

In Whose Best Interest?

An Exploration of the Purpose and Expectations of the  
Assessment and Action Record Through the Eyes of Former Crown Wards

by

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Wards

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**ABSTRACT**

This research examines the opinions and viewpoints of former Crown Wards regarding the Assessment and Action Record (the AAR), which is the main documentation associated with the Looking After Children approach implemented for use with all children in care by the Ministry of Children and Youth for the Province of Ontario. This documentation, which consists of hundreds of questions and a research-based, check-list format, forms a significant component of the contact that Children's Service Workers with Children's Aid Societies have with children in care. Crown Wards, because they are in the permanent care of their Society, are subjected to the AAR yearly throughout their time in care. Open-ended interviews were conducted with four former Crown Wards from three separate Children's Aid agencies in southwestern Ontario. While the findings did not bear out the anticipated overt criticism of the AAR documentation, what was salient was the hope that all of the information they gave over the years was being put to good use (that it might help themselves and other Crown Wards), that these former Crown Wards were not aware that they could decline to answer the AAR questions in whole or in part, and that the AAR document is felt to be too long and repetitive. In addition, issues of automatic compliance by children in care with requests made by CAS personnel became a discomfoting theme.

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Once again, I thank my son, Anthony, for his patience while I completed yet another degree, and yet another thesis. He is much older this time, nearly grown, and he has never known anything other than his mother going to school while working full-time. This hasn't left much time for the two of us, but the times we have had together have been full of love and laughter, and Anthony has learned to work hard and never lose sight of his goal in the process. I couldn't ask for more from my child.

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Finally, my sincere gratitude and respect to the former Crown Wards who stepped forward to participate in this study. They shared their stories and opinions with me, and welcomed me into their worlds with honesty and humor. I am grateful and honored that they took a chance on me --- it is my sincerest wish that by doing so, they (and I) have improved the experiences of those Crown Wards who come after them in some small way. Although they were not aware of it, as a former Crown Ward myself, I stand in solidarity with them.

Our priority must be to engage young people in a meaningful way and to address the particular needs of individual children. If this means that the secondary objectives of gathering aggregate data for strategic planning and statistical purposes are compromised then, perhaps, we must consider this an inevitable consequence of putting individual children's needs at the top of our priorities. – Francis, 2002, p. 458

Courage is what it takes to stand up and speak;  
courage is also what it takes to sit down and listen.

--Winston Churchill

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## Chapter 1

### Introduction

This study focuses on the increasing accountability expectations facing social service agencies, and examines, in particular, the Assessment and Action Record that is currently used by children's aid societies in Ontario. In the following thesis, I review the literature relating to the AAR, and examine the point of view of previous Crown Wards who have been subject to the completion of this documentation. I asked them their opinions regarding the contents of the AAR, their experiences with its completion, whether they consented to its use, and their recommendations for its improvement. Results of analysis indicate that former Crown Wards are not in opposition to the use of the Assessment and Action Record, but they felt it is too long, and are unaware that they can decline to respond to the questions it contains. All of them felt so used to having to respond to the inquiries made of them by various personnel connected to Children's Aid Societies that they answered automatically and without consideration. While this bodes well for the accuracy of the information obtained by the AAR (at least in some areas), it raises questions about whether they actually have consented to participate in the completion of the instrument and in the research associated with it. As Children's Aid Societies act as the parent for children permanently in the care of the province of Ontario, and as parents can consent to their children participating in research, the concern may seem insignificant --- however, children in care form a particularly vulnerable population, especially those permanently in care and who grow up in care (these children do not have the birth-to-adulthood relationship with their caregiver that those not in care generally do), and therefore caution must be present in larger doses when researching this population.

## Chapter 2

### Literature Review

#### Accountability and the Audit

The public sector (i.e. social welfare agencies) in Western nations have been increasingly required to meet governmental demands for transparency and accountability, which have often taken the form of complicated audit systems (Munro, 2004). The stated aim of such oversight via audit is the improvement of services, and holding social agencies accountable for providing the services they say they are providing and for producing the outcomes expected by funders. I believe that social workers are also being held increasingly responsible to demonstrate that they can provide the individual services and outcomes for which they have been professionally trained. While being “held accountable” appears on the face of it to be a positive trend, with funders being able to answer to the public for monies being provided to such professions and agencies, what is being accomplished by the audit process is an oversight procedure which is put in place by officials who do not appear to be familiar with the work involved in child welfare. Similarly, having funding amounts tied to “outcomes” which are not service-related but rather are paperwork and document-oriented creates, in my view, an alienation and distancing of social workers from the work, which in general does not translate into better service.

Social Work audits are based on accounting principles which rely on procedure and documentation to determine the compliance of agencies and professionals to predetermined standards of practice. Audit originally was concerned with finances, and determining cost-effectiveness (Garrett, 1999b). However, what has resulted is that auditors are making judgments not only on finances, but on quality of service. As Munro (2004) states, “high or low spending in itself reveals nothing about service standards” (p.

1080) but government ministries in Ontario and England use such audits this way, and as measures of risk assessment. Audits and the inquiries which stem from them focus on the following of established procedures, and do not address underlying problems --- rather, the role of the audit is to detect mistakes: “(T)his encourages risk-averse behaviour where attention is more on process than policy objectives. As a consequence, the regulatory mechanisms that emerge from audits seek to build quality into inputs and procedures rather than entrenching values of quality and accountability to clients into the work culture” (Tilbury, 2007, p. 217). Tilbury concludes that, “[t]he institutionalization of audit - “checking gone wild” - is mostly about producing comfort and hiding real risk, making audit a ‘shallow ritual of verification’ undertaken at the expense of real organizational intelligence” (p. 211).

Risk assessment measures in the field of child protection in Ontario are based on actuarial models, which are concerned with the likelihood of having to pay out an insurance claim and which, as is pointed out by Littlechild (2008), “do not try to predict or manage risk” (p. 668). What actuarial models do is assess the risk of having to pay out a settlement on claims. Actuarial models don’t make predictions: they cannot predict which individual, in which situation, will make a claim on their insurance. In using actuarial models as the basis for risk assessment measures, it appears that the child welfare field in Ontario is expected to be able to do the impossible: “to predict which individual will act in which ways over a given period of time” (Littlechild, 2008, p. 668). This has been termed “the actuarial fallacy”, as actuarial methods which are used in populations with low base rates (such as numbers of individuals engaging in child abuse or neglect) tend to generate large numbers of false positives (Littlechild, 2008).

The Ontario Ministry of Children and Youth Services states that it is concerned with ensuring the safety of children in its care by standardizing social work procedures in

child welfare. Guaranteeing their safety, however, is an impossibility, regardless of how minutely social workers are policed. When working with human beings, it is not possible to predict with any degree of certainty how an individual will behave in a given circumstance. Indeed, the “false positives” mentioned above by Littlechild (2008) were borne out in a rather vivid way during the years in which Children’s Aids Societies used the Ontario Risk Assessment Model (ORAM).

ORAM (the Ontario Risk Assessment Model) was a Ministry scheme used during the 1990’s, which involved (and continues to involve) an increase in paperwork, checklists, and standardization of the tasks involved in child welfare work in Ontario. One significant aspect of the implemented changes during this period was the “development of a structured and standardized approach to case decision-making through the introduction of the Ontario Risk Assessment Model” (Ontario Human Rights Commission, 2001). This model consists of several areas of risk which are graded on a Likert-type scale from 0 to 4, and which include a narrative component for the description by frontline workers of areas of risk pertaining to each child and to each parent. The amount of risk to which a child is exposed correlates to high numbers in these defined areas.

The ORAM period saw the use of the above “scoring” systems and a great deal of paperwork (some redundant) involved in working with the parents and children who came into contact with Children’s Aid Societies. One such numerical measure was (and is) the coding system (the Risk Assessment tool) used during the initial referral of a family to a local Children’s Aid Society. During the first few years of the ORAM system, as it was used in practice, there was a tremendous increase in the numbers of children coming into care, as the detailed list of risks (and the efforts of Children’s Aid staff to err on the side of caution) led to a doubling and tripling of numbers of children coming into care as

allegations were being verified in unprecedented numbers (Ministry of Children and Youth Services, 2005; King, Leschied, Whitehead, Chiado, & Hurley, 2003; Brade, 2007). In a list of “risks” as extensive as the ORAM, it is difficult to escape being considered at risk for abusing children. In addition, during the ORAM reform 100% of the costs of funding for CASs was assumed by the province and more emphasis was placed on accountability and client outcomes (King et al, 2003; Brade, 2007). Under this reform, “(U)nderstandings of child wellbeing became finite and quantitative, and the new system claimed that standardization meant more effectiveness and more efficiency” (La Rose, 2009, p. 233; see also Baines, 2004, and Stein, 2001).

LaRose (2009) describes the ORAM system, which remains in use under a different name, thus:

(S)tandardization under ORAM included a new funding formula commonly described as a “zero-based” funding model. The funding model established an audit culture by embedding funding metrics in mandatory documentation processes and time/activity/payment ratios created an “invisible” work quota system. Workers had to produce certain case outcomes in certain time frames in order for the agency to receive adequate funding to justify the employment costs of each social worker. Paperwork took on a new importance within the ORAM system because completion of paperwork activated the government payment systems. (p. 234)

As Ahmed (2007) points out, the ORAM system fed into the audit system in a desirable way because “(A)udit culture not only measures performance, but it depends upon the reliability of such measurements. It also associates good performance with accountability, efficiency and quality as assumed ‘goals’ for organizations” (p. 596).

The introduction of audits of social work intervention, according to some researchers, reveals a lack of trust in professionals (Garrett, 1999b; Sellick, Delaney, & Brownlee, 2002; Noble, 2004). According to Parton,

[W]hile most agree that certainty in many areas of social work is not possible, the political and organizational climate demands it. Social workers have been found wanting and are no longer trusted. The result is

that many of the changes introduced act to sidestep the paradox and substitute confidence in systems for trust in individual professionals and fails to recognize the importance of ‘moral competence’ in the work” (Parton, 2008, p. 260; see also Noble, 2004, and Sellick, Delaney & Brownlee, 2002).

Jones (2001) had similar findings: excessive paperwork was felt by social workers to be concerned not only with vulnerable children, but with a lack of trust in the social workers themselves. As will be described below, the introduction of audit procedures impacts front line practice in a number of ways.

### **Paperwork as Quality of Service**

The aim of oversight through audits is the improvement of services, however “service outputs” (which translates into meeting documentation deadlines and protocol compliance) have come to be equated with quality of practice, even though they are often not related to user outcomes. The focus of child welfare practice has increasingly become the completion of audit-related documentation. Getting documents completed in narrow timeframes appears to be taking precedence over actual client care and social work intervention. In fact, among the many audits which occur in a year in the life of a child welfare agency, having the “paperwork” (electronic and otherwise) completed to the satisfaction of the auditors is now taken as a measure of quality of service. In my own experience, having the documentation completed to the satisfaction of Ministry Auditors has resulted in letters of commendation being placed on the personnel files of those who have received 100% compliance in such audits, regardless of the quality of service actually provided to the client. Oftentimes reaching 100% compliance depends on the cooperation of third parties (such as foster parents, medical personnel, etc.), and when such compliance levels have not been attainable for a number of reasons (which made no difference to the service to the client) workers have been censured or even disciplined

regardless of the reason for missing deadlines (even just one out of hundreds over the course of a year and out of many cases). Following procedure would appear to be paramount (Ruch, 2005). One reason for documentation coming to be taken as a proxy for quality of service is that the effects of social work intervention may not be realized for several years, and governments are interested in assessing quality of service on a more immediate timescale. Because child welfare outcomes can take years to reveal themselves, if ever, the “outcome” which the Ministry judges to be successful is the filing of documentation, the completion of which is done according to Ministry timelines.

The increased documentation required by ORAM (which continues today under language which speaks of “Transformation” and “resilience”) also prompted the rapid expansion of every Children’s Aid Society in the province in order to attempt to keep up with the greatly increased workload, which blossomed almost overnight. This new system meant millions more had to be spent on everything from the numbers of children in care to staffing to infrastructure (OACAS, 2001).

During the ORAM years demands on direct service workers had become unmanageable (Rivers, Trocme, Goodman, & Marwah, 2002; Brade, 2007). From about the mid-1990’s, referrals, investigations, substantiations and children admitted to care almost doubled (see also King et al, 2003). The Ministry of Children and Youth Services (2005) reports that in actuality these numbers had nearly tripled. Response to these increases meant that CAS agencies in Ontario were forced to increase staff exponentially, and therefore operating costs increased by large margins as well (both for overhead and for caring for children in care). Fifty of the 52 Ontario CASs ran deficits in each budgetary period during 1993 to 2003 (Cameron & Freymond, 2003; Liston in King et al, 2003; Brade, 2007).

Baines (2004) points out that part of the reason for the massive paperwork requirements is the tendency for new documentation to be added in addition to what was (and is) already in place. In other words, efforts at increasing accountability and transparency in casework means more paperwork, and this is never 'instead of' but always 'on top of' existing requirements.

### **Rationale Behind Increased Vigilance and Increased Documentation**

One reason identified in the literature for the increase in accountability measures is the management of risk to agencies:

Governments and the media are focused on adverse outcomes and mistakes, and when things go wrong they both require precision in the identification of who is responsible. As a result, most helping professions now work within a system that perceives ...every death as chargeable to someone's account, every accident as caused by someone's criminal negligence, every illness a threatened prosecution. 'Whose fault?' is the first question. (Green, 2007, p. 405)

Green (2007) goes on to state that professionals (such as social workers) are increasingly required to control the risks associated with the clients they serve, and if they cannot do so the professionals themselves become suspect. In this way, the increase in the concept of "risk management" accompanies a decline in confidence and trust in professionals --- particularly those professionals who operate in grey areas and "fail to deliver perfection" (Green, 2007, p. 406). Green (2007) indicates that

(A)s the demands for administrative accountability and documentation increase (accompanied, paradoxically, by growing uncertainties in the work to be done), the more service providers and professionals feel the necessity to build conservative, controlling, and defensive procedures against risk. This process is 'resource intensive and results in an over-emphasis upon identification and assessment' ... generally at the expense of intervention, support, and treatment (p. 406).

Increased systems of documentation are also tied to funding structures. As previously stated, in Ontario agencies are funded on the basis of completed paperwork. The advent

of ORAM's funding structure continues to affect how agencies and social workers are constrained in their ability to intervene.

Documentation and auditing processes purport to be protecting clients, however the concept of "risks" becomes blurry, until the distinction between risk to the client and risk to the agency is very unclear. Green (2007) states that the intrusion and restriction of both clients and professionals via processes and procedures may in actuality be agencies' efforts to protect themselves from bad publicity and the rising costs of practice as opposed to any desire to keep clients and communities safe. The focus has become increasingly administration-oriented and documentation has mounted in attempts to leave a paper trail which points to "defensible decisions in casework" (LaRose, 2009, p. 224).

### **Judgment on Quality of Work as an Impact on Frontline Practice**

Documentation has become the substitute for professional judgment, and completing this paperwork according to Ministry standards has become synonymous with "quality of service". In fact, child welfare has become so focused on completing the documentation within the timelines set out by the Ministry that in some instances clients are not seen (or visits are cut short), human crises are pushed aside, and children are left in tenuous circumstances in order that child protection workers can concentrate on and complete the paperwork associated with the human beings they are supposed to be helping. Some have estimated that due to documentation requirements, less than 30% of workers' time is spent in direct contact with clients (OACAS, 2001; Collings & Davies, 2008). Cameron and Freymond (2003) concur, and state that

...69% to 71% of direct service workers in three children's aid societies estimated that they spend less than 35% of their time working with families. Indeed, in two of these agencies, 40% to 50% of direct service workers believed that they spent less than 20% of their time contacting families. Most spent the majority of their time satisfying the legal and procedural recording requirements of their job. (Cameron & Freymond, 2003, p. 19)

Jones (2001) had similar findings in the UK:

The issues ... raised time and again, included anguish over the growing intensity of bureaucracy and paperwork (which 20 years ago was estimated to occupy 30 percent of a social worker's time compared with 90 percent for a community care social worker today) (together with) the speed up of the work and the prevalence of poor and sometimes aggressive managerialism. (p. 552)

### **The Loss of Relationship**

The new emphasis on information gathering means that relationships, long the central focus of social work, are becoming secondary if not disappearing altogether (Parton, 2008). This shift is of concern, given the importance of relationships to social work practice. "Unlike processing inanimate material, work with people is done in the context of relationships that are not just the backdrop to the work, but a central element and condition of success" (Aronson & Sammon, 2000, p. 168; see also Ruch, 2005). Green (2007) states that case management has replaced casework, and institutional compliance has replaced "the healing, supportive, and empowering relationships" (p. 403). Risk assessment, in the form of notions of actuarial risk, "armed with the authority of objectivity and numbers, allows governments not only to narrow services by both eligibility and scope, but also diminishes the need for individual therapeutic and caring relationships" (Green, 2007, p. 403).

The AAR can be considered one such resource intensive and defensive procedure --- these documents require several sessions and several hours to complete, and reduce the social work interaction to a series of tick-box responses to set questions which attempt to examine every aspect of the life of the child in care.

### **The Assessment and Action Record**

Children's Aid Societies in the Province of Ontario introduced a new approach in 2000 (implementation began in 2002) to support Crown Wards in their care. Referred to as the "Ontario Looking After Children" approach (OnLAC), this approach aims to assess the resilience of children in care by measuring indicators on seven domains of development. Ontario's Looking After Children approach is borrowed from England's "Looked After Children" concept, which was introduced in that country in the 1990s. England's concept included several forms of documentation, which were adapted for use in Ireland, Scotland, and Australia prior to Ontario's adoption of the approach. However, Ontario adopted only the Action and Assessment Record (more recently the Assessment and Action Record), and adapted it for use in Canada.

Underpinning the OnLAC approach is the idea that children in care possess many strengths, and that their resilience can be bolstered by the services they receive. It is pointed out by Lemay and Ghazal (2007) that even children who experienced trauma and hardship in the form of the concentration camps during World War II were able to overcome this early deprivation and go on to lead productive lives with healthy relationships. It was felt that by using a developmental approach (that is, addressing the seven areas of development in a positive way which focuses on the outcomes of intervention) toward children in care, action could be taken to address areas of need.

The "Looking After Children" materials were introduced for use in Ontario in approximately 2002 (widespread use did not occur until about 2006), having been in use in England for some time. As previously stated, the main document utilized is the Assessment and Action Record (the "AAR" – prior to 2010 known as the Action and Assessment Record), which is comprised of some 33 pages of questions which cover seven domains: education, health, identification, family and social relationships, social

presentation, emotional and behavioral development, and self-care skills (and a further 33 pages intended for goals and plans to be laid out concerning each domain). Each domain asks the respondent to rate a number of questions on a scale, and the AAR requires personal information on the child, the child welfare worker, and the foster parent caring for the child. These documents can take upwards of five hours to complete with and for each child, and primarily consists of questions with a set selection of answers. There is no way to qualify or alter the set answers, thus rendering the interaction and assessment a “tick-box” document. While there are pages for planning care within the AAR document, these are not the focus. In my view, they are more like ‘scratch’ pages, and have no bearing on the information submitted to a University of Ottawa study (which requires the “feeding” of the pages into the reader which registers only the tick-box answers), which tracks the AAR information. Garrett (2003) deems the AAR to be of a “rather alienating format” (p. 455).

Flynn (2008) uses data gleaned from the Assessment and Action Record to make assertions about the presence of developmental assets within children in the care of the province. The data from the AAR is calculated and analyzed as an aggregate (which is sometimes then reconstituted and reported by area and individual CAS). Pantin & Flynn (2007), perhaps not surprisingly, in surveying youth, foster parents, and child protection workers utilizing the AAR, determined that they all found the AAR information useful in formulating plans of care and in supervision. Beyond these preliminary studies, which have been solely the domain of those implementing the documentation, the AAR has received no independent research and there has been no critique in the Canadian forum. Therefore, the critiques and studies examined in this study have been those out of England.

The Looking After Children approach involves the ongoing assessment of children in care through the use of the Assessment and Assessment Record (AAR), which is defined as a 'practice tool'. The AAR is seen as a means to keep track of the progress of children in care and to ensure that efforts are directed toward areas which require attention (Lemay & Ghazal, 2007). The Canadian version of the Assessment and Action Record, which forms the major documentation involved with the Looking After Children approach, uses several questions for comparison from the National Longitudinal Survey of Children and Youth (NLSCY), "a long-term study of Canadian children that follows their development and well-being from birth to early adulthood" (Statistics Canada, 2010). The Ontario Looking After Children approach is based on research findings (Legault, Flynn, Artz, Balla, Cole, Ghazal, Lemay, Petrick, Poirier, & Simard, 2004) that suggest that children in care may do as well as children who are not growing up in care in many areas of development. It was felt that by tracking children's progress through the Assessment and Action Record (the "AAR"), child welfare services could begin to make up the ground lost by children who have been traumatized and/or deprived in their families of origin (Legault et al, 2004).

The research conducted regarding the original Looked After Children scheme (out of England) and accompanying schedules and checklists indicated that

(W)ith LAC, parents who were not in contact with social services, in just two local authorities, took part in this research activity: this 'community study' also excluded the parents of children under the age of 3 and children were 'clustered' around particular age-bands ... Significantly, in the light of problems later encountered in relation to the use of AARs with disabled children, this school-based study also excluded 'special schools' attended by children with a range of physical and educational 'special needs'. (Garrett, 2002, p. 836)

Garrett (2002) goes on to underscore the importance of the above by pointing out that in England at that time approximately one-quarter of the children in care had disabilities. This number remains valid both in England and in Canada, and so has

bearing on the use of the AAR today. In addition, those parents who chose not to participate in the original community study above were described as ‘deviant’ in those results, and Garrett (2002) felt that arguably those families whose children are similar to children in care (behaviorally or developmentally) might be less willing to take part in such a study. The data which resulted from the original community study regarding the use of the AAR may have biases which favor functional families since these were the participants willing to be interviewed.

The categories which are contained in the AAR are predetermined to be the areas in which it is in the child’s best interest to progress, and the relationship with the child is discounted. In my opinion, the idea is that anyone can utilize the AAR to work with any child and the results will be the best possible outcome. Intuitively (and practically), this is not the case, however the completion of the AAR is not optional. It should be noted that a document which is mandatory and which is delivered to a third party with no exception ceases to be a “practice tool”, which is terminology that suggests that it is optional.

Francis (2002) indicates that while the “Looking After Children” concept was evaluated somewhat in the Scottish context, the experiences of professionals and those actually looking after the children involved were what were used as information, and that the viewpoints of the children in governmental care were not solicited. In the Canadian context, there continues to be a distinct absence in terms of the input that youth had in the implementation of this concept and documentation, and in the lack of control in how the data produced from the Assessment and Action Record is used, disseminated, or validated. The “authority” (in the form of the Ministry of Children and Youth Services) is, it appears, deemed to be the expert on what is best for children being cared for by the state, while at the same time calling for the voices of children to take a central role in how

they are cared for. This dichotomous, often confusing command, that is, merely stating that the viewpoint of youth in care is valuable, but then not making those opinions central to the recommendations for future research, change, or practice, indicates that the Ontario government feels that knowledge and expertise is located within those in authority and (possibly) academia, but not within the youth themselves. It is really paying lip service to the concept of participatory action, research, and the voice of those most intimately involved. The AAR was and is not, ultimately, based on the youth's own definitions of social reality. Noble (2004) points out that children are among the voices of the silenced, along with groups such as indigenous and differently-abled people, and that such voices are critical in reducing the perceptions of social control and manipulation that social work has long been noted for.

Legault et al. (2004), in defense of the AAR, state that the LAC approach "is based on a developmental model and is designed to promote optimal outcomes for children and youths across seven dimensions of development: health, education, identity, family and social relationships, social presentation, emotional and behavioral development, and self-care" (p. 160) (see also Garrett, 1999a; Knight & Caveney, 1998). However, there is no indication in this article as to how the Assessment and Action Record (the AAR), beyond monitoring in these areas (which involves self-reported answers to preformatted questions) promotes optimal outcomes. "Used on a yearly basis, the AARs enable child welfare workers and caregivers to pinpoint children's and youths' individual needs, enhance the timeliness of the services they receive, and improve their developmental outcomes" (Legault et al, 2004, p. 161; see also Parker, 1998). Again, beyond merely stating that this is the purpose of the AAR, the authors give no evidence that this document does in fact enhance the care of children being cared for by the State, nor is there evidence that this tool serves the purpose for which it purports to be intended.

The authors say that the AAR has “an added benefit . . . allows ready assessment of the degree to which a particular child or group of children have attained positive (i.e., resilient) outcomes in the face of adversity” (Legault et al, 2004, p. 166), but do not speak to what resiliency looks like for children who have experienced trauma and are being raised in the child welfare system, nor do they give a definition which might assist the reader to understand how the AAR assists in providing resilience-enhancing services for children in care, and/or how their outcomes will be different through the use of such a measurement.

Grover, Stewart, and Broadhurst (2004) state that there has been an uncritical acceptance of the main principle and ideology of LAC, which is that ‘good parenting’ inevitably leads to ‘good outcomes’ (see also Kufeldt, Simard, & Vachon, 2003). These authors go on to question how the determination was made as to what constitutes ‘good parenting’, and whether the appropriate rigor was employed in collecting evidence (if any) which made this determination. The proponents of the AAR are called to critically interrogate the normative claims made within this document regarding what constitutes ‘good parenting’ (Garrett, 1999a; Garrett, 1999b; Garrett, 2002; Grover, Stewart, & Broadhurst, 2004; Knight & Caveney, 1998).

The AAR uses assumptions which children and workers are forced to estimate, such as “what is reasonable? What is adequate? What is inadequate? . . . whose definition should be used?” (Knight & Caveney, 1998). Furthermore, users of the AAR are called to question whether, in current financial climates, it is possible for corporate parents to meet the needs of each and every child. Knight and Caveney (1998) make the argument that beyond the financial, the relational aspects of working with children in care are key, and that this aspect is hindered by the all-consuming focus of cash-strapped agencies on the monetary aspects of caring for children in the current system.

The AAR appears to be just another form of monitoring and another branch of the audit. Munro (2004) points out that “(T)he outcome of the audit process is an opinion ... (H)owever, it is difficult to validate the reliability of that judgment against objective evidence; it is essentially evaluated against the consensus on good practice within the auditing profession” (p. 1079). In other words, audit compares apples and oranges: the quality of human services are being weighed using a positivist, numerical framework which does not lend itself to the vagaries, inconsistencies, and unpredictability of human existence, which is the space occupied by social work. What’s more, Knight and Caveney (1998) point out that “.. a model of working in partnership with children and families is potentially damaged by a checklist ‘identification of problem’ approach” (p. 31). Garrett (1999b) states that “..the task of caring risks becoming entirely formalized, dispassionate, and merely functional and ... LAC will increase this danger” (p. 43).

### **The Child Welfare Social Worker and the AAR as Documentation**

An issue of concern in the profession of social work itself is that workers who learn early in their practice an unquestioning adherence to the mandate of excessive documentation are effectively inoculated against agitation and advocacy in this area, which serves only to oppress the clients and themselves with the hidden discourse of such documentation (Pare, 2004). “(A) hidden ideology of oppression infuses social work recording practices – an ideology that seeps into daily work through the repetition and replication of documentation habits learned uncritically during initial practice” (Pare, 2004, p. 76). “Clearly, when producing professional documents, social workers do more than record: they select, arrange, interpret, imply, hypothesize, infer, categorize, simplify, and on and on. They do not merely relay information, they *create* re-presentations” (Pare, 2004, p. 83).

Powell (1994) points out that individual workers are not the issue; rather, the policies and documentations which characterize these organizations are the root of the problem. I submit that it is the entire system, with some Children's Aid Societies being better than others, which is causing workers to struggle with their commitment to this field. "...(W)orkers, not organizations, are described as being "burned out", and as long as the problem is symptomatically described by means of such terms, the workplace milieu will avoid scrutiny and the so-called shortcomings of individual workers will remain the focus of remediation" (Powell, 1994, p. 230). In other words, the inability to keep up with the paperwork and meet the impossible deadlines imposed by the Ministry -- while at the same time providing service as best one can -- is the fault of the individual worker, who is chastised for not being good at "time management" (Aronson & Sammon, 2000; see also Craig, 2007, who found that hospital social workers are largely in the same situation), while the organization and system itself is not called into question. Jones (2001) found that "...most of the negative stress and frustration came directly from the agency and not the clients" (p. 551). Rigid and inflexible documentation such as the AAR contributes to the stress and frustration experienced by social workers in the field of child welfare.

Jones (2001) states that, in criticism of the findings of other researchers, social workers'

... problem in terms of delivering effective service to clients was not hindered by lack of knowledge and limited access to the latest research but by their agencies' practices, procedures and budgets. In many cases it was because they knew what social work ought to be doing that added to their stress. (p. 550)

Increased focus on documentation may lead to what Powell (1994) terms self-estrangement: "...the sense that one's labors have no relationship to one's sense of self" (p. 230), and many workers find the paperwork meaningless if they are unable to actually

assist people. In fact, Powell (1994) found that “(P)owerlessness and isolation may increase a sense of frustration and futility, but self-estrangement and lack of meaning in one’s work may provoke a different form of psychic distress that more potently evokes symptoms of burnout” (p. 233).

As so much of the work in child welfare revolves around the documentation and description of the individuals we are working with, the methods of gathering the information and description becomes salient, particularly when one wishes to engage in critical, reflective practice.

### **The AAR as Supervision (of Social Workers and of Children in Care)**

The Looking After Children approach, and in particular the AAR document, is considered to be a reflection of the dominant authority’s distrust of social work and the ability of this profession to perform the task of governance and control over those deemed a threat to the privileged in the current social order (Garrett, 1999a). Such documentation not only permits the supervision of the lives of children in care, but also the supervision of the performance and compliance of the social worker involved with each child.

Children in care (and the workers who deal with them) require such minute supervision because they have been regularly deemed to be threats to communities, and at risk of offending against society, notwithstanding the evidence that such behavior may be the result of maltreatment and/or the product of being in the care of the state (Garrett, 1999a). “Concerns are also expressed about how the AARs, when viewed alongside developments relating to youth justice, could be used as aids to facilitate the surveillance, screening and profiling of this group of young people” (Garrett, 1999a, p. 291). Garrett (1999a) calls on social workers to question the civil liberties aspects of the Looking After Children scheme, and in particular the unequal power inherent in the research project associated with the Assessment and Action Record document.

For example, one of the questions asked in the AAR is whether the child's appearance is acceptable to children, to adults, or to children and to adults. This forms a very subjective query, however the three choices are the only responses permitted. "The encompassing framework for the entire approach appears, in fact, to be characterized by a somewhat crude endeavor to produce children who will *fit* when they become adults" (Garrett, 1999b, p. 41).

### **Situating Myself in the Research and Current Study**

Issues of consent to participate in what is, at its core, research (both at its inception and currently) are of salience to me as I explore the AAR and its use with the vulnerable population of children in the care of Children's Aid Societies. Among the many pages of the AAR document, nowhere is there acknowledgement of the research aims underpinning the questions, nor is the consent of the child ever sought or obtained. Rather, the child's worker "signs off" on the form as an agent of the parent of the child (the Children's Aid Society who has custody and care of the child). In the ordinary process of obtaining consent to participate in research, the consent of the parent is sufficient, however children in public care form a vulnerable population who require increased protection and shielding from exploitative processes. It seems to me that the child welfare system itself takes advantage of such children by requiring the completion of the AAR document, and leaving no room for refusal to participate by the child (or by the child's worker, who may have some of these same concerns). I am interested in whether youth understand that their information is being used in research, where they believe this information (often very intrusive) ends up, and how they feel about it. Previous Crown Wards, who have become inured to paperwork (having been in care for several years), may feel that refusal to complete the AAR with or for their worker may

constitute non-cooperation and they will be penalized. I worry that pointing out the research aspects of the AAR questions might have caused my participants to be concerned about the struggle between full consent and not wanting to “lose” the support and goodwill of the agency they are connected with. I hoped to be able to allay their fears, but for those who had never heard the AAR described in this fashion, or who had not thought of the drawbacks (my questions may have triggered further and deeper thought in themselves on this issue), they may have been anxious needlessly as I will not reveal their identities to their home agencies, and one would hope that should they refuse to comply with the AAR in the future they would suffer no recrimination.

### **Struggles with Accuracy of the AAR as it Serves to Inform Policy**

The AAR, in its current form, in no way ensures that evaluations made given the data produced by the AAR are accurate or reliable. From blatant lies to mistaken assumptions, workers are directed to record the answers of the child as they are given, regardless of the knowledge that the information is inaccurate, or the inability of the child in many cases to really understand what is being asked. It appears to me that the AAR is a failure in terms of obtaining the viewpoints of children in care regarding their own assessment of their progress (insofar as their answers may not be precise or even correct), but also in terms of obtaining accurate data and feedback which is used to inform policy-makers on the state of children in public care. Therefore, how accurate are the answers which form the data, which in turn informs policy? And what does that mean for decisions which are made around funding formulas and policy objectives when the information is not necessarily accurate? And what of issues of consent in gathering sensitive information which is then passed on to people and organizations unknown to the child? Francis (2002) refers to several researchers other than himself who believe and state unequivocally that the AAR is an instrument of research (and according to Garrett

(1999a), it appears that this was its initial purpose, despite claims to the contrary), which provides aggregate data on children in care, data which is used as a measurement of performance and which in turn informs the targeting of increasingly more finite resources. Third (2000) indicates that it should be considered unethical to interview people for research purposes against their will, and, in my opinion, the same principle should be applied to children in the care of the state. This should not be assumed to be a benign process, however this is the current state of affairs regarding the Assessment and Action Record as it is used when dealing with children in the care of the Province of Ontario, whether such care is temporary or permanent.

What would be foremost in the minds of critical researchers who use qualitative methods (I predict) would be: where is the voice of the youths in care with regard to the implementation and evaluation of the Assessment and Action Record? Input into the instrument itself has been sporadic and minimal, and certainly there is very little in the extant literature regarding the experiences of youth in using the AAR, how they feel about answering the questions contained in it, and where and how they understand this information to be used.

### **The AAR as Derivative of Evidence-Based Practice Argument**

My aim within this thesis research is to contribute to the knowledge base around how Crown Wards feel about the content and use of the Assessment and Action Record (AAR) in working with them as they grow up in care. In my experience, the AAR has become something of a “gold standard” in terms of narrowing the focus on what is considered to be the aspects of the lives of Crown Wards which are important. When interventions (such as those produced by the information gleaned from the AAR) are considered the “gold standard”, such as those proffered by the Evidence-Based Practice framework (Graham & McDermott, 2005; Witkin & Harrison, 2001), we can end up

blaming the client for not getting better (or in the case of Crown Wards, blaming them for not seizing upon what are perceived to be the opportunities inherent in being a ward of the province). I have an interest in wishing to improve stability for children in long-term foster care, and in seeking out and making central to our process and practice the voices, experiences, and opinions of children in care, particularly Crown Wards for whom we as agents of Children's Aid Societies act as parents (admittedly in an institutional, less-than-ideal environment). It has long appeared to me that the legislation and local policies pay lip service to the concept of obtaining the views of the child. However, once we have obtained the child's opinion (or a very restricted version of such), and can demonstrate that we have, we go ahead and make our decisions on behalf of the child without much further thought being given to the content of the child's viewpoint. It simply isn't given any weight, and so efforts to keep the child central to the process are largely a hollow exercise, mainly due to the extensive and rigid timeline and documentation requirements which do not allow for changes or alterations to them.

Standardized measures tend to produce information that is decontextualized (Ahmed, 2007; Knight & Caveney, 1998). One learns about the client but doesn't get to know the client themselves. This is the central tension for me with regard to the AAR documentation, as information gathering takes on its own purpose. It gives the illusion that we can objectively know people on paper, and predict their future behavior from that. Social workers should be disturbed by this notion, as Evidence-Based Practice (the AAR is an offshoot of this concept) means aligning yourself with science as opposed to the client. This flies in the face of the precepts of social work altogether. Furthermore, the concept and discussions around social justice do not seem to have a place in Evidence-Based Practice. Evidence-Based Practice directives are very much aligned with the positivist approach, which embraces the objective measures, and is quantitative

(mathematical) in nature. Witkin and Harrison (2001, citing Webb, 2001) state that “...uncritically embracing the basic assumptions of EBP would be incompatible with the reality of social work practice, which is a reflexive, interactive, and rather unpredictable rather than regular and ‘rational-technical’ process” (p. 294). Plath (2006) echoes this opinion, and suggests that the word ‘evidence’ itself implies “authority, legitimacy, and statement of fact” (p. 62), and that while social workers do use ‘hard facts’ in practice situations, they also draw on less tangible knowledge, experiences, and individual information in order to make practice decisions. The AAR, as research-driven documentation which requires a positivist approach and which relies on the Evidence-Based Practice concept for its justification, feels like an attempt to overlay social work with science and in doing so attempt to legitimize work in the “gray” areas and marginalized spaces within which social work moves.

### **Aims for this Research**

I am planning to disseminate the results of this study, because part of engaging in critical social science is having such results taken up by community agencies, Children’s Aid agencies, refereed journals, and Ministry officials in order to influence change in the form of local and provincial policies. In engaging in this research, I anticipate that I will have had an effect on participants, and that they and the study will have an effect on me -- - it is difficult to work with children in long-term care and in a child welfare environment and remain unaffected and unscathed by the stories one encounters in day-to-day practice and in research. I debriefed as much as possible and I have kept a research diary so that I can examine the effects generated and received, and I have used these observations in my analysis of the data gathered. I utilized professors and contacts in order to test ideas and gain insight and/or learned opinions regarding the direction of my research. My ultimate

goal in conducting this research is to gain insight into the experiences of Crown Wards, specifically with regard to the utilization of the Assessment and Action Record as a mandatory recording and research document within the Ontario Looking After Children regime which currently holds sway with the Ministry of Children and Family Services. I wish to make a contribution toward making the voices of children in care central to the process, and toward examining the concept of consent in terms of the AAR as a research instrument. I would also like to make it evident to those using the AAR (workers, managers, policy-makers, etc.) that this is a research instrument and that issues of full and informed consent should take a central role when dealing with the information obtained by this instrument. I believe I can make a small contribution toward this end by a detailed examination of the AAR and by having interviewed those who are most affected by the policies and practices which result.

## Chapter 3

### Methods and Procedures

#### Methodology

In terms of the methodology used in the current study, the struggle between positivism and interpretivism is evident, particularly when consideration is given to the documentation required in the field of child welfare (such as the AAR) which is numerical and positivist in nature. Positivism is the belief that everything is observable and measurable, and that truth claims can be made about such observations. This is the oldest and most well-known research approach (Neuman, 1997). Positivism is mathematical and numerical: things and behaviors can be counted, mathematical equations can be used on these counts, and fundamental truths about the thing being studied can be claimed. Predictions about human behavior can be made based on such observations (Neuman, 1997). Positivism claims that truth is a “hard fact”, and that truth is the same for everyone, everywhere. Positivism also strongly upholds a belief in the tangible, observable, and measurable. These things are the same from person to person, and there is one truth which does not change.

The field of social work tends toward a social epistemology, which is the recognition that when knowledge claims are made, they are coming with biases (Dr. S. Greene, personal communication, September 22, 2010). Truth and reality are socially constructed, and are always up for debate. In other words, while positivism has a place within social work research, it can be difficult to reconcile the absolute claims made by positivism with the epistemology that all observations (and observers) come with biases and that truth is socially constructed by each person and by each group.

Interpretivism holds that observations are indeed related to reality, but these theoretical viewpoints don't necessarily claim that the reality as it is observed is the truth

(Dr. S. Greene, personal communication, September 22, 2010). “Interpretive researchers want to discover what actions mean to the people who engage in them . . . (I)ndividual motives are crucial to consider even if they are irrational, carry deep emotions, and contain false facts and prejudices” (Neuman, 1997, p. 70). Interpretivism states that “facts” (individual realities) are fluid, and truth is negotiable, depending on the people involved and the situation encountered.

The aim of interpretive social science is to observe in order to tell a story or create a theory, not to create change. As pointed out in Neuman (1997, p. 69), “(F)or interpretive researchers, social reality is based on people’s definitions of it. A person’s definition of a situation tells him or her how to assign meaning in constantly shifting conditions”.

My own study is interpretist in form, with the goal having more of a critical social science nature. The distinction between interpretive and critical social science is important, as the goal of the critical viewpoint is social change, while the interpretive stance does not hold this aspiration (Dr. S. Greene, personal communication, September 22, 2010). Critical social science often uses interpretive studies (which tell a story or create a theory) to inform critical research, however takes the story much further and seeks social justice through societal/communal change (Dr. S. Greene, personal communication, September 22, 2010). It is in the critical area that I would like to conduct my research, as I would very much like to effect change in a way which Crown Wards would find meaningful and beneficial to them, however one of my struggles is that for this Master’s-level research, at least, there is a time constraint and therefore an inability to spend a few years researching and interviewing, and making contacts which will mean that my research might fall into the hands of those able to make such change. However, my hope is that I can disseminate my findings, even if only locally, and speak to the

issues of ensuring the voice of those most affected by the Assessment and Action Record and other OnLAC instruments (as they become extant) is heard and taken into account.

### **Conceptualization of the Research Question**

My research examines how the Assessment and Action Record is experienced by the Crown Wards with whom it is used, and specifically whether they find it problematic that they were not consulted in its development or institution, and/or that extensive research is being conducted on them via this document and without their consent. My analysis is intended to obtain those missing viewpoints and opinions, and to correct this oversight in some small way.

Becker (1998) reminds us not to enter into research, particularly in a qualitative manner, with preconceived ideas of the results we will encounter when we gather information in the form of interviews. The narratives offered by the participants should be analyzed with a fresh outlook, all the while ensuring that we take into account our own biases and assumptions so as not to have these enter into the analysis without due consideration (Maxwell, 1996; see also Marlow, 2005). I guarded against the tendency toward my own biases by ensuring that I was not asking leading questions of the participants, I debriefed frequently with peers, and I used research supervision to keep a check on whether I was standing back and viewing the interviews and analysis with a fresh outlook not unduly influenced by my own experiences and opinions.

Interviews structured in an open-ended way create the opportunity for the participants to insert their own stories and opinions into the analysis of the experiences of Crown Wards in my particular research:

...the storied qualities of qualitative textual data ... enable the analyst to consider both how social actors order and tell their experiences and why they remember and retell what they do. The structuring of experience can hence be analyzed alongside meanings and motives. (Coffey & Atkinson, 1996, p. 57)

Baines (2007) suggests that in order for research to withstand public scrutiny, and in order for it to validate the needs of the participants (if one's purpose is emancipatory knowledge) and possibly liberate needed resources, research methodology must legitimate recommendations by harnessing the voices of participants and stand up to scrutiny. Qualitative research in the form of interviews interpreted using my own experience and judgment, but which contains the points of view of the participants is such a methodology. These interviews were analyzed to help me understand how the participants understand the AAR, and this analysis will, hopefully, increase knowledge of the experiences of Crown Wards with respect to the information which is gathered and stored about them.

To this end, I asked direct questions of the participants in my research. I asked questions such as: what has been your experience using the AAR? Do you think the AAR questions help your worker to understand/work with you? In what ways? How would you change/improve the AAR? Are there questions in it that you would like to change? Are there things you would like to have known about you that are not contained in the AAR? What do you feel is the purpose of the AAR? Do you know what happens to the information that you give in completing the AAR? Were you asked if it was OK to pass on this information to others at CAS? To the Ministry? To the University of Ottawa? Participants were asked probing questions interspersed among the main questions, and were permitted to answer each question for as long as they wished, and with as much information as they cared to provide. Participants were also given the option to choose not to answer any question during the interview.

## Participants

I recruited participants via a letter of information and poster which explained my research and listed two telephone numbers with private voicemail to contact me. Former Crown Wards who had attained the ages of 18 to 20 were targeted, as I was aware that youth who “aged out” of the system would have been in care for several years and would have encountered the AAR many times throughout this time. Three Children’s Aid Societies within driving distance of my home were enlisted to pass on copies of the letter of information to their youth, who then decided on their own whether they wished to participate. Participants contacted myself and left a message, which I responded to within a few hours. I arranged to meet the participants alone at a location of their choosing. With permission, the interviews were digitally recorded for transcription later. I gave the participants assurance that their identities (and the agencies they were associated with) would not be divulged, and no one would know who participated unless the participants themselves chose to tell someone. As a token of my appreciation, the participants were given a \$20 - \$25 gift card to a local grocery store (one chose a music store gift card), and three were also purchased lunch at a local fast-food restaurant.

I completed four interviews. The participants consisted of three males and one female, three were 19 and one was 20 years old. Two of the participants lived in small towns, one in central Ontario and one in Southwestern Ontario, one lived in a large city, and one lived in a smaller city. Two of the participants lived with extended family, one lived on their own with a roommate, and one lived alone. One of the four had graduated high school, and one was working part-time. None of the participants held full-time jobs. One was going on to post-secondary education (was registered to do so) within a few months of the interview. Two interviews were conducted in the homes of the participants, one was over the phone (the interviewee lived four hours away by car), and

one interview took place in a private room booked by the researcher. A fifth interview was scheduled to occur, however the participant decided to opt out of the study.

This small sample size was used in order to obtain a deeper understanding of the experiences of former Crown Wards in the utilization of the Assessment and Action Record as it pertained to their care while under the auspices of their own Children's Aid Society, and consisted of a convenience sample of self-selected participants.

The research for this thesis, together with the letter of information, poster, interview schedule, and recruitment method, were approved in advance by the McMaster Research Ethics Review Board.

### **Data Collection and Analysis**

I conducted semi-structured interviews for this project. Each participant was asked (in general) to talk about their experiences using the Assessment and Action Record, who completed it with them, whether they were aware of where this information ended up and with whom it was shared, and whether there were changes or additions to this document which they would like to have seen made.

The interviews lasted between 30 and 45 minutes, and with participants' permission, were audiorecorded. Prior to recording, I explained what would occur during the interview, and I gave the participants the opportunity to ask questions to determine if they were still willing to be interviewed for this study. Once I turned the digital recorder on, I again encouraged the participants to speak freely and to ask any questions as the interview went on.

I discussed the concept of confidentiality with the participants, and explained that I would make every effort to ensure their identities would not be revealed. I assured the participants that their interviews would not be stored by name, and that I would be

transcribing them myself so as to further enhance confidentiality. In addition, I stored the interview files on a passworded computer file, and I erased them following transcription and analysis. Any quotes used in this thesis or in future work will not contain identifying information.

Following the interviews, I again encouraged the participants to ask any further questions they had, and in some cases they divulged information on various topics some time after the digital recorder was turned off. For those occasions, I took notes so as to include this information in the analysis which would not show up in the transcription. I informed the participants that if they wished to have it, a summary of the research results would be forwarded to them and that they could withdraw from the study at any time (and their information would be destroyed) up until two months before my thesis completion date (following which it would be impossible to separate their information from that of other participants).

The final results will not necessarily connect with the understandings of the participants with regard to their information, as the analysis and results are shaped by my own thought processes, experience, and background. The analysis consisted of examinations of patterns and themes around the participants' narratives of their experiences and opinions with the Assessment and Action Record. Excerpts of the interviews were pulled out as direct quotes, where it seemed to provide context to do so, and where confidentiality would not be compromised. Where it appeared that confidentiality might be at risk, certain details were altered; however, the opinions of the participants were never changed or misrepresented.

## Chapter 4

### Results

Issues of input into the development and implementation of the Assessment and Action Record, and issues of consent to the utilization of the information contained in it with regard to research did not appear to be salient for the former Crown Wards who participated in the interviews for this thesis (Francis, 2002, indicates that youth in care have reason and a right to expect to be more involved in policies and practices which involve their care). Rather, other concerns came to the forefront as the interviews were analyzed.

The main themes which came out of my analysis were: the hope that the information contained in the AAR will lead to the child's specific social worker knowing more about that particular child, and that other Crown Wards might benefit; lack of knowledge of ability to refuse to answer questions contained in the AAR; and a willingness to answer the questions in the AAR (as a function of being a child in care) as one more document under CAS. Across the board, as well, the participants in this study stated that the AAR document is too long, contains too many questions (many of which seem to ask for the same information in a different form), and is tedious to complete.

#### **The Hope of Information Given**

The participants all assumed that the information they gave via the AAR would be used to assist their worker and others within their CAS agencies to get to know them better, and in this way be in a better position to help them.

When asked what he/she thought the purpose of the AAR was, one participant answered: "(M)y opinion would be to help the worker and the agency overall to get to know the person that's filling it out ...", and "...I don't know what they do with it (the AAR information), but they could be using it to help out the CAS ..."

One thought it very interesting that his/her information was being provided to the University of Ottawa so that, as an aggregate, more would be known about all Crown Wards in Ontario.

Another participant felt that it was very useful to be able to set goals for themselves and for the worker by utilizing the sections in the AAR: “(the AAR) helped me out with ... made clear sense of myself, and ... helped me out with ... setting my goals for myself and what I should actually be focusing on ...”

Two participants both assumed that more information meant more and better service: “(L)ike maybe to understand us, to help us, to help the foster parents understand kids better ...”, and

it’s basically more about the child ... and you learn from ... their experiences and pretty much .. what they’ve gone through and stuff like that ... so you can learn to help them easier ... it helps the workers and the foster parents, and whoever is around you while you do it .. it gives them more of an idea of what you’re like and what it has been like for you ...

### **Lack of Knowledge of Refusal**

Knight and Caveney (1998) point out that the AAR document serves to underscore the bureaucracy inherent in the relationship between the child and the local authority responsible for his or her care. In my experience, children in care, as a rule, are not in favor of things which draw attention to the fact that they are in care, and they find the repetition and scrutiny involved in checklists and documentation distasteful (Knight & Caveney, 1998, concur). The AAR is a major source of such repetition and scrutiny, and is not a normal requirement for children growing up in their families of origin: only children in the care of the state must submit to this.

One participant stated “..I figured well, they gotta be done, I might as well do it without really worrying about it ..”. This statement indicates that this participant was not aware that he/she could refuse to answer part or all of the AAR document if he/she so

chose. Another participant, when asked if there was a time he/she didn't want to answer a question, said "...pretty much the whole thing 'cause I didn't really want to do it ...". A third participant, once the interview had ended, commented that he/she did not know that the AAR was optional --- when I stated that sections of the AAR are not optional for the worker, that they were required to fill out their portions every year, the participant asked, "But I could have said no? I didn't have to answer those questions?" I replied that he/she was not under obligation to complete the AAR, it was requested by the Ministry, and this individual worried that their worker might have gotten into trouble if he/she had declined. I assured them that their worker would have been able to explain in the margins that they had declined at the time, and no one would have gotten into trouble. The participant seemed pensive at this news.

It is interesting to note that one participant thought the AAR is used to "keep tabs" on Crown Wards, in case there is a criminal investigation regarding their activities.

... I watch the show Criminal Minds a lot, so if they needed to figure out if a person ... basically if they suspect ... if something goes bad they know what, they know who to suspect ... or for the government to keep tabs on your actions ...

As this former Crown Ward also did not appear aware that he/she could decline to answer any part of the AAR questions, this participant's observation also did not occur with any alarm or concern that his actions might be monitored --- at least he/she did not say so. It appeared to me that there was no concern that his/her civil liberties might in any way be compromised by such a monitoring system, and that there was an acceptance that this was the way of things when one has been in the permanent care of the Province of Ontario.

### **Willingness to Answer Questions**

The former Crown Wards who participated in this study did not say that they were bothered by the intensity of the questions put to them by CAS staff, or by the amount, however their answers as quoted below seem to indicate otherwise. It also appears that

they are used to answering personal questions, and it became the norm. The participants stated (in terms of answering personal questions put to them by CAS staff with reference to the AAR):

...when it came to the personal ones ... I just really answered them as best as I could because .. it didn't really bother me that much 'cause so many people have asked me about my personal life and I'm just .. I'm just used to going around and talking about it now ...

(some of it was) too personal ... but I'm the type of person who really has no boundaries or sense of what's shocking ...

I thought I had to (answer the AAR questions). I didn't know there was a choice.

...I always tried not caring anymore ... Just stop caring ... they're going to do it anyway (fill out the AAR) ..

..they asked me so many questions over the years, I adapted ... if anyone asked me a question I would just answer them when they asked .. I would just answer it.

One participant repeated several times, in a rote manner, that answering personal and numerous questions contained in the AAR didn't bother him, he didn't worry about it, it didn't matter.

### **Length and Breadth of the AAR**

An overarching theme in the interviews with former Crown Wards was the perception that the AAR document is too long, is tedious, and is repetitive. One participant stated (in a number of places): "It was a little long ... it's too long" and "It's formal ... kind of formal", as well as "...some of the questions I thought were dumb", "some of the questions are embarrassing".

Another participant said the AAR is "too long", "...definitely too long", and "...kind of repetitive and kind of a nuisance". He/she felt that "...I had to do it a lot..", and stated that his/her sections were usually "...like a week late ... because it was long and because I tend to put boring projects off until the last minute".

A third participant said: “It was mostly a pain in the butt”, “.. it was so long ... like a million questions”. When asked whether there were times he/she did not want to answer the questions contained in the AAR, this participant said “..pretty much the whole thing because I didn’t really want to do it”, “...it did help, but just like how long it was”, “... it’s just kind of .. a turnoff...it just doesn’t really make me want ... make me interested in it ... people are not really used to being asked .. a million questions by a worker all the time ...”. This participant went on to say that it wasn’t so much the kinds of questions contained in the AAR that he/she objected to, so much as the length of the document.

The fourth participant stated that for him/her, the AAR is “...a long boring book of boring questions”, “...it was just boring. And a lot of the questions seemed to ask the same thing, just reworded”, “..And then by the time you reach the end .. you’re going, oh man this is boring”.

### **Recommendations for Change by Participants**

The former Crown Wards who were interviewed for this study felt that they did not like answering certain questions contained in the AAR, and one participant pointed out that answering such questions in front of the foster parent (and sometimes the worker) created a difficult situation. The participants had this to say in terms of what they feel could be done differently if the Assessment and Action Record continues to form an additional, lengthy form of documentation for children in care: “...it was a bit awkward if I’m sitting right there and then and with them sitting right there ... and having to answer questions about them (the foster parents and the worker) right then and there ...”; “.. there were questions I really didn’t want to answer ...”..some of it is definitely .. hard to pin down an exact answer ... you don’t know what you want to answer ...”.

When asked about the Ministry using these answers to determine policy, and the best way to care for children in care, one participant stated that his/her answers were not always truthful, and that “It’s kind of a problem if you’re using the data to determine policies ...”; in the same vein, this participant stated that some of the questions ask how the youth feels about the foster parents, or the worker, and “(Y)ou might feel pressured to say something good”. Another participant said

...going through it, and my worker’s there, and the foster parents are there ... some questions I didn’t feel comfortable answering in front of them ... some things I didn’t want to answer in front of them .. so some stuff if I was lying to them, they wouldn’t get the correct answer in there ...

There was some concern about having to answer questions about negative life experiences (for example, mother’s drug abuse, domestic violence, physical abuse, etc.) with people (foster parents or workers) who were not necessarily sympathetic to the point of view of the Crown Ward, and feelings of anger and insult at these discussions. This suggests that the participants would be more comfortable with the AAR if they were not asked to discuss these painful topics in an environment in which they are not at ease, and it would seem that these topics would be better reserved for a private discussion with the youth’s worker or counselor (and with their permission).

One participant thought it might be a good idea to ask former Crown Wards, once they have turned 18, to complete the AAR form “(T)o see if there’s any changes to how they feel about ... what’s gone on ...”. This participant wondered if former children in care might be more truthful in their answers once they are no longer “in care”, however I should point out that all of the participants in this study were receiving Extended Care and Maintenance services and monetary allowance from their home agencies, and so the pressure to say positive things might still be there.

Another participant suggested that a shorter version of the AAR might be helpful if there have been no real changes in the life of the child:

...maybe at the worker's discretion if there's been any ... if there's been no real big changes over the last while then ... to have like a condensed version that can be done ... if there have been major changes over the past while then yeah, you would fill out the full form, but if there doesn't appear to have been anything .. big or new or anything like that ... then just fill out a condensed version ...

The fourth participant concurred, stating that the document as it stands is too long, and that there were a lot of questions but he/she didn't feel that those asking the questions "knew him/her": "...but they don't know .. they don't know you..".

## **Discussion**

### **The AAR as Problematic**

The participants in this study did not say they were concerned about the assumptions and implications contained in the AAR, and in fact were hopeful that all of the information they have given over the years would result in better service to themselves and future Crown Wards. However, there are a number of things which cause me concern as I engage children in care in the use of this document. One is that comparing the Assessment and Action Record to the National Longitudinal Study of Children and Youth compares apples and oranges. The children surveyed in the NLSCY have not been traumatized to the same extent (as an aggregate) as have Crown Wards, nor are they separated from their families. Children at home have not had repeated separations which characterize the movement of children permanently cared for by the province. Therefore, one could expect to see differences among such children in terms of their achievements academically and socially, as children in care struggle to overcome experiences which are simply not there for the majority of the youth surveyed in the NLSCY. In addition, traditionally more children in care are developmentally delayed or

otherwise disabled (for instance, with Fetal Alcohol Spectrum Disorder (FASD)) than in the general population (for example, Bruhn, 2004; Garrett, 2002; Ward & Skuse, 2001) -- it is often these issues which make it difficult for their parents to care for them in first place. The population of children in care is weighted significantly toward much more difficulties with delays, brain damage, drug exposure in utero, and other issues which affect the developmental trajectory of children in the care of the province (for example, Bruhn, 2004; Fallon, Trocme, & MacLaurin, 2003), so they are already at a disadvantage -- compounded by their involvement with the child welfare system -- when being compared to the general population. This is not to say that there should be no expectations for children in care, nor that they cannot overcome early trauma, however recognition is required that they may not be able to compete on the uneven playing field on which they find themselves (nor will the social workers intervening for them necessarily be able to correct their environment in such a way that early trauma and/or developmental difficulties will not pose a problem in the developmental trajectory). Several authors report on research conducted prior to the implementation of the Action and Assessment Record in the early 1990's in England, which seems to have borne this out (Francis, 2002; Garrett, 1999a, 1999b, 2002).

Introduced for use in Ontario by Robert Flynn of the University of Ottawa's Centre for Research on Community Services (Kofoed, 2006), the responses to the AAR questions are ultimately converted to bits of data in a quantitative, mathematical equation which demonstrates the narrow choice of answers and how these numbers increase or decrease year to year for a particular child. In this way, the Ministry of Children and Families feels able to demonstrate that they are not only aware of the progress of children in the care of Children's Aid Societies, but that from this data they are able to monitor the work of those managing the care of the children.

Dr. Flynn is also a professor in the School of Psychology at the University of Ottawa, and the field of Psychology is positivist and scientific. This may explain the difficulties with overlaying the AAR into child welfare, which is dominated by Social Work, and is primarily qualitative and relationship-oriented. The direction to administer the AAR as a “conversation” (Lemay & Ghazal, 2007) feels like it should solve this dichotomy, however this direction is difficult to carry out -- as has been my experience and that of many of my colleagues, who work directly with children in care.

Garrett (2003) is concerned that the checklists and time constraints inherent in the paperwork expectations of the Looking After Children approach (together with other pro forma documentation) are “...likely to contribute to the shaping of new welfare ‘subjects’, new professional subjectivities and to a potential ‘emptying out’ of social work relationships” (p. 455). Garrett (1999b) also points out that the Looking After Children enterprise was “...founded on a particular social construction of a particular group of children at a particular moment in history” (p. 28). The AAR, as the main documentation related to the Looking After Children concept, demonstrates such social constructions, and is difficult to apply when using it with all children in care, but particularly those with disabilities and/or developmental delays.

The participants in this study appeared to take it as a given that the AAR is something which “must be done”, and is not optional. They were not aware that they could decline to participate in the AAR. My own leaning is to question why that is: why is the AAR mandatory, why are children in care not aware of their right to refuse to participate in research, and where are the research findings that this document and the data produced from it is what is in the best interests of children in care. The fact that the AAR is a mandatory document required by the Ministry of Children and Youth Services in Ontario, which must be completed for each child in care more than a year, defeats even

the insistence of proponents of the AAR that it is a 'practice tool'. Jackson (1998), who staunchly defends the use of the AAR and who assisted in its development and implementation in the UK, states that "(R)ecords are intended as an aid to intelligent, sensitive social work, not a substitute for it, and good practice requires that they should be used flexibly" (p. 52). The current manner of the use of the AAR clearly flies in the face of the stated intention of those who developed it.

### **Loss of Relationship**

The impression at governmental levels seems to be that, with regard to funding, social work has created a dependency on social services with overly generous assistance in terms of time, emotional support, and monetary support. As pointed out earlier, Jones (2001) had similar findings in the UK, stating "...the social workers felt that the excess of paperwork indicated not only a concern with vulnerable children but also a sense that they the social workers were not to be trusted" (to manage out the time and monetary factors of the job) (p. 554) (see also Noble, 2004).

As discussed earlier, case management appears to have replaced casework, and institutional compliance seems to be replacing key social work relationships which in the past have resulted in healing and support. The healing, nurturing aspects of the social work relationship are being replaced by compliance-based documentation, and this replacement does not produce the desired outcome for those in receipt of social work intervention. This notion is supported in my study, as some of the participants stated they answered the questions in the AAR to avoid their worker getting into trouble, and because they were used to having to answer a lot of personal questions. The AAR form appears, practically and theoretically, to have gotten in the way of the relationship between the four former youth in care participants and their workers.

Myself and several of my colleagues, who have spent many years in the position of Children's Service Worker in Ontario, estimate that 70 – 80 percent of workers' time is spent in completing Ministry-mandated documentation (Parton, 2008, states 60 – 80 percent), and nowhere near the amount of time with the actual child that would be helpful to that child (and which the children have articulated that they want). Indeed, academic studies (and worker experience) have found that for children in care, and particularly for adolescent Crown Wards, the relationship with their worker is key (see, for example, Parton, 2008). The children themselves are able to articulate that what they want is more time with their worker, and the ability to do “normal” things, such as being taken out to eat or a movie, or have the worker attend their school performances or sporting events. In my experience, workers also chafe against having to spend so much time writing about the children on their caseload (in a repetitive manner) instead of being able to spend time with and assist these kids.

While the participants in this study did not specifically express concern about their relationships with their individual workers, they did seem to have a relationship of some description with each of their social workers (which I suspect has been unwittingly affected by the AAR); two stated that they liked their worker and worried that they comply with requests so that their worker would not “get into trouble”, one disliked the worker he/she had just prior to turning 18 (and wished he/she still had the worker before that one), and one participant had no opinion about his/her relationship with the worker, but rather felt that the worker was just part of the background as a function of his/her Crown Wardship status. In my opinion, the AAR can be helpful in getting to know children in care (certainly sections can be utilized that way), but only if the signals are received and the conversations actually take place --- the problem becomes the size of the AAR and the number of questions contained in it. Due to the nature of the requirements

of the Ministry in this regard, the AAR (along with all other documentation) must be completed by a certain date every year or the worker receives a “directive” on the file during the yearly Ministry Audit which can result in censure. Due to the focus on the timelines and the documentation completion (rather than the relationship with the child and the work that goes into caring for the child and creating a safe environment (physically and emotionally) for them), the AAR and the checkboxes it contains become the overarching goal and the stress is placed on satisfying this Ministry requirement.

### **The AAR Ignores Broader Contextual Issues**

While the AAR focuses on specific details for individual children, there are larger issues which affect the outcomes and day-to-day lives of children in care. These issues were not discussed at all by the participants, but the larger contextual issues require some examination as the literature raises these concerns.

I am in agreement with Legault, et al (2004) who indicate that there is an association between poor academic performance and hyperactivity (and ergo poor problem-solving skills), and that children who have been exposed to traumatic life events oftentimes evidence these difficulties in their lives. Furthermore, I agree that the greater the number of changes in primary caregivers in a child’s life, the greater the likelihood that the child will demonstrate chaotic thinking and disorganized and/or reactive attachment difficulties (as becomes evident in the symptoms of hyperactivity and poor problem-solving skills). The AAR attempts to point up issues in these areas which become problematic for children in care. However, the ability of the AAR to change these aspects of a child’s life is clearly nonexistent --- as previously stated, this has been termed a “practice tool” which monitors but does nothing to assist the worker in determining how to help the child. Areas of difficulty are highlighted, however workers are normally aware of the problems the child is having prior to the completion of the

AAR, and there is no assistance from the AAR document in terms of obtaining the necessary resources (Garrett, 1999b) which might change the circumstances in which the child finds themselves. Communities which lack children's mental health services (and many Ontario counties do) are ill-equipped to assist traumatized children, who then become adults who have not come to terms with their family and their history, and can become socially problematic. Knight and Caveney (1998) state that

(I)t is now increasingly recognized that the identification of children's needs is a matter of resources rather than flowing from anything intrinsic to the child or the family so that professional assessments are constrained by the knowledge of the limited forms of provision available" (p. 36).

As an example, putting tutoring in place is unlikely to be what the child requires at a given point in time, however this task addresses the myopic difficulty recognized by the AAR, and satisfies Ministry officials that first of all, the narrow definition of "assistance to reach educational potential" is being addressed, and secondly, that the AAR "works" because actions were taken to address this secondary difficulty (meanwhile, the root problem can safely be ignored).

The way the schedules from the Assessment and Action Records focus on the child and her or his problems does not encourage an examination of wider issues of inequalities in the resources available to children, or the gender, race, class and disability base of these inequalities. Rather than a model of individualizing the problem for hard pressed parents, carers and social workers, we would ask why issues such as the under-resourcing of family support, foster care and residential care are not considered for their impact on the child" (Knight & Caveney, 1998, p. 36).

Jackson (1998) counters this argument by stating that the AAR points out the lack of resources, and that workers (who often care a great deal for the child) are likely to fight harder for the missing resources. This statement ignores the lack of input or influence that individual workers have into the resources supplied by the agency, community, or government with whom this battle must be fought, and once again puts the onus on the already overburdened and discouraged worker to be equipped to take on the system.

Sakamoto and Pitner (2005) point out that under the Anti-Oppressive Practice principles (which form the basis for the way many social workers strive to practice), the state must assume a much greater role in transforming society, rather than the expectation that this responsibility rests solely with social workers.

As stated previously, the participants in the current study hoped that their willingness to answer questions and to provide information for a mandatory document (the AAR) meant that service for Crown Wards would get better. It would seem that the improvement of services, then, is the least we can do given all of the information we are amassing in this area – how, then, do we answer the charge that there continues to be a dearth of needed services for children in care (and for those who could have otherwise remained within their families of origin)?

### **The AAR as Research**

The participants were not aware of the research underpinnings of the AAR until it was explained to them during the interviews, but they were hopeful that such information would benefit themselves and other Crown Wards, despite their discomfort with the length of the AAR and the subject matter of many of the questions. I have more difficulty with the lack of consent involved with the AAR, and the lack of critical research around its implementation.

Legault et al. (2004) state that there is “strong support” for the research component of the AAR document, however they do not say specifically where this support has come from. They feel that policy change is affected by the ability to aggregate the data provided by the AARs which are collected each year and entered into the statistical program. I would point out that the research component is not made clear to the children whose information is being used for the research, nor is there an option to decline to participate in said research (at least this is not made clear to them). As stated

by two of the participants in this study, the self-report aspect of the AAR is also problematic in this context, as respondents may not be truthful and therefore policy-makers may be backing up decisions using data which may not be accurate. For both of these reasons, it is unclear how children are being helped by the AAR, and in fact may be being hindered in their ability to progress by policy changes which are made based on the answers given by other children or their workers, which may or may not be applicable to that particular child (not to mention the relational difficulties imposed on the child and worker by the checklist approach).

Legault et al. (2004) conclude their article by saying that research to date indicates that children in care do have many positive outcomes, and that many of them display very good academic performance and resilient characters. They indicate that because of this, effective intervention strategies are possible and resilient children are in great number. The authors appear to be making the link that the AAR has something to do with these outcomes, however they do not actually make that argument in the conclusion, but rather just state that these outcomes are clearly happening for children in care. This begs the question: what, then, is the purpose of the AAR? As a monitoring tool, it has major flaws, and as a research tool, it lacks the consent of those who are forced to participate (Garrett, 1999b, used the term 'captive research population' (p. 36).

### **Obedience and Compliance**

The field of child welfare as it stands today has resulted from efforts by the privileged and successive governments to preserve and maintain systems of dominance over those who are seen as threats to the social order (Dumbrill, 2003; Garrett, 1999a), and social workers are used to control and monitor such threats (De Montigny, 2003). The argument can be made that children who are raised in the care of the state are threats to that state, insofar as they are gleaned (in parentage) from the poor, the uneducated, the

mentally ill, those who lack capacity to parent (as deemed by those in power), and ethnic minorities (in particular, historically First Nations). It is in the best interests, then, of those in power to ensure that children under the care of the state are raised to comply with the directions of those who act as governmental agents, and to question little in the way of authority to gather and examine minute information about the lives of children in care.

Garrett (2003) discusses social policies (referring to the U.K., however such policies and ideas, such as the Looking After Children approach, have been adopted by the Province of Ontario) which protect dominant approaches and underscore a 'new paternalism' (p. 447). "This has been defined as social policies 'aimed at the poor that attempt to reduce poverty and other social problems by directive and supervisory means'" (Garrett, 2003, p. 447). Certain behavioral requirements appear to be deemed necessary for people who come from socially constructed problem areas (such as poverty, etc.), and such individuals (i.e. Crown Wards) require supervision and instruction beyond that provided by foster or other parenting. Such direction comes from governmental agents whose goal appears to be compliance with the social order, together with an unwillingness to examine the forces of society which create social problems (i.e. the economy, legislation, social mores) and which are outside of the control of the individual who is the subject of such efforts at compliance and obedience.

The participants in this study all seemed resigned to having their lives laid bare before their CAS workers, managers, and Ministry officials. They did not question why such information was being sought from them, and indeed they stated that they were used to having so many questions asked of them and so much paperwork filled out that they complied without much thought. This is particularly disturbing to me as one of the objectives in raising children is to produce adults who can think for themselves, advocate for themselves, and take their place in society as useful members who are not dependent

on others in their thought processes. What we seem to be producing, as corporate parents, are adults who are wholly dependent on the state and who comply with requests by those in authority without question or hesitation. They have become so inured to our intrusions (often without benefit of the relationship which is absent due to a lack of time) that it has become normal to them. Is it any wonder, then, that when many Crown Wards “age out” of the system they are often unable to function, becoming dependent on social assistance and forming dysfunctional relationships which necessitate further intrusion by CAS when they have their own children? And so the cycle continues. Institutional parenting is a poor substitute for the real thing.

### **Conclusion and Recommendations**

The participants in this study recommended that if the AAR continues to form the substantial documentation for the LAC concept, consideration be given to the types of questions, their personal or embarrassing nature, and to whom the answers were going to be evident. They stated that if accurate answers were important, consideration be given to the fact that respondents may not feel able or willing to answer certain kinds of questions truthfully, particularly since their relationship with the foster parents or their worker may not be a positive one at that specific moment in time (or if it is positive, they may not be willing to put such relationships at risk). In addition, one of the participants wondered, in light of the length of the AAR and the repetitive nature of the questions, whether a “condensed version” couldn’t be implemented, particularly if there had not been significant changes in the life of the child in care.

One recommendation might be to reexamine the Assessment and Action Record documentation to determine if it is doing what it was meant to do. As a means of keeping track of the progress of Crown Wards in the Province of Ontario, the inability to

determine the truthfulness or accuracy of the answers entered into the statistical program is problematic. Equally problematic is the fact that many children in care are not aware that they can decline to answer any or all of the AAR questions, particularly since the relationship with the social worker appears to be judged by whether or not the worker can obtain the required information. If the relationship with the worker is to be central to the process of intervening in a positive way, then the AAR should not be permitted to get in the way of that.

Perhaps each section could be researched separately, with a view to examining each question in a focus group format, or individual interviews. The research group and participants should consist of academics, professionals, foster parents, child welfare social workers, and children in care (both temporarily and permanently). In this way, the viewpoints of those most affected by the Assessment and Action Record could be harnessed, and publications would present a more balanced opinion.

In terms of assisting to establish or maintain a relationship between the social worker and the Crown Ward, a questionnaire-style document such as the AAR does not assist in this endeavor. Rather, it may be creating an alienating and off-putting environment for both the worker and the child in care due to the nature of the questions it contains, the length of time required to answer all of the questions in the strict format demanded by this document, and the inflexibility imposed on the relationship in terms of decisions being made as to how workers will spend their time with the children.

Rountree and Pomeroy (2010) call for social workers to “question the status quo and analyze current agency and societal structures” (p. 294). Similarly, Sellick et al. (2002) state that the rote, routinized aspects of the work call for the social worker to be more, not less, accountable to the client in the form of advocacy against this method of social work. I believe child welfare social workers with experience do question the

bureaucracy and seek ways to change or get around the system, however this is a difficult task when workers are, in general, operating in silos and individually. The job should not be about working to alter the system, but rather the system should be assisting with the job. When workers are working at full speed all the time just to keep up with expectations, there is little emotional or physical energy left over to tackle a system as large and entrenched as that of child welfare in Ontario. Often, workers feel they are not in fact keeping up, and certainly this is the message they are given, and so the struggle becomes keeping their employment rather than putting efforts into social justice and advocacy.

The LAC concept and the AAR have aspects to them which may result in better service for children in care, however a complete overhaul with a view to making the AAR shorter, more to the point, and more child-friendly is a real need. This was borne out by the comments of the participants in this study. It seems that those Crown Wards who have spent several years in repeated completion of the AAR are telling us that this is not how they would have liked to spend their time with their worker and foster parents. The relationship within the social work environment is tremendously important to effecting change and to ensuring that the voices of children in care are heard. However, the AAR seems to undermine this relationship by insisting that all aspects of the lives of children in care are laid bare to anyone who cares to examine them. In order to do this, the minutiae of these lives is required to be converted into a data format and therefore rendered less personal and the efforts of the social worker become less about their skill in working with children and more about their skill in filling out paperwork.

If we are to make efforts to become more approachable, and more useful to the children we serve, we may have to sacrifice the ability to amass research data (in this manner, at any rate) for the best interests of the children involved. Those who work with

these children on a daily basis and are personally involved in their day to day lives, their tragedies and triumphs, are in a better position to determine what is needed by individual children, and what areas of their lives should be exposed to the scrutiny required to obtain required services. Currently, the AAR takes a “shotgun” approach which is depersonalized and contributes to the perception that social work is a profession without a skill set. This further alienates the worker from the AAR process, and the child from the worker. I don’t believe this was the intention of those who adapted and implemented the AAR, however efforts need to be made to understand and ameliorate the unanticipated problems which are created by such documentation.

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