aid Societies (OACAS) and my CAS. It is directed by Dr. Robert Flynn of the Centre for Research on Community Services at the University of Ottawa. The project is funded by the Social Sciences and Humanities Research Council of Canada and the Ministry of Children and Youth Services of Ontario. The purpose of this study is to find out how helpful the Looking After Children approach, including the Assessment and Action Record (AAR), is in my work as a child welfare worker or supervisor.

If I agree to participate, I will complete the enclosed questionnaire. I will need approximately 10 minutes to respond to the questionnaire. It includes questions about the Looking After Children approach and the Assessment and Action Record. Only the research team will have access to my responses, which will never be revealed to anyone at my CAS or at OACAS. My responses will be pooled with those of other child welfare workers or supervisors in Ontario.

The information I provide will be locked up in the researchers' laboratory at the University of Ottawa. I have been assured that the information I share will remain strictly confidential and that my name will not be recorded with my responses or identified in any way.

My participation is strictly voluntary. I am free to refuse to participate or withdraw from the study at any moment, without penalty. If I choose not to participate, I will not suffer any negative consequences. If I am uncomfortable with any question, I may refuse to answer it.

There are two copies of the consent form, one that I will keep and one that I will return to the researchers. If I have any questions about this study, I may call the project coordinator, Ms. Hayat Ghazal (613-562-5800, X1857). If I have questions about the ethical aspects of the research or I wish to make a complaint about how it is being conducted, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, 550 Cumberland St, Room 160. Tel. (613) 562-5387; Fax. (613) 562-5318; e-mail ethics@uottawa.ca

PARTICIPANT'S

SIGNATURE: _____ DATE: _____

Robert J. Flynn _____
PhD, CPsych, Principal Investigator

Sarah Pantin _____
BA, PhD candidate

QUESTIONNAIRE FOR FOSTER PARENTS (INCLUDING KINSHIP CAREGIVERS)

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INSTRUCTIONS:

1. **Purpose:** The purpose of this questionnaire is to obtain your opinion of the Looking After Children approach, including the Assessment and Action Record (AAR). (The AAR is a questionnaire from Looking After Children that is completed jointly each year by the child welfare worker and the foster parent, as well as by the young person in care if he or she is old enough, to assess the young person's needs and progress.) For each foster child or adolescent in your care, the last section of the questionnaire also asks about your awareness of the young person's friends and activities. Please note that here we are using the term "foster parent" to include not only foster parents but other substitute caregivers, such as aunts, uncles, or other relatives, who are providing substitute parenting to the young person in care.

2. **Who should fill out this questionnaire:** It is very important that this questionnaire be filled out by the foster parent to whom the cover letter is addressed.

3. For each item, please mark the response that best reflects your opinion or experience.

(Note: Si vous préférez obtenir la version française de ce questionnaire, veuillez communiquer avec la coordinatrice du projet, Mme. Hayat Ghazal, au (613) 562-5800 (poste 1857) ou à hghazal@seaprc.ca.)

SECTION 1: LOOKING AFTER CHILDREN, INCLUDING THE ASSESSMENT AND ACTION RECORD (AAR)

1. For approximately how many foster children or adolescents in your care have you *ever* completed the Assessment and Action Record (AAR) from Looking After Children, in collaboration with the young person's child welfare worker and the young person (if he or she was old enough). (**Please note: If you have NEVER used the AAR from Looking After Children with any young persons in your care, please check the item immediately below, "I have never used the AAR with any young people in my care", and then go directly to Section 5 on page 4.)**

☐ I have never used the AAR with any young persons in my care (go directly to section 5, p. 4).

OR,

I have used the AAR with:

☐ One young person in my care ☐ Two ☐ Three ☐ Four ☐ Five or more young people

2. For how many years have you been using the AAR for the young people in your care, in collaboration with them and their child welfare workers?

☐ Less than 1 yr ☐ 1 yr ☐ 2 yrs ☐ 3 yrs or more

SECTION 2: TRAINING IN THE LOOKING AFTER CHILDREN APPROACH

3. How many days of training have you *ever* received in the Looking After Children approach?

☐ No training ever received ☐ Less than 1 day ☐ 1 day ☐ 2 days ☐ 3 days or more

4. How long has it been since you last received training in the Looking After Children approach ?
- ☐ No training ever received ☐ Less than 6 months ago ☐ 6 - 12 months ago
- ☐ 13 – 24 months ago ☐ More than 24 months ago
5. In your opinion, how well did this training cover the key values and principles of the Looking After Children approach?
- ☐ No training ever received ☐ Very well ☐ Well ☐ Poorly
6. In your opinion, how well did this training prepare you to complete the AAR, in collaboration with the child welfare worker (and the child, if he or she was old enough)?
- ☐ No training ever received ☐ Very well ☐ Well ☐ Poorly
7. In your opinion, how well did this training prepare you to play your part in implementing the young person's plan of care, in collaboration with the child welfare worker and the young person?
- ☐ No training ever received ☐ Very well ☐ Well ☐ Poorly

SECTION 3: USING THE LOOKING AFTER CHILDREN APPROACH (INCLUDING THE AAR)

8. How *useful* do you find the process of completing the AAR in helping you carry out your work as a foster parent? Please answer each of the following questions:
- a) Completing the AAR helps me to better understand the needs of the young person in care.
- ☐ Very useful ☐ Useful ☐ Not very useful
- b) Completing the AAR provides information that helps me to have more targeted discussions with the young person in care.
- ☐ Very useful ☐ Useful ☐ Not very useful
- c) Completing the AAR helps me to become more aware of the progress made by the young person in care.
- ☐ Very useful ☐ Useful ☐ Not very useful
- d) Completing the AAR helps me to make more useful suggestions for the young person's plan of care.
- ☐ Very useful ☐ Useful ☐ Not very useful
- e) Completing the AAR helps me to assist the young person in care in planning his or her future.
- ☐ Very useful ☐ Useful ☐ Not very useful

- f) Completing the AAR helps me to know more clearly what my responsibilities are as a foster parent. 305
- ☐ Very useful ☐ Useful ☐ Not very useful
- g) Completing the AAR helps me to collaborate more effectively with the child welfare worker in implementing the young person's plan of care.
- ☐ Very useful ☐ Useful ☐ Not very useful
- h) Overall, completing the AAR helps me to parent the young person in care more effectively.
- ☐ Very useful ☐ Useful ☐ Not very useful

SECTION 4: THIS SECTION ASKS YOU TO THINK ABOUT YOUR WORK WITH YOUNG PEOPLE IN CARE AND THEIR CHILD WELFARE WORKERS.

9. In your work together as a team, how successful have you, the foster parent, together with the young people in your care for whom the AAR has been completed and their child welfare workers, been in accomplishing the following priorities and tasks from Looking After Children? *(Please rate each item.)*
- a) Helping the young people in your care to develop their potential to a maximum rather than a minimum level.
- ☐ Definitely true ☐ Mostly true ☐ Uncertain ☐ Mostly false ☐ Definitely false
- b) Focusing on the successes of the young people in your care, not just on their problems.
- ☐ Definitely true ☐ Mostly true ☐ Uncertain ☐ Mostly false ☐ Definitely false
- c) Taking account of the perspectives of all those involved, paying particular attention to the wishes and feelings of the young people in your care.
- ☐ Definitely true ☐ Mostly true ☐ Uncertain ☐ Mostly false ☐ Definitely false
- d) Planning according to the individualized needs of the young people in your care.
- ☐ Definitely true ☐ Mostly true ☐ Uncertain ☐ Mostly false ☐ Definitely false
- e) Believing your work together can bring about positive change, even in less than ideal situations.
- ☐ Definitely true ☐ Mostly true ☐ Uncertain ☐ Mostly false ☐ Definitely false
- f) Collaborating on ambitious but achievable objectives in all areas of the young people's development.
- ☐ Definitely true ☐ Mostly true ☐ Uncertain ☐ Mostly false ☐ Definitely false

SECTION 5: PARENTING THE YOUNG PEOPLE IN YOUR CARE

INSTRUCTIONS: *The questions in this section have to do with different ways foster parents act towards the young people in their care. Please answer the questions in relation to the following foster child or youth for whom you have completed the AAR:*

- a. Initials of foster child or youth's first and last names: _____
- b. Date of birth of young person in care: _____
- c. Gender of the young person in care: _____ Male _____ Female

10. For each of the following items, please mark the response that best reflects your opinion:

- a. I know where my foster child/youth is after school.
☐ Never ☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Always
- b. If my foster child/youth is going to be home late, he or she is expected to call and let me know.
☐ Never ☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Always
- c. My foster child/youth tells me who he or she is going to be with before going out.
☐ Never ☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Always
- d. My foster child/youth talks to me about the plans he or she has with friends.
☐ Never ☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Always
- e. When my foster child/youth goes out at night, I know where he or she is.
☐ Never ☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Always
- f. When my foster child/youth goes out, I ask where he or she is going.
☐ Never ☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Always
- g. I know who the friends of my foster child/youth are.
☐ Never ☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Always
- h. I know the parents of the friends of my foster child/youth.
☐ Never ☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Always
- i. I know what my foster child/youth watches on television.
☐ Never ☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Always
- j. I monitor my foster child's/youth's computer/internet use.
☐ Never ☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Always

Thank you very much for your participation!

CONSENT FORM FOR FOSTER PARENTS

I, (name of foster parent) _____, wish to participate in this study of the Looking After Children approach that is being carried out in collaboration with the Ontario Association of Children's Aid Societies (OACAS) and my local CAS. This research is directed by Dr. Robert Flynn of the Centre for Research on Community Services at the University of Ottawa. The project is funded by the Social Sciences and Humanities Research Council of Canada and the Ministry of Children and Youth Services of Ontario. The purpose is to find out how helpful the Looking After Children approach, including the Assessment and Action Record (AAR), is in my work as a foster parent.

If I agree to participate, I will complete the enclosed questionnaire. I will need approximately 10 minutes to respond to the questionnaire. It includes questions about the Looking After Children approach and the Assessment and Action Record. Only the research team will have access to my responses, which will never be revealed to the local CAS or to OACAS. My responses will be pooled with those of other foster parents in Ontario.

The information I provide will be locked up in the researchers' laboratory at the University of Ottawa. I have been assured that the information I share will remain strictly confidential and that my name will not be recorded with my responses or identified in any way. (The only exception would be if I was to inform the research staff that someone was hurting the foster child/youth in my care, or that he or she intended to hurt him/herself or another person, in which case the research worker would have to take any steps necessary to protect the foster child/youth or the other person.)

My participation is strictly voluntary. I am free to refuse to participate or withdraw from the study at any moment, without penalty. If I choose not to participate, my CAS will not be told nor will my decision affect the services that I or my foster child receive, in any way. If I am uncomfortable with any question, I may refuse to answer it.

There are two copies of the consent form, one that I will keep and one that I will return to the researchers. If I have any questions about this study, I may call the project coordinator, Ms. Hayat Ghazal (613-562-5800, X1857). If I have questions about the ethical aspects of the research or I wish to make a complaint about how it is being conducted, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, 550 Cumberland St, Room 160. Tel. (613) 562-5387; Fax. (613) 562-5318; e-mail ethics@uottawa.ca

PARTICIPANT'S

SIGNATURE: _____ DATE: _____

Robert J. Flynn _____
PhD, CPsych, Principal Investigator

Sarah Pantin _____
BA, PhD candidate

**WE ARE AWARE THAT YOUR TIME IS PRECIOUS. THANK YOU FOR READING
THIS MATERIAL AND FOR YOUR PARTICIPATION.**

Appendix 7
Demographic variables for children and youth in Year 3 (N = 403)

Variable	N	%
Gender		
Male	226	56.1
Female	177	43.9
Current age	M 13.42	SD 2.13
Ethnicity (Nb. Youth can endorse more than one response)		
Canadian	315	78.2
French	87	21.6
English	89	22.1
Indigenous ancestry		
North American Indian	55	13.6
Inuit	3	.7
Metis	12	3
European ancestry		
German	26	6.5
Irish	48	11.9
Scottish	46	11.4
Italian	10	2.5
Jewish	2	.5
Ukranian	8	2
Dutch	13	3.2
Portugeuse	1	.2
Polish	8	2

Asian ancestry		
Chinese	2	.5
Filipino	1	.2
Japanese	1	.2
Arab/West Asian	2	.5
South Asian	1	.2
Latin American	3	.7
Black	5	1.2
Caribbean	11	2.7
Age in years when first placed in out of home care	M 7.52	SD 3.70

Appendix 8.
Demographic characteristics for youth first using LAC in Year 3 compared to Years 1 and 2

Variable	Year 3 M SD	Year 2 M SD	Year 1 M SD
Gender			
Male	74 (56.1%)	60 (57.1%)	92 (55.4%)
Female	58 (43.9%) N = 132	45 (42.9%) N = 105	74 (44.6%) N = 166
Youth's current age in years	13.32 2.15 (N = 132)	13.17 2.25 (N = 105)	13.67 2.01 (N = 166)
How old in years when first placed in out-of-home care?	8.35 4.09 (N = 108)	7.82 3.40 (N = 92)	6.72 3.44 (N = 149)
Number of years that Child Welfare Worker has worked with this child uninterrupted	2.02 2.65 (N = 97)	2.40 2.31 (N = 77)	3.35 3.28 (N = 130)

Appendix 9
Demographic variables for child welfare workers in Year 3 (N = 403)

Variable	N	%
Gender		
Male	69	17.4
Female	328	82.6
Current age category		
20-29	109	27.8
30-39	137	34.9
40-49	102	26.0
50-59	43	11.0
60yrs>	1	.3
	N= 392	
Amount of training in LAC		
No formal training	32	8.4
Less than 1 full day	25	6.5
1-1.5 days	123	32.1
2-2.5 days	138	36
3-3.5 days	20	5.2
4 days or more	45	11.7
	N= 383	100%
Number of years worked in child welfare	M 8.45	SD 7.84
Number of years worker at this agency	7.71	7.08

Number of years worked with this child uninterrupted	2.69	2.91
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Appendix 10

Demographic variables for person most knowledgeable (PMK) in Year 3 (N = 403)

Variable	N	%
Gender		
Male	48	12.7
Female	330	87.3
Amount of training in LAC		
No formal training	145	37.5
Less than 1 full day	27	7
1-1.5 days	50	12.9
2-2.5 days	101	26.1
3-3.5 days	13	3.4
4 days or more	51	13.2
	N=387	100%
Number of years providing foster services		
	M 8.64	SD 7.50

Appendix 11
Primary reason for admission of children and youth in Year 3

Variable	<i>N</i> <i>Total N = 390</i>	<i>% of total</i>
Primary reason for current admission		
Physical or sexual harm by commission	124	31.8
Harm by omission	87	22.3
Emotional harm	17	4.4
Abandonment/separation	44	11.3
Caregiver capacity	105	26.9
Other (e.g. parent child conflict, parent deceased etc)	13	3.3
Total	390	100

Appendix 12
Description of placement setting for youth in Year 3

Placement setting	N Total N = 403	% of total
Foster care (including kin care and outside purchased care)	361	89.6
Group home	42	10.4
How many years overall in this setting?	M = 3.58 SD = 3.17	
Total	403	100

Appendix 13
Description of placement for participating children and youth

N= 403 unless otherwise stated

Placement	<i>M</i>	<i>SD</i>
Total number of adults living in the household including child in care if over 18	2.15	1.08
Total number of children living in the household	3.47	2.17
Total number of foster children besides child in care who usually live in the household	1.93	2.13
Placement over the last 12 months	Yes %	No %
Youth living in same placement last year?	224 84.2%	42 15.8%
Youth had some child welfare worker last year?	187 70.6%	78 29.4%
Is foster parent the same as responded last year	208 80.9%	49 19.1%

Nb. Total N is substantially lower for details on placement over the past 12 months

Appendix 14

Descriptive variables for the administration of the AAR including number of people present and method of administration in Year 3 of the study including group homes N = 403

Variable	Year 3	
	N	% of total
Total = 403		
Present at Interview (a)	372	92.3
Child welfare worker		
Child or youth	379	94
One or more foster parents	352	87.3
One or more adult caregivers other than the foster parent	13	3.2
Birth parent	1	.2
One or more group home workers	34	11.8
Method of Administration (b)	366	90.8
Face to face		
Telephone interview	47	11.7
Self administration by the foster parent	111	27.5
Child welfare worker alone	1	.2
Language of administration		
French		

English		
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(a) and (b) Nb. Responses for these items are not mutually exclusive so columns do not sum to 100%