

PROMOTING RESILIENT DEVELOPMENT IN CHILDREN RECEIVING CARE CONFERENCE

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The Promoting Resilient Development in Children Receiving Care Conference was held at the University of Ottawa on August 16–19 2004 and combined the 6th International Looking After Children Conference and the 5th National Child Welfare Symposium of Canada. The conference was attended by approximately 350 delegates from a range of countries.

I attended this conference because of its relevance to a project being undertaken within the Ministry of Social Development to develop a system of outcome measurement for Care and Protection service providers.¹ The conference provided an opportunity to meet with international experts in outcome measurement in child welfare and to assess the effectiveness of other information measurement systems in providing data on outcomes for children in care.

As the title of the conference suggests, the predominant theme weaving through the presentations was the importance and value of focusing on building up resilience in children receiving care and protection services from state agencies. In the context of this conference, resilience was defined as “good outcomes in spite of serious threats to adaptation or development”. Importantly, ideas and concrete strategies emerged from a number of presentations that provided direction to policy makers, care agencies, social workers and foster carers about how resilience in children in care could be strengthened. Examples included a targeted arts programme, encouraging children to participate in structured voluntary activities, and developing hobbies and involvement in clubs. Presenters emphasised that taking a resilience- and strengths-based approach² to child welfare results in both short-term and long-term benefits to children’s outcomes.

Intertwined with the focus of building resilience in children was the idea that agencies, social workers and foster carers also need to develop and foster resilience. A number of presenters argued that the key to this process is the establishment of robust case management and information systems that allow in-depth high-quality information to be gathered for each child and family, that can feed into effective programme

1 The scoping phase of this project, to develop outcome measures for Care and Protection NGO Service Providers in New Zealand, has just been completed. The project arose from Action Area Four of the Care and Protection Blueprint 2003.

2 A strengths-based approach to child protection work involves a shift away from the assessment of risk alone towards also assessing the strengths and skills of the family or child. In a strengths-based approach, one goal of the intervention or care plan is to build on these existing strengths and capabilities.

interventions and review processes. In this regard, the Looked After Children (LAC) system of case management, developed initially in the United Kingdom, was argued by a number of speakers to promote resilience by emphasising the development of competence among young people in care.³ Specifically, the assessment, intervention planning, review and outcome monitoring processes integral to the LAC approach were argued to provide a robust mechanism for ensuring agencies, social workers and foster carers are well placed to build resilience in children receiving care and protection services.

FOCUSING ON THE OUTCOMES FOR CHILDREN

In my view, two of the plenary presentations delivered on the opening day of the conference succeeded in setting a positive and motivational climate for the conference. The first of these speakers was Professor Robbie Gilligan, whose talk focused on the necessity for building up the social networks of children receiving care, by finding connections with someone in their family of origin or identifying key interests of the child and encouraging and facilitating their access to clubs and groups that will allow their social networks to grow. He argued that establishing social networks in a variety of domains assists in building up children's resilience as they progress through the care system, undergo placement change, age out of care or return home to their family. This inspirational talk, delivered with passion and conviction and with a genuine and abiding interest in the outcomes for children in care, infused the conference with enthusiasm for the work of child welfare agencies and focused delegates clearly on the outcomes for children receiving care services.

A reflexive and inclusive atmosphere was also created at the conference by the deliberate inclusion of the voice of young people who either had been or were still in the state care system in Canada. Youth in Care advocate Jordan Alderman provided the youth perspective on the opening day of the conference, and focused the attention of presenters and attendees on the outcomes that children and youth want to achieve, as well as the changes that they would like to see enacted in the child welfare sector.

3 The LAC programme is designed to generate practice-based outcomes data for targeting the specific developmental needs of the child or young person in care, and to allow the data to be aggregated and used by the service provider for service management, programme planning and performance measurement. Central to the model is its focus on seven key developmental dimensions: health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills.

THE SPECIFIC NEEDS OF INDIGENOUS COMMUNITIES AND CHILDREN

Similar to the situation of Māori children in New Zealand, Canada's First Nations Aboriginal Peoples⁴ are overrepresented in their care and protection statistics. Data presented by Cindy Blackstock and Nico Trocmé revealed that aboriginal children are more likely than white Canadian children to be referred to care and protection agencies and these referrals are also more likely to be investigated and substantiated. The end result is that, in Canada's care population, aboriginal children are three times more likely to be in care than are white children. Of concern, also, is the limited extent to which aboriginal children in care are placed with foster carers from their own culture. This mismatch in placements was argued by the presenters to disrupt children's connection with their aboriginal communities and the development of their cultural identity. Interestingly, another presentation, by Christopher Lalonde, highlighted the importance of both cultural connectedness and cohesion amongst First Nations communities in Canada as a protective factor in relation to youth suicide.

Nico Trocmé and Cindy Blackstock then provided data that showed how socio-economic disadvantage and poverty account for the overrepresentation of aboriginal children in care. Their presentation highlighted that care and protection issues are part of a complex social, economic and cultural milieu and that removing children and placing them in care does not ultimately address the issues of poverty and cultural isolation and disintegration that contribute to the overrepresentation of aboriginal children into the care system. Relating these findings to the overrepresentation of Māori children in care in New Zealand, it is important for us to consider the contribution of wider environmental and socio-economic factors that also underlie child neglect and abuse. In addition, it is essential that the specific cultural needs of Māori children are met by care providers in order for these children to maintain a stable and integrated cultural and self identity.

PLACEMENT CHANGE AND STABILITY OF CARE

Another recurrent theme throughout many of the presentations was the issue of placement change and stability of care for children in the foster care system. Presenters from the United Kingdom, Australia, Canada and the United States all shared concerns about children undergoing multiple placements and how this placement change might negatively influence children's outcomes. Acquiring a secure attachment to at least one adult during their very early development is considered to be critical for good longer-term outcomes for babies. Two plenary sessions presented data on children subjected to multiple placements.

4 The term "First Nations Aboriginal Peoples" is used to represent descendants of indigenous Indian tribes and bands that populated Canadian lands prior to colonisation by European settlers.

Dr Harriet Ward examined outcomes for 42 babies admitted into care during 1996–1997 before their first birthday and who had been in care for at least one year. These babies were then tracked for five years. During their first year of care, 17 babies (40%) had three or more placement changes. Factors found to be contributing to placement change for these very young children included the predominance of the view that returning a child to a birth family must always be the first choice of care plan. As a result, these babies were held in the care system as social workers waited for family circumstances to change. Notably, the data presented indicated that, of the original 42 babies, only 14 (33%) returned to live with their birth parents at the end of the five-year tracking period. Dr Ward concluded that the longer very young children wait for a permanent solution, the more likely they are to experience further changes and the less likely they are to develop secure attachments. Ultimately, for these young babies, delay is itself a cause of instability, and care agencies need to examine carefully a child's situation and family history to inform decisions about the appropriateness of waiting for the family's circumstances to change. Having effective information-gathering processes is essential to the ability of a social worker or agency to make informed decisions about permanency planning for babies and toddlers taken into care.

The second presentation, by Professor James Barber, examined placement change in Australia using data from a two-year tracking study of 235 children referred for foster care placement. Analysing data on placement movement, reasons for placement change and psychosocial outcomes, the researchers found that older boys with some degree of conduct disorder were worse off than were other children. An interesting finding of the study is that, after only four months in care, those boys who had two or more placement changes and whose behaviour was cited as the reason for the placement changes were more likely to be still unstable in care at the end of the two-year study. Taking just this subset of children, the researchers examined their psychosocial progress and found that, while some improvement was found for their conduct, the domains of hyperactivity, emotionality and social skills either did not change over the course of the two years or had deteriorated. This finding indicates that if good information is systematically collected on children in foster care, then this data can be used very effectively early on in the care process (i.e. within the first four months) to target those children who are likely to be subject to high degrees of instability and poor outcomes.

Both of these presentations emphasised the risks posed by instability of care for a child's longer-term outcomes. However, both presenters were careful to emphasise that not all placement change is harmful. For example, moving a child so that they are better matched with carers, or to be closer to or placed with siblings, are all good reasons for making changes to foster care arrangements. Thus, it is important that the rate of placement change is examined alongside data on the reasons for change. Importantly, this type and level of analysis depends on care agencies having robust

data collection procedures and practices in place in order to be in a position to make informed decisions about care arrangements.

TRANSITIONS FOR CHILDREN AGEING OUT OF CARE

The third theme that was highlighted at the conference was the particular issues facing those youth who age out of the care system. The age at which children are deemed ineligible to continue to receive care services is variable both within Canada and between the countries represented at the conference. Exit ages ranged between 16 and 24 years, and those provinces or countries with later exit ages usually tied the provision of care and support to ongoing engagement in training or education on the part of the young person.

I came away from the sessions that focused on the issues facing youth, many of whom had been in care for many years and who were expected to make the transition from a child in care to an independent adult as young as 16 years, with a sense of sadness that our care systems did not adequately prepare or support these very young people for life on their own. For many of these young people, their experiences in the foster care system were often characterised by instability and multiple changes in placement. Many did not have links with their birth families and lacked adequate social networks of caring adults that they could draw upon during times of stress after their care period ended.

Dr Stein, in his presentation, argued that this compressed and accelerated transition from childhood to independence denies these young people the opportunity to focus on issues one at a time or spread their challenges over time. All of the presenters who discussed youth transitions from care emphasised that if children's resilience and social networks are not sufficiently strengthened during their period in care, then the outcomes for these youth are likely to be negatively affected throughout their adult life.

Linking this issue with Robbie Gilligan's insistence that care services and agencies have a responsibility to foster and facilitate supportive networks for children in care that will enable them to find support when required left me concerned about how well our youth in care in New Zealand are assisted both during and after transition from care.

As a result of studies such as Dr Stein's, the United Kingdom instituted the Children (Leaving Care) Act 2000, which made it a duty for all looked-after children to have access to personal advisors, pathway planning and needs assessment up until the age of 21, or 24 if they are in education. The personal advisors assist the youth in receiving appropriate financial support and suitable accommodation. While outcome data is not yet available, there is evidence of a reduction in unemployment, and improved educational participation and financial support for these youth.

Clearly, there are risks that if these youth are not adequately supported after leaving care, then their dependence on either state agencies or non-governmental organisations is likely to be ongoing and their ability to achieve good educational and employment outcomes will be severely compromised as a result. Given the social policy direction in New Zealand and, in particular, in the Ministry of Social Development to ensure good outcomes and manage critical transitions for all children and youth, then the information and data presented at this conference has important implications for policy planning and funding of the supports for the subset of children who have been parented by the state during their childhood years.

CONTINUITY ACROSS THE CHILD PROTECTION SECTOR: INTEGRATION OF DATA COLLECTION SYSTEMS AND INFORMATION SHARING

Key to all of the conference presentations and the above themes is the ability of case workers, care agencies and policy makers to have robust information about the needs, progress and outcomes of children receiving care services. Many of the presentations were able to provide in-depth data on outcomes for children in care using the Assessment and Action Records that are an integral part of the LAC case management system. The system was also able to provide information on the effectiveness of different approaches for building resilience in children in care. The data are also useful for tracking children over the long term.

Presenters from Australia and Canada, where the LAC materials have been adapted to meet the cultural and social needs of their particular communities, outlined the progress and processes involved in the implementation of this approach in their care agencies. They outlined the benefits for children, foster carers and social workers of having this approach to case management, assessment, programme planning and review. The tools were seen as providing cohesive structure to the case management process and a robust mechanism for ensuring that a child's developmental needs were understood and that programmes could be appropriately targeted to meet these needs. In addition, the system provided a wealth of data on how children were progressing during their care against developmental milestones and this data could be examined at both the individual and aggregate level.

In the United Kingdom, where LAC was first implemented in 1995, the approach has been developed further and is now called the Integrated Children's System (ICS). It includes children who receive care services while remaining in the care of their families, thus encompassing all children receiving care and protection services. Also, a new Assessment Framework has been developed, which is a comprehensive system of information collection and case management, made up of the seven developmental domains from LAC as well as variables to assess parenting capacity and wider familial and environmental factors.

In addition, coordination and information sharing between agencies has also been strengthened so that children are less able to slip through the net. It is envisaged that the ICS will hold comprehensive data on every child in need of care and protection services, whether they remain in their home or move into state care. In addition, each child will be allocated an electronic social record containing basic identifying information about the child. This record is to be held in a database accessible to the range of agencies responsible for administering care and protection services, as well as external agencies such as the police, health and education. The system is designed to alert agencies to any existing relationships the child might have with other agencies and, with appropriate authorisation, provides the child's care history. Critical to the success of this endeavour is the engagement of multiple agencies, including health, police, education and welfare services.

LESSONS LEARNT

The New Zealand care and protection sector is not alone in facing issues of placement change, the overrepresentation of indigenous children in care, increasing pressure from referrals, and the challenges associated with achieving good outcomes for children in the care system. The Ministry of Social Development's broader interest in the notion of resilience sits well with international trends in child welfare and care and protection. Notably, the focus on a strengths-based approach to care and protection work evident in many of the presentations is a current focus among New Zealand service providers.⁵ However, what we need to develop for New Zealand care and protection sector is a systematic data collection and case management system that will collect robust information on the outcomes of children receiving care services. The presenters that were able to provide in-depth data on children in care were largely those who had access to data provided by the implementation of LAC. Finally, a critical message that emerged from the conference was the importance of interagency collaboration to the successful development and implementation of case management systems and information sharing in the child protection sector.

5 Discussion about adopting a strengths-based approach to care and protection work was evident during the interviews held with NGO care and protection services providers during the scoping phase of the project to develop outcome measures for the care and protection sector in New Zealand.