CHAPTER 1

EVIDENCE BASED PRACTICE: DEVELOPMENT, DEFINITIONS AND CONTEXTS

This chapter describes the historical development of evidence based practice, including definitions and components as they have emerged in a range of disciplines and contexts. The role of evidence based practice in health and health care and the broader social sciences is considered. In the context of evidence based practice in Australian social work, developments are described in relation to work undertaken by the Australian Association of Social Workers. Influential factors affecting the translation of research evidence into practice are also considered.

Defining the word “evidence” in the context of social work theory and practice is complex, and it is useful to consider definitions in related disciplines. Commencing with health (including the systematic review movement) then considering the role of evidence in the broader social sciences, Australian social work interest in and attention to evidence based practice is discussed in this chapter. The issue of effectiveness of social work intervention, and how this relates to evidence based practice within the wider socio-political context in which social workers practice, leads into a discussion of how the translation of research evidence into practice can be achieved.

Evidence Based Practice in Health
Evidence based practice has a lengthy history. Health professions have long considered the word “evidence” to have meaning in relation to how research knowledge affects the development of new theoretical knowledge, and the consequent new and effective treatment regimes which may arise as a result of this. Sackett, Rosenberg, Gray, Haynes & Richardson (1996) have outlined a well accepted interpretation of the history and philosophical origins of evidence based medicine. They suggest that evidence based practice is a very old construct influencing medicine and medical practice and that, in the 1990’s, evidence based practice in medicine, and health care in general, began to enjoy renewed popularity. This has resulted in the initiation and development of a variety of professional workshops and teaching programs
at undergraduate and postgraduate levels in addition to the establishment of increasing numbers of centres for evidence based practice in relation to health.

A frequently cited definition of evidence based practice in the field of medicine is “the conscientious, explicit, judicious best use of current best evidence in making decisions about the care of individual patients” (Sackett et al, 1996, p. 71). The connection between theory and practice is central to this definition, and essential to an analysis of the impact of evidence on professional knowledge and decision making. Individual medical practitioners use their practical expertise, that is direct clinical experience in the treatment of patients, combined with external evidence by way of reading and experience of clinically relevant research, in order to develop the most effective treatment intervention plan. In this way practical knowledge and experience is combined with the most recent research findings in order to maximise the benefits of treatment for the patient, including considerations of the patient’s right to information and choice about treatment methods and alternatives. These two components of evidence based practice in relation to health are linked in that individual expertise without external evidence risks unfounded intervention, and utilisation of theoretical knowledge without practice experience may result in unforeseen or unintended consequences arising which might otherwise have been prevented.

The broader field of health care emphasises additional components of evidence based practice. For example the context of evidence based practice can be expanded to include a broad range of ecological factors which impact on how the health care practitioner behaves and makes decisions, in addition to individual/clinical experience and knowledge of research evidence. Consideration of the impact of organisational/agency setting, economic considerations such as available funds for particular treatment regimes (including purchase of drugs and medication), and the broader community environment for example the general level of acceptance of some treatment regimes over others, expands the discussion to a broader examination of how evidence based practice can affect professional decision making and behaviour (University of York, 1999).

If the use of research evidence, combined with practice based experience, can produce changes in professional behaviour, then it is useful to consider what strategies are more successful than others in achieving such change, in addition to the impact of adequacy of resources, and of different ways of acquiring knowledge and skills. Related to this, it is
relevant to consider the role, when planning any systematic approach to changing professional practice, of monitoring and evaluating the impact of evidence based practice. This includes consideration of where the impetus for maintenance and reinforcement of any changes in professional behaviour, made as a result of the acquisition and use of evidence, are likely to be.

One reason for the emphasis on evidence based practice in health care is to promote the effectiveness of intervention, thereby improving the quality of treatment; associated key concepts then are measurement of effectiveness and continuous quality improvement. Effective treatment and continuous quality improvement are most likely to be achieved if relevant research findings are readily and easily available (University of York, 1999). Managers, including professionals and policy makers, generally have access to large amounts of research, policy and practice based materials related to the settings in which they work; whether and how they are able to incorporate this knowledge into practice is an issue of key and crucial importance.

The Influence of Systematic Reviews
Systematic reviews are an established means of summarising and presenting research evidence, influential in practice settings and increasingly apparent in the process of policy development. In the clinical health care environment the systematic review process predominantly involves using studies with randomised control trial (RCT) experimental methodologies, and there are examples of very dramatic impacts on practice as a result of this type of research.

The process of systematic review can be described as a means of examining the respective probabilities of positive or beneficial and negative or adverse outcomes, based on an accepted defined way of examining relevant available studies and research in a particular area or field (Logan, 1998). Information thus gained is made openly and readily available to those seeking information on specific outcomes of particular interventions.

One of the best known established systematic review initiatives is the Cochrane collaboration (www.cochrane.org), an international non-profit and independent organisation with a health care focus and base. Established in 1993, the Cochrane Collaboration makes internationally available the most current and accurate information about the effects of health care
interventions, via the production of systematic reviews of health research and clinical interventions. A database of systematic reviews undertaken by Cochrane is published on a quarterly basis, and the organisation is directed by an elected Steering Group and structured into Centres, Review Groups, Methods Groups and Networks in multiple sites world-wide.

Cochrane systematic reviews are conducted by health professionals on a volunteer basis, within specified topic area Review Groups. Clear guidelines are specified for how a Cochrane systematic review is carried out and these are methodologically consistent between topic areas. Guidelines are generally developed by the Methods Groups. New Review Groups are established on a regular basis, and rigorous quality standards with respect to the rules applied to Cochrane systematic reviews ensure that the consistency and reputation of reviews is maintained. There are currently more than a dozen Cochrane Centres around the world, this includes in Australia the Australasian Cochrane Centre based in Melbourne, Victoria, at the Monash Medical Centre, part of the Monash Institute of Health Services Research.

The associated/sibling organisation The Campbell Collaboration is an international non-profit group performing a similar function to Cochrane, but with a specific focus on assisting the making of well informed decisions about the effects of interventions in the social, behavioural, and educational arenas (www.campbellcollaboration.org). The objectives of the Campbell Collaboration are to prepare, maintain and disseminate systematic reviews of studies of interventions, and Coordinating Groups exist in the areas of Crime and Justice, Education, and Social Welfare, with new topics regularly identified. As with Cochrane, a Methods Group establishes protocols for review. The Groups also seek appropriate individuals for review participation, and publicise Campbell to potential review users.

Critiques of the systematic review process utilised by groups such as the Cochrane and Campbell Collaborations are commonly based on the assertion that in complex social science and humanities theoretical areas, finding studies which sufficiently approximate each other in terms of focus, subject matter, content, methodology and design is extremely difficult. This reduces the likelihood of the systematic review comparing studies which are sufficiently alike to yield evidence of a high quality about the most effective intervention. Additionally, the values of individuals seeking the results of reviews can also influence how the review itself is interpreted, and this may not be recognised by the practitioner seeking evidence. Where a systematic review concludes that there is “no evidence” for a particular course of action, it is
also difficult to determine whether this means that there is no evidence of effect for a particular treatment. It may simply be that insufficient research in the particular field has been undertaken in order to reveal a best evidence result.

Evidence Based Practice in the Social Sciences

So what does “evidence” mean in the context of the social sciences? Brian Sheldon (1998), foundation director of the UK Centre for Evidence Based Social Services, connected and built on the evidence based terminology and definition originally proposed by Sackett. Extending the definition is an attractive proposition to both service funders and providers, in enabling them to plan and base social service provision on a sound base such as “best evidence” provides (Watson, 2001). If the assessment of evidence is based in an empirical framework of testing out what works and what doesn’t, then the means of testing becomes of critical importance. The question of what constitutes evidence therefore cannot be answered in the absence of analysis of the theoretical environment in which it is considered, and it is important to recognise that, in the field of the social sciences, there is ongoing debate about the role and place of positivist methodologies.

If scientific methods are viewed as the principal or only means of producing reliable knowledge of “what works” in social interventions, then the social sciences field is disadvantaged in that much of its research is grounded in qualitative methods combined with a consideration of the impact of factors which are neither easily, readily or appropriately measurable via quantitative research. Such factors may include organisational context and environment, impacting beliefs and belief systems held by individuals and groups, culture and attitudes, and theoretical knowledge base. Factors such as these can influence professional behaviour, which in turn has an effect on choice of intervention; these factors can be extremely difficult to measure in terms of the establishment of causal relationships. Economic factors can be also involved, for example well funded services may have more intervention choices available via either the existence of a greater number of staff (that is more available personnel) and/or resources, or the ability to purchase or “buy in” additional services via surplus or brokerage funds. In terms of broad definition of evidence based practice in the social sciences, therefore, it is important to see both qualitative and quantitative methods as complementary methods of research.
The question of effectiveness arises in relation to discussions of evidence based practice; service effectiveness is increasingly the subject of evaluative research. A consideration of effectiveness broadens the discussion beyond simplistic considerations of “what works” and “what doesn’t work”, by taking account of the perspective of clients or service consumers in addition to the views of service providers. Evaluations of effectiveness can be seen as related to values and individual standpoints, requiring careful consideration and description of the nature of the “problem” and its extent and implications. Providing an adequate description of the problem and the evaluation methods and strategies to be used in ascertaining intervention effectiveness is advantageous to mounting strong argument as to proof of “what works.”

Webb (2001, 2002) asserts that because evidence based practice is rooted in an empirical framework and reliant on planned and highly systematised and formal environments, it is not readily applicable to social work practice. He argues that because social workers operate with and within the inconsistencies provided by human behaviour, it is not possible for them to rely on decision making processes based on objective evidence, because every practice situation will have individual factors involved, and idiosyncratic contingencies. Interpreted in this way, evidence based practice can be viewed as undermining of professional autonomy and judgement in social work practice, and can therefore be viewed with suspicion as to organisational motive. Webb goes on to draw links between the increasing emphasis on evidence based practice in social work and the broader political context, climate and agenda, within with social workers operate. Evidence based practice viewed thus is seen as a means of control, and of furthering an agenda for social change to be directed in a particular way or ways, according to what the best evidence of the day happens to be. Given that research may be funded according to political agendas, then this argument is potentially persuasive in that it connects the broad funding agendas of governments to the direction of both social work practice and social policy of the day.

Webb’s argument however fails to take account of the organisational context with respect to supervision within social work and social welfare practice agencies. An alternative view is that evidence based practice does not necessarily mean rule books for professionals, but rather guidance as to which intervention is likely to bring the best outcome in a particular situation or circumstance, for the client. This position more readily incorporates and acknowledges the influences of factors such as resource constraints and professional values as additional components, which supplement available research evidence. Organisational and situational
policy guidelines, previous practitioner experience, and individual client circumstance and need, can therefore have bearing on which intervention is considered most likely to be effective, building on a knowledge of research evidence and within a framework of professional supervision and accountability processes. Interpreted in this way, evidence based practice is a guide to, rather than a prescription for, effective intervention. Rather than being a shift to actuarial forms of practice, such a position interprets evidence based practice as providing enhanced opportunities for creative intervention.

Sheldon (2001), in his refutation of Webb, acknowledges the role played by the political climate, and the agendas it potentially dictates, citing a number of examples from the field of medicine whereby research evidence has been used as the basis for both teaching and intervention for extended periods, only to be refuted and superseded when differing “best evidence” is revealed by subsequent and continuing research. Sheldon conjectures that it is not so much the use of research evidence in a narrow and restrictive manner that is problematic, but rather the lack of ability for a change of mind. That is, to promote evidence based practice at the expense of acknowledging the need to constantly, systematically and rigorously review new research falls short of the purpose of evidence based practice. The development and use of evidence based practice is an ongoing process.

Sheldon also adds the dimension of power and control to the debate. In spite of the argument that evidence based practice and decision making is inhibiting and constraining, those of us who require, for example, medical treatment, and are able to analyse and weigh up the relative merits of interventions invariably do so. In such a situation an essentially non-professional independent systematic review is taking place. Sheldon questions why is it then that the recipients of social welfare interventions, who are usually poor and powerless service users as a result of disadvantage, should in effect be the guinea pigs of individual professional choice, without any requirement for an evidence base for positive outcome of the intervention to be made available to them openly, in a transparent manner.

Macdonald (2001) provides the following definition and rationale for evidence based practice, embracing the essential elements of thorough research review, situational context and client accountability.
Evidence-based practice indicates an approach to decision-making which is transparent, accountable, and based on a careful consideration of the most compelling evidence we have about the effects of particular interventions on the welfare of individuals, groups and communities... The history of social welfare research testifies to the fact that good intentions are not enough; the helping professions have an immense capacity to do harm as well as good, and there is ample evidence that we tend to overestimate the latter and underestimate the former.

(Introduction, pp. xviii-xix)

Macdonald asserts that best evidence is that which is methodologically rigorous, in addition to topic relevant, raising the issue that not all studies will be “equal” in terms of the evidence that they present and identifying the following five factors:

- investment in good quality research
- access to reliable research summaries
- practitioners’ ability to use such research evidence in assessments and plans for interventions
- practitioners having sufficient skills to implement such plans as made
- practitioners’ ability to monitor and review the progress of plans

Accordingly, Macdonald’s view asserts that advocating an evidence based practice approach does not mean rigidly adhering to research evidence at the expense of all other considerations. Factors such as individual issues or situational context, and all relevant aspects of social work practice, including supervision, must be taken into account in the development and determination of the most appropriate intervention plan (Macdonald, 2004a).

The Australian Context

In Australia the systematic review movement has generated interest within the Australian Association of Social Workers Evidence Based Practice Working Party, and following an initial primary emphasis on social work in health care the Working Party has subsequently broadened it aims to include the promotion of evidence based practice partnerships between social work practitioners and academics in a variety of practice settings. The Working Group has active links with the Australasian Cochrane Centre, the UK Critical Appraisal Skills
Programme (CASP) based at Oxford University, and the Australian Centre for Community Services Research (ACCSR) in South Australia (a research unit jointly established by Flinders University and Anglicare).

The AASW Working Party has held a number of well attended workshops on evidence based practice for social workers, covering topics ranging from introductory orientation, conceptual, methodological, and practice issues in relation to evidence based practice in social work, and the process of and skills involved in critical appraisal and systematic review. Explorations of factors which affect and should be taken account of in considering research evidence (including via the consideration of systematic reviews) has been outlined by Coren (2005) and also Plath (2004) in AASW seminars and workshops.

Coren asserts that narrow definitions of evidence based practice should be broadened to include a range of supplementary additional information in order for social workers to best assist their clients. The political context of decision making, socio-economic and cultural variations, and the evaluation of process as well as outcome are important considerations for social work practice which should be considered in conjunction with any review of research evidence, including the use of systematic reviews.

Depending on whose perception is most influential, social workers can be in a potential position of influencing which source or sources of evidence are most strongly taken into account. This standpoint forms the basis for some current critiques of the LAC system further discussed in chapter four of this report. Perceiving LAC as a means whereby social workers further government agendas for social control via the interpretation and enactment of inflexible case management systems is one way of interpreting the LAC system, however alternative views in relation to LAC as a system of guided practice provide an alternative viewpoint which is also explored.

Plath (2004, 2006) addresses the relationship between critical reflection and evidence based practice in social work, asserting the need to consider a broad range of issues in appraising research evidence. Suggesting, like Coren, that the political context of practice is important to the evidence based practice debate, Plath expands on this by proposing that research is generally a funded process and as such is affected by political agendas. In addition to research funding being allocated according to political agendas, it can also be the case that research
findings are disregarded because they do not match political agendas of the day; reports can remain unreleased or suppressed, and evidence based practice results may be used to support cost cutting efficiencies. These themes are also apparent in published critiques of the LAC system (Garrett, 1999, 2000, 2002, 2003).

Plath’s consideration of evidence based practice in relation to social work in Australia today maintains that it is important to incorporate a process of critical reflection into all available research evidence in a particular social work context or stream. This includes the consideration of all possible desired outcomes of intervention, whilst simultaneously attending to process, in addition to assessing the relevance and strength of appraised evidence in the light of both desired outcomes of intervention and the real or potential impact of surrounding contextual factors (including political issues and constraints).

**Translating Research Evidence into Practice: how can it be achieved?**

Translating research knowledge and evidence into social work practice provides a challenge in that research is but one component of the world in which practitioners provide services, competing with numerous other factors. Social workers are affected by personal and prior professional experiences, as well as by the opinions of and encounters with professional colleagues, organisational and work environment, and also the wider community context (including media reports and “scandals”). Regardless of the merits and reliability of such factors, the reality is that in their busy day to day practice lives, social workers frequently see themselves as being far removed from the academic world of research results and evidence (Hughes, McNeish, Newman, Roberts & Sachdev, 2000).

UK indications over the past decade, in a social care environment driven increasingly by a central government focus on outcome measurement and results, have been characterised by a number of attempts at examining what works best in disseminating research results. Such efforts have also been directed at determining the most effective ways to ensure that research priorities reflect and address consumer need, and are translated into the policies and practices of welfare agencies and social service providers. Indications that access to information alone is not sufficient to bring about changes in practice, and that in their busy professional lives practitioners have little time to seek out let alone successfully find, assess and interpret current research indicating best evidence and practice, have increased the need to find ways of
bringing evidence based practice to social care. Techniques such as targeted educational outreach, regular systems of reminders or “evidence nuggets” (ESRC, 2003; also see [www.whatworksforchildren.org.uk](http://www.whatworksforchildren.org.uk)) and combinations of strategies such as these have been reported as being effective. Examples of such combinations include the use of audits combined with feedback mechanisms, reminders, local site opinion and knowledge leadership, all reportedly more effective than stand alone distribution of reading and educational materials regarding research results, and formal teaching.

In 1995 the then UK Department of Health published what subsequently became known as the “Blue Book”, Child Protection: Messages from Research (1995), a documentary overview of twenty research studies focussed on child abuse and child protection processes. All of the studies reviewed were funded by the Department of Health subsequent to or as part of the process of legislative review and the resultant proclamation of the Children’s Act in 1991. Rather than being a text, or simply a practice guide for directing intervention in individual cases, the Blue Book appraised studies with a view to affecting policy and practice in social care agencies. A process of dissemination of the book was therefore an integral component of its launch and subsequent distribution throughout the UK, with a view to analysis of its impact on increasing the connections between research and service provision. Studies reviewed covered areas such as the exercise of control within families, interagency relationships and service coordination, the experience of service consumers (for example parental participation in child protection conferences) and the implications of family support as well as other treatment approaches regarding long term outcomes for children.

In addition to a high profile ministerial launch and extensive circulation by the government of free copies of the Blue Book to all relevant government and non-government agencies, the Department of Health also organised a series of regional conferences to which all UK agencies were invited. Messages from Research was given a high status profile at a number of national events related to child protection and interagency cooperation, with the principal authors speaking directly to audiences totalling over six thousand people in the twelve months subsequent to publication. The impact of Child Protection: Messages from Research was reported on in several ways.

A verbal report given by way of conference presentation (Little, 1997) discussed the impact on the roughly twenty thousand child protection professionals who had come into contact
with the “Blue Book” within the first eighteen months of its publication. Little presented the position that, based on the research in the Blue Book, social work intervention with at risk children and families should occur on the basis of relevant research indicating that taking action is better for a child than not doing anything at all. Viewed in these terms, evidence based practice does not mean that intervention will always occur with the identified client (in cases relevant to the “Blue Book”, the child at risk). Rather, evidence indicating that poor long term outcomes for a child are likely to be the result of intervention may well mean that a completely different plan is considered - perhaps a plan for deliberate non intervention. According to Little, one of the most important impacts of the “Blue Book” was to increase focus on the importance of a consideration of outcomes for children, something which child care and protection workers have historically seen as less relevant than the identification and assessment of child abuse and neglect. This discussion of continuums of intervention consequently leads into the area of identification of what evidence is required for producing good outcomes for children, and a consideration of the realities of what is possible given organisational constraints. Little asserted that, although the messages of the Blue Book could have been interpreted and used by child care professionals as rationale for argument for increasing resources, this did not occur. Instead, the emphasis turned more to outcomes for children and to attention to thresholds for service requirement and intervention.

Reporting on an evaluation of the dissemination of the “Blue Book”, Weyts, Morpeth and Bullock (2000) found that the research overview format was reported by a range of practitioners (including social work, health and education) to have had impact on child protection practice in their agencies. Utilising a survey questionnaire via postal and telephone interviews with a cross agency sample, the aim of the evaluation was to “assess the awareness, use and opinion of the Blue Book among professionals working with children and families at all levels in different agencies” (p. 217). The response rate was roughly fifty per cent and was evenly distributed across agencies. Results indicated the dissemination strategies for the book to have been successful in terms of the number of practitioners reached - almost eighty per cent of respondents had heard of the book and reported using it as a reference tool, with some agencies reporting that they had used it to restructure or reshape services. The practice exercises contained within the book had been used as in-service teaching modules by agencies, for interagency training forums, and as a framework for practice reviews. Over half of the survey and interview respondents said that not only did they understand the “messages” summarised and reported on by the research review, but also had an increased knowledge and
awareness of the importance of research in striking the balance between family support and child protection. In summary most respondents said that Messages from Research had had a direct impact on their practice, had enhanced confidence in making decisions as to how to practice using a research evidence base, and was also important in leading to the initiation of organisational change and policy development.

Three categories for improvement of the dissemination process were identified by the “Blue Book” evaluation. More copies of the actual document were suggested, plus condensations of key “messages” into bulletins, and an internet website. Practitioners wanted more workshops and training, particularly in mixed groups with managers and senior managers, and additional practice guidance with respect to implementation of the findings of the presented research.

There is clearly a place for the research overview method of disseminating research evidence for practice, this is particularly exemplified by the fact that Messages from Research tackled an area (child care and child protection) which impacts on a number of professional disciplines in addition to social work and social care. Medicine, psychology and the law, for example, all have a much stronger history of utilisation of structured systematic reviews of research material, and of randomised control trial methodologies, yet professionals from these areas still reported strongly the usefulness of the “Blue Book”.

In the move towards evidence based practice in social work, and evidence based service provision for children and families, questions about the role of research and its interface with the “real world” of practice intervention are raised with increasing frequency, as organisations become more preoccupied with delivering good outcomes. This is demanded internally as social care agencies seek to improve efficiency and effectiveness, in increasingly stringent economic and resource climates. The movement towards open accountability to service consumers has also contributed to the profile of evidence based practice in social care and social work as consumers demand increasing rights and complaints and appeals mechanisms become legislated in a wide variety of fields.

Atherton’s definition encapsulates a wide range of skills required for evidence based practice in social care, as follows:
Evidence based social care is the practice of a range of professionals grounded in solid knowledge about the needs of children and families informed by:

1. the best available evidence on what is effective
2. the practice expertise of professionals
3. the experiences and preferences of service users

(Atherton, 1999, p. 2)

Effective research-practice connections in social work require, not just active partnerships, but also flexible organisations with sustained ability to commit to the ideals of improved outcomes and consumer participation, in addition to multiple levels of organisational involvement. Organisational and working environment is crucial in making evidence based practice a reality in social work. Ideally the translation of research evidence into practice requires a combination of accessible research evidence and practitioner goodwill, sufficient practice experience at supervisory levels in order to translate knowledge (that is the evidence base) into guidance for the development of practice skills, and incentives based on the production of efficient ways of communicating research results to the workers in the field, within an agency.

The following chapter describes the LAC system, its origins and capabilities as an exemplar of this. The subsequent chapter summarises current critiques of LAC in the literature to date. In reporting the study findings and the discussion and conclusions, LAC is considered as a system of evidence based guided practice, and its place in the provision of the OOHC service system is considered.
CHAPTER 2

WHAT IS LOOKING AFTER CHILDREN?

In order to locate the Looking After Children system as a case example for this study of evidence based practice, the development of LAC is described in this chapter. Components of LAC and the background to its initial development in the UK are presented, followed by information on LAC’s spread to a number of other countries throughout the latter part of the 1990’s. An outline of early implementation and research using LAC in Australia and Canada (two countries with similar child welfare and legislative systems) is described in order to illustrate approaches to implementation. Critiques of LAC as an example of evidence based practice follow in the subsequent chapter.

Originally developed in the UK in response to research indicating poor outcomes for children in out-of-home care, the Looking After Children (LAC) system is a research based, guided practice case management system (Parker, Ward, Jackson, Aldgate & Wedge, 1991; Ward, 1995). LAC requires information about an individual child or young person in care to be collected in a standardised way, providing a best practice framework and approach for planning, reviewing and monitoring foster care and residential care placements. LAC also provides a recommended framework for decision making about and within care placements, and ongoing monitoring and measurement of progress based on the individual assessment of needs. Based on the principles of participation, partnership and good parenting, LAC enhances engagement of key parties in the lives of children and young people in care, most particularly the child and his/her parents and direct day to day care givers (foster parents and residential workers).

Components of LAC

The LAC system consists of six Planning and Placement forms plus a series of six age related Assessment and Action Records (See Appendix D for full list of Looking After Children materials). LAC Consultation Papers are provided as a guide to preparation for Review of Arrangements Meetings, which are required to be held at minimum six monthly intervals. Practice notes contained within each LAC form provide information about directly applicable research knowledge in relation to known outcomes of care. When LAC is used, all parties – children, parents, carers, workers and managers - are required to “sign off” on a jointly developed Care Plan, and any disagreements with plans are recorded on the LAC form itself,
which is then distributed to all parties. Information recorded using LAC is therefore shared with every person directly involved in the child or young person’s care.

**UK Origins**

In 1987 an initial two day meeting of UK academics and child care researchers with senior central government (then Department of Health) personnel and key national non-government child caring agency representation was convened, including local government authority (Social Services Department) representation. The agenda was to enable the presentation of current and previous research evidence in the area of child and youth out-of-home placement and care, in order to establish and discuss the status of knowledge in the field and to commence a dialogue concerning measurement of outcomes. Eight universities were represented at the meeting. The group agreed that with very few exceptions all relevant research in the field of outcomes of child and youth placement and care up to that time was focussed on measurement of placement break-down as the key indicator and unit of measurement. Little or no research was available in relation to the measurement or assessment of specific components of the experience of children and young people in care, for example educational progress and achievements, health status, or achievement of developmental milestones (Parker, Ward, Jackson, Aldgate & Wedge, 1991).

This initial discussion of outcome measurement was subsequently widened as the debate regarding what constitutes an outcome for a child or young person in care, and the optimum process for measuring such, was debated. It became clear that intervening factors and variables such as length of time spent in care, and the effects of other factors, sometimes external to the actual care placement itself, impinged. For example factors such as the location of the care setting in relation to school placement prior to entry to care, and proximity to birth or extended family and/or circles and networks of friends, were also connected with outcome. Subsequently a Department of Health Working Party on Child Care Outcomes was formed, which met over a three year period and produced a specific system for outcome measurement that could be used by both social work practitioners and researchers-the Looking After Children system.

The development of the LAC system and approach underwent several stages, commencing with an initial period of theory development (1987-1991) which examined the concept and nature of outcome in depth and was unique in its intent and attempts to link the abstract
concept of outcome to professional social work practice. It did this by using research knowledge to construct an initial series of practical tools called the LAC Assessment and Action Records (A&ARs). Development of the LAC A&ARs was based on the central premise that outcome measures should be child centred, and provide a means of assessing needs and charting developmental progress of a child in care in an ongoing way over time. Designed to be child development focussed and age specific, the A&ARs comprised assessment of seven discrete developmental dimensions-health, education, identity, emotional and behavioural development, social presentation, identity, and self care skills. Assessment within these domains was directed to occur at specified intervals (annually for children aged over five years and six monthly for children under five). The LAC A&ARs assumed a link between input and outcome, assessing not only how far children and young people progress along each developmental dimension, but also the extent to which they are provided with the opportunity to do so within the care placement. In addition, the A&ARs provide the information and set the requirement for action plans to be developed as a result the assessment of each dimension, including where deficits have been identified.

The second stage of LAC system development (1991-1995) involved pilot implementation and revisions to the Assessment and Action Records. Feedback indicated that most social workers involved in the pilot were willing to use the LAC tools. They liked and felt comfortable with the underpinning concepts and focus on concrete developmental assessment and reported that they believed the LAC system to have the potential to improve both the quality of interventions and assessment of the outcomes of care. Most foster parents also liked LAC, reporting that they found the tools helpful in promoting conversations with children and young people about their care. Foster parents felt that LAC gave their direct care work a profile of professionalism and importance, clarifying the key components of their role in the development and implementation of plans for care.

Having established that social workers were willing to use the LAC tools, an evaluation study was formulated, the purpose of which was to ensure that the A&ARs reflected issues of genuine importance to the upbringing and well-being of children and young people in care. Social workers in five UK local authorities completed LAC assessments on a sample of two hundred children in care. At the same time, working groups were established to pilot and revise the initially developed LAC Planning and Placement forms (including Care Plan and Review documentation) and to establish how the Assessment and Action Records might be
improved to suit the needs of disabled children. Consultations were simultaneously held with selected groups of health and education professionals in order to provide input and advice regarding specific issues in these areas and on revisions that would promote partnerships between agencies and individuals involved in the planning and monitoring of OOHC placements.

Some of the major criticisms of the A&AR were related to the fact that, as the records were designed by researchers as a research instrument, the forms were not practitioner and family friendly and set standards for parenting that could not easily be achieved. They were therefore also used to assess a randomly selected group of four hundred children living with their own families, that is children not involved in the care system. As a result of this use of LAC with children who were not in care, it was found that the A&ARs reflected the goals that most parents have for their children. Most parents involved in this component of the study reported that the areas assessed by the LAC A&AR were of importance to them and that they perceived the questions as being relevant to their children’s needs. Additionally most parents felt they knew what they needed to do to achieve the developmental outcome objectives specified in the A&AR, even if they were not always able to put their knowledge into practice because of a lack of resources (for example not enough money to buy books or pay for specific recreational activities).

Some additional early criticisms of the development of LAC relate to the needs of specific groups of children, for example those affected by disability or those from minority cultural groups, not being adequately addressed (Garrett, 1999, 2002). Specifically identified groups of children such as these were not considered individually in the development of LAC and hence particular factors in relation to the use of A&ARs with them were not considered as a component of the initial LAC research. However, in developing LAC, the samples of children with which the A&ARs were initially tested are claimed to have been representative of several communities (Parker et al., 1991; Ward, 1995) and therefore embracing all children in those groups. Also countering criticism of potential bias is the fact that, theoretically, LAC is built on principles of child development and the key role of assessment of this in determining outcomes of OOHC.

The LAC system was subsequently implemented on a widespread basis throughout the UK during the period 1995 to 1998, this stage provided valuable implementation knowledge via
staged audits and reports (Moyers, 1997; Peel, 1998; Scott, 1999), highlighting the following key issues:

- Adequate prior planning is required for LAC implementation, including clear delineation of lines of responsibility with respect to implementation (such as appointment/nomination of a LAC Implementation Coordinator), preparation work with respect to identifying what existing systems LAC will replace, and acknowledgement of the importance of principles of change management in organisations
- Joint training of workers and carers in order to make clear the concept of shared responsibility (LAC uses the term “Corporate Parent” to describe how many people are involved in the lives of children and young people in care) enhances commitment to the LAC system
- There is a need for emphasis in training on LAC as a child centred system grounded in research but at the same time embedded in practice issues and strategies (hence the guided practice nature of the system)
- The role played by agency senior management is crucial in conveying commitment to use of Looking After Children
- Front line supervisors and Team Leaders are important in ensuring that workers use LAC, and that the forms are shared with all relevant parties to care (associated with this is the key role of worker supervision, which although not directed by the LAC system is crucial to ensuring system take up and success).

Ongoing UK development work continued to refine and develop the LAC instruments in addition to exploring validation of the tools. The ability of the system to provide for aggregation of data was recognised at an early stage as having enormous potential to not only contribute to ongoing research but also to facilitate practice, including government reporting requirements (Kerslake, 1998). The potential of LAC to guide the continuing development of policy, practice and research priorities for children and young people in care was instrumental in ensuring the continuation of an ongoing UK research funding agenda focussed on OOHC. Subsequent research projects into the assessment of outcomes for children in need, that is those identified under UK children’s legislation as requiring statutory intervention whilst still living with their own families, developed and trialled the UK Assessment Framework (Department of Health, 2000a, 2000b; Department of Health, 2001; Cleaver and Walker, with
Meadows, 2004). Subsequent to evaluation, the Assessment Framework has now been combined with a revised and updated version of LAC to form the UK Integrated Childrens System (ICS), which is currently part of the overall social services agenda of central government. The ICS is now in the process of comprehensive implementation throughout the UK (Department of Health, 2002, 2003; Department for Education and Skills, 2004; Walker and Scott, 2004).

**LAC International Development**

By 1997 the LAC system was being used in the USA, Canada, Australia, Norway, Belgium, Israel, Sweden, and other countries (Jones, Clark, Kufeldt & Norrman, 1998; Kufeldt, Clare, Cheers, Herczog & Jones, 2002). In some countries LAC implementation projects were small scale and on a pilot basis, and different components of LAC system were used in different places. For example, in Russia and Hungary LAC was initially implemented as part of the move towards government responsibility for the care of children, and the development of foster family care as an alternative to orphanages and other forms of congregate institutional care (Department of Health, 1999). In Canada there were research projects using the LAC Assessment and Action Records, Belgium and Sweden were also implementing the A&ARs. In Australia pilot projects were developed using the LAC A&ARs in Western Australia (Clare & Peerless, 1996; Clare, 1997) and Victoria (Clark and Burke, 1998; Wise, 1999) and full LAC system implementation in New South Wales, by the non-government agency Barnardos Australia (Dixon, 2001).

International awareness of LAC spread initially via invited attendance to Looking After Children conferences held at Oxford University UK, and via personal contacts primarily between university based academics. As the development of the LAC system became increasingly widespread, interest in Looking After Children to help promote best practice in child welfare spread among practice agencies. The UK researchers who had initially developed the LAC system were asked to provide an increasing number of speaking engagements outside the UK, and became in effect ambassadors promoting the LAC system.

**LAC in Canada**

It is of interest to consider LAC development in Canada in relation to similarities with Australia as regards political systems and legislative contexts. As in Australia, responsibility for the statutory care and protection of children, including OOHC, rests predominantly with
Provincial and Territory governments in Canada. Due to concerns about the wellbeing of Canadian children and youth in care there was initial interest in piloting the LAC Assessment and Action Records, leading to Human Resources Development Canada funding a national LAC project in 1997. This project, which was of three years’ duration, involved the implementation of LAC A&ARs with children and young people in government care. With contributions in kind from participating Provinces and OOHC agencies, the Looking After Children in Canada research aimed to pilot LAC Assessment and Action Records in the six most eastern Canadian provinces (Kufeldt, Simard, Vachon, Baker & Andrews, 2000). The project also involved transatlantic collaboration with key researchers from the UK, who were involved directly with the adaptation of UK LAC materials to the Canadian context of child welfare and as trainers and consultants for the project.

In addition to testing the feasibility of using LAC in Canada, the project sought to identify how the development of children in care compared to their peers who were not growing up in care. The short and long term impact of child welfare interventions was evaluated using the LAC A&ARs as the key unit of measurement. A&ARs were administered to cohorts of children and youth in care twice, at nine and twelve monthly intervals. The results of this project clearly demonstrated the value and power of the LAC approach to both improve and measure outcomes for children in care.

In parallel two other Canadian LAC initiatives were taking place. On the west coast of Canada the provincial government of British Columbia began piloting the LAC A&ARs in selected areas, whilst in the east in the largest province Ontario, Prescott-Russell Children’s Aid Society had begun a pilot project just prior to the release of funding for the national project. Dr. Robert Flynn of the University of Ottawa was principal investigator for the Evaluating Child Welfare Outcomes (ECWO) Project, funded by the Ontario provincial government. In conjunction with the Ontario Association of Children’s Aid Societies (OACAS), the ECWO project leaders made successful application to the Trillium Foundation for funding to expand the sample size and the number of participating Children’s Aid Societies for the Ontario project. The national study contributed its Ontario data base of 130 youth, from four Children’s Aid Societies, to the Trillium project to enhance the project. The results of this work confirmed the value of the LAC approach. The use of the LAC A&AR’s was found to not only help to improve the quality of Plans of Care for Ontario children and
youth in care, but also facilitated the care planning and review process (Flynn, Lemay & Biro, 1998).

Commencing in 1999, a further project funded by the Ontario Ministry of Community and Social Services along with the Social Sciences Humanities Council of Canada (SSHRC) commenced in Canada, with the aim of assessing the value of continuing use of the LAC system in Ontario, and the ability to use the LAC A&ARs to compare children and youth in care with all Canadian children via comparison with data from the Canadian National Longitudinal Survey of Children and Youth (NLSCY). As part of this project the original version of the LAC A&AR that had been used in the initial eastern provinces research, and in the first Ontario project, was modified in consultation with the UK. The newly formed AAR-C2 incorporated many standardized items and multi-item scales from the NLSCY, and the adaptation and use of the AAR-C2 consequently allowed the functioning and development of children in care to be compared with their peers in the general population (Flynn & Byrne, 2005).

In 2001 the Child Welfare League of Canada assumed the task of coordinating the implementation of LAC in all interested provinces and territories using the AAR-C2 (known as the CanLAC project). Also involved was the Ontario Association of Children’s Aid Societies in supporting member agencies to implement LAC. To date Canada has not made any specific cultural adaptations to the LAC system, either for indigenous children in care or for other specific groups.

LAC in Australia
LAC research projects in Australia emerged at a similar time as in Canada. Social work academics from the University of Western Australia (Clare, 1997) and Latrobe University in Victoria were instrumental in creating awareness of LAC in Australia, actively seeking research funds for pilot implementations of Looking After Children materials. Australian research on outcomes for children and young people in care echoed international research indicating frequent placement changes, instability, and lack of continuity in care (Cashmore & Paxman, 1996). This knowledge of poor care outcomes contributed to growing Australian interest in the LAC system. In 1994 Dr Elizabeth Fernandez of the School of Social Work at the University of New South Wales visited the UK on sabbatical, meeting with many of the developers of the LAC system and returning to NSW with copies of the LAC forms including.
training materials. Dr Fernandez at that time had a pre-existing collaborative research relationship with Barnardos Australia, and immediately discussed with Barnardos the possibility of applying for research funding to implement LAC.

Western Australia and Victoria were the first states to use Looking After Children in Australia. In Victoria the Community Service Organisation (CSO) Kildonan introduced LAC in the early 1990’s. Subsequently in 1994, other Victorian CSOs initiated meetings with the Victorian Department of Human Services (DHS) to discuss implementing the LAC Assessment and Action Records with all children and youth in care across the state. This resulted in a pilot implementation in the DHS Eastern Metropolitan Region of Victoria in 1996, funded by an Australian Charitable Foundation and auspiced by the Child Welfare Association of Victoria in conjunction with DHS. Personnel involved in UK LAC development and implementation visited Australia at this time, promoting LAC and providing training and implementation advice. This Victorian pilot was subject to two evaluation reports (Clark and Burke, 1998; Wise, 1999), the latter indicating improved outcomes in relation to health and wellbeing for children and youth in care as a result of use of the LAC Assessment and Action Records, using standardised measurement techniques.

In Western Australia in 1993, a joint government/non-government agency committee (OHPAC-Out of Home, Preventative and Alternate Care) had purchased a licence to trial the UK LAC materials, and by 1995/96 a number of LAC research projects were underway in that state. These included projects trialling the full LAC system (Planning and Placement forms and Assessment and Action Records) in addition to a more detailed evaluation of the A&AR (Clare, 1997).

In New South Wales in 1997, Barnardos Australia, a large non-government child and family welfare agency providing care for over one thousand children and young people each year, implemented LAC for all out-of-home care placements throughout the agency (Dixon, 2001). This implementation was assisted by a three year Australian Research Council (ARC) research grant to the University of New South Wales School of Social Work, with Barnardos as a collaborative industry partner. The project involved full adaptation of all the UK LAC materials (Planning and Placement forms and Assessment and Action Records) to Australian child and family welfare legislation and care and protection practice, for all Australian Territories and States. A direct result of the UNSW/Barnardos research was the translation of
the original UK LAC system to the Australian context, making an Australian version of LAC readily available to all government and non-government agencies throughout the country (Barnardos Australia, 2002; see also www.lacproject.org).

In adapting the LAC system to Australian legislative and OOHC practice conditions, Barnardos was the only Australian agency to explicitly consider the relevance of the materials for indigenous children. Given the over-representation of indigenous children in OOHC in Australia (Australian Institute of Health & Welfare, 2006), this was an important issue. Initial consultation with Aboriginal OOHC agencies indicated that they felt happy to use the Planning and Placement forms, the primary purpose of which is to collect background information in order to develop and review OOHC plans. However, the Aboriginal agencies felt that the LAC Assessment & Action Records would require closer consideration of cultural appropriateness prior to adopting them for use with Australian indigenous children in care.

Currently LAC is used by one Aboriginal OOHC agency in NSW (The LAC Project Australia, Newsletter 10) and Barnardos Australia has assisted the Australian Aboriginal and Torres Strait Islander child care peak body, Secretariat of Aboriginal & Torres Strait Islander Child Care (SNAICC) to develop a research proposal for detailed testing of the LAC A&ARs with indigenous children.

Over the past five years use of the LAC system by Australian agencies has spread rapidly and LAC is currently used with over half the total number of Australian children and young people in care. In NSW the majority of non-government out-of-home care service providers are using LAC. In the Australian Capital Territory (commencing in 2000), Victoria (commencing in 2002), and Tasmania (commencing in 2003) LAC is used by all government and non-government care agencies, that is, with all children and young people in care in these jurisdictions. LAC was officially launched by the government in Western Australia in 2001, having already been used there prior to this for a number of years, as previously outlined. Given the lack of a national approach to ensuring standards for monitoring and regulating out-of-home care in Australia, the use of Looking After Children is fulfilling an important role in setting the agenda for consistency in collection of data on outcomes for children and youth in care (Wise, 2003). The use of LAC in this way is assisting in setting a national agenda for
quality improvement and care planning for Australian children and youth in out-of-home care, at the present time.

This chapter has described the Looking After Children system, which is used as a case example for this research. There has been some discussion of early critiques of LAC, particularly in relation to its applicability to children with specific needs (for example those affected by disability, cultural issues and indigenous populations) and further critiques of LAC as an example of evidence based practice are contained in the following chapter.
CHAPTER 3

LAC AS AN EXAMPLE OF EVIDENCE BASED PRACTICE

Chapter two outlined the historical development of evidence based practice, including a description of some of the ways in which social work practitioners make use of research in a number of different contexts. This was followed by a description of the development and components of the LAC system in chapter three.

This chapter will examine critiques of LAC in the published literature to date. In undertaking this task it is useful to recognise that a number of related factors and considerations exist in respect of LAC being a system developed from direct and targeted research into what produces good outcomes for children and young people in care. Such factors include the analysis of methodological rigour with which LAC was developed, the role of political climate in influencing research directions and the potential for conflict in compromising professional social work autonomy by the imposition of systems of guided practice containing clearly specified practice directions and directives.

LAC in Relation to Systematic Reviews
The research origins of LAC are neither based in nor linked to a process of systematic review of methodologically similar research studies analysing what works for children in care. The approach used by the UK Department of Health Working Party in developing the initial components of the LAC system, namely the Assessment and Action Records, was one of analysis of the concept of outcome in relation to children in care, based on a child development approach.

Consideration of standardised instruments for outcome measurement led the Working Party to the belief that combining a number of measures of child development dimensions into an overall score or measurement of outcome, risked reducing the importance of professional judgement in relation to social work analysis of individual circumstances and decision making and also reduced ownership of the assessment process (Parker, Ward, Jackson, Aldgate and Wedge, 1991). In one respect this can be perceived as a strength of the LAC system in that it enhances the ability of OOHC workers to make adjustments for changing situations and
circumstances (for example policy directions or new research findings). It also allows for the prioritising of changing individual needs as they occur for a child or young person in care. For example, a child in care may have a developmental priority in relation to bonding and attachment at a particular point in time, particularly if they are in infancy or early childhood, and/or may have experienced multiple changes in caregiver and placement. On the other hand, educational needs may assume a higher priority rating, regardless of number of placement changes or a child’s age if, for example, the child or young person is at a particular point such as commencing formal education, changing school, commencing high school, or preparing for formal exams.

Interestingly, given this emphasis on minimising weightings and standardised measures in the initial stages of LAC development, early critiques of the system and initial LAC implementation espoused concerns about LAC being an inflexible and bureaucratic system which limited professional judgement and decision making processes for the individual child (Bell, 1998/99; Knight and Caveney, 1998). This position fails to recognise the importance and role of the supervisory context within which effective social work practice is set. Good practice requires more than good intentions and professional training; ideally it should take into account principles of social justice, a willingness to listen to clients, effective casework and case management systems, sound practice experience in encountering previous similar situations, and a knowledge of what works best in preventing problems, in addition to specific intervention techniques (Macdonald, 2004b). These components of good practice should be supported by regular professional supervision, in addition to organisational and management structures which provide a framework within which social workers are enabled to make good decisions, with the overall goal of producing positive client outcomes.

Theoretical Underpinnings - the question of rigour

A key feature of systematic reviews is the pooling, summation and analysis of findings of relevant research in a specified area in set and rigorous ways. For example the Cochrane Review process is dictated by the presumption that evidence must be systematically collected in order to be reliable (see Coren, 2005). Therefore reviews proposed for Cochrane must be first registered by title and according to guidelines set by a Review Group, including:

- Statement of focussed clinical question (including relevance and importance)
• Present state of knowledge in the selected area
• Types and definition of study participants
• Types and means of identification of studies to be considered
• Main and comparison interventions
• Primary and secondary outcome measures
• Trial selection, including quality of studies
• Data analysis, including relevant sub-groups (if applicable)

Subsequent to acceptance of a protocol, and followed by preparation and lodgement of a review with the Cochrane database, the material must be regularly checked and updated by authors in order to maintain currency of relevant research. This poses the challenge of keeping abreast of new research findings in order to keep a review up to date, in addition to methodological considerations in relation to the incorporation of varying data types on an ongoing basis and clinically useful presentation of findings.

The development of LAC is not based on randomised control trial or experimental methodology, and is described in the Initial Report of the Working Party (Parker et al., 1991) as a ‘single group’ design. By this is meant that a single group (of children in care) was used as the primary focus for development and pilot implementation of the initial LAC measurement instrument, the Assessment and Action Record. This study design was supplemented by the incorporation of two controls - firstly a group with established norms (a “generic” control) consisting of children growing up with their own families (that is, not in OOHC). Use of the LAC Assessment and Action Record with such a group was enacted in order to test whether parents not involved in the child care and protection system considered the LAC Assessment and Action Record to be a good measure of developmental outcomes for their children. Secondly a “shadow” control consisted of the analysis of research findings and professional judgements about the Assessment and Action Record and of implementation of the LAC system in its initial development phase.

The rationale of the LAC researchers, although LAC is by description not methodologically strictly evidence based, was that, in the longer term, the use of developmental instruments would lead to opportunities for the aggregation of outcome data on children in care. It was also anticipated that LAC would enable and actively promote (once many agencies had been
using the system over time) the possibility of future research using the LAC instruments combined with an experimental design. It was an overt and stated objective that widespread implementation of LAC could help set practice standards and by doing so lead to the further development of new research questions in relation to outcomes for children and young people in care (Parker et al., 1991).

Challenges arising in relation to LAC research underpinnings quickly raised questions as to whether LAC was developed as a research tool purely for the benefit of children and young people in care by improving outcomes, or as a means of furthering a UK central government reform agenda. In terms of whether LAC development was based on “objective research” Garrett asserts that the LAC researchers being enmeshed with an advocacy position for their system leads to an illusory stance that values and normative judgements are not apparent in the Assessment and Action Records (Garrett, 2000). Further, Garrett questions how records initially designed as research instruments could be readily translated into user and client friendly practice tools for UK wide implementation, complete with funded audit process and follow up. (Moyers, 1997; Peel, 1998; Scott 1999).

**Challenging Professional Autonomy**

Early use of LAC Assessment and Action Records generated concerns about the guided practice nature of LAC, and the use of what has been described as a “checklist” approach (Bell, 1998/99). Although early implementation experiences reflected a positive view by practitioners in relation to the structure provided by LAC for collation of a child’s history and planning for care, issues in relation to whether LAC records constituted an effective and child-centred system also emerged. If LAC is viewed as an essentially bureaucratic approach to OOHC practice, then questions arise as to whether it can also be a social work practice tool that is sensitive to the unique individual needs of children and young people in care. If seen as a means of dictating and controlling professional behaviour, rather than as a system of guided practice, factors such as time taken to complete the LAC records and resource constraints influencing what services might be feasibly provided to clients (despite being recommended as a result of LAC assessment and planning) are also important considerations. The question of social work process as a key component of intervention also assumes prominence, in addition to analysis of outcome, in order to holistically consider whether LAC is primarily child focused, or worker, or manager, or system focussed in its orientation.
However, adopting the position that professional autonomy is compromised and impeded by guided practice systems such as LAC assumes that judgement and independence grounded in best knowledge (including the most up to date and current research) informs professional practice, as a matter of course, in every social work practice of intervention. It also assumes that professional intervention is always going to produce positive change in a client’s life. In order to justify intervention there must be a degree of confidence that there is a reasonable probability of doing more good than harm (Macdonald, 2004b). Best intentions do not always equate with positive results, as the history of OOHC undoubtedly indicates. What is required therefore is a sound knowledge base indicating what works best in particular situations, with particular client groups, in combination with a way of making this knowledge base readily accessible to practitioners.

McDonald suggests the following three key questions as crucial for practitioners in monitoring work with children and families:

1. What is hoped to be achieved?
2. What will success look like?
3. What information needs to be collected?

(Macdonald, 2004b, p. 6)

Considering these questions in relation to LAC as guided practice, the first is explicitly stated by the system developers, and in LAC training materials and process, as being that LAC aims to achieve improved outcomes in relation to developmental progress of children and young people in care. The question of what information to collect is prescribed by the guidance of and on the actual LAC forms. What success “looks like” is described via the summary sections at the end of each of the seven developmental dimensions in every Assessment and Action Record. The initial Assessment Record, which is completed once a child has been in care for a specified time period, forms a baseline against which, over time and as subsequent Assessment Records are completed, progress is rated and measured.

**Political Agendas - LAC as “social control”**

The interface between assessing outcomes for children and young people in care as part of a process of social work intervention and the assessment of corporate performance in order to monitor and improve services is neither a straightforward connection nor a logical one. There
is debate as to whether it is acceptable that such connections exist in terms of the need for social work to operate independently of political systems in order to challenge the constraints placed on individuals as a result of government agendas (Garrett, 1999, 2000, 2002). The principal concerns raised about LAC in this respect arise from the belief that development of the LAC system was funded by government in order to further a political agenda of constraining social workers as professionals, thereby further disempowering children and families who are their clients. Garrett proposes that the focus of LAC on measurement of outcomes is, in effect, a means of enacting the culture of economic rationalism and targeting increasingly limited resources to government requirements.

The originators of LAC are open in presentation of the tensions which emerge in the interface between theory, research and practice and the ways in which this was apparent during early stage and ongoing development of LAC. It is clear that, in the attempt to link the abstract concept of outcome to professional practice, it is necessary to acknowledge that a variety of information about children in care, and their development, will be collected through the use of LAC and that evaluation of professional performance in collecting such information will almost certainly take place as a result. However research cannot be applied to practice without the involvement of the professionals concerned with service delivery, therefore the tension of competing agendas is in some ways inevitable. Claiming as they do to provide a flexible and effective assessment system based on research and child development theory, the developers make no assertion that implementation of the LAC system is not affected by the context in which it is enacted, including factors such as social, economic and resource constraints. It is also acknowledged that a tool as broad as LAC, with the capacity to be used creatively by practitioners in unique individual ways, will invariably be unable to satisfy all needs at all times. What it can do, however, is to make the processes of assessment, planning and intervention for OOHC more transparent and participative for all parties involved, with the aim of improving the outcomes of care for children and young people.

An alternative position to that presented by Garrett is that it is unrealistic to expect that research evidence will provide conclusive and universally applicable resolutions to practice dilemmas (Newman, Moseley, Tierney & Ellis, 2005). According to Newman, research cannot diminish professional experience nor the importance in the current climate of a prominent voice for the service users - this latter principle being one which is strongly evident throughout the LAC system by way of requirement that all parties sign and are given copies
of assessments and plans. Considered in this way LAC, as evidence based practice, actively promotes the ability of practitioners to challenge the status quo and authoritarian positions by ensuring that systems are openly accountable to service consumers via transparency in practice and intervention. Newman maintains this to be “part of a long and honourable radical tradition in social work” (Newman et al, 2005, p. 25).

The “checklist approach” criticism of LAC, as previously raised, can be expanded to incorporate the issue of checklists being based on normative assumptions about parenting practices and concepts of child development (Knight and Caveney, 1998). This line of argument can be extended to maintain that increasing agency bureaucratic procedures and constraints on children and young people in care via the implementation of systems such as LAC can inhibit the development of partnerships in the provision of OOHC. This is despite the fact that an expressed principle and strong feature of the LAC system lies in strong commitment to the promotion and enactment of partnership between professionals, parents, carers and children and young people. Concerns that the overall format and questions contained in LAC documents are based on normative concepts of childhood which may not apply to the population of children and young people in OOHC and that practitioners are constrained in having to ask the LAC questions verbatim, however, fail to take into account the guided practice nature of LAC. Although containing minimum time frames for actions and recommended procedures, the LAC system does not confine practitioners to the process of completing forms in particular ways. Early studies on UK compliance (Moyers, 1997; Peel, 1998; Scott, 1999) indicated that practitioners varied in the extent to which they completed the various sections of LAC forms. In a response to the concerns raised by Knight and Caveney (1998), Jackson (1998) asserts that seeing LAC records as professionally restrictive misinterprets their intended use, in that LAC was not designed to be an alternative to the need for social workers to address individual circumstances and to have individual conversations with children and young people in care. Rather LAC is an aid to better practice in the provision of OOHC within an environment of professional supervision and support, which increases the likelihood that important aspects of the development of children and young people in care will not be overlooked, but rather will be addressed in the context of the relationship between intervention based on increased knowledge of research and improved outcomes.
LAC as Individualised Service Delivery

Yeatman and Penglase, in their discussion of debates in the literature about LAC as represented by academics and practitioners, propose it to be an example of “polarised epistemologies” (Yeatman and Penglase, 2004, abstract, p. 1), interpreted as meaning that schools of thought regarding LAC follow two distinct streams which are not directly related to one another. For example, positions of advocacy for the LAC system internationally (Ward, 1996; Donovan & Ayres, 1998; Jackson, 1998; Kufeldt et al, 2000) and within Australia (Clare, 1997; Clark and Burke, 1998; Dixon, 2001; Wise, 1999, 2003) contrast with critiques based on underlying assumptions about features such as sociological stance in relation to childhood (Garrett, 1999, 2003; Winter, 2006), bureaucratisation of social work practice and regulatory imposition of restrictive social policies by governments. However, according to Yeatman and Penglase, the two schools of thought do not engage together into an overall analysis of LAC in relation to the connection of OOHC practice with related research. It is therefore relevant to broaden consideration of LAC into analysis of the connection between theory development and practice.

Recognising that published literature does not yet exist indicating results in terms of developmental and other outcomes of care for children and young people with whom LAC is used over time, Yeatman and Penglase nevertheless maintain that it is relevant to consider the connection between macro and micro-management of service delivery systems in relation to LAC. The integration of explicit and implicit policy and process with resource allocation, and the collection of information for both casework and overall planning purposes, is a strong feature of the LAC approach. The systematic way in which information is collected in combination with practice guidance, is linked explicitly to research into outcomes of care, constituting the overall LAC system. Thus the integration of the needs of the overall OOHC service system with specific agency requirements for case management of individuals is assisted by LAC. Considered in this way LAC is viewed by Yeatman and Penglase as an example of individualised planning and case management and part of a wider trend towards such approaches in individualised service delivery within the overall human services sector.

Discussion of LAC implementation in relation to social work and OOHC education (Francis, 2002), and also what can be learnt from feedback of practitioners on implementation experiences raises the issue of tensions arising from the multiple purposes and functions of the LAC system (Bell, 1998/99; Wheelaghan, Hill, Borland, Lambert & Triseliotis, 1999).
Collecting information for measurement of outcomes and the purposes of assessment and goal setting for children and young people in care within the LAC best practice framework can be viewed as a potential source of conflict with data collection for organisational reporting and program accountability requirements. One possible solution to this dilemma is to see LAC implementation as an ongoing process, encompassing continuing development in response to new research and also changing needs of the OOHC population, rather than as a definitive and fixed single solution means to an end. Adopting an open approach such as this makes it a feasible for practitioners to make adjustments to LAC in order to meet individual needs - constituting individualised service delivery whilst at the same time acknowledging that core components, for example in relation to guidance about key issues which impinge on the child or young person’s development in a particular area (such as education or health), must still be maintained.

**Research versus Practice Agendas**

Combining the dual functions of LAC as research instrument and practice tool creates an ongoing tension in its use. According to Francis this is an issue which can be addressed in training, by way of explicit discussion of the different purposes for which LAC is required, and also by the involvement of direct foster carers (foster parents and residential workers) in simultaneous training with professional staff. LAC training needs to consider the connection and interplay between the different purposes of the LAC materials, providing scenarios of competing priorities, as precedence of individual issues and needs may vary over time and with particular need. This is reflected by the fact that, in the UK, the original LAC system has been subject to continuing large scale government funded research in order to develop it into a comprehensive Integrated Children’s System, which embraces a span of intervention work with children and families across the range of early intervention, child protection (including allegations and substantiation of child abuse reports), OOHC and leaving care/after care.

In the Australian context, factors identified by Tomison as limiting OOHC research are:

> agency and professional defensiveness; the difficulties associated with investigating such complex, highly sensitive...phenomena...(and) researchers’ failure to translate findings into a form that is useful for the sector

Tomison, 2002, p.1
In attempting to illustrate how an evidence based practice approach might be adopted in Australia, Tomison proposes some ways in which a greater Australian investment in research could be made, such as government sponsorship and strategic policy development and decision making by bureaucracies. He suggests that common language and uniform definitions of terms across State and Territory child welfare systems would be of assistance, as could addressing the culture within child welfare organisations regarding the possible roles which research can play in assisting and promoting better practice initiatives. Information and data collection systems also have a role in facilitating the research process, and the practice-research relationship. Ready availability of, and consistency in, data collection systems and more user friendly and routine data retrieval is presented by Tomison as enhancing the possibilities for practice agencies to utilise research findings related to the outcomes of interventions.

Tomison identifies the following as crucial factors within the Australian context, in furthering an evidence based practice approach:

- **Send the message to staff that research is important**
- **Bridge the research-practice divide by investing in internal research ‘experts’**
- **Promote collaboration and partnerships with researchers**
- **Negotiate confidentiality, ownership and dissemination of research, (and)**
- **Develop effective methods of internal and external dissemination of research findings**

Tomison, 2002, p.11

His conclusion is that, although there is currently an increasing recognition by governments, statutory child welfare authorities, and non-government child and family welfare agencies of the benefits of adopting evidence based practice, overall there is inadequate investment in child care and protection research in Australia. Arguments for and against the transferability of research findings across international contexts (Cashmore, 2001; Scott, 2002) suggest the need to ensure that research based practice initiatives are grounded in theory and practice, rather than ideologically driven. The development of the LAC system can be seen to meet all
of Tomison’s criteria as listed above, and as such can be viewed as relevant to the Australian context of OOHC.

The research approach and methods for this study emerging from the previous three chapters are outlined in the following chapter. The methods used in this research are complementary to the issues raised as relevant to the literature on the research-practice interface as described, with the case example of Looking After Children providing illustration of key issues.
CHAPTER 4

METHODOLOGY

In order to explore the study aims of:

- investigating the understanding of OOHC managers of the terms “evidence based practice” and “guided practice”
- determining the influence of research in informing the effectiveness of policy and practice in relation to children and young people in OOHC and
- examining implementation issues related to systems of evidence based practice

a qualitative orientation was adopted.

This chapter outlines the underlying epistemology, theoretical perspective and methodology of this qualitative research. In addition, the research design and process is described with particular reference to the research method, sample selection, collection and analysis of data. Ethical issues and limitations of the research are considered. Initially, the relevant background of the research is outlined.

Background of the Research

Interest in the topic area of evidence based practice in OOHC initially arose from the researcher’s lengthy professional social work experience and employment in the area of child welfare, specifically in the field of care and protection of children and young people. A history of professional employment experience in social work within residential care, family group home care and foster family care settings for children and young people led to an interest in exploring how research evidence is translated into policy and practice in OOHC settings. Direct practice experience in the Australian child care and protection system over a lengthy period, combined with OOHC program management and personal interest in developing ways in which research evidence can be translated into tools for direct practitioners led to the development of research aims and objectives. Growing Australian and international awareness of the UK LAC system and its potential to assess development with a view to improving outcomes for children and young people in care via guidance based in research evidence also indicated the potential of using LAC as an illustrative case example for the project.
The presentation and discussion of literature related to evidence based practice, including the development and critiques of Looking After Children, has identified a variety of issues which are applicable to its definition. Additionally, the connection between research, policy and practice has been shown in the literature review to be influenced by a variety of factors. In developing the research approach and methods for this study, it is considered that the use of Looking After Children as a case example provides illustration of the relevant issues.

**Theoretical Perspectives Underpinning the Research**

In its interpretation of findings in relation to the exploration and examination of how OOHC managers understand evidence based practice and utilise relevant research evidence in daily practice and policy development, the research reflects a constructionist epistemological approach. This orientation presumes that the managers interviewed will have differing understandings of evidence based practice, constructing meaning in their respective positions in government and non-government agencies in a variety of ways. Constructionism holds that there can be diverse understandings of common phenomena and issues (Crotty, 1998). This guides the research expectation that the findings would indicate a variety of interpretations, beliefs, and positions held by study participants about evidence based practice and the uses of research.

In line with the constructionist approach, an interpretivist theoretical perspective was used in considering how OOHC managers understand research evidence and use evidence based practice and guided practice in their work. The research does not assume that there is an objective and known truth in relation to what constitutes evidence based practice, nor that there is one concrete, undisputed and universally agreed definition of the term, but that rather it is the process of understanding which is most important (Crotty, 1998). An underlying assumption of this research is that managers in the practice field of OOHC seek to maximise the benefits of care for client children and young people, seeking ways to ensure good outcomes of care and improved life experience for children and young people as a result of the OOHC placement experience. This provides the context for examination of how the OOHC managers interviewed attribute meaning to the concepts of evidence based practice and guided practice and attempt to translate research into policy and practice within their agencies.
Research Approach
The research was designed using qualitative methods, emerging from the underpinning constructionist epistemology and interpretivist theoretical perspective as described. Qualitative research, using semi-structured interview schedules (Appendix C) provided the most appropriate means of collecting information concerning evidence based practice and guided practice in an exploratory way. This enabled the opinions of study participants about evidence based practice in OOHC to emerge as a result of face to face interview and discussion, the advantage of this method over a survey technique being that ideas about the LAC system could be generated and reflected upon as part of the research process. Congruent with the interpretive approach, individual interviews with OOHC managers were used as the primary source of data collection (Mason, 2002).

The decision to use the LAC case management system as a means of illustrating the effect of research on OOHC policy and practice was based on it being a research based and guided practice system in receipt of growing interest in the context of OOHC in several Australian states and territories at the time of initiation of the research. The use of research methods involving a combination of individual interviews with LAC as a case study was seen as an effective way of enabling the generation of data concerning direct policy and practice feedback in relation to OOHC in Australia, in addition to information about guided practice.

Sample Selection
A sample group of nineteen research participants, comprising ten Senior Managers and nine Middle Managers, was selected for the research. The Senior Managers were agency Chief Executive Officers, Directors or Deputy Directors; Middle Managers were Team Leaders, that is in direct supervisory positions of OOHC casework teams. The sample was specific and purposive with participants identified for interview on the basis of having responsibility for OOHC within agencies either at Team Leader or Senior Manager level and knowledge of and/or experience in using the LAC system. The researcher’s position as an Senior Manager with responsibility for OOHC programs within an agency using LAC enabled knowledge of and contact with suitable participants within the Australian OOHC sector.

Research participants were from NSW, Western Australia and ACT, from government and non-government OOHC agencies, with representation as follows:
- eight (8) individual agencies
- three (3) government and five (5) non-government agencies
- four (4) NSW agencies, one (1) ACT agency, and three (3) Western Australian agencies.

The selection of States/Territories from which to draw participants for interview, and the OOHC agencies from which the sample was drawn, was related to the number of Australian OOHC agencies using LAC at the time the research proposal was initially conceptualised in early 2000. At that time the number of Australian OOHC agencies using the LAC system, or with direct experience of LAC and active plans to undertake implementation, was relatively small; this limited the selection of potential participants for the research. A total of nineteen OOHC managers were approached to participate in the research, all of whom agreed to be interviewed.

As stated, participants were selected on the basis of having had experience of LAC via system implementation within their agency, direct knowledge of LAC, and/or employment in an agency with a stated intention to implement LAC. New South Wales and the Australian Capital Territory were chosen in light of geographical proximity and ease of travel for interviews, the researcher being resident in Sydney NSW, and it was initially anticipated that only these two locations would be used as locations for interviews. An unexpected opportunity to travel to Western Australia provided an additional three participants for the study, this was of benefit to the research in that Western Australia had been the earliest Australian site for LAC pilot implementation in the early 1990’s (Clare and Peerless, 1996; Clare, 1997). As previously stated, all of those approached with a request to be participants in the research agreed to be interviewed.

Of the eight agencies represented in the study, three (comprising thirteen participants) were in the process of implementing LAC at the time of the research. A further three agencies (four participants) had overt commitment to LAC implementation expressed in terms of corporate or business plans, these were all government departments; two of these three agencies also had well developed documentation in relation to proposed LAC implementation. The remaining two participants, from two separate agencies, had previous involvement in LAC pilot implementation projects, although these pilots had not proceeded to full implementation.

Agencies fitting the criteria for inclusion in the study based on the above considerations were as follows:
• In Western Australia - the statutory government department with responsibility for child and family welfare (which had already undertaken LAC pilot projects) and two non-government OOHC agencies with experience of LAC via participation in the pilot project Steering Group

• In ACT - the statutory government department with responsibility for child and family welfare, which had already made the decision and announced that LAC would be implemented in all ACT OOHC agencies as part of funding contract requirements

• In NSW - three non-government OOHC agencies using the LAC system in addition to the statutory government department with responsibility for OOHC and child protection and which, at that time, had LAC implementation written into the Corporate Plan.

**Data collection**

A semi-structured interview schedule (see Appendix C) was developed for use in interviewing study participants, in order to enable facilitated questioning around key issues with respect to the research objectives. The use of a semi-structured format provided a guide rather than a prescriptive formula for interviews, the advantage of this being to enable the research process to be adaptive and responsive to participant responses as they were provided (Alston and Bowles, 1998).

Gilbert (1997) describes the semi-structured or semi-standardised interview as characterised by the interviewer asking major questions in basically the same way with each person interviewed, with freedom to alter the sequence of questions, and to use probing techniques in order to elicit additional information.

*The interviewer is thus able to adapt the research instrument to the level of comprehension and articulacy of the respondent, and to handle the fact that in responding to a question, people often also provide answers to questions that were going to be asked later.*

Gilbert, 1997, p. 136

A set outline of questions was used with each interview participant, with slight variation between the Senior Manager and Team Leader groups. These questions provided focus for questioning, whilst allowing additional areas to be explored, and prompts to be given. Major
questions were asked in the same way, however sequence could be altered if additional areas were covered by respondents prior to reaching designated sections of the interview schedule, in order to avoid repetition.

Areas covered in the interview format included:

- Understanding and definition of the terms evidence based practice and guided practice
- Time spent on professional reading/training/updating of knowledge base
- Knowledge of the LAC case management system
- Organisational/agency decision making processes in the agency
- Issues related to implementation of the LAC case management system

Team Leaders were also asked about the use of the LAC in OOHC teams, specifically if and how they used the LAC system as a supervisory tool with individual team members.

As previously stated, in this study the research questions were more suited to participant interview than survey technique. Interviews were combined with the LAC case example in order to explore and expand understanding of what OOHC managers think that evidence based practice means, how they incorporate this understanding into daily work practices and (for Senior Managers) organisational decision making for change. Using LAC as a case example ensured a focus on current OOHC practice, LAC being a contemporary system and having prominence in OOHC systems in a number of countries world wide. In addition the use of LAC as a case example complements the exploratory method and semi-structured interviews used in the research.

Research interviews took place over the seven month period between August 2000 and February 2001, in the workplaces of participants. Eighteen were face to face interviews, with one telephone interview undertaken due to unanticipated participant time constraints. The use of interviews in combination with the LAC case example provided for a more comprehensive exploration of the issues covered in the research than if a single means of collecting information had been used.
Data Analysis

A large amount of qualitative data was collected during the project. Notes were hand recorded by the researcher during interviews, following transcription of which the data was initially grouped as follows:

- Answers by individual question (total sample participants)
- Answers by individual question, divided into sub-groups of Senior Managers (10) and Team Leaders (9)
- Answers by government agency participants
- Answers by non-government agency participants
- Answers grouped by individual Territory/State

Information was analysed with respect to key themes based on the research objectives of exploring beliefs and opinions about evidenced based practice and guided practice, ideas about the role played by research in the development of OOHC policy and practice, and implementation issues regarding evidence based practice systems and with particular respect to LAC. Collation and analysis of the data in this way led to the emergence of key issues within the identified themes. This assists understanding of how the Senior Manager and Team Leader sub-groups viewed LAC in relation to being an evidence based system, and whether and how it could contribute to practice and policy development in OOHC.

In keeping with the qualitative nature of the study design, the emphasis used for data analysis in this study is on description and interpretation (Alston and Bowles, 1998), in order to reduce statements made by participants down to core meaning and content (Ritchie and Lewis, 2003). A systematic overview approach has been taken in relating the responses of interview participants to LAC as a case study and also as a recurrent theme throughout the research. This effectively enhances flexibility in analysis and interpretation of the data, allowing connections to be made with related literature and also continuing evidence based practice developments.

Ethical Considerations

All required procedures of the University of Sydney Ethics Committee were complied with for the project, this involved completion and submission of standard application forms for Ethics Committee approval. The research proposal was straightforward in that it involved
interviews with adult subjects, and did not involve any interviews with children, or adults unable to consent freely to participation in the research. A Participant Information Sheet and Participation Consent Form were devised and distributed to subjects prior to interview, these are attached. (See Appendices A and B).

An assurance of anonymity of participation was provided to interview participants, this was given on initial request to participate and then again at time of and immediately prior to interview. Although it was anticipated at the outset of the project that interviews would be voice recorded, this did not eventuate as the initial two participants interviewed raised concerns that they did not feel comfortable with this due to their holding senior positions within their agencies and consequently wished to maximise confidentiality of information revealed in the research. These two Senior Managers said they would feel less able to be open and frank about the practices and processes within their agency, should interviews be audio recorded. Interviews were therefore hand notated and subsequently transcribed by the researcher within twenty four hours of each interview. Transcripts were coded to ensure that the names, position and any other identifying details of subject participants did not appear on written records of interviews, codes also being used to signify level of manager; participants were randomly numbered within each sub-group.

Study participants were approached independently of the researcher’s paid employment to request involvement in the project. It was explained in detail and at the outset of the project that findings would be reported independently of the researcher’s employed position with Barnardos Australia, and supervised by the University of Sydney in the then Department of Social Work as part of the requirements for postgraduate academic qualification.

When making the decision to use the LAC system as a case study example, it was considered neither advisable nor appropriate to include any staff of Barnardos Australia as subject participants, nor to include Barnardos’ experience in using LAC, directly in the research. This decision was made in consideration of Barnardos being the employer of the researcher at the time the study was undertaken, and also having an active role in promoting the use of LAC by OOHC agencies throughout Australia. Including Barnardos’ staff in the study would have provided additional and detailed feedback on the experience of implementing LAC, Barnardos being one of the first agencies in Australia to fully utilise the system (Dixon, 2001). However, to do so would have posed the ethical dilemma of how freely participants
employed by the same agency as the researcher would feel able to be involved in the study. For the Barnardos’ manager with agency responsibility for implementation of LAC to be interviewing staff about their use of the system, whether they considered it to be evidence based practice, and the organisational barriers to using LAC within the agency, was deemed inappropriate as it could reduce independent reporting of study findings by increasing the possibility that participants may feel pressured to express particular views about LAC.

**Limitations of the Research**

At the time of study commencement the researcher was employed as a Senior Manager by the NSW non-government child and welfare agency Barnardos Australia (www.barnardos.org.au). This role included responsibility for implementation of an Australian adapted version of the UK LAC system in thirteen Barnardos OOHC care teams. As part of the Barnardos Australia LAC implementation project, the original UK LAC system was adapted to Australian child welfare and relevant family related legislation, leading to a variety of government and non-government agencies becoming increasingly interested in LAC. In combination with the researcher’s professional experience, the knowledge of other Australian LAC pilots and implementation projects which had taken place in several States (Clare and Peerless, 1996; Clare, 1997; Clark and Burke, 1998; Wise, 1999) led to an interest in using LAC as a case study example for the research.

It is acknowledged that the researcher’s position as Senior Manager with responsibility for LAC implementation in Barnardos Australia may be a potential source of bias and/or constitute a conflict of interest in the process and outcome of this research. In recognition of this and to address this issue and as already stated, no participants in a direct working relationship with the researcher were recruited for the interview sample, nor included in the research in any way. Employees of Barnardos Australia did not participate in any way in this research.

Also, and as previously stated, the study sample is selective and purposive and therefore no claims are made as to the ability of findings to be broadly applicable or able to be generalised to the wider Australian sector of social work practice in out-of-home care.

In the following chapter the research findings will be presented and reported in relation to the key objectives of the study. This will be followed by discussion of emerging themes and
issues related to evidence based practice and guided practice, with particular reference to the ways in which Looking After Children assists the research/policy/practice interface. Conclusions and implications will be drawn regarding issues related to the implementation of the Looking After Children system in the context of the Australian OOHC system at the present time.
CHAPTER 5

FINDINGS

Research findings from participant responses during interviews are presented in this chapter. Emerging themes relating to the overall aim and specific objectives of the study are reported. These themes will be further examined in relation to relevant literature, including critiques of the Looking After Children system, in the final chapter.

Understanding Evidence Based and Guided Practice

Reported understandings of the terms “evidence based practice” and “guided practice” provided a wide range of responses. Of the total group of nineteen, only three respondents reported never having heard the term evidence based practice.

Senior Managers

Senior Managers as a group were more confident than Middle Managers in reporting their understanding of what constitutes evidence based practice. They consistently related evidence based practice to the incorporation of research into policy development and the ability to use research results and findings to influence practice. Two Senior Managers felt the measurement of client outcomes in relation to interventions to be an important component of evidence based practice.

Senior Managers generally said there is a need to know “what works and what doesn’t work” in relation to the programs and interventions they are responsible for managing. The need to have clearly defined program aims and objectives which specify desired outcomes, and clear statements concerning the program, system and intervention expected to deliver these outcomes, was stressed as important.

...having clear specifications of the outcomes that are expected to be achieved, and the system that is expected to deliver those outcomes, is important...

Senior Manager 2, government agency

Overall, evidence based practice was portrayed in positive terms by the Senior Manager group. It was seen as important to the role of Senior Manager and was also seen to be aimed
for as an essential component of OOHC service delivery. Senior Managers from government agencies were more likely to link evidence based practice with accountability requirements and to use the language of service specifications, as well as phrases such as “input and output measurement”.

**Team Leaders**
The nine Team Leaders in the sample, considered as a group, were generally less confident about what constitutes evidence based practice than the Senior Managers. Four spoke of the importance of knowing the outcomes of intervention, however were not able to specify how they would know whether positive outcomes were being achieved for clients. Unlike the Senior Manager group, none of the Team Leaders mentioned service specifications or raised the importance of clearly stated program aims and objectives to evidence based practice. Only one Team Leader made any mention of the role of research.

Two Team Leaders said they believed evidence based practice to be about individual accountability - a system by which agencies could check what workers were doing, and whether they were meeting targets and producing “results”.

   *It's about accountability, and recording; a way of showing what work you are doing with clients to get a good result*

     Team Leader 5, non-government agency

**Guided Practice**
Guided practice was a more difficult concept for study participants, regardless of sub-groups. This may be reflective of the fact that guided practice is not a phrase found in the literature related to evidence based practice, even though it is commonly referred to by practitioners in relation to the LAC system. Approximately half of the total interview group gave a definition of guided practice which identified minimum baselines or standards of service provision; that is, a set of practice instructions or prescribed means of intervention.

   *...service delivery according to a particular prescribed way...*

     Senior Manager 10, non-government agency
The issue of professional judgement was raised in relation to definition of guided practice, however opinion was not consistent in terms of the nature of a link between these two issues. Participants raising the issue of professional judgement said that they did not believe guided practice to be an impediment to worker autonomy, reporting the belief that guided practice assists practitioners in making individual decisions based on professional expertise, previous practice experience and information from research evidence. Guided practice and professional judgement were viewed as complementary and as enhancing the likelihood that intervention would produce good outcomes for children and young people in OOHC. Only one participant saw professional judgement and autonomy as being impeded by guided practice, believing that practice guidelines, regardless of where they came from and whether or not they were based in research, were an impediment to a worker’s ability to use knowledge and direct experience of similar situations they had come across in the past.

*When workers are guided in making decisions about casework practice, (they) do not have so much individual autonomy, and the decision making process is based more on the needs of the program.*

Team Leader 6, non-government agency

As with evidence based practice, as a group the Senior Managers displayed more confidence than Team Leaders in their understanding of guided practice, referring to guidelines and processes which ensure that practitioners perform designated tasks in particular ways. Several mentioned that practice guidelines were built into their agency practices by way of research knowledge and evidence made readily and easily available to workers via staff training, as well as access to agency libraries and reference material. Some said “best practice” principles were built into agency structures through policy and procedural documents, such as what one agency called a “Case Practice Manual”.

Overall, both Senior Managers and Team Leaders made connections between guided practice and research evidence. Practice systems that had been standardised in some way within the agencies, or according to external parameters or requirements, were described as guided practice. Team Leaders were more likely than Senior Managers to view the terms guided practice and evidence based practice as being interchangeable and meaning essentially the same thing.
Alternative Contexts for Evidence Based Practice

Most participants who confidently outlined their understanding of the terms evidence based practice and guided practice could relate them to contexts other than social work and OOHC, however several, mostly Team Leaders, could not. Six of the nine Team Leaders said they had not heard of evidence based practice outside the field of OOHC, compared with the Senior Manager group in which only two of those interviewed were not aware of evidence based practice in other fields or disciplines. Contexts mentioned by those who had heard the term evidence based practice in relation to other areas included health (six mentions), welfare/social work/psychology (four mentions), education (two mentions) and environmental science (one mention).

Relevance of Evidence Based Practice to OOHC

Considerations of whether evidence based practice and guided practice have relevance and impact in the OOHC sector was overwhelmingly answered in the affirmative by all participants. Issues highlighted as being benefits of access to relevant research in OOHC included:

- maintaining benchmarks for “best practice”
- ensuring uniformity and consistency in service provision
- enhancement of agency credibility
- assistance in program evaluation
- promotion of staff training opportunities
- supporting programs and agendas for innovative staff training
- canvassing of new and innovative practice alternatives
- assisting quality assurance procedures

In relation to the second research objective (that is, determining the influence of relevant research in informing the effectiveness of OOHC policy and practice) this finding supports the position that OOHC managers believe research to be important in their roles, and to the ways in which the work of OOHC agencies is undertaken. Practice issues as indicated in the above list are directly related to the goal of improving outcomes for children and young people in care, and policy development is assisted by processes such as quality assurance and program evaluation.
Government agency Senior Managers were more likely than Team Leaders to report that evidence based practice allowed them to “take shortcuts” to the implementation of new programs and initiatives within their jurisdictions. They commented that by using knowledge gained from available summaries and amalgamations of research findings, new programs could be implemented without having to undergo trial or pilot implementations. These Senior Managers saw pilots as being both time consuming and expensive in terms of utilisation of resources and also with respect to maintaining staff commitment to new practice initiatives once a decision for implementation of a new system is made.

**Opinions of LAC as Evidence Based Practice**

LAC was reported by most participants to be an evidence based system for OOHC which assists in promoting participation of children and young people, their parents and direct carers, in planning and reviewing placements. Respondents saw LAC as a means of guiding OOHC practice and intervention with children and young people, via the way in which it translates research evidence into direct practice guidance. This in turn has the potential to influence agency policy directions for children and young people in OOHC.

In terms of knowledge and experience of LAC and the UK research from which it developed, all participants were able to describe the practice of LAC, including its underpinning principles. They outlined the ways in which LAC facilitates record keeping for children in OOHC in a standardised manner, evidenced as follows:

*LAC is an evidence based system... (it) assists assessment because it is based on research indicating what works with children in the care system... It helps collect information, which is important because kids frequently enter care with not much background information at all...*

Team Leader 6, non-government agency (using LAC)

*LAC is a system based on research. It uses simple concepts and language and is based on concepts of normative parenting. LAC takes a holistic view of the needs of the child in care.*

Senior Manager 10, non-government agency (using LAC)
LAC is an evidence based system for managing OOHC placements, based on research and congruent with practice knowledge about what children and young people in care need...

Senior Manager 5, non-government agency (not using LAC)

Team Leaders identified issues related to practice, such as the ways in which LAC enhances the involvement of children and young people and their parents and carers in decision making processes, facilitates regular assessments and guides how workers supervise OOHC placements. Most Team Leaders felt that LAC constitutes guided practice, however they did not refer to the actual practice notes and guidelines contained within the LAC materials.

Only two of the nine Team Leaders interviewed reported direct experience or knowledge of the UK research from which LAC was originally developed, both of these individuals had actually spent time in the UK during the period of LAC initial development. The remaining seven Team Leaders said their knowledge of the research development of LAC had been gained through participation in LAC training groups, however they felt the information provided in training to be more an overview rather than a direct source of evidentiary material and key research findings in relation to children and young people in OOHC.

Senior Managers described LAC more directly as constituting a case management system based on evidence based practice in OOHC. Most said they had attended LAC related conference presentations; usually these were papers on research projects involving LAC implementation in Australia and overseas. These Senior Managers said they subsequently sought out additional direct information on LAC, either by direct correspondence with presenters and/or by organising access to the UK literature relating to the original LAC research. Their level of knowledge about the research underpinnings of LAC was high and, in general, the Senior Manager group displayed a keen awareness and understanding of LAC research projects. They reported having read the UK research material, and that this had initiated discussions within their agencies about LAC implementation.

Senior Managers also spoke more specifically than Team Leaders about outcomes for children and young people in care and the potential of using LAC as a means of measuring and potentially improving outcomes. Most made a direct connection between evidence based
practice and anticipation of improved practice outcomes in their agencies, as a desired result of implementing LAC.

In general terms, both Senior Manager and Team Leader groups considered LAC to be an evidence based practice system and none reported being aware of any other system which had been researched and developed to a similar extent for use with children and young people in OOHC.

**LAC and the Research/Practice Interface**

Study findings regarding ways in which the LAC system impacts on the interface between research and direct practice in the field of OOHC relate to objectives two and three of the study, namely determining the influence of relevant research, and exploring evidence based practice implementation issues. The use of LAC as a case example in this respect enables consideration of the particular factors involved in using research evidence in practice and the impact of agency organisational structure and also infrastructure on implementation of LAC.

Team Leaders were generally less clear than Senior Managers about the uses of research evidence in day to day OOHC practice. There may be a number of reasons for this, including factors related to job description in terms of role and responsibilities and also available time for locating and accessing relevant research. Agency auspice (government or non-government) and size appeared to make little difference in this respect.

Team Leaders spoke about being “always on the look out” for new systems of practice, and new ways of supervising staff in managing OOHC placements. Considering and appraising research findings and evidence with regard to the specific implications for their particular programs and the work practices of their teams, was a priority for the Team Leader group even though these managers consistently reported that they had few opportunities to access research.

In relation to time spent on professional reading and updating knowledge of research, including issues of best practice, Senior Managers reported spending the most time in these activities as part of their paid employment, believing professional reading and updating of knowledge to be an essential and regular component of daily work routine. In government agencies this generally involved having paid staff (described as research or policy
development assistants and units) whose job consisted of providing briefings on relevant research and its findings to senior management. Managers who reported spending very little of their work time on professional reading of research reported compensating for this by increased attendance at professional development activities such as seminars and conferences.

In terms of private time spent on updating of research knowledge, Senior Managers were evenly divided into two groups - those who said they spent a considerable amount of private or personal time on professional reading and updating of knowledge, and those who “left work at work” and did not pursue such activities outside their paid employment.

As a group, Team Leaders reported attending professional development and training courses more than undertaking professional reading in either paid work time or private time. They reported being “too busy with casework related activities and supervising staff” to read during their working day. Like the Senior Managers, the Team Leader group was split evenly between those who undertook reading of research related material in their private time out of personal interest and those who did not. However, overall it can be said that Team Leaders saw themselves as having less available work time than Senior Managers to access OOHC research because of their direct responsibilities in supervising teams.

Senior Managers and Team Leaders were asked common questions about reservations and concerns regarding the uses of research evidence to influence practice, in particular LAC. One quarter of the total combined group of Senior Managers and Team Leaders expressed no reservations about LAC, reporting that they believed LAC to be an efficient way of making research findings accessible to OOHC practitioners. One Senior Manager from a government agency said that, while she held no reservations about the LAC system itself, she felt that restrictions were imposed on the use of any evidence based practice system (including LAC) by the political context and the bureaucratic nature of government service delivery systems.

*Although I don’t have reservations about the value of LAC myself, there are political implications with respect to the varying agendas of government, which affect decision making about adopting new systems.*

Senior Manager 4, government agency
Some Team Leaders raised the need to be aware of possible incongruence between theory and practice and the dilemmas which this disparity causes for staff.

...*(name of agency)* has a core value base of ethics, commitment, and best practice development for children and young people...Sometimes LAC directions seem to conflict with these, and this is where the freedom and autonomy of the team comes in, because when that happens I can provide supervision in an individual way....”

Team Leader 8, non-government agency

*LAC has highlighted attitudinal issues in the team along the way, and sometimes conflicts between theory and practice, which otherwise might not have come to light.*

Team Leader 3, non-government agency

Several Team Leaders also reported that, in supervising teams, they are acutely aware of the realities of day to day practice for team members in terms of the unexpected events with clients that frequently occur. Such occurrences were seen as a disruptive but unavoidable part of the work of OOHC, generally needing immediate attention regardless of interruption to work flow. Team Leaders saw it as important not to expect that any new system such as LAC would necessarily result in an immediate change in the outcomes of interventions with and for children and young people, because intervention must be viewed over time in order to see results.

Using the LAC system for recording information about clients, as well as for purposes of data collection, was highlighted as a concern by research participants. This may be seen as reflective of a perceived conflict between LAC as a practice tool and LAC as a research instrument, given that data collection is used by agencies, not only for purposes of client record keeping, but also for funding and accountability requirements and purposes of research. Such a tension relates to both objectives two and three of this study; that is, on the research/practice connection and factors affecting the implementation of evidence based practice systems. If managers feel that using a system such as LAC may have additional consequences which have not been clearly specified, for example if it is able to be used for
research as well as being a practice tool for OOHC, then client rights and self determination may be compromised and consequently the success of system implementation reduced.

Some participants felt that the large amounts of information about children and young people collected by LAC in systematised ways meant that a risk existed that workers would focus on paperwork at the expense of developing relationships with children and young people. Underlying this concern was an expressed belief in the key importance of relationship and process as core components of OOHC practice. One Team Leader felt that information recorded via LAC could be misleading if not considered in context, however then went on to qualify this by saying that this was a concern with all systems of file recording.

Similar comments were made about confidentiality. Whilst several participants expressed concerns about client confidentiality in terms of who might have access to the LAC records, and the large amount of information contained therein, this was generally tempered by the comment that such risks exist in any system of file keeping and recording. One Manager commented that only if no written records were kept at all could client confidentiality be confidently maintained, and even so, the risk still exists that the professional holding information in his/her head could disclose it inappropriately on a verbal basis. These issues highlight the tension between LAC as a practice tool and as an instrument for research. This will be further elaborated in the discussion chapter which follows.

The impact of using LAC on professional autonomy was raised as a concern, for instance two participants commented as follows:

\[
\text{LAC can seem too prescriptive for professionals, who are trained to value (their) autonomy}
\]

Team Leader 2, non-government agency

\[
\text{...professionals (need to) use their own experience to decide what works in practice and what doesn’t}
\]

Senior Manager 4, government agency

One Senior Manager said that, unless OOHC practitioners have some professional knowledge base and experience in the field, then a risk exists that LAC will be used as a “tick box”
exercise, regardless of the research base or the practice notes indicating research results. Linking to this is the concern raised by several participants that, in a climate of increasingly stringent accountability requirements by funding bodies, LAC may be used to satisfy reporting mechanisms but have the unintended outcome of reducing the amount of time spent in face to face direct work with children and young people in OOHC.

Participants expressed a liking for the fact that LAC is clearly child focussed and grounded in research into the needs of children and young people in care; this was reported as a strength of the LAC system. In contrast with this two participants said that, although LAC’s clarity of client focus on the child or young person in care is good, this focus does risk workers failing to fully consider the needs of the child’s or young person’s family.

**LAC Implementation Issues**

In study findings reported so far with respect to the research/practice interface and with particular reference to LAC, some issues are identified as they have emerged in relation to implementation issues for systems of evidence based practice. These include the potential for conflicts of interest with respect to the use of LAC as a research instrument, and as a practice tool for improving outcomes of OOHC, and the risk of workers feeling that professional autonomy is jeopardised by the use of evidence based practice. Additional factors, some of which may be seen to constitute barriers to using evidence based practice, are the LAC implementation issues reported as follows.

**Senior Managers**

Some Senior Managers reported the work of learning and implementing LAC to be hugely time consuming for OOHC staff, with the consequent amount of work involved being a potential barrier to successful LAC implementation. They did not, however, see this as a reason not to attempt LAC implementation, rather as a factor for consideration with respect to the development of LAC implementation plans.

Three Senior Managers identified initiation and decision making processes for agency change as occurring exclusively at senior executive level; these Senior Managers were all from government agencies. The fourth government agency Senior Manager outlined a process whereby the organisational executive group generally initiated change by undertaking a “pilot” or trial implementation of any proposed new initiative, prior to involving or seeking
feedback from field practitioners. Feedback from field practitioners on such a trial subsequently constituted the involvement of that group in the process of decision making for agency change, rather than direct participation in the discussions occurring at senior executive level.

In terms of the impact of agency structure and infrastructure on the decision making process for change, it is interesting to compare the three government departments represented in the study, with respect to the issue of the impact of this on whether LAC was implemented or plans existed for such. All three government agencies were characterised as having bureaucratic structures, with Senior Managers describing a “top down” management approach. Managers from these three government agencies reported common concerns in relation to how best to ensure that evidence based practice existed within their organisations, describing the impact of the political process as a significant factor in the decision to implement LAC. All three of these agencies had an expressed overt commitment to LAC implementation at the time of this research, however only one of the three had developed a detailed implementation plan. This leads to the question of whether complex management structure itself is a barrier to LAC, or whether the co-existence of bureaucracy with other factors such as worker resistance raises more complex implementation issues.

All of the Senior Managers from non-government agencies reported that new practice initiatives and suggestions for agency change could, and did, arise from any level in their organisations and frequently emerged as ideas directly from field practitioners. These Senior Managers talked about their organisations being characterised by collaborative and non bureaucratic approaches, as illustrated by the following statements:

*New ideas nearly always come from the teams. We sit around the table together, to discuss them.*

Senior Manager 6, non-government agency
Once a new initiative or project has been initially discussed, there is usually a document prepared by management which is then the focus for consultation. All staff, at every level, read and comment on it. Team leaders put together the comments from their teams, then the final changes are made. Managers take the responsibility for implementation.

Senior Manager 10, non-government agency

(The) usual process is that teams decide, then its discussed with management, who then discusses with Board. (We have) a policy and practice subcommittee with representatives of all levels of staff........

Senior Manager 5, non-government agency

Although, when questioned specifically, the non-government agency Senior Managers said that the final decision for agency change rested with themselves and with their Boards of Directors/Committees of Management, qualifications were generally added. The view was expressed that, if middle management and front line practitioners were not “on side” through consultation and involvement in the decision making process, then the success of implementation of any new system or initiative such as LAC would inevitably be compromised. This contrasts with comments made by government agency Senior Managers who all reported that the Minister, following the recommendations of the Departmental Director and the Senior Executive group of the government department, had an absolute and final say in decision making for change, regardless of the opinions of the field.

Non-government agency Senior Managers generally reported high levels of trust existing in their organisations and confidence held by staff in the ability of senior management to make best practice decisions for the agency. Non-government Senior Managers reported holding a high level of individual autonomy with respect to decision making for agency change. This was enhanced by the fact that they felt their agencies had transparent systems in place for grievances and complaints, and is illustrated by the following comment:
People working here know how to complain if they are not happy about a decision that’s been made. There is no fear of retribution in the agency for making a “wrong” decision, at any level; and this leaves people free to get on with the job.

Senior Manager 9, non-government agency

Government agency Senior Managers were more likely than non-government managers interviewed to raise the issue of legislative reform as a driver of change. In the ACT, for example, this was a direct precursor, along with a review of the OOHC system (Clark, 1998), of the decision to implement LAC; this was mentioned by study participants in ACT interviews. Government agency Senior Managers were more likely than managers from non-government agencies to raise the issue of the impact of political influences (for example the priorities of Ministers and Directors General) as having considerable influence on decision making for change in systems and practices related to their portfolios, and also as regards potential new practice initiatives. The following statement by a government Senior Manager summarises this position:

*It’s just not possible to separate the political from the professional. Research is used to justify political decisions. This is in direct contrast to the way research is used in other agencies.*

Senior Manager 4, government agency

Factors related to resources, such as having sufficient financial ability to release staff for training and/or increase staffing levels in order to allow workers to reduce caseloads whilst learning a new system such as LAC, were more commonly mentioned by non-government than government agency Senior Managers. With respect to the introduction of LAC, one non-government agency Senior Manager said:

*Workload factors, and the fact that the agency had committed to (another new system) across all programs, not just out-of-home care, meant that resource issues were acute (when we were first implementing LAC). Time and workload factors for staff were particularly acute.*

Senior Manager 6, non-government agency
Non-government Senior Managers also expressed the view that time frames for the implementation of new systems such as LAC needed to be set in consultation and discussion with the staff carrying the bulk of responsibility for system implementation. In other words, the people having the job of actually changing previous practices and “doing” the new system need to be involved at the practical level of planning the “how” and “when” this takes place. This links with the comments of Team Leaders, as described next, regarding how they use LAC in supervising staff. The use of Team Leaders to plan for LAC implementation by ensuring that adequate systems are in place to support staff and undertake quality assurance tasks in relation to checking whether and how implementation is proceeding, is a strategy that can be planned in advance and reported on at specified intervals during the implementation process.

**Team Leaders (including the use of LAC in supervision)**

Over half of the Team Leaders from agencies using LAC reported using the system as a supervisory tool with professional staff and direct carers of children. The use of LAC flow charts and time lines readily translates within the OOHC supervisory framework into assistance for checking by Team Leaders on whether a worker has completed required tasks within the designated time frames.

Only one Team Leader reported limited use of LAC in individual worker supervision - using LAC only when discussing the assessment of new referrals for OOHC. This participant also made specific comments about the way in which the degree of completion of LAC forms provides an indication of how thorough an initial assessment has been undertaken. This indicates that LAC was being used, at some level, as a quality assurance mechanism in supervising professional practice.

Most Team Leaders reported that LAC records were routinely discussed and checked during supervision of staff. Degree of completion of LAC forms was perceived as an indication of the extent to which workers are able to identify the broad goals for OOHC placement during the process of planning for care and ongoing assessment of a child or young person’s needs.

LAC was also reported by Team Leaders as being used as a supervisory tool in group supervision sessions and in team meetings. In the agencies using LAC, experiences in using
the system were shared amongst and between colleagues on a regular basis as a routine component of team meetings, with Team Leaders reporting that they saw themselves as providing a clear leadership role in facilitating LAC related discussions. Team Meetings were also reported to be used for quality control and “checking” as to how workers use LAC, to allow workers to air grievances and frustrations with LAC, and to develop new and communal strategies for assisting LAC implementation. In this way, discussion of LAC is also used as a team building exercise, and a means of sharing practice strategies between teams.

Team Leaders were less likely than Senior Managers to hold reservations about LAC. They generally expressed the view that the most important factor in the implementation of any new practice initiative such as LAC is to allow workers adequate time to learn the new system. They spoke of the importance of “room to move” and the need for reducing bureaucratic processes as much as possible in order to facilitate and promote change and incorporate new practice. The study objective regarding implementation of evidence based practice systems indicates the primary role of Team Leaders in relation to supervising staff in ways which reinforce new practice. Middle Managers perform a key function in terms of overseeing and supervising system implementation, facilitating change management and ensuring implementation success via direct knowledge of the daily work practices of their teams.

Also indicated as important by Team Leaders was attitude of staff in terms of commitment to making the LAC system work for the agency in improving outcomes for children and young people in care. Four of the five Team Leaders from one agency and one out of three in another mentioned that a number of the core principles on which the LAC system is based were already espoused values of their agency, prior to the decision to implement LAC. They believed this facilitated LAC implementation in their agencies. In the words of one Team Leader:

_We have a core value base of ethical practice, and a commitment to partnership with children’s families and carers, and LAC fits very well with this. I think because of this there hasn’t been very much resistance to implementing LAC and_
we’ve been able to use the system in the way it was intended.

Team Leader 6, non-government agency

Most Team Leaders identified high levels of worker motivation for using LAC within their OOHC teams. Only two raised the issue that some workers felt that LAC impeded their ability to make independent professional judgements and decisions in relation to OOHC practice. One Team Leader said that diversity within the team’s professional backgrounds, qualifications and life experiences enabled workers to share experiences in using LAC in creative and flexible ways.

**LAC Adaptations**

Most Team Leaders reported making very few changes to the LAC system in using it with their teams. The most commonly reported adaptation related to how Team Leaders supervised staff in relation to placement duration, that is, how long a child or young person stayed in care. Half of the Team Leader group felt LAC to be more suited to use with children and young people staying in care for periods longer than four to six weeks; they saw using LAC for placements of less than this duration as time consuming and potentially wasteful of staff time and resources. As a result of this belief, one team had made a decision not to begin using LAC until after a child or young person had been in care for more than six weeks.

Some Team Leaders said that, in early stage of LAC implementation, their agency did not insist on high level completion of LAC forms and records. Team Leaders reported that insisting on this would have increased worker resistance and reduced compliance rates for using LAC, consequently affecting the overall system take up rate (that is compliance). They saw the ability to use the system flexibly as a support to successful LAC implementation and did not perceive this as a barrier to evidence based practice.

**Barriers to LAC Implementation**

The LAC implementation issues reported in this study so far primarily constitute supports to implementing LAC, however the study also revealed factors constituting barriers. Senior Managers were more likely than Team Leaders to identify barriers to successful LAC implementation in their agencies. Staffing issues, such as having to take workers off line or out of the field in order to undertake training, were reported as a concern; however it was also mentioned that this was an issue regardless of the type of training undertaken and not a
problem that was specific to LAC. As well, managers from government agencies consistently reported having to be alert to industrial issues associated with the replacement of staff who are attending training, as it affects workloads and equity issues. Which staff are given access to what training at particular times was also raised as an issue.

The issue of staff turnover was raised more frequently by government than non-government agency participants as an issue of concern, and a barrier to evidence based practice. The retention of staff trained specifically in particular systems such as LAC in the same job over time within the organisation was seen as being of high priority, although difficult to achieve. Both Senior Managers and Team Leaders reported that workers could be trained in the latest research and implications for practice, only to have this knowledge and expertise lost to the organisation when the worker moved on to a new position. Difficulty in recruiting staff with experience in OOHC was also reported as an issue. Participants felt OOHC experience provided at least some assurance that a new worker would have the potential to be open to learning new systems such as LAC.

Financial issues were expressed as a constraint by both government and non-government study participants. Managers from non-government agencies felt the prospect of having insufficient funds to follow through a process of organisational change, such as LAC implementation, to pose considerable financial risks, as non-government agencies are generally reliant on government funds which can fluctuate as a primary income source. Comments made regarding this relate to the risks involved in commencing a process of implementing evidence based practice, then not being able to complete it due to insufficient funds being available on a continuing basis.

Government agency participants raised the issue of outcome versus output measurement; one government agency Senior Manager expressed the opinion that developing mechanisms for outcome measurement is likely to be far more costly than measurement of outputs. The view was expressed that LAC may therefore not be seen as sufficiently cost effective for government agencies to make a decision for large scale implementation.

Issues related to staff support and organisational structure were also apparent. In the government sector factors related to staff supervision were seen as impediments to evidence based practice. These issues included the problem of staff turnover (as already raised) and
also the fact that supervisors themselves frequently lack OOHC experience or knowledge of OOHC research findings. Staff resistance to implementation of change, for example LAC, was reported as likely to be high if staff confidence in their supervisors is generally lacking within the organisation.

One Senior Manager from a non-government agency reported that the process of making evidence based practice a priority (this agency was already using LAC), and then keeping it on the agency agenda in an ongoing way, posed potential barriers to LAC implementation success. It was felt that managing a busy organisation involved the setting aside of sufficient time for planning on an ongoing basis; that is, just “putting something in place and then leaving it to continue by itself” was seen to pose a risk of raising barriers to the continuation of a project, particularly in a work setting characterised by client crises and unexpected demands.

Finally, client related issues (for example young people with high support needs such as extreme behavioural disturbance and/or intellectual disabilities) were seen to pose a barrier to LAC implementation. Team Leaders, in particular, noted that staff working with children and young people with specific needs require particular sets of evidence, in addition to broad research knowledge of what works in general terms for the majority of the population of children and young people in care. They felt that LAC does not provide guidance on specific client groups within out-of-home care.

Team Leaders also identified LAC implementation barriers as being degree of team autonomy and size of agency. They felt that, if teams constituted small groups of a manageable size, this assisted them to know their staff and provide individual guidance on specific issues as required, rather than providing a purely clinical supervisory role. Team Leaders reported that this reduced obstacles and barriers to change, including LAC implementation, and said that if there were large teams, or teams where the management structure was less clear and roles and responsibilities within teams less well defined, it would be more difficult to implement required practice change.

One Team Leader raised the issue of primary case management and the relationship between clarity of case management roles and responsibilities and decision making processes, and ease and success of LAC implementation. This was reported as being particularly relevant to
situations where a number of parties (usually agencies, but could also include individuals who are important to the child in care, for example previous caregivers) are involved in working with a child or young person in care. Primary case management, or designation of “who does what” with a particular child or young person, together with which agency holds final decision making responsibility, has the potential to cause conflict between parties and disruption to the child or young person in OOHC.

If a non-government agency is providing direct daily care for a child or young person (completing all the LAC records and coordinating the case management process) and the relevant statutory government department holding legal guardianship regularly overrides the agency’s decisions regarding plans made for care, workers may be unable to follow through on plans made using the LAC system. Both government and non-government agency managers raised this issue related to case management responsibility as a strong barrier to successful LAC implementation by non-government agencies.

A final constraint or barrier to evidence based practice expressed by Team Leaders was “time” - never having enough time to do everything needed for a child or young person in care, even in circumstances where the evidence base for particular actions and interventions is clear. Most Team Leaders reported LAC as providing assistance in this instance by providing assurance, through the guided practice nature of the system, that the case management process is taking into account the underlying foundation of a strong evidence base. However, the time taken to complete LAC records was seen as intensive, particularly in the early stages of LAC implementation when workers are still new to using the system.

Overall, when asked for summarising comments, study participants were positive about the ability of the LAC system to make a difference to OOHC practice by making research evidence more readily and easily accessible to staff. They felt this to be an essential component of the LAC system.

Senior Managers raised the importance of continuing training in research and research based systems and linking research knowledge with practice in an ongoing way more frequently than Team Leaders. Also of not being complacent about adopting a new system such as LAC and then presuming that it would continue to be research informed, without keeping abreast of new and related developments. Both Senior Managers and Team Leaders highlighted the fact
that there is sometimes a huge amount of information, including research evidence, that OOHC practitioners are required to absorb. It is consequently challenging for organisations to provide continuing training in evidence based practice, and to ensure that systems for updating knowledge are readily available on a continuing basis.

Finally, study participants reported that it is a barrier, and also a benefit, to implementation that LAC has the potential to be used across a number of agencies in the OOHC service system; that is, by multiple OOHC service providers. If LAC is implemented consistently by numbers of agencies across the OOHC sector within and across Australian Territories and States, then opportunities for research via aggregation of LAC data, as well as for knowledge sharing and theory development as a direct result of agencies using LAC in a consistent way, can potentially be facilitated within the Australian context. This was raised by several Senior Managers and was seen as having the potential to be of real benefit to the promotion of evidence based practice in Australia, providing the long term benefit of consistency in approach to case management in Australian OOHC. Conversely, this requires a commitment to openness and sharing of information which constitutes challenges for agencies in meeting client (and legislative) privacy requirements, and also confronting agency beliefs in relation to what constitutes best practice in OOHC.

Study findings which have been presented in this chapter will be elaborated and considered in the discussion and conclusion which follows. Links with relevant literature about evidence based practice, LAC development and LAC critiques, as presented in chapters two to four of this report, will be made. In connecting research findings with the project aims and objectives the principal themes of definitional issues in relation to evidence based practice and OOHC, LAC and the research/practice interface in Australian OOHC agencies, and LAC implementation issues (including decision to use LAC) will be discussed. Implications for policy and practice in the field of OOHC are also presented in the concluding section of this research report.
CHAPTER 6

DISCUSSION AND CONCLUSION

The role of evidence based practice in social work is complex and multi-faceted; it is affected by a variety of underpinning influences as demonstrated in the literature review. A range of factors has been identified by writers as being of significance in relation to the impact of evidence based practice in child and family social work and care. These factors include the types and methods of research used to determine “what works”, the interface and links between practice and research, the role of professional guidelines, organisational and agency structure, clinical/professional supervisory environment and direct experience in specific practice areas. In the area of child welfare, and specifically out-of-home care for children and young people, an awareness of evidence based practice has been growing most particularly over the past ten years.

This concluding chapter reflects on key issues which have emerged in this research on evidence based practice in out-of-home care, and makes links with relevant literature in terms of the study findings. The Looking After Children case example is used to provide such links, particularly with respect to implementation processes and experiences. Key issues, themes and findings are related to the study objectives of exploring understandings of evidence based practice, determining the influence of relevant research on out-of-home care managers, and examining LAC implementation barriers and supports.

Key themes emerging from this research are as follows:

• the benefit of broadening definitions of evidence based practice to include a wide range of influences on practice
• the value and importance of considering a broad range of research approaches in connecting research with policy and practice
• the potential for influencing outcomes of social work intervention via research based and influenced guided practice systems and techniques
• factors which constitute barriers and also those that enhance the implementation of evidence based practice
the potential for instigating and supporting new research via the use of evidence based practice for purposes such as data aggregation, in addition to practice development and enhancement of client outcomes.

These themes will be individually discussed, followed by implications and conclusions drawn for OOHC policy and practice in Australia, and including suggestions for future research directions.

**Extending Definitions of Evidence Based Practice**

Reflecting opinions in the literature that evidence based practice is receiving increased emphasis in social work and related disciplines (Newman, 1999; Dunston and Sim, 2000; Coren, 2005; Plath, 2004, 2006), study findings indicate that OOHC managers are conscious of the need to justify interventions with children and young people in care with evidence of good outcome and effect. The ways in which evidence based practice is understood in terms of direct knowledge of and connections with OOHC research evidence indicates an awareness of increasing requirement to ensure that practice intervention is based on a knowledge of outcomes. Making the connection between day to day practice and relevant appropriate research evidence is identified in the study as being affected by agency organisation and size, with the degree of bureaucratic structure within an agency seemingly related to how easily managers perceive themselves as being able to access relevant research. This is consistent with findings from other studies and reflected in the literature on evidence based practice (Barratt, 2003; Kessler, Gira and Poertner, 2005).

In this respect, and given the way in which the Looking After Children system is reported by participants in this study as guiding practice and intervention with children and young people in OOHC, results indicate that LAC provides an example of one way forward in terms of connecting research and practice on a day to day basis. OOHC managers in this study believe that LAC is not only developed from research but also directs practice in ways which provide practitioners with direct evidence of these research underpinnings as part of using the case management system. The study indicates that OOHC managers interviewed perceive LAC to be an example of evidence based practice, even though some literature definitions of the term in relation to components such as systematic review are not a feature of the LAC originating research or the developed system (Sackett et al, 1996; Logan, 1998). The study indicates support for positions which advocate broadening evidence based practice definitions beyond investment in good quality research and access to reliable research summaries, to the
inclusion of a range of research methods and incorporation of assistance for practitioners to be able use research evidence in an ongoing way for assessments and the development of intervention plans (Macdonald, 2001).

Additionally, the study suggests that LAC can be seen to exemplify a broader definition of evidence based practice in recognising the practice experience and professional expertise of OOHC workers. The guided practice approach of the LAC system enables practitioners to implement the case management framework via a range of interventions which are tailored to the needs of the child or young person in care, provided that the minimum practice standards as specified by LAC are met. In this way the practice expertise of professionals is recognised and experiences and preferences of service users is also represented within an individualised service delivery approach (Atherton, 1999; Yeatman and Penglase, 2004).

Connecting Practice with a Range of Research Approaches and Perspectives

In terms of meeting definitions of evidence based practice which are confined to research using empirical methods, the study supports the position that the field of OOHC is more usefully served by a broader definitional emphasis encompassing the inclusion of a range of associated relevant information in assessing and determining effective interventions. The limited reference made by the OOHC managers interviewed in the study (particularly Team Leaders) to systematic reviews, and the role of such in providing a means of assessment of evidence based practice, indicates limited general awareness and experience of such means of assessing research. This did not however prevent the managers interviewed from reporting that they believe evidence based practice to be important in OOHC. In their terms, and using the example of the LAC system, managers reported that there are many ways in which they assess the factors involved in contributing to good outcomes for children and young people in care.

In line with the increasingly emergent position that definitions of evidence based practice in the context of social work are potentially strengthened by the inclusion of a range of research perspectives, methods and techniques, the study suggests that OOHC managers see LAC as providing an evidence based practice framework which enables workers to incorporate a process of critical reflection into practice, within the overall LAC approach. This supports the view that evidence based practice and critical reflection need not be mutually exclusive processes, but rather can work together in facilitating an informed approach to client
If informed decision making is viewed as a component part of evidence based practice then using LAC with children and young people in OOHC assists workers in that the use of the guided practice framework enables them to plan interventions according to both knowledge of research (as indicated by the practice notes contained on LAC records) and also via the sensitive collection of relevant information directly from the parties involved in OOHC; that is, the child/young person in care in addition to their parents, foster carers or residential workers, and any other professional workers involved (for example teachers, support workers, health care workers). This finding is contradictory to the position presented by Bell (1998/99) in relation to LAC impeding critical reflection in practice due to a “checklist” approach. Managers interviewed in this study did not view LAC to be restrictive and confining, rather Team Leaders placed LAC in the context of being a useful supervisory tool which facilitates work with children and young people in OOHC and is also of value in widening perspective and enhancing the involvement of all relevant parties to a care placement. In this way they perceived LAC as facilitating critical reflection and inclusive practice.

In line with the findings of other studies which have indicated that the combination of a variety of means of research dissemination is most effective in facilitating the use of research by practitioners (Little, 1997; Weyts, Morpeth and Bullock, 2000) this study has also shown that OOHC managers use a range of mechanisms for accessing research. The use of research summaries prepared internally by organisations at managers’ requests, attendance at trainings including seminars and conferences, and time spent on reading of professional material all featured in OOHC managers reported use of time in relation to accessing and updating of research related material. It is of note with respect to policy development which is a key component of the responsibilities of the Senior Manager group interviewed in this study, and particularly those in government agencies, that the use of additional staff employed specifically to provide research compilations in order to inform executive decision making is a feature of the overall system for accessing research. This constitutes an interesting area for further research into the effect of the numbers of individuals involved in the reviewing of research on the overall emphasis which is apparent in the summaries prepared, and how this may affect the policy making process.
The Role of Guided Practice in Influencing OOHC Intervention

The issue of LAC as guided practice is reflected in the study via the extent to which use of the system is seen as influencing OOHC practice. Literature which considers LAC as constituting oppressive practice via constraint on professional autonomy and decision making (Knight and Caveney, 1998; Webb, 2001, 2002) is not largely supported in this study. Although organisational constraints are raised as a LAC implementation issue, and the political context and environment is mentioned particularly by government agency managers as having impact on decision making for change, the LAC system is principally portrayed as a creative tool, used to enhance the development of individualised assessments undertaken and plans made for children and young people. Team leaders in particular reported that the workers they supervise use LAC in this way, adapting the system within the overall framework of guided practice in order to meet individual need. This echoes the argument developed by Yeatman and Penglase (2004) that LAC makes connections between macro and micro level management in OOHC, and constitutes an example of the wider trend towards individualised planning, case management and service delivery within the broad human services sector.

Although not envisaged as one of the original objectives for the study, emerging as a pertinent question as a result of the research is whether the LAC system fits common definitions of evidence based practice within the social sciences. In terms of criteria identified by Macdonald (2001) as requirements for “best evidence”, four out of five are fully met as follows. The development of LAC is based on a comprehensive program of large scale quality funded academic research, conducted as part of an ongoing research program focussed on improving outcomes for children and young people in care. It is noted that following on from the development of LAC in the UK a comprehensive assessment and case management tool was developed for children living at home with their families (known as the Assessment Framework for Children in Need and their Families, see Cleaver and Walker with Meadows 2004), followed by further research resulting in the development of UK Integrated Children’s System (see Department for Education and Skills ICS Briefing Papers 1-6, also Walker and Scott, 2004) which is currently in the latter stages of implementation throughout the UK.

The next consideration is that OOHC practitioners are enabled as a result of using LAC to make use of research evidence in practice via the guidance provided by way of practice notes on the actual LAC forms. Thirdly, staff training which occurs in preparation for using the LAC system enables them to employ the skills and provide the services indicated as needed
Barriers to LAC - What Helps and Hinders Implementation

Barriers to the implementation of evidence based practice can arise as a result of factors related to organisational context, leadership issues, the complexities of training, the role and importance of ongoing professional supervision, and staff turnover (Joseph Rowntree Foundation, 2001), all of these issues are raised in this research in relation to the LAC case example. Additionally, resources in terms of financial support for staff training and release in the initial stages of LAC implementation are identified as an issue in this study. Without adequate resources the implementation of LAC by agencies is reported as compromised, with government agency Senior Managers in particular seeing the inability to allocate sufficient staff time and financial resources, in addition to bureaucratic processes in regard to decision making, as reasons why LAC might not be implemented in their organisations, and thus as a potential barrier to LAC.

Conversely, features of non-government agencies in terms of management structure and less bureaucratic systems, combined with narrower spans of managerial control, appears to facilitate wider organisational ownership of decision making and less resistance to change. This in turn is reported by non-government agency managers as translating into agency wide commitment to LAC implementation strategies. In considering the issue as to whether bureaucracy itself constitutes an implementation barrier to LAC, it is relevant to note that in the three Australian sites where total OOHC sector agency implementation of the LAC system has taken place, this has been at the initiation of the statutory, that is, government child
welfare department. In the Australian Capital Territory this occurred as a result of an independent review of the OOHC system and a resultant contracting out of OOHC services. A component of the ACT OOHC service contracts is that agencies must be using LAC. This effectively means that agencies cannot be contracted to provide OOHC services in the ACT without LAC implementation. A similar situation applies in the state of Victoria, where OOHC services are also totally provided by non-government agencies (called Community Service Organisations), and LAC is a requirement of contract service provision. In Tasmania the Department of Health and Human Services is itself a direct provider of all OOHC services and has fully implemented LAC.

In considering the effect of bureaucracy on evidence based practice and decision making for change, although this study reflects that OOHC managers in government and non-government agencies report differing approaches to decision making with respect to implementation of a system such as LAC, it does not appear that bureaucratic management structures in themselves necessarily constitute an implementation barrier. Further exploration of this issue could be undertaken via research into the degree and extent of system implementation in Australian agencies actually using LAC; that is, the extent to which a decision at agency management level translates into day to day practice change. A study which examines the extent of practice change in relation to the degree to which OOHC workers actually use LAC materials following agency decision and training, and on the impact of this on children and young people in care including outcomes, would provide additional areas for associated research.

In this research OOHC managers describe ways in which the direct supervisors of OOHC staff are pivotal to ensuring that LAC is implemented both creatively and according to the guided practice proformas. This reflects the findings of audits of the initial stages of LAC implementation in the UK (Moyers, 1997; Peel, 1998; Scott, 1999) which indicate the key role played by middle managers and team supervisors in successful LAC implementation by OOHC teams. On the surface LAC may appear to be a complex system to use due to the total number of LAC forms and the apparent size of the system. However, the nature of LAC as it is designed to be used cumulatively over time, depending on the length of time a child or young person is in OOHC, means that for some children and young people in care only particular components of the system will actually be used, this constitutes an example of one issue with respect to which good supervision is important in order to clarify use of the system,
countering misconceptions and reducing LAC non compliance. Middle Manager/Team Leader commitment to the system and follow through in terms of supervising staff in using LAC and providing ongoing training on a group and individual basis is essential to embedding LAC into the practice of OOHC teams.

The study recognises but does not totally support the position that implementation of guided practice systems such as LAC constitute an attempt by governments to exert social control via the exercise of political agendas. Although this issue was raised by government agency managers in the study in terms of the emergence of sometimes unanticipated policy directions, this was in the context of being a constraint on decision making for change. The opinion expressed was that political will could potentially affect and change policy directions with little or no notice or warning, depending on government priorities of the day, but this was not seen as part of a broader Australian political agenda. Unlike the UK political system which has generated debate about LAC as an example of coercive central government control (Garrett, 2002, 2003), the Australian political system differs in terms of a lack of uniform national agenda for OOHC. Whilst children, young people and families are increasingly prominent as Australian federal government issues, child abuse and care and protection including the OOHC sector is not a national priority in Australia, in that it remains the responsibility of individual Australian Territories and States.

The Role of LAC in Furthering an Australian Research Agenda for OOHC
The study raises the issue that implementation of a common system such as LAC across a sector which comprises individual OOHC agencies with their own policies and procedures can be both a strength and a barrier to uptake of the system. This is reflective of the potential for conflict in using systems for the dual purposes of practice and research. The LAC system contains the ability to further the connections between research and practice not only at an individual level in OOHC practice when used by workers supervising children and young people in OOHC, but also in terms of enabling the aggregation of outcome data across population groups of children and young people. For example children and young people in care with different organisations (for example government and non-government OOHC agencies) and between legislative jurisdictions such as Australian Territories and States. This ability to aggregate OOHC data was a stated original intention of the original development of LAC (Ward, 1995), and has eventuated in the UK where a number of already completed and continuing projects using data generated by the LAC system have been undertaken. In Ontario
Canada, the University of Ottawa in conjunction with the Organisation of Children’s Aid Societies has also been working on building an agenda for full scale use of a common adaptation of LAC Assessment and Action Records in order to undertake data aggregation projects embracing all OOHC agencies within the Province (Pantin, Flynn & Runnels, 2004).

Given that in Australia at the present time a national agenda does not exist in relation to OOHC at either a practice or a research level, and the fact that individual Australian States and Territories are likely to continue to hold individual legislative jurisdiction over care and protection issues concerning children and young people, LAC offers a means of unification in that it has the potential to provide a common language and case management framework for this area of social work practice. Existing Australian databases on children and young people in care such as those comprising statistics collected by the Australian Institute of Health and Welfare and also internal State and Territory data reporting requirements, are inconsistent both in terms of what data they collect, and definitions used in relation to OOHC (Wise, 2003). Whilst such data can be useful for monitoring trends and reporting general variances, it is generally insufficient for other than broad research purposes, and therefore can only contribute to the development of a national OOHC agenda in a limited way. The fact that LAC is currently used in five out of seven Australian States and Territories, and even though this implementation is not across all OOHC agencies in some States, provides an emerging opportunity for the collection of common outcome data on children and young people in care in addition to comparison of LAC implementation experiences.

Conclusion

This study on evidence based practice in the out-of-home care sector for children and young people has investigated understandings of OOHC Senior Managers and Team Leaders of evidence based practice, in addition to the influence of relevant research. The Looking After Children case management system for children and young people in OOHC has been used as a case example to illustrate the ways in which connections between research, policy and practice can be made, and also the role of research in the justification and facilitation of social work outcomes of intervention. Potential barriers to evidence based practice have been considered in the light of implementation of the Looking After Children system in Australian States and Territories.
In terms of implications for policy and practice, the study indicates that evidence based practice is an area of increasing prominence and concern in the Australian OOHC sector today. The Looking After Children system, adapted to Australian child and family legislation and practice, is seen as an evidence based system in spite of not meeting all components of current formal evidence based practice definitions. In view of this the study supports the view that evidence based practice in social work requires an expanded ability to consider and incorporate a wide range of research approaches in addition to empirical and quantitative studies, and the need to consider the role of guided practice. Guided practice such as that provided by research evidence built in to the LAC system provides an example of one way forward in assisting busy practitioners to access current research in the OOHC field, without additional time requirements for reading and additional training attendance.

Australian OOHC policy development has the potential to be influenced via opportunities for future research into OOHC in terms of the results of practice interventions via the use of LAC. Based on a solid and transparent conceptual and theoretical framework, and with tools built on child development principles, LAC is accepted by Australian OOHC agencies and is currently implemented in numerous Australian locations. In this way LAC has the potential to provide ongoing opportunities for joint research based on the ability to aggregate common data in order to facilitate policy development and further a national agenda in relation to raising the profile of evidence based practice in the Australian out-of-home care sector today.
REFERENCES


APPENDICES

APPENDIX A

The University of Sydney

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N.S.W. 2006
AUSTRALIA

Dr Frances Waugh
Project Supervisor
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April 2000

INFORMATION STATEMENT FOR PARTICIPANTS

Evidence-based child care practice in
different care agencies for children and young people

Evidence-based practice has been increasingly recognised as relevant to social work in recent years. Its influence has been most apparent in the field of health care services, and the AASW currently has a special interest group known as the Evidence-Based Working Party. Like many professions, social work has been affected by world wide interest in the extent to which interventions are effective. Evidence-based practice means the application of the best evidence by way of research results that are currently available in a particular field to the practice in that field at the present time.

The aim of this project is to explore the extent of knowledge about evidence-based ("guided") child care practice in out-of-home care agencies, and the barriers to implementation of such systems. The research will investigate the extent to which Senior Managers and Team Leaders are aware of and affected by research on what produces good outcomes for children and young people in care. The definition used for out-of-home care by the project is the system of providing care for children and young people who are unable to live with their family, by non-related adults, organised and supported by approved welfare agencies. Interviews will be held with approximately 24 participants from Government and Non-Government out-of-home care agencies in NSW and other Australian States and Territories.

The UK Looking After Children (LAC) case management system will be used as an illustrative case example in the study, and your knowledge of and any experience you may have of LAC will be explored. You may be aware that my current paid employment is with Barnardos Australia, a non-government agency which has implemented LAC as the case management system for all children and young people in care with the agency, over the past three years. Although my initial interest and the idea for this project originated as a result of my work with LAC in Barnardos, this project is being completed independently as a postgraduate student, in fulfilment of requirements for an MSW qualification.

Any person with concerns or complaints about the conduct of a research study can contact the Manager of Ethics and Biosafety Administration, University of Sydney on (02) 9351-4811.
Your participation in this research project is entirely voluntary, and you can withdraw at any time. Interviews will take approximately one to one and a half hours and can be at a time and place which is most convenient to you. It may be during business hours at your workplace if that is what suits you best, otherwise at a more suitable time and/or location. You are not obliged to answer every question if you do not wish to do so. Your identity will not be revealed in the study and your answers and any comments you choose to make are completely confidential.

With your permission I would like to use audio-tapes and note-taking to record the interview. These audio-tapes and notes will only be heard and seen by myself and by my MSW supervisor Dr Fran Waugh. All such tapes and notes will be kept in a secure location, that is in a locked cabinet and after transcription on a computer which is password protected. All the data collected from the project will be securely stored for a period of five years after completion of the project and will then be destroyed.

The research report to be written up as a result of the study will discuss the level of knowledge of evidence-based child care practice in out-of-home care agency managers and team leaders. It will highlight common patterns and general ideas about barriers to evidence-based practice, in any reports and ensuing publications. No names will be used in any reports and participants are welcome to a copy of the final research report if they would like one.

For further information about this project I can be contacted during business hours on 02 9281 7933 or after hours on 02 9713 6480, or by e-mail to deirdre@zip.com.au. Dr Fran Waugh is able to be contacted at The University of Sydney, address and telephone number indicated on the top of the first page of this information sheet.

Dr Fran Waugh
Supervisor

Deirdre Dixon
MSW Student

Any person with concerns or complaints about the conduct of a research study can contact the Manager of Ethics and Biosafety Administration, University of Sydney on (02) 9351- 4811.
**APPENDIX B**

**The University of Sydney**

Unit of Social Work, Social Policy & Sociology  
RC Mills Building, A26  
NSW 2006 AUSTRALIA  

Dr Frances Waugh  
Project Supervisor  
Phone: (02) 9351 4207  
Fax: (02) 9351 3783

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**PARTICIPATION CONSENT FORM**

_Evidence-based child care practice in out-of-home care agencies for children and young people_

The aim of this project is to explore the extent of knowledge about evidence-based ("guided") child care practice in out-of-home care agencies, and the barriers to implementation of such systems. The UK Looking After Children case management system will be used as an illustrative case example.

**Confidentiality**

Information revealed in this interview is confidential. Results from this and other interviews will be analysed as part of a research project but no names will be included in the analysis.

I ___________________________________________________________________________  
_(name)_

of ___________________________________________________________________________  
_(address)_

have read and understand the information statement and discussed the procedure. I freely choose to participate in this study and understand that I can refuse to answer a particular question, conclude the interview or withdraw from the study at any time.

I give permission for information from the interview to be recorded via:   _____ audio-tape  
   _____ notes

I am aware of the procedures of this study and I agree to participate in this project.

Name _________________________________________ Date __________________________

Signed _________________________________________

Witness _________________________________________  
Date ______________

Signed _________________________________________

Any person with concerns or complaints about the conduct of a research study can contact the Manager of Ethics and Biosafety Administration, University of Sydney on (02) 9351- 4811.
APPENDIX C

Interview Schedule- Senior Managers

Evidence-based child care practice in out-of-home care agencies for children and young people

Approximately 24 semi-structured interviews will be conducted with Senior Managers and Team Leaders in Government and Non-Government Out-of Home Care Agencies. In each interview the questions asked will be followed up in different ways depending on the answers given. Although these specific questions will be asked, the wording and order of questions may vary. Prior to the commencement of each interview an introduction to the study will be given, and confidentiality and consent issues explained. The Participant Information Statement will be given out and the Consent Form signed, if this has not already been done prior to interview.

1. What do you understand by the phrases “evidence-based practice” and “guided practice”? 

2. In what contexts/fields/professions have you previously heard this term used? 

3. What is the primary role or roles that you undertake in your current position? 

4. What proportion of your employed time do you spend, if any, on professional reading and updating your knowledge of social work research? 

5. What proportion of your private time do you spend on these or related activities? 

6. Do you consider that “evidence-based” or “guided” practice has any relevance and impact on your work? 

7. If so, what is that impact? If not, why not? 

8. Have you heard of the Looking After Children (LAC) case management system for children and young people in out-of-home care? 

9. If so, what is your knowledge and experience of LAC? 

10. Are there any other case management systems for children in care, that you are currently aware of? 

11. Can you generally describe what LAC is and does, and say whether or not you consider it to be a system of evidence-based practice? 

12. What do you know (if anything) about the body of research from which the LAC system was developed? 

13. What is the decision-making process in your agency for system change? 

14. Are there any individual or particular factors in your agency which impact on this decision-making? 

15. What considerations do you see as important in any decision-making process about whether or not to implement LAC, or a similar system? 

16. Where does the final decision-making in your agency lie? 

17. Are there any individual reservations which you have about evidence-based practice, and in particular the Looking After Children system? 

18. Can you identify particular barriers to evidence-based practice that might exist in your organisation, and discuss any ways in which you think these might be overcome? 

19. Do you have any other comments about evidence-based and guided practice in out-of-home care?
Interview Schedule- Team Leaders

Evidence-based child care practice in
go out-of-home care agencies for children and young people

Approximately 24 semi-structured interviews will be conducted with Senior Managers and Team Leaders in Government and Non-Government Out-of-Home Care Agencies. In each interview the questions asked will be followed up in different ways depending on the answers given. Although these specific questions will be asked, the wording and order of questions may vary. Prior to the commencement of each interview an introduction to the study will be given, and confidentiality and consent issues explained. The Participant Information Statement will be given out and the Consent Form signed, if this has not already been done prior to interview.

1. What do you understand by the phrase “evidence-based practice” and “guided practice”? 

2. In what contexts/fields/professions have you previously heard this term used?

3. What is the primary role or roles that you undertake in your current position?

4. What proportion of your employed time do you spend, if any, on professional reading and updating your knowledge of social work research?

5. What proportion of your private time do you spend on these or related activities?

6. Do you consider that “evidence-based” or “guided” practice has any relevance and impact on your work?

7. If so, what is that impact? If not, why not?

8. Have you heard of the Looking After Children (LAC) case management system for children and young people in out-of-home care?

9. If so, what is your knowledge and experience of LAC?

10. Are there any other case management systems for children in care, that you are currently aware of?

11. Can you generally describe what LAC is and does, and say whether or not you consider it to be a system of evidence-based practice?

12. What do you know (if anything) about the body of research from which the LAC system was developed?

13. If your agency is currently using LAC, how do you incorporate the system into supervision of your team, both on an individual and group basis?

14. Are there any individual or particular factors in your team which influence how Looking After Children is implemented?

15. Do you feel you use the LAC system as it is intended, or are there adaptations in particular areas that your team has made?

16. If so, what has been the reason for these adaptations, and how has this impacted on using the rest of the system?

17. Are there any individual reservations which you have about evidence-based practice, and in particular the Looking After Children system?

18. Can you identify particular barriers to evidence-based practice that might exist in your team and the agency overall, and discuss any ways in which you think these might be overcome?

19. Do you have any other comments about evidence-based and guided practice in out-of-home care?
APPENDIX D

LIST OF LAC MATERIALS

Essential Information Record  Part 1

EIR Part 1 provides personal information on the child/young person, their parents, siblings and significant others. It also lists details of current and previously involved professionals who have had involvement with the child/young person in care.

Essential Information Record  Part 2

EIR Part 2 records more comprehensive information regarding the child/young person’s background, including legal and protection issues and placement history.

Placement Plan  Part 1

PP1 records the immediate agreements for care and medical treatment. The PP1 must be completed for every placement, as entry to care legally requires the person/s who have parental responsibility. The consent of the agency and carer providing care and the state department (if applicable) is also recorded as an agreement between key stakeholders for the young person.

Placement Plan  Part 2

PP2 records detailed plans about the child/young person’s everyday needs; routines, health, education, identity, contact and social activities, reminding stakeholders of the child/young person’s ongoing developmental needs. It helps to ensure that the day-to-day expectations for care are communicated clearly to key stakeholders and that their agreement/disagreement to the arrangements is known and recorded.

Care Plan

A Care Plan records the overall plan for the child/young person (eg restoration, permanent care or assessment) and the key strategies required to reach the nominated outcome. The Care Plan also outlines what work has previously been done, why this plan was chosen at this time and what are the child/young person’s long term needs which must be met while in care.

Review of Arrangements

LAC Reviews are held on a regular basis at specified intervals of 4 weeks, 4 months and then 6 monthly following a child’s entry to care. The Review of Arrangements Record guides the review process that ensures that the child/young person’s needs are still met appropriately by the Care Plan and Placement Plan Part 2 arrangements.
Consultation Papers

- For child/young person in care
- For direct carer (foster carer, residential worker, other)
- For parent/person with parental responsibility

Consultation Papers for children/young people, parents/others with parental responsibility and carers are used/sent out and completed before each Review Meeting. They assist children/young people, parents and carers prepare for the Review, which in turn aids their participation in the Review Meeting process.

Assessment and Action Records

Assessment and Action Record: Age Under 1
Assessment and Action Record: 1-2 Years
Assessment and Action Record: 3-4 Years
Assessment and Action Record: 5-9 Years
Assessment and Action Record: 10-14 Years
Assessment and Action Record: 15+ Years

Assessment and Action Records measure the progress of looked after children/young people in OOHC utilising seven developmental dimensions:
- Health
- Education
- Identity
- Family and Social Relationships
- Social Presentation
- Emotional and Behavioural Development
- Self Care Skills

Assessment and Action Records are completed at 6 monthly intervals for children aged 5 years and under and annually for children and young people over the age of 5 years.

Assessment and Action Records are completed as part of the overall LAC planning and review system to provide a means for putting identified plans into action and ensuring that identified needs of children and young people are met.
APPENDIX E

PRESENTATIONS ARISING FROM AND/OR RELATED TO
THE RESEARCH, 1999-2005

International Foster Care Organisation (IFCO) 14th Biennial Conference,
Madison Wisconsin USA August 2005
Paper presentation: Fostering international research relationships to assist children in care-a case example using Looking After Children in Canada and Australia.
Paper co-presented with Dr Kathleen Kufeldt (University of New Brunswick Canada), jointly written with Dr Ross Klein (Memorial University Newfoundland Canada) and Scott Rideout (Research Assistant)

International Foster Care Organisation (IFCO) 14th Biennial Conference,
Madison Wisconsin USA August 2005

15th International Congress on Child Abuse and Neglect (ISPCAN), Brisbane Queensland September 2004
Paper presentation: Looking After Children-a trans Pacific partnership and research in action (written in collaboration with Dr Kathleen Kufeldt University of New Brunswick Canada).

6th International Looking After Children Conference, 5th National Child Welfare Symposium-Promoting Resilient Development in Children Receiving Care, Ottawa Canada August 2004
Workshop presentation: The sky’s the limit…..using Looking After Children in Australia to assist caseworkers enhance resilient outcomes for children in care via the use of new information technology.
9th Australasian Conference on Child Abuse & Neglect (ACCAN), Sydney NSW 2003
Paper presentation: Looking After Children as an integrated service system: a case example of non-government agency innovation resulting in whole of service system improvement.

Peakcare Queensland Biennial Practice Symposium, Brisbane October 2003
Invited paper presentation: The Looking After Children case management system-integrating casework and placement support.

Muriel McQueen Fergusson Centre for Family Violence Research, University of New Brunswick-CANADA, March 2003
Invited presentation to provincial (statutory) child welfare professionals: Looking After Children in Australia: Out-of-Home Care and the LAC System in Australian States and Territories.

Association of Children’s Welfare Agencies (ACWA) Biennial Conference, Sydney NSW 2002

14th International Congress on Child Abuse and Neglect (ISPCAN) Denver USA, July 2002
Looking After Children World Wide-paper presented by Dr Kathleen Kufeldt (University of New Brunswick Canada), written in collaboration with Michael Clare (University of Western Australia), Deirdre Cheers (Barnardos Australia), Maria Herzog (Hungary) and Helen Jones (UK Dep’t of Health).

National Foster Care Conference Homebush Bay NSW, May 2002
Workshop presentation: Looking After Children–it’s your job already, so what’s the difference with using Looking After Children?
8th Australasian Conference on Child Abuse & Neglect (ACCAN), Melbourne Victoria, 2001
Paper presentation: Evidence-based Practice in Out-of-Home Care–presenting new solutions or resurrecting age old dilemmas.

27th Australian Association of Social Workers National Conference, Melbourne Victoria, 2001
Paper presentation: Guided Practice in Social Work Intervention–opportunity for improved outcomes or oppressive agent of the welfare state?

National Forum on Quality Improvement in Out-of-Home Care, UNSW 2001
Invited paper presentation: Pitfalls, Not Just Positives in using the Looking After Children system.

11th Biennial International Foster Care Organisation (IFCO) Conference, Victoria 1999

Taking Children Seriously-National Workshop convened by the Childhood and Youth Policy Research Unit, University of Western Sydney Macarthur, July 1999
Use of Looking After Children Assessment and Action Records in case management for out-of-home care.