

Who Am I?

Making Records meaningful

Research to support archiving and record-keeping
in Victorian Out of Home Care

Co-constructing Who Am I? Ensuring the voice of the child or young person is at the heart of 'the record'

Current Practice WORKSHOP 2: 26 June, 2009

Preliminary discussion paper:

Looking After Children – Issues for reflection and discussion

Introduction

In the Who Am I? project, one of the emergent themes that has been identified is *Improving the child's voice in and ownership of 'the record'*. 'The record' in this sense has several dimensions, including routine case recording (notes, reports and so on) and the records created through the *Looking After Children* process (LAC). The latter is the main focus of this paper. A separate paper will discuss developments and issues in collaborative life story work with children and young people 'in care'.

Looking After Children originated in the United Kingdom as a case management or guided practice system of record making that would track the needs of children 'in care' and direct attention to meeting those needs. In the Department of Human Services (DHS) website on the LAC implementation in Victoria, Mary McKinnon, Director of Child Protection, Placement and Family services, describes LAC in this way:

At a simple level, the ***Looking After Children*** framework attempts to strengthen communication and collaboration between carers, DHS staff, community service organisation staff, other professionals, clients and their families. It prompts all parties involved to consider the things any good parent would naturally consider when caring for their own children. It also provides community service organisations with a common framework for their client records systems which contains all of the information they require to look after a child or young person in the care of their organisation.

LAC comprises an integrated system of records from the point of referral to placement, through assessment, action and review, covering important identifying information about the child and attention to seven domains of the child's life: health, education, identity, family and social relationships, social presentation, emotional and behavioural development, and self care skills. These form the basis of the major tool, the Assessment and Action Record (AAR), which comprises a detailed set of questions in each domain, tailored to different age groups and accompanied by practice notes to assist the worker to make the assessment and develop plans in the light of research and assumptions about normative development. It is intended that workers, carers, parents and children and young people collaborate in completing the LAC assessments and resulting action plans and reviews, and the wording is adjusted across the age span, questions being directed mostly to carers in the early years, and to young people themselves in the later years.

At the Current Practice Workshop 1 for *Who Am I?* (24 April 2009), there was considerable passing reference to the use of the *Looking After Children* framework for recording the progress of a child or young person through 'care'. The comments included:

- In its original conception, LAC provided a welcome re-orientation to the developmental needs and imperatives of children and young people 'in care', and was a promising tool for improving attention to children's needs.
- Practitioners' general understanding of the original philosophy and purposes of LAC has weakened through staff turnover and the lack of follow up training.
- While improving the orientation to the child, in its implementation LAC is more *about* the child than *for and with* the child.
- Some of the implicit theory within LAC needs review as it may not be sufficiently flexible and accurate (e.g. advice to workers about the age of toilet training).
- LAC is very time consuming and workers in home-based and residential care do not have sufficient allowance for this in their workload, and this constrains its creative use with children, families and carers.
- The LAC technology is not yet well integrated into the new information systems of CRIS and CRISP, and data can be lost or delayed, or time may be wasted in duplicating materials.
- While the implementation of LAC has been studied from a compliance perspective, it has not been reviewed from the perspective of frontline workers and carers, or of children and young people and their families.
- Perhaps because of these issues raised above, LAC has become a proceduralised compliance tool for CSOs rather than a practice tool for workers.

In this brief discussion paper we review some of the key issues arising in the professional literature since LAC's introduction, and raise some questions for consideration, with a specific focus on the link between LAC and how children's and young people's voices are heard through the processes of care. We continue to bear in mind the key research questions of the Current Practice strand of *Who Am I?*, that is:

A. What principles should underpin record-keeping and archival programs for children and young people currently in out of home care to support their on-going construction of identity?

B. What are the factors which enable or create barriers to effective practice in record keeping and archival programs for front line workers, managers and organisations providing out of home care?

In our review of the literature we have used various terms such as 'LAC', 'Looking After Children', 'case recording', 'participation and looked after children' in the professional literature from Australia, the United Kingdom, Canada and the USA, since 2000, and have considered the official websites for LAC in the Victorian DHS, and Barnardos (NSW).

The goals of LAC

Looking After Children is a complex records system designed to enhance the 'parental' functioning of the state and delegated organisations caring for children who cannot live at home. It has also been a response to concerns about poor outcomes for children 'in care'. As Wise & Egger (undated) suggest, LAC was intended to be both:

- a management information system for 'child outcomes monitoring'; and
- 'a best practice instrument to assess individual child needs and outcomes in order to create/revise the child's annual plan of care' (p15)

They note that at LAC's inception in the United Kingdom, the best practice element was designed to reflect 'what is known about good parenting', while it was hoped that the information system would deliver 'aggregate data to direct policy and assess organisational or service outcomes'. (p20) This attempt to integrate policy and practice requirements might be seen as the strength of LAC, but it is also the source of many of the tensions that arise, such as those voiced at the *Who Am I?* workshop in April 2009.

At the launch of LAC in Victoria in April 2003, Minister Garbutt emphasised the practice dimensions of LAC, namely:

- Providing 'carers with a uniform framework for identifying and meeting the needs of young people in their care';
- A 'common set of care standards based on what any good parent does';
- 'Ensure that everyday needs of children and young people are attended to...'

She also noted that for the organisations involved LAC

- 'provides community agencies with a common framework for their client records'; and
- 'establishes good processes for sharing and keeping important information affecting the health and well-being of each child.'

It was intended that the implementation would emphasise collaboration between carers, workers, the department, and the child and family in the pursuit of one agreed case plan for each child; that practice would be flexible; but that duplication of recording systems would be avoided. (DHS 2002)

Looking After Children was largely welcomed by CSOs in Victoria for its promise of a more systematic approach to ensuring the wellbeing of children 'in care'. MacKillop Family Services noted in particular its potential contribution to the construction and maintenance of a positive and continuous identity.

With the implementation of Looking After Children (LAC) in Victoria on the 1 July 2003, a child or young person's identity will be given much greater attention than in the past. LAC is a comprehensive system for recording and maintaining information about children in care, their needs and achievements and life stages. LAC's design includes attention to identity formation, with the goal being that the child in care develops a sense of self as a separate and valued person.

They will know their family background, will be connected as far as possible in positive ways to their immediate or extended family and have an understanding of and connection to their own ethnic and cultural background. While LAC provides the prompts to make sure a child's needs are being met with regards to identity formation, practitioners need to be creative with regards to how this is actually done, for example using lifebooks, scrapbooks, videos and recordings.' (Glare, Honner, London and Scott, 2003, 18)

Although proponents of LAC recommend a national 'whole of government' approach to implementation, which is lacking in Australia, LAC has expanded to cover approximately half the Australian children 'in care', and some international comparative research has begun (Cheers, Kufeldt, Klein and Rideout, 2007), with the Barnados team from NSW taking the recent lead in the Australian practice literature (eg. Cheers et al, 2007; Tregeagle and Treleaven, 2006; Tregeagle and Mason, 2008).

Questions for the Who Am I participants

- What steps are organisations taking to ensure that the goals for children set through LAC are achieved? Is LAC experienced as successful in this regard?
- LAC was intended to provide a standardised language and procedure across the care system. In practice, what modifications are organisations making to the language and procedure to meet local conditions and/or children's needs?
- What strategies have CSOs and workers developed to ensure that LAC is used flexibly within relationship-based practice?

LAC and the construction and maintenance of identity

As a care planning and monitoring system, LAC does pay specific attention to some of the major building blocks of identity. The body is core to the sense of self, and LAC's health section is intended to ensure a complete and continuous reckoning of the child's well-being as a physical entity.

Educational inclusion is an essential stepping stone in the child's experience of negotiating self with peers and adults in a world outside the home, and it provides the tools for continuous development of talents and interests. LAC pays close attention to access to and experience of education. Through tracking family contacts and relationships, LAC ensures that the child continues to explore and define self in relation to kin and significant others.

Most specifically and laudably, LAC includes a section on identity, which opens up this as a crucial area for thought and discussion, both on a case basis and at the level of aggregate data. Identity objectives focus upon the child's or young 'person's positive view of him or herself', 'understanding of current situation', 'knowledge of family of origin' and ability to 'relate to his/her racial/ethnic background'. (See Barnardos sample materials.) Questions include knowledge of reasons for entry to care, exposure to relevant cultural materials and 'racial/ethnic' role models, and awareness of gender. In the Barnardos sample materials, culture is not broadly defined and the main terms used are race and ethnicity, indigenous heritage is given little specific attention, and sexual identity seems absent from the identity section, although from age 10 there is in the health section a question about whether the child has received and would like to receive information about sexuality and sexual preference. (Other LAC modifications may have refined these issues further, or may yet do so.)

Wise and Egger, in the *Looking After Children Outcomes Data Final Report*, were able to report on the degree to which objectives specified under these sections were met. They noted, for example, that in 55% of cases state-wide, more than half the set identity objectives were met although there was some regional variation and higher levels of attainment for 0-2 year olds and children over 14 years than for other age groups. (p80) They also concluded from the data that 67% of children aged 0-14 had a life story book being completed, with this being more likely for 0-2 year olds. (p83) On questions related to family and social relationships, they raised a cautionary note about a higher than usual no response rate, querying whether this might be indicative of a relative lack of knowledge of children's experiences in relationships. (p93)

At the level of practice, the repeated use of the Assessment and Action record, modified to account for similar but different issues at different stages of the child's development, facilitates workers viewing identity as an evolving construct. Even so, an examination of the LAC Project Assessment and Action record material raises questions about the co-construction of identity. How much is the child understood as an actor in the process of identity construction, compared with being a recipient of information that is presumptively important to identity formation? What are the respective roles of the child, the worker, the carers, the parents and significant others in facilitating the development of a positive, well-rounded and continuous identity?

Question for the Who Am I participants

- Given the criticisms of the current operation of LAC made at the last *Who am I* workshop, what practice improvements might ensure that LAC fulfils its promise of helping a child construct and sustain a coherent and positive identity while experiencing the complex familial, social and community context of 'care'?

LAC as a tool for information sharing

One way that LAC was intended to facilitate adherence to the case plan and enhancement of outcomes for children, was that it provided a systematic information base for regular reviews to which all who were involved with the child's care would contribute. Child, parents, agencies and the department would collaborate and the 'parenting team' (including child protection workers, CSO caseworkers, residential care workers, home based carers, the parents of the child and significant others) would share information. This intentional information sharing was a great strength in terms of the continuity of the child's life narrative when in and moving through various phases and kinds of 'care'. However it did stimulate some concern about the relationship between collaboration, privacy and the child's file.

While this tension was not new, soon after LAC's implementation in Victoria, DHS issued a practice instruction (DHS 2003) seeking to clarify issues in sharing information in out of home care, in the light of some confusion about privacy and information sharing. The instruction noted:

...the information necessary for the good care of the child needs to be disclosed with the parenting team in order to provide that good care. However, it is absolutely vital that this information is protected and not disclosed outside the parenting team unless absolutely necessary. (p2)

The test of information to be shared was seen as being 'the child's best interests', with sensitive information disclosed on a 'need to know' basis, with assurances that it would not be passed on further, for example, on paper files that could not be secured. Benefit to the child should be weighed against harm to others. It was also suggested that in weighing up whether to disclose information, 'the wishes of a young person are not a sufficient reason for *non-disclosure*, but they should always be taken into account'. (p4) In relation to record keeping, workers were advised:

The original of each of the LAC records will comprise the substantive components of the CSO's client file for a child or young person in their care. Part of the collaborative process being developed using the LAC framework requires the CSO to offer to provide copies of relevant LAC records to those who helped to complete them, including the child protection worker, the child or young person's home based carer or key residential care worker, the child or young person themselves and their parents where appropriate.

If a child or young person moves to a placement managed by a different CSO, the CSO where the child was previously placed is also expected to provide copies of the current, relevant LAC records to the new CSO.

..... carers will provide a child or young person with a secure place to store copies of their own LAC records. When a child or young person leaves a placement, all those involved in that placement who held copies of that child or young person's records (other than child protection workers, the child or young person and their family) are required to return these to the placement agency for destruction. (p4)

Munro (2001) found in one small study in a local authority in the UK that privacy within the LAC process was a particular issue for the children and young people themselves. She noted that:

It is essential to share information for good planning and care but, from the child's point of view, this can seem very intrusive... The action and assessment records, which some of the young people had started to complete, were singled out for criticism in asking so much personal information; the young people were unsure of how it was going to be used and who would have access to it. (p133)

Questions for the Who Am I participants

- What privacy and confidentiality issues have emerged in the use of LAC, and how are these being managed by CSOs?
- Under what conditions can children or young people protect information they do not want shared?

Debate about the implementation and results of LAC

With LAC in widespread use, and particularly well-established in the UK, there is a wealth of information available on the web, although it is difficult to sift this for relevance for the Who Am I project. Clearly each site offers its workers guidance in implementing LAC, and there are many responses to reported concerns about standardization and issues in the participation of children and families. Notably, many of the United Kingdom references to LAC in recent years focus on the interaction between the care and education systems.

Writing in Australia, Yeatman and Penglase (2004) have argued that the international literature around LAC is polarised between advocates and critics, 'as ships that pass in the night' (p244), and they briefly outline the terms of the debate. They suggest proponents value LAC for:

- guidance from evidence-based 'best' practice;
- a paper trail of continuous documentation for case management, even in the absence of worker continuity;
- individualised plan that "that follows the child, and, at least rhetorically, 'belongs' to the child" (p238); and
- attention to outcomes.

They also point to implementation recommendations emerging from the literature in support of LAC, namely:

- that there is a clear focus on the needs of the child;
- the importance of facilitating active partnership with all parties;
- clarity about roles and accountability;
- committed leadership and organisational change strategies;
- ongoing training of all parties, including children. (p240)

In relation to the family, one Australian LAC advocate, Cheers (2002) from Barnardos, has made the point that 'when used as "guided practice" the LAC system involves parents as partners, just as it is intended' (p57) and that indeed parental information is often vital when a child has had multiple care episodes.

On the side of the critics, Yeatman and Penglase (2004) identify the following themes:

- LAC is bureaucratising (form filling) and deskills the professionals;
- LAC is normalising and 'developmentalist', based on questionable claims about its underpinning 'objective research' ;
- LAC is not child-centred but objectifies children and shows little recognitions of a child's rights perspective.(pp243-244)

One of the most vociferous of these critics (Garrett, 2002) has expressed particular concern about the sections on identity and social presentation, seeing them as based on unexamined normative judgments, and he has suggested that LAC might have been less problematic if developed from the ground up, from contact with children and families to inform an understanding of their lives in a class-based society, and from contact with workers who knew more about the process of practice.

Yeatman and Penglase (2004) suggest:

Just as there is an inevitable tension between top-down policy and bottom-up practice perspectives built into LAC as a client-information system, there is also an inevitable tension between those features of LAC that respond to adult needs for managing the substitute care system and those features that respond to the child's voice. (244)

They call for more detailed attention to how and when individualised planning facilitates good practice and client-centred service, and when it does not. (245) Tregeagle & Treleaven (2006) responded to this challenge with calls for greater attention to systemic interventions alongside individualised case planning, without diminishing the worth of the latter. They also called for more extensive monitoring of the formalised participation by families (as noted by Cheers, 2002) and by children, that LAC had enabled, to ensure that these gains did not dissipate. Noting the difference between the UK, where LAC has been criticised as a tool of government control, and Australia where implementation began with the CSOs, Tregeagle and Trelaven further argue that:

We must seriously question whether service user relationships should be driven by the need for data and children in neat divisions in a child's life, such as health or education performance. Data needs to be collected in ways that are sensitive to the casework relationship and the rights of individuals. Careful feedback from service users will be an essential part of this monitoring. (pp362-3)

They welcome further debate on what constitute the 'community norms' underpinning LAC, and suggest that 'Integral to resolving this debate should be the views of children and young people themselves.' (p363) They also, note, however, that in both the UK and Australia there is a dearth of solid evidence from children and young people. Tregeagle's concern with the

participation of children connects with the developing child's rights agenda in the UK literature, as is illustrated below.

Questions for the Who Am I participants

- To what degree does the use of LAC support or undermine relationship-based practice with children, young people and their families?
- How does the organisation seek and use feedback from children and young people on their experience of LAC?

Looking at LAC from the perspective of the right to participate

Children's participation and adults' agendas

In his discussion of the fragmented nature of 'care' policy in Australia, compared with the United Kingdom, Clare (2003) commented:

The UK Children Act places a practice premium on partnership with parents and consultation with children in out-of-home care, and the Looking After Children tools challenge 'custom and practice' when these norms are not in place. (Clare, 2003, 19)

Yet not all are convinced that LAC does reflect an appropriate approach to participation. Concern about children's participation in the processes of protection and care has run alongside concern about the formalities of the LAC procedure. Munro (2001) examines the tension in the fit between tools such as LAC and the concept of children's rights, including the right to participation. She observed that young people in care are often limited in the room they have to make decisions, take risks, and make mistakes, so they feel frustrated with their level of participation. She suggested that 'there is no standard pace' at which young people take on power and responsibility, and workers need to take a more refined and graduated approach to including children as active partners in the planning and decision making, and not leave this until their exit from care is looming.

In this context, she suggested that LAC documentation restricted workers' ability to respond to children's preferences and priorities, commenting that the 'Looked After Children (LAC) system of documentation, with its emphasis on standardization and specified goals, reduces the space for children to contribute to determining what is in their best interest and what outcomes they themselves want to achieve.' (p134)

Munro concluded that:

...empowering looked after children to have a greater say in decisions made about them is a complex task. It is necessary not only to gradually increase the degree of power a child has but also to help them learn how to use that power responsibly. It is as much an issue of parenting as ethics. (p136).... an unintended consequence of standardization is that it limits freedom to respond to the child's wishes and opinions, and embodies an assumption that professionals know best about what the child needs. (p137)

Children as active agents in their own lives

This theme has been further developed by Winter (2006a), who argues that the initial expectation in the design of LAC was that 'looked after children would participate on the terms set by adults' (p57) and that this has carried over into research on LAC, so that

...there is a need for the research agenda to be widened as the current approach does not easily accommodate a view of looked after children as active, skilled and competent agents in social processes and therefore does not fully engage with their participation rights. (p58)

Winter draws particular attention to the lack of qualitative research about the lives of children 'in care' under about 8 years of age. She recommends that rather than approaching children as passive recipients of service, the sector needs to view them as '...active in the construction, maintenance and direction of their lives through their negotiation, working and reworking of the social relationships in which they are engaged '. (p60)

Further developing her argument with respect to children's participation in their health care, Winter (2006b) has proposed a research agenda which would concern itself with seeking children's views about

...the social processes of participation specifically:

- what information is given about their health care
- how and in what ways this information is understood or not
- what opportunities are given for children to express their own preferences and views about their own health care,
- how children express their preferences and views
- what the participatory experience feels like to the children
- how their views are received by others
- what factors are important in determining the influence (or not) of children's views on the decision making process
- what could be improved on (p90)

While this is presented as a health research agenda, it also provides a useful reference point for service providers who might wish to review the process of using LAC across all its domains, from the perspective of the quality of the child's participation. This stance is not to deny that workers and carers hold responsibilities for ensuring that children receive necessary services in areas like health and education, even if a child might not prioritise these, but it does encourage a re-evaluation of practices with children and a possible shifting of the boundaries around what is considered developmentally appropriate and feasible participation, by specifying adult behaviour that can be scrutinised and tested, and changed if necessary.

Such an agenda makes it clear that the practice of participation requires subtlety and thoroughness, and it might not be as straightforward as we might wish. This point is developed by McLeod (2007) who examined the notion of what it means to 'listen' to young people 'in care'. She identifies a number of strategies employed by young people to take charge in an adult-generated interview, namely, avoidance, active resistance, aggression, passive resistance, fantasy, denial, exaggeration and changing the subject.

(pp281-3) McLeod suggests that such agenda-changing tactics arise because powerlessness shapes the responses of those who are marginalised. They are indicative of the conditions under which workers and clients meet: 'achieving a constructive relationship with some teenagers is the work of many months, or even years, and will not easily be achieved in a regime where brief interventions are the norm.' (p285) Young people 'in care' will feel powerless and not listened to if they are not getting the services they need, even if this lack of provision is beyond the power of the worker.

Levels of participation

In Australia, Tregeagle and Mason (2008) have used Shier's 5-level model of participation¹ to help analyse data about service users' experiences of LAC and also SCARF (Supporting Children and Responding to Families) case management systems.

Level 1	Are listened to, that is, that service providers make provision to hear what is said
Level 2	Are supported in expressing views, that is, service users are actively provided with <i>opportunities</i> and support to speak
Level 3	Have their views taken into account, although as one of several factors affecting decision-making
Level 4	Are involved in the decision-making process directly at the point of decision-making, although there may be no commitment by providers to share power
Level 5	Share power and responsibility for decisions. This final level of sharing power does not necessarily imply equality of power, but implies an explicit commitment to sharing power.

Tregeagle and Mason (2008,p393), after Shier (2001)

They suggest that although the language of 'partnership' in the early literature around LAC is suggestive of a level 5 commitment, a closer reasoning suggests and understanding of participation more akin to level 2. In their own study, Tregeagle and Mason found, like McLeod, that some service users used their power to resist workers or control the flow of information, but they emphasise the diversity of responses. They suggest that simply providing openings or opportunities for participation will not achieve the level of participation desired, and that we need more thorough discussions of the way power is negotiated between and by individuals, families and child welfare organisations.

From participation to a children's standpoint

The authors discussed have not only questioned the assumption that LAC as designed to date can realise and embed participation the case management system; they have also argued that the conceptualisation and implementation of participation has been too narrow. In Australia, Mason has perhaps been the best exponent to date of a child's rights perspective on care. She has argued that what is needed is a children's standpoint: that we listen to children's own accounts of their needs 'in care' as defined by them. (Mason, 2007) In her analysis of the findings of a participatory study of children's needs in care, she demonstrates the subtle differences in interpretation between children and adults, with potentially significant policy implications.

For example, while the adults spoke of the need for stability in terms of the lack of placement change, children spoke of continuity of connections, of the need for familiarity and 'things in common' with others around them. Such a message has important implications for how we think about the process of identity construction. (pp 361-362).

Mason reports one young person's view of why adults need to hear what children in care have to say about their own needs:
(p 364)

Because then we get a kid's point of view, from where they are standing which might be different to where someone else is standing.

Like Winter, Mason links the silencing of children's voices in care to the dominance of the psychological developmental framework 'as part of a paradigmatic structuring of adult-child relations as a dichotomy between competent, mature adults and incompetent, developing children' (p367). She calls for a lessening of this dichotomy 'so that we construct children as beings, as well as "becomings", and we construct adults as "becomings", as well as beings'. (p367).

Questions for the Who Am I participants

- Where on Shier's levels of participation would you locate the current practice of LAC in Victoria?
- How well does current practice using LAC meet the agenda implied in Winter's list of the elements of social participation?
- What practices in relation to LAC are in place in your organisation to ensure that children 'in care' can raise their own issues and perspective, and not simply respond to the questions of adults in powerful positions?
- Are there any innovations in your organisation to help build a 'children's standpoint' so that we may better understand what identity means to children 'in care' and how these understandings can inform our recording practices?

Conclusion: LAC, the child's identity and the record keeping continuum

This paper has reviewed some of the literature that has emerged from the implementation of *Looking After Children*, from the perspective of the children's participation in the process. A number of questions have arisen, and these can be linked to this project's focus on the nature and purposes of the record-keeping continuum.

Making the record

Most of this paper has focused on the involvement of the child or young person in making the record, and it is clear that LAC offers structured participation in developing a history of the child's life while 'in care'. While the critics argue that the terms of the conversation are prescribed from an

adult perspective, this does not condemn the whole system if we understand the process as one of 'co-construction' in which both adults and children play a part. The main issue is how to better balance those inputs, and to ensure that each makes their specific valuable contribution, and that the child's voice is privileged as an account of the child's lived experience, sense of self and aspirations.

Storing the record

When LAC was designed, it was not intended to duplicate other record keeping systems, but duplication has arisen by default as LAC has not been part of the mainstream development of CRIS and CRISSP in Victoria, and also because the maintenance of LAC has rested so squarely with the CSOs providing care. With further electronic integration of LAC into Victoria's other record keeping systems, some of the difficulties reported by staff of CSOs might diminish, but the implications for the child, carers and parents also need to be considered. If LAC is to remain a significant repository of information about the child's identity, lifestyle, family connections and journey, it may need to include visual images and be stored in ways which do not fragment the narrative. It may need to be in a form the child (and the parents and carers) can hold.

Accessing the record

If LAC is, at one level, the basis for the child's own life narrative while he or she moves through care, we need to consider whether the LAC documents 'belong to' the child, and whether this means the child has full access as of right to all LAC materials both during and after 'care', unimpeded by Freedom of Information and Privacy requirements. These are considerations for planning the electronic integration of LAC into the child's main record.

Questions for the Who Am I participants

- If we are 'co-constructing' with the child and their significant others their own sense of a positive and continuous identity: which aspects of that construction are the responsibility of the child, of the family, of the carers, and of the workers?
- How do we listen more effectively to children's views of what they need to know about and preserve in the record of their lives, both before and after their placement 'in care'?
- In further iteration and development of the LAC system in relation to other electronic records, how can the child's ownership over information about his or her life be protected? Which aspects of the LAC record will remain in their keeping, and under what conditions?

Lynda Campbell, 10th June, 09

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